Stop smoking interventions and services

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
NICE Pathway last updated: 05 November 2020

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

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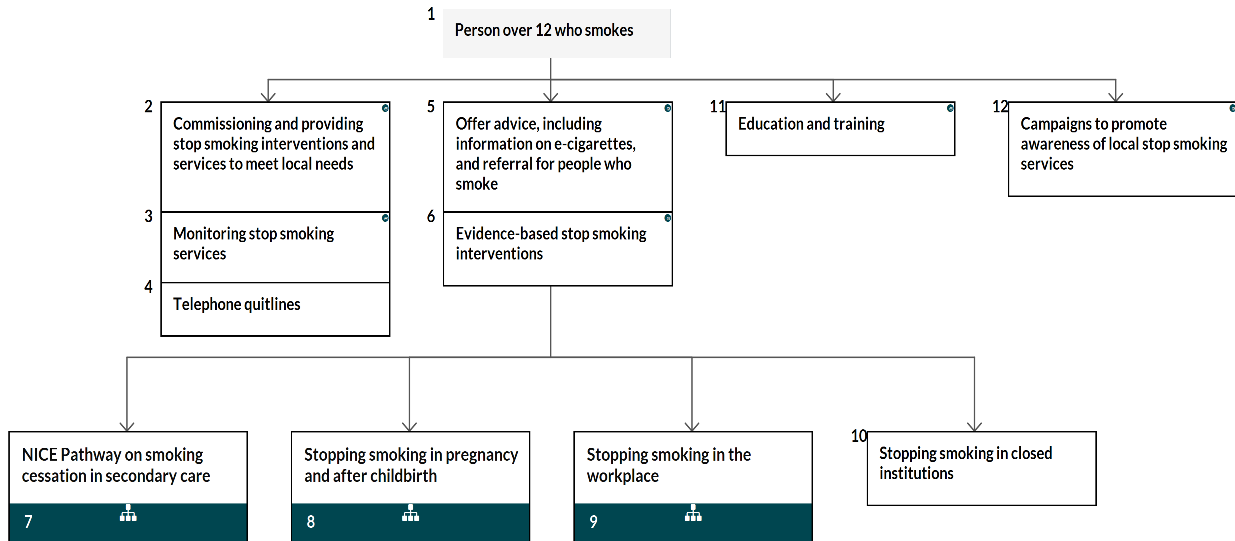

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1 Person over 12 who smokes

No additional information

2 Commissioning and providing interventions and services to meet local needs

These recommendations are for commissioners and managers of stop smoking services.

Ensure interventions and services are available for everyone

Use sustainability and transformation plans, health and wellbeing strategies, and any other relevant local strategies and plans to ensure evidence-based stop smoking interventions and services are available for everyone who smokes.

Estimate smoking prevalence

Use Public Health England's public health profiles to estimate smoking prevalence among the local population.

Prioritise groups at high risk of harm

Prioritise specific groups who are at high risk of tobacco-related harm. These may include:

- people with mental health problems, including mental health disorders
- people who misuse substances
- people with health conditions caused or made worse by smoking
- people with a smoking-related illness
- populations with a high prevalence of smoking-related morbidity or a particularly high susceptibility to harm
- communities or groups with particularly high smoking prevalence (such as manual workers, travellers, and lesbian, gay, bisexual and trans people)
- people in custodial settings
- people living in disadvantaged circumstances
- pregnant women who smoke (see stopping smoking in pregnancy and after childbirth).

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Rationale and impact

See why we made the recommendations on commissioning and providing interventions and services to meet local needs and how they might affect practice [See page 16].

Quality standards

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

Lung cancer in adults

2. Stopping smoking

3 Monitoring stop smoking services

These recommendations are for commissioners and managers of stop smoking services.

Set targets for stop smoking services, including the number of people using the service and the proportion who successfully quit smoking. Performance targets should include:

- treating at least 5% of the estimated local population who smoke each year
- achieving a successful quit rate of at least 35% at 4 weeks, based on everyone who starts treatment and defining success as not having smoked (confirmed by carbon monoxide monitoring of exhaled breath) in the fourth week after the quit date.

Check self-reported abstinence using carbon monoxide monitoring, with success defined as less than 10 parts per million (ppm) at 4 weeks after the quit date. This does not imply that treatment should stop at 4 weeks.

Monitor performance data for stop smoking services routinely and independently. Make these results publicly available.

Audit exceptional results (for example, 4-week quit rates lower than 35% or above 70%) to determine the reasons for unusual performance as well as to identify best practice and ensure it is being followed.

Rationale and impact

See why we made the recommendations on monitoring stop smoking services and how they might affect practice [See page 17].

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Quality standards

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

Smoking: supporting people to stop

5. Outcome measurement

4 Telephone quitlines

Ensure publicly sponsored telephone quitlines offer a rapid, positive and authoritative response. If possible, callers whose first language is not English should have access to information and support in their chosen language.

See also information on education and training [See page 13] for telephone quitline staff.

5 Offer advice, including information on e-cigarettes, and referral for people who smoke

These recommendations are for health and social care workers in primary and community settings.

Engaging with people who smoke

At every opportunity, ask people if they smoke and advise them to stop smoking in a way that is sensitive to their preferences and needs.

Discuss any stop smoking aids the person has used before, including personally purchased nicotine-containing products [See page 16] (see below).

Offer advice on using nicotine-containing products on general sale, including NRT and nicotine-containing e-cigarettes.

See also NICE's recommendations on providing information on smoking cessation in secondary care.

People having elective surgery

Encourage people being referred for elective surgery to stop smoking before their surgery. Refer

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them to local stop smoking support.

See why we made the recommendations on engaging with people who smoke and how they might affect practice [See page 18].

E-cigarettes

For people who smoke and who are using, or are interested in using, a nicotine-containing e-cigarette on general sale to quit smoking, explain that:

- although these products are not licensed medicines, they are regulated by the Tobacco and Related Products Regulations 2016
- many people have found them helpful to quit smoking cigarettes
- people using e-cigarettes should stop smoking tobacco completely, because any smoking is harmful
- the evidence suggests that e-cigarettes are substantially less harmful to health than smoking but are not risk free[1]
- the evidence in this area is still developing, including evidence on the long-term health impact.

See why we made the recommendation on e-cigarettes and how they might affect practice [See page 19].

People who want to quit

Refer people who want to stop smoking to local stop smoking support.

Discuss how to stop smoking with people who want to quit (the NCSCT programmes explain how to do this).

Set out the pharmacotherapy and behavioural options as listed in evidence-based stop smoking interventions [See page 8], taking into consideration previous use of stop smoking aids, and the adverse effects and contraindications of the different pharmacotherapies.

Explain that a combination of varenicline and behavioural support [See page 16] or a combination of short-acting and long-acting NRT are likely to be most effective.

If people opt out of a referral to local stop smoking support, refer them to a professional who can offer pharmacotherapy and very brief advice.

Agree the approach to stopping smoking that best suits the person's preferences. Review this

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[1] See E-cigarettes and heated tobacco products: evidence review (Public Health England), E-cigarettes: balancing risks and opportunities (British Medical Association) and Nicotine without smoke: tobacco harm reduction (Royal College of Physicians).

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approach at future visits.

See why we made the recommendations for people who want to quit and how they might affect practice [See page 20].

People who are not ready to quit

If people are not ready to stop smoking:

- make sure they understand that stopping smoking reduces the risks of developing smoking-related illnesses or worsening conditions affected by smoking
- ask them to think about adopting a harm reduction approach (see NICE's recommendations on smoking: tobacco harm-reduction approaches)
- encourage them to seek help to quit smoking completely in the future
- record the fact that they smoke and at every opportunity ask them about it again in a way that is sensitive to their preferences and needs.

See why we made the recommendation for people who are not ready to quit and how they might affect practice [See page 21].

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Smoking: supporting people to stop

1. Identifying people who smoke

2. Referral to smoking cessation services

3. Behavioural support with pharmacotherapy

6 Evidence-based stop smoking interventions

These recommendations are for commissioners and providers of stop smoking support.

Ensure the following evidence-based interventions are available for adults who smoke:

- behavioural support [See page 16] (individual and group)
- bupropion[1]

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[1] See information on bupropion hydrochloride in the British National Formulary.

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- NRT– short and long acting
- varenicline[1]
- very brief advice.

Consider text messaging as an adjunct to behavioural support.

Offer varenicline as an option for adults who want to stop smoking, normally only part of a programme of behavioural support, in line with NICE's technology appraisal guidance on varenicline (see below).

For adults, prescribe or provide varenicline, bupropion or NRT before they stop smoking.

Agree a quit date set within the first 2 weeks of bupropion treatment and within the first 1 to 2 weeks of varenicline treatment. Reassess the person shortly before the prescription ends.

Agree a quit date if NRT is prescribed. Ensure that the person has NRT ready to start the day before the quit date.

Consider NRT[2] for young people over 12 who are smoking and dependent on nicotine. If this is prescribed, offer it with behavioural support.

Ensure behavioural support is provided by trained stop smoking staff (see the NCSCT training standard).

Ensure very brief advice is delivered according to the NCSCT training module on very brief advice.

See why we made the recommendations on evidence-based interventions and how they might affect practice [See page 18].

Varenicline

The following recommendations are from NICE technology appraisal guidance on varenicline for smoking cessation.

Varenicline is recommended within its licensed indications as an option for smokers who have expressed a desire to quit smoking.

Varenicline should normally be prescribed only as part of a programme of behavioural support.

[1] See information on varenicline in the British National Formulary.

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[2] The UK marketing authorisation for nicotine replacement therapy products varies for use in children and young people under 18. Refer to the summary of product characteristics for prescribing information on individual nicotine replacement therapy preparations.

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NICE has written information for the public on varenicline.

[1]

Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Smoking: supporting people to stop

2. Referral to smoking cessation services

3. Behavioural support with pharmacotherapy

4. Pharmacotherapy

7 NICE Pathway on smoking cessation in secondary care

See Smoking cessation in secondary care

8 Stopping smoking in pregnancy and after childbirth

See Smoking / Stopping smoking in pregnancy and after childbirth

9 Stopping smoking in the workplace

See Smoking / Stopping smoking in the workplace

10 Stopping smoking in closed institutions

Develop a policy, using guidance provided by the Department of Health and Social Care, to ensure effective stop smoking interventions are provided and promoted in prisons, military establishments and long-stay health centres, such as mental healthcare units.

See also NICE's recommendations on tobacco harm-reduction approaches for people living or working in secure mental health units, immigration retention centres or custodial sites.

[1] Brief advice in the context of this guidance corresponds with NCSCT very brief advice.

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11 Education and training

Local stop smoking services

Ensure training and continuing professional development is available for all those providing stop smoking advice and support.

Ensure training complies with the NCSCT training standard or its updates.

Healthcare workers and others who advise people how to quit smoking

Train all frontline healthcare staff to offer very brief advice on how to stop smoking in accordance with the recommendations on advice, information and referral [See page 5]. Also train them to make referrals, if necessary and possible, to local stop smoking services.

Ensure training on how to support people to stop smoking is part of the core curriculum for healthcare undergraduates and postgraduates.

Provide additional, specialised training for those working with specific groups, for example, people with mental health problems and pregnant women who smoke.

Encourage and train healthcare professionals to ask people about smoking and to advise them of the dangers of exposure to secondhand smoke.

Telephone quitline staff

All staff should receive smoking cessation training (at least in brief interventions to help people stop smoking).

Staff who offer counselling should be trained to the NCSCT Standard (individual behavioural counselling) and preferably hold an appropriate counselling qualification. Training should comply with the Standard for training in smoking cessation treatments or its updates.

Secondary care providers

See NICE's recommendations on providing stop smoking training for frontline staff in secondary care.

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Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

Smoking: supporting people to stop

1. Identifying people who smoke

2. Referral to smoking cessation services

12 Campaigns to promote awareness of local stop smoking services

Coordinate communications strategies to support the delivery of stop smoking services, telephone quitlines, school-based interventions, tobacco control policy changes and any other activities designed to help people to stop smoking.

Develop and deliver communications strategies in partnership with the NHS, regional and local government and non-governmental organisations. The strategies should:

- Use the best available evidence of effectiveness, such as Cochrane reviews.
- Be developed and evaluated using audience research.
- Use 'why to' and 'how to' quit messages that are non-judgemental, empathetic and respectful, for example, testimonials from people who smoke or used to smoke.
- Involve community pharmacies in local campaigns and maintain links with other professional groups such as dentists, fire services and voluntary groups. See also NICE's recommendations for community pharmacies on promoting health and wellbeing.
- Ensure campaigns are sufficiently extensive and sustained to have a reasonable chance of success.
- Consider targeting and tailoring campaigns towards low income and some minority ethnic groups to address inequalities.

For information on campaigns for secondary care providers, see NICE's recommendations on communicating the smokefree policy for secondary care.

Quality standards

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

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Smoking: reducing and preventing tobacco use

8. Media campaigns

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Individual behavioural support involves scheduled face-to-face meetings between someone who smokes and a counsellor trained in smoking cessation. Typically, it involves weekly sessions over a period of at least 4 weeks after the quit date and is normally combined with pharmacotherapy.

Group behavioural support involves scheduled meetings in which people who smoke receive information, advice and encouragement and some form of behavioural intervention (for example, cognitive behavioural therapy). This therapy is offered weekly for at least the first 4 weeks of a quit attempt (that is, for 4 weeks after the quit date). It is normally combined with pharmacotherapy.

Products that contain nicotine but do not contain tobacco and so deliver nicotine without the harmful toxins found in tobacco. Some have been licensed for smoking cessation by the Medicines and Healthcare products Regulatory Agency (MHRA). Currently there are no licensed nicotine-containing e-cigarettes on the market. E-cigarettes on general sale are regulated under the Tobacco and Related Product Regulations by the MHRA. For further details see the MHRA website.

Rationale and impact: commissioning and providing interventions and services to meet local needs

Rationale

Government policy changes since the publication of NICE's 2008 guideline on stop smoking services mean that the NHS and local authorities now produce sustainability and transformation plans to jointly meet local health needs. Their priorities for providing care, set out in health and wellbeing strategies, are founded on these plans. The committee agreed that commissioners and managers should use Public Health England's public health profiles, such as the Local Tobacco Control Profiles to find recent data on tobacco use and tobacco-related harm because knowing an area's needs is key. Local government and health services can use these data to plan how to tackle tobacco use and ensure that stop smoking interventions are available for everyone who smokes. Having reliable data will help local authorities allocate funds to local stop smoking services.

Public Health England's public health profiles together with sustainability and transformation plans, and health and wellbeing strategies will provide data on specific groups who are at high risk of tobacco-related harm in the area. Based on topic expert's experience, the committee agreed that some people in these groups are likely to smoke heavily or find it harder to quit than

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the general population of people who smoke. They are also more likely to have other physical health problems. Stopping smoking can reduce smoking-related complications.

Impact

Like NICE's 2008 guideline on stop smoking services, this guideline recommends the provision of stop smoking services and support, so there is no change in the funding implications. The value of support for stop smoking remains strong and the level of funding for this activity should not be reduced. By targeting groups at high risk of harm from smoking, stop smoking services can make a bigger difference and use resources more effectively.

Full details of the evidence and the committee's discussion are in evidence review A.

Rationale and impact: monitoring stop smoking services

Rationale

The committee agreed that stop smoking services that meet the targets are more likely to be funded, even when there are competing demands on local budgets. These targets, which were set because of expert opinion, were recommended in the original 2008 guideline on stop smoking services. The committee agreed that, based on their experience, there was no need to change them.

Quit rates are important because they provide planners with a figure that represents the benefit of a person stopping smoking. Topic experts advising on using carbon monoxide monitoring as a marker for quitting suggested that there was no reason to change the cut-off of 10 ppm recommended in the 2008 guideline. But because there is no universally agreed threshold the committee made a research recommendation on this.

Independent monitoring of quit rates and making the results public should ease concern about stop smoking services enhancing their performance results to ensure continued funding.

Impact

The recommendations will support current best practice and encourage investment in evidence-based services.

Full details of the evidence and the committee's discussion are in evidence review A.

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Rationale and impact: engaging with people who smoke

Rationale

Evidence showed that advice and referral is effective and highly cost effective in helping people to stop smoking. So health and social care workers in primary and community settings should speak to people about their smoking status at every contact. This is particularly important for people from more disadvantaged groups because evidence shows that they have much higher smoking rates and lower than average quit rates. They are also more likely to have respiratory, heart or other chronic conditions caused by, or worsened by, smoking.

Although some staff worry that people who smoke may feel they are being given too much advice, the committee considered that missing the chance to give appropriate advice carried a greater risk of harm. Also, the person may seek advice from other sources that may not be able to guide them to local stop smoking support. Topic experts persuaded the committee that people are more likely to think about stopping when asked in a way that is sensitive to their preferences and needs.

Evidence showed that smoking delays recovery after surgery, so people should stop smoking before having elective surgery. Because this is so important, the committee recommended that people planning surgery be referred for stop smoking support (an opt-out approach) rather than being offered a referral (an opt-in approach).

Impact

Asking about smoking status, giving advice and referring to local stop smoking support should be part of routine care. Staff should gain the knowledge and skills to give this care though their basic training and further training provided by their employers.

Full details of the evidence and the committee's discussion are in evidence review E.

Rationale and impact: evidence-based interventions

Rationale

Evidence showed that all the stop smoking interventions recommended for adults are effective. But to get the most benefit, staff delivering behavioural interventions must be trained to the NCSCT training standard. There was some evidence that NRT helped young people over 12 who smoke, and topic experts on the committee emphasised that young people are more likely

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to stop smoking when they also get behavioural support.

Topic experts explained that, in their experience, quit rates increase when text messaging is added to behavioural support. Evidence for text messaging alone was not reviewed so the committee did not make a recommendation for this. The text messages should be tailored to the person, give information about the health effects of smoking, provide encouragement, boost self-efficacy, motivate and give reminders of how deal with difficult situations.

Impact

All the interventions are clinically effective, cost effective and cost saving to both the NHS and local authorities. Most organisations will not need to change current practice, and support to stop smoking services should remain a priority. Behavioural support in the UK is currently only provided by stop smoking services. If GPs were commissioned to provide this intervention they would be likely to contract this out to the local stop smoking services. Staff working in GP settings currently offer pharmacotherapy plus very brief advice.

Individual behavioural support involves more staff than group behavioural support. But group behavioural support can lead to delays in support for people wanting to quit because they usually need a minimum number of people before they can start. Text messaging is routinely provided in stop smoking services as an opt-out adjunct to behavioural support and because it is cheap it does not need significant investment.

Full details of the evidence and the committee's discussion are in evidence review B.

Rationale and impact: e-cigarettes

Rationale

People who smoke often ask healthcare practitioners about using nicotine-containing e-cigarettes, which are increasingly being used for quitting. Because of the misconceptions and confusion about the safety of e-cigarettes, the committee agreed that advice should be given to allow an informed discussion on using them to stop smoking.

The long-term harms caused by smoking, even in the short-term, are well established and are the reason people who smoke are advised to quit. The committee were aware of reports produced by Public Health England (E-cigarettes and heated tobacco products: evidence review) and the Royal College of Physicians (Nicotine without smoke: Tobacco harm reduction)

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stating that the constituents of cigarette smoke that harm health are either absent in e-cigarette vapour or, if present, are mostly at much lower levels.

However, the committee also concluded that because e-cigarettes have only been widely available for a short period, the evidence on the long-term impact of their short-term use as well as the long-term health impact of their long-term use was still developing.

The committee were concerned that people who smoke should not be discouraged from switching to e-cigarettes, and as a result continue to smoke, because the evidence is still developing. Although there is a little evidence on the effectiveness and safety of these as medicinal products, the committee expected that these products are likely to be less harmful than smoking. Although they did not review the evidence detailed in the reports, they noted the recent reviews by Public Health England and others that stated that e-cigarettes are substantially less harmful than smoking. NICE was also aware of the reports produced by other national organisations as well as Public Health England. NICE agreed during post-committee discussions with Public Health England that the guideline should reflect the guidance produced by others when advising people who want to stop smoking about e-cigarettes.

Impact

Many staff are not aware of what advice to give on e-cigarettes so staff will need information and training. Managers of services providing stop smoking support may need to ensure staff are aware of the latest information, but the costs should be minimal.

Full details of the evidence and the committee's discussion are in evidence review C.

Rationale and impact: people who want to quit

Rationale

People who want to stop smoking should be referred to stop smoking support in their area because evidence and expert opinion showed that support provided by these services is clinically effective and highly cost effective in helping people to stop smoking. Managers should ensure that staff are available in primary or community settings to offer pharmacotherapy and very brief advice if there are no local stop smoking services or the person does not want to be referred.

Many people try to quit smoking using a variety of methods. Topic experts believe that allowing

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a person to choose the method that they prefer, provided it is not a pharmacotherapy that is unsuitable for them, is likely to increase success. But the committee recommended that before agreeing the approach to take with the smoker, stop smoking services, GPs and other prescribers should explain that a combination of pharmacotherapy and behavioural support may be the best option.

Impact

Most organisations will not need to change practice and the recommendations will support best practice.

Full details of the evidence and the committee's discussion are in evidence review E.

Rationale and impact: people who are not ready to quit

Rationale

The committee noted that changing smoking behaviour might not be a priority for some people because of other more pressing personal needs and goals. Unlike people who are motivated to change, people who are not motivated to stop smoking may need more information about the benefits of quitting. Using each contact to find out if they are ready to take up the offer for support could make it more likely that they will quit smoking.

Impact

Asking about smoking status and giving advice should be part of routine care. The recommendations will reinforce current best practice and organisations should not need to change practice.

Full details of the evidence and the committee's discussion are in evidence review E.

Glossary

NRT

(nicotine replacement therapy 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)

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stop smoking services

(services commissioned to deliver the interventions recommended in this guidance)

stop smoking support

(includes interventions and support to stop smoking regardless of how services are commissioned or set up)

text messaging

(the text messages should be tailored to the person and aim to advise on quitting by giving information about the consequences of smoking and what to expect when trying to quit, encouraging and boosting self-efficacy, motivating and giving reminders of how to deal with difficult situations)

very brief advice

(asking about current and past smoking behaviour, providing information on the consequences of smoking and stopping smoking, and advising on options for support and pharmacotherapy, in line with the NCSCT's training standard on very brief advice)

Sources

Stop smoking interventions and services (2018) NICE guideline NG92

Varenicline for smoking cessation (2007) NICE technology appraisal guidance 123

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

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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

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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.

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