



Waterford Institute *of* Technology

A 3 Month Electronic Nicotine Delivery System-based intervention in a homeless context: efficacy, challenges and opportunities

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Acknowledgements



Methodology

- ▶ 23 smokers recruited from one Dublin-based STA
- ▶ Basic demographic data, smoking history, Fagerstrom and Mood and Physical Symptom Scale baseline recorded;
- ▶ Study participants were given 2 x 10ml fluid;
- ▶ Each week study participants could obtain an additional 2 x 10ml. CO and any comments recorded;
- ▶ Fagerstrom, M.P.S.S. and CO recorded at Week 1, 4, 8 and 12.



Table 1: Demographic Data

Age	Average 40.65; Range: 24-54
Gender	16 men; 7 women
Age when first homeless	Average 28.96; Range: 12-50 years
Years of homelessness	Average 10.76; Range: 1.5-33 years

Table 2: Smoking history

Age when first initiated smoking	Average 13.57 years; Range: 7.5-27 years
Years of smoking	Average 26.57 years; Range: 11-46 years
Number of cigarettes smoked	20.7 cigarettes; Range: 3-40 cigarettes
Number of quit attempts	<u>No quit attempt (47.82%);</u> one quit attempt (34.78%); two quit attempts (4.35%); three quit attempts (4.35%).

Efficacy

- ▶ Self-reported **cigarette consumption decreased (75%);**
- ▶ CO measurements showed a **35% reduction in COppm;**
- ▶ Two study participants indicated a complete switch to ENDS devices; one of these provided measurements below 5ppm validating complete smoking cessation;
- ▶ Urge to smoke as measured by the **Mood and Physical Symptom Scale (M.P.S.S.) reduced by 39.7%;**
- ▶ Nicotine dependence* measured by the Fagerstrom test reduced by 57.5% (*cigarette);
- ▶ Mood and physical symptoms as measured by the M.P.S.S. reduced by 20.88% and 7.14%.

Challenges

- ▶ Loss-to-follow up (less than 50%)- data protection issues;
- ▶ High stress events (hospitalisations, deaths);
- ▶ No MI-CBT component;
- ▶ Peer pressure, partner dependence (also possibly opportunity);
- ▶ Vaping bans in some services;
- ▶ Not strong enough tobacco flavour.

Opportunities

- ▶ Well tolerated (few reports of side-effects);
- ▶ Health benefits reported (less coughing, increased energy);
- ▶ Financial benefits reported;
- ▶ Improved mood (M.P.S.S.);
- ▶ Can be seen as an identity change in the context of moving out of homelessness, treatment/recovery, employment etc.

Conclusions

- ▶ Many people who access homeless services may not have made a serious attempt at smoking cessation- service providers should consider talking about smoking with their service users;
- ▶ ENDS can be part of a tobacco cessation intervention and help reduce smoking with minimal side effects and a number of positive reported effects;
- ▶ High stress events and vaping bans can impede attempts to reduce and/or quit tobacco;
- ▶ Behaviourial interventions such as MI-CBT should be considered in future interventions;
- ▶ Change of circumstance (moving out of homelessness, entering treatment/rehabilitation, gaining employment) should be consider as potential opportunities for intervention