

Helping Smokers to Quit in General Practice

New options with Vape to Quit Vape to Quit toolkit

(But don't forget prescription medications)

This is a generic document and can be modified as needed

the latest version will be available here <http://www.healthsolutionstrust.org.nz/resources/>

Vape to Quit

Offer this option to patients who have been unsuccessful with prescribed smoking cessation medications (NRT, varenicline, bupropion, nortriptyline)

But, remember ...

Many people have tried NRT but have not had advice on the best way to use it.
Refer to Stop Smoking Service

Prescription medications have the best evidence for cessation success.
The EAGLES study provides good data on medication safety and effectiveness.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(16\)30272-0/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(16)30272-0/fulltext)

What to say to smokers

If only time for a quick question:

Would you like support to quit?

For a conversation:

“Tell me about the times you have tried quitting. Would you be interested in knowing some of the ways we can help you quit?”

Don't stop there ...

(This is about self-efficacy)

“None of that stuff works....

I've tried it all – patches, gum”

“It might seem like that.... but there are other options we can use.

Can we talk about them?” (permission)

Introducing Vape to Quit

I've tried all that ...

What not to say:

“Have you tried vaping?” This leads to blocked conversations (Yes but game)

What to say:

“Tell me, have you had any experience with vaping? Has any one you know used vaping to quit?”

“That wouldn't work for me”
(this is about self-efficacy)

“You might think that, but... there are new options with Vaping that have worked for a lot of people to help them quit. Can I show you?”

Provide the patient with the information pamphlet

‘Vape to Quit – a Stop Smoking option’

Options:

- Print VAPE outbox
- Email the pamphlet

Vape to Quit – a Stop Smoking option

Vaping is nicotine delivery that is like smoking without the harmful chemicals.

What's in it?

The ingredients of the e-liquid used in vaping devices may vary, but most contain nicotine, propylene glycol and vegetable glycerine, as well as flavouring agents.

The amount of nicotine depends on the concentration of nicotine in the e-liquid, the heating of the e-liquid, the other constituents of the e-liquid, and the technique of the user. You can also get e-liquid without nicotine.

Vaping devices (E-cigarettes) are intended for smokers only. If you have tried other methods of quitting without success you could try vaping to stop smoking.

Side effects?

Short-term use of vaping products has been associated with mild short term headaches, dry mouth or throat, and throat or mouth irritation.

How safe is it?

The health risks associated with the long-term use of e-cigarettes are unknown and we only support short to medium term use as Vape to Quit. It is known that vaping is very much less harmful than smoking.

Are all suppliers providing the same quality?

No, not all products are the same. The Ministry of Health is identifying safety standards for vaping in New Zealand. In the meantime, vapers should buy their products from a reputable source like specialist retailers.

The Stop Smoking Service can support vapers to identify reputable sources

Phone number of local Stop Smoking Service here

Options for patients interested in Vape to Quit

1. Supported Vape to Quit

Refer to Stop Smoking Service for a supported Vape to Quit programme (Support doubles quit success)

The service will:

- Review options for the patient
- Match them with the most appropriate vaping device and eLiquid supplier
- Support them to stop smoking by switching from smoking to vaping
- Gradually reduce the eLiquid nicotine strength
- Support the person to stop vaping

How to refer options here

2.Vape to Quit self-management

Many smokers self-manage their quitting using vaping. Refer them to a vaping retail supplier or to vaping supply website. Offer to have a quit

Check progress at any subsequent practice attendance.

Guidance for referring to Vape shops:

- Refer to reputable mainstream vaping supplies outlet
- Advise patients they have free choice
- Advise referrer has no personal link to supplier
- Stop Smoking Service can advise – add phone number

A self-managed Vape to Quit option is available on <https://www.qwit.co.nz/>

A Qwit stick is a simple rechargeable vaping device with a replaceable plug-in eLiquid cap. Available in 0mg, 6mg, 12mg, 18mg strengths and different flavours. A self-management app provides transitional smoking cessation support with goal setting, regular notifications, a tracking journal, access to peer support and a sharing option.



QWIT. Stick

Qwit sticks are available on line by an independent company, and provide one of many on-line options to which patients can be directed.



QWIT. Caps

Many on-line Vaping suppliers are available and are easily accessed via a search engine. Costs to patients for setting up with a vaping device and initial nicotine eLiquid supplies are equivalent to the cost of 2-3 packets of cigarettes and the cost of one packet of cigarettes would pay for around 2 weeks of ongoing eLiquid supplies.





Recording vaping in clinical notes

Classifications

Once a person has stopped smoking and is vaping they can be coded as not smoking. Either use the 'Trying to stop smoking' choice OR use the 'Stopped in last 12 months' if patient has stopped cigarette use. After not smoking for one year, code as 'ex-smoker'. Annotate vaping status in the free text section of classifications.

Load the screening term VAPE with options to include:

- Current
- Ex-vaping
- Never vaped

	Vaping (VAPE) - Current - Outcome: Vape to Quit - refer	<input type="checkbox"/>
	Vaping (VAPE) - Current - Outcome: brief advice given	<input type="checkbox"/>
	Vaping (VAPE) - Ex-vaping - Outcome: brief advice given	<input type="checkbox"/>
	Vaping (VAPE) - Never vaped - Outcome: brief advice given	<input type="checkbox"/>

The file below can be imported directly into Medtech screening terms:



VAPE Vaping.mtd

Using a screening term to record Vaping

(this provides a record of vaping status and allows tracking of vaping statistics)

VAPE screening term

- Current
- Ex-vaping
- Never vaped

The VAPE mdt screening term file can be downloaded from <http://www.healthsolutionstrust.org.nz/resources/> and imported to medtech OR a VAPE screening term can be added to medtech via Set up -> Recall/Screening

Providing practice support for a self-managed Vape to Quit

For practices who wish to actively provide support for a self-managed Vape to Quit.

OK to try pre-cessation experimenting:

- Smoking and Vaping at same time
- Vaping and Patches (background NRT)
- There's no one vaping to quit method to suit everybody

Cessation protocol – vary as needed:

Start Vaping with a moderate to strong level of nicotine e.g. 12-18mg/ml (1.2 - 1.8%) or for very heavy smoker 24mg or 2.4%. For user blog advice on choosing starting strength see <https://www.vapourlabs.co.uk/blog/how-to-choose-e-liquid-nicotine-levels.htm>

- Dual smoking/vaping initially is common
- NRT patches may help the transition from tobacco use

Stopping smoking can be allowed to happen over some weeks or months, or on a named quit date. Once just vaping the person is no longer considered a smoker.

Reducing nicotine vaping liquid strength

Some vapers recommend at 1-2 weekly intervals from 18mg/ml (1.8%) to 12mg/ml (1.2%) to 6mg/ml (0.6%). Many people reduce more slowly (over months to a year). From low strength 6mg/ml (0.6%) replace nicotine with non-nicotine eLiquid. Wean off the non-nicotine eLiquid as ready.

Providing extra support increases vaping to quit success rates

Provide links to on-line websites
eg <https://ecig-reviews.net/>

Vaping to Quit information for General Practice

This information comes from a recent survey of vapers:

- Vaping is widely used by smokers as a means of cessation, and avoidance/mitigation of relapse to smoking.
- Vapers planning to quit will tend to start with models that look like a cigarette, but then move on to explore more powerful e-cigarette models.
- They tend to start with tobacco and menthol flavoured e-liquid then shift to other flavours.
- Vapers may both smoke and vape initially, but will reduce their exposure to tobacco over time, gradually stopping.
- There were very few adverse effects of vaping reported (can overdose on nicotine).
- Weight gain is not usually seen when smokers switch to vaping, although it is common when people stop smoking.
- Most people using e-cigarettes to quit enjoy vaping
- Exploration of different types of e-cigarette, different nicotine strengths, and different flavours of e-liquid is common and is probably an important aspect of a successful vaping experience.
- The biggest difficulties that vapers experience are in supply of nicotine, the quality of the equipment, and the advice and support available.

Advice for patients from others who have switched to vaping

Vapers advised smokers to:

- Find the right combination of device, flavors and nicotine strength.
- Continue to smoke and vape for a while if they wished.
- Not be deterred by past failed attempts to quit smoking.
- Expect health to improve after they have switched to vaping.

Russell C, Dickson T, McKeganey N Advice From Former-Smoking E-Cigarette Users to Current Smokers on How to Use E-Cigarettes as Part of an Attempt to Quit Smoking. *Nicotine Tobacco research* 2018 Jul 9;20(8):977-984. doi: 10.1093/ntr/ntx176.

Adverse effects from a study of 50 smokers switching to vaping:

- throat/mouth irritation (35.6%)
- dry throat/mouth (28.9%)
- headache (26.7%)
- dry cough (22.2%)

frequently reported early in the study, but waned substantially by week 24.

Polosa R, Caponnetto P, Maglia M, Morjaria JB, Russo C. Success rates with nicotine personal vaporizers: a prospective 6-month pilot study of smokers not intending to quit. *BMC Public Health*. 2014;14:1159

Safety

Public Health UK conclusion ‘ around 95% less harmful ‘ than smoking eLiquid components:

- glycerol and propylene glycol (PG) are the most abundant
- propylene glycol gives the “throat hit” that some vapers prefer
- glycerol (vegetable glycerine) smoother on the throat, and causes the vape cloud (“plume”)
- Flavours vary, recommend vapers get advice from reputable supplier

McNeill A, Brose LS, Calder R, et al. 2015. E-cigarettes: An evidence update. A report commissioned by Public Health England. London, UK: Public Health England. www.gov.uk/government/publications/ecigarettes-an-evidence-update (accessed 10 September 2015)

How to Vape

Retail suppliers will generally be able to advise on technique.

Common techniques include:

- ‘mouth to lung’
- ‘direct to lung’

check here for a detailed explanation

<https://vaping360.com/vaping-and-inhaling-everything-you-need-to-know/>

Key messages for patients

- NRT and prescribed smoking cessation medications work best – try them first
- It’s the chemicals in cigarettes that cause harm, not the nicotine
- Vaping with nicotine is less harmful than smoking
- Short term Vape to Quit is best as the long-term effects are unknown
- Vaping costs less than smoking (but NRT or smoking cessation medicines can be prescribed fully subsidised)
- Vape to Quit using nicotine, gradually reduce the strength then stop
- The best chance of quitting is with support from the Stop Smoking Service

For more information about Vaping to Quit contact Stop Smoking Service add phone number)

For feedback, recommendations or additions to this toolkit, please email john.mcmenamin@wickmed.co.nz