

# A multi-centre cluster randomised controlled trial evaluating the effectiveness of e-cigarettes compared with usual care for smoking cessation when offered to smokers accessing homeless services: methodological challenges and experiences of collaboration

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**SCeTCH**

Smoking  
Cessation  
Trial in  
Centres for the  
Homeless


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# Smoking amongst adults experiencing homelessness: a systematic review of prevalence rates, interventions and the barriers and facilitators to quitting and staying quit

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Search terms:

**smoking\*tobacco\*homeless**



**N=14,716**

**57-82%**

Homeless charities report smoking at 70-90%

- 286 adult smokers accessing homeless support services in GB
- 85% of smokers report some history of quitting
- 75% expressed a desire to quit
- 82% had tried an e-cigarette (EC)
- 92% reported daily contact with smokers
  
- **77% of smokers reported wanting to try an EC but can afford £5-10**



Contents lists available at [ScienceDirect](#)

 **Addictive Behaviors** 

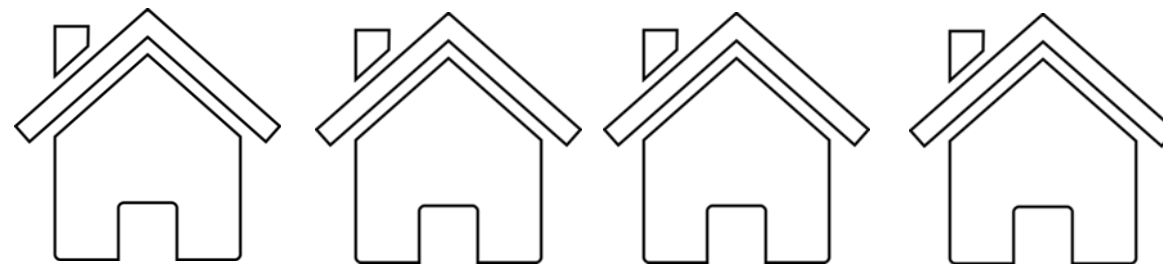
journal homepage: [www.elsevier.com/locate/addictbeh](http://www.elsevier.com/locate/addictbeh)

A cross sectional survey of smoking characteristics and quitting behaviour from a sample of homeless adults in Great Britain



Lynne Dawkins<sup>a,\*</sup>, Allison Ford<sup>b</sup>, Linda Bauld<sup>c</sup>, Sema Balaban<sup>a</sup>, Allan Tyler<sup>a</sup>, Sharon Cox<sup>a</sup>

# SCeTCH: main trial



RESEARCH ARTICLE **PLOS ONE**

**A cluster feasibility trial to explore the uptake and use of e-cigarettes versus usual care offered to smokers attending homeless centres in Great Britain**

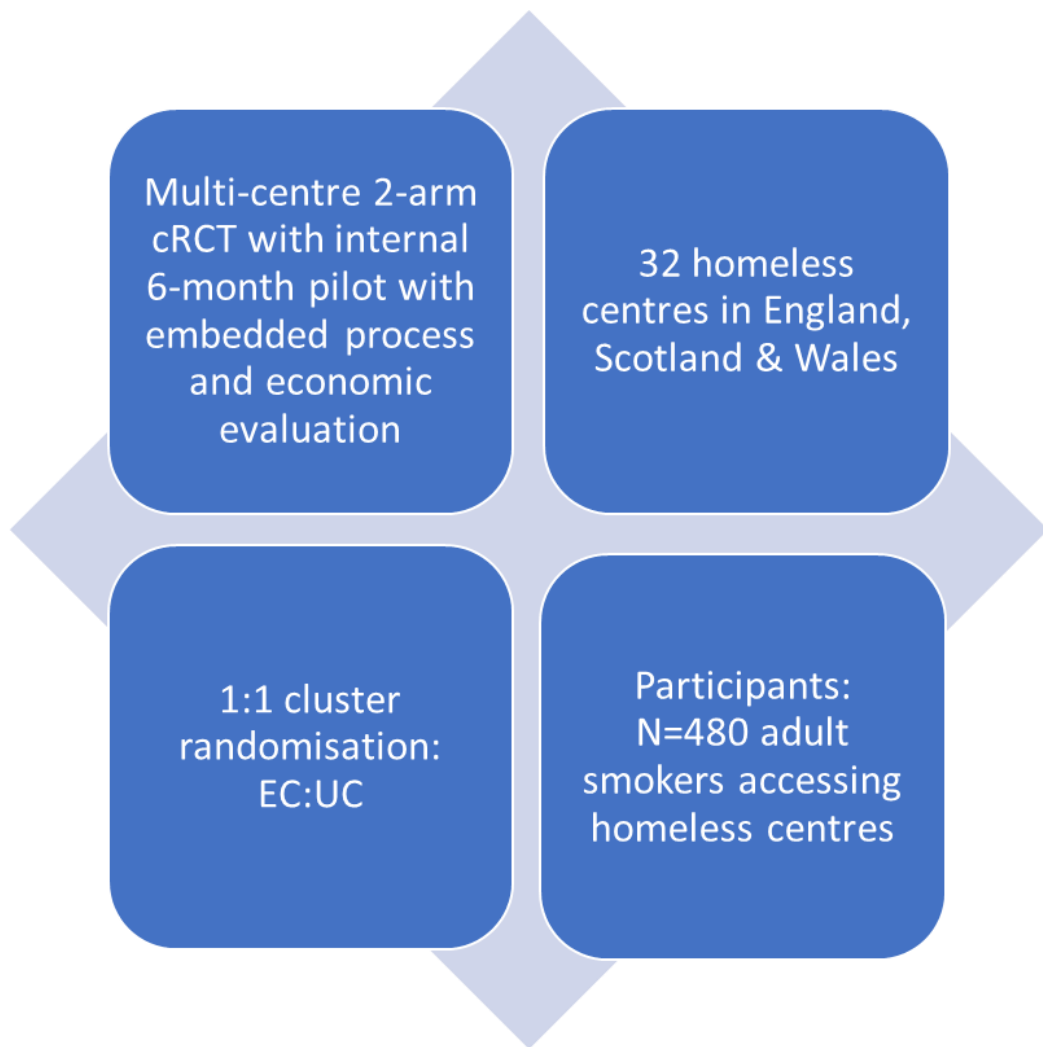
Lynne Dawkins<sup>1\*</sup>, Linda Bauld<sup>2</sup>, Allison Ford<sup>3</sup>, Deborah Robson<sup>4</sup>, Peter Hajek<sup>5</sup>, Steve Parrott<sup>6</sup>, Catherine Best<sup>3</sup>, Jinshuo Li<sup>6</sup>, Allan Tyler<sup>1</sup>, Isabelle Uny<sup>3</sup>, Sharon Cox<sup>1†</sup>

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**STUDY PROTOCOL** **ADDICTION** **SSA**

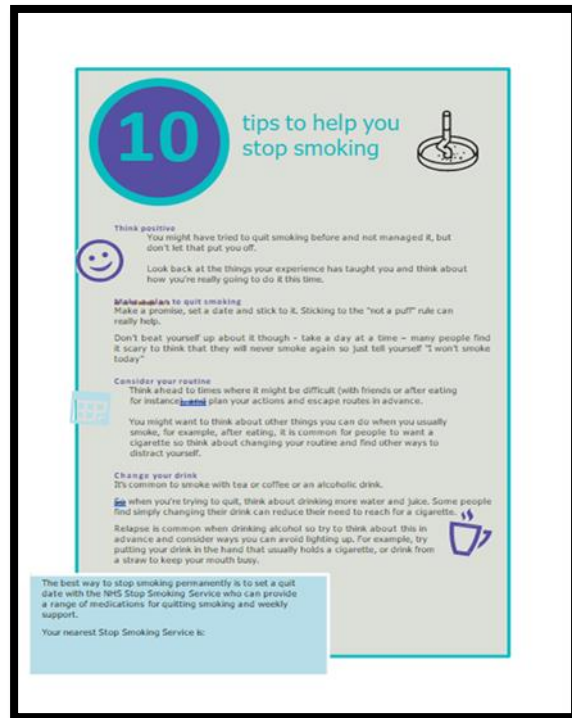
**Evaluating the effectiveness of e-cigarettes compared with usual care for smoking cessation when offered to smokers at homeless centres: protocol for a multi-centre cluster-randomized controlled trial in Great Britain**

Sharon Cox<sup>1,2</sup> | Linda Bauld<sup>2,3</sup> | Rachel Brown<sup>4</sup> | Matthew Carlisle<sup>5</sup> | Allison Ford<sup>6</sup> | Peter Hajek<sup>7</sup> | Jinshuo Li<sup>8</sup> | Caitlin Notley<sup>9</sup> | Steve Parrott<sup>8</sup> | Francesca Pesola<sup>2,7</sup> | Deborah Robson<sup>2,10</sup> | Kirstie Soar<sup>11</sup> | Allan Tyler<sup>11</sup> | Emma Ward<sup>8</sup> | Lynne Dawkins<sup>11</sup>



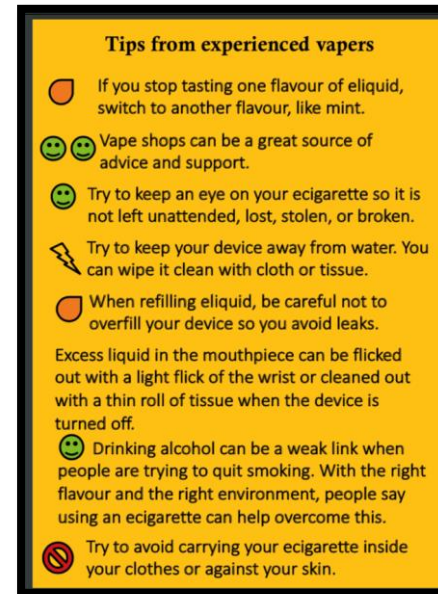
# Usual care

- Leaflet with quit advice
- Details of the local SSS



# E-Cigarette

- 1 free e-cigarette
- 1 weeks worth of e-liquid (up to 4-weeks)
- Tips and tricks leaflet



# Objectives:

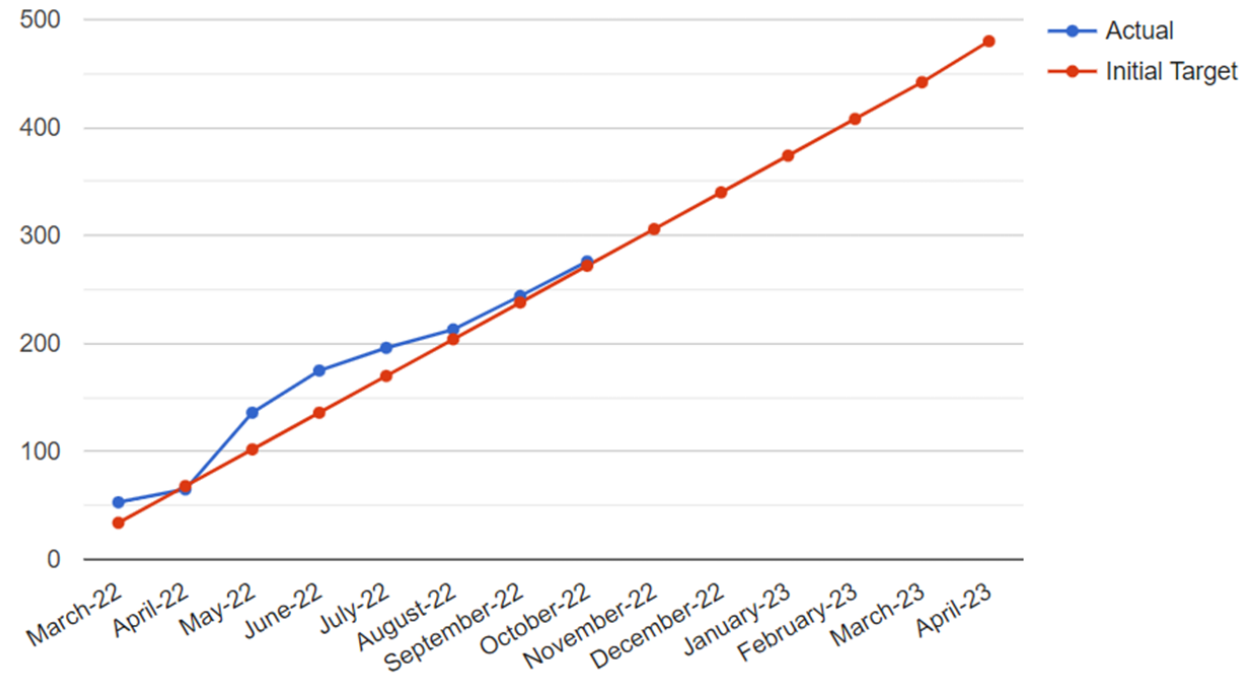
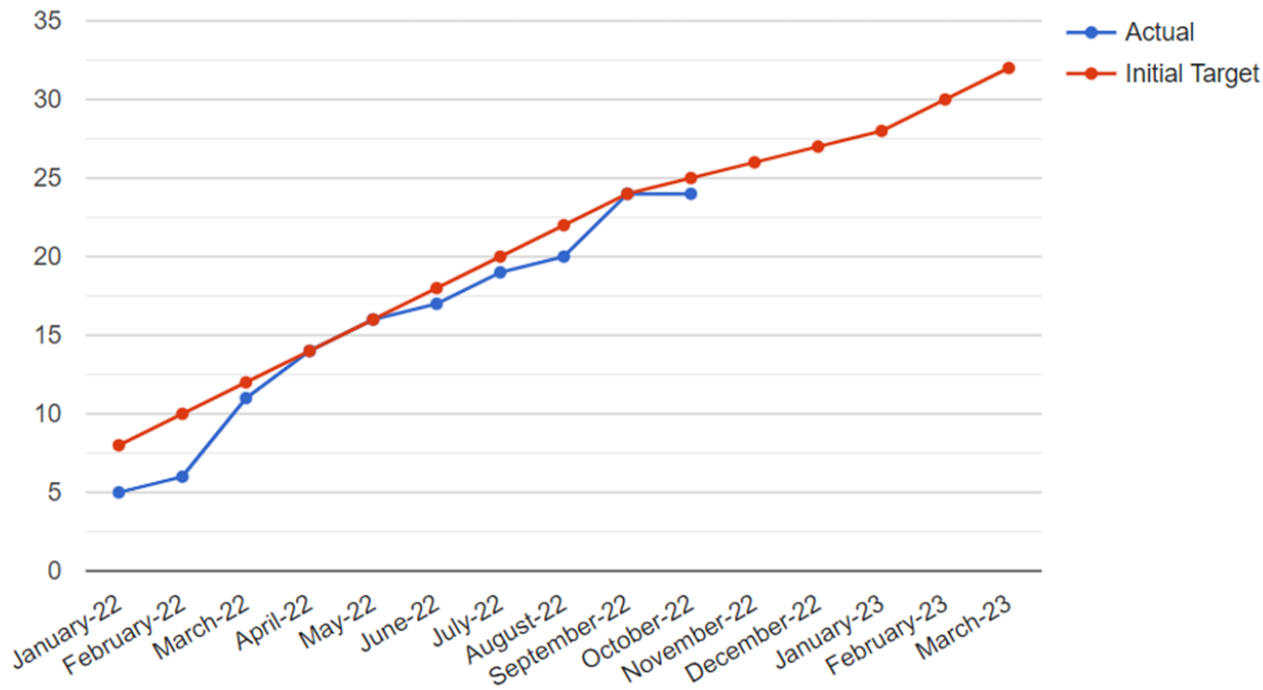
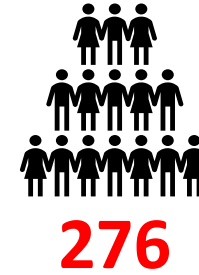
## Primary:

- To determine the 24-week sustained, biochemically validated abstinence rates in smokers offered EC vs UC

## Secondary:

- To compare
  - a) the number reporting at least 50% smoking reduction
  - b) 7-day point prevalence abstinence at 4, 12 & 24 weeks in EC vs UC
- To document changes in risky smoking practices from baseline to 4, 12, 24 weeks
- To determine the cost-effectiveness of the intervention
- To document fidelity of the intervention implementation; mechanisms of change; contextual influences and sustainability

# Recruitment



# Current Retention Rates

4-weeks = 69%

12-weeks = 53%

24 weeks = 62%



# Methodological Challenges

- Changing models of care
  - Led to changes in centre inclusion parameters
  - Expanding Wales area to include Southwest England
- Ongoing impact of Covid
- Centre challenges – structural & staff
- Reducing bias in cluster RCT
- Incentives / compensation



# Collaboration: Homeless services

## Facilitators

- Training
- Existing relationships with clients

## Barriers

- Under resourcing
- Differing time frames

London & Southeast				
Approached	Excluded	Declined	Expressed Interest	Not Heard Back From
76	5	14	18	45



# Collaboration: clinical research networks

## Clinical Research Networks (England)

- 7. West of England
- 10. Kent, Surrey and Sussex
- 13. North Thames
- 14. South London
- 15. North west London

## Health and Care Research Wales

## NHS Research Scotland

- North
- South
- East
- West



# Conclusions

- Running trials in this population requires
  - the need to understand the realistic needs of these individuals...
  - ...and services
  - work pragmatically and flexibly within the remit of the trial protocol
  - develop strong working relationships with all agencies involved for effective outcomes



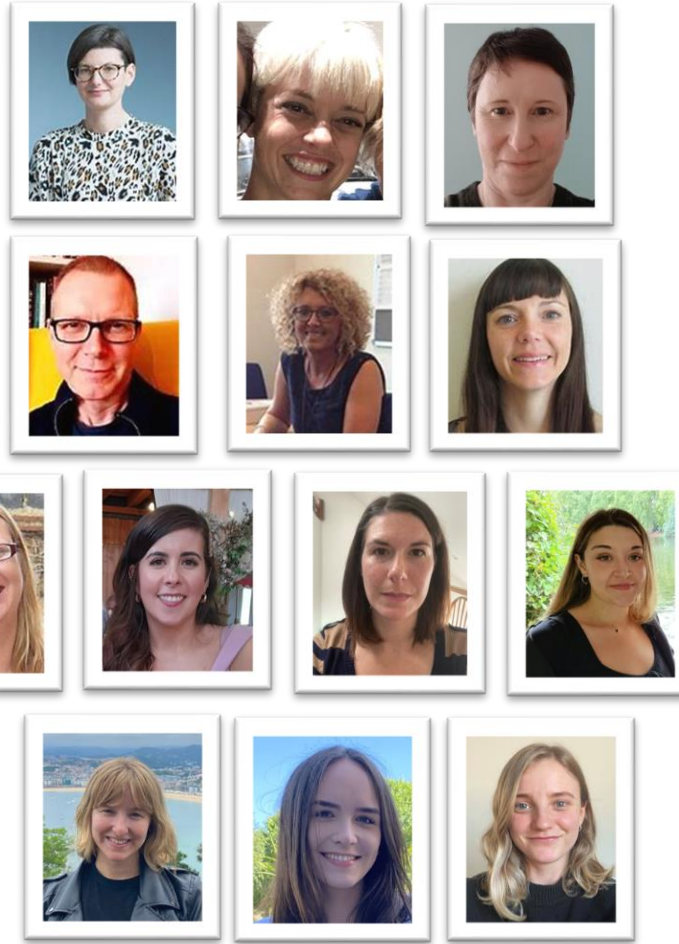
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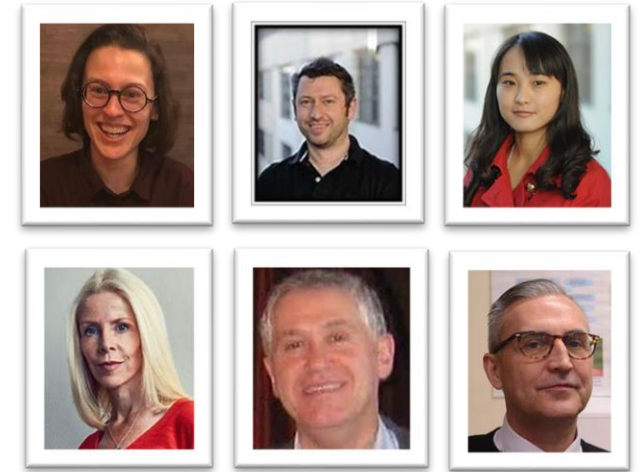
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- Amy Edwards, Cardiff
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- Janine Brierley, LSBU
- Bethany Gardner, LSBU
- Lauren McMillan, Stirling University



- Dr Francesca Pesola
- Dr Steve Parrott
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## Homeless Services:



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