A Flexible Vape Based Harm Reduction Model for People Experiencing Homelessness

Evaluation of a supported accommodation programme in Somerset

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Introduction

The flexible, low-barrier vape support model was developed as an adaptation of the Smokefree Somerset Light Touch model to better meet the needs of people living in supported accommodation and experiencing housing instability.

Traditional stop smoking services rely on ongoing engagement, regular appointments, and consistent contact with individuals. However, for this client group, these expectations are often not realistic. Many residents experience complex and competing priorities, including mental health challenges, substance use, and frequent changes in accommodation. Maintaining regular contact can therefore be difficult, and individuals may disengage from standard services despite an interest in reducing or stopping smoking.

Building on the original Light Touch model, the approach was adapted to remove as many barriers to engagement as possible.

The programme focuses on easy access to vape products, minimal administrative burden, and flexible support, allowing clients to engage at their own pace without the pressure of structured appointments. Vapes and e-liquids are provided through a simple ordering system, coordinated in partnership with staff within supported housing settings, enabling ongoing access even where direct client contact may be limited.

This approach recognises that, for this group, harm reduction is a key priority. Many individuals supported through this programme may not have previously attempted to quit smoking, and reducing cigarette consumption can represent a significant and meaningful step towards improved health. The model therefore values both quitting and cutting down as positive outcomes, reframing success in a way that is realistic and appropriate for the population.

Importantly, the model is designed to work within the realities of supported accommodation. While engagement is strong during the period in which clients remain within the setting, continued support becomes challenging once individuals move on. As a result, loss to follow-up at later stages is expected and reflects structural limitations rather than a lack of impact.

Overall, the flexible, low-barrier vape support model provides a pragmatic, accessible and person-centred approach designed to reach people who may otherwise not engage with stop smoking services and to support both smoking cessation and harm reduction.

How the programme worked

The programme was designed to make switching from smoking to vaping as simple and accessible as possible for people living in supported accommodation. Rather than asking clients to attend regular appointments or follow a structured stop smoking programme, clients were able to access vape products with minimal intervention.

The original programme ran for 12 weeks, with vape products provided in three four-week bundles. At the start of the programme, participants received a refillable pod-style vape device and could choose their preferred device colour, together with six bottles of e-liquid and two replacement pods. The second and third bundles each contained a further six bottles of e-liquid and two replacement pods.

Clients chose their own e-liquid flavour and nicotine strength using the guidance available on the vape provider's website. Supported accommodation staff were not expected to advise clients on which products, flavours or nicotine strengths to choose. Their role was simply to help make the products accessible within the accommodation setting. This kept the support flexible and low burden, while allowing clients to make their own choices about what worked best for them.

Although residents were provided with vapes through the programme, vaping was not permitted inside the supported accommodation properties. Residents were expected to follow the existing rules around where they could vape.

Clients could change their flavour or nicotine strength when subsequent bundles were ordered, rather than being expected to continue with their original choice. These choices were recorded at distinct stages of the programme, alongside smoking outcomes, allowing changes in product preference and smoking status to be explored as part of the evaluation.

The programme was delivered within supported accommodation, where residents have somewhere to live alongside support while more stable accommodation is being sought. There is no set length of stay. How long someone remains in the accommodation varies according to their individual circumstances and they may stay until more stable housing is found or leave and return to rough sleeping.

This creates a particular challenge for ongoing stop smoking support. While residents are living at the accommodation, vape products can be accessed easily through the programme. Once someone leaves, however, maintaining contact and completing longer-term follow-up can be much more difficult.

The programme was initially funded through Swap to Stop. To allow the support to continue once the remaining Swap to Stop vape stock has been used, funding has now been allocated from the Smokefree Somerset budget.

Learning from the programme has also led to the offer being extended from 12 to 16 weeks. Clients can now receive a fourth bundle containing a further six bottles of e-liquid and two replacement pods, providing an additional period of support.

About this evaluation

This evaluation is based on routinely collected programme monitoring data from the Smokefree Somerset low-barrier, vape support model. The analysis includes all 31 clients recorded within the dataset and focuses on engagement, programme completion, smoking outcomes, and product preferences. Outcomes have been reported using service monitoring data collected throughout delivery of the programme.

For the purposes of this evaluation, a client was considered to have completed the programme if they reached the final ordering stage of the original 12-week offer, with a week 9–12 vape order or voucher redemption recorded. Completion therefore refers to reaching the final stage of the vape offer and does not mean that every follow-up was completed or that the client had quit smoking.

The evaluation has been undertaken as a service review to assess the feasibility, acceptability and early outcomes of the flexible, low-barrier vape support model. It is intended to support service learning and development and should not be interpreted as formal research. The findings provide a practical assessment of how the model performed within supported accommodation settings and identify opportunities for future improvement and expansion.

Key headlines

- 30 of the 31 clients (96.8%) reached the final ordering stage of the 12-week programme.
- At four weeks, 16 clients had a recorded quit outcome (53.3%).
- At 12 weeks, one client had a recorded quit, 10 were recorded as not quit and 19 were lost to follow-up.
- Programme monitoring also identified seven clients who had cut down their smoking. These reductions are reported separately and are not included within the formal quit rates.

Table 1. Summary of formal recorded outcomes

Outcome category	4 weeks	12 weeks
Quit	16	1
Not quit	10	10
Lost to follow-up	4	19
Total	**30**	**30**

Note: Formal 4- and 12-week outcomes are reported as quit, not quit, or lost to follow-up. Clients who were still smoking were recorded as not quit for Department of Health reporting, including those who had reduced the amount they smoked. Smoking reduction was recorded separately in the cut down to stop (CDTS) notes

section of the1S4H database and is reported as an additional harm-reduction outcome rather than as a formal quit outcome.

Interpretation

The findings are encouraging for a population where engagement and continuity of support can be difficult to maintain. Almost all clients reached the final ordering stage of the original 12-week vape offer, and 16 had a recorded quit outcome at four weeks. At 12 weeks, however, only one client had a recorded quit outcome and 19 were lost to follow-up. The high level of loss to follow-up limits what can be concluded about longer-term outcomes. Clients who reduced their smoking should not be viewed as unsuccessful, as reduction may still represent an important harm-reduction gain and a first step towards stopping smoking completely.

Lost to follow up at 12 weeks appears to be driven by clients leaving supported accommodation rather than disengagement from the vape offer itself. This matters when interpreting outcomes: the service may have helped clients while they were in a setting where support could be delivered, but once they leave the building there is currently no reliable mechanism to continue follow-up. This means the 12-week figures are likely to understate the full benefit achieved for some people.

Smoking reduction was captured separately from the formal 4- and 12-week quit outcomes. Where a client reported that they had cut down or that their smoking had stayed the same, this was recorded in the CDTS notes section of the 1S4H database, including the number of cigarettes being smoked where available. For the Department of Health return, however, anyone who was still smoking at the 4- or 12-week outcome point was recorded as ‘not quit’. This means that clients who had significantly reduced their smoking may still appear as ‘not quit’ within the formal outcome data. For this evaluation, reductions are therefore considered separately as an indication of harm reduction and are not included within the reported quit rate.

Visual Summary

The following figures provide a visual summary of the key findings from the evaluation, including programme engagement, smoking outcomes, product preferences and variation across the supported accommodation settings. They are intended to present the main findings at a glance, with further detail and interpretation provided in the sections that follow.

Figure 1. Cohort reaching the final ordering stage of the original 12-week vape offer.

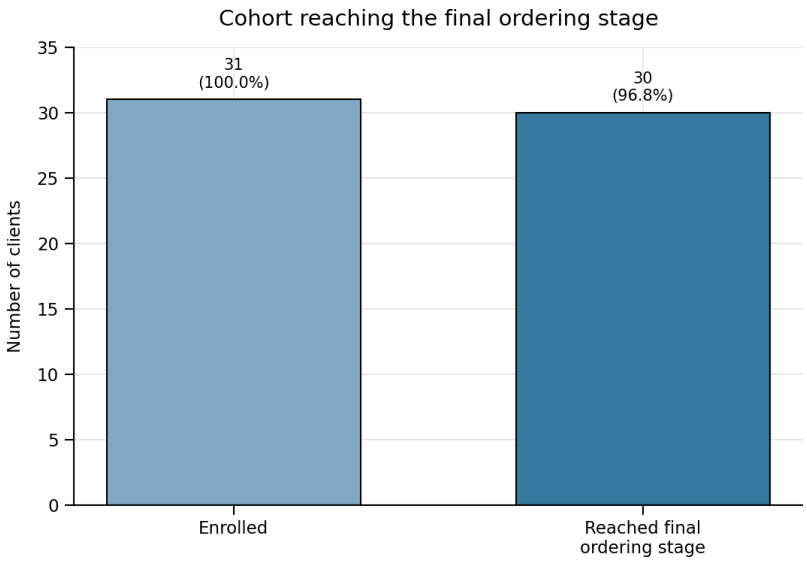
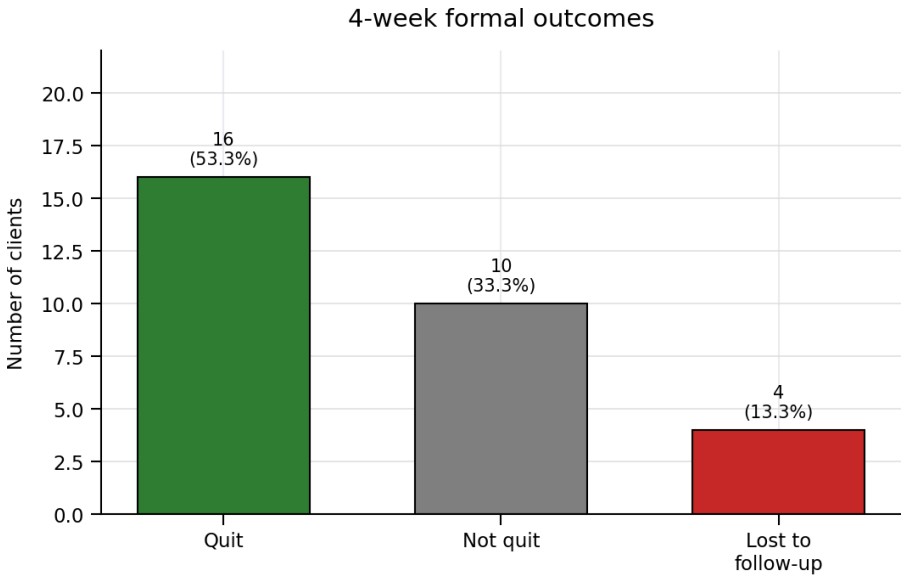
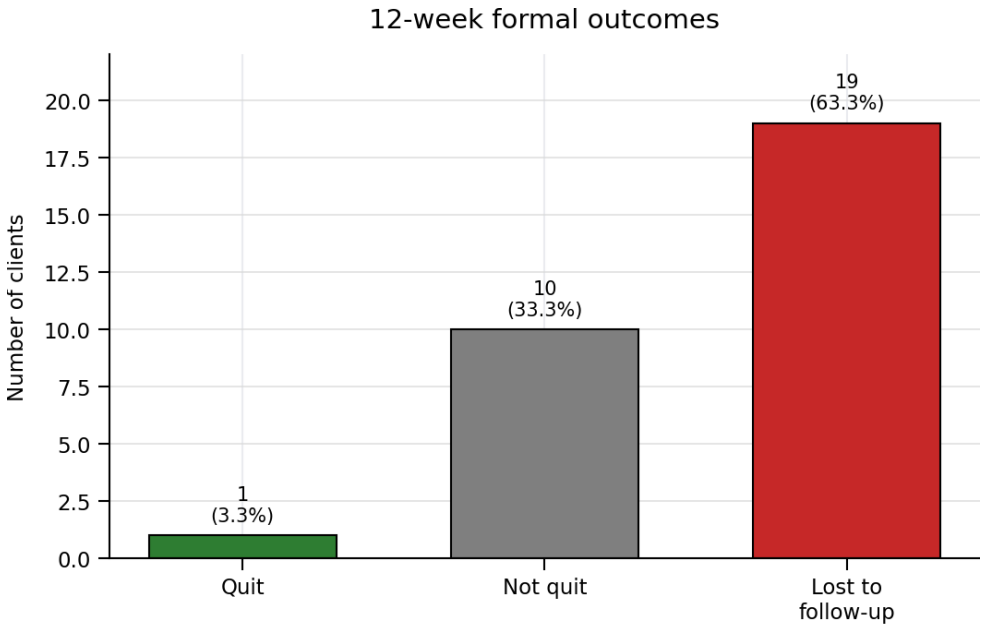


Figure 2. Formal four-week smoking outcomes for clients who reached the final ordering stage.



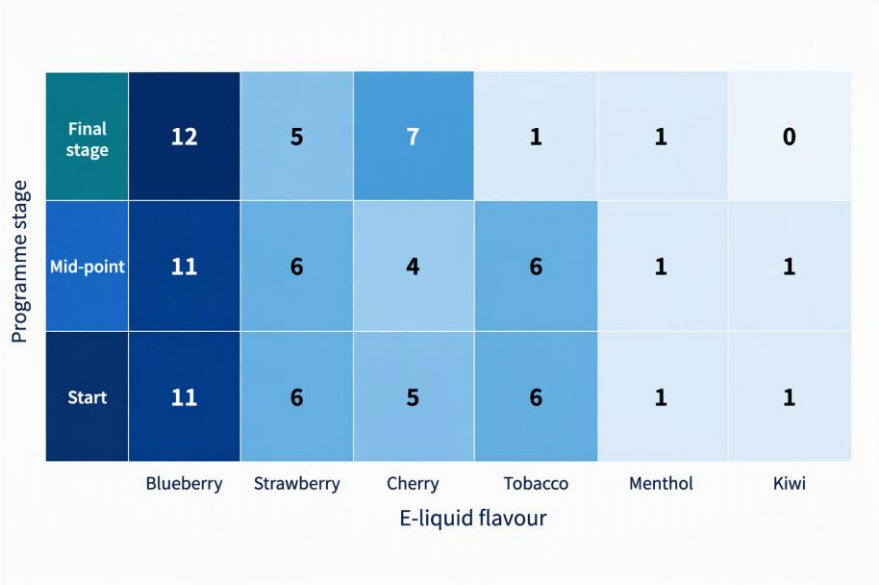
Formal outcome: clients still smoking are recorded as not quit, including those who reduced smoking.

Figure 3. Formal 12-week smoking outcomes for clients who reached the final ordering stage.



Formal outcome: clients still smoking are recorded as not quit, including those who reduced smoking.

Figure 4. E-liquid flavour selections across the programme stages.



Programme stages: Start refers to the initial weeks 1–4 order, mid-point to the weeks 5–8 order, and final stage to the weeks 9–12 order.

Figure 5. Nicotine strength selections across the programme stages

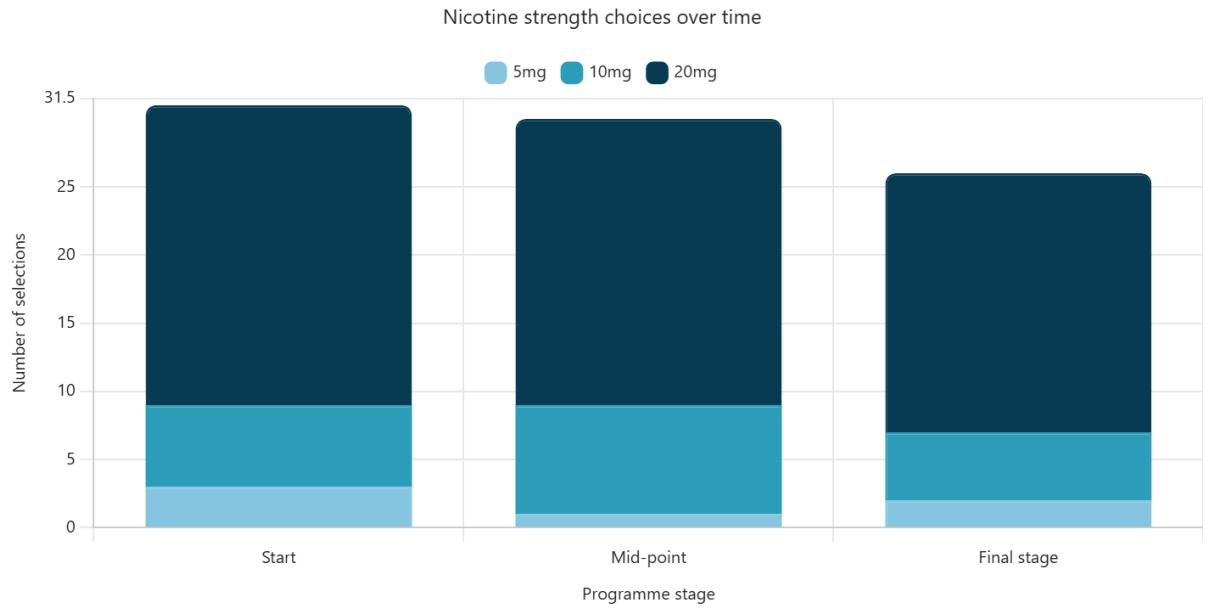
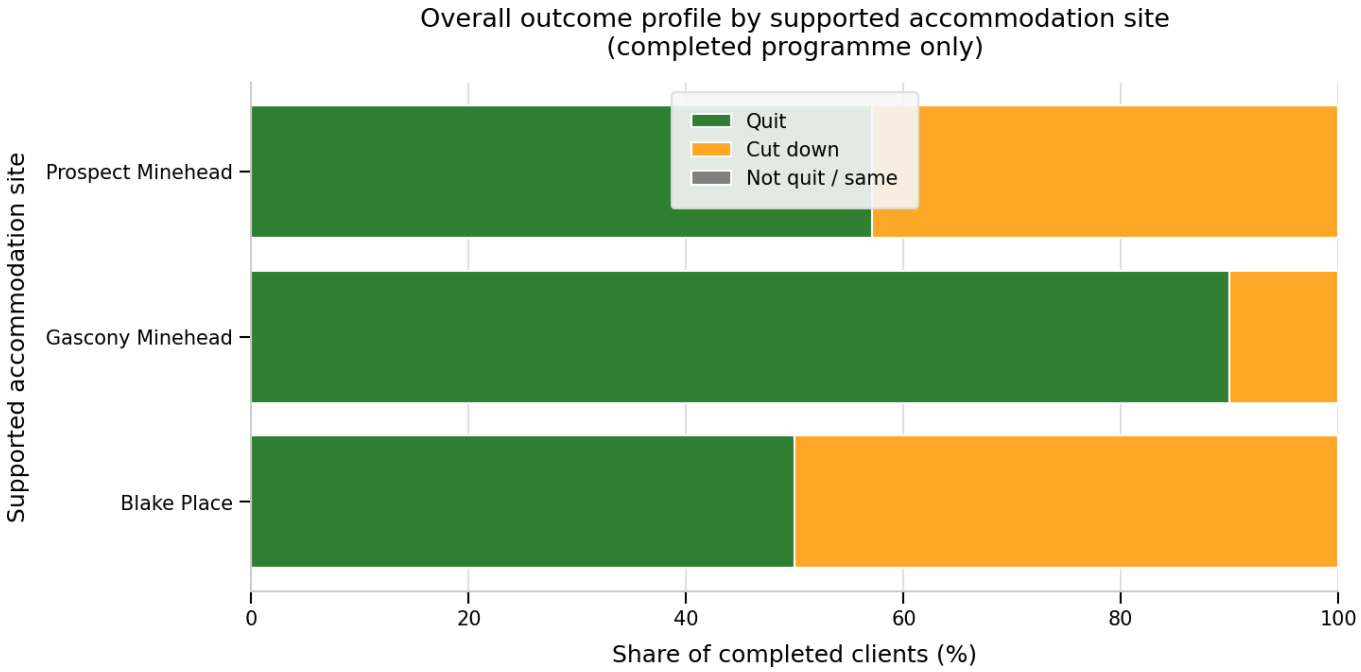


Figure 6. Overall programme outcome profile by supported accommodation site



Detailed findings

1. Programme completion and retention

Of the 31 clients included in the evaluation, 30 (96.8%) reached the final ordering stage of the 12-week vape offer. Only one client did not reach this stage. This level of engagement is encouraging given the challenges associated with maintaining contact within a population experiencing homelessness and housing instability.

2. Four-week outcomes

At 4 weeks, 16 of the 30 clients who reached the final programme stage were recorded as having quit smoking (53.3%). A further 10 were recorded as not quit and four were lost to follow-up. Some clients recorded as not quit had reduced the amount they were smoking but had not stopped completely. Under Department of Health reporting, smoking reduction does not constitute a formal quit outcome; these clients therefore remain classified as not quit. Smoking reduction is considered separately within this evaluation as an additional harm-reduction outcome.

3. Twelve-week outcomes

At 12 weeks, one client had a recorded quit outcome, 10 were recorded as not quit and 19 were lost to follow-up. As with the 4-week outcomes, the not quit category may include clients who had reduced their smoking but had not stopped completely and hence were not included as a formal quit outcome. Of the 30 clients who reached the final ordering stage, this gives a recorded 12-week quit rate of 3.3%. Among the 11 clients for whom a 12-week smoking outcome was known, one had quit (9.1%). The high level of loss to follow-up should be considered when interpreting these figures, as many clients could no longer be followed up after leaving supported accommodation.

4. Flavour preferences and client choice

Flavour choice appears to be an important part of engagement. At the start of the programme, the most common flavours were Blueberry/20mg (8), Tobacco/20mg (5), Strawberry/20mg (4), Blueberry/5mg (2), Cherry/20mg (2). In the mid-point orders, Blueberry/20mg (9), Tobacco/20mg (4), Strawberry/20mg (3), Strawberry/10mg (3), Cherry/20mg (2). In the final stage, Blueberry/20mg (10), Cherry/20mg (4), Strawberry/20mg (4), Cherry/10mg (2), Blueberry/10mg (2).

Blueberry/20mg was the most consistently selected option across all stages, suggesting that fruit flavours may be particularly acceptable in this group. Tobacco flavour remained relevant for some clients, especially earlier in the journey, which may reflect a preference for a more familiar transition away from smoking. The spread of flavours across stages also suggests the value of offering choice rather than a one-size-fits-all approach.

5. Nicotine strengths and progression

Most selections were 20mg products throughout the pathway, with smaller numbers using 10mg and very few using 5mg. This is consistent with the needs of a group likely to have high nicotine dependence and supports the case for offering sufficiently strong products at the outset. Lower strengths appeared, but remained a minority choice, suggesting that initial adequacy of nicotine replacement may be more important than rapid step-down in the early months.

6. Accommodation-level picture

Client numbers varied across the three supported accommodation sites, so these findings should be viewed as a descriptive picture rather than a comparison of performance between sites. Each site had one member of staff working with Smokefree Somerset to support delivery of the programme, although the evaluation did not assess differences in site size or other characteristics that may have influenced engagement. Positive outcomes were seen across all three sites, suggesting that the benefits of the programme were not confined to one setting.

Strengths of the programme

- High practical completion of the 12-week offer, despite the instability often associated with homelessness and temporary accommodation.
- Evidence of early benefit, with 16 clients recording a quit outcome at four weeks.
- Clear harm-reduction value: smoking reduction was recorded separately within the 1S4H database, recognising meaningful progress among clients who had reduced their smoking but had not yet quit completely.
- Flavour choice and ongoing ordering appear to support retention and acceptability.
- The model is practical, low-burden and feasible for staff within supported accommodation settings to support and sustain.

Limitations and interpretation cautions

- The dataset is small, so percentages should be interpreted carefully.
- 12-week lost to follow up is a structural limitation: once clients leave the building there is currently no mechanism to continue support or obtain follow-up outcomes.
- The analysis focuses on clients who completed the programme period; this gives a fair picture of what happened among those who stayed in scope, but it is not the same as an intention-to-treat analysis of everyone referred.

Learning applied to practice

Early findings from this evaluation have already informed several service developments aimed at improving longer-term engagement and reducing loss to follow-up. These changes have been implemented in response to the high number of clients who were lost to follow-up after leaving supported accommodation.

As a relapse prevention measure, the duration of vape support has been extended from 12 weeks to 16 weeks. Where available, unused vape bundles from clients who did not complete the programme are now being reallocated to support residents who may benefit from an extended period of access to e-liquids and pods.

To improve continuity after residents leave supported accommodation, staff will seek consent to share contact details with Smokefree Somerset where appropriate. This will allow the Stop Smoking Practitioner to contact residents proactively and offer continued support after they move on.

QR-code posters and a short online self-referral form will also be available as an additional contact route. However, these will not be relied upon as the main follow-up method, as some residents may have limited access to smartphones, mobile data, or credit.

Overview

The flexible, low-barrier vape support model shows promising early results for people experiencing homelessness who may find it difficult to engage with traditional stop smoking services. Of the 31 clients included in the evaluation, 30 (96.8%) reached the final ordering stage of the original 12-week offer. At four weeks, 16 clients had a recorded quit outcome (53.3%), 10 were recorded as not quit and four were lost to follow-up. At 12 weeks, one client had a recorded quit outcome, 10 were recorded as not quit and 19 were lost to follow-up. Programme monitoring also identified seven clients who had reduced their smoking. These reductions are considered separately as harm-reduction outcomes and are not included within the formal quit rates. The high level of loss to follow-up at 12 weeks limits conclusions about longer-term outcomes and highlights the difficulty of maintaining contact after residents leave supported accommodation.

Why This Matters

People experiencing homelessness continue to have some of the highest smoking rates and face significant barriers to accessing traditional stop smoking services. This evaluation suggests that adapting the method of delivery, rather than expecting individuals to engage with conventional models, can increase participation and generate meaningful early behaviour change. While longer-term outcome capture remains challenging, the findings support the use of flexible, low-barrier approaches as part of efforts to reduce health inequalities among underserved populations.

Partner and client feedback

Feedback from supported accommodation staff and residents adds useful context to the programme findings and shows how the vape offer was experienced in practice.

Staff reported a positive response from residents following the introduction of the vape offer:

"We have had our first delivery of vapes and our customers have asked me to pass on their gratitude."
Supported accommodation staff member

Resident feedback provides further evidence of the harm-reduction benefit of the programme, particularly for people who had not stopped smoking completely:

"I love the vape more."
Resident who reported reducing smoking to two or three cigarettes a week

"The vapes have helped me to cut back down on my smoking intake and I am doing a lot better with the vape than before."
Resident

Two further residents reported smoking less on some days since joining the programme. This feedback supports the programme monitoring data by showing that the benefits were not limited to complete cessation. Residents also described reducing their smoking and finding vaping helpful as an alternative to cigarettes.

Future and Service Development

The next phase of the flexible vape support programme will focus on sustaining and expanding delivery, building on the engagement seen within YMCA-supported accommodation.
Within existing venues, the aim is to continue supporting residents as they move through the service, recognising the transient nature of this population. As clients move on from supported accommodation, new residents will continue to enter the system. The programme will remain embedded within these settings, ensuring that new clients can access support quickly and easily, while maintaining continuity of the offer at venue level. This approach allows the service to remain responsive and ensures that opportunities to engage smokers are not missed.

In addition to ongoing YMCA delivery, delivery has now commenced within Eastleigh Court, Taunton, through our partnership with Rethink Mental Illness. At the time of writing, nine residents have signed up for support and are approaching their four-week review point. Early uptake has been encouraging and will help assess whether the positive engagement seen within the homelessness pilot can be replicated within supported housing for people experiencing mental ill health.

This pilot represents an important extension of the model into supported housing for people with mental health needs, where smoking rates are known to be higher and barriers to accessing traditional services can be significant.

Rethink Mental Illness have identified this programme as an opportunity to:

- demonstrate a proactive approach to reducing fire risk within their properties.
- support tenants to quit smoking or reduce harm in a supportive, non-judgemental way.
- improve overall health and wellbeing outcomes for residents.

Subject to successful implementation at Eastleigh Court, there are plans to roll out the programme across Rethink's five supported living properties, significantly increasing the reach of the programme across Somerset.

The findings suggest that when stop smoking support is designed around the realities of homelessness and supported housing, engagement becomes possible and meaningful health improvement can follow.