GP and nurse perceptions of e-cigarettes in England: a qualitative interview study

Dr Melissa Stepney
Professor Paul Aveyard
Dr Rachna Begh
Conflicts of interest

- This research was funded by CRUK Tobacco Advisory Group
- The trial, of which this is part, is funded by NIHR
- We have no personal financial ties to any private companies
- Paul Aveyard has led a trial in which GSK donated patches in support of NHS treatment costs
Aids used in most recent quit attempt

E-cigarette use for quitting has plateaued

N=13146 adults who smoke and tried to stop or who stopped in the past year; method is coded as any (not exclusive) use
Use of nicotine products while smoking

E-cigarette use has plateaued among smokers

N=24693 smokers
THE EVIDENCE SO FAR SHOWS THAT E-CIGARETTES ARE FAR SAFER THAN SMOKING

1. E-cigarettes contain nicotine but not cancer causing tobacco
2. Nicotine is addictive, but does not cause cancer
3. Tobacco is the biggest cause of preventable death in the UK
   Over 100,000 deaths per year = 10,000
4. Passively breathing vapour from e-cigarettes is unlikely to be harmful
5. Growing evidence shows e-cigarettes are helping people to stop smoking

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CANCER RESEARCH UK
E-cigarettes: an evidence update
A report commissioned by Public Health England
Nicotine without smoke
Tobacco harm reduction

A report by the Tobacco Advisory Group of the Royal College of Physicians
RCGP Position Statement on the use of electronic nicotine vapour products (E-Cigarettes)
UPDATED SEPTEMBER 2017 – APPROVED BY IMRAN RAFI 6.9.17.

Background
Smoking tobacco is the single largest cause of preventable illness and premature death, being responsible for around 122,000 deaths a year in the UK. Smoking accounts for 27% of all cancer deaths, 40% of all respiratory deaths and 20% of all circulatory disease deaths. It is in this context that smoking cessation is one of the most effective health interventions. Up until recent years, the main tools to support those trying to give up smoking have been behavioural support, nicotine replacement therapy, and oral bupropion or varenicline. Research shows that professional support alongside medication (as offered by local Stop Smoking Services) is the most effective approach, and is around three times more effective than going 'cold turkey'.

Electronic cigarettes (ECs) are battery-powered devices that allow the inhalation, or "vaping" of an aerosol containing nicotine, that has the option of being flavoured. They became more widely available around 2007, following their invention in China in 2003, and global use has increased year on year. As of 2017, there are now 2.9 million adults in Great Britain using ECs. There are now more ex-smokers (52%) in Great Britain using ECs than dual users of both cigarettes and ECs (45%).
Electronic cigarettes for smoking cessation (Review)

Hartmann-Boyce J, McRobbie H, Bullen C, Begh R, Stead LF, Hajek P
Methods

• CRNs approached practice nurses and GPs across England
• Interviews followed a semi-structured guide to address interactions on e-cigarettes
  – Beliefs about e-cigarettes
  – Attitudes towards them as cessation/harm reduction aids
  – Current practice on e-cigarette advice
  – Views on prescribing/licensing
  – The support GPs and nurses want in advising about e-cigarettes
• Analysis was thematic, using Nvivo
  – Looking for discrepant cases
Ambivalence and uncertainty

• Ambivalent about e-cigarettes as devices.
  – ‘Less toxins than normal cigarettes’, ‘The lesser of two evils’
  – ‘My greater fear is that there is another harm that will become apparent over time. I think there probably will be something, just not because I'm negative, but it just doesn't seem to me that you can inhale something for a long time without it damaging tissues’
  – Other fears
    • Triggering allergies
    • Renormalising smoking
    • Luring children into smoking
Worries about addiction

- ‘As long as you use [e-cigarettes] to stop after a few, let's say 12 months, that's fine. But if you are going to move from one addiction to the other, we haven't done anything.’

- GPs and nurses reported patients “got stuck” on e-cigarettes, ’I suppose the idea is that e-cigarettes are likely to become a replacement rather than a weaning down to stop type therapy. Whenever we are giving nicotine replacement, we are giving it for a finite period of time as a sort of wean down to cease. I can imagine that e-cigarettes would become a chronic repeat prescription and that patients might stick with. It wouldn't, my perception is, it might become more of a nicotine, cigarettes replacement rather than a cigarette cessation therapy and that's the difficulty. (GP, West Midlands)
Uncertainty about harm reduction

So it's sanctioning the addiction to nicotine without I don't think, unless there were some very planned programmes in place without actually working towards cessation. And, indirectly, I am also kind of drawing on my experience of prescribing Methadone which is, you know, also a drug of addiction which is designed to be about replacement and weaning down and cessation. It's really unusual getting someone off Methadone. People are on it for years and you can't help thinking, I'm not actually helping this person. I am not helping them at all. I'm writing this prescription week after week and I think it's probably harming them and you know, maybe that again, maybe that's the lesser evil. But it sits really uncomfortably with me. I would feel the same and again as we've said earlier about e-cigarettes, I don't really know what the potential negative consequences of that drug for them are. And I am quite a cautious doctor. I don't like prescribing [Unclear] 21.38 therapies for anything that haven't been tested long term.
Dealing with addiction

• Many wanted e-cigarettes to be a “stepping stone”, “a transition”, “bridging” or “weaning off” conventional cigarettes.

• All practitioners wanted e-cigarettes to be part of a structured programme of reduction and eventual quitting (should they be offering/prescribing them to patients):
Pragmatism

• ‘In some ways I worry that it will perpetuate smoking. But on the other hand if there are, in terms of kind of pragmatic harm minimisation, if they are safer than cigarette smoking and they are, I think. Then I think they are probably a good thing. I don't know whether people wean off them […] I'd be interested to see how that developed or how that works with e-cigarettes.’  GP

• ‘I think it does take them longer [to quit on e-cigarettes]. I think a lot of people also swap having no intention of stopping completely. As it is safer, I encourage anything that isn't smoking actual cigarettes. I am obviously wary about, I don't recommend them. I encourage them to keep seeing us with the other, you know, the other help that we give advice on, dealing with cravings and things like that. I am wary because obviously not enough is known about them.’  Nurse
A half-way house

- Moreover, many practitioners empathised with their patients who were trying to quit. Some said quitting was a “process” and that ultimately one had to be “realistic” with expectations. This GP felt that e-cigarettes had “a place” in making that change:

  - ‘I can appreciate the jump between cigarettes and not smoking is quite big. This [e-cigarettes] might be a way of helping facilitating that. So it would be much more around framing it as to say, sort of step down if you like and see how you go and then we can move down beyond that, after that. Because, for some patients going cold turkey, if you like is manageable, but for many, it's too difficult.’ GP
Pragmatic advice when asked

• Some were “reasonably confident” in advising patients about e-cigarettes, while others said they were “unsure”, “apprehensive”, many took the approach of having an “honest conversation” with their patients regarding their own knowledge, the long-term effects and unknowns:

  • *And to be honest, I am very honest with them [patients] and say, you know, ‘I don't feel that it's, in the long term, not sure about the risks with the benefits. I would say that they have not been around long enough and I don't feel in the position to be able to fully advise them on whether the e-cigarettes are a good idea or not.’* (Nurse).

  • *Some of them will ask me directly, what do you think of it, which is fine. And I just have exactly that conversation about, you know, about risks and unknowns with them and try and push them towards just stopping.*
Desire for higher responsibility

• Strong desire for higher authority to take responsibility
• Official responsibility
  – NICE
  – BMA/BMJ
  – PHE
  – RCGP
• ‘If it is recommended by NICE and then that filters to every CCG and every smoking cessation provider I’m happy to do it [recommend e-cigarettes to patients] but as long as it goes through the proper process [...] as long as it is certified and there is a process then it doesn’t matter how it comes to us.’ GP
Desire for more evidence

• The single biggest ask was for more evidence about long-term harms
• Practical information about costs of e-cigarettes vs cigarettes
• Dosing/device advice for different population groups
• Desire for a
  – Patient aid
  – Clinician aid
Low interest in smoking cessation

Miss official pronouncements on e-cigarettes

Uncertainty about relative harms and benefits

Lack of understanding about tobacco/nicotine addiction

Uncertainty about harm reduction as an idea

Observations of patients/people using e-cigarettes

Media stories

Common sense view of cigarettes vs e-cigarettes

Sense of professional responsibility

Cautious advice on e-cigarettes
Thank you

• paul.aveyard@phc.ox.ac.uk