

NATIONAL INSTITUTE FOR HEALTH AND CLINICAL EXCELLENCE

PUBLIC HEALTH INTERVENTION GUIDANCE SCOPE

1 Guidance title

Workplace health promotion: how to help employees to stop smoking

1.1 Short title

Workplace interventions to promote smoking cessation

2 Background

- (a) The National Institute for Health and Clinical Excellence ('NICE' or 'the Institute') has been asked by the Department of Health to develop public health intervention guidance on workplace health promotion with reference to smoking and what works in motivating and changing employees' health behaviour.
- (b) The guidance will provide recommendations for good practice that are based on the best available evidence of effectiveness, including cost effectiveness.
- (c) NICE public health intervention guidance supports implementation of the preventive aspects of national service frameworks (NSFs) where a framework has been published. The statements in each NSF reflect the evidence that was used at the time the framework was prepared. The public health guidance published by the Institute after an NSF has been issued will have the effect of updating the framework. Specifically, in this case, the guidance will support the following NSFs and other government policy documents:

1. The 2006 Health Act (Crown Copyright). This will make virtually all workplaces in England smokefree and is expected to come into force in summer 2007
2. 'The NHS cancer plan' (DH 2000a)
3. 'NSF for coronary heart disease' (DH 2000b)
4. The tobacco white paper 'Smoking kills' (DH 1998)
5. The priorities and planning framework (DH 2002)
6. 'Tackling health inequalities – a programme for action' (DH 2003)
7. 'Securing good health for the whole population' (Wanless 2004)
8. The public health white paper 'Choosing health' (DH 2004a)
9. 'NSF for children, young people and maternity services' (DH 2004b)
10. Article 8 of the World Health Organization 'Framework convention on tobacco control'. This was signed and ratified by the British Government in 2005. It calls on parties to implement: 'effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.'

3 The need for guidance

- (a) Smoking is the main cause of preventable morbidity and premature death in England. It led to an estimated annual average of 86,500 deaths between 1998 and 2002 (Twigg et al. 2004). Cigarette smoking causes a wide range of diseases and conditions including: cancers, respiratory disease, coronary heart and other circulatory diseases, stomach/duodenal ulcer, impotence and infertility, complications in pregnancy and low

birthweight and a main proximal cause of inequalities in health. Following surgery, it contributes to lower survival rates, post-operative respiratory complications and poor healing.

- (b) Breathing secondhand smoke (passive smoking) can affect the health of non smokers. It can exacerbate respiratory symptoms and trigger asthma attacks, respiratory and ear diseases in children and sudden infant death syndrome and intra-uterine growth retardation when pregnant women are exposed to tobacco smoke pollution, as well as when they themselves smoke . Longer term, it increases the risk of lung cancer, respiratory illnesses (especially asthma), heart disease and stroke. (International Agency for Research on Cancer 2002; Scientific Committee on Tobacco and Health 2004; US Environmental Protection Agency 1993).
- (c) The scientific evidence indicates that there is no risk-free level of exposure to secondhand smoke (US Surgeon General 2006). Exposure in the workplace is likely to be responsible for the deaths of more than two employed people per working day (about 617 deaths per year) in the UK (Jamrozik 2005).
- (d) As a setting for smoking cessation interventions, the workplace has several advantages: large numbers of people can be reached (including groups who may not normally consult health professionals – such as young men); there is the potential to provide peer group support; and a non-smoking environment at work encourages people who smoke to quit.
- (e) Reducing levels of smoking in workers will help reduce cardio-respiratory diseases, which as a group are one of the largest causes of sickness absence and which results in reduced productivity and increased costs for employers in all sectors, including the NHS workforce.

4 The guidance

- (a) Public health guidance will be developed according to NICE processes and methods. For details see section 5.

(b) This document is the scope. It defines exactly what this guidance will (and will not) examine, and what the guidance developers will consider. The scope is based on the referral from the DH (see appendix A).

4.1 Populations

4.1.1 Groups that will be covered

The guidance will cover all smokers (aged 16 years and above) who are in paid or voluntary employment outside their own home.

4.1.2 Groups that will not be covered

People who smoke who are not employed in a paid or voluntary context.

4.2 Areas

4.2.1 Areas that will be covered

Workplace cessation support delivered either 'in-house' or externally. Interventions may encompass one or more activities ranging from signage for smoke-free premises – that will have to meet a minimum requirement under the new regulations – to smoking cessation treatments.

4.2.2 Areas that will not be covered

Workplace health improvement programmes that do not include a smoking-related component.

4.3 Comparators

The comparators will be determined by the published literature. They will include both comparisons between interventions and between intervention and control groups (that is, no intervention, 'usual practice' or both) depending on the availability of data.

4.4 Outcomes

Changes in smoking related knowledge, attitudes and behaviour. Where appropriate, biochemical validation of smoking status will be noted.

4.5 Key questions

The following questions will be addressed:

- Which interventions are effective in the workplace?
 - Which interventions work best in workplaces where comprehensive smokefree legislation has been introduced in other jurisdictions?
 - What are the most effective and appropriate interventions for different sectors of the workforce such as men and women, younger and older workers, minority ethnic groups and temporary/casual workers?
 - What are the most effective ways of encouraging employee compliance with a smokefree policy?
- How can employers support and encourage smokers to quit?
- What support can employers offer smokers who are not currently ready to quit?
- How can employers be encouraged to provide smoking cessation support?
 - What are the resource needs of large, medium and small enterprises in implementing smokefree legislation and supporting smokers to quit?
- Which interventions are cost effective?

4.6 Target audiences and settings

The guidance is aimed at all those who are directly or indirectly involved in the implementation of smokefree workplaces and the provision of smoking cessation support in the workplace.

4.7 Status

This is the final scope, incorporating comments from a 4-week consultation and a stakeholder meeting on 28 September 2006.

5 Further information

The public health guidance development process and methods are described in 'Methods for development of NICE public health guidance' (NICE 2006) and 'The public health guidance development process: an overview for

stakeholders, including public health practitioners, policy makers and the public' (NICE 2006) available at: www.nice.org.uk/page.aspx?o=299970

6 NICE related guidance

Published

Brief interventions and referral for smoking cessation in primary care and referral for smoking cessation in primary care and other settings. *NICE public health intervention no.1* (2006). Available from: www.nice.org.uk/PHI001

Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation. *NICE technology appraisal no.39* (2002). Available from: www.nice.org.uk/TA039

Under development

NICE public health programme guidance on optimal provision of smoking cessation services in primary care, pharmacies, local authorities and workplaces is currently under development. It will consider the use of pharmacotherapies and will make particular reference to manual working groups, pregnant smokers and hard to reach communities. It is due to be published in summer 2007.

Appendix A– Referral from the Department of Health

The Department of Health asked NICE:

‘To produce intervention guidance on workplace health promotion with reference to smoking, and what works in motivating and changing employees’ health behaviour.’

Appendix B References

Department of Health (1998) *Smoking kills*. The Stationery Office.

Department of Health (2000a) *The NHS cancer plan: a plan for investment, a plan for reform*. London: The Stationery Office.

Department of Health (2000b) *National service framework for coronary heart disease*. London: The Stationery Office.

Department of Health (2002) *Improvement, expansion and reform – the next 3 years: priorities and planning framework 2003–2006*. London: The Stationery Office.

Department of Health (2003) *Tackling health inequalities – a programme for action*. London: The Stationery Office.

Department of Health (2004a) *Choosing health: making healthy choices easier*. London: The Stationery Office.

Department of Health (2004b) *National service framework for children, young people and maternity services*. London: The Stationery Office.

House of Commons (2006) *Health Bill*. London: The Stationery Office.

International Agency for Research on Cancer (2002) Tobacco smoke and involuntary smoking. *IARC Monographs* vol 83. Lyon: WHO/IARC.

Jamrozik K (2005) Estimate of deaths attributable to passive smoking among UK adults: database analysis. *British Medical Journal* 330:812.

Scientific Committee on Tobacco and Health, Department of Health (2004) *Secondhand smoke: review of the evidence since 1998*. London: The Stationery Office.

Twigg L, Moon G, Walker S (2004) *The smoking epidemic in England*. London: Health Development Agency.

United States Environmental Protection Agency (1993) *Respiratory health effects of passive smoking: lung cancer and other disorders*. Washington DC: USA.

United States Surgeon General (2006) *The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General*. Rockville: Department of Health and Human Services.

Wanless D (2004) *Securing good health for the whole population*. London: The Stationery Office.

World Health Organization (2005) *Framework convention on tobacco control*. Geneva: World Health Organization.