'It's a bit of a grey area': Challenges faced by stop smoking practitioners when advising on e-cigarettes

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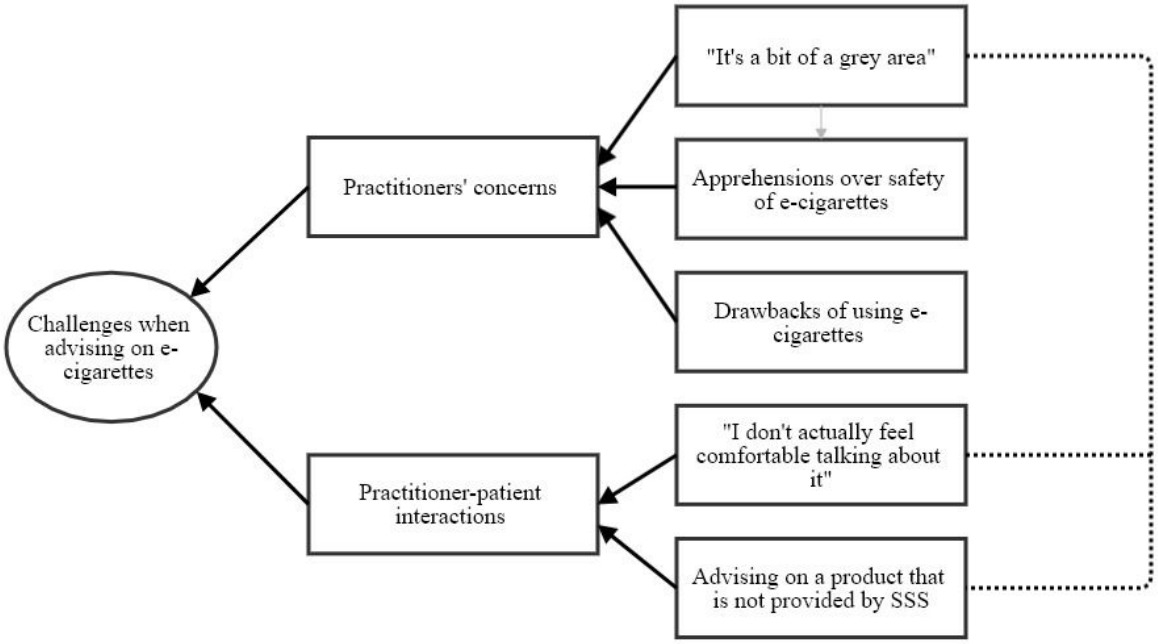

Figure 1. Observed practitioners' challenges when advising patients on e-cigarettes

Note: single directional black arrows demonstrate hierarchical relationships between themes and sub-themes; single directional grey arrows demonstrate relationships between sub-themes; dotted lines indicate relationships between sub-themes of different themes.

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Abstract

Introduction: According to UK guidelines, stop smoking practitioners are expected to be open and supportive towards e-cigarette users. As adequate support from practitioners can be instrumental for smokers to successfully quit smoking, it is crucial to explore the challenges that stop smoking practitioners face when advising on e-cigarette use.

Aim: This qualitative study explores the challenges that stop smoking practitioners face when advising patients on e-cigarettes.

Methods: A qualitative study was conducted with semi-structured interviews with ten stop smoking practitioners from four stop smoking services in London. Face to face interviews were recorded and transcribed verbatim. Inductive thematic analysis was conducted to explore practitioners' experiences when advising on e-cigarettes.

Findings: Two themes were noted: *Practitioners' Concerns* and *Practitioner-Patient Interactions*. Practitioners were particularly concerned regarding the lack of information, safety issues, and the maintenance of addiction linked with e-cigarettes. They emphasised the difficulty of advising on a product that they cannot prescribe. Overall, practitioners expressed lack of confidence when advising on e-cigarettes since they were often unprepared and not able to answer patients' questions on e-cigarettes.

Conclusions: Stop smoking practitioners' lack of confidence and limited knowledge regarding e-cigarettes emphasizes the necessity for training and guidance on e-cigarettes to improve their interactions with patients on this subject. In particular,

practitioners need to be provided with clear guidance on how to counsel patients about how and where to buy e-cigarettes.

Introduction

An electronic cigarette (e-cigarette) is a battery-powered device that contains a micro-electrical circuit activated by drawing on a mouthpiece. With each puff, the liquid contained in a cartridge is heated and vaporised to create a visible mist. Since 2012, e-cigarettes have become the most common aid used by smokers in England to stop smoking, potentially contributing to a progressive decline in smoking tobacco cigarettes (Brown, West, & Beard, 2019). E-cigarettes can help smokers quit or reduce cigarette use (Public Health England, 2015) and are associated with lower levels of carcinogens than tobacco smoking (Shahab, Goniewicz, Blount, Brown, McNeill, Alwis, & West, 2017).

In England, Stop Smoking Services (SSS) provide pharmaceutical and behavioural support for smokers wanting to quit. The National Centre for Smoking Cessation and Training (NCSCT) in the United Kingdom (UK) was founded in 2009 to assist the delivery of smoking cessation interventions offered by local SSS. Both organisations provide effective evidence-based tobacco control programmes and deliver training for stop smoking practitioners and other healthcare professionals. Since May 2016, the process of regulating e-cigarettes has been made official, which has led to an increase in the prevalence of e-cigarette use in UK (Brown et al., 2019). According to Public Health England (2015), e-cigarettes are approximately 95% safer than tobacco cigarettes. The Royal College of Physicians (2016) also recommends e-cigarettes as a safe smoking cessation tool. Recent recommendations by the British Psychological Society's behaviour change report encourage smokers to combine support from SSS with e-cigarettes to quit smoking (Dawkins & McRobbie, 2017;

West, Evans, & Michie, 2011). It is therefore not a surprise that the NCSCT (2016) promotes 'e-cigarette friendly stop smoking services' by encouraging stop smoking practitioners to be open and supportive towards patients wanting to try e-cigarettes.

However, qualitative studies have showed that healthcare professionals, such as General Practitioners (GPs), nurses and pharmacists, who are the first point of contact for patients wishing to stop smoking, do not usually feel confident to advise on e-cigarettes (Stepney, Aveyard, & Begh, 2019; McConaha, Grabigel, DiLucente, & Lunney, 2018). Furthermore, a study by Farrimond and Abraham (2018) which examined the perspective of 15 stop smoking practitioners, service managers and commissioners on e-cigarettes found that practitioners were concerned about the addictiveness of nicotine, the lack of licensed products and controversy in current research.

A survey by Beard, Brose, Brown, West, and McEwen (2014) investigated how stop smoking services in England were responding to e-cigarette use. According to their study's findings, advice given by practitioners is largely evidence-based, however, some practitioners discouraged the use of the device due to safety concerns. A more recent survey by Hiscock, Arnott, Dockrell, Ross, and McEwen (2019) added to these findings, suggesting that although practitioners had become more positive about e-cigarettes, a considerable proportion never recommend them to smokers and hence do not follow the guidelines of the NCSCT, which state that practitioners should be open about e-cigarette use .

This in-depth qualitative study complements outlined above by conducting a series of in-depth interviews to gain a deeper understanding of the specific challenges faced by stop smoking practitioners when advising on e-cigarettes. Outcomes from this qualitative study will have far reaching implications in SSS provisions, including staff training, service planning, and design of resources.

Methods

An opportunity sample of ten participants, was invited and agreed to participate from four SSS in London, UK, selected following a purposive strategy. The sample size was decided based on Braun and Clarke's (2013) recommendations that a sample size of at least ten participants would be suitable for inductive thematic analysis. Following interviewing, the sample size of ten was finalised when the researchers did not identify new codes or themes and hence concluded that saturation was reached. The inclusion criteria were that participants needed to be over 18 years old and had worked for at least one year as a stop smoking practitioner. All but one of the participants in our sample were female. The uneven gender distribution of participants is likely to be representative of the SSS profession (McDermott, Beard, Brose, West & McEwen, 2012). Participants' mean age was 37 years. Nine participants were working full-time as stop smoking practitioners and one participant was a part-time psychology student. Stop smoking interventions were delivered face-to-face and by telephone. All four SSS stated on their websites that they adopted an "e-cigarette friendly" policy in line with the NCSCT guidelines although they did not receive training on e-cigarettes.

Table 1 summarises their demographics and years of experience working in SSS.

[insert Table 1 here]

Face-to-face interviews were undertaken for this study. Participants were given an information sheet describing the study's purpose, how the data would be used, potential risks from participating in the research, and how to withdraw. Those who agreed to take part were asked to sign a consent form. The interview guide was flexible to enable participants to communicate their experiences and views (Appendix A).

Once full ethical approval had been obtained from the Staffordshire University Ethics' Committee, the study took place between June and August 2016. Programme managers in London were approached by email by the researcher (DS) with written information about the project. Out of the six managers approached, four expressed interest in taking part in the study. A template of an invitation e-mail was sent to the four managers who forwarded it internally to all the stop smoking practitioners working in their services. Practitioners interested in participating contacted the researcher directly. Shortly after, the participants were e-mailed by DS to arrange the date and time of the interview. The participants were given a consent form to sign and the opportunity to ask questions before starting the interview. Participants were informed that the data would be anonymised and that they had the right to withdraw up to two weeks after taking part in the study. They were also made aware that the findings of this study might be published in a journal.

The interview started with the interviewer (DS) introducing herself, emphasising that the research was independent of the participants' work in SSS and that the aim of the interview was to explore practitioners' challenges when advising smokers on e-cigarettes. Interviews were audiotaped and once completed, participants were given a debriefing sheet with the researchers' contact details in case the participant wished to withdraw or ask further questions about the study. The interviews, (which averaged 34 minutes and ranged between 20 and 45 minutes), were audiotaped, transcribed verbatim, and anonymised by using pseudonyms.

The data were analysed using inductive Thematic Analysis (TA) with a realist approach as described by Braun and Clarke's (2013) five steps guide. The transcripts were read and re-read to understand the depth of the data, and then transferred into NVivo 11, where codes were initiated. Following this, the codes were combined into themes. The creation and discussion of themes took place during online and face-to-face discussions between the first and second author in order to make sure that those themes were applicable to both the respective codes and true to the dataset. The data analysis was inductive and data-driven, concentrating on identifying recurrent themes within the transcripts. Coding discrepancies were discussed between the authors until agreement was reached on how the code or theme would best answer the research question. Finally, themes were defined, transcript quotations were chosen to illustrate the themes, and a thematic map was produced (Figure 1).

DS is a Health Psychologist who worked as a stop smoking practitioner for five years. During that time, she ran stop smoking clinics and was involved in research,

training and designing information materials on e-cigarettes. RP is an Associate Professor in Health Psychology. She has experience in behaviour change but does not have any direct experience with smoking cessation or e-cigarettes. In order to minimize bias, the DS and RP had regular meetings to discuss the analysis and made every effort to ensure the themes identified were strongly linked to the transcribed data themselves.

Results

The final analysis outlined the creation of two themes: (1) Practitioners' Concerns and (2) Practitioner-Patient Interactions. These themes and their underlying sub-themes are shown in Figure 1 and described in more detail below.

[insert Figure 1 here]

Practitioners' Concerns

Practitioners' concerns consisted of three sub-themes and covered a range of areas on e-cigarettes and represented barriers to deliver effective interventions.

'It's a bit of a grey area':

This sub-theme captures the major challenge reported by all participants that there is insufficient information on e-cigarettes. Participants had limited practical knowledge and understanding of e-cigarettes and the different types and brands available. Many

of these doubts are captured in the following comment from Liz: *'I think it's difficult to advise [on e-cigarettes] because of lack of knowledge that I have about the brands… How to use it? What's in there? And basically, how it works?'* In terms of treatment plans, participants shared their concerns about the absence of clear guidance for practitioners dealing with patients who wished to use e-cigarettes as a cessation aid: '*It is a bit of grey area because in our training for the practitioner role, we don't get a lot of details on e-cigarettes or I haven't yet, it's quite brief in the training and we are kinda left alone in the situation where a patient asks you [about e-cigarettes]*' (Zoe). When describing her frustration with the lack of information, Eva noted that practitioners had to invest their personal time to research on e-cigarettes:

> It shouldn't be left to the advisor to look up for information on their own time because we should all be doing the same job and say the same thing and if we are not, then it looks like some advisors are better than others when this doesn't have to be the case.

Some participants mentioned that they had received training from their services and a guide from the NCSCT. However, Eva felt that she needed more comprehensive training: '*I have been to one [training programme] it was very good actually but I'd like to go more in-depth… I need more training erm not like online training but more training within the organisation yeah (pause) more practice or even demonstration so how you go about the recommendation that sort of thing just to get the confidence…also samples [of e-cigarettes] and role-play and up-to-date*

information'. A clear guideline was highlighted as a key tool for overcoming participants' lack of information: '*Make it more simple for the practitioner with a guideline to follow just as we have for the 6 to 12 weeks quit attempt guideline.*' (Zoe). Furthermore, advising on products only recently available on the market raised concerns over potential unknown side effects:

> Because it's a new product you can't see like in the future someone who has been using e-cigarettes for 20 years what the impact would be (Sam).

These results show that this sub-theme is closely related to the following sub-theme *Apprehensions over safety of e-cigarettes* as safety concerns are partly linked to the lack of research on this new device (Figure 1).

Apprehensions over safety of e-cigarettes:

Safety appeared to be a significant concern for all participants. For instance, the potential health risks due to malfunctions of e-cigarettes were often mentioned: *'There are bits in the press about people's lung burns and fire because of faulty and counterfeit ones*' (Eva). Participants highlighted that the absence of rigorous regulations was the main reason for their concerns over safety. This might constitute a barrier to practitioners encouraging e-cigarette use as a stop smoking aid: '*To be honest, I don't actually recommend them using it… It's not regulated… there's still in the news that it might not be safe, it can be addictive so we don't know 100% of it*' (Danielle).

Dave explained that since most e-cigarette users use both e-cigarettes and tobacco cigarettes, he is concerned about nicotine overdose: '*Because she is topping up [with e-cigarettes], there is no control… If she overdoses the nicotine, the tolerance level increase for her it will be difficult to make her to stop*'. He then went on to express the need for regulation:

> I think as long as it is regulated, then the nicotine is controlled in the device used out there (Dave).

Drawbacks of using e-cigarettes:

In order to describe the drawbacks of using e-cigarettes, participants outlined the similarities and differences between e-cigarette and tobacco use. The comparisons will be discussed in this section.

For the similarities, the results suggest that like tobacco use, e-cigarette use is associated with addiction. Firstly, participants commented that, like smoking tobacco cigarettes, e-cigarette use was linked with continuation of nicotine: '*They've stopped smoking, brilliant, well done, but we need to cut back down the nicotine because we don't want to leave an addiction to pick up another…*' (Sue). Secondly, using e-cigarettes mimics the physical experience of smoking: '*The habit hand-to-mouth action is still going to be there so… They are gonna have a reminder of the habit in the future so they could easily go back to smoking*' (Danielle). Thirdly, participants expressed the concern that e-cigarettes could potentially create a further addiction that would need to be addressed in SSS. Sue illustrated this issue with an example

experienced with her patients: '*People are coming in [SSS] who are using e-cigarettes and want to join the programme to give up [e-cigarettes]so they also had problems stopping [e-cigarettes]*'.

A number of differences were also described between e-cigarette use and tobacco use. Firstly, participants outlined the disadvantages of e-cigarettes due to the possibility of using e-cigarettes on a long-term basis unlike licensed smoking cessation treatment: '*With e-cigarettes they tend to use it as a complete substitute whereas with the NRT [nicotine replacement therapy] after 12 or 6 weeks they can't carry on using it*' (Dave). Secondly, usage of e-cigarettes might trigger relapse in smoking tobacco cigarettes: '*In the long run, I think the slightest form of nicotine addiction can make you go back to smoking'* (Sue). Thirdly, participants feared that patients would prefer to use e-cigarettes to stop smoking rather than using existing support from SSS, which might result in a lower patient uptake and funding for SSS. These remarks suggest that participants were unfavourable to long-term use, and that e-cigarette use was considered an independent route to quit smoking by smokers.

Practitioner-Patient Interactions

This theme consists of two sub-themes and highlights how the challenges around advising on e-cigarettes may impede participants' confidence and practice.

'I don't actually feel comfortable talking about it':

This first sub-theme was a key problem reported by participants. Participants emphasized that the lack of information they have on e-cigarettes reduces the quality of their interactions with patients. Hence, these problematic interactions were linked with the previous sub-theme *'It's a bit of a grey area'* (see Figure 1). For instance, Rosy shared that not being able to answer patients' questions was an unpleasant experience that affected her credibility as a practitioner and her confidence in her advising skills:

> I would like to say that I don't actually feel comfortable talking about it because it's such a recent topic…In the clinical settings I think it's really really awkward moments because you don't want patients to think 'Oh they don't know about e-cigarettes'. I didn't feel great because I didn't feel like I was doing my job because if I can't answer their questions then why am I actually there?

Participants admitted that they purposely avoided discussing e-cigarettes with their patients in order to prevent situations where they might not know the answer: '*Erm I don't know much about them so that's not my area so I kind of don't talk about it*' (Liz). There was a sense of discomfort and embarrassment in situations where their patients were more knowledgeable than them on e-cigarettes: '*The fact that I didn't know the answer… You kinda question your skills and you almost feel like your patients know better than you about this field*' (Zoe). Furthermore, participants acknowledged that due to the lack of research on e-cigarettes, their negative beliefs on this topic was based on personal feelings rather than evidence based on facts: '*My*

advice is probably based on my personal feelings but I will not encourage them too much [to use e-cigarettes]' (Danielle).

Advising on a product that is not provided by stop smoking services:

Some participants highlighted that because e-cigarettes are not prescribed, SSS were not prepared to support patients who wished to use e-cigarettes as an aid to stop smoking. At present, it seems that the protocol for practitioners does not require them to monitor patients' usage of e-cigarettes, unlike for nicotine replacement therapies:

> How many mg of nicotine? How long to use it? That information isn't being captured, our monitoring system doesn't require to capture (Dave)

Comments suggested that an increasing number of patients enquire if they can get e-cigarettes on prescription. This conversation could lead to a difficult situation for the practitioner. For instance, when discussing the challenging situations with patients, Eva describes how she felt helpless when a patient insisted on being given a prescription for e-cigarettes refills which she could not provide:

> I had a patient, his argument was he wasn't smoking because he was using the e-cig and it wasn't fair that he wasn't able to get it [the refill] on prescription. His fear was he was going back to smoking… He didn't know what to do and there was nothing I could suggest 'cos he couldn't buy the refill and I couldn't suggest cheaper ones because I didn't know if it was safe! I felt really bad because I couldn't help him.

As can be seen from the above extracts, participants were seeking a similar approach for e-cigarettes to traditional smoking cessation treatment. Specifically, they were looking for training, guidance, and a monitoring system for e-cigarettes similar to other treatment methods. Participants commented that there was contradiction between the fact that they were asked to recommend patients to use e-cigarettes but unable to prescribe it: '*More patients are asking for it, I personally can't give it, so you end up recommending it, but you can't provide it*' (Zoe). This inconsistency was difficult to explain to patients: '*I think they [patients] don't understand because they are like "this is something that is helping to stop but you are not providing them"*' (Zoe). Generally, participants supported the idea that having to advise on a product that they do not prescribe means that they lack information and confidence to advise on it:

> If we had an e-cigarette to provide to patients I think it wouldn't be as much difficult as it is…'cos we would probably know more and maybe get trained on it hmm you know if we had a particular brand we would provide that we kind of know more of (Rosy).

Discussion

This study revealed that practitioners' concerns about advising patients on using e-cigarettes and their interactions with patients were pertinent themes in exploring the challenges they met when advising on e-cigarettes. Stop smoking practitioners are required to be open and supportive towards SSS users wishing to use e-cigarettes to stop smoking (NCSCT, 2014), however, as shown by Hiscock et al. (2019) many

practitioners do not follow these guidelines. The results from our study highlighted several issues raised by practitioners which explain why this may be the case. The study's findings were considered in terms of a thematic map (Figure 1) consisting of two themes *Practitioners' Concerns* and *Practitioner-Patient Interactions* which fed into an overarching theme *Challenges when Advising on E-Cigarettes*.

Practitioners' concerns related to the lack of knowledge on e-cigarettes which affected their confidence in their advising skills. Participants reported they did not have sufficient access to information related to the device and were not sure what e-cigarettes contained, how they worked, or how to use them. They recommended that further studies, guidance and training are required to enable them to advise effectively on e-cigarettes as also reported by Farrimond and Abraham (2018). The training should cover the latest information on e-cigarettes, samples of the device available, practical exercises on advising on how to use them with role-plays. Additional funding (for example, one hour per week) would also allow practitioners to research and regularly update their knowledge on e-cigarettes. This would enable them to read the latest academic findings, access online forums and visit official organisation's websites such as Action on Smoking and Health (ASH) and NCSCT.

Concerns about the lack of regulation were perceived as barriers to practitioners' approval of the use of e-cigarettes as an aid to stopping smoking, which corroborates with Farrimond and Abraham's findings (2018).

Safety concerns of e-cigarettes have been previously identified as issues for stop smoking practitioners (Hiscock et al., 2014). In this study, these were discussed in terms of potential malfunctions and nicotine overdose. If regulated, participants

perceived e-cigarettes to be a useful harm reduction tool. Some participants were wary that e-cigarettes promote the continuation of nicotine and behavioural addiction, as their users requested help from SSS to stop e-cigarettes, as seen by Barbeau, Burda, and Siegel (2013) and Farrimond and Abraham (2018). Other practitioners found a drop in SSS admission as e-cigarette users felt they could quit smoking without the help of the SSS, as reported by ASH (2017). Other noted drawbacks were unknown side effects and increased risk of relapsing back to tobacco smoking.

The theme *Practitioner-Patient Interactions,* which has not been reported before in the literature, showed how the interaction of practitioners with patients was becoming more challenging as it was not clear how practitioners should answer patients' questions on e-cigarettes. As a result, participants' confidence in their advising skills were affected and this made them reluctant to talk about e-cigarettes with patients. Hence, it was highlighted that if practitioners are provided with an adequate amount of information on e-cigarettes, they would gain greater confidence in their ability and knowledge and be less apprehensive about discussing them with patients. Consistent with findings in the study by Hiscock et al. (2019), the present study additionally found that stop smoking practitioners deviate from the guidance encouraging them to be open about patients wishing to use e-cigarettes.

Findings from this study suggest that participants did not feel sufficiently equipped to provide support to patients wanting to use e-cigarettes. This was partly because there was no method of formally monitoring patients' usage of e-cigarettes during the sessions, which corroborates with the literature (Hiscock, Bauld, Arnott,

Dockrell, Ross, & McEwen, 2015). Moreover, the contradiction that practitioners had to support the use of e-cigarettes without prescribing them was emphasised.

Before concluding there are some limitations to our study that should be considered. Firstly, this qualitative study is geographically limited to London, UK. Attitudes of stop smoking practitioners and training approaches from SSS towards e-cigarettes may differ in London to other parts of the UK, although there do seem to be similarities with findings from larger survey studies such as Hiscock et al. (2019). It is possible that some SSS in the UK may have invested additional time to train staff on e-cigarettes or created more specific guidelines to complement the NCSCT's guidelines for their practitioners to advise on e-cigarette use, but this did not seem to be the case for the four London-based "e-cigarette friendly" SSS in our study. Secondly, our study was conducted in the UK context, so these findings may not generalise to other countries. Thirdly, as the objective of our study was to explore the challenges faced by practitioners, our interviewing process focused on the challenges faced by stop smoking practitioners and may have benefitted from more open-ended questions to allow for the development of more themes.

In conclusion, our study's findings are in line with the literature in terms of the lack of adherence to the NCSCT guidelines (Hiscock et al., 2014; Hiscock et al., 2019) resulting from practitioners' concerns over the safety of e-cigarettes (Beard et al., 2014; Hiscock et al., 2014; Farrimond & Abraham, 2018), lack of regulations and the risk of nicotine addiction (Farrimond & Abraham, 2018). We also report a novel finding from our study, that discussions about e-cigarettes also complicated the interactions between patients and practitioners. Our study emphasises the need for

practical guidance for practitioners on how to advise patients enquiring about or already using e-cigarettes to stop smoking. A comprehensive training programme is required to equip them with an adequate amount of information on e-cigarettes and up-to-date research findings on the device. Furthermore, since e-cigarettes are not provided by SSS, practitioners should be trained with clear guidance on how to counsel patients about how and where to buy e-cigarettes. Ultimately, it is crucial that practitioners are equipped with the relevant knowledge and skills to advise effectively on e-cigarettes. This should hopefully, enhance the success in smoking cessation for service users.

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474 Table 1. Participants' Demographic Information (N = 10)

Participant	Pseudonym	Gender	Age	Ethnicity	Years of experience in SSS
1	Anne	Female	28	White-White British	2
2	Danielle	Female	29	Asian – Asian British	4
3	Dave	Male	40	Asian-Asian British	13
4	Eva	Female	60	Black / African / Black British	7
5	Jan	Female	57	Black / African / Black British	5
6	Liz	Female	29	Black / African / Black British	4
7	Rosy	Female	24	Other ethnic group	4
8	Sam	Female	38	Asian – Asian British	5
9	Sue	Female	35	Asian – Asian British	10
10	Zoe	Female	27	White-White British	1

475