

## Information for specialist stop-smoking services that are considering providing e-cigarette starter packs

A recently published trial has shown that e-cigarette starter packs are almost twice as effective as combination NRT when provided within the UK stop-smoking services (SSS). They are also much less expensive. The trial report is here: <https://www.nejm.org/doi/full/10.1056/NEJMoa1808779>.

The study funders (NIHR – HTA) sponsored a series of dissemination events to speed up the translation of the research results into practice. Apart from presenting the trial results, the events also showcased SSS and ongoing projects that are already using e-cigarette (EC) starter packs. The events were attended by SSS commissioners, clinicians and other stakeholders and included discussions of practical implementation issues with the audience.

Below are the questions and answers that were generated from the panel discussions concerning the provision of EC starter packs in clinical practice.

***Q: TEC trial was comparing EC to the current gold standard and EC were better. Should EC now be offered as the first choice to everyone?***

A: Services wanting to provide the gold standard 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; and 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, we should be going with patients' choice, as before. The more tools there are, the more likely it is that some will work.

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

Services that have already adopted this approach started with purchasing some 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 to obtain training in using EC starter packs within the service?***

The annual SCTR Update and Supervision CPD courses include briefing on EC use within services (e-mail [sctrp@yahoo.co.uk](mailto:sctrp@yahoo.co.uk)). Practical guides on using EC were distributed at the event. The NCSCT website ([www.ncsct.co.uk](http://www.ncsct.co.uk)) includes advice and information on issues such as EC safety (the advice on starter packs is being updated).

***Q: Where should EC be sourced from and how?***

A: Vape shops and established online companies comply with extensive EC regulation. The Independent British Vape Trade Association <https://www.ibvta.org.uk/>

lists some sources, 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, and encouraging clients 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 EC 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 EC going to be licenced as medications and provided by NHS?***

A: At the current time there is no EC 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.

***Q: Do we need to worry about using EC produced by tobacco industry?***

A: Tobacco industry products are mostly cartridge-based ('1<sup>st</sup> generation') devices, the refillable EC ('2<sup>nd</sup> generation') that the trial evaluated are not produced by them.

***Q: There are conflicting reports about EC, where do doctors find solid evidence that is generally accepted?***

A: Royal College of Physicians and Public Health England published extensive evidence reviews. Various UK medical organisations encourage smokers to switch to EC 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>.

***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: [http://www.ncsct.co.uk/publication\\_electronic\\_cigarette\\_briefing.php](http://www.ncsct.co.uk/publication_electronic_cigarette_briefing.php), [https://www.cancerresearchuk.org/sites/default/files/rcgp\\_e-cig\\_position\\_statement\\_approved\\_060917\\_clean\\_copy.pdf](https://www.cancerresearchuk.org/sites/default/files/rcgp_e-cig_position_statement_approved_060917_clean_copy.pdf)

***Q: Should we inform people they may still be using an EC one year later or longer (and still incurring costs)?***

A: Yes, this was the most common outcome in people who stopped smoking with EC in the trial. The costs are modest and such use may help prevent relapse back to smoking, but continued use is much less likely with NRT and other medications.

***Q: EC 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 EC 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 EC and enquiring 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 and SCTRIP training updates.

***Q: Can EC 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/](http://www.ncbi.nlm.nih.gov/pmc/articles/PMC6113943/)

***Q: How crucial is the behavioural support element for EC users?***

A: It is likely that quit rates would be lower without support. For dependent smokers seeking help, using EC 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 ([k.smith@qmul.ac.uk](mailto:k.smith@qmul.ac.uk)) who can answer or direct your queries.

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