

Incorporating e-cigarettes into your Stop Smoking Service: **Making the case and addressing concerns**

Produced in conjunction with the [Office for Health Improvement and Disparities](#)



NCSCT

Purpose

The purpose of this document is to help English stop smoking services to make e-cigarettes (vapes) available to their clients. It makes the case for providing e-cigarettes as an option for your clients alongside medically licenced stop smoking products, addresses common misconceptions and concerns, and offers a checklist for the types of things to consider when deciding how your service will provide clients with access to vaping products.

Background

Expert support from a local stop smoking service (LSSS) gives smokers the best chance of quitting for good. Depending on the area, services can be based in a range of settings including integrated lifestyle services, community pharmacies and GP surgeries. Stop smoking services are free and offer a choice of one-to-one or group behavioural support from a trained stop smoking advisor together with effective quitting aids.

The evidence shows that while nicotine is the addictive substance in cigarettes, it is relatively harmless and nicotine-containing products are effective for smoking cessation. In fact, almost all the harm from smoking comes from the thousands of other chemicals in tobacco smoke, many of which are toxic. Despite this:

- 4 in 10 smokers and ex-smokers incorrectly think nicotine causes most smoking-related cancer
- 30.1% of smokers have never tried vaping, and one reason is that 32% think that it's more harmful than smoking

Advising smokers on the relative risks of nicotine-containing products compared to smoked tobacco is an integral part of supporting them to quit.

The National Institute for Health and Care Excellence (NICE) have produced updated guidance on "Tobacco: preventing uptake, promoting quitting and treating dependence" ([NICE guidance NG209, 2021](#)). This includes [advice on the use of e-cigarettes](#) to help people to stop smoking or reduce their harm from smoking.

Public Health England's [Vaping in England Evidence Review \(2021\)](#) finds that **there is strong evidence that nicotine vaping products are effective for smoking cessation and reduction**. Combining vaping products (the most popular source of support used by people making a quit attempt in the general population) with stop smoking service support (the most effective type of support) should be an option available to all people who want to quit smoking

An ASH survey of tobacco control leads found that **one in ten local authority stop smoking services already offer vaping products to some or all people making a quit attempt**.

Why services should offer e-cigarettes

E-cigarettes are effective stop smoking aids

A major UK clinical trial found e-cigarettes, when combined with face-to-face behavioural support, to be **twice as effective**, and **one fifth of the cost**, for quitting smoking as other nicotine replacement products such as patches or gum. Involving nearly 900 participants, it found that in LSSS, a simple tank-style e-cigarette was twice as effective at helping smokers to quit compared with a combination NRT. Both groups were provided with behavioural support and those in the e-cigarette group, in addition to superior quit rates, were also noted to have reductions in cough and phlegm when surveyed at 12 months.

E-cigarettes are a popular method of quitting

E-cigarettes are **the most popular stop smoking aid** in England, with an estimated 2.7 to 2.8 million adult users in 2020. Over half (51%) have stopped smoking completely and of the 45% who still smoke, half say that they are vaping in order to stop smoking. The number who have quit smoking and vaping has reached 770,000.

The following are the main findings from nationally representative survey data (STS).

1. Using a vaping product is the most popular aid used by people trying to quit smoking. In 2020, 27.2% of people used a vaping product in a quit attempt in the previous 12 months; this is more than those who used NRT over the counter (15.5%) or on prescription (2.7%), and who used varenicline (4.4%).
2. Vaping is positively associated with quitting smoking successfully. In 2017, over 50,000 smokers stopped smoking with a vaping product who would otherwise have carried on smoking.
3. Prescription medication and licensed NRT for harm reduction were also positively associated with successfully quitting smoking. This shows how important it is for people who smoke to have access to a wide choice of cessation aids.
4. The extensive use of vaping products in quit attempts compared with licensed medication suggests vaping products may reach more people who smoke and so have more impact than NRT and varenicline.
5. Frequent use of e-cigarettes is more strongly associated with successful quitting of tobacco.

Stop smoking services are seeing positive quit rates when using e-cigarettes

The following are the main findings from English stop smoking services data.

1. Between April 2019 and March 2020, 221,678 quit dates were set with a stop smoking service and 114,153 (51%) of these led to self-reported quits 4 weeks after the quit date.
2. A vaping product was used in 5.2% of quit attempts. This was either using the vaping product alone or at the same time as, or following use of, a licensed medication (ranging from 15% in the East Midlands to 2.3% in Yorkshire & Humber). In 2019/20, Leicestershire stop smoking service saw the highest proportion of clients using an e-cigarette as part of their quit attempt (42.4%). Leicestershire stop smoking service as a whole achieved 68% 4-week success rates last year, placing them in the top decile nationally for quit rates.
3. Consistent with findings in previous years, the highest quit rates (74%) were seen when the quit attempt involved people using a licensed medicine and a vaping product one after another.
4. Quit rates were similar for people using a vaping product and licensed medication at the same time (60.0%), a vaping product alone (59.7%) and varenicline alone (59.4%). The quit rates for single NRT and combination NRT were 50.6% and 47.4% respectively.

Quit rates involving a vaping product were higher than any other method in every region in England. These ranged from 49% in the South West to 78% in Yorkshire and the Humber.

An important limitation of the LSSS data is that it is observational and it is possible that the people using a vaping product alone or in combination with licensed stop smoking medicines may differ in their demographic, clinical and smoking characteristics, from people making a quit attempt with licensed medication only or those who only opt for behavioural support. Studies suggest that LSSS advisors willing to support the use of e-cigarettes for smoking cessation tend to be better trained and more experienced than average. It may also be that quitters willing to use an e-cigarette and access support from their LSSS may be more than usually highly motivated. If this is the case, then the combination of the most experienced advisors and the most motivated of quitters would be expected to achieve greater success and this may explain why those who use e-cigarettes and NRT consecutively rather than concurrently have the highest success rates, signalling a willingness to adapt strategies. Notwithstanding these factors, LSSS data is remarkably consistent with peer reviewed studies, including a Cochrane review.

Are they safe?

E-cigarettes aren't risk free but carry a fraction of the risk of smoking and are helping thousands of smokers to quit and stay smokefree.

Leading health and public health organisations including the Royal College of General Practitioners (RCGP), British Medical Association (BMA), Cancer Research UK and the US National Academies of Sciences, Engineering and Medicine (NASEM) and Public Health England agree, based on available evidence, that **although not risk-free, e-cigarettes are far less harmful than smoking.**

British Medical Association: *There is growing consensus that using an e-cigarette is substantially safer than smoking tobacco. Unlike smoking, e-cigarette use does not involve combustion. While the constituents of e-cigarette vapour can vary, and some of the toxicants present in tobacco smoke have been detected in e-cigarette aerosol, they are typically present at levels which are much lower than in tobacco smoke.*

NICE guideline NG209 provides **recommendations** for people who provide stop smoking support or advice to adults. It advises on giving clear, consistent and up-to-date information on nicotine-containing e-cigarettes to adults who are interested in using them to stop smoking.

The independent HMG Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) **reports** that although e-cigarettes pose some health risk, these are expected to be much less than from continuing to smoke. This supports PHE's position that e-cigarettes should only be used as a stop smoking aid. The report also states that risk to bystanders from ambient exposure to vaping is likely to be low.

Professor Alan Boobis, Chair of the COT, said "Our assessment on e-cigarettes largely reinforces the scientific consensus to date on their relative safety, that while not without risk they are significantly less harmful than smoking".

E-cigarettes in the UK are regulated

The UK has some of the strictest regulation for e-cigarettes in the world. Under the **Tobacco and Related Products Regulations 2016**, e-cigarette products are subject to minimum standards of quality and safety, as well as packaging and labelling requirements to provide consumers with the information they need to make informed choices.

All products must be notified by manufacturers to the UK Medicines and Healthcare products Regulatory Agency (MHRA), with detailed information including the listing of all ingredients.

The e-cigarette or vaping use-associated lung injury (EVALI) outbreak in the United States

On 25 February 2020, the US Center for Disease Control and Prevention (CDC) published its final update (27) on the number of hospitalised cases and deaths nationally. It concluded that e-cigarettes per se were not the cause of the outbreak: “tetrahydrocannabinol (THC)- containing e-cigarette, or vaping products, particularly from informal sources like friends, family, or in-person or online dealers, are linked to most EVALI cases and play a major role in the outbreak” and “Vitamin E acetate is strongly linked to the EVALI outbreak”. This conclusion was endorsed in a published paper.

Gateway effect

Public Health England’s **Vaping in England Evidence Review (2021)** finds no evidence to support the concern that e-cigarettes are a route into smoking among young people. UK surveys show that young people are experimenting with e-cigarettes, but regular use is rare and confined almost entirely to those who already smoke. Meanwhile, smoking rates among young people in the UK continue to decline.

There is also no evidence to support the assertion that vaping is “normalising smoking”. In the years when adult and youth vaping in the UK were increasing, the number of young people believing that it was ‘not ok’ to smoke was accelerating. Of course, PHE will continue to monitor the trends in e-cigarette use alongside those in smoking.

Adherence to Article 5.3 – protection of public health policies

Article 5.3 of the Framework Convention on Tobacco Control requires parties to protect health policy from the vested interest of the tobacco industry. **Guidelines** set out principles and recommendations to support implementation. Relevant recommendations include:

- Establish measures to limit interactions with the tobacco industry and ensure the transparency of those interactions that occur.
- Reject partnerships and non-binding or non-enforceable agreements with the tobacco industry.
- Avoid conflicts of interest for government officials and employees.
- Denormalise and, to the extent possible, regulate activities described as “socially responsible” by the tobacco industry, including but not limited to activities described as “corporate social responsibility”.

The advice covers tobacco companies and those working in their interest. Binding contracts to provide goods are unlikely to be considered prohibited by Article 5.3; however, national and local government bodies including NHS providers should take steps to ensure that Article 5.3 is not breached. Any project requiring non-binding partnerships or implying corporate social responsibility would not be appropriate under Article 5.3.

The provision of e-cigarettes and advice on their use should always be consistent with NICE Guidelines or other official guidance. In procuring any goods or service, it is appropriate to invite prospective providers to declare any conflict of interest.

How to provide e-cigarettes as part of your local stop smoking service offer

Consider the following 8 questions first to guide your decision-making regarding choice of a service model.

1. As a cost effective approach e-cigarettes should form part of a universal offer to all adults smokers.

If you are planning to only offer e-cigarettes to specific groups, do you have a clear rationale for restricting the offer?

2. How do you want to provide access to vape products?

Consider equity of access and barriers to access

3. Who will deliver product expertise and support to your clients?

High quality product support is important to success. Stop smoking service practitioners don't have to be experts in vaping, they just need to have confidence in the category and a willingness to learn. Training is available on e-cigarettes from the NCSCT. Your e-cigarette retailer may provide product support and you could also use expert ex-smokers to volunteer as 'Vaping Buddies'.

4. Who will provide behavioural support to clients?

Consider the most effective against the most accessible behavioural support. Consider promoting NCSCT VBA+ and/or the practitioner programme to local e-cigarette retailers.

5. Who will promote the e-cigarette programme?

A local vaping retail store is in an ideal position to promote the programme for the service. An online supplier is unlikely to due to advertising rules. Retailers can verbally promote the service to customers and use service resources that advertise the programme, not the products. A service can identify the retailer(s) that it is working with on their website and other resources. How will you promote the programme to the public and professionals? What resources will you provide to the retailer? See NCSCT guidance on working with retailers. www.ncsct.co.uk/publication_working_with_vape_shops.php and www.ncsct.co.uk/publication_TEC_briefing.php.

Engagement and training of local stakeholders, healthcare providers and community organisations is important to ensure clients' treatment is not undermined.

Consider providing accessible information for partners and other family members who may not be well informed or supportive of vaping.

6. Will you provide medically licenced NRT along with the e-cigarettes?

Vaping is different than smoking and some clients will take longer to get used to it. Additional NRT is less likely to be required when clients have the right e-cigarette kit and appropriate nicotine content to alleviate nicotine withdrawal symptoms, alongside expert support to vape effectively.

Highly nicotine dependent clients (more likely in clients with severe mental illness, learning disability and those who have substance misuse problems) may benefit from an NRT patch for the first few weeks of a quit programme. The dosage and combination can be refined through experience of withdrawal symptoms by individuals.

7. Does your service have a position on nicotine cessation?

This may impact on length of product supply, nicotine level management and programme support. If you are considering providing support to quit vaping, consider high risk of relapse if vaping is stopped too soon. It should always be remembered that LSSs are stop smoking services, not stop nicotine services.

8. How simple or bespoke do you want to make the model?

E-cigarette programmes and models of delivery vary from the simple and easier to manage to more complex and bespoke models.

Easy may very well be 'good enough' to meet your service needs and increase access to successful vaping. More complex or bespoke programmes such as those involving multiple retailers and safeguarding training requirements will need more complex management but could bring additional benefits, add value to enhance service provision and meet additional or targeted client needs. Most programmes can be adapted to meet local circumstances. Discuss your requirements with service users, partners and/or your e-cigarette suppliers, as they may be able find a solution with you.

Either a single programme may be selected, or multiple programmes delivered concurrently, depending on local circumstances and preferences.

What you supply to your clients may not be what they change to once they become more experienced with vaping. For example, a pod is a good starter because it's so simple to use, but it will be more expensive than a tank system.

E-cigarette delivery models

Engagement and 'buy-in' by LSSS staff, commissioners and local stakeholders are crucial to the success of any programme.

1. Direct supply to client – online e-cigarette supplier

Local Authority / Stop Smoking Service commission / delivery

A discount code or voucher code is supplied to the client by the LSSS for use with the online supplier. The online supplier is selected by the LSSS through standard NHS / LA procurement processes. The vaping product is selected by the client from an agreed range and delivered direct to the client's home.

Benefits	Considerations
<ul style="list-style-type: none">■ Tailored to meet local circumstances■ Product discount for single supplier■ Single contract to manage■ No handling or storage of product by LSSS■ Highly accessible for client at home■ Product complaints dealt with by supplier	<ul style="list-style-type: none">■ No choice of retailer for client■ <i>Unless using a procurement framework</i>, ensure all relevant governance, legislation and compliance standards are met by product supplier■ Requires the client to be able to go online

2. Direct supply to stop smoking service – online e-cigarette supplier

Local Authority / Stop Smoking Service commission / delivery

The LSSS obtains a supply of vaping products from an online supplier. The LSSS stores and supplies the e-cigarettes to clients in the same way that direct supply of NRT works in many LSSS – either face-to-face or posted to client. The online supplier could provide product training for LSSS staff.

Benefits	Considerations
<ul style="list-style-type: none">■ Tailored to meet local circumstances■ Product discounts for single supplier■ Single contract to manage■ Highly accessible for clients as service can tailor how the products are handed to the client.	<ul style="list-style-type: none">■ <i>Unless using a procurement framework</i>, ensure all relevant governance, legislation and compliance standards are met by product supplier■ Storage and transport required by LSSS■ Postal costs if limited face-to-face clinics

3. Local 'bricks and mortar' e-cigarette retailer voucher scheme

Local Authority / Stop Smoking Service commission / delivery

E-cigarette vouchers issued by a LSSS are redeemable by clients against an agreed range of products in sub-contracted local retailers. Retailers tend to be specialist vaping stores. Vouchers are issued to a set value or with a discount to cover starter kits and consumables. The client may self-purchase a product that is higher than the voucher value. The LSSS may choose to restrict the product range available to clients using a voucher within retailers.

Vouchers are generally given at set points in the stop smoking programme to incentivise ongoing engagement with the LSSS, promote abstinence and achieve a four or twelve week quit. This is in line with NCSCT recommendations on licenced medications, e.g. 2:2:4 weeks. Alternative patterns of use may be more appropriate for different models, settings or when targeting certain client groups.

The client has choice of retailer and products within local contract arrangements and as locally available. Some local retailers will additionally have an online store. Visits to stores by LSSS are highly recommended.

Benefits	Considerations
<ul style="list-style-type: none">■ Increased footfall through LSSS as reaches new client group in specialist e-cigarette stores■ Local face-to-face access for clients to sample and test products■ Expert product advice in-store from retailer■ Expert behavioural support by LSSS■ Increased range and choice for clients■ Additional marketing opportunity in-store■ Some retailers have online presence too■ Product complaints dealt with by retailer■ No handling or storage of product by LSSS	<ul style="list-style-type: none">■ Lack of suitable retailers available in locality■ Contracting and performance management with multiple retailers■ Lack of discount on products for LSSS■ Client directly engages with both LSSS and retailer (unless product delivered to home)■ NCSCT VBA Training undertaken by retailer staff

4. Local 'bricks and mortar' e-cigarette retailer 'in house' stop smoking programme

Local Authority / Stop Smoking Service commission / delivery

An NCSCT stop smoking programme is delivered by e-cigarette retailer staff within the retail environment. Products and a programme of behavioural support are supplied by the retailer to meet local contract agreement. Any client deciding to use alternative stop smoking aids such as NRT are referred to LSSS for support.

Benefits	Considerations
<ul style="list-style-type: none">■ Increased footfall through LSSS as reaches new client group in specialist e-cigarette stores■ Local access for clients■ Behavioural support, e-cigarette products and product expertise supplied at single point of access for client■ Some retailers have online presence too■ Releases LSSS adviser time	<ul style="list-style-type: none">■ Lack of suitable retailers available in locality■ Stores need space for consultation■ CO monitor and consumables provision■ Contracting and performance management with multiple retailers■ Safeguarding training, information governance (data handling) and DBS requirements for e-cigarette staff

5. E-cigarette supplied with Very Brief Advice+ to targeted or vulnerable clients in homelessness, workplace and social housing settings (Harm reduction or quit)

Commissioned / delivered by Local Authority / Stop Smoking Service / Employer / Third Sector

Bespoke, opportunistic or universal programme delivered to a target or highly vulnerable client group. Staff at the service are trained in VBA+ via NCSCT online or by a LSSS. An opt-out referral pathway to a LSSS or provision of free access to a smoking cessation app will increase behavioural support element.

Working with partners will increase engagement. Incorporating the integration of a referral pathway to LSSS Training and support of partners would benefit both product knowledge and behavioural support provided to clients. The provision of CO monitoring in the setting can support programme engagement, success and validation.

Benefits	Considerations
<ul style="list-style-type: none">■ Partnership work with community partners to increase engagement■ Directly addressing health inequalities■ Highly accessible by client group	<ul style="list-style-type: none">■ Ensuring all relevant governance, legislation and compliance standards met by product supplier■ Outcome measures for monitoring and evaluation

Key questions for successful implementation of programmes

Questions under each domain below support successful implementation of the most successful stop smoking aid with the most successful behaviour change support. Some are dependent on type of programme selected.

Accessibility:

- How are you achieving access for clients who are digitally excluded?
- Is the range and distribution of suitable 'Bricks and Mortar' local e-cigarette retailers suitable to ensure reach of the programme and meet clients' needs?
 - Independent British Vape Trade Association (IBVTA) can help identify them.
 - Trading Standards can support compliance with relevant TPD standards
 - Visit them in person

Products:

- Is your retailer(s) able to provide the range of products that you need to deliver choice to clients and meet their needs?
- How will you ensure choice of product to meet client needs whilst keeping it manageable?
- How are you ensuring high quality product knowledge and support is provided to the client? Is the retailer able to do this?
 - Could you develop a 'Vaping Buddy' system for peer support?

Business operations: *(Not all will apply if using a government procurement framework)*

Partner engagement:

- Have you considered and involved partners and stakeholders at an early stage (see suggested list of key partners below)? This will help ensure smooth engagement, management and compliance with legislation.

Contracting tendering and procurement:

- Have you ensured **compliance** with MHRA notification list and TPD /TRPR?
Check ECID number of device or nicotine containing liquid.
- Have you set a minimum term of **business trading** prior to contracting?
 - Demonstrates history of financial stability and trading
- How are you ensuring compliance with **Article 5.3?** Contracts with e-cigarette providers should include statements covering the points below:
 - Ensure no conflict of interest with e-cigarette provider
 - Ensure service policies are consistent with Article 5.3
 - Retailer /supplier not to seek to influence policy or for Corporate Social Responsibility (CSR) purposes
- Have you checked **insurance liability** of supplier? Ensure supplier has liability that includes specific e-cigarette retailer in addition to general business liability.
Ensure minimum limit is adequate to cover supply chain issues.
- Does an online supplier have reliable **supply chain management** for products to meet service needs?
- How have you reduced the risk of the **products being sold on** for financial gain by the client? (Products can be marked with permanent marker or stickers to deter this).

Contract management:

- What are your key performance indicators?
- How will you change the range and type of products with the retailer?
- Have you or the retailer got a clear pathway for managing product complaints?
- If purchasing products in bulk, consider how to manage item shelf-life.
Can you return unwanted products to the supplier?
 - Products may also go out of fashion or be superseded by more effective models.
- Have you made **payment terms** flexible and supportive?
 - Local retailers may need more flexible terms and/or support with invoicing to NHS /LA
- Have you set up your voucher or discount to **reduce fraud?**
 - Unique ID numbers for each voucher with digital checks by retailer help reduce risk

Marketing and promotion:

- How will you promote the scheme?
 - Will the provider promote your LSSS and the e-cigarette scheme in their retail outlet or website?
 - **Have you all met Advertising Standard Agency regulations?**
 - **Have you met all other regulations /legislation?**
For example: **Electronic cigarettes: General – ASA | CAP**

Storage and postage of products:

- How will you ensure secure storage and transport for products if managed within the LSSS?
- Have you built in postal /transport costs (if required)?
- Do you have enough safe /secure space to keep vaping products (if applicable)?

Knowledge and Training:

- Have you considered where and how the client will receive high quality products and behavioural support?
- How will you train the staff?
- How will you monitor standards of product and behavioural support knowledge?
- Have you checked National Centre for Smoking Cessation Training (NCSCT) briefings and training?

Key partners for support and additional information

- Local Trading Standards
- Local NHS Stop Smoking Service
- Local Authority public health team
- Smoking in Pregnancy Challenge Group
- Independent British Vape Trade Association (IBVTA)
- National Centre for Smoking Cessation Training (NCSCT)
- Local e-cigarette retailers
- Senior Management Boards
- Local authority elected members
- ICS/CCG prevention lead

Case studies

E-cigarette procurement framework case studies overview

1. Bexley Stop Smoking Service: Swop to Stop – Universal voucher model with flexible direct supply option. Plus offer a targeted offer to Social Housing residents

Started as two Swop to Stop pilots in 2019/20 that have moved to standard service – one with general users and the other targeted at social housing users in partnership with the housing provider. Both models provide a specific starter device, but no liquid, through local e-cigarette retailers (in-store or by post). The clients are issued a unique code via SMS to redeem with the local retailer to collect and the service has some limited direct supply. Patients are supported through the usual programme. The service has seen an increase in the stop smoking quit rate for pregnant women. Benefits of using local retailers noted. The service is in the process of establishing the e-cigarette offer as a first line treatment.

For more information, contact:

Emma Barry (Tobacco and Stop Smoking Service Manager):
emma.barry@bexley.gov.uk / Tel: 0203 045 4152

2. Essex Wellbeing Service – Targeted direct supply offer to smokers in areas of higher deprivation

A pilot programme targeted smokers over 18 years of age in areas of higher deprivation. Users receive an e-cigarette product directly from an e-cigarette provider following email from the service. Standard behavioural support is provided by the service. Outcomes showing higher conversion rates from smoked tobacco to e-cigarettes when compared to single NRT product (cost savings of £45 for an eight week programme).

For more information, contact:

Essex Wellbeing Service: provide.essexwellbeing@nhs.net / Tel: 0300 303 9999

3. Hampshire Stop Smoking Service – Universal voucher offer plus in-house support and products by e-cigarette retailer

The service has provided a voucher programme through local e-cigarette retailers since 2016. An in-house model has also been added, that offers standard behavioural treatment plus products delivered within an e-cigarette retailer shop. Digital and SMS management of processes. This offer benefits from expert advice and access to local retailers. Additional clients have been attracted by the vape retailer. Challenges exist in areas where there are few local retailers available.

For more information, contact:

Hampshire County Council: **Sophie Krousti:** sophie.krousti@hants.gov.uk

Solutions 4 Health: **Chris McMahon:** chris.mcmahon@solutions4health.co.uk

4. Hull. Change, Grow, Live: Swap to Stop

– First line offer to non-pregnant smokers over 18

The service offers e-cigarettes as part of a standard 12-week support programme. Starter packs and liquids are available for up to 12 weeks through four local e-cigarette retail shops. Benefits include budget saving and clients staying on the programme.

For more information, contact:

Tracy Mikkelsen Edwards: t.mikkelsenedwards@cgl.org.uk

5. North East Lincolnshire Wellbeing Service

– Targeted direct supply offer to pregnant smokers. Recent move to Universal model

The service offers a programme supplying e-cigarettes to pregnant women as part of the local Maternity BabyClear pathway. Paper vouchers are issued by midwives to obtain the e-cigarette device starter pack and supported by wellbeing service for behaviour change and NRT as required. This has helped to reach the most dependent smokers. Initial challenges experienced with shops closed during lockdown but moved to a better 'click and collect' system during lockdown, now collected in person in e-cigarette shops providing information on use and maintenance. Training and resources for midwives has been positive. Had challenges engaging with women and maintaining contact plus dual use with tobacco rather than cessation. Started e-cigarette project in September 2021 supplying starter pack plus additional two weeks of liquid alongside device providing the client adheres to quit criteria.

For more information, contact:

Wayne Gould: wayne.gould@nelincs.gov.uk

Tobacco Control Officer: 07767671917 / 01472 325500

6. Northamptonshire Stop Smoking Service

– Universal direct supply offer

Universal direct supply of e-cigarettes within the stop smoking service started in early 2020. The service encourages use of NRT too (generally patch) over 12 week intervention. Whilst a national supplier was appointed, the service itself retains stock management and postage duties. The service sends users a video to explain use. Have seen financial savings and great outcomes. Local e-cigarette retailers had initially expressed concern that providing free devices would 'flood the market' and would adversely affect their profit margins. Conflict with some traders led to a pilot programme, in which vape stores delivered support on behalf of the service, being stopped in order to focus on the in-house offer.

For more information, contact:

Richard Holley (Area Manager and Tobacco Control Lead):

richard.holley@northnorthants.gov.uk / Tel: 07827088353

7. South Tees Stop Smoking Service (Middlesbrough and Redcar & Cleveland Borough Authorities) – Universal direct supply offer

Pilot started February 2021 (excluded pregnant women) and now moving to universal offer. This consists of a starter kit and e-liquid directly supplied for up to four weeks through a single e-cigarette provider following a procurement process. Package also included a safety leaflet (information for where to source additional liquid or product concerns). Clients who gave consent also received two video links via SMS from the NCST on vaping safety. Have streamlined process with direct supply from retailer to client removing the resource intensity and administrative burden on the LSSS. Improved quit rates noted by the most dependent smokers, along with reduced pharmacotherapy costs. Opportunities to consider engaging with housing providers, homelessness agencies and drugs and alcohol services. A Pathway flow chart is available.

For more information, contact:

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Resources

The Royal College of General Practitioners has published a [position statement on e-cigarettes](#) in partnership with Cancer Research UK, accompanied by a [video](#).

Cancer Research UK's [e-cigarette hub](#) provides information and access to resources for health professionals.

[Stop smoking options: guidance for conversations with patients](#) supports healthcare professionals in their conversations with patients on the different options available for stopping smoking and their effectiveness.

The National Centre for Smoking Cessation and Training (NCSCT) has developed a free [online training module on e-cigarettes](#) for healthcare professionals.

PHE's blog: '[Clearing up some myths around e-cigarettes](#)' provides the evidence in response to some of the more commonly reported inaccuracies and misconceptions about e-cigarettes and vaping.

[PHE Evidence Reviews](#) on e-cigarettes.

The Independent British Vape Trade Association (IBVTA) has information on its [website](#) for smokers /vapers and professionals.