

# NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

## Guideline scope

### Tobacco: preventing uptake, promoting quitting and treating dependence (update)

The following NICE guidelines will be updated and amalgamated:

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

The aim of this work is to bring together all the above guidelines to form a single coherent set of guidance. For the purposes of this scope, the information is presented under the headings 'preventing uptake' and 'treating tobacco dependence'. These distinctions are not intended to reflect the structure of the final published guidance, but to organise and provide an overview of what evidence will be updated.

NICE's existing recommendations on promoting quitting will also appear in the final guidance. But because the evidence on these recommendations will not be reviewed, promoting quitting is not covered in this scope except in the table in section 3.3.

Preventing uptake, promoting quitting and providing treatment for dependence are some of the key components of a comprehensive approach to tobacco control. Harm reduction and relapse prevention form part of the treatment pathway, along with smoking cessation interventions.

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

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

The guidance may be used to update the NICE [quality standards](#) for: antenatal care; smoking: supporting people to stop; smoking: reducing and preventing tobacco use; and smoking: harm reduction. It may also be used, along with other guidance, to develop a new quality standard on school based interventions: health promotion and mental wellbeing.

## 1 Why the update is needed

The surveillance process identified new evidence that could affect some recommendations in the existing guidelines. Topic experts, including those who helped to develop the existing guidelines, advised NICE on whether areas should be updated or new areas added. Some areas from the existing guidelines will be carried forward and included without review because they are unaffected by new evidence.

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

#### **Preventing uptake**

Areas include:

- mass media campaigns,
- digital media, including social media
- proxy purchasing and the supply of illicit tobacco
- smoke-free class competitions in schools
- the impact of e-cigarettes on smoking<sup>1</sup> behaviour in children and young people who do not currently smoke.

#### **Treating tobacco dependence**

Areas related to cessation only:

- opt-out referral pathways (aimed at pregnant women only)

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<sup>1</sup> Throughout this scope smoking refers to the use of all smoked tobacco products including, for example, shisha.

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- use of nicotine replacement therapies (NRT) and e-cigarettes (aimed at helping women to quit smoking if they are pregnant, planning a pregnancy or who have recently given birth)
- incentives (aimed at encouraging women to quit smoking during pregnancy)
- relapse prevention in people who have successfully quit.

Areas related to cessation and harm reduction include:

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

Full details are set out in the [surveillance review decision](#) for PH45 and PH48. See also review decisions for [PH5](#), [PH14](#), [PH23](#), [PH26](#) and [PH39](#). [NG92](#) will be included in this work and so may be affected by the new evidence. This is an area of rapidly developing evidence and NICE is aware of ongoing studies (see [NIHR Research Programmes](#)).

### ***Why the guidance is needed***

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

### **Legislation and regulation**

Changes include:

- An increase in the age of legal purchase for tobacco from 16 to 18.
- Sales from vending machines were banned.
- It was made illegal to display tobacco products at the point of sale.
- Legislation was introduced to standardise packaging of tobacco products.
- It became an offence for adults to purchase tobacco and nicotine inhaling products, including e-cigarettes, on behalf of anyone under 18 (proxy purchasing).
- It was made illegal to smoke in enclosed, or substantially enclosed, public places or workplaces (including vehicles).
- It was made illegal to smoke in private vehicles carrying anyone under 18.

### **Key facts and figures**

- In 2017, an estimated 6.1 million people in England smoked ([Adult Smoking Habits in the UK: 2017](#) Office for National Statistics).
- Smoking causes 79,000 preventable deaths per year ([Towards a smoke-free generation: a tobacco control plan for England](#) Department of Health and Social Care).
- Smoking is the largest cause of preventable ill health and premature death.
- Smoking is estimated to cost the NHS £2.5 billion a year, with a wider cost to society of £14.7 billion per year ([Health Matters: preventing ill health from alcohol and tobacco use](#) NHS England).

### **Policy**

The Department of Health and Social Care's [tobacco control plan](#) includes objectives 'to support consumers in stopping smoking and adopting the use of less harmful nicotine products' for specific groups of adults (for example, those with severe mental illness and pregnant women), and settings (such as prisons). It also notes the influence of adult role models and hence the importance of supporting adult smokers to quit.

### **Current practice**

Since 2011/12 the number of people attending local stop smoking services has declined ([Statistics on NHS Stop Smoking Services: England, April 2016 to March 2017](#) NHS Digital). Budgets have been cut in a majority of local authorities. In 1 in 5 local authorities the specialist service has been replaced by an integrated 'lifestyle' service ([Cutting down: The reality of budget cuts to local tobacco control](#) ASH).

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

In 2017, almost half (48.1%) of e-cigarette users in England said they were using e-cigarettes as an aid to stopping smoking, and 29.7% because they perceived them to be less harmful than cigarettes ('Adult Smoking Habits in the UK: 2017'). More secondary school pupils have tried e-cigarettes at least once (22%) than have tried cigarettes at least once (18%) ('Statistics on smoking, England – 2016'). However,

regular use of e-cigarettes among young people is below 3% ([Evidence review of e-cigarettes and heated tobacco products 2018](#) Public Health England). Around 5.5% of people aged 16 and above (around 2.8 million) in Great Britain use e-cigarettes ('Adult Smoking Habits in the UK: 2017').

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

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

## **2 Who the guidance is for**

### ***Preventing uptake***

These recommendations will be for:

- those with a remit to improve the health and wellbeing of children and young people aged 24 and under; this includes those working in the NHS, local authorities and tobacco control alliances
- retailers of tobacco products
- those delivering mass-media campaigns
- education professionals
- people who work in the wider public, private, voluntary and community sectors.

They may also be relevant for:

- commissioners and providers of interventions and services for preventing uptake
- children, young people, their parents and carers and other members of the public
- people using services, their families and carers and the public
- researchers and policy makers.

### ***Treating tobacco dependence***

These recommendations will be for:

- commissioners and providers of stop smoking interventions and services

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- providers of stop smoking interventions or services, including those in the voluntary and community sectors who have a role or responsibility for this
- health and social care professionals, including clinical leads in secondary care services and managers of clinical services
- practitioners working in local authorities (particularly those in public health and involved in advice about smoking cessation), education and the wider public, private, voluntary and community sectors
- employers, including local authorities and the community, voluntary and private sectors
- employee and trade union representatives
- estate managers and other managers.

They may also be relevant for:

- members of the public who want to stop smoking or reduce harm from smoking, stop using smokeless tobacco or want to help others to stop
- children, young people, their parents and carers and other members of the public
- people using secondary care services and their families or carers
- women who are pregnant or planning a pregnancy, or who have a child aged up to 12 months, and their families and carers
- people over 16 who smoke and are in paid or voluntary employment outside their own home
- manufacturers and retailers of licensed nicotine replacement therapies and e-cigarettes (licensed or consumer)<sup>2</sup>
- researchers and policy makers.

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

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<sup>2</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.

## ***Equality considerations***

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

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

The guidance will look at inequalities relating to the protected characteristics defined by the Equality Act 2010. Other issues we will consider if evidence is available include socioeconomic status and geographical location. We will also look at evidence on disadvantaged groups with high smoking rates such as: people with mental health conditions; lesbian, gay, bisexual and transgender groups; prisoners; and Gypsies and Travellers.

## **3 What the updated guidance will cover**

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

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

##### ***Preventing uptake***

- Children and young people aged 24 and under.

##### ***Treating tobacco dependence***

- People over the age of 12 who want to stop smoking, including:
  - those who use acute or maternity services
  - those who use secondary care mental health services or are in the process of being referred to (or have been discharged from) child, adolescent, adult and older people's mental health services
  - those who may want to stop smoking without necessarily giving up nicotine
  - those who have previously quit smoking but have relapsed.
- People over the age of 12 who smoke and want to reduce harm from smoking. In particular, those who are highly dependent on tobacco who:
  - may not be able (or do not want) to stop smoking in 1 step
  - may not be ready to stop smoking, but want to reduce the amount they smoke

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- may need to abstain from smoking in certain circumstances for example, while at work or before surgery.
- Women who are planning a pregnancy, are pregnant, or who have a child aged under 12 months.
- Pregnant women who are unable to stop smoking but want to reduce the harm.
- People who use licensed nicotine replacement therapies or e-cigarettes (licensed or consumer) as a means of reducing harm from smoking.
- Children and young people aged 24 and under (for key issue 6.4 only)

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

#### ***Preventing uptake***

- None.

#### ***Treating tobacco dependence***

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

### **Groups that will not be covered**

#### ***Preventing uptake***

- Adults aged 25 and over.

#### ***Treating tobacco dependence***

- None.

## **3.2 Settings**

### **Settings that will be covered**

#### ***Preventing uptake***

- Community.
- Retail.

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<sup>3</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.



- Schools and other educational services.
- Universities and other higher and further education organisations.
- Online and digital media, including social media (not covered in the existing guidelines).
- Closed institutions such as custodial settings, secure mental health units and immigration detention centres.

### ***Treating tobacco dependence***

- Primary care.
- Acute and maternity services.
- Secondary care services, including mental health services.
- Services to support people to stop smoking, including voluntary and community services.
- Specialist tobacco cessation services.
- Workplaces, including those in local authorities and the community, voluntary and private sectors.
- Closed institutions such as custodial settings, secure mental health units and immigration detention centres.
- Community.

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

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

The table below outlines all areas that will be included in the guidance. It sets out what NICE plans to do for each area in this update.

We will consider making new recommendations or updating existing recommendations only in areas for which the evidence is being reviewed. For areas in which the evidence is not reviewed the recommendations will be 'refreshed' that is, edited to ensure they meet current editorial standards, and reflect current policy and practice.

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

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

<b>Guideline</b>	<b>Recommended action</b>	<b>What NICE plans to do</b>
<b>Preventing uptake</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 media 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>Promoting quitting and treating tobacco dependence</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

<b>Guideline</b>	<b>Recommended action</b>	<b>What NICE plans to do</b>
	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 and e-cigarettes: 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

<b>Guideline</b>	<b>Recommended action</b>	<b>What NICE plans to do</b>
	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. In addition, review evidence in a new area: impact of e-cigarettes on children and young people who smoke

<b>Guideline</b>	<b>Recommended action</b>	<b>What NICE plans to do</b>
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

## **Areas that will not be covered by the guidance**

### ***Preventing uptake***

- 1 Tobacco pricing policies (such as tax increases) or measures to control tobacco smuggling.
- 2 Enforcement of legislation on illegal sales, proxy purchasing and the supply of illicit tobacco.

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3 Service models.

### ***Treating tobacco dependence***

- 1 Activities and interventions not addressing cessation or harm reduction.
- 2 Interventions to encourage and support children under 12 to quit smoking or to reduce the harm from smoking.
- 3 Tobacco products used for cessation or harm reduction (including 'heat not burn' products).

Service models.

### **Related NICE guidance**

#### ***Published***

- [Coexisting severe mental illness and substance misuse: community health and social care services](#) (2016) NICE guideline NG58
- [Physical health of people in prison](#) (2016) NICE guideline NG57
- [Type 2 diabetes in adults: management](#) (2015) NICE guideline NG28
- [Dementia, disability and frailty in later life – mid-life approaches to delay or prevent onset](#) (2015) NICE guideline NG16
- [Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management](#) (2015) NICE guideline NG18
- [Type 1 diabetes in adults: diagnosis and management](#) (2015) NICE guideline NG17
- [Oral health promotion: general dental practice](#) (2015) NICE guideline NG30
- [Bladder cancer: diagnosis and management](#) (2015) NICE guideline NG2
- [Behaviour change: individual approaches](#) (2014) NICE guideline PH49 (currently being updated, publication expected 2020).
- [Oral health: local authorities and partners](#) (2014) NICE guideline PH55
- [Weight management: lifestyle services for overweight or obese adults](#) (2014) NICE guideline PH53
- [Bipolar disorder: assessment and management](#) (2014) NICE guideline CG185
- [Cardiovascular disease: risk assessment and reduction, including lipid modification](#) (2014) NICE guideline CG181

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- [Psychosis and schizophrenia in adults: prevention and management](#) (2014) NICE guideline CG178
- [Myocardial infarction: cardiac rehabilitation and prevention of further cardiovascular disease](#) (2013) NICE guideline CG172
- [Myocardial infarction with ST-segment elevation: acute management](#) (2013) NICE guideline CG167
- [Fertility problems: assessment and treatment](#) (2013) NICE guideline CG156
- [Psychosis and schizophrenia in children and young people: recognition and management](#) (2013) NICE guideline CG155
- [Peripheral arterial disease: diagnosis and management](#) (2012) NICE guideline CG147
- [Alcohol-use disorders: diagnosis, assessment and management of harmful drinking and alcohol dependence](#) (2011) NICE guideline CG115
- [Unstable angina and NSTEMI: early management](#) (2010) NICE guideline CG94
- [Cardiovascular disease prevention](#) (2010) NICE guideline PH25
- [Depression in adults: recognition and management](#) (2009) NICE guideline CG90
- [Antenatal care for uncomplicated pregnancies](#) (2008) NICE guideline CG62
- [Familial hypercholesterolaemia: identification and management](#) (2008) NICE guideline CG71
- [Cardiovascular disease: identifying and supporting people most at risk of dying early](#) (2008) NICE guideline PH15
- [Varenicline for smoking cessation](#) (2007) NICE technology appraisal guidance 123
- [Obesity prevention](#) (2006) NICE guideline CG43
- [Depression in children and young people: identification and management](#) (2005) NICE guideline CG28

The guidance will not cover the diagnosis, treatment or clinical management of conditions that are commonly caused by smoking. For example the following, because they are already covered by other NICE guidelines:

- [Cancer of the upper aero-digestive tract: assessment and management in people aged 16 and over](#) (2016) NICE guideline NG36

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- [Lung cancer: diagnosis and management](#) (2011) NICE guideline CG121 (currently being updated, publication expected March 2019).
- [Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#) (2010) NICE guidance CG101 (currently being updated, publication expected November 2018).
- [Improving outcomes in head and neck cancers](#) (2004) NICE guideline CSG6

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

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

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

## **3.4 Economic aspects**

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

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

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

### **Preventing uptake**

#### **1 Mass media**

1.1 Which mass media interventions, including those delivered through digital media, are effective and cost effective in preventing children and young people from taking up smoking?



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- 1.2 Are smoking cessation mass media campaigns aimed at adults effective and cost effective in preventing the uptake of smoking among children and young people?
- 2 Point of sale and supply measures
  - 2.1 Which interventions are effective and cost effective in engaging and educating retailers and the general public to reduce proxy purchasing on behalf of children and young people?
  - 2.2 Which interventions are effective and cost effective in engaging and educating retailers and the general public to reduce the supply of illicit tobacco to children and young people?
- 3 Adult-led school-based interventions
  - 3.1 Are smoke-free class competitions effective in preventing children and young people from taking up smoking?
- 4 E-cigarettes
  - 4.1 What is the impact of e-cigarettes on the smoking behaviour of children and young people who currently do not smoke?

### **Treating tobacco dependence**

- 5 Interventions to stop smoking
  - 5.1 What is the impact of an opt-out referral pathway for pregnant smokers on both uptake of stop smoking support and the effectiveness of interventions?
  - 5.2 How effective, cost effective and acceptable are incentives to help pregnant smokers to quit?
  - 5.3 How effective, cost effective, safe and acceptable is nicotine replacement therapy (such as patch, gum, spray), or e-cigarettes (licensed or consumer) at helping women who smoke to quit immediately before or during pregnancy, or following childbirth?
- 6 Interventions to stop smoking or reduce harm
  - 6.1 What are the most effective and cost effective means of smoking cessation or harm reduction (including e-cigarettes<sup>4</sup>)?

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<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.

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

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

- Are there any unintended consequences (positive or negative) from using e-cigarettes?
- Does short- or long-term use of e-cigarettes (licensed or consumer) have short- or long-term ill effects on health?

6.4 What is the impact of e-cigarettes on the smoking behaviour of children and young people who currently smoke?

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

7.1 Which interventions are effective for preventing a relapse in smokers who have successfully quit<sup>5</sup>?

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

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

### **3.6 Main outcomes**

The main outcomes that may be considered when searching for and assessing the evidence are:

#### **Preventing uptake**

- Reduced uptake of smoking.
- Self-reported or objective measures of smoking behaviour.
- Prevalence of smoking among children and young people.
- Health-related quality of life.
- Adverse effects.

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<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 had an unsuccessful quit attempt.

## **Treating tobacco dependence**

- Stopping smoking.
- Attempts to stop smoking.
- Continued abstinence.
- Reduced levels of smoking.
- Reduced harm from smoking.
- Acceptability.
- Health-related quality of life.
- Adverse effects.

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

### **4.1 NICE quality standards**

#### **NICE quality standards that may need to be revised or updated when the guidance is published**

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

#### **NICE quality standards that may use the guidance as an evidence source when they are being developed**

- School-based interventions: health promotion and mental wellbeing. Expected publication date February 2019.

### **4.2 NICE Pathways**

When the guidance is published, we will update the existing NICE Pathway on [smoking](#). NICE Pathways bring together everything NICE has said on a topic in an interactive flow chart.

## **5 Further information**

<p>This is the final scope, which takes into account comments from registered stakeholders during consultation.</p>
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The guidance is expected to be published in 2021.

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

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