

1  
2 **NATIONAL INSTITUTE FOR HEALTH AND CARE**  
3 **EXCELLENCE**

4 **Guideline scope**

5 **Tobacco: prevention and promotion, cessation**  
6 **and harm reduction (update)**

7 The following NICE guidelines will be updated and amalgamated:

- 8 • smoking: workplace interventions (PH5)  
9 • smoking: preventing uptake in children and young people (PH14)  
10 • smoking prevention in schools (PH23)  
11 • smoking: stopping in pregnancy and after childbirth (PH26)  
12 • smokeless tobacco: South Asian communities (PH39)  
13 • smoking: harm reduction (PH45)  
14 • smoking: acute, maternity and mental health services (PH48)  
15 • stop smoking interventions and services (NG92).

16 Preventing uptake, promoting quitting and providing treatment are some of the key  
17 components of a comprehensive approach to tobacco control, with harm reduction  
18 and relapse prevention part of the treatment pathway. The work will bring together all  
19 the above guidelines to form a single coherent set of guidance.

20 For the purposes of this scope, the information is presented under the headings  
21 'prevention and promotion' and 'cessation and harm reduction'. These distinctions  
22 are not intended to reflect the structure of the final published guidance, but to  
23 organise and provide an overview of what evidence will be updated.

24 NICE worked with Public Health England to develop this scope.

25 The guidelines will be developed using the methods and processes outlined in  
26 [developing NICE guidelines: the manual](#).

1 These guidelines will also be used to update the NICE [quality standards](#) for:  
2 antenatal care; smoking: supporting people to stop; smoking: reducing and  
3 preventing tobacco use; and smoking: harm reduction. They will also be used to  
4 develop a new quality standard on school based interventions: health promotion and  
5 mental wellbeing.

## 6 **1 Why the update is needed**

7 The surveillance process identified new evidence that could affect some  
8 recommendations in the existing guidelines. Topic experts, including those who  
9 helped to develop the existing guidelines, advised NICE on whether areas should be  
10 updated or new areas added. Some areas from the existing guidelines will be carried  
11 forward and included without review because they are unaffected by new evidence.  
12 (see [appendix](#)).

### 13 ***Key areas in which new evidence will be reviewed***

#### 14 **Prevention and promotion**

15 Areas include:

- 16 • mass media campaigns, including de-normalisation strategies
- 17 • digital channels, including social media
- 18 • illegal sales, proxy purchasing and the supply of illicit tobacco
- 19 • adult led school-based interventions (smoke-free class competitions only)
- 20 • the impact of e-cigarettes on smoking behaviour in children and young people  
21 who do not currently smoke.

#### 22 **Cessation and harm reduction**

23 For cessation only:

- 24 • opt-out referral pathways (aimed at pregnant women only)
- 25 • use of nicotine replacement therapies (NRT) (aimed at helping women to quit  
26 smoking if they are pregnant, planning a pregnancy or who have recently given  
27 birth)
- 28 • incentives (aimed at encouraging women to quit smoking during or after  
29 pregnancy)
- 30 • relapse prevention in people who have successfully quit.

1 For cessation and harm reduction, these include:

- 2 • e-cigarettes (licensed or consumer) compared with other smoking cessation  
3 interventions or no intervention as a means of stopping or cutting down on  
4 smoking.

5 Full details are set out in the [surveillance review decision](#) for PH45 and PH48. See  
6 also review decisions for [PH5](#), [PH14](#), [PH23](#) and [PH26](#). In addition, updating  
7 evidence on e-cigarettes may affect some of the recommendations in [NG92](#). This is  
8 an area of rapidly developing evidence and NICE is aware of ongoing studies (see  
9 [NIHR Research Programmes](#)).

### 10 ***Why the guideline is needed***

11 Existing NICE guidelines were published between 2007 and 2018. During this period  
12 there have been significant changes in legislation, policy and practice.

### 13 **Legislation and regulation**

14 Changes include:

- 15 • An increase in the age of legal purchase for tobacco from 16 to 18.  
16 • Sales from vending machines were banned.  
17 • It became an offence for adults to purchase tobacco and nicotine inhaling  
18 products, including e-cigarettes, on behalf of anyone under 18 (proxy purchasing).  
19 • It was made illegal to smoke in enclosed, or substantially enclosed, public places  
20 or workplaces (including vehicles).

### 21 **Key facts and figures**

- 22 • In 2015, an estimated 7.3 million people in England smoked ([Cost of smoking to  
23 the NHS in England: 2015](#) Public Health England).  
24 • Smoking causes 79,000 preventable deaths per year ([Towards a smoke-free  
25 generation: a tobacco control plan for England](#) Department of Health and Social  
26 Care).  
27 • Smoking is the largest cause of preventable ill health and premature death.  
28 • Smoking is estimated to cost the NHS £2.5 billion a year, with a wider cost to  
29 society of £14.7 billion per year ([Health Matters: preventing ill health from alcohol  
30 and tobacco use](#) NHS England).

1 **Policy**

2 The Department of Health and Social Care's [tobacco control plan](#) includes objectives  
3 for specific groups of adults (for example those with severe mental illness and  
4 pregnant women), and settings (such as prisons). It also notes the influence of adult  
5 role models and hence the importance of supporting adult smokers to quit.

6 **Current practice**

7 Since 2011/12 the number of people attending local stop smoking services has  
8 declined ('Towards a smoke-free generation: a tobacco control plan for England').  
9 Budgets have been cut in a majority of local authorities. In 1 in 5 local authorities the  
10 specialist service has been replaced by an integrated 'lifestyle' service ([Cutting  
11 down: The reality of budget cuts to local tobacco control](#) ASH).

12 Just under half (46%) of secondary school pupils who smoke report buying  
13 cigarettes from a shop. Seventy five per cent report that friends, in particular older  
14 friends (67%), bought cigarettes for them and 53% report that strangers bought  
15 cigarettes for them ([Statistics on smoking, England – 2016](#) NHS Digital).

16 In 2015, 2 in 5 e-cigarette users were sole users, having switched to e-cigarettes as  
17 a means of quitting smoking. But 3 in 5 were using them as well as smoking  
18 cigarettes ([Health matters: smoking and quitting in England](#) Public Health England).  
19 More secondary school pupils have tried e-cigarettes at least once (22%) than have  
20 tried cigarettes at least once (18%) ('Statistics on smoking, England – 2016'). Around  
21 6% of adults in Britain use e-cigarettes ([Evidence review of e-cigarettes and heated  
22 tobacco products 2018: executive summary](#) Public Health England).

23 Digital channels, and in particular social media, offer opportunities to target  
24 messages to particular groups. Their effectiveness and cost effectiveness need to be  
25 determined.

26 These guidelines will help local authorities and the NHS to meet smoking-related  
27 outcomes within the 'health improvement' domain in the Department of Health and  
28 Social Care's [Public Health Outcomes Framework 2016 to 2019](#).

## 1 **2 Who the guideline is for**

### 2 ***Prevention and promotion***

3 These recommendations will be for:

- 4 • those with a remit to improve the health and wellbeing of children and young  
5 people aged 24 and under; this includes those working in the NHS, local  
6 authorities and tobacco control alliances
- 7 • retailers
- 8 • mass-media services
- 9 • education professionals
- 10 • people who work in the wider public, private, voluntary and community sectors.

11 They may also be relevant for:

- 12 • commissioners and providers
- 13 • children, young people and their parents and carers and other members of the  
14 public
- 15 • people using services, their families and carers and the public.

### 16 ***Cessation and harm reduction***

17 These recommendations will be for:

- 18 • commissioners and providers
- 19 • health and social care professionals, including clinical leads in secondary care  
20 services and managers of clinical services
- 21 • practitioners working in local authorities (particularly those in public health and  
22 involved in advice about smoking cessation), education and the wider public,  
23 private, voluntary and community sectors
- 24 • providers of stop smoking interventions or services, including those in the  
25 voluntary and community sectors who have a role or responsibility for this
- 26 • employers, including local authorities and the community, voluntary and private  
27 sectors
- 28 • employee and trade union representatives
- 29 • estate managers and other managers.

1 They may also be relevant for:

- 2 • members of the public who want to stop smoking or reduce harm from smoking,  
3 stop using smokeless tobacco or want to help others to stop
- 4 • people using secondary care services and their families or carers
- 5 • women who are pregnant or planning a pregnancy, or who have a child aged up  
6 to 12 months, and their families and carers
- 7 • people over 16 who smoke and are in paid or voluntary employment outside their  
8 own home
- 9 • manufacturers and retailers of licensed nicotine-containing products and e-  
10 cigarettes (licensed or consumer)<sup>1</sup>.

11 NICE guidelines cover health and care in England. Decisions on how they apply in  
12 other UK countries are made by ministers in the [Welsh Government](#), [Scottish](#)  
13 [Government](#) and [Northern Ireland Executive](#).

#### 14 ***Equality considerations***

15 NICE has carried out [an equality impact assessment](#) during scoping. The  
16 assessment:

- 17 • lists equality issues identified, and how they have been addressed
- 18 • explains why any groups are excluded from the scope.

19 The guidelines will look at inequalities relating to the protected characteristics  
20 defined by the Equality Act 2010. Other issues we will consider, if evidence is  
21 available, include socioeconomic status, geographical location, and disadvantaged  
22 groups with high smoking rates, such as people with mental health conditions,  
23 prisoners, Gypsies and Travellers.

---

<sup>1</sup> The Medicines and Healthcare products Regulatory Agency (MHRA) consider marketing authorisation applications for e-cigarettes for smoking cessation and harm reduction. There are currently no licensed e-cigarettes with UK marketing authorisation. E-cigarettes on general sale are regulated under the Tobacco and Related Product Regulations by the MHRA. The term 'consumer' is used here to distinguish e-cigarettes (both nicotine containing and non-nicotine containing) on general sale.

## 1 **3 What the updated guidelines will cover**

### 2 **3.1 Who is the focus?**

#### 3 **Groups that will be covered**

##### 4 ***Prevention and promotion***

- 5 • Children and young people aged 24 and younger (through non-school based  
6 interventions, and for key area 3 school-based interventions).

##### 7 ***Cessation and harm reduction***

- 8 • People over the age of 12 who want to stop smoking, including:
  - 9 – those who use acute or maternity services
  - 10 – those who use secondary care mental health services or are in the process of  
11 being referred to, or have been discharged from child, adolescent, adult and  
12 older people's mental health services
  - 13 – those who may want to stop smoking, without necessarily giving up nicotine
  - 14 – those who have previously quit smoking but have relapsed.
- 15 • People over the age of 12 who smoke and want to reduce harm from smoking. In  
16 particular, those who are highly dependent on nicotine who:
  - 17 – may not be able (or do not want) to stop smoking in 1 step
  - 18 – may not be ready to stop smoking, but want to reduce the amount they smoke
  - 19 – may need to abstain from smoking in certain circumstances for example, while  
20 at work or before surgery.
- 21 • Women who are planning a pregnancy, are pregnant, or who have a child aged  
22 under 12 months who want to stop smoking. Pregnant women who are unable to  
23 stop smoking but want to reduce the harm.
- 24 • People who use licensed nicotine replacement therapies as a means of reducing  
25 harm from smoking.

#### 26 **Groups in the published guidelines that will be included but for whom the** 27 **evidence and recommendations will not be updated**

##### 28 ***Prevention and promotion***

- 29 • None.

1 **Cessation and harm reduction**

- 2 • Anyone who smokes and lives in the same dwelling as a woman who is pregnant,  
3 planning a pregnancy or has an infant aged less than 12 months (regardless of  
4 whether or not the woman smokes).  
5 • People of South Asian origin<sup>2</sup>, of all ages, who use smokeless tobacco.

6 **Groups that will not be covered**

7 **Prevention and promotion**

- 8 • Adults aged 25 and over.

9 **Cessation and harm reduction**

- 10 • None.

11 **3.2 Settings**

12 **Settings that will be covered**

13 **Prevention and promotion**

- 14 • Community.  
15 • Retail.  
16 • Schools and other educational services.  
17 • Universities and other higher and further education organisations.  
18 • Online.  
19 • Digital channels, including social media (to be included in the update but not  
20 covered in the existing guideline).

21 **Cessation and harm reduction**

- 22 • Primary care.  
23 • Acute and maternity services.  
24 • Secondary care services, including mental health services.  
25 • Services to support people to stop smoking, including voluntary and community  
26 services.  
27 • Specialist tobacco cessation (smokeless tobacco) services.

---

<sup>2</sup> Someone of South Asian origin is defined here as a UK citizen or resident with ancestry, parentage or extraction from India, Pakistan, Bangladesh or Sri Lanka.

- 1 • Workplaces, including those in local authorities and the community, voluntary and
- 2 private sectors.
- 3 • Closed institutions such as custodial settings, secure mental health units and
- 4 immigration detention centres.
- 5 • Community.

### 6 **3.3        *Activities, services or aspects of care***

#### 7 **Areas that will be covered in this update**

8 We will look at evidence in the areas below when developing this update. We will  
9 consider making new recommendations or updating existing recommendations in  
10 these areas only.

#### 11 ***Prevention and promotion***

12 1     Mass media. This includes programmes or campaigns aimed at reaching large  
13 numbers of people, and interventions that do not involve person-to-person  
14 contact. Delivery of programmes, campaigns or strategies (including de-  
15 normalisation strategies) may be via:

- 16       – digital channels, including social media
- 17       – television and radio
- 18       – newspapers and magazines
- 19       – posters, leaflets or booklets.

20 2     Point of sale and supply measures. The following interventions will be  
21 considered:

- 22       – Education, community engagement and mobilisation or strategies to inform  
23 retailers and the general public about the laws on illegal sales, proxy  
24 purchasing or the supply of illicit tobacco.

25 3     Adult-led school-based interventions. Specifically:

- 26       – Smoke-free class competitions. These may be delivered alone, or as part of  
27 broader health and lifestyle interventions such as community, family or  
28 media-based campaigns.

29 4     E-cigarettes and their impact on smoking behaviour among children and young  
30 people who currently do not smoke.

1 **Cessation and harm reduction**

2 1 Interventions to stop smoking. The following will be considered for specific  
3 groups:

- 4 – Opt-out referral pathways (aimed at pregnant women only).
- 5 – Use of nicotine replacement therapies (NRT) (aimed at women aiming to quit  
6 smoking if they are pregnant, planning a pregnancy or who have recently  
7 given birth).
- 8 – Incentives (aimed at encouraging women to quit smoking during or after  
9 pregnancy).

10 2 Interventions to stop smoking or reduce harm.

11 – E-cigarettes (licensed or consumer)<sup>3</sup> as a means of smoking cessation or  
12 harm reduction (compared with other smoking cessation interventions or no  
13 intervention) including:

- 14           ◇ raising awareness
- 15           ◇ self-help materials
- 16           ◇ choosing a harm-reduction approach
- 17           ◇ supporting temporary abstinence
- 18           ◇ people living and working in closed institutions.

19 – Heat not burn products as a means of harm reduction (compared with other  
20 interventions or no intervention).

21 – The review of evidence on e-cigarettes as a means of cutting down on  
22 smoking may lead to an update of previous recommendations, including  
23 those in NG92.

24 3 Interventions to prevent relapse in people who have successfully quit smoking.

25 Note that guideline recommendations for medicines will normally fall within licensed  
26 indications; exceptionally, and only if clearly supported by evidence, use outside a  
27 licensed indication may be recommended. The guideline will assume that prescribers

---

<sup>3</sup> The Medicines and Healthcare products Regulatory Agency (MHRA) consider marketing authorisation applications for e-cigarettes for smoking cessation and harm reduction. There are currently no licensed e-cigarettes with UK marketing authorisation. E-cigarettes on general sale are regulated under the Tobacco and Related Product Regulations by the MHRA. The term 'consumer' is used here to distinguish e-cigarettes (both nicotine containing and non-nicotine containing) on general sale from licensed e-cigarettes.

1 will use a medicine's summary of product characteristics to inform decisions made  
2 with individual patients.

3 **Areas from the published guidelines that will be included but will not be**  
4 **updated**

5 For the following areas, the evidence will not be reviewed but the recommendation  
6 may be 'refreshed'; that is, edited to ensure it meets current editorial standards, and  
7 reflects current policy and practice.

8 ***Prevention and promotion***

9 From PH23 – Smoking prevention in schools (recommendations 1, 3, 4 and 5):

- 10 1 Organisation-wide or 'whole-school' approaches.  
11 2 Peer-led school-based interventions.  
12 3 Training and development.  
13 4 Coordinated approaches.

14 ***Cessation and harm reduction***

15 From PH5 – Smoking: workplace interventions (recommendations 1 to 5):

- 16 1 Workplace smoking cessation policies.  
17 2 Information, advice and guidance.  
18 3 Offering smoking cessation interventions.  
19 4 Supporting employers to help employees to stop smoking.

20 From PH26 – Smoking: stopping in pregnancy and after childbirth (recommendations  
21 2, 3, 6 and 7):

- 22 5 Interventions to eliminate fetal and infant exposure to tobacco smoke in the  
23 home.  
24 6 Interventions to help the partners of women who are pregnant, planning a  
25 pregnancy or who have recently given birth support the woman in her attempts  
26 to quit smoking (partners includes 'significant others').  
27 7 Interventions to help the partners (and significant others) to quit smoking.

28 From PH39 – Smokeless tobacco: South Asian communities (recommendations 1 to  
29 6):

## DRAFT

- 1 8 Behavioural support or counselling – individual or group – offered by evidence-  
2 based cessation services. This may involve the use of pharmacotherapies.
- 3 9 Brief interventions (including brief advice) by health and social care  
4 professionals, including dental practitioners and GPs. This may involve a  
5 referral for more intensive support or the use of pharmacotherapies.
- 6 10 Brief interventions (including brief advice) by community members or peers.
- 7 11 Local community-based initiatives to raise awareness of the harm caused by  
8 smokeless tobacco and to encourage the uptake of cessation services by  
9 people who use smokeless tobacco.
- 10 12 Interventions to raise awareness and knowledge among health and social care  
11 professionals about smokeless tobacco use.

12 From PH48 – Smoking: acute, maternity and mental health services  
13 (recommendations 1 to 16):

- 14 13 Interventions to help people stop smoking. This will include:
- 15 – integrating smoking cessation information, advice and support within care  
16 pathways
  - 17 – identifying and referring people to stop-smoking services (including those  
18 that are mental-health care based and hospital-based)
  - 19 – sharing information about quit attempts between clinicians and prescribers,  
20 and coordinating the use of pharmacotherapies for smoking cessation with  
21 other medications
- 22 14 Smoke-free strategies and interventions in hospitals and other acute or  
23 maternity care settings and secondary care mental health settings.

24 From PH45 – Smoking: harm reduction (recommendations 4, 5, 6, 7, 11, 13 and 14):

- 25 15 Pharmacotherapies for cutting down, temporary abstinence or harm reduction.
- 26 16 Behavioural support, counselling or advice for individuals or groups (unless it is  
27 in conjunction with or compared with e-cigarettes).
- 28 17 Interventions (other than the use of e-cigarettes) to help people temporarily  
29 abstain from smoking.

30 From NG92 – Stop smoking interventions and services:

1 No areas are planned to be updated in NG92, although some evidence reviewed  
2 may affect existing recommendations. If so, we will consider whether they need to be  
3 amended.

#### 4 **Areas that will not be covered by the guidelines**

##### 5 ***Prevention and promotion***

- 6 1 Preventive interventions that do not form part of an organisation-wide or whole-  
7 school approach.
- 8 2 Community-based interventions aimed at a particular geographical area or  
9 region, or groups of people who share common needs or interests.
- 10 3 Tobacco pricing policies (such as tax increases) or measures to control tobacco  
11 smuggling.
- 12 4 Enforcement of legislation on illegal sales, proxy purchasing and the supply of  
13 illicit tobacco.
- 14 5 Interventions to prevent the uptake of 'shisha' or other similar substances.
- 15 6 Service models.

##### 16 ***Cessation and harm reduction***

- 17 1 Activities and interventions not addressing cessation or harm reduction.
- 18 2 Interventions to encourage and support children under 12 to quit smoking or to  
19 reduce the harm from smoking.
- 20 3 Any products containing tobacco (with the exception of 'heat not burn'  
21 products).
- 22 4 Service models.

#### 23 **Areas covered by the previous guidelines that will not be included**

- 24 5 Interventions related to preventing illegal sales of tobacco products to children  
25 and young people. (PH14, recommendation 4).
- 26 6 Ensuring NHS stop smoking services are able to respond to fluctuations in  
27 demand. (PH5, recommendation 6).

1 **Related NICE guidance**

2 ***Published***

- 3 • [Coexisting severe mental illness and substance misuse: community health and](#)  
4 [social care services](#) (2016) NICE guideline NG58
- 5 • [Physical health of people in prison](#) (2016) NICE guideline NG57
- 6 • [Type 2 diabetes in adults: management](#) (2015) NICE guideline NG28
- 7 • [Dementia, disability and frailty in later life – mid-life approaches to delay or](#)  
8 [prevent onset](#) (2015) NICE guideline NG16
- 9 • [Diabetes \(type 1 and type 2\) in children and young people: diagnosis and](#)  
10 [management](#) (2015) NICE guideline NG18
- 11 • [Type 1 diabetes in adults: diagnosis and management](#) (2015) NICE guideline  
12 NG17
- 13 • [Oral health promotion: general dental practice](#) (2015) NICE guideline NG30
- 14 • [Bladder cancer: diagnosis and management](#) (2015) NICE guideline NG2
- 15 • [Behaviour change: individual approaches](#) (2014) NICE guideline PH49 (currently  
16 being updated, publication expected 2020).
- 17 • [Oral health: local authorities and partners](#) (2014) NICE guideline PH55
- 18 • [Weight management: lifestyle services for overweight or obese adults](#) (2014)  
19 NICE guideline PH53
- 20 • [Bipolar disorder: assessment and management](#) (2014) NICE guideline CG185
- 21 • [Cardiovascular diseases: risk assessment and reduction, including lipid](#)  
22 [modification](#) (2014) NICE guideline CG181
- 23 • [Psychosis and schizophrenia in adults: prevention and management](#) (2014) NICE  
24 guideline CG178
- 25 • [Myocardial infarction: cardiac rehabilitation and prevention of further](#)  
26 [cardiovascular disease](#) (2013) NICE guideline CG172
- 27 • [Myocardial infarction with ST-segment elevation: acute management](#) (2013) NICE  
28 guideline CG167
- 29 • [Fertility problems: assessment and treatment](#) (2013) NICE guideline CG156
- 30 • [Psychosis and schizophrenia in children and young people: recognition and](#)  
31 [management](#) (2013) NICE guideline CG155

- 1 • [Peripheral arterial disease: diagnosis and management](#) (2012) NICE guideline  
2 CG147
- 3 • [Alcohol-use disorders: diagnosis, assessment and management of harmful](#)  
4 [drinking and alcohol dependence](#) (2011) NICE guideline CG115
- 5 • [Unstable angina and NSTEMI: early management](#) (2010) NICE guideline CG94
- 6 • [Cardiovascular disease prevention](#) (2010) NICE guideline PH25
- 7 • [Depression in adults: recognition and management](#) (2009) NICE guideline CG90
- 8 • [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62
- 9 • [Familial hypercholesterolaemia: identification and management](#) (2008) NICE  
10 guideline CG71
- 11 • [Cardiovascular disease: identifying and supporting people most at risk of dying](#)  
12 [early](#) (2008) NICE guideline PH15
- 13 • [Varenicline for smoking cessation](#) (2007) NICE technology appraisal guidance  
14 123
- 15 • [Obesity prevention](#) (2006) NICE guideline CG43
- 16 • [Depression in children and young people: identification and management](#) (2005)  
17 NICE guideline CG28

18 The guidelines will not cover the diagnosis, treatment or clinical management of  
19 conditions that are commonly caused by smoking. In particular the following,  
20 because they are already covered by other NICE guidelines:

- 21 • [Cancer of the upper aero-digestive tract: assessment and management in people](#)  
22 [aged 16 and over](#) (2016) NICE guideline NG36
- 23 • [Lung cancer: diagnosis and management](#) (2011) NICE guideline CG121 (currently  
24 being updated, publication expected March 2019).
- 25 • [Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)  
26 (2010) NICE guidance CG101 (currently being updated, publication expected  
27 November 2018).
- 28 • [Improving outcomes in head and neck cancers](#) (2004) NICE guideline CSG6

## 1 **NICE guidance about the experience of people using NHS services**

2 NICE has produced the following guidance on the experience of people using the  
3 NHS. This guideline will not include additional recommendations on these topics  
4 unless there are specific issues related to the tobacco suite:

- 5 • [Medicines optimisation](#) (2015) NICE guideline NG5
- 6 • [Patient experience in adult NHS services](#) (2012) NICE guideline CG138
- 7 • [Service user experience in adult mental health](#) (2011) NICE guideline CG136
- 8 • [Medicines adherence](#) (2009) NICE guideline CG76

### 9 **3.4 Economic aspects**

10 We will take economic aspects into account when making recommendations. We will  
11 develop an economic plan that states for each review question (or key area in the  
12 scope) whether economic considerations are relevant and, if so, whether this is an  
13 area that should be prioritised for economic modelling and analysis. We will review  
14 the economic evidence and carry out economic analyses using a range of  
15 perspectives including NHS and personal social services (PPS), public sector, local  
16 authority and employer, as appropriate.

### 17 **3.5 Key issues and draft questions**

18 While writing the scope for this update, we have identified the following key issues  
19 and draft questions related to them:

#### 20 **Prevention and promotion**

##### 21 1 Mass media

22 1.1 Which mass media interventions, including those delivered through new or  
23 social media, are effective and cost effective in preventing children and young  
24 people from taking up smoking?

25 1.2 Are smoking cessation mass media campaigns using de-normalisation  
26 strategies aimed at adults effective and cost effective in preventing the uptake  
27 of smoking among children and young people?

##### 28 2 Point of sale and supply measures

29 2.1 Which interventions are effective and cost effective in engaging and  
30 educating retailers to reduce the illegal sale of tobacco to children and young  
31 people?

1 2.2 Which interventions are effective and cost effective in engaging and  
2 educating retailers and the general public to reduce proxy purchasing on behalf  
3 of children and young people?

4 2.3 Which interventions are effective and cost effective in engaging and  
5 educating retailers and the general public to reduce the supply of illicit tobacco  
6 to children and young people?

7 3 Adult-led school-based interventions

8 3.1 Are smoke-free class competitions effective in preventing children and  
9 young people from taking up smoking compared with no intervention, usual  
10 practice, minimal or other school-based interventions?

11 4 E-cigarettes

12 4.1 What is the impact of e-cigarettes on the smoking behaviour of children and  
13 young people who currently do not smoke?

#### 14 **Cessation and harm reduction**

15 5 Interventions to stop smoking

16 5.1 What is the impact of an opt-out referral pathway to stop smoking support  
17 for pregnant smokers on both uptake of the support and the effectiveness of  
18 interventions?

19 5.2 How effective, cost effective and acceptable are incentives to help women  
20 who smoke to quit, when they are pregnant or after they have recently given  
21 birth?

22 5.3 How effective, cost effective, safe and acceptable is nicotine replacement  
23 therapy (such as patch, gum, spray), or e-cigarettes (licensed or consumer) at  
24 helping women who smoke to quit immediately before or during pregnancy, or  
25 following childbirth?

26 6 Interventions to stop smoking or reduce harm

27 6.1 What are the most effective and cost effective means of smoking cessation  
28 (including e-cigarettes)<sup>4</sup> or harm reduction (including e-cigarettes and heat not  
29 burn products)?

---

<sup>4</sup> E-cigarettes will be considered as monotherapy or in combination treatment with NRT or with behavioural support. Comparators will include pharmaceutical therapies (varenicline, bupropion) and NRTs.

1 6.2 What influences the acceptability among smokers of using e-cigarettes as a  
2 smoking cessation or harm-reduction approach?

3 6.3 What are the potential benefits and risks associated with using e-cigarettes  
4 as a smoking cessation or harm reduction approach?

5 – Are there any unintended consequences (positive or negative) from using  
6 e-cigarettes?

7 – Does short- or long-term use of e-cigarettes (licensed or consumer) have  
8 short- or long-term ill effects on health?

9 6.4 What are the pharmacokinetics and response (including from self-titration)  
10 of e-cigarettes for smoking cessation or harm reduction that could generate a  
11 blood concentration of nicotine high enough to prevent craving and withdrawal  
12 symptoms but not lead to adverse events (including nicotine toxicity)?

13 7 Interventions to prevent relapse in people who have successfully quit smoking

14 7.1 Which interventions are effective for preventing a relapse in smokers who  
15 have successfully quit<sup>5</sup> using a stop smoking service?

16 Where evidence allows, factors influencing the effectiveness of interventions will be  
17 explored through subgroup analysis. This includes factors such as population  
18 groups, protected characteristics, barriers or facilitators and acceptability of  
19 interventions.

20 The key issues and draft questions will be used to develop more detailed review  
21 questions to guide the systematic review of the literature.

## 22 **3.6 Main outcomes**

23 The main outcomes that may be considered when searching for and assessing the  
24 evidence across both 'prevention and promotion' and 'cessation and harm reduction'  
25 are:

- 26 • stopping smoking
- 27 • reduced harm from smoking
- 28 • reduced uptake of smoking

---

<sup>5</sup> A successful quit attempt is defined as not having smoked in the 4th week after the quit date (as confirmed by carbon monoxide monitoring of exhaled breath). If the quit attempt is not sustained for this time, the person is considered to have relapsed.

- 1 • health-related quality of life
- 2 • adverse effects.

3 Specific outcomes may also be considered in the following areas:

#### 4 **Prevention and promotion**

- 5 • Self-reported or objective measures of smoking behaviour.
- 6 • Prevalence of tobacco use among children and young people.

#### 7 **Cessation and harm reduction**

- 8 • Attempts to stop smoking.
- 9 • Continued abstinence.
- 10 • Reduced levels of smoking.
- 11 • Nicotine levels and physiological responses (for question 6.5).

## 12 **4 NICE quality standards and NICE Pathways**

### 13 **4.1 NICE quality standards**

#### 14 **NICE quality standards that may need to be revised or updated when the** 15 **guidelines are published**

- 16 • [Smoking: harm reduction](#) (2015) NICE quality standard 92
- 17 • [Smoking: reducing and preventing tobacco use](#) (2015) NICE quality standard 82
- 18 • [Smoking: supporting people to stop](#) (2013) NICE quality standard 43
- 19 • [Antenatal care](#) (2012) NICE quality standard 22

#### 20 **NICE quality standards that will use these guidelines as an evidence source** 21 **when they are being developed**

- 22 • School-based interventions: health promotion and mental well-being. Expected  
23 publication date February 2019.

### 24 **4.2 NICE Pathways**

25 When these guidelines are published, we will update the existing NICE Pathway on  
26 [smoking](#). NICE Pathways bring together everything NICE has said on a topic in an  
27 interactive flow chart.

## 1 **5 Further information**

This is the draft scope for consultation with registered stakeholders. The consultation dates are 14 May to 11 June 2018.

The first guideline (topic to be confirmed) is expected to be published in 2020.

You can follow progress of the [guidelines](#).

Our website has information about how [NICE guidelines](#) are developed.

2 © NICE 2018. All rights reserved. [Subject to Notice of rights](#).

1 **Appendix**2 **Proposed outline for the guidelines**

- 3 The table below outlines all areas that will be included in the guidelines. It sets out  
 4 what NICE plans to do for each area in this update. Recommendations that are  
 5 being retained from existing guidelines may be edited to ensure they meet current  
 6 editorial standards, and reflect the current policy and practice context.  
 7 Recommendations may be 'refreshed' following committee discussion.

<b>Guideline</b>	<b>Recommended action</b>	<b>What NICE plans to do</b>
<b>Prevention and promotion</b>		
Preventing uptake in children and young people (PH14)	Mass media: campaign development	Review evidence: update recommendation 1 as needed
	Mass media: campaign messages	Review evidence: update recommendation 2 as needed
	Mass media: campaign strategies	Review evidence: update recommendation 3 as needed
	Illegal sales (children and young people)	No evidence review: remove recommendation 4
	Illegal sales (retailers)	Review evidence: update recommendation 5 as needed
Preventing uptake in children and young people (new areas related to PH14)	Mass media: digital channels including social media	Review evidence
	Mass media: 'de-normalisation' strategies	Review evidence
	Proxy purchasing and supply of illicit tobacco	Review evidence
	Impact of e-cigarettes	Review evidence
Smoking prevention in schools (PH23)	Organisation-wide or 'whole-school' approaches	No evidence review: retain recommendation 1
	Adult-led interventions	Review evidence on smoke-free class competitions: update recommendation 2 as needed
	Peer-led interventions	No evidence review: retain recommendation 3
	Training and development	No evidence review: retain recommendation 4
	Coordinated approach	No evidence review: retain recommendation 5
<b>Cessation and harm reduction</b>		
Smoking: workplace interventions (PH5)	Developing a smoking cessation policy	No evidence review: retain recommendation 1
	Providing information, advice, guidance and support to employees - local smoking cessation services	No evidence review: retain recommendation 2

	Providing information, advice, guidance and support to employees – employers	No evidence review: retain recommendation 3
	Offering smoking cessation interventions, including psychological and pharmacological interventions	No evidence review: retain recommendation 4
	Offering support to employers who want to help their employees to stop smoking	No evidence review: retain recommendation 5
	Ensuring NHS stop smoking services are able to respond to fluctuations in demand	No evidence review: remove recommendation 6
Smoking: stopping in pregnancy and after childbirth (PH26)	Identifying pregnant women who smoke and referring them to NHS stop smoking services – action for midwives	Review evidence on opt-out referral pathways: update recommendation 1 as needed
	Identifying pregnant women who smoke and referring them to NHS stop smoking services – action for others in the public, community and voluntary sectors	No evidence review: retain recommendation 2
	NHS stop smoking services – contacting referrals	No evidence review: retain recommendation 3
	NHS stop smoking services – initial and ongoing support	Review evidence on incentives: update recommendation 4 as needed
	Use of NRT and other pharmacological support	Review evidence on NRT: update recommendation 5 as needed
	NHS stop smoking services – meeting the needs of disadvantaged pregnant women who smoke	No evidence review: retain recommendation 6
	Partners and others in the household who smoke	No evidence review: retain recommendation 7
	Training to deliver interventions	No evidence review: refresh recommendation 8
Smokeless tobacco: South Asian communities (PH39)	Assessing local need	No evidence review: retain recommendation 1
	Working with local South Asian communities in areas of identified need	No evidence review: retain recommendation 2
	Commissioning smokeless tobacco services in areas of identified need	No evidence review: retain recommendation 3

	Providing brief advice and referral: dentists, GPs, pharmacists and other health professionals	No evidence review: retain recommendation 4
	Specialist tobacco cessation services in areas of identified need	No evidence review: retain recommendation 5
	Training for practitioners in areas of identified need	No evidence review: refresh recommendation 6
Smoking: acute, maternity and mental health services (PH48)	Provide information for planned or anticipated use of secondary care	No evidence review: retain recommendation 1
	Identify people who smoke and offer help to stop	No evidence review: retain recommendation 2
	Provide intensive support for people using acute and mental health services	No evidence review: retain recommendation 3
	Provide intensive support for people using maternity services	No evidence review: retain recommendation 4
	Provide information and advice for carers, family, other household members and hospital visitors	No evidence review: retain recommendation 5
	Advise on and provide stop smoking pharmacotherapies	No evidence review: retain recommendation 6
	Adjust drug dosages for people who have stopped smoking	No evidence review: retain recommendation 7
	Make stop smoking pharmacotherapies available in hospital	No evidence review: retain recommendation 8
	Put referral systems in place for people who smoke	No evidence review: retain recommendation 9
	Provide leadership on stop smoking support	No evidence review: retain recommendation 10
	Develop smoke-free policies	No evidence review: retain recommendation 11
	Communicate the smoke-free policy	No evidence review: retain recommendation 12
	Support staff to stop smoking	No evidence review: retain recommendation 13
	Provide stop smoking training for frontline staff	No evidence review: retain recommendation 14
	Ensure local tobacco control strategies include secondary care	No evidence review: retain recommendation 15
	Commission smoke-free secondary care services	No evidence review: retain recommendation 16

Stop smoking interventions and services (NG92)	Whole guideline	Retain recommendations: some may be revised if they are affected by other evidence being reviewed
Smoking: harm reduction (PH45)	Raising awareness of licensed nicotine-containing products	Review evidence on e-cigarettes: update recommendation 1 as needed
	Self-help materials advising on non-licensed nicotine-containing products	Review evidence on e-cigarettes: update recommendation 2 as needed
	Choosing a harm-reduction approach	Review evidence on e-cigarettes: update recommendation 3 as needed
	Behavioural support	No evidence review: retain recommendation 4
	Advising on licensed nicotine-containing products	No evidence review: retain recommendation 5
	Supplying licensed nicotine-containing products	No evidence review: retain recommendation 6
	Follow-up appointments	No evidence review: retain recommendation 7
	Supporting temporary abstinence	Review evidence on e-cigarettes: update recommendation 8 as needed
	People in closed institutions	Review evidence on e-cigarettes: update recommendation 9 as needed
	Staff working in closed institutions	Review evidence on e-cigarettes: update recommendation 10 as needed
	Commissioning stop smoking services	No evidence review: retain recommendation 11
	Education and training for practitioners	No evidence review: refresh recommendation 12
	Point-of-sale promotion of licensed nicotine-containing products	No evidence review: retain recommendation 13
	Manufacturer information on licensed nicotine-containing products	No evidence review: retain recommendation 14
Harm reduction (new area)	Heat not burn products	Review evidence