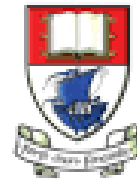


A 3-month ENDS-
based intervention with
people accessing
homeless services:
efficacy, challenges
and opportunities



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Acknowledgements

- Study participants;
- My three great supervisors;
- Dublin Simon Community;
- KAC Scholarship;
- Tom from Refill Station;
- WIT Ethics Committee.



Study Design

Participants had to be smokers and blow above 5ppm CO (one excluded);

4 mandatory meetings: Week 1, Week 4, Week 8 and Week 12. Administration of Fagerstrom, Mood and Physical Symptom Scale and CO measurement;

Weekly dropins. CO measured and more eliquid dispensed.

Study Participants

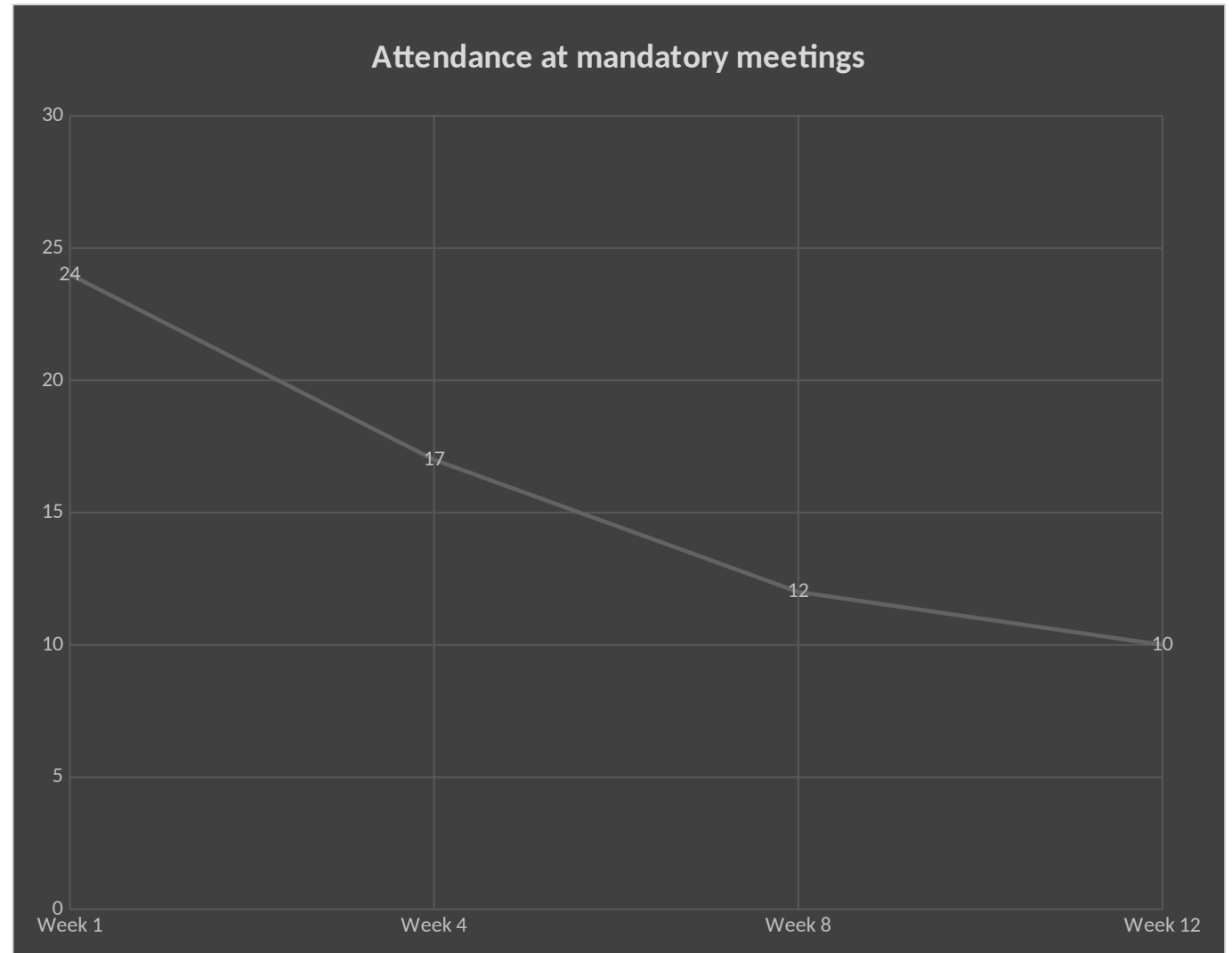
- 24 study participants;
- Average age: 40.65 years (Range: 24-56 years);
- Average age homeless: 27.39yrs (Range: 12-50 years)
- Average age homeless: 27.39yrs (Range: 12-50 years) ;
- Average duration homeless: 11.93 years (Range: 1-31 years);
- 10 completed the study; Gender: 8M and 2F.
- On average those completing the study were older (3 yrs), were older when they first became homeless (6 yrs), and homeless for a shorter time (3 yrs).

Smoking Habits

- Average age starting smoking: 13.57 years (Range: 7-20);
- Average duration smoking: 26.57 years (Range: 11-36);
- Average cigarettes smoked: 20.7 (Range: 3-40)
- 11 study participants had never tried to quit;
- 3 had used vapes before to quit, one had used NRT (patches), one quit in rehab and one quit whilst staying in a smoke free Christian institution;
- Average longest duration of quit attempt approx. 1 year (20 days to 4 years);
- On average those finishing the study smoked for longer (almost 4 years), smoked more cigarettes (4) and were more likely to report smoking illegal tobacco (40% versus 18%).

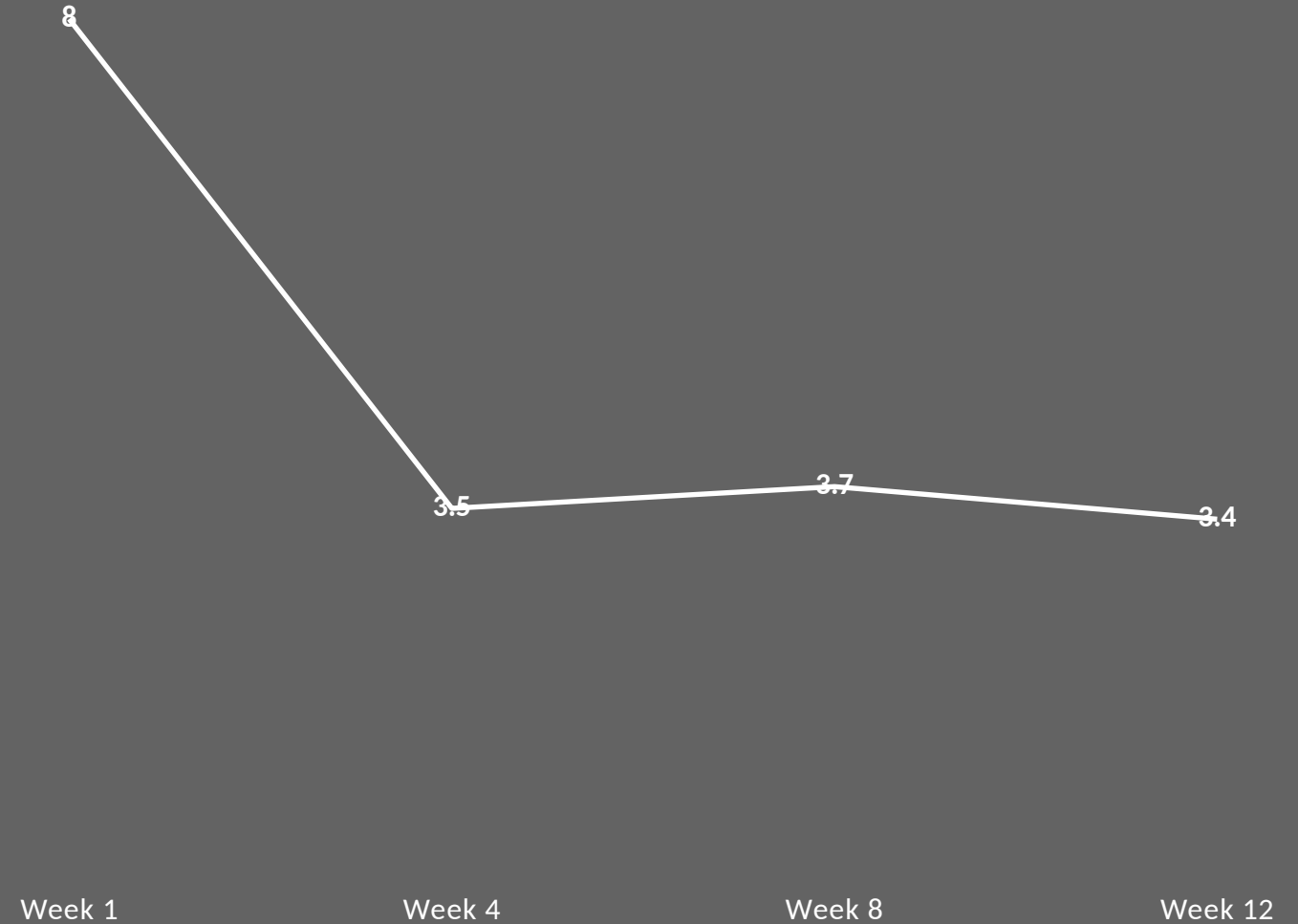


Attendance at mandatory meetings



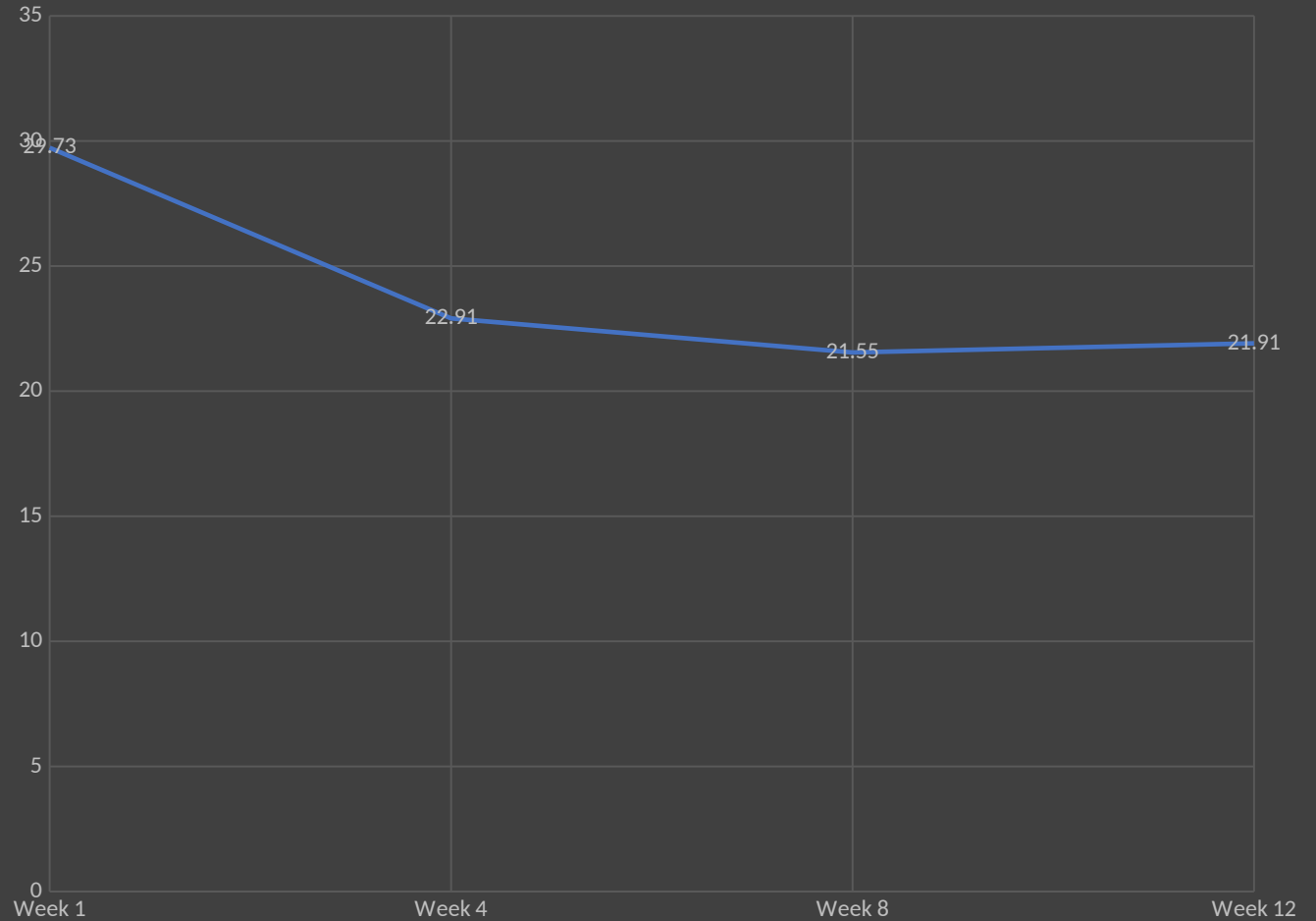
Average Fagerstrom

Average Fagerstrom

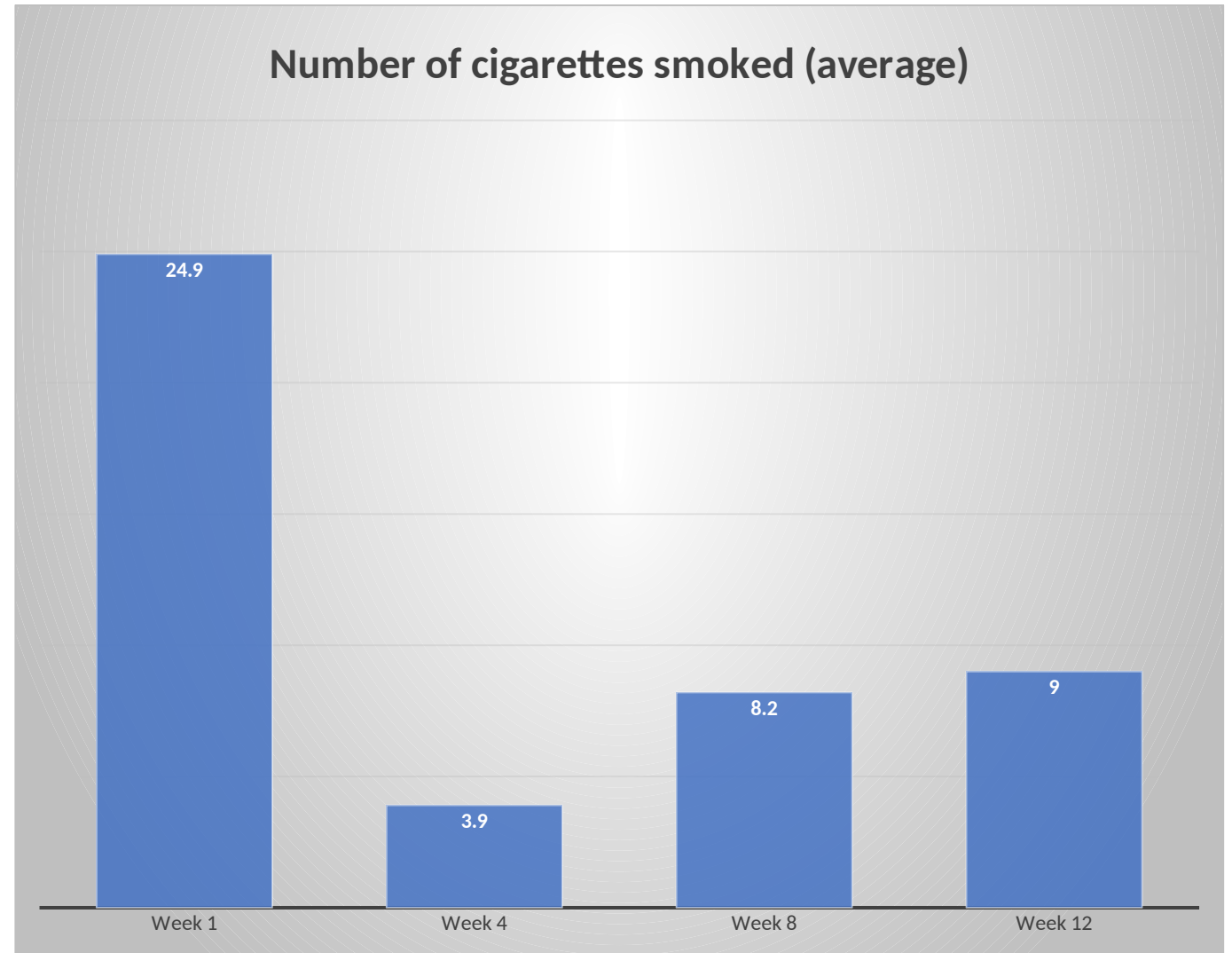


Mood and Physical Symptom Scale

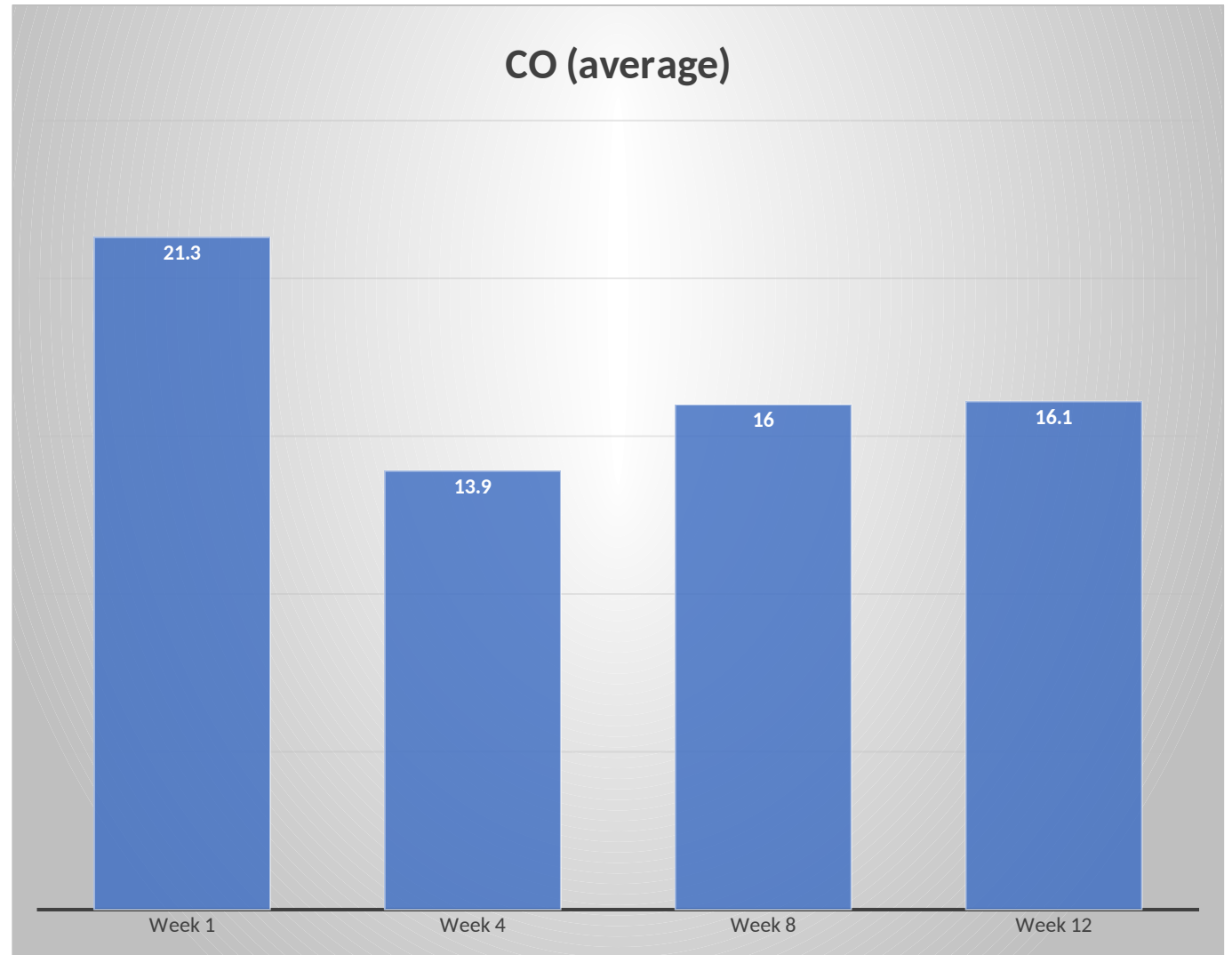
Mood and Physical Symptom Scale versus Time (average)



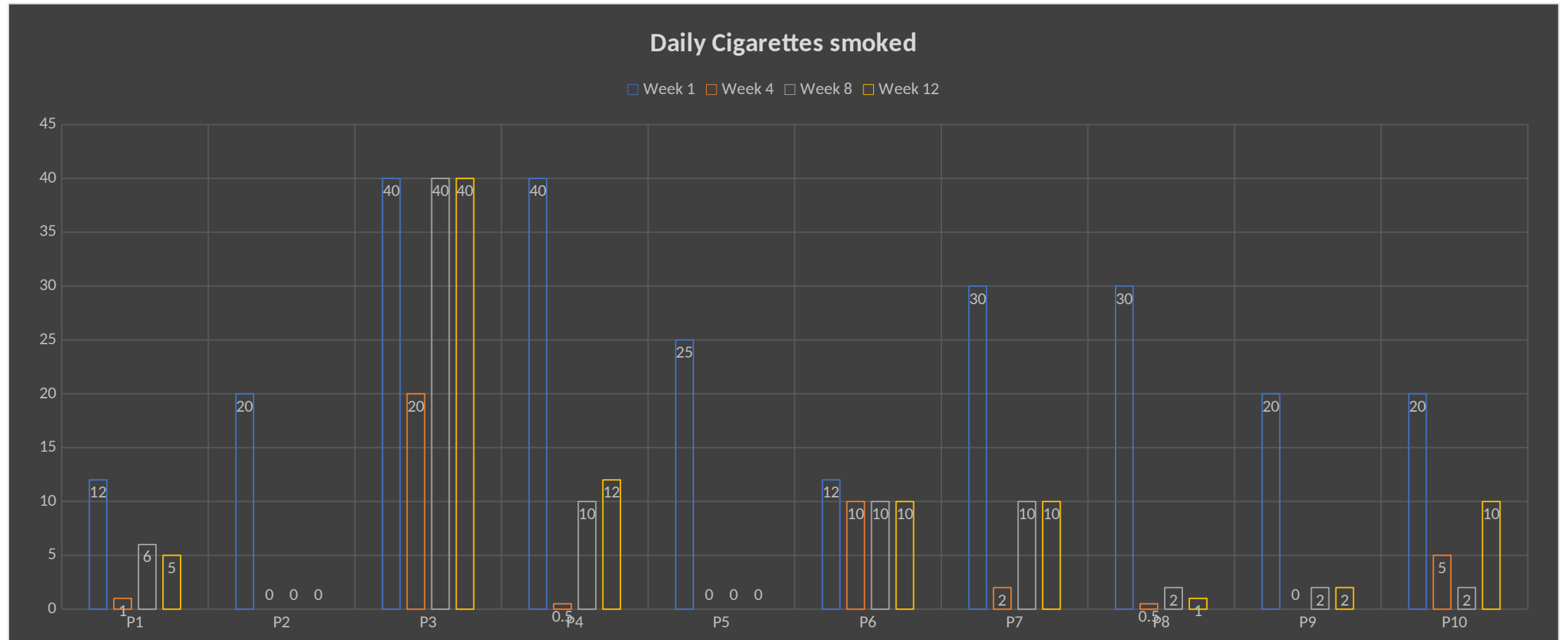
Number of Cigarettes Smoked (average)



Average CO



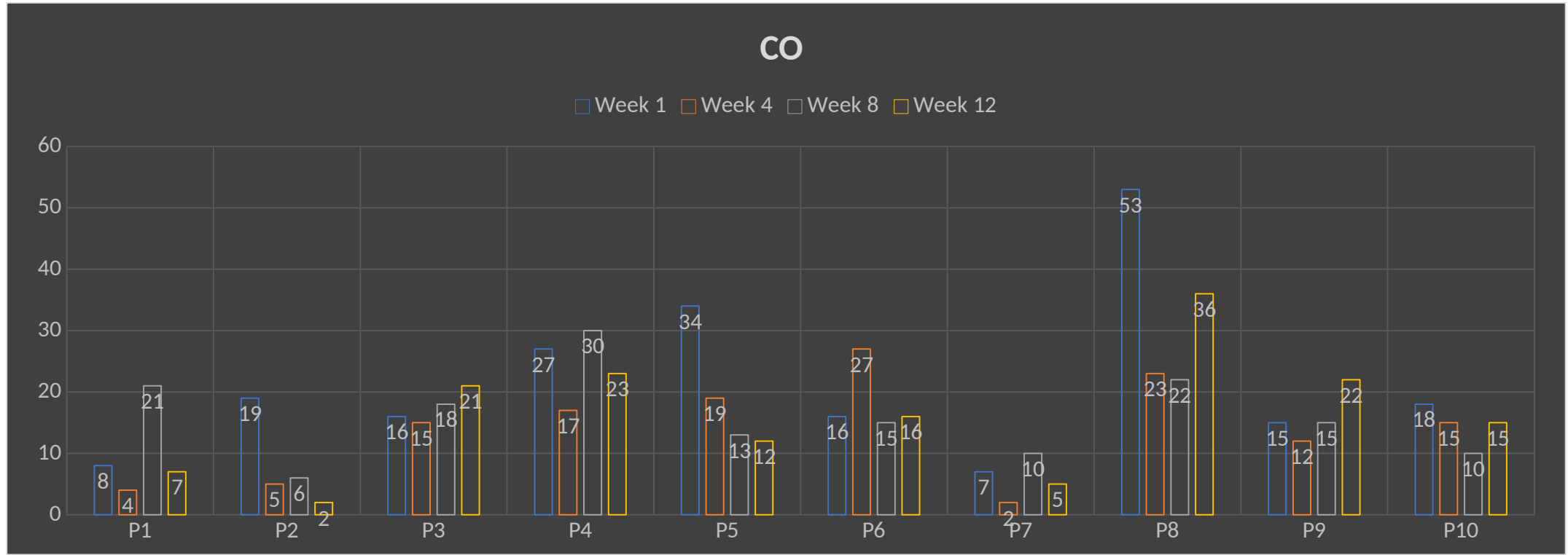
Daily Cigarette Smoked



- P1: had almost quit smoking until his sister was hospitalised; (12 to 5 cigarettes)
- P2: was transitioning out of homelessness; (20 to 0 cigarettes)
- P3: abandoned vaping because of the tobacco taste and continued smoking; (40 to 40 cigarettes)
- P4: moved to a "step up, step down" facility where he did well, then moved to detoxification and started smoking due to vape ban and uncertainty surrounding where he was going next (he was waiting to find out if we had secured a place in a rehabilitation centre); (40 to 12 cigarettes)
- P5: started new employment; (25 to 0 cigarettes)
- P6 and P7: a couple (30 to 10 cigarettes) and (30 to 10 cigarettes);
- P8: heavy smoker who has dramatically reduced his smoking (30 to 1 cigarettes)
- P9: initially stopped smoking completely until her mother passed away (20 to 2 cigarettes);
- P10: his partner was in hospitalised so under stress. He was also stressed about rent.

Efficacy

CO Measurements



Challenges

- **Follow Up:** Many moved hostel (8); two were hospitalised during the study period; study participants were frequently too sick to meet;
- **Thefts/Breakages:** 3 reported thefts; 1 lost device; 14 broken tanks;
- **Bereavements/stress:** one parent died, one sister was hospitalised (coma), stress around rent payments, uncertainty about the future;
- **Vape Bans:** *“ I disagree with not being allowed to vape inside . When you get up to get out to vape you usually end.. you end up having to smoke. I don't know if its their guilty conscious or that I look sad. It's like being forced to go to the pub. I could drink 2-3 oranges juices but I'm not likely to.”*
- **Taste:** *“No tobacco taste. It doesn't hit the Gspot at the back of the throat. If it tasted like tobacco it would be a gift”.*

Opportunities

- The majority of the hostel wanted to participate (25*/30) (*one did not meet the study inclusion criteria);
- The majority of the study participants had never attempted to quit tobacco (n=11) and were keen to do so;
- 10/24 completed study (41.67%);
- Overall average decrease of 17 cigarettes smoked/day (27.1 to 10.1);
- Total number of cigarettes smoked daily decreased from 249 to 90 (36.14%);
- *“It’s really helped me financially. It’s helped my health. I can breathe better” “Great healthwise and money”*. Increased energy.



Conclusions

- A limited number completely switched but most reported a decrease in tobacco consumption (average decrease of 33.7%; 26.7 to 9 cigarettes).
- Stronger tobacco flavours should be considered to encourage switching for a subpopulation; fruit flavours were very popular and there was virtually no interest in menthol flavours in this population;
- Participants report health and monetary benefits and limited side effects. These should be considered as part of potential MI components in future studies;
- Adversity, stress and uncertainty may influence smoking habits. These should be considered as part of potential CBT components in future studies;
- Positive changes such as transitioning out of homeless or gaining employment should be seen as opportunities for engaging people in ENDS-based interventions;
- Better follow up protocols should be developed in future studies within this population;
- Vape bans should be lifted in all services working with this population as they may encourage tobacco smoking!

Final Message



“ I JUST WANTED TO GIVE IT UP. I MUST HAVE SPENT A FORTUNE ON CIGARETTES. WHEN I GOT A CHANCE OF GETTING A VAPE I JUMPED AT IT”



“DEADLY. VERY GOOD. IF I WAS IN A HOUSE ON MY OWN I WOULD BE OFF THE CIGARETTES ALTOGETHER”



“I FOUND IT BRILLIANT THAT IT COULD BE DONE IN A HOSTEL”