

Information for specialist stop-smoking services that are considering providing e-cigarette starter packs: recommendations from the Trial of E-cigarettes (TEC)

Background

Many people have successfully quit smoking using e-cigarettes. However, until recently research into the effectiveness of e-cigarettes within local stop smoking services was lacking.

The new study

To examine whether stop smoking service programme can benefit from inclusion of e-cigarettes, a new study funded by the National Institute of Health Research (NIHR) recruited 886 smokers who wanted to quit with local stop smoking services in London, Leicester and East Sussex. Smokers who were open to using either an e-cigarette or NRT were randomly allocated to receive NRT of their choice, including NRT combinations (N=447), or an e-cigarette starter pack consisting of a refillable device and one bottle of e-liquid with a guidance on how to purchase further supplies (N=439). Everyone also received weekly behavioural support as per standard practice.

Main results

- E-cigarettes were more effective than combination NRT. One year sustained validated quit rates were 18% in the e-cigarette group and 10% in the NRT group. When participants who quit smoking using non-allocated products were excluded (i.e. participants in the NRT group who used an e-cigarette and vice versa), the quit rates were 18% vs 8%.
- Participants who had quit smoking in the e-cigarette group were more likely to still use their vaping product at 1 year than those in the NRT group (80% vs 9%).
- E-cigarette users experienced fewer urges to smoke and less withdrawal discomfort.
- Among smokers who did not manage to stop smoking, those in the e-cigarette arm reduced their cigarette consumption and smoke intake significantly more than those in the NRT arm.
- People who quit smoking using e-cigarettes had a greater reduction in coughs and phlegm than those who quit with NRT.
- As E-cigarettes are more effective and less costly than NRT, they are also more cost-effective.

The full study can be accessed here: <https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>

Recommendations for practice

As e-cigarette starter packs are an effective and cost effective treatment, SSS should include them among their treatment options. This requires a provision of a refillable e-cigarette and the initial supply of e-liquid, and explaining to clients how to use e-cigarettes and where to buy future supplies. Clients should also be advised that people who successfully quit smoking using an e-cigarette often continue to vape for at least a year. The costs of e-cigarette refills are modest compared to conventional cigarettes and such use may help prevent relapse back to smoking. There could be some residual risk if they carry on vaping over many years, but this is likely to be a small fraction of the risks of smoking.

The NIHR sponsored a series of dissemination events for stop smoking service commissioners and practitioners to facilitate the translation of the research results into practice and encourage services to include e-cigarette starter packs in their routine practice. The events included discussions of practical implementation issues with the audience.

Below are the questions and answers that were generated by these events and that address practical issues that individual services may encounter when implementing the new approach.

Q: The trial was comparing e-cigarettes (EC) to the current gold standard and EC were better. Should EC now be offered as the first choice to everyone?

A: We should be going with patients' choice, as before. Services aiming to provide the best treatment should include offering EC starter pack as one of the treatment options. In the same way that we explain to clients e.g. side effects of medications, clinicians should explain that clients will need to be purchasing their own e-liquids; that successful quitters often continue to vape for at least a year; and that there could be some residual risk if they carry on vaping over many years. After that, clients decide which treatment they prefer.

Q: The availability of the free starter kit seems critical. Who to convince and how?

A: Services that have already adopted this approach started with purchasing a limited number of starter packs, usually from their medication budget, and monitored client reactions and outcomes. This provided confidence for service commissioners to adopt this approach.

Q: Where should e-cigarettes be purchased?

A: Vape shops and established online companies comply with extensive e-cigarette regulation. The Independent British Vape Trade Association <https://www.ibvta.org.uk/> lists some retailers, but there are many others. The approach that was evaluated in the trial included providing a basic refillable device, teaching clients how to use it and providing an initial supply of e-liquid.

Clients should be encouraged to source their own e-liquid according to their preference of nicotine strength and flavour, and also to buy their own device if the one supplied does not fit their needs. As e-cigarette products keep developing and changing, it is best to stock only a limited supply so you can change to better devices easily when needed.

Q: Are e-cigarettes going to be licenced as medications and provided by NHS?

A: At the current time there is no e-cigarette product licenced as a medication. The Government has committed to reviewing the licensing process to see if it can be streamlined and the MHRA is taking this forward. However, there is no need to wait for licensed products as currently available consumer products bought over the counter have been proven effective at helping smokers quit and have to comply with consumer protection regulation.

Q: Do we need to worry about using e-cigarettes produced by tobacco industry?

A: Tobacco industry products are mostly cartridge-based ('1st generation') devices, the refillable e-cigarettes ('2nd generation') that the trial evaluated are not produced by them. The vast majority of e-cigarettes have no links at all to the tobacco industry.

Q: There are conflicting reports about e-cigarettes, where do doctors find solid evidence that is generally accepted?

A: The Royal College of Physicians and Public Health England have published extensive evidence reviews. Various UK medical organisations encourage smokers to switch to e-cigarettes and provide advice and information on their websites, e.g.

<https://www.bma.org.uk/collective-voice/policy-and-research/public-and-population-health/tobacco/e-cigarettes> and <https://www.rcgp.org.uk/-/media/Files/Policy/2017/RCGP-E-cigarette-position-statement-sept-2017.ashx?la=en>

Q: Many GPs lack knowledge on EC. How to inform them?

A: They may not need detailed knowledge if they refer smokers to local specialist services, but those seeking information can consult e.g. NCSCT, RCGP:

NCSCT online training module: <https://elearning.ncsct.co.uk/e-cigarettes-launch>

NCSCT briefing: http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php

RCGP position statement: https://www.cancerresearchuk.org/sites/default/files/rcgp_e-cigarette_position_statement_approved_060917_clean_copy.pdf

Q: E-cigarettes and e-liquids are sold in markets and pound shops – should we advise caution around this?

A: Yes, encourage clients to only use mainstream retailers.

Q: What if someone comes back for another e-cigarette starter pack?

A: This can be approached in the same way as when clients come back for repeat NRT. Discuss the last attempt and establish the merit of providing another starter pack.

Q: How to deal with clients provided with e-cigarettes who enquire about media scares?

A: The most common query currently concerns “popcorn lung”. You can refer clients to <https://publichealthmatters.blog.gov.uk/2018/02/20/clearing-up-some-myths-around-e-cigarettes/> - the site provides an authoritative debunking of this and other common myths. Regarding new media scares, these are likely to continue so do keep up to date via NCSCT training updates.

Q: Can e-cigarettes be given to smokers with COPD?

A: If they are using oxygen, follow the usual risk assessment as you would with mobile/electronic devices. There is some evidence that there is improvement in COPD if smokers switch to vaping www.ncbi.nlm.nih.gov/pmc/articles/PMC6113943/

Q: How crucial is the behavioural support element for e-cigarette users?

A: It is likely that quit rates would be lower without support. For dependent smokers seeking help, using e-cigarettes with support is the best option.

Q: Would results be better if e-liquid was provided for 12 weeks?

A: Finding e-liquids of strength and flavours that meet individual smokers’ needs was considered a more promising approach than having everyone use the same e-liquid, or one from a small range. E-liquid is inexpensive and participants were happy to source their own.

If you have other questions

Contact Dr Katie Myers Smith (katie.smith@gmul.ac.uk) who can answer or direct your queries.

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