Guideline scope

Smoking cessation interventions and services

Topic

This guideline will replace NICE's guidelines on brief advice and referral for smoking cessation (PH1) and smoking cessation services (PH10). It will update some of the existing recommendations in those guidelines. See the review decisions for PH1 and PH10.

Who the guideline is for

- Providers of smoking cessation interventions and services, including those in the voluntary and community sectors who have a direct or indirect role or responsibility¹ for smoking cessation.
- Commissioners of smoking cessation services.

It may also be relevant for:

- Members of the public who wish to give up smoking.

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](https://cymru.gov.wales), [Scottish Government](https://www.gov.scot), and [Northern Ireland Executive](https://www.gsi.gov.uk).

Equality considerations

NICE has carried out [an equality impact assessment](https://www.nice.org.uk/guidance) during scoping. The assessment:

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¹ For examples see NICE's guidelines on [brief interventions and referral for smoking cessation in primary care and other settings](https://www.nice.org.uk/guidance) and [smoking cessation services](https://www.nice.org.uk/guidance).
• lists equality issues identified, and how they have been addressed
• explains why any groups are excluded from the scope.

The guideline will look at inequalities relating to age, gender, race, geographical location and socioeconomic status.

1 What the guideline is about

1.1 Who is the focus?

• Adults and young people aged 12 and over who smoke tobacco. Particular emphasis will be given to groups with high smoking rates.

1.2 Settings

Settings that will be covered

• Primary care and community settings.

Settings that will not be covered

• Workplaces, residential and custodial settings.
• Maternity services in primary care.
• Acute, secondary and mental health services\(^2\) including maternity care.

\(^2\) For examples see NICE’s guideline on smoking cessation in secondary care: acute, maternity and mental health services.
1.3 *Activities, services or aspects of care*

**Key areas that will be covered**

*Areas from the published guidelines that will be updated*

1. Brief advice (given typically in less than 10 minutes).
2. Very brief advice (given as the opportunity arises in less than 30 seconds).
3. Behavioural support (for example, delivered to a person or a group).
4. Pharmacotherapies (nicotine replacement therapy, including licensed\(^3\) e-cigarettes\(^4\) and bupropion). Note that guideline recommendations will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

*Areas not in the published guidelines that will be included in the update*

1. How stop smoking services and other providers can use digital media effectively as part of the above interventions. This includes, for example, using text messages, the internet or social media to provide information and behavioural support.
2. Advice and referral options for people using consumer e-cigarettes\(^5\) (or similar consumer electronic nicotine delivery systems).

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\(^3\) The Medicines and Healthcare products Regulatory Agency (MHRA) will consider marketing authorisation applications for e-cigarettes for smoking cessation and harm reduction. Licensed e-cigarettes are those that state they are for health use and have been approved as a medicinal product with a therapeutic indication for smoking cessation and harm reduction. From January 2016, e-voke e-cigarette inhalation cartridges (Nicovations) containing 10 mg or 15 mg of nicotine have been granted marketing authorisation by the MHRA.

\(^4\) Note that at the time of publication of this scope, NICE's guideline on *smoking: harm reduction* was being reviewed.

\(^5\) The term ‘consumer’ is used here to distinguish e-cigarettes on general sale from those that are licensed by the MHRA as medicinal products with a therapeutic indication for smoking cessation and harm reduction. Consumer e-cigarettes that do not state they are for health use will also be subject to regulation by the MHRA (according to the revised European Union Tobacco Products Directive) but will not be granted a licence for medicinal use.
Areas that will not be covered

**Areas from the published guideline that will not be updated**

1. From PH10:
   - Care and advice in secondary care (recommendation 6 has been partially updated in NICE’s guideline on smoking cessation in secondary care).
   - Workplace smoking cessation interventions.
   - Varenicline (This is covered by NICE’s technology appraisal guidance on varenicline for smoking cessation).
   - Mass-media campaigns (to encourage and support quit attempts, or combined with other local, regional or national activities).
   - Telephone quitlines (recommendation 3).
   - Education and training for stop smoking advisers, healthcare practitioners and others providing stop smoking advice and support.
   - Strategies, policies and plans to reduce tobacco use (in any form)

**Areas not covered by the published guidelines or the update**

1. Programmes or interventions to prevent people from taking up smoking or some other use of tobacco.
2. Programmes or interventions dealing with cannabis use.
3. Exercise interventions for smoking cessation.
4. Acupuncture, auricular therapy, hypnotherapy or physiotherapy for smoking cessation.
5. Other tobacco-containing products, such as those taken orally (snus, gutka, paan, snuff or chewing tobacco), warmed (rather than burned) or consumed using water-pipes.

Recommendations in areas that are not being updated may be edited to ensure that they meet current editorial standards, and reflect the current policy and practice context.
1.4 **Economic aspects**

We will take economic aspects into account when making recommendations. For interventions already assessed by NICE, consideration will be given to whether the economic analyses need to be updated.

For new interventions not covered by existing guidelines, we will review the economic evidence. We will use existing models, if possible, to consider cost effectiveness. The analyses will use a public- or multi-sector perspective as appropriate.

1.5 **Key issues and questions**

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

1. Is brief advice from a community, health or social care professional effective and cost effective?
   - Do effectiveness and cost effectiveness vary according to the person delivering it or the way it is delivered (including the media and setting used)?

2. Is very brief advice from a community, health or social care professional effective and cost effective?
   - Do effectiveness and cost effectiveness vary according to the person delivering it or the way it is delivered (including the media and setting used)?

3. Is behavioural support (delivered to a person or a group) effective and cost effective?
   - Do effectiveness and cost effectiveness vary according to the person delivering it or the way it is delivered (including the media and setting used)?

4. Is nicotine replacement therapy (such as patch, gum, spray or licensed e-cigarettes) or bupropion, on their own or combined with behavioural support, effective and cost-effective?
– Do effectiveness and cost effectiveness vary when over-the-counter nicotine replacement therapy is used (on its own or combined with behavioural support)?

5 How can stop smoking services and other providers use digital media effectively as part of the interventions considered in this guideline?

6 What advice and referral options are appropriate for people using consumer e-cigarettes (or similar consumer electronic nicotine delivery systems)?

The key questions may be used to develop more detailed review questions, which guide the systematic review of the literature. The reviews will consider the effectiveness of an intervention or service delivered alone or combined with other smoking cessation interventions or services.

1.6 **Main outcomes**

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

1 Number of smokers who quit smoking.
2 Amount of tobacco people smoke.
3 Duration of quit attempt after the intervention or service.
4 Relapse rates associated with different interventions.
5 Mortality and morbidity, such as:
   – the number of infant respiratory infections.
6 Behavioural outcomes (for example, positive changes in knowledge about, and attitudes to, smoking).
7 Contact with and uptake of stop smoking services.
8 Quality of life.
9 Costs, savings, cost effectiveness.
2    Links with other NICE guidance, NICE quality standards, and NICE Pathways

2.1    NICE guidance

NICE guidance that will be updated by this guideline

- **Brief interventions and referral for smoking cessation in primary care and other settings** (2006) NICE guideline PH1
- **Smoking cessation services** (2008) NICE guideline PH10
  (recommendations 1–2, 4, 10; partial update of 6)

NICE guidance that will be incorporated unchanged in this guideline

- **Smoking cessation services** (2008) NICE guideline PH10
  (recommendations 3, 7, 11–15 and 16; recommendation 5 has been updated by PH45, recommendation 6 has been partially updated by PH48 and recommendations 8 and 9 have been updated by PH26)

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 guideline will not include additional recommendations on these topics unless there are specific issues related to smoking cessation services and interventions:

- **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

2.2    NICE quality standards

NICE quality standards that may need to be revised or updated when this guideline is published

- **Smoking cessation: reducing tobacco use** (2015) NICE quality standard 82
• **Smoking cessation: supporting people to stop smoking** (2013) NICE quality standard 43
• **Antenatal care** (2012) NICE quality standard 22

**NICE quality standards that may use this guideline as an evidence source when they are developed**

• Community pharmacy
• Oral health promotion in the community

### 2.3 NICE Pathways

When this guideline is published, the recommendations will be added to **NICE Pathways**. NICE Pathways bring together all related NICE guidance and associated products on a topic in an interactive topic-based flowchart.

The smoking pathway will be reviewed and updated to integrate the updated recommendations from NICE's guidelines on brief interventions and referral for smoking cessation (PH1) and smoking cessation services (PH10).

### 3 Context

#### 3.1 Key facts and figures

Smoking is still the main cause of preventable illness and premature death in England. In 2013/14, an estimated 453,700 NHS hospital admissions in England were attributable to smoking among adults aged 35 and over. It is estimated that 17% (78,200) of all deaths in this age group were caused by smoking ([Statistics on smoking](https://www.hscic.gov.uk)) Health and Social Care Information Centre).

Treating smoking-related illness is estimated to cost the NHS £2.7 billion a year (‘Statistics on smoking') and the wider cost to society is approximately £13.8 billion a year ([The local costs of smoking](https://www.actiononsmokingandhealth.org.uk)) Action on Smoking and Health).

The number of people using stop smoking services has declined ([Statistics on NHS stop smoking services in England – April 2014 to March 2015](https://www.hscic.gov.uk)) Health and Social Care Information Centre). Reasons for this are unclear.
See the NICE guidelines on brief advice and referral for smoking cessation and smoking cessation services for more information.

3.2 Current practice

There is a gap in evidence on practice specifically relating to the recommendations to be updated.

3.3 Policy, legislation, regulation and commissioning

Policy

This guideline will help local authorities and the NHS to reduce tobacco use as set out in Healthy lives, healthy people: a tobacco control plan for England (Department of Health). This 5-year strategy comes to an end in 2015. New targets to speed up the decline in smoking prevalence have been proposed by Action on Smoking and Health (Smoking still kills).

This guideline will also help local authorities and the NHS to meet smoking-related outcomes within the ‘health improvement’ domain in The public health outcomes framework 2013 to 2016 (Department of Health).

Legislation, regulation and guidance

The Medicines and Healthcare products Regulatory Agency (MHRA) has issued a decision that all nicotine-containing products should be regulated once the European Commission’s revised Tobacco Products Directive comes into effect in the UK. This is expected in May 2016.

Commissioning

Local authorities are responsible for commissioning tobacco control and smoking cessation services. They are guided by the Public Health Outcomes Framework, their local joint strategic needs assessment and joint health and wellbeing strategy. (Local stop smoking services service and delivery guidance National Centre for Smoking Cessation and Training).

Historically, primary care trusts funded stop smoking services and other cessation interventions, for example, training and communications campaigns.
But in recent years this model has changed in some areas ("Local stop smoking services service and delivery guidance").

4 Further information

| The final scope has taken Public Health England priorities into account to ensure that associated areas of work carried out by the 2 organisations complement each other. |

The guideline is expected to be published in October 2017.

You can follow progress of the guideline.

Our website has information about how NICE guidelines are developed.