Podcast series 'Let's talk e-cigarettes' Episode 12 with Dr Sharon Cox

Transcript

If asking young mate down the pub about vape pens knows what they probably say, no one agrees if it's safer on nuts, so you might as well smoke anyway. Now what your mate needs is a Cochrane review. All the facts have been checked at least twice.

They find there's a lot that the experts at Brianna might give you different advice.

Hi, I'm Nicola linssen.

And I'm Jamie Hartman voice.

We're both researchers based at the University of Oxford, where we work with the Cochrane Tobacco Addiction Group. Welcome to this edition of let's talk E cigarettes.

This podcast is a companion to a research project being carried out at the University of Oxford, where every month we search the E cigarette research literature to find new studies.

We then use these studies to update our Cochrane Systematic review of E cigarettes for smoking cessation. This is called a living systematic review.

In each episode, we start by going through the studies we have found that month and then go into more detail about a particular study or topic related to E cigarettes.

So we took a break last month for the holidays.

Happy New Year everyone. Hope 2022 is off to a good start.

And to bring you up to speed in a nutshell, in December we identified a number of new references, but only one of them had any outcome data.

In January, we ran our searches at the very start of the month and we found four new ongoing studies and one record linked to a study already included in our review. Nicola is going to tell you a little bit.

More about that one new study with data that we found in December.

So the new study paper was led by Doctor Pasquali Carpineto from the University of Catania and published in the journal Nicotine and Tobacco Research last year.

The aim of the study was to investigate the feasibility of E cigarettes to change cigarette smoking behaviour in people with schizophrenia spectrum disorders. The study recruited.

40 participants who did not wish to reduce or quit smoking and only had one study group who were all given Juul E cigarettes with a 12 week supply of a 5% nicotine pod.

At the final.

Follow up visit.

At week 2457, 1/2 percent of people had reduced the amount they smoked by 50% or more, with 35% of people having quit smoking completely at the end of the study, all of the participants were still using their he cigarettes.

The E cigarettes for this study were supplied by PAX Labs who later became JUUL, and the study investigators have received funding from the tobacco industry and the Pharmaceutical industry.

Great thanks Nicola. So as I mentioned this January, we have found four new ongoing studies and it's quite amazing really that every month we find more and more studies that are getting off the ground in this area.

It's really exciting and one of the new ongoing studies we found is a multicenter, randomised controlled trial. It's based in homeless centres.

And in people experiencing homelessness who smoke, they're getting the offer of E cigarettes or usual care, the kind of shorthand name for this city is the sketch trial, and it's funded by the National Institute for Health Research.

In this month Deep Dive I spoke to one of the trials leads doctor Sharon Cox from University College London about this new trial and the other work her team has done in this area.

Right, so to start off, can you?

Tell us about.

Yourself yeah. Hi Jamie, my name is Doctor Sharon Cox. I'm a senior research fellow at the Department for Behavioural Science and Health at University College.

And most of my work is on tobacco related health inequalities and I have a particular focus on how E cigarettes can help to reduce some of those inequalities.

And what is it about? E cigarettes that makes you look at them in this context? What got you into E?

Cigarettes research. So for me I started to become engaged in E. Cigarette research about six years ago.

Now I really notice the parallels in harm reduction across other substances, so for me it wasn't necessarily a hook that these are smoking cessation aid per say.

I wasn't engaged in smoking cessation research at all at that time, but I was interested in harm reduction.

Harm reduction can really help those people who other treatments haven't suited for them at that time, in their recovery or that time in their life.

But what harm reduction can do is keep people in treatment or keep people interested in changing their behaviour without necessarily thinking about quitting, which can be a really big step for some people.

So I'm interested in improving the lives and and the health of people who are experiencing homelessness and I thought well, that sector they were already offering substance harm reduction.

Where's the tobacco harm reduction? Surely this should just be offered alongside all the other types of support, and that's how I came interested in this area, awesome.

And what other kinds of harm reduction are they offering those populations?

So safer injecting equipment. Alcohol reduction. So for sex workers, which is group of people under the inclusion health group with adults experiencing homelessness apart?

Of sex education advice, which is some of the oldest forms of harm reduction and condoms. We also have other medications like methadone for example, so harm reduction has a long history in the third sector.

Obscure science term definition.

The third sector is a range of different organisations belonging to neither the public nor the private sector.

They include charities, voluntary and community organisations, social enterprises and cooperatives and think tanks and private research institutions.

And people know the term harm reduction once you put tobacco in front of it. People were a little bit puzzled.

They've never heard of that, and that's what our work.

Trying to change that is so interesting, so can you tell me?

I suppose any highlights of the work you've done so far on E cigarettes in this area and why we're talking to you today. A bit about the research that you're just starting up at the moment.

Yeah, so we started my colleague and I so Professor Lynn Dawkins from London, South Bank University Wiest.

Started taking an interest in this area back in 2016.

At that time we were fortunate enough to receive some funding from the National Institute of Health Research, the Public Health Board to run a small feasibility study across four homeless charities in the UK, One in Scotland and three in England to offer E cigarettes or usual care and usual care is defined as a.

Referral to the Stop Smoking Service so two centres offered that the referral and two centres offered an E cigarette. Now that was a feasibility study so you'll know Jamie, but for those of you that don't.

A feasibility is not to test effectiveness. It's to test whether you could do a trial. There were no trials in the world.

Looking at E cigarettes amongst this population so we had to see whether we could do it. Would people come back? Would they give us their baseline data there? They're pretty intrusive questions and this is a community.

That doesn't necessarily hold health professionals in high trust.

Would people use the E cigarette? Would they like the E cigarette? Would they go to usual care? Would they be referred?

All of those things that we tested, and I guess the highlight is that the E cigarette was really acceptable to people. The staff, especially who delivered the intervention they took to the training. The training I should credit Debbie.

Robson, a senior researcher at King's College London, who developed the training with a real harm reduction focus and a real mental health focus, and the staff absolutely got it. They thought, wow, this this is stuff we're already delivering, but this is just.

If you like another string to our harm reduction Bo, this is. This is just more ways that we can engage people who are quite socially isolated and in poor health.

It's another way that we can start conversations and I think for me the highlight was seeing staff really change their mind. If you talk to staff about asking people to quit smoking, they'll say.

These people have got so much on there's no way I'm going to talk to them about taking away their cigarettes.

But if we say to them, well, how about talking to them about improving their mental health through reducing their smoking or quitting their smoking?

The staff will lie all right.

OK, the staff also quit. Many staff also quit and that was that was amazing. So that was that. That was really good.

That's amazing.

The service users. We had three people quit at six months continue abstinence from the 48 not massive gains, but nobody did in the usual care. But what we did see and we heard for the qualitative.

Component was that some people said the very act of being offered smoking cessation support felt like they were being cared about.

People would say to us I didn't think anybody cared that I was a smoker. I didn't think anybody cared. If I got lung cancer.

I'm so happy that now I don't have to beg for cigarettes or or smoke discarded cigarette ends and these are all huge winds and the massive winds.

Add winds.

Some people I remember interviewing one guy he had smoked since he was twelve. He was in his mid 50s and he managed to stop smoking for the whole of the Easter Bank holiday weekend, which is a four day weekend.

For people not in the UK, he that was the longest he had gone since he was 12 years old.

I mean, he continued to to smoke after that, but in behaviour change terms and at least.

For he's you know.

Self esteem. These are really big wins. So now we are leading a larger trial. The National Institute of Health Research recognised that the feasibility has shown proved.

If you like that a full trial is feasible and we're now moving onto a larger cluster, a cluster randomised control trial.

32 centres

Amazing, so this is just me being really eager and keen. When do you think we'll know the results from that?

We only started yeah, we only started in September, had just gone and we're starting recruitment of centres now we're actually we're we're recruiting centres now, but recruiting participants in February.

This is a three year trial, so there's going to be some time unfortunately, to wait until the results.

Fair enough, and can you tell me a little bit about the E cigarette intervention that you're using in the trial? Is it the same as you used in your original feasibility study?

Did you change anything based on the feasibility study? What kind of E cigarettes are you offering? Any sort of information there?

Yeah, so the E cigarette that we're offering is the same one in the feasibility is to inspire pockets. We did review it before the feasibility.

We had public and patient involvement, as is good practise. We had feedback from people with lived experience of homelessness that this was the one they found most manageable. They liked.

Of the throat here. It also in terms of cost, had a really good start up cost for us. We you know we have to be careful about these sorts.

Right?

Things we then re reviewed it recently again with public involvement and again it came out the top choice so we're sticking to that.

People have a choice of flavours of E liquid, so they get. They can choose tobacco flavour, fruit flavoured or mental flavour and they can choose and they can swap they're offered.

5 bottles a week for up to four weeks. And even if you don't vape all of your bottles.

The next week you're still given 5.

Brilliant excellent yeah and what other research if any, are you doing in this particular area?

Right, so other work that we're doing has been funded by the Medical Research Council we found from the feasibility study and another work that we've had and funded by Cancer Research UK. Looking at what's currently being offered in homeless centres.

We found that staff, even though even if they're the most willing and really want to offer smoking cessation support there, there aren't any resources for them in many other areas of health.

You know there's e-learning training for them. There might be downloadable manuals. There's nothing like that for the homeless sector, and so people would say, well, you know the needs of my.

Service users are quite unique. Where's my resources? And we're currently asking people to go to get some information, maybe from the Yellow book for substance use, treatment and and to look at the tobacco chapter.

The we then might be asking them to go and look at the mental health e-learning training on the NCSCT.

The Enquetes is an acronym that stands for the National Centre for Smoking Cessation and Training, which provides training for people who provide advice to help people quit smoking.

And we're asking them to go to all these different places.

So what we're now doing with this money from the MRC is Co developing with people that use homeless centres and work in them. A set of resources.

A set of tobacco harm reduction resources and the way that we're Co. Creating that is by running a series of focus groups over a year and it's a.

It's an iterative process, so first of all, now we're asking people what do they want in the resource toolkit. We're.

Calling it E cigarette information and actual E cigarettes you know to give out and the number one thing everybody says you know.

And now give us give us the rights, give us the vote. But information on how people can use them.

Right?

How do they charge them? How do they refill them? Who do you give them to? What type of E cigarette do you give to somebody who maybe is rough sleeping versus someone who's in temporary accommodation?

What type of E cigarette should you give to somebody who's a a pack a day smoker? What type of E cigarette or or indeed any other medications you give to someone who?

Who's rolling their own? So this is the sort of information that people want you know, do E cigarettes, or indeed any other nicotine replacement therapies, interact with medication?

These this is all the information that people want to know. Conversation guides, that kind of thing, so that's what we're developing at the moment and it's it's really it's really good.

It seems. I mean, I'm obviously biassed working in this area that that is an obvious need, right? You have a population with really high levels of smoking in that population.

In most other areas where you have high levels of smoking, there's very clear guidance. Why do you think it hasn't happened before?

So unfortunately we've got this horrible situation in the UK and and there's no like I don't have hard evidence this, it's just something that I observe, and I know as a scientist I shouldn't observe stuff, but nonetheless I'm going to do it.

The more health and social needs you have, the less likely you are to be seen as a the less likely your smoking is seen as a priority to change.

And people who are experiencing homelessness have some of the highest health and social needs and the most severe. And unfortunately, they're often less likely to change in the immediate future.

So when people are looking for housing when when people like you know living on the edge of society. When people are are struggling to make.

Things may.

Smoking is somehow given this tacit approval. Now I'm not saying we should punish smokers. Of course we shouldn't, but I do think that when people stop being homeless, they should be no more likely to get lung cancer.

I mean, they're coming into a period of their life, hopefully of instability, and we want them to live in that stability for longer. But also I think it's just a human rights issue that everybody.

Should be offered. Stop smoking support and advice regardless, but unfortunately I think the sex has been left behind.

I I could go on about summarising why that is. I think that for all the reasons I've just said the maybe tobacco research community hasn't necessarily identified that as a community of need, and I think maybe the homeless or third sector hasn't necessarily reached out because of those reasons. So you know.

Research and agendas are often led by the people that are interested in them, and they don't think.

Until recently, there have been too many people interested in this population. It's really tough. Yeah, there's not quick wins with this group.

No, they're not. You're not look, you know you're not talking about a group of motivated to quit smokers. It you know you're you're talking about people who you know the average age of death in this in this population is.

You know 44 for a man and 42 for a woman. So when you've got that type of life expectancy?

Cigarettes are not seen as yeah high priority, but nonetheless we're seeing you know that actually if you frame it as harm reduction and not quitting, you can start to make some.

Headway, and I think that.

Statement that you made about the qualitative research people saying. Finally, it felt like people weren't.

You know, paying attention to their health is also kind of quite striking and another really important element in this.

Absolutely, and the staff really picked up on being able to use this as a way of creating a new conversation instead of keep talking to people about, you know their housing situation and their benefit payment.

Maybe their alcohol or other substance use. They can talk to about something else and and especially with vaping, it doesn't have to be framed in a way that's quit in.

It can be switching and it can be framed as something that's maybe something new and.

Novel yeah and and offer very awesome intangible yeah.

And not fact.

Yeah, you're giving them something rather than necessarily talking about taking something away.

Absolutely well, amazing that you're doing this work.

If you could see kind of anyone future study be funded in this area, what do you think it would be if you were in charge of saying this is the next thing that's going to happen in this sphere?

Of E cigarette research generally or specifically within the homeless sector? What might it be?

So I have to give credit here to doctor Dan Lua, who's at UCL who works at the Inclusion Health Centre.

He's his work is really highlighting that for inclusion, health groups, and what we need is a whole restructure of provision of support.

Could I just stop you and get you to explain what?

An inclusion health group ends.

OK, so inclusion health groups refer to a group of people that are severely socially excluded, so these can be people who are experiencing homelessness, sex, workers, people who use and and inject drugs. So what we are.

What facing at the moment is that people go to one service to get a need met. So for their homelessness and they might go to another service to get prescriptions for their drug use.

People might go to a sexual health service and then they might go to the smoking cessation service, but maybe not because actually, as we've said, it's not a priority and it's another service right? And believe me, you know.

You know it's not easy having these people loved and it's very time consuming and going to all these appointments, absolutely.

And then you've got to get benefits and housing.

Top So what we need is an integrated service so I know your question was about what would I like to see in easier X.

But what I would really like to see is an integrated service for inclusion health groups that also includes tobacco harm reduction, and I'm interested to know that when tobacco harm reduction is integrated and seen as an.

Equal pay.

Not to all of these other health interventions does it increase the uptake. Does it increase the acceptability and ultimately does it improve?

People's.

Health amazing. Well I hope to be talking to you about that in a few years time. Alright, thanks so much, Sharon.

Thanks Jamie.

That was great Jamie. So interesting to.

Hear about all that.

Important work, thanks for listening everyone and we look forward to sharing our February findings with you in due course.

Please subscribe on iTunes or Spotify and stay tuned for our next episode.

Sleeping is safer than smoking. May help you.

And but

Remember to mention the findings we have can tell us whatever happened.

In terms, even though we know vaping is safer than smoking, we may still like.

'cause for concern.

Switch interface.

Then that's what the experts agree. Smoking so fatfield filming.

The faith in beach burning. There's much to learn.

Thank you to Jonathan Livingston Banks for running searches to Elsa Butler for producing this podcast, and to all of you for tuning in. Music is written with Jonny Berliner and I and performed by Johnny.

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