

Exploring the uptake, use and barriers to smoking cessation interventions amongst adults accessing homeless support services

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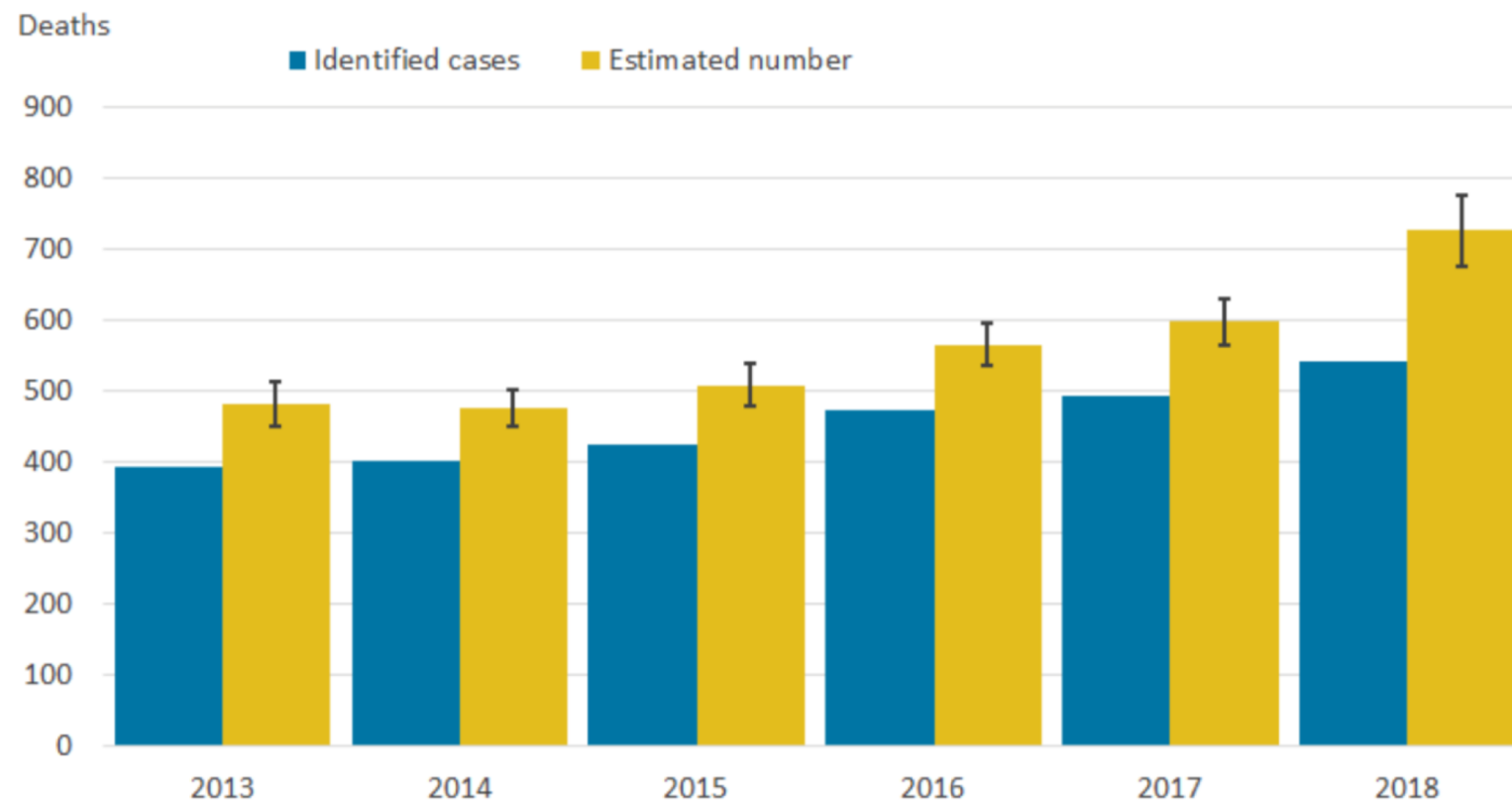
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Figure 1: Estimated number of deaths among homeless people has increased by 51% over the last six years

Deaths of homeless people (identified cases and estimated number) registered in 2013 to 2018



Disease burden

n= 28'000

Cancer - 2nd leading cause of death overall

Cancer - leading cause of death in >45 years

Baggett et al., 2013. JAMA,
Internal Medicine

Soar, Dawkins, Robson & Cox. Homelessness and Smoking: A Systematic Review (under review)

smoking*tobacco*homeless



N=14,716

57-82%

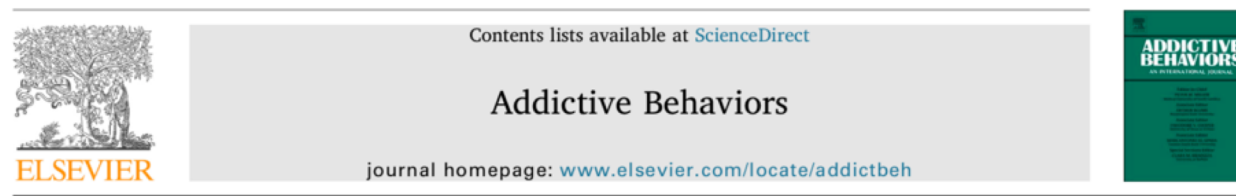
Homeless charities
report smoking at 70-
90%



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- n = 286 adult smokers accessing homeless support services in GB
- 85% of smokers report some history of quitting
- 75% want to quit
- 92% reported daily contact with smokers
- 82% tried an e-cigarette
- **77% of smokers reported wanting to try an e-cigarette but can afford £5-10**



A cross sectional survey of smoking characteristics and quitting behaviour from a sample of homeless adults in Great Britain

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Why an e-cigarette?

PRODUCT: Most popular quit aid in England (Smoking Toolkit Study, 2019)
Increasing evidence for their effectiveness in a quit attempt (e.g., Hajek, et al 2019)
Increased efficiency in delivering nicotine in new generation devices (Foulds, et al, 2019)

PERSON: 'Switching' not quitting - gaining not taking away (PHE, 2018)
Ambivalent about quitting

PLACE: Able to use products at salient times – upon exposure
Smoking still acceptable and a social tool
Homeless centres banning smoking in residential units

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Exploring the uptake and use of e-cigarettes offered to adults accessing homeless services: a feasibility study



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Exploring the uptake and use of e-cigarettes offered to adults accessing homeless services: a feasibility study



January 2019
Northampton
100+ Day and
night shelter



March 2019
Edinburgh
20-25 Day centre



March 2019
North London
35 Residential
unit



May 2019
North London
20-30 Residential
unit

Objectives

The following objectives are specified:

- O1) Assess **willingness of smokers to participate** in the feasibility study to estimate recruitment rate and inform recruitment strategies for a future trial.
- O2) Assess **participant retention in the intervention and control groups** and the percentage that are still using EC at each follow up time point.
- O3) Examine the perceived value of the intervention and facilitators and barriers to engagement via qualitative interviews with participants.
- O4) Assess **service providers' capacity to support the study** and the type of information and training required.
- O5) Assess **preliminary evidence of the potential efficacy** of supplying free EC starter kits.
- O6) Explore the feasibility of collecting data on contacts with health care services within this population as an input to an economic evaluation in a full RCT.
- O7) Estimate the cost of providing free e-cigarettes on a per person basis

E-Cigarette arm



Usual care



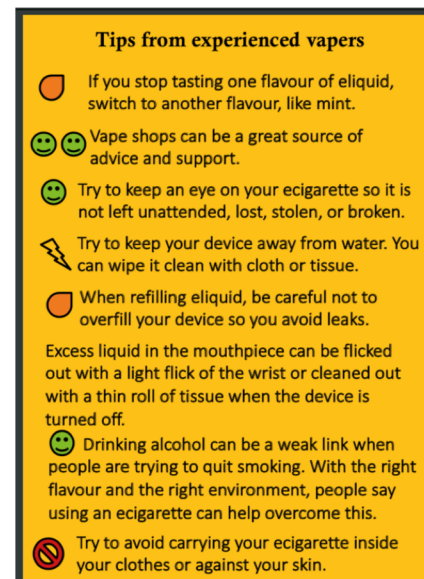
Usual care

- Leaflet with quit advice
- Details of the local SSS



E-Cigarette

- 1 free e-cigarette
- 4-weeks supply, provided weekly
- Tips and tricks leaflet



3 colors



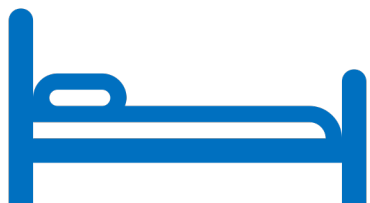


65% male
42.66 years old



73% disability
60% anxiety
55% depression

Cigarettes per day: 20
Nicotine dependence score: 5.6



**58% - hostel/supported
accommodation**



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Recruitment and retention

	Consented	4-weeks	12-weeks	24-weeks
E-Cigarette – target 60	47	40 (85%)	34 (72%)	34 (68%)**
Usual care – target 60	31	20 (65%)	21 (68%)	12 (40%)

12-week cessation & reduction outcome

	Continuous abstinence	CO reduction >50%	Cigarettes Per Day (CPD) reduction >50%
E-cigarette n = 34 (%)	3 (9%)	7 (21%)	22 (65%)
Usual care n = 21 (%)	0	1 (5%)	3 (14%)



Observations

Feasibility of offering the service

Residential centres limited recruitment

No space and no time! Reliant on 'full service'

Time to show smokers how to use the e-cigarette

Study design and outcomes

Staff training was 'front loaded' – optimal intervention at first?

Intervention blind until consent – challenging

Usual care sites differed greatly

Russell standard – magnitude of change not fully captured (e.g., Gilbody et al, 2019)

Scepticism, mistrust & anxiety about the research process

That's just my paranoia kicking, I thought 'oh this definitely a government initiative, this has come from No. 11... they're going to run a test on the homeless of Northampton... maybe they've got a dodgy batch of [e-liquid] and they just want to see if it takes anyone out before they put them up for sale.' ... I did think there's got to be an angle here. (Centre 1, EC group)

At first I was a wee bit apprehensive because I get quite anxious and I'm quite nervous about meeting new people. But once I got to know you I was fine. (Centre 2, EC group)

I'm very very iffy about giving the wrong people personal data. (Centre 1, EC Group)

However,

You get a free vape... the voucher is a nice bonus but it's nice to come back. You've given us a vape. Potentially save lives... I don't want to inflate any heads too much but you potentially, may or may not, whoever started the study may or may not have saved years of someone's life, days, minutes, a week extra. You've made me realise, Mr Anti-Vaping, Mr Once a Smoker Always a Smoker, they're the fake smokers outside vaping. And now I'm out there with them, yes. All good. (Centre 1, EC Group)



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Changing perceptions - staff

Video

Thank you to all of the participants and...

The team:

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Melanie Gerry (Aurora Project)
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