

Perspectives of New Zealand health professionals and smokers on e-cigarettes

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Using an e-cigarette (vaping) that contains nicotine (nicotine e-cigarettes) is estimated to be 95% safer than smoking¹ and can help people stop smoking.² However, in New Zealand the Ministry of Health does not recommend nicotine e-cigarettes to quit smoking³ and e-cigarette users (vapers) can only purchase nicotine for e-cigarettes online.

Vaping has grown rapidly in New Zealand⁴ with most smokers trying e-cigarettes out of curiosity (49%) and desire to quit smoking (37%).⁵ Low socio-economic smokers (mainly Māori and Pacific) are interested in nicotine e-cigarettes as a stop smoking aid.⁶

Public health researchers and advocates in New Zealand and around the world are divided in their views of the likely impact of nicotine e-cigarettes, for example, will they re-normalise smoking, be a gateway to smoking and continue addiction?⁷⁻⁸

The rationale for combining health professionals and smokers in this study was to seek both groups' views of nicotine e-cigarettes, as health professionals have a key role helping smokers stop smoking.

Methods

This qualitative study was conducted in 2014 in Wellington, Otago and Southland.

We conducted in-depth, semi-structured interviews with 12 health professionals from a range of health professions involved in helping patients or clients stop smoking, and held three focus groups with a total of ten smokers. Focus groups were our preferred method of interviewing but due to perceived difficulties recruiting health professionals to these groups, we conducted interviews with them. We also had to interview six smokers to reach our required number for the study. Budgetary constraints and researchers' past experience determined sample sizes. Among

the smokers, Māori were the priority group because of high smoking rates.⁹

Table 1 shows the characteristics of participants.

Table 1: Characteristics of participants (N=28)

Health professionals		Number
Occupation	Aukati Kai Paipa* providers	3
	General Practitioners	3
	General Practice Nurses	2
	Quitcard* Providers	2
	Quitline Advisers	2
Gender	Female	10
	Male	2
Ethnicity (multiple response)	Māori	3
	NZ European	8
	Indian	1
	British	1
Age range	26-35	5
	36-50	3
	51-60	4
Smokers		
Gender	Female	12
	Male	4
Ethnicity (multiple responses)	Māori	9
	Pacific	2
	NZ European	7
Age range	16-35	9
	41-55	4
	61-70	3

* Aukati Kai Paipa—a Māori smoking cessation programme

* Quitcard—prescription for subsidised nicotine replacement therapy

Interview schedules guided interviews and focus groups beginning with the distribution of participant information sheets, consent forms and questions seeking gender, age, ethnicity and knowledge of nicotine e-cigarettes. Sample e-cigarettes and bottles of liquid (with and without nicotine) were shown to the participants. The lead researcher then demonstrated how to vape using an e-cigarette without nicotine.

Data collected were transcribed. A general inductive approach was utilised to analyse the data because it allows themes to emerge and can produce reliable findings.¹⁰ Content analysis was carried out.

The Ministry of Health, Health and Disability Ethics Committee received our application for ethics review but determined further consideration was not required for this study.

Results

Emergent themes on nicotine e-cigarettes were: lack of knowledge, less harmful than smoking, helpful for quitting, some personal and population health concerns, support use if smoker chose them and better access with some restrictions.

Most participants (health professionals and smokers) in this study self-reported not knowing much about e-cigarettes. All, except one health professional, agreed nicotine e-cigarettes would probably be helpful as a quit smoking aid, and all thought they would be less harmful than smoking.

“You’ve got to add it up... I’m sure you would be better off smoking an e-cigarette [than a cigarette].” Smoker.

Vaping with nicotine to stop smoking was more acceptable to several of the health professionals than as an activity to replace smoking. Some health professionals had concerns about continuing addiction to nicotine and re-normalisation of smoking due to increased vaping and the uptake of nicotine e-cigarettes by young people and non-smokers. Smokers did not generally share these concerns.

Most health professionals would be hesitant to recommend nicotine e-cigarettes to their patients or clients as a first option to stop smoking, however they would support those who wished to use them.

“I would probably inform them of other ways of stopping smoking... start with something else, then move onto them [nicotine e-cigarettes].” Quitcard (prescription for subsidised nicotine replacement therapy) provider.

Most participants wanted better access to nicotine e-cigarettes albeit with a range of restrictions.

Discussion

Concerns and contested evidence about nicotine e-cigarettes are reflected in this study, particularly among health professionals.⁷ However, there is little evidence that any of these concerns have much validity.¹ Accurate information about nicotine e-cigarettes would help health professionals and smokers make informed decisions about their use.

Smokers wanting to try nicotine e-cigarettes to quit smoking may not be getting clear advice from health professionals. Reasons could be a combination of a lack of knowledge about them, mixed messages in the media and medical journals, and cautionary advice from the Ministry of Health³ and the World Health Organisation.⁸

This was a small qualitative study and does not purport to represent the views of all health professionals and smokers in New Zealand. A strength of the study is that it was the first time health professionals’ views of nicotine e-cigarettes have been studied in New Zealand.

We recommend that the Ministry of Health review personal and population benefits of nicotine e-cigarettes and any regulations that might be required if nicotine for e-cigarettes were to be made available in New Zealand.

Competing interests:

Nil.

Acknowledgements:

We thank all the participants in this study. The study was funded by the New Zealand Tobacco Control Research Tūranga: A programme of innovative research to halve the smoking prevalence in Aotearoa/New Zealand within a decade. The Tūranga is supported through funding from the Reducing Tobacco-related Harm Research Partnership, co-funded by the Health Research Council of New Zealand and the Ministry of Health of New Zealand (HRC grant 11/818). We are grateful to Associate Professor Marewa Glover and Professor Chris Bullen for advice for the duration of the study.

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