E-cigarettes (EC) are now the most popular quit aid in England but their effectiveness for cessation has not been tested. Here we test the effectiveness of offering an e-cigarette with and without nicotine replacement therapy (NRT) on 4-6-week quit rates in adult smokers seeking support from a community pharmacy. A between subject, six-week, prospective, cohort design. 115 smokers (female = 74; M age = 46.37, SD = 13.56) chose either an EC, EC + NRT or NRT alone, alongside standard behavioural support. Smokers opting for an EC alone or an EC + NRT were more likely to report complete abstinence from smoking at 4-6-weeks (62.2% and 61.5% respectively) compared to NRT alone (34.8%). An EC intervention was significantly more effective for smoking cessation than NRT in this community pharmacy. The results for e-cigarettes appear positive but with the caveat that participants chose their own products which may have introduced bias.

1. Introduction

Cigarette smoking is the single most important cause of premature mortality in the world and quitting is known to rapidly reduce the risk of lung cancer, cardiovascular disease, stroke, chronic lung disease and other cancers (The health benefits of smoking cessation, 1990; World Health Organization, 2008). Smoking prevalence has steadily declined in the UK with fewer young people starting and more adults quitting (Office for National Statistics (ONS), 2017) however, health care budgets for smoking cessation are being reduced limiting the choices available to smokers (ASH Action on Smoking and Health & Cancer Research UK, 2019).

E-cigarettes (EC) are currently the most popular quit aid in England (West, Proudfoot, Beard & Brown, 2019) and a recent trial in English Stop Smoking Services (SSS) demonstrated that participants provided with an EC were almost twice as likely to quit than those prescribed Nicotine Replacement Therapy (NRT) (Hajek et al., 2019). The context in which ECs are offered and the type of support received is likely to influence use and potentially cessation.

Pharmacies can be considered an important community-based frontline service in which to engage with smokers. They have been providing stop smoking support in the UK for many years, traditionally through over-the-counter or prescription of NRT and in some cases, behavioural support. Although the evidence on cessation rates associated with pharmacies is limited, quit success is traditionally low via this method, 22.5% at 4-weeks (Bauld et al., 2010; Sinclair, Bond, & Stead, 2004). Furthermore, pressure on UK healthcare budgets has led to restrictions on the number of NRT prescriptions available to some smokers, many pharmacies (including the one in this study) can only offer one form of NRT (due to restrictions on reimbursement), although recent evidence suggests more than one can increase efficacy (Lindsay et al., 2019). Offering an EC within a pharmacy setting may augment cessation rates, and a Cochrane review concluded that as pharmacists are trained in smoking cessation and provide counselling, they still have a positive role to play in cessation (Sinclair et al., 2004) and are cost-effective (Bauld et al., 2010).

Presented here is an exploratory study which measured the effectiveness of offering an EC on cessation within a community pharmacy setting in Hertfordshire, England compared with the pharmacy’s usual care NRT protocol. Smokers were offered a range of cessation treatments, including an EC. The primary outcome was defined as 4-6-week self-report smoking cessation rates.

2. Methods

One hundred and fifteen smokers (female = 74; M age = 46.37,
and 8/13 respectively) compared to NRT alone (22/3.14).

Results

smokers to quit. However, long-term abstinence is difficult to achieve; an observational study by Bauld et al. (2010) saw 4-week pharmacy CO validated quit rates with NRT fall from 22.5% to 3.6% at 12-months. Thus, to be reassured of the chance of relapse, it is recommended that longer term (6 and 12-month) follow up rates are measured with as high a rate of CO verified quit status data as feasible (West, Hajek, Stead, & Stapleton, 2005).

There are several limitations to this study. This was not a randomised trial and smokers were able to choose their product after consultation which is open to bias.

Those choosing an EC may present with different motivations, beliefs and attitudes towards smoking and the use of ECs, e.g., previous bad experiences with NRT, knowing other EC users, incentivised by a free and novel product, which may have influenced motivation to quit during this attempt.

5. Conclusion

Offering an EC within a pharmacy shows early signs of being effective for smoking cessation though more work is needed to determine whether these initial promising effects are sustained over a longer period.

Funding

No funding was received for this study. The e-cigarette devices were donated by Evapo Ltd. to the pharmacy offering the treatment.

Declaration of Competing Interest

SC has provided expert consultancy to the Pacific Life Insurance Group (2018) on UK smoking prevalence rates.

LD has provided consultancy for the pharmaceutical industry (2015, 2017) and acted as an expert witness for an e-cigarette patent infringement case (2015).

JD is a Superintendent pharmacist for Grovehill and Woodhall pharmacies in Hemel Hempstead Hertfordshire.

JC operates stop smoking clinics for Grovehill and Woodhall pharmacies and has provided advice on medical license application for E-cigarettes to Evapo and Thornton and Ross.

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