

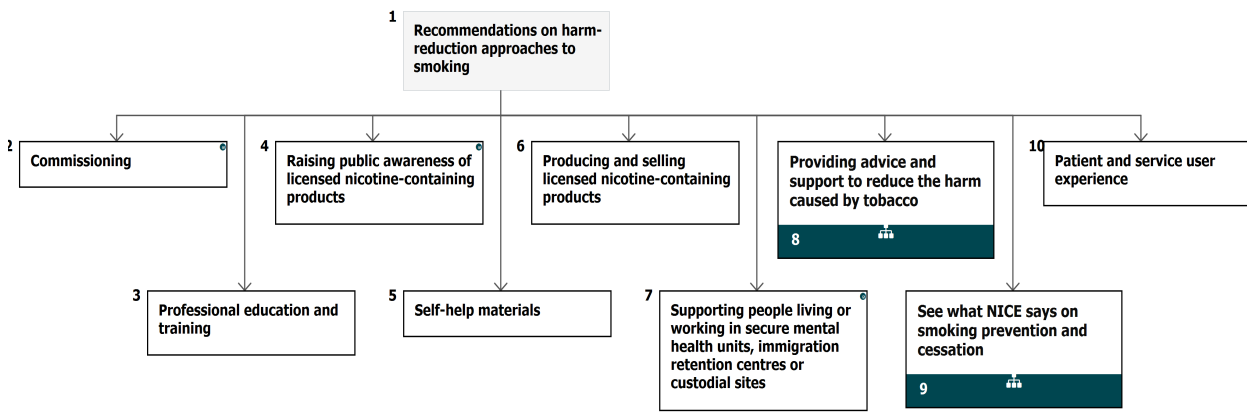
# Smoking: tobacco harm-reduction approaches overview

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/smoking-tobacco-harm-reduction-approaches>  
NICE Pathway last updated: 27 March 2018

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



## 1 Recommendations on harm-reduction approaches to smoking

No additional information

## 2 Commissioning

Rationale for considering a harm-reduction approach [See page 14]

Ensure investment in harm-reduction approaches does not detract from, but supports and extends the reach and impact of, existing stop smoking services. (The latter provide highly cost-effective interventions to help people stop smoking in one step. See NICE's recommendations on stop smoking interventions and services).

Develop smoking cessation referral and treatment pathways to ensure a range of approaches and interventions are available to support people who opt for a harm-reduction approach (see harm-reduction approaches [See page 12]).

Ensure the providers of stop smoking and other behaviour-change services offer people who smoke the approaches outlined above. Ensure services are available in the community, as part of primary and secondary healthcare and on offer from local authorities.

Develop activity and outcome measures to assess the performance of service providers involved in supporting people who are using harm-reduction approaches. Measures of activity could include:

- numbers attending the services (to allow comparison with the numbers attending before harm-reductions options were offered)
- classifying the approaches used
- client characteristics (such as demographic data, cigarette usage, level of dependency and previous quit attempts)
- type and amount of licensed nicotine-containing products [See page 12] supplied or prescribed, and over-the-counter sales of these products
- number of people setting a quit date.

Ensure service specifications include a requirement that providers of stop smoking services offer licensed nicotine-containing products on a long-term basis to help prevent a relapse among people who have stopped smoking. Long-term use should also be available to help people maintain a lower level of consumption.

Ensure service specifications include a requirement that staff working in stop smoking services are trained to the National Centre for Smoking Cessation and Training stage 2 assessment level (or the equivalent).

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

4. Integrating harm-reduction approaches into 'stop smoking' services

### 3 Professional education and training

Rationale for considering a harm-reduction approach [See page 14]

#### Who should take action?

- Health Education England and local education and training boards.
- Royal medical and nursing colleges and other professional bodies.
- Organisations providing training on the harm caused by smoking, such as the National Centre for Smoking Cessation and Training.
- Commissioners, providers and managers of stop smoking services.

#### What action should they take?

Include the principles and practice of tobacco harm reduction, as outlined in these recommendations, within all relevant curricula.

Ensure service specifications and service-level agreements state that staff are trained to National Centre for Smoking Cessation and Training stage 2 assessment level (or the equivalent). Staff should also undertake continuing professional development on a regular basis.

See NICE's recommendations on [training and development](#) of staff involved in smoking prevention work with children and young people, [education and training](#), and [training for practitioners](#) involved in work with South Asian communities to stop use of smokeless tobacco.

## 4 Raising public awareness of licensed nicotine-containing products

Rationale for considering a harm-reduction approach [See page 14]

### Who should take action?

National, subnational and local organisations responsible for public health and tackling tobacco use. This includes:

- professional bodies with a healthcare or public health responsibility
- subnational tobacco control organisations
- stop smoking services
- statutory agencies such as health and wellbeing boards and local authorities
- voluntary and community sector organisations.

### What action should they take?

Raise public awareness of the harm caused by smoking and secondhand smoke. Provide information on how people who smoke can reduce the risk of illness and death (to themselves and others) by using one or more licensed nicotine-containing products [See page 12]. Explain that they could be used as a partial or complete substitute for tobacco, either temporarily or in the long-term.

Provide this information in a range of formats and languages for different target groups.

Ensure it includes the following information:

- smoking causes a range of diseases and conditions including cancer, chronic obstructive pulmonary disease and cardiovascular disease
- most health problems are caused by other components in tobacco smoke, not by the nicotine
- smoking is highly addictive largely because it delivers nicotine very quickly to the brain and this makes stopping smoking difficult
- nicotine levels in licensed nicotine-containing products are much lower than in tobacco, and the way these products deliver nicotine makes them less addictive than smoking tobacco
- licensed nicotine-containing products are an effective way of reducing the harm from tobacco for both the person smoking and those around them
- it is safer to use licensed nicotine-containing products than to smoke
- nicotine replacement therapy products<sup>1</sup> have been demonstrated in trials to be safe to use

<sup>1</sup> At the time of publication (June 2013), NRT products were the only licensed nicotine-containing products. The MHRA has since 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 to be in 2016). In the meantime, the UK government will encourage applications for medicines licences for nicotine-containing products and will make best use of the flexibilities within the existing framework to enable licensed products to be available. For further details, see the [MHRA website](#).

- for at least 5 years
- there is reason to believe that lifetime use of licensed nicotine-containing products will be considerably less harmful than smoking
- little direct evidence is available on the effectiveness, quality and safety of nicotine-containing products that are not regulated by the MHRA. However, they are expected to be less harmful than tobacco.

Provide information on how to obtain and use licensed nicotine-containing products including:

- what forms they take
- how to use them effectively when trying to stop or reduce smoking (either as a partial or complete substitute for smoking)
- long-term use to reduce the risk of relapsing
- where to obtain them (including from GPs)
- the cost compared with smoking.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### 2. Advice about nicotine

## 5 Self-help materials

Rationale for considering a harm-reduction approach [See page 14]

### Who should take action?

National, subnational and local organisations responsible for public health and tackling tobacco use. This includes:

- professional bodies with a public health responsibility
- subnational tobacco control organisations
- stop smoking services
- statutory agencies such as health and wellbeing boards and local authorities
- voluntary and community sector organisations.

Organisations providing practitioners with training in reducing the harm caused by smoking, such as the National Centre for Smoking Cessation and Training (NCSCT).

Telephone helplines and Internet support sites aimed at helping people to stop smoking.

Manufacturers of [licensed nicotine-containing products](#) [See page 12].

Retailers.

### **What action should they take?**

Provide self-help materials in a range of formats and languages, tailored to meet the needs of groups where smoking prevalence and tobacco dependency is high. For example, these may include people with a mental illness, people from lower socioeconomic groups and people from lesbian, gay and bisexual and trans-gendered groups. Also target groups that are less likely to access services focusing on abrupt cessation.

Self-help materials should include:

- details of the recommended [harm-reduction approaches](#) [See page 12]
- an emphasis on the fact that stopping smoking will improve health far more than continuing to smoke, even at a reduced rate
- advice on how to plan a schedule
- advice on strategies to cut down and gradually stop or reduce the amount they smoke (see also [providing behavioural support](#))
- benefits of using licensed nicotine-containing products to reduce the harm from smoking (see also [raising public awareness of licensed nicotine-containing products](#) [See page 5])
- type of licensed nicotine-containing products available (the [MHRA website](#) is the most up-to-date source)
- how to use licensed nicotine-containing products effectively to manage the cravings, mood swings and other effects of nicotine dependency and to prevent relapse
- where licensed nicotine-containing products can be purchased and who is able to supply or prescribe them
- where to get further help and support.

Use social media websites as a means of promoting self-help materials.

## **6 Producing and selling licensed nicotine-containing products**

[Rationale for considering a harm-reduction approach](#) [See page 14]



## Point-of-sale promotion

Manufacturers and retailers of [licensed nicotine-containing products](#) [See page 12], including tobacco retailers, should:

- encourage people who smoke to consider [a harm-reduction approach](#) [See page 12]
- display licensed nicotine-containing products in shops and supermarkets, and on websites selling cigarettes and tobacco products.

## Manufacturer information

Manufacturers of licensed nicotine-containing products should:

- provide clear, unambiguous and accurate information to the consumer on the health risks of any licensed nicotine-containing product, as compared to continuing to smoke and not smoking. This should include details on long-term use.
- provide simple, clear instructions on how to use these products to support
- consider providing information on the outer packaging as well as in the enclosed leaflet.
- package products in a way that makes it as easy as possible for people to take the recommended dose for the right amount of time.

## 7 Supporting people living or working in secure mental health units, immigration retention centres or custodial sites

[Rationale for considering a harm-reduction approach](#) [See page 14]

### People in closed institutions

Incorporate management of smoking in the care plan of people in closed institutions who smoke.

Ensure those giving harm-reduction advice in situations where smoking is not permitted are trained to the same standard as the level required for the [National Centre for Smoking Cessation and Training](#) stage 2 assessment (or the equivalent). This includes people working in mental health and prison health services.

Ensure staff recognise that some people perceive smoking as an integral part of their lives. Also ensure staff recognise the issues arising from enforced, as opposed to voluntary, abstinence.

Ensure staff recognise how the closed environment may restrict the techniques and coping mechanisms that people would normally use to stop smoking or reduce the amount they smoke.

Provide the support required for their circumstances (see [providing advice and support to reduce the harm caused by tobacco](#)). This includes prescribing or supplying [licensed nicotine-containing products](#) [See page 12].

Ensure staff understand that, if someone reduces the amount they smoke (or stops completely), this can impact on their need for psychotropic and some other medications (see UK [Medicines information](#) for further details). Ensure arrangements are in place to adjust their medication accordingly.

### **Staff working in closed institutions**

Ensure staff with health and social care or custodial responsibilities do not smoke during working hours in locations where the people in their care are not allowed to smoke.

Ensure systems are in place for staff who smoke to receive advice and guidance on how to stop smoking in one step (see [choosing a harm-reduction approach](#); also see NICE's recommendations on [smoking cessation in the workplace](#)). If, after discussion, the person does not want (or does not feel able) to do this, ask them if they would like to consider [a harm-reduction approach](#) [See page 12]

Encourage staff to use stop smoking services to stop or reduce the amount they smoke.

Encourage staff who do not want to stop smoking to use licensed nicotine-containing products to help them abstain immediately before and while on duty.

See also [offering licensed nicotine-containing products](#).

### **Quality standards**

The following quality statement is relevant to this part of the interactive flowchart.

4. Integrating harm-reduction approaches into 'stop smoking' services

## **8 Providing advice and support to reduce the harm caused by tobacco**

[See Smoking: tobacco harm-reduction approaches / Providing advice and support to reduce the harm caused by tobacco](#)

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**9 See what NICE says on smoking prevention and cessation**

[See Smoking](#)

**10 Patient and service user experience**

See NICE's recommendations on improving the experience of care for people using:

- [adult NHS services](#)
- [adult NHS mental health services](#).

The phrase 'licensed nicotine-containing products' is used in these recommendations to cover products containing nicotine that have 'marketing authorisation' for use as a smoking cessation aid and for tobacco harm-reduction<sup>1</sup> from the Medicines and Healthcare products Regulatory Agency (MHRA). Authorisation by the MHRA ensures they are effective, deliver nicotine safely and are manufactured to a consistent quality. Using these products can make it easier for people to cut down before stopping, reduce their smoking or abstain. They can also help reduce compensatory smoking behaviour, such as inhaling smoke more deeply to compensate for smoking fewer cigarettes.

## Harm-reduction approaches

The following harm-reduction approaches are covered in these recommendations:

Stopping smoking, but using one or more [licensed nicotine-containing products](#) [See page 12] as long as needed to prevent relapse.

Cutting down prior to stopping smoking:

- with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
- without using licensed nicotine-containing products.

Smoking reduction:

- with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
- without using licensed nicotine-containing products.

Temporary abstinence from smoking:

- with the help of one or more licensed nicotine-containing products
- without using licensed nicotine-containing products.

## A harm-reduction approach

The following harm-reduction approaches are covered in these recommendations:

Stopping smoking, but using one or more [licensed nicotine-containing products](#) [See page 12] as long as needed to prevent relapse.

Cutting down prior to stopping smoking:

<sup>1</sup> At the time of publication (June 2013), only nicotine replacement therapy products were licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). A decision from the MHRA on the regulation of other nicotine-containing products (for example, electronic cigarettes and topical gels) was pending. The MHRA has since 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 to be in 2016). In the meantime, the UK government will encourage applications for medicines licences for nicotine-containing products and will make best use of the flexibilities within the existing framework to enable licensed products to be available. For further details, see the [MHRA website](#).

- with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
- without using licensed nicotine-containing products.

Smoking reduction:

- with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
- without using licensed nicotine-containing products.

Temporary abstinence from smoking:

- with the help of one or more licensed nicotine-containing products
- without using licensed nicotine-containing products.

## Rationale for considering a harm-reduction approach

Nicotine inhaled from smoking tobacco is highly addictive. But it is primarily the toxins and carcinogens in tobacco smoke – not the nicotine – that cause illness and death. The best way to reduce these illnesses and deaths is to stop smoking.

In general, stopping in one step offers the best chance of lasting success (see what NICE says on [stopping smoking in everyone](#) for guidance on smoking cessation). Stop smoking services provide highly cost-effective interventions to help people stop smoking and any investment in the harm-reduction approaches covered by these recommendations should not detract from their provision. Rather, the recommendations are intended to support and extend the reach and impact of existing services.

However, there are other ways of reducing the harm from smoking. These recommendations aim to help people who:

- may not be able (or do not want) to stop smoking in one step
- may want to stop smoking, without necessarily giving up nicotine
- may not be ready to stop smoking, but want to reduce the amount they smoke.

Harm-reduction approaches are recommended which may or may not include temporary or long-term use of [licensed nicotine-containing products](#) [See page 12].

Although existing evidence is not clear about the health benefits of smoking reduction, those who reduce the amount they smoke are more likely to stop smoking eventually, particularly if they are using licensed nicotine-containing products.

The phrase 'licensed nicotine-containing products' is used in these recommendations to cover products containing nicotine that have 'marketing authorisation' for use as a smoking cessation aid and for tobacco harm-reduction<sup>1</sup> from the Medicines and Healthcare products Regulatory Agency (MHRA). Authorisation by the MHRA ensures they are effective, deliver nicotine safely and are manufactured to a consistent quality. Using these products can make it easier for people to cut down before stopping, reduce their smoking or abstain. They can also help reduce compensatory smoking behaviour, such as inhaling smoke more deeply to compensate for smoking fewer cigarettes.

## Glossary

### **Closed institution**

a secure environment where people are detained

### **Compensatory smoking**

inhaling more deeply or smoking more of each cigarette to compensate for smoking fewer cigarettes

### **Cutting down prior to stopping**

or cut down to quit; someone gradually reduces the amount of tobacco they smoke with a view to stopping smoking within the next few months

### **Nicotine-containing products**

products that contain nicotine but do not contain tobacco and so deliver nicotine without the harmful toxins found in tobacco (some, such as nicotine replacement therapy (NRT), are regulated by the MHRA [see licensed nicotine-containing products]; others, such as electronic cigarettes and topical gels, were not covered by MHRA regulation at the time of publication of this guidance)

### **Nicotine replacement therapy**

nicotine replacement therapy (NRT) products are licensed for use as a smoking cessation aid and for harm reduction, as outlined in the British National Formulary; they include: transdermal patches, gum, inhalation cartridges, sublingual tablets and a nasal spray

<sup>1</sup> At the time of publication (June 2013), only nicotine replacement therapy products were licensed by the Medicines and Healthcare products Regulatory Agency (MHRA). A decision from the MHRA on the regulation of other nicotine-containing products (for example, electronic cigarettes and topical gels) was pending. The MHRA has since 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 to be in 2016). In the meantime, the UK government will encourage applications for medicines licences for nicotine-containing products and will make best use of the flexibilities within the existing framework to enable licensed products to be available. For further details, see the [MHRA website](#).



## Pharmacotherapies

medication such as varenicline or bupropion, as well as nicotine replacement therapy (NRT) products

## Point-of-sale

point-of-sale interventions take place at the point where tobacco could be sold – primarily, they aim to deter shopkeepers from making illegal sales; in this guidance, they aim to raise smokers' awareness of licensed nicotine-containing products as a replacement for cigarettes

## Quality

in this guidance, the quality of nicotine-containing products refers to the consistency of nicotine delivery, lack of defects and structural integrity of the product

## Safety

in this guidance, safety in relation to nicotine-containing products refers to the incidence of minor and major side effects

## Self-help materials

any manual or structured programme, in written or electronic format, that can be used to help someone try to quit smoking or smoke less without the help of health professionals, stop smoking advisers or group support; they can be aimed at anyone who smokes, particular populations (for example, certain age or ethnic groups), or may be tailored to individual need

## Smoking reduction

smoking reduction generally involves the person smoking fewer cigarettes than they normally would without stopping, but it can involve smoking less of each cigarette. See also compensatory smoking

## Stopping in one step

stopping in one step (or abrupt quit) is the standard approach to smoking cessation currently adopted by the vast majority of NHS-commissioned stop smoking services; the person makes a commitment to stop smoking on or before a particular date (the quit date) – this may, or may

not, involve the use of nicotine replacement therapy (NRT) products or medication (varenicline or bupropion) in the lead up to the quit date and for a limited period afterwards)

### **Stop smoking services**

stop smoking services provide a combination of behavioural support and pharmacotherapy to aid smoking cessation – the behavioural support is free but pharmacotherapy may incur a standard prescription charge; the evidence-based treatment is based on the National Centre for Smoking Cessation and Training (NCSCT) standard programme and involves practitioners trained to its standards or the equivalent

### **Temporary abstinence**

abstaining from smoking – this could be for a particular event or series of events, in a particular location, for specific time periods (for example, while at work, during long-haul flights or during a hospital stay), or even for the foreseeable future (the latter might include, for example, abstinence while serving a prison sentence or while detained in a secure mental health unit)

### **Sources**

Smoking: harm reduction (2013) NICE guideline PH45

## **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.