



Dr Ian Pope

On behalf of the COSTED team



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FUNDED BY

NIHR | National Institute
for Health Research



Norfolk and Norwich
University Hospitals
NHS Foundation Trust

UEA University of
East Anglia

NORWICH MEDICAL SCHOOL





Conflict of interest statement

- No financial or other non-financial conflicts of interest, and specifically no connections with either the tobacco or e-cigarette manufacturing industry
- This study is funded by the NIHR [Health Technology Assessment (NIHR129438)]. The views expressed are those of the author and not necessarily those of the NIHR or the Department of Health and Social Care



Outline

- Why the Emergency Department?
- What we've done
- What we know so far
- The future



Why the Emergency Department?

- 24 million attendances each year in England
- Twice as likely to attend from the most vs least deprived deciles
- Smoking is more common in those attending ED
- Waiting is inevitable...
- Teachable moment

Jane's story





What we've done

Experts by profession

Recommendations sought from representatives from: Academia (x2), Stop smoking services (x2), Independent vaping industry (x3)

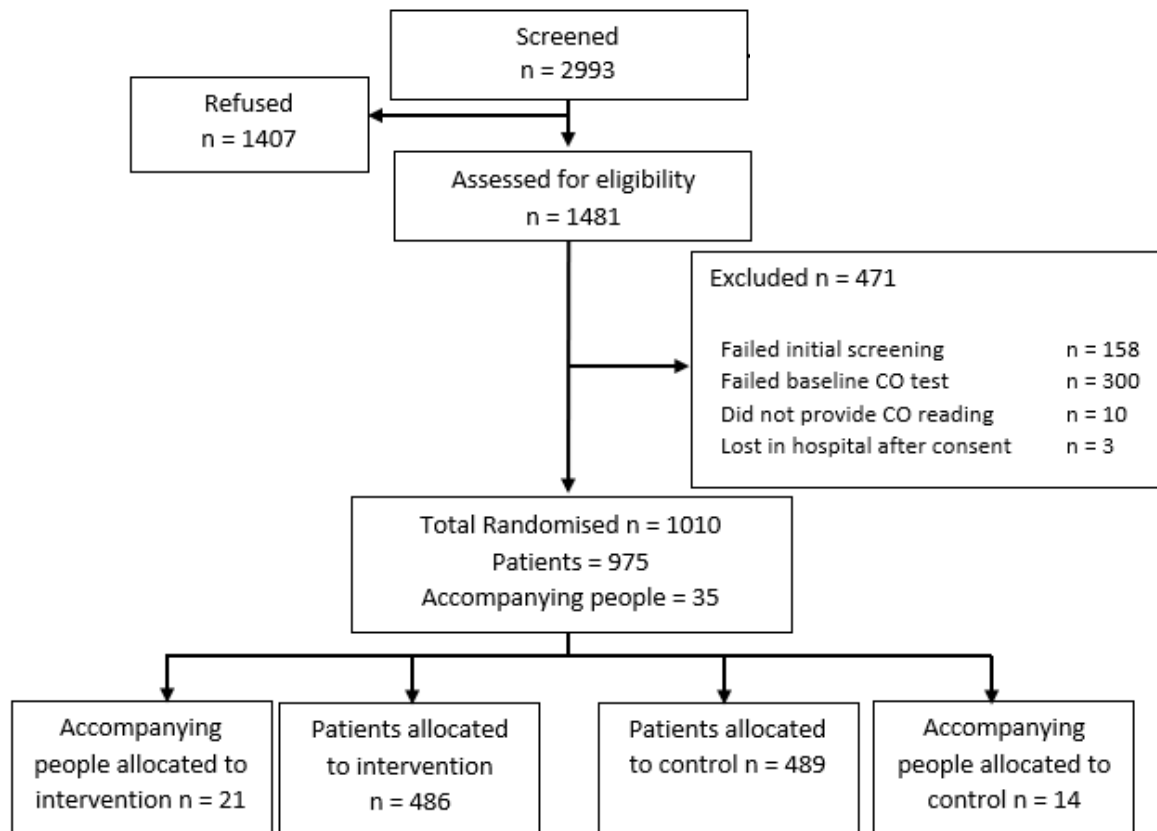
Experts by experience

2 current smokers and 1 vaper with recent smoking experience tested all devices (refillable and pod) and took part in 2 follow up interviews

Feasibility scoping and final decision

by research team to select final device (closed-pod system)

What we've done



Recruited January 2022 –
August 2022

What the intervention consisted of

- Theory based brief advice (≈ 15 minutes)
 - Explore why they'd want to switch
 - Explain the evidence
 - Relate to attendance
- Advice on switching to an e-cigarette + starter kit (≈ 15 minutes)
- Referral to stop smoking service



What “usual care” consisted of

- In theory
 - leaflet about local stop smoking services
- In practice
 - Leaflet about stop smoking services
 - CO test
 - Advice?
 - Texts to ask if they are still smoking



Baseline data

- Gender: 62% male
- Age: Mean= 40 (SD= 14)



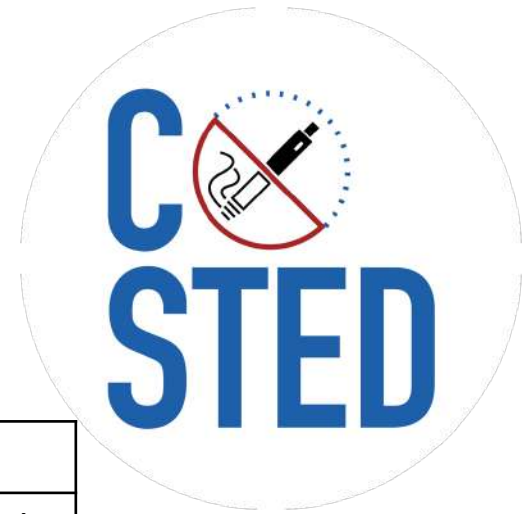
Ethnicity	%		%
White – British	72%		
White – Other	10%		
Indian	3%		
Bangladeshi	3%		
White Irish	2%		
Caribbean	2%		43%
Asian	1%		18%
Black Other	1%		13%
Any other	1%		8%
Mixed other	1%		5%
White & Black Caribbean	1%		5%
Pakistan	1%		4%
White & Black African	1%		2%
Asian other	1%		2%
Other			1%

Smoking behaviour at baseline

- Mean number of cigarettes per day= 16 (SD= 8)
- Mean age of starting smoking= 16 (SD= 5)
- Percentage who had tried to quit in the last 12 months= 37%
- Percentage how has used an e-cigarette in the 3 months= 26%



Motivation to quit



Motivation to quit	n (%)
I don't want to stop smoking	36 (3.7%)
I think I should stop smoking but don't really want to	163 (16.8%)
I want to stop smoking but haven't thought about when	130 (13.4%)
I REALLY want to stop smoking, but I don't know when I will	216 (22.2%)
I want to stop smoking and hope to soon	250 (25.7%)
I REALLY want to stop smoking and intend to in the next 3 months	88 (9.1%)
I REALLY want to stop smoking and intend to in the next month	89 (9.2%)

Follow-up data

- Self reported quit rate at 1 month= 14.7% (all participants)
 - Reported not smoking in the last 7 days= 14.7%
 - Reported smoking in the last 7 days= 62.1%
 - Did not respond= 23.2%
- Self reported quit rate at 3 months= 16.4%
 - Reported not smoking in the last 7 days= 16.4%
 - Reported smoking in the last 7 days= 53.8%
 - No response/ not yet followed-up= 29.8%



6 month data

- Only have data for 312 participants so far



Are you currently smoke free?	n=	%
Yes I am smoke free (0-5 lapses in the past 6 months)	84	27%
Yes I am smoke free but have had 6 or more lapses in the past 6 months	29	9%
No I am currently smoking tobacco	199	64%

- 56% used an e-cigarette in the last week
- Biochemical verification ongoing

The future

- Final results ≈ July 2023
- Potential for brief smoking cessation interventions to be delivered in other clinical settings?
 - Pre-operatively
 - Community based interventions targeting high prevalence groups
 - Ambulances
 - In-patients



The team



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Any questions?



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