

Harm Reduction: Views from a smokers' panel

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A meeting of the UK Centre for Tobacco Control Studies (UKCTCS) smokers' panel took place at the Hilton Hotel in Bath between 7pm and 8.30pm on Wednesday the 14th of March 2012. The theme for the evening was 'harm reduction'. This paper provides a summary of the panel's view on three key elements of harm reduction that are related to the guidance on tobacco harm reduction that is currently being produced by NICE.

Background

The UKCTCS smokers' panel was formed in 2009 and consists of active smokers who are recruited from the Bath and North East Somerset area. The panel meets face to face every six months to discuss tobacco control research and policy. In between meetings they also contribute to the centre's work by commenting on research proposals and in some cases serving on the advisory group of projects. New members of the panel are recruited when others leave and there are currently 26 members. A small proportion of members have quit smoking since the first meeting but are still welcome to attend.

At the March 2012 meeting there were 23 panellists in attendance and the group was relatively evenly split with 13 females and 10 males from a range of age groups and occupations. Panellists sat in four groups around tables.

The meeting was attended by an independent facilitator, 4 members of UKCTCS (Professors Ann McNeill and Linda Bauld, Cathy French (communications lead) and Karen Evans (PhD student) as well as a guest from ASH Scotland who was observing.

Three short presentations were given to facilitate discussion at different points in the meeting. Firstly Ann McNeill provided an outline of key issues in harm reduction, using slides similar to those presented at the first PDG meeting. Second Linda Bauld provided a short presentation on the role of NICE and how NICE guidance is produced. Finally she also showed some slides on e-cigarettes, drawing on material presented to the PDG by Maciej Goniewicz.

Two group discussions were held on cutting down— the first on cutting down to quit and the second just on cutting down. However, the distinction between the two discussion topics was blurred suggesting that the concepts aren't clearly distinct for smokers. The third discussion was held on e-cigarettes.

Group discussion 1: Cutting down to quit

The majority of the group were interested in the idea of cutting down and most had tried this in the past frequently with the goal of ultimately stopping. However, they did not believe that cutting down would necessarily lead to quitting. As this exchange between a panellist and the facilitator illustrates:

Panellist: We've all tried cutting down [at this table]

Facilitator: Every single one?

Panellist: Yes, with very little success.

Facilitator: What do you call little success?

November 2021: NICE guidelines PH45 (June 2013) PH48 (November 2013) have been updated and replaced by NG209.

The recommendations labelled [2013] or [2013, amended 2021] in the updated guideline were based on these evidence reviews.

See www.nice.org.uk/guidance/NG209 for all the current recommendations and evidence reviews.

Panellist: Well nobody's stopped smoking yet.

Some gave examples of their own experiences of cutting down or of acquaintances. Smokefree legislation was cited as encouraging cutting down 'by default' because it was now difficult to smoke at work, for example.

However, most panellists who had tried to cut down significantly with a view to eventually quitting had found this difficult. For example:

This lady here [at our table] said that she cut down and she spent her whole life between the first cigarette and when I am allowed the next...so just living from cigarette to cigarette..

Of those who had tried to cut down, very few had tried to do so with the help of nicotine replacement therapy. One panellist fed back from his table's discussion:

Panellist: Some of us done it over a 24 hour period, some done it evenings, some done it over a fortnight. I think there was only one of us who took NRT and I think that's about it..

Facilitator: So what happened to the person...

Panellist: ...couldn't tell, but they said that they felt the benefit from the physical point of view...

Some were in favour of trying to cut down with NRT but the cost of over the counter products was an issue:

And that's another thing about the nicotine replacement, they're geared it up to cost almost exactly the same as cigarettes, this was some years ago, which makes you feel very cross.

One panellist suggested that NHS support would be unnecessary if NRT products were more cheaply priced suggesting that it might be more cost effective to spend time trying to get the price of over the counter NRT reduced rather than on counselling for using it to cut down or quit.

Several panellists were opposed to the use of substituting other forms of nicotine for cigarettes when cutting down, and felt that cutting down and quitting should be done without NRT. As one said:

I do notice that there is this sort of thing on nicotine, there is this incredibly strong bent, and actually it can be beaten, yeah it can be beaten.

An additional concern about cutting down to quit was compensatory smoking. Although not all panellists were familiar with this, some knew that reducing the number of cigarettes did not necessarily mean reducing the harm:

You just hear people say they are cutting down for financial reasons so they then get the very last drag right through to the filter

Panellists were asked should the NHS support people to cut down to quit. The majority were in favour of this but were unsure how it would work. In particular, there were concerns expressed about how they would ask for help from the NHS to cut down to quit, or what type of programme this would involve:

Just wanted to say is it just me or is it just find it weird saying, going to the doctor's and saying oh, I want help just cutting down smoking, I don't want to give up, I just want to cut down...

When you talk about cutting down and getting support, in my experience people who are supporting people to either cut down or quit smoking tend to be quite judgemental, tend to have a fairly clear idea of what is classed as a valid progress or an appropriate progress and actually... if there was a drug and to support people cutting down, what would the guidelines be in terms of, well how is this defined that you still actually comply with the requirements of the programme?

One of the presenters gave a hypothetical program scenario whereby smokers set a 4 week target to reduce smoking by 50% and then at the 4 week stage setting a quit date. Within this program there would be scope to relapse and then still be reconsidered for further support.

The response to this proposed program was not particularly positive. Panellists said that if they were interested in cutting down they would not want to feel pressured to quit and so this kind of service would be a disincentive to even cut down if you had to specify a quit date at the 4 week point.

One or two panellists were opposed in principle to the NHS providing support for people to stop smoking regardless of whether it was abrupt quitting or cutting down to quit. One panellist, for example, said he felt that people should give up by themselves. The government and the tax payers should not 'foot the bill'.

Group discussion 2: Cutting down as a form of harm reduction to smokers

As most panellists had tried cutting down but hadn't quit, there was considerable experience in the group of reduction either over a short time or longer period. Where panellists were very unsure was in relation to the benefits of cutting down with the aid of nicotine replacement therapy and not quitting. They expressed considerable uncertainty about NRT use in the longer term. They were worried about becoming addicted to NRT instead of cigarettes. One panellist's experience illustrates this:

I didn't use gum I used lozenges, well I tried...I tried them all I think, yeah they just make me more addicted to nicotine, I just end up stopping later but... I've tried it on and off for like ages, for a while I was doing both, like smoking and doing the lozenges, now I just smoke ... Yeah it's got me far more addicted to nicotine than I was before...I tried for three months.....and I didn't smoke a cigarette and then I became addicted to the patches [which] made me go back [to smoking].

There was also considerable scepticism in the group about whether or not GPs and health practitioners could conceivably be supportive of cutting down without quitting.

One panellist reported that her GP regularly asks her whether she's still smoking when she goes to see her and asks her whether there has been any 'improvement' – the panellist takes this to mean that her GP doesn't expect her to quit completely.

Panellists were asked if the NHS should provide support to people who wanted to cut down but didn't want to quit. One panellist fed back from their group:

The consensus is should the national health support people that just want to cut down? Yeah, we think so.... [but] one question that came out of it was, is there any figures at the moment that if people have cut down is there anything to suggest that the number of illnesses treated by the NHS is reduced, it then has a beneficial effect on expenditure, has it cut down the cost to the National Health Service?

This quote illustrates scepticism that the panellists expressed about both the health benefits of cutting down without quitting and whether this would result in a lower need for healthcare or the incidence of fewer smoking-related diseases.

In common with the discussion on cutting down with a view to quitting, there were similar concerns expressed about what a programme for simply cutting down would look like:

Facilitator: Would you go to a programme where they said we just want to help you cut down, we're not expecting you to quit?

Panellist: Well yes, but that's this kind of thing isn't it, where you're talking about issues but still in a very un-heavy handed way. It has to be led by the smoker.

Group discussion 3: Alternative nicotine delivery devices

This discussion was informed by earlier material in the first presentation about snus use in Sweden which has resulted in some smokers substituting snus for cigarettes. Only one panellist had ever used snus, purchased in a Swedish shop in the U.K. Several had tried e-cigarettes and all were curious about these new products.

One panellist said that he didn't think people needed to worry about the appeal of an e-cigarette to children:

Panellist: I think there's no danger of young people being attracted by them! [laughter]

Facilitator: Why would you say that, why?

Facilitator: From a distance they look like cigarettes, close up when they're lit, they're like holding a very heavy piece of chalk, and about as pleasurable.

However, others reported more positive experiences, for example:

...because I know somebody who was determined to quit smoking and used those and succeeded very quickly but he was determined I think anyway so"

However, for another when the battery ran out the friend went back to cigarettes.

Another panellist expressed a concern that there would be no natural start and finish to having an e-cigarette. When do you stop?

A young female panellist had used an e-cigarette a number of times while working on a ship, however, she was reluctant to use one after hearing from Linda that there are questions over their safety even though she still smokes. She has been unaware that there was any question about their safety prior to this evening.

There were lots of questions about e-cigarette cartridge strength and consumption and how you knew when a cartridge was finished. Panellists were keen to have more information about safety, correct usage, price and availability of these products.

When asked, a significant proportion of the panel (at least half) indicated that after tonight's talk they were curious to try e-cigarettes. One table, however, expressed the view that they would only be willing to use the products if they carried British standards and weren't made in countries like China where there may be questions about safety or quality.

Conclusion

Overall, panellists reacted very positively to the session. They reported that it was unusual as for once, they felt like they were being offered something positive for them to do instead of being asked to quit smoking. In general, they felt that smokers could be given more information and guidance about the pros and cons of harm reduction approaches.