



Swap-to-Stop: making the most of a golden opportunity

Introduction

Swap-to-Stop is a pioneering and world-leading government scheme aiming to **encourage one million people in England to switch from smoking to vaping by providing free vape starter kits**, alongside some form of behavioural support. Inspired by The Khan Review (2022), which noted the success and popularity of nicotine-containing vapes as a means of stopping smoking, it is one of a number of measures intended to contribute towards achieving the Smokefree 2030 ambition.

This briefing is primarily intended for commissioners and service leads, and complements the NCSCT Swap-to-Stop online training module. It summarises the main components and benefits of the Swap-to-Stop scheme, and provides case studies from organisations who are running the scheme.

Who can deliver Swap-to-Stop?

The Swap-to-Stop scheme can be delivered in a variety of settings, **reaching some of those who would not regularly engage with health services, let alone seek support for stopping smoking**. While Local Stop Smoking Services (LSSS) continue to deliver structured behavioural support in line with the NCSCT Standard Treatment Programme, many other frontline staff in organisations that regularly give advice and support to people who smoke are in a position to operate the Swap-to-Stop programme.

How do we get involved?

Your Local Authority Tobacco Team will know how to access the vapes, and will be able to set your service up to operate the Swap-to-Stop scheme. **You can choose to give out vapes, or voucher codes which people can use online to order vapes**. If you choose to directly supply vapes, you need to consider whether you have enough space to store sufficient vapes and a good range of strengths and flavours of e-liquid. If your service chooses to issue voucher codes you will need to consider whether your service users are likely to use an online ordering system. Discuss this with the Local Authority lead to get the best solution.

What does it take to do it?

Swap-to-Stop is a light-touch, encouraging and innovative way of raising the subject of smoking with people who may have never considered themselves ready for stopping. **It does not require any specialist skills apart from an ability to talk to people in a way that opens up a conversation, and this is what happens every day between frontline staff and clients, service users and patients in many settings**. It does require some knowledge of the part vapes can play in stopping smoking, which can be learned through the NCSCT Swap-to-Stop online training module.

Where can Swap-to-Stop be implemented?

Some of the ideal places for delivering Swap-to-Stop are housing associations, mental health outreach services, substance use services, debt management services, LGBTQI+ support and **in fact anywhere that is used by people who may smoke.**

Why should people swap smoking for vaping?

Low risk

Vaping poses only a small fraction of the risks of smoking. This is because there is no combustion with vapes and the vapour produced does not contain the harmful chemicals in cigarette smoke that cause respiratory disease, heart disease and cancer. **Anyone who smokes and who completely switches to vaping is making a change that results in immediate health benefits.**

The pleasure principle

People who smoke and switch to vaping report that one of the key features that make vapes more desirable than licensed stop smoking aids is that they are pleasurable to use. Any side-effects – like a dry throat and a tickly cough – can be dealt with by drinking water. Side-effects from NRT and prescription-only medications are well known, sometimes challenging to tolerate, and can cause non-compliance with treatment. **People who switch to vaping often report how tolerable they found it, and how surprised they were at the ease with which they stopped smoking.**

The usefulness of nicotine

This route to stopping smoking sometimes worries both users and healthcare workers. There is a common expectation that stopping should be hard, and making it easier means that you're cheating somehow. People also worry about 'swapping one addiction for another', which is not the case as we are talking about the same substance, nicotine. It should be noted that **it's not the nicotine in cigarettes that kills, it's the smoke, and that we've been successfully treating smoking with nicotine products for decades.**

Do people mind being asked?

It may be imagined that service users will object to being asked about their smoking, but experience shows us that **people expect to be asked, and often welcome the opportunity to talk about their smoking, especially if there is the offer of a free vape.** Although there is much misinformation about vaping, both among the general public and the health and social care workforce, many people who smoke are desperate for something that will work for them. You could describe them as 'vape-curious', and it often takes very little encouragement to get them to try a vape.

What about staff who smoke themselves?

Staff who smoke are sometimes understandably nervous about talking to service users about smoking, because they fear that they'll be seen as hypocritical. However, **helping someone else to think about stopping smoking is totally in keeping with the need to consider the health and wellbeing of people who use the service they've come to.** Besides, this intervention, once learned, both draws on and adds to workers' communication skills.

How should it be done?

The NCSCT Swap-to-Stop online training module (see **Training and resources** below) explains how to raise the subject and how to manage the conversation, depending on whether the person is interested, not interested or uncertain about the scheme. **There's no one-size-fits-all when it comes to helping people stop smoking!**

Training and resources

Online training

Swap-to-Stop online module

https://elearning.ncsct.co.uk/swap_to_stop-launch

Vaping: a guide for healthcare professionals

<https://elearning.ncsct.co.uk/vaping-launch>

Briefings and guidance

Swap-to-Stop resources

www.ncsct.co.uk/publications/swap-to-stop

Vaping: a guide for health and social care professionals

www.ncsct.co.uk/publications/vaping_briefing

Supporting clients who want to stop vaping

www.ncsct.co.uk/publications/support_stop_vaping

Swap-to-Stop case studies

Be Well Stop Smoking Service, Wigan Council

Mim Scott, Public Health Manager

Wigan did not have vapes in the service until the Swap-to-Stop scheme, so this was the first time we've been able to offer them as part of our treatment programme.

Because vapes were new to our stop smoking service it was challenging at first, as we felt we were behind some of our neighbours. It felt like everyone had an opinion, and we knew we had some work to do to dispel some of the myths. Totally Wicked were the provider of choice and provided our workforce training.

Our governance arrangements included a project delivery team. Initially we had lots of questions internally on how the project would work. We decided to go for voucher codes rather than actual vapes as we had concerns about storage and transportation, although we have recently drawn down on vapes to be located at specific future projects.

We launched vapes in the service in December 2023, ready for the New Year. **We positioned vapes as a new addition to our NRT portfolio alongside behavioural support** and did not make too much of the vapes being free. We also provide a further eight weeks free vape supply to ensure that our residents can be supported for a full 12 weeks as with any other NRT product.

To date we have had 164 quit dates set, with some awaiting outcome, and an 81.8% quit rate. Our service average quit rate is 65% and 51% of our clients are from the most deprived areas of Wigan.

Our next phase includes a more targeted approach to smoking cessation. We have completed two webinars, inviting partner organisations to get involved. We've had interest from several frontline services and see this as an exciting new opportunity.

Partner organisations will have ideas based on their intimate knowledge of their communities and are an essential component in reducing health inequalities. We'll supply partner organisations with training and resources, they will have access to all NRT products via a pharmacy platform, vapes in the service or access to vape voucher codes and we'll encourage them to use this as a different way of reaching out to their communities. Service outcomes and impact will be reviewed. Our aim will be working collaboratively with providers to support sustainable stop smoking culture change within each organisation and the communities they work with.

We believe in taking services out to our residents who need them, and to understand what good looks like to them. Transport can be a key issue for many people, so taking services into our neighbourhoods and estates, where residents can access support easily, is essential. We want to support innovation and make people feel they're not on their own.

We encourage frontline workers to complete the NCSCT Swap-to-Stop and Very Brief Advice online training modules, and the NCSCT practitioner training module if they're interested.

Message to other services

"Don't give up just because setting Swap-to-Stop up and running is a little extra work. We know that vapes are THE most successful way of stopping smoking.

People are relying on us to support them. We've got the best services in the world, and we don't realise how lucky we are in this country to have that. Use the Swap-to-Stop vapes just like any other quit aids."

Learning point from this case study

Using vapes can increase success for your services users, even those who think they've tried everything.

Calderdale and Huddersfield NHS Foundation Trust

Kate Frost, Operations Manager, Resilience, Acute Flow and Transformation

We've been giving out vapes in Huddersfield Accident and Emergency Department since early summer 2024. We submit the four-week quits to Kirklees Council, and we will be following people up at six months too.

We give out the actual vapes, not vouchers, as we didn't think people would necessarily take the steps needed to use a voucher once they were home. It also means they can be shown exactly how to work the vape, and they're ready to use it from day one. We use a demo vape and then give them a bag with everything in it that they need. Two members of staff run the scheme and, although we started with a Monday to Friday service, we're now operating seven days a week. This gives a really flexible service and pulls in people admitted at the weekends, often those who use excess alcohol.

We've had both positive and negative responses from patients. Some have demanded to know why we're asking about smoking, and we just say that's fine, you don't have to listen, but we'll be over there and we'd be happy to tell you more if you want to come and have a chat.

But we had one woman, a regular in A&E, who was so keen to start she ripped up her cigarettes there and then, and threw them in the bin.

Of the 115 people we have given a Swap-to-Stop vape to, five are still continuing their quit attempt, 24 have quit, 44 have reduced their smoking, six are still smoking, and 37 were unable to be contacted.

Message to other services

*"Go for it! Trial it, change anything that doesn't work first time round.
We are seeing people quit. Keep it simple, and make it work for you!"*

Learning point from this case study

Demonstrating how to use a vape and getting users set up on the spot can increase their enthusiasm for switching from smoking to vaping.

Gateshead Council

Gemma King, Programme Lead

We were involved at the very beginning of the Swap-to-Stop scheme, providing actual vapes (not vouchers), and we learned as we went along. We got really good outcomes, but there was less reporting needed then. There were challenges, like transporting and distributing the vapes, but we all shared the job of getting them out to partner organisations. We thought about target groups, and started with a pilot group of workers within the Council – at the time there were reservations about the scheme from people who were suspicious about vaping, but we **overcame these barriers when we were able to show quit rates of 58%**, and now the scheme has been adopted much more widely.

We asked some of our GP practices in the most disadvantaged communities, where there is a high smoking prevalence, to take part. We also trialled Swap-to-Stop in secondary care as we have Dr Ruth Sharrock, who is such a well-respected advocate for tobacco harm reduction. We found that getting vapes to patients was not as successful because there was some reluctance to allow the devices onto wards, but with the voucher scheme this will be easier.

We engaged two workplaces – factories with many routine and manual workers – through the Better Health at Work Awards scheme, and we found that workers were highly motivated to try a vape. **We got a 36% quit rate with these groups, using Occupational Health staff to partner with us.**

We got vapes out via the homelessness nurse and, although we didn't see lots of quits, there was great enthusiasm among this group who managed to reduce their smoking considerably and who loved the better alternative to smoking. The community mental health team have just started issuing vapes during their physical health checks and we are waiting for feedback on this. We learned that pod devices were better for people with shaky hands, who couldn't fill the tanks easily.

We learned a lot as a team, for instance that 20mg e-liquid is the most useful to give out, and that fruit flavours are more likely than tobacco flavour to keep people smokefree.

We also learned that the vape suppliers (we used Vape Dinner Lady) **are incredibly knowledgeable and so willing to help us understand how to get the best out of the offer.**

Message to other services

"Give it a try. It's a free resource that will help engage a population who may never have used your service. People who smoke need options, and we must look at the way people are choosing to quit.

If you're in doubt about vaping, think what they would be doing otherwise – smoking tobacco. If they were going to quit with something else, they would have done that already. I sleep soundly at night knowing I've helped people change their lives."

Learning point from this case study

Listening to service users' experience and advice from experienced suppliers can enhance the learning needed by practitioners.

North Somerset Council

Samuel Hayward, Consultant in Public Health

Last year we set up Smokefree Bristol, North Somerset & South Gloucestershire, our systemwide tobacco control alliance, for strategic direction across a number of organisations and to reduce local smoking rates. We all have the same agenda, but different pathways and offers. We wanted to make our agenda other people's agenda too, all supporting the national ambition locally to be Smokefree by 2030. **This gave us an opportunity to make a joint bid for Swap-to-Stop vapes – real tools to help people who smoke quit – and to make a statement of intent.**

What has slowed us down is tackling 'vaping hesitancy'. It has been a challenge and we have worked hard to win hearts and minds. We have drawn heavily on the evidence base and have created a clear position statement – **if you smoke, you should switch to vaping.**

We went out to many organisations to support Swap-to-Stop, but have found it takes time to implement. It also became clear that we could spend all our time tackling the inconvincible but that our time was better spent on getting vapes out to people who smoke.

We realised too that the Swap-to-Stop programme worked on another level of harm reduction: demonstrating that there were safer devices than those people might have been buying through illicit suppliers.

Delivering through partners who had contact with people who smoke was limited by our capacity, and we realised that not all frontline providers would have the same approach to Swap-to-Stop. For example, one foodbank got the relevance straight away, but another foodbank did not. It comes down to individual responses and workers' level of enthusiasm for vaping as a means to stop smoking.

We are looking at how to roll out training for partner organisations that is quick and doable in the short time they have spare; full training may be too detailed for their needs. **We are still offering vapes through the core services, but have realised that the vouchers mean that we don't have to find storage for actual physical vapes.** However, when the physical vape is offered it's a great engagement tool, and you can have a proper conversation with the person as you hand it over too. It helped having a clear governance structure and leadership, to get decisions made quickly.

Message to other services

"Just go for it. Push forward however you can, it takes time but once you get the vapes into the hands of people who smoke you're giving them a chance to quit. Don't get tied into only one way of doing it. Do it how it works for you and share learning with others. We had significant gains with some hospital wards but not others, so work with the willing!"

Learning point from this case study

Don't wait until everyone is convinced and ready. Work with those who are, and the others will hopefully follow.

Conclusion

The Swap-to-Stop scheme is a radical and innovative offer that has significant potential to save lives. There may be many administrative blocks to getting it mobilised, and waiting for the perfect juncture of policy, readiness, training and mindset could mean that it never gets off the ground. Our case studies show, however, that getting it going in some form, showing success, working with the willing, adapting as you go along, and sharing learning will achieve results and get vapes into the hands of people who need to stop smoking. **Swap-to-Stop will save lives.**

