NICE National Institute for Health and Care Excellence

NICE Pathways

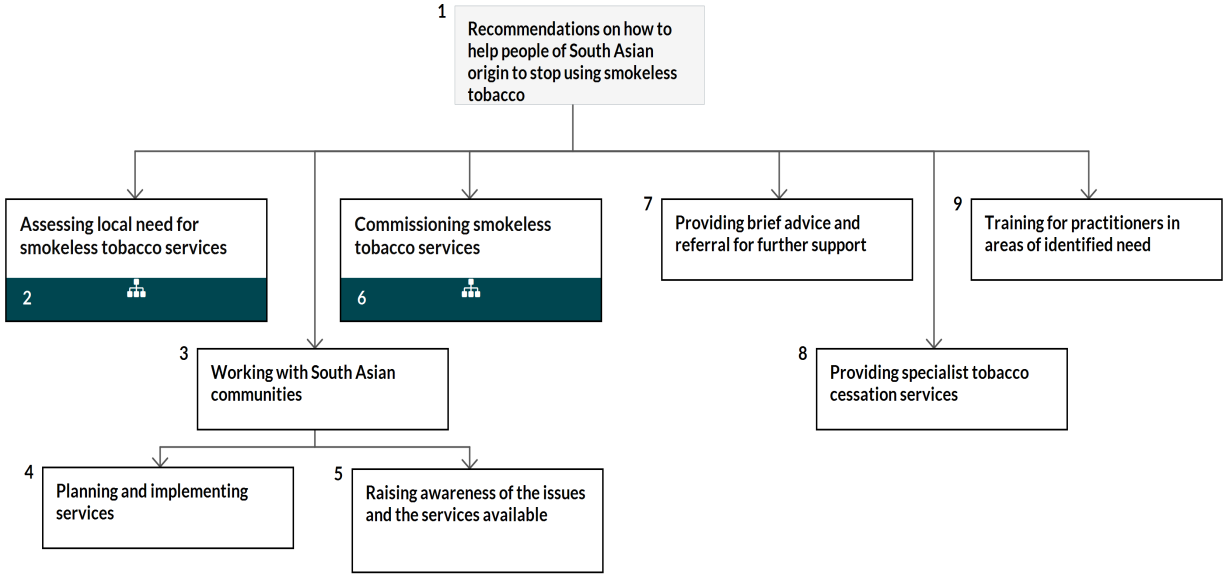
Smokeless tobacco cessation: South Asian communities overview

NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

http://pathways.nice.org.uk/pathways/smokeless-tobacco-cessation-south-asian-communities
NICE Pathway last updated: 05 November 2020

This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



1 Recommendations on how to help people of South Asian origin to stop using smokeless tobacco

No additional information

2 Assessing local need for smokeless tobacco services

See Smokeless tobacco cessation: South Asian communities / Assessing local need for smokeless tobacco services

3 Recommendations on working with South Asian communities

The recommendations on planning and implementing services and raising awareness of the issues and the services available are for:

- Directors of public health.
- Local voluntary and community organisations with a responsibility for tobacco cessation or that work with South Asian communities.
- Managers of tobacco cessation services.
- People who work with children and young people.
- Faith leaders and others involved in faith centres.
- Health and social care practitioners, for example, midwives, health visitors and youth workers.
- Health and wellbeing boards.
- Clinical commissioning groups.
- Dental health professionals including dentists, dental hygienists and dental nurses.
- Others with a remit for managing tobacco cessation services or with responsibility for the health and wellbeing of South Asian communities.

4 Planning and implementing services

Information on smokeless tobacco [See page 8]

Work with local South Asian communities to plan, design, coordinate and implement activities to help them stop using smokeless tobacco. Develop relationships and build trust between relevant organisations, communities and people by involving them in all aspects of planning.

Take account of existing and past activities to address smokeless tobacco use and other health issues among these communities. (Also see NICE's recommendations on community engagement.)

Work with local South Asian communities to understand how to make services more accessible. For example, if smokeless tobacco cessation services are provided within existing mainstream tobacco cessation services, find out what would make it easier for South Asian people to use the service.

Use venues and events that members of local South Asian communities frequent to provide or consult on cessation services with them. (Examples include educational establishments and premises where prayer groups or cultural events are held.)

5 Raising awareness of the issues and the services available

Information on smokeless tobacco [See page 8]

Work with local South Asian communities to publicise activities to help them stop using smokeless tobacco.

Work in partnership with existing community initiatives to raise awareness of local smokeless tobacco cessation services and how to access them. Ensure any material used to raise awareness of the services:

- uses the names that the smokeless tobacco products are known by locally, as well as the term 'smokeless tobacco' (see use consistent terminology)
- provides information about the health risks associated with smokeless tobacco and the availability of services to help people quit
- challenges the perceived benefits – and the relative priority that users may place on these benefits (compared with the health risks); for example, some people think smokeless tobacco is an appropriate way to ease indigestion or relieve dental pain, or helps freshen the breath
- addresses the needs of people whose first language is not English (by providing translations)
- addresses the needs of people who cannot read in any language (by providing material in a non-written form, for example, in pictorial, audio or video format)
- includes information for specific South Asian subgroups (for example, older Bangladeshi women) where rates of smokeless tobacco use are known to be high
- discusses the concept of addiction in a way that is sensitive to culture and religion (for example, it may be better to refer to users as having developed a 'habit', rather than being

- 'addicted')
- does not stigmatise users of smokeless tobacco products within their own community, or in the eyes of the general community.

Use existing local South Asian information networks (including culturally-specific TV and radio channels), and traditional sources of heath advice within South Asian communities to disseminate information on smokeless tobacco.

Use venues and events that members of local South Asian communities frequent to publicise cessation services. (Examples include educational establishments and premises where prayer groups or cultural events are held.)

Raise awareness among those who work with children and young people about smokeless tobacco use. This includes:

- providing teachers with information on the harm that smokeless tobacco causes and which also challenges the perceived benefits – and the priority that users may place on these perceived benefits
- encouraging teachers to discuss with their students the reasons why people use smokeless tobacco. This could take place as part of drug education, within personal, social, health and economic (PSHE) education, or within any other relevant part of the curriculum.

6 Commissioning smokeless tobacco services

See Smokeless tobacco cessation: South Asian communities / Commissioning smokeless tobacco services

7 Providing brief advice and referral for further support

Information on smokeless tobacco [See page 8]

Who should take action?

- Primary and secondary dental care teams (for example, dentists, dental nurses and dental hygienists).
- Primary and secondary healthcare teams (for example, GPs and nurses working in GP practices).
- Health professionals working in the community, including community pharmacists, midwives and health visitors.

What action should be taken?

Ask people if they use smokeless tobacco, using the names that the various products are known by locally. If necessary, show them a picture of what the products look like, using visual aids. (This may be necessary if the person does not speak English well or does not understand the terms being used.) Record the outcome in the patient notes.

If someone uses smokeless tobacco, ensure they are aware of the health risks (for example, the risk of cardiovascular disease, oropharyngeal cancers and periodontal disease). Use a brief intervention [See page 8] to advise them to stop.

In addition to delivering a brief intervention, refer people who want to quit to local specialist tobacco cessation services (see stop smoking interventions and services in NICE's recommendations on smoking). This includes services specifically for South Asian groups, where they are available.

Record the response to any attempts to encourage or help them to stop using smokeless tobacco in the patient notes (as well as recording whether they smoke).

See also smoking cessation in secondary care.

8 Providing specialist tobacco cessation services

Information on smokeless tobacco [See page 8]

Providers of tobacco cessation services (this may include those working in general practice, dental practices and pharmacies) should, as part of a comprehensive specialist tobacco cessation service, ensure:

- Staff provide advice to people who use smokeless tobacco (or recommend that they get advice to help them quit).
- Staff know the local names to use when referring to smokeless tobacco products (see use consistent terminology).
- Staff can advise people on how to cope with the potential adverse effects of quitting smokeless tobacco. This includes, for example, knowing how to refer people for help to cope with oral pain, as well as general support to cope with withdrawal symptoms.
- Staff offer people who use smokeless tobacco help to prevent a relapse, following a quit attempt. If possible, they should also validate the quit attempt by using a cotinine test (saliva examination) and monitor for any possible increase in tobacco smoking or use of areca nut.

- Services reach people who may not realise smokeless tobacco is harmful, or who may not know that help is available should they need it.
- Services reach people who may find it difficult to use existing local services because of their social circumstances, gender, language, culture or lifestyle. For example, a home outreach service might be considered for older people or women from South Asian groups.
- Staff check whether smokeless tobacco users also smoke tobacco and, if that is the case, provide help to quit them both.

See what NICE says on smoking for more information.

9 Training for practitioners in areas of identified need

Information on smokeless tobacco [See page 8]

Commissioners of health and dental services and health education and training services should ensure training for health, dental health and allied professionals (for example, community pharmacists) covers:

- the fact that smokeless tobacco may be used locally – and the need to keep abreast of statistics on local prevalence
- the reasons why, and how, members of the South Asian community use smokeless tobacco (including the cultural context for its use)
- the health risks associated with smokeless tobacco
- the fact that some people of South Asian origin may be less used to a 'preventive' approach to health than the general population
- the local names used for smokeless tobacco products, while emphasising the need to use the term 'smokeless tobacco' as well, when talking to users about them (see use consistent terminology).

Training should also ensure practitioners:

- can recognise the signs of smokeless tobacco use
- know how to ask someone, in a sensitive and culturally aware manner, if they use smokeless tobacco
- can provide information in a culturally sensitive way on the harm smokeless tobacco causes (this includes being able to challenge any perceived benefits – and the relative priority that users may place on these benefits)
- can deliver a brief intervention [See page 8] and refer people to tobacco cessation services if they want to quit.

Brief interventions involve verbal advice, discussion, negotiation or encouragement, with or without written or other support or follow-up. They can be delivered by a range of primary and community care professionals. These interventions are often opportunistic, typically taking no more than a few minutes for basic advice, up to around 20 minutes for a more extended, individually-focused discussion. They may also involve a referral for further interventions or more intensive support.

Evidence shows that a brief intervention to help people quit smoking can be effective. The way a brief intervention to help smokers is delivered depends on a number of factors, including the person's willingness to quit, how acceptable they find the intervention and previous methods they have used. It may include one or more of the following:

- simple opportunistic advice
- an assessment of the person's commitment to quit
- pharmacotherapy and/or behavioural support
- self-help material
- referral to more intensive support, such as to an evidence-based smoking cessation service.

See what NICE says on smoking for more information on the general principles of tobacco cessation.

Smokeless tobacco

The term 'smokeless tobacco' is used to refer to any type of product containing tobacco that is placed in the mouth or nose and not burned. It does not include products that are sucked, like 'snus', or similar oral snuff products[1] . (Under UK law it is an offence to supply tobacco for oral use unless it is intended to be smoked or chewed[2].)

The recommendations cover a variety of smokeless tobacco products used by people of South Asian origin in England. The types used vary across the country but they can be divided into three main categories, based on their ingredients (see the BMJ research paper Global surveillance of oral tobacco products: total nicotine, unionised nicotine and tobacco-specific N-nitrosamines):

- Tobacco with or without flavourants: misri India tobacco (powdered) and qimam (kiman).
- Tobacco with various alkaline modifiers: khaini, naswar (niswar, nass) and gul.
- Tobacco with slaked lime as an alkaline modifier and areca nut: gutkha, zarda, mawa,

[1] As defined in the European Union's Tobacco Product Directive.

[2] See the Local Government Association's Niche Tobacco Products Directory website for further information.

- manipuri and betel quid (with tobacco).

Users do not always recognise the term 'smokeless tobacco'. Sometimes they will be unaware that the products contain tobacco (although the products are legally required to carry a health warning[1]). That is why it is also necessary to refer to these products by the names used locally.

A number of the products contain areca nut, a mildly euphoric stimulant which is addictive and carcinogenic in its own right. (Any chewable products that do not contain tobacco are the responsibility of the Food Standards Agency. The Agency is currently working with UK Asian communities to provide guidance on how to minimise the risk from consuming products containing areca nut.)

Glossary

South Asian

in these recommendations, the term 'South Asian' refers to people with ancestral links to Bangladesh, India, Nepal, Pakistan or Sri Lanka

Specialist tobacco cessation service

in these recommendations, 'Specialist tobacco cessation service' refers to evidence-based services that offer tobacco users support to help them quit (regardless of whether they smoke or use a smokeless variety). In England, services of this type are generally referred to as 'stop smoking services' or 'smoking cessation services', as they normally focus on people who smoke tobacco. However, a service might also brand itself as a generic tobacco cessation service, to emphasise a focus on more than one form of tobacco. For further details, see stop smoking interventions and services in NICE's recommendations on smoking.

Sources

Smokeless tobacco: South Asian communities (2012) NICE guideline PH39

[1] Smokeless tobacco products are required to carry the warning: 'This tobacco product can damage your health and is addictive' on the most visible surface of the packet. Refer to the Local Government Association's Niche Tobacco Products Directory website for further details.

Your responsibility

Guidelines

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to

have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

Medical technologies guidance, diagnostics guidance and interventional procedures guidance

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.