Transcript

Let’s talk e-cigarettes

Podcast 43, June 2025, Lauren McMillan

Speaker 1: Musical intro & outro

Speaker 2: Nicola Lindson, NL

Speaker 3: Jamie Hartmann-Boyce, JHB

Speaker 4: Lauren McMillan

Musical intro

If asking your mate down the pub about vaping is what they probably say, no one agrees if it's safer or not, 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 agree on might give you different advice.

Speaker 2 NL

Hi, my name is Nicola and I'm a researcher based at the University of Oxford in the UK.

Speaker 3 JHB

And I'm Jamie and I'm a researcher based at the University of Massachusetts Amherst in the United States.

Speaker 2

We are both members of 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 research the e-cigarette research literature to find new studies. We then use these studies to update our Cochrane systematic reviews of e-cigarettes for smoking cessation and interventions for quitting vaping. This type of review is called a living systematic review and in each episode we start by going through the studies we found that month and then go into more detail about a particular study or topic related to e-cigarettes.

Speaker 3

This month we ran our searches on the 1st of June 2025, we found one new ongoing study of an e-cigarette intervention for smoking cessation and two new ongoing studies of interventions for vaping cessation. We also found two new completed studies of interventions for vaping cessation, which we'll tell you about in a nutshell.

Speaker 2

Our first new included study was written up by Jamie Heffner from the Fred Hutchinson Cancer Centre, Seattle, and their colleagues. They investigated a smartphone app and text messaging intervention based on acceptance and commitment therapy that was designed to help young adults stop vaping. They recruited 61 people aged 18 to 30 years. And randomised them to the app and texting program or to a minimal control condition. Small numbers were abstinent from both smoking and vaping. Overall, however, slightly higher numbers were abstinent in the intervention arm and due to the promising acceptability the research is aimed to evaluate the programmes effectiveness further. The study was funded by the National Institute on Drug Abuse.

Speaker 3

The second new study of an intervention for quitting vaping is a pilot trial from Amanda Palmer and her team at the Medical University of South Carolina in the US. This study was funded by the American Cancer Society, the National Institute on Drug Abuse in the US, Holland Cancer Center, and South Carolina Clinical and Translational Research Institute. In this pilot feasibility trial, 46 people who both smoked and vaped, in other words, dual users at baseline were randomized to a 28 day supply of nicotine. Replacement therapy in one of three doses, all arms included patches and gum. This study was small, so it was underpowered to detect clear differences between arms. But the higher dose arms appeared more effective than the standard dose. The authors concluded that higher doses of nicotine replacement therapy are feasible and promising in people who made them smoke and that this should be evaluated further in a larger trial. For this month's deep dive, I interviewed Lauren McMillan from Sterling University in Scotland about her process evaluation of the SCeTCH trial in brief SCeTCH is a smoking cessation trial funded by the British National Institute of Health Research. The study was based in homeless centres and the intervention group received an e-cigarette intervention. I'll leave it to Lauren to tell you more.

Okay, can you tell us about your background and what got you into e-cigarette research?

Speaker 4

Yeah, of course. Yeah. My name is Laura McMillan. I'm a research assistant at the University of Stirling. My background is mostly in psychology. So I did a masters in health psychology and that got me really interested in, like, health behaviour change interventions and particularly among marginalized groups. So I did some work with people experiencing homelessness and my Masters project was around something totally different to e- cigarettes but it was looking at how women who are homeless manage their periods and how they like, make sense of that. And yeah, it's a completely different. As soon as I finished my masters and this job came up at Sterling and I think because it was a behavior change intervention and it was based in centres for homelessness. Yeah, it kind of brought those two together. And yeah, to be honest, this was my first research role and my first experience of doing any e-cigarrette research.

Speaker 3

OK. And how are you finding it? Are you enjoying it?

Speaker 2

And.

Speaker 4

Yeah, I really enjoy it. I think it was like quite a good time to start because, yeah, I came on board in 2022 and it was quite an interesting time to be a part of e-cigarette research just with the rise in disposables and yeah, everything's been moving so quickly since then and yeah, it's a really kind of interesting and slightly controversial there. There's always kind of two sides to this area of research to be working in.

Speaker 3

Absolutely awesome. So can you tell us a little bit about the SCeTCH trial? What did it set out to look at?

Speaker 4

Yeah, absolutely. Yeah. It's called Project SCeTCH, which stands for Smoking Cessation Trial and Centers for people experiencing Homelessness. And it's a cluster randomised controlled trial. And that just means that they're randomised at the central level rather than at the individual level. So, we had 32 centres located across Scotland, England and Wales, and they were a mix of drop-in centers and also some residential centres where people were staying temporarily and yeah, what it did was so, in the intervention arm everybody was given e-cigarette. It was like reusable e-cigarette and also they got up to four weeks worth of e-liquid. They could choose between different flavours and different strengths. And then in the control arm they were signposted to the local stop smoking service. So that was called ‘usual care’. And yeah, we followed people up for six months. So, everybody was a daily smoker and we looked at whether they had abstained from smoking at each follow up time point. But we were also looking for changes in smoking behaviour, so reductions and also things like changes in their smoking practices. So certain like risky smoking behaviours and things like that. And one thing to note was that we trained the staff in each of the centres, which is really important to have like a real world setting. So yeah, I think we ended up training over 200 staff across the 200 centres. So they had like a 2 hour training session designed by Debbie Robson at Kings College, and this went over some of the kind of backgrounds around. You know that high prevalence of smoking amongst people experiencing homelessness and then also some like myth busting around the use of e cigarettes and the practicalities of like how to use the devices as well.

Speaker 3

But such an impressive trial huge, and I can imagine onboarding 32 different centers was no small task. So we are interviewing you today because of your work, specifically on the process evaluation start off. Can you just like tell us what a process evaluation is and why they're important?

Speaker 4

Yeah, absolutely. So process evaluations are really important for looking at why an intervention does or doesn't work. Particularly when it's quite a complex intervention and there's multiple different components, it really breaks it down to see exactly kind of what are the mechanisms behind the intervention and what are these mechanisms or which mechanisms are producing changes in behaviour. So yes, specifically our process evaluation had two aims. So we looked at context. So the the culture within the centres. The geography and and how this would influence the implementation of the intervention. And then we looked more specifically at the mechanisms through which the intervention produced changes in smoking behaviour, and for that we used something called the combi model, which I knew from my health psychology background. So that was quite nice. But yeah, that basically says that there's like 3 components that need to be present for behaviour change to occur and those are capability, opportunity and motivation. So it was really useful to have that. To design the intervention, but then also when we were analysing all the data that we had from the process evaluation, we could see maybe which areas were lacking.

Speaker 3

Perfect. So can you talk us through your main findings?

Speaker 4

Yeah, absolutely, yeah. I'll start with the main trial finding. So the primary outcome was looking at abstinence at the six month follow up, but it was quite a strict outcome. It was CO verified. So we did carbon monoxide readings each time point and we didn't find a significant difference between the intervention and the control group at the final follow up time. Point. But we did see a lot of, like, temporary quitting. So seven day point prevalence, quitting participants. And then also we saw a lot of reductions. So at the six month time point, there were much higher reductions and some of those were greater like up to 80% reductions in in the amount that they were smoking.

Speaker

Wow.

Speaker 3

Awesome.

Speaker

So.

Speaker 4

So yeah, and then from that looking at the process evaluation, we just kind of wanted to see you know? What was it that meant that people weren't weren't able to abstain at the six month? Like follow up 10 point, but maybe like if we could shed a bit more light on these reductions and if people were changing their like smoking habits and and things like that and we did we found so looking at the combi, the participants had really like high levels of capability to use the e-cigarettes. So they would kind of talk about how they'd formed new vaping habits, so maybe they would have a cigarette in the morning and then they would wait throughout the day and then they would have 1 at night. Or, whereas before they were kind of smoking continuously throughout the day. Also participants would say how they've gone out and started experimenting with different devices and different e-liquids and really took to it pretty well. And from the ones that we spoke to and then in terms of opportunity. So that's kind of like the context and the environment that people were in. Yeah, we found that there was really high levels of smoking culture within the centres, a lot of kind of sharing cigarettes and being offered cigarettes. It was a really big part of the centres. So yeah, that was maybe an area that had hindered the intervention. So a lot of people kind of using their e-cigarettes and then relapsing back to smoking because people are, you know, offering them cigarettes and then, yeah, motivation. Yeah, we found that people were really motivated. And when you speak to people, they do say like, oh, they, you know, they want to quit smoking and they feel they now got the tools to do it because they've got these devices and they know how to use them. But the people that were taking part. You know, obviously they were accessing homelessness services, they've got a lot going on and. They don't have like a stable living environment and they would use smoking as a way to cope with stress, which we know a lot from previous research. So yeah, for them it was that they wanted to quit, but it maybe just wasn't the right time for them to quit. And the smokers that we recruited, like they didn't have to necessarily want to stop or were motivated to stop, they just had to take part in the trial and and get the e-cigarette and give it a go. So yeah, that was really interesting. And yeah, very encouraging for for future research. Well, I think.

Speaker 3

Awesome. And did you talk to the staff members at all?

Speaker 4

Yeah. Yeah. So we did interviews with participants and also interviews with two staff members across eight of the sites. And that was like usually a service manager and then also a staff member who has actually delivered the intervention to the room. And yeah, they loved it. They really enjoyed doing the training and kind of look at the benefits of the training for overcoming some of their own misperceptions around vaping and also. Being able just to speak to their clients about smoking, it's not something that is usually addressed like within these environments. There's a lot of focus on like alcohol or other substance use. But smoking is one of the things that don't really seem to be addressed within centres. So I think just being able to open up and have those conversations with clients.

Speaker

Yeah. Yeah.

Speaker 4

And I think going forward, they said to be able to offer people that level of support within the centres would be really useful because the smoking rates are so high and it's one of the things that they don't offer and some of them had had, like, stopped smoking, advisors come into the centres like in the past. But the way that they stopped smoking service in the in the UK works is it's quite strict and like you have to be there every week and you have to like make those appointments and you have to be showing to be like reducing and things like that. So I think yeah having something that's you know meeting people. Where they're at and.

Speaker

Yeah.

Speaker 4

Being able to offer that kind of level of flexibility was worked really well in the centres.

Speaker 3

So impressive. Thank you. Did anything you find surprise you?

Speaker 4

I think the thing that surprised me most, not necessarily a finding, but just how open people were to taking part and when we started this study, there was a lot of concern about whether we would be able to recruit the 32 centres and whether we would be able to recruit the 480 odd participants. And yeah, I think that was just what surprised me the most was that people were willing to give it a go and. To take part in the research and to actually be able to follow people up that don't have like a fixed address and necessarily a six month follow up time points, yeah, it was quite incredible. And yeah, just the positive feedback that we got from the participants who were taking part. Yeah, I think that was probably what surprised me the. most

Speaker 3

Yeah well, it's really encouraging that. It's lovely to hear, all right.

Speaker

Yes.

Speaker 3

Well, what do you think should be done next following these findings and following this study?

Speaker 1

Hey.

Speaker 4

Yeah, it's a good question. I think having a intervention that's more led by the services, it would be really nice. I know that some people in the team have spoken about having like a kind of stop smoking service within the centres. Yeah, and having more cessation options available within this intervention, it was the e-cigarette kit that was the intervention and the and the e-liquid. But maybe having something that's a bit more tailored or having that element of like behavioural support as well or other options, cessation options and just having something that's kind of ongoing. Yeah, definitely because it's a group that has really, really high smoking rates that don't seem to be coming down. So yeah, I think just exploring different options and yeah, to keep the this population engaged in the future would be really important.

Speaker 3

Awesome. Well, thank you so much. That is it from me. Congratulations to you and the team. This is such an impressive study. And it is just so encouraging to hear.

Speaker 2

That was a really great interview, Jamie, because I think it really showed the importance of kind of process evaluation in understanding how things work and how we can potentially improve our approaches as a result. So it was super useful and I think another big thing I took away, especially as someone who's also doing work that looks at embedding stop smoking support within settings outside of those traditional healthcare settings. Is that it was really encouraging that the centres were very willing to take part and the staff were very happy with the intervention. As you know, people can be worried that they just won't have the time to address this or they might be worried about raising smoking with service users. However, having another tool in their toolbox can actually feel really empowering. You know, it really gives them the opportunity to offer. People, something that you know has the the potential to really help them. And we've also found that service users themselves are very open to talking about smoking and see the links between smoking and other areas of their life such as finances for example.

Speaker 3

Totally. And I just think it is so nice and refreshing to see a big trial in people who are experiencing homelessness. We know that that group is traditionally very much underrepresented in research, partly because of concerns around things like the feasibility of following up over time. But this team did an amazing job. Running this trial and I really hope it serves as kind of reassurance and inspiration for other people thinking of doing the work in this setting. So that's it from us this month. Thank you so much for listening. Thanks so much to Lauren for telling us all about their process evaluation.

And please do tune in next month for another episode of Let's Talk E-cigarettes.

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

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Musical outro

Vaping is safer than smoking may help you quit in the end. But remember to mention the findings we have can't tell us what will happen long term, even though we know vaping is safer than smoking, we may still find cause for concern, if you're thinking about switching to vaping do it. That's what the experts agree. Smoking so bad for you they all concur that vaping beats burning there's much to learn of effect long term yet to be seen.