Complete Summary

GUIDELINE TITLE

Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities.

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 87 p. (Public health guidance; no. 10). [29 references]

GUIDELINE STATUS

This is the current release of the guideline.

** REGULATORY ALERT **

FDA WARNING/REGULATORY ALERT

Note from the National Guideline Clearinghouse: This guideline references a drug(s) for which important revised regulatory and/or warning information has been released.

- February 1, 2008, Chantix (varenicline): New information has been added to the WARNINGS and PRECAUTIONS sections in Chantix's prescribing information about serious neuropsychiatric symptoms experienced in patients taking this medication.

COMPLETE SUMMARY CONTENT

SCOPE

DISEASE/CONDITION(S)

- Smoking
- Tobacco use or dependence

GUIDELINE CATEGORY

Counseling
Evaluation
Management
Treatment

CLINICAL SPECIALTY

Dentistry
Family Practice
Internal Medicine
Nursing
Obstetrics and Gynecology
Pediatrics
Preventive Medicine
Psychology
Pulmonary Medicine

INTENDED USERS

Advanced Practice Nurses
Allied Health Personnel
Dentists
Health Care Providers
Health Plans
Managed Care Organizations
Nurses
Patients
Pharmacists
Physician Assistants
Physicians
Psychologists/Non-physician Behavioral Health Clinicians
Public Health Departments
Respiratory Care Practitioners
Social Workers

GUIDELINE OBJECTIVE(S)

To produce public health guidance on smoking cessation services

TARGET POPULATION

People in the United Kingdom who smoke or use tobacco in any form, especially manual working groups, pregnant women, and people in hard to reach communities

INTERVENTIONS AND PRACTICES CONSIDERED

Assessment/Management

1. Defining the smoking population and prevalence
2. Staffing of National Health Service (NHS) Stop Smoking Services
3. Setting performance targets
4. Monitoring carbon monoxide (CO)
5. Establishing links with other services
6. Providing services in client's language

Interventions

1. Behavioral counseling, including counseling of pregnant women
2. Group therapy
3. Pharmacotherapy (nicotine replacement, varenicline, bupropion)

MAJOR OUTCOMES CONSIDERED

- Smoking cessation rate
- Percentage of minority community members served by smoking cessation programs
- Cost-effectiveness

METHODOLOGY

METHODS USED TO COLLECT/SELECT EVIDENCE

Hand-searches of Published Literature (Primary Sources)
Hand-searches of Published Literature (Secondary Sources)
Searches of Electronic Databases
Searches of Unpublished Data

DESCRIPTION OF METHODS USED TO COLLECT/SELECT THE EVIDENCE

Key Questions

The key questions were established as part of the scope. They formed the starting point for the reviews of evidence and facilitated the development of recommendations by the Programme Development Group (PDG). The overarching question was: 'What is the optimal provision of smoking cessation services, including the provision of nicotine replacement therapy (NRT), for primary care, pharmacies, local authorities and workplaces, with particular reference to manual working groups, pregnant women who smoke and hard to reach communities?' A number of subsidiary questions were also formulated. These questions were refined further in relation to the topic of each review.

Identifying the Evidence

The following databases were searched for meta-analyses, systematic reviews of randomised controlled trials (RCTs), individual RCTs, systematic reviews of non-RCTs, case-control studies, cohort studies, interrupted time series studies, correlational studies, controlled before-and-after studies, nonanalytic studies (for example case reports, case studies) and expert opinion (1900 to 2007):

- Allied and Complementary Medicine Database (AMED)
- Applies Social Sciences Index and Abstracts (ASSIA)
- British Nursing Index
- Cumulative Index to Nursing & Allied Health Literature (CINAHL)
- Cochrane Database of Systematic Reviews
- Cochrane Controlled Trials Register (CENTRAL)
- Controlled Clinical Trials
- Database of Abstracts of Reviews of Effects (DARE)
- DH-Data
- Excerpta Medica database (EMBASE)
- Google Scholar
- Health Technology Assessment Database
- Health Services Technology/Assessment Texts (HSTAT)
- King's Fund
- MEDLINE (Ovid)
- National Guideline Clearinghouse
- National Research Register (including Centre for Reviews and Dissemination [CRD] ongoing reviews database and unpublished reports)
- National Institute of Health and Clinical Excellence (NICE) web pages (published appraisals)
- PsycINFO
- Scottish Intercollegiate Guidelines Network (SIGN) Guidelines
- Sociological Abstracts
- TRIP

In addition, for the NHS Stop Smoking Services review, telephone interviews were carried out with 12 people working in tobacco cessation.

Expert Report

The expert report on mass media interventions (see appendix A of the original guideline document for details) identified both unpublished and published data produced between 1996 and 2006.

Further details of the databases, search terms and strategies are included in the review reports.

Selection Criteria

Inclusion and exclusion criteria for each review (see appendix A of the original guideline document for details) varied and details can be found at www.nice.org.uk/PH010. However, in general:

- Review 1 included systematic reviews and meta-analyses that focused on the most widely advertised, commercially available smoking cessation treatments in the UK. This included pharmacological and behavioural treatments where there was published research available on their effects.
- Review 2 included reviews, randomized controlled trials (RCTs) and non-randomised studies that evaluated the effectiveness of intensive treatments for smoking within the NHS, in particular, those offered by the NHS Stop Smoking Services.
- Review 3 included reviews and other studies of selective or indicated interventions that evaluated the effectiveness of workplace policies in England to support smoking cessation.
- Review 4 included reviews and other studies on mass media and community interventions that both encourage quit attempts and reinforce current and recent attempts to quit smoking among all population groups.
- Review 5 included reviews and other studies of telephone interventions for smoking cessation where telephone support was a key intervention component, or an adjunct to brief advice, and where it could be evaluated independently of the other intervention components.
- The expert paper on mass media interventions for smoking cessation included data (both published and unpublished) produced over the last 10 years (1996 to 2006).

Review of Economic Evaluations

Three databases were searched for each cost-effectiveness review: NHS Economic Evaluation Database, CRD and the internal database results from the original effectiveness review.

The criteria for inclusion of papers were:

- Studies used a defined intervention to assist smoking cessation
- The study population was smoking at the start of the study (although if drawn from a general population, it is accepted that some people may not smoke)
- Studies reported both the costs and effectiveness of an intervention (although costs and effectiveness did not have to be combined into a single cost-effectiveness ratio)

To furnish a cohort simulation model designed to estimate the costs and quality-adjusted life years (QALYs) associated with smoking cessation with relevant data, the following databases were searched: MEDLINE and MEDLINE In-Process, NHS Economic Evaluation Database (EED), Health Economics Evaluation Database (HEED), CINAHL, Health Management Information Consortium (HMIC), CRD (internal database) and PubMed. The World Wide Web and references listed in identified articles were also searched for relevant studies.

NUMBER OF SOURCE DOCUMENTS

Not stated

METHODS USED TO ASSESS THE QUALITY AND STRENGTH OF THE EVIDENCE

Weighting According to a Rating Scheme (Scheme Given)

RATING SCHEME FOR THE STRENGTH OF THE EVIDENCE

Levels of Evidence

1++: High quality meta-analyses, systematic reviews of randomised controlled trials (RCTs), or RCTs with a very low risk of bias

1+: Well-conducted meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs) with a low risk of bias

1-: Meta-analyses, systematic reviews of RCTs, or RCTs (including cluster RCTs) with a high risk of bias

2++: High quality systematic reviews of, or individual, non-randomised controlled trials, case-control studies, cohort studies, controlled before-and-after (CBA), interrupted time series (ITS), correlation studies with a very low risk of confounding, bias or chance and a high probability that the relationship is causal.

2+: Well-conducted non-randomised controlled trials, case-control studies, cohort studies, CBA, ITS, correlation studies with a low risk of confounding, bias or chance and a moderate probability that the relationship is causal.

2-: Non-randomised controlled trials, case-control studies, cohort studies, controlled CBA, ITS, correlation studies with a high risk of confounding, bias or chance and a significant risk that the relationship is not causal

3: Non-analytic studies (e.g., case reports, case series)

4: Expert opinion, formal consensus

METHODS USED TO ANALYZE THE EVIDENCE

Meta-Analysis
Review of Published Meta-Analyses
Systematic Review with Evidence Tables

DESCRIPTION OF THE METHODS USED TO ANALYZE THE EVIDENCE

Quality Appraisal

Included papers were assessed for methodological rigour and quality using the National Institute of Health and Clinical Excellence (NICE) methodology checklist, as set out in the NICE technical manual 'Methods for development of NICE public health guidance' (see appendix E of the original guideline document). Each study was described by study type and graded (++, +, -) to reflect the risk of potential bias arising from its design and execution (see "Rating Scheme for the Strength of the Evidence").

Reviewing the Evidence of Effectiveness

Five reviews of effectiveness were conducted.

Summarising the Evidence and Making Evidence Statements

The review data was summarised in evidence tables (see full reviews and the synopsis in the companion documents).

The findings from the reviews, interviews and expert report were synthesized and used as the basis for a number of evidence statements relating to each key question. The evidence statements reflect the strength (quantity, type and quality) of evidence and its applicability to the populations and settings in the scope.

METHODS USED TO FORMULATE THE RECOMMENDATIONS

Expert Consensus
Informal Consensus

DESCRIPTION OF METHODS USED TO FORMULATE THE RECOMMENDATIONS

At its meetings held between May 2006 and September 2007, the Programme Development Group (PDG) considered the evidence of effectiveness, expert reports and cost effectiveness to determine:

- Whether there was sufficient evidence (in terms of quantity, quality and applicability) to form a judgement
- Whether, on balance, the evidence demonstrates that the intervention is effective or ineffective, or whether it is equivocal
- Where there is an effect, the typical size of effect

The PDG developed draft recommendations through informal consensus, based on the following criteria:

- Strength (quality and quantity) of evidence of effectiveness and its applicability to the populations/settings referred to in the scope
- Effect size and potential impact on population health and/or reducing inequalities in health
- Cost effectiveness (for the National Health Service [NHS] and other public sector organisations)
- Balance of risks and benefits
- Ease of implementation and the anticipated extent of change in practice that would be required

The PDG also considered whether a recommendation should only be implemented as part of a research programme, where evidence was lacking. Where possible, recommendations were linked to an evidence statement(s) (see appendix C of the original guideline document for details). Where a recommendation was inferred

from the evidence, this was indicated by the reference 'IDE' (inference derived from the evidence).

RATING SCHEME FOR THE STRENGTH OF THE RECOMMENDATIONS

Not applicable

COST ANALYSIS

Economic Appraisal

The economic appraisal consisted of four economic evaluations and three economic analyses (See appendix A of the original guideline document for details).

Cost-Effectiveness Analysis

A cohort simulation model was designed to estimate the costs and quality-adjusted life years (QALYs) associated with smoking cessation. The model was designed to compare different smoking cessation interventions to determine their incremental cost-effectiveness.

Data were gathered on the following:

- Mortality, by age, gender and smoking status
- Prevalence of each comorbidity by age, gender and smoking status
- Utilities for each comorbidity
- Costs for each comorbidity
- The annual cessation and cost of each intervention modelled

The results are reported in: 'Cost effectiveness of interventions for smoking cessation' and 'Cost impact analysis of workplace-based interventions for smoking cessation' (see the "Availability of Companion Documents" field). Additional details are available in appendix B of the original guideline document.

METHOD OF GUIDELINE VALIDATION

External Peer Review
Internal Peer Review

DESCRIPTION OF METHOD OF GUIDELINE VALIDATION

The draft guidance, including the recommendations, was released for consultation in May 2007. At its meetings in June and September 2007, the Programme Development Group (PDG) considered comments from stakeholders and the results from fieldwork. The guidance was signed off by the National Institute for Health and Clinical Excellence (NICE) Guidance Executive in December 2007.

RECOMMENDATIONS

MAJOR RECOMMENDATIONS

The recommendations in this section are presented without any reference to evidence statements. Appendix C in the original guideline document links the recommendations to specific evidence statements.

Smoking Cessation Services

Recommendation 1

Who is the target population?

Everyone who smokes or uses any other form of tobacco.

Who should take action?

- Primary care trusts (PCTs), strategic health authorities (SHAs).
- Commissioners of publicly funded smoking cessation services.

What action should they take?

- Determine the characteristics of the local population of people who smoke or use other forms of tobacco. Determine the prevalence of all forms of tobacco use locally.
- Ensure National Health Service (NHS) Stop Smoking Services target minority ethnic and socioeconomically disadvantaged communities in the local population.
- Ensure NHS Stop Smoking Services provide a good service by maintaining adequate staffing levels, including a full-time coordinator (or the equivalent).
- Set realistic performance targets for both the number of people using the service and the proportion who successfully quit smoking. These targets should reflect the demographics of the local population. Services should:
    - Aim to treat at least 5% of the estimated local population of people who smoke or use tobacco in any form each year
    - Aim for a success rate of at least 35% at 4 weeks, validated by carbon monoxide monitoring. This figure should be based on all those who start treatment, with success defined as not having smoked in the third and fourth week after the quit date. Success should be validated by a carbon monoxide (CO) monitor reading of less than 10 ppm at the 4-week point. This does not imply that treatment should stop at 4 weeks
- Audit performance data routinely and independently and make the results publicly available. Audits should also be carried out on exceptional results – 4-week quit rates lower than 35% or above 70% – to determine the reasons for unusual performance, and to help identify best practice and ensure it is being followed.
- Establish links between contraceptive services, fertility clinics and ante- and postnatal services. These links should ensure health professionals use the many opportunities available to them (at various stages of the woman's life)

to offer smoking advice or referral to a specialist service, where appropriate. (See also NICE public health guidance 1 on smoking cessation in primary care and other settings at: www.nice.org.uk/PHI001)

Recommendation 2

Who is the target population?

Everyone who smokes or uses tobacco in any other form.

Who should take action?

Managers and providers of NHS Stop Smoking Services.

What action should they take?

- Offer behavioural counselling, group therapy, pharmacotherapy or a combination of treatments that have been proven to be effective (see the list at the start of section 4 of the original guideline document).
- Ensure clients receive behavioural support from a person who has had training and supervision that complies with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591).
- Provide tailored advice, counselling and support, particularly to clients from minority ethnic and disadvantaged groups. Provide services in the language chosen by clients, wherever possible.
- Ensure the local NHS Stop Smoking Service aims to treat minority ethnic and disadvantaged groups at least in proportion to their representation in the local population of tobacco users. (See also NICE public health guidance 1 on smoking cessation at: www.nice.org.uk/PHI001).

Recommendation 3

Who is the target population?

People who want to stop smoking.

Who should take action?

Commissioners and managers of telephone quitline services.

What action should they take?

- Ensure publicly sponsored telephone quitlines offer a rapid, positive and authoritative response. Where possible, callers whose first language is not English should have access to information and support in their chosen language.
- 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 at least level two (individual behavioural counselling) and preferably, they should hold an appropriate

counselling qualification. Training should comply with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591).

Pharmacotherapies and Other Treatments

Recommendation 4

Who is the target population?

People who want to stop smoking.

Who should take action?

Healthcare professionals who advise on, or prescribe, nicotine replacement therapy (NRT), varenicline or bupropion.

What action should they take?

- Offer NRT, varenicline or bupropion, as appropriate, to people who are planning to stop smoking.
- Offer advice, encouragement and support, including referral to the NHS Stop Smoking Service, to help people in their attempt to quit.
- NRT, varenicline or bupropion should normally be prescribed as part of an abstinent-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular date (target stop date). The prescription of NRT, varenicline or bupropion should be sufficient to last only until 2 weeks after the target stop date. Normally, this will be after 2 weeks of NRT therapy, and 3 to 4 weeks for varenicline and bupropion, to allow for the different methods of administration and mode of action. Subsequent prescriptions should be given only to people who have demonstrated, on re-assessment that their quit attempt is continuing.
- Explain the risks and benefits of using NRT to young people aged from 12 to 17, pregnant or breastfeeding women, and people who have unstable cardiovascular disorders. To maximise the benefits of NRT, people in these groups should also be strongly encouraged to use behavioural support in their quit attempt.
- Neither varenicline or bupropion should be offered to young people under 18 nor to pregnant or breastfeeding women.
- Varenicline or bupropion may be offered to people with unstable cardiovascular disorders, subject to clinical judgement
- If a smoker's attempt to quit is unsuccessful using NRT, varenicline or bupropion, do not offer a repeat prescription within 6 months unless special circumstances have hampered the person's initial attempt to stop smoking, when it may be reasonable to try again sooner.
- Do not offer NRT, varenicline or bupropion in any combination.
- Consider offering a combination of nicotine patches and another form of NRT (such as gum, inhalator, lozenge or nasal spray) to people who show a high level of dependence on nicotine or who have found single forms of NRT inadequate in the past.
- Do not favour one medication over another. The clinician and patient should choose the one that seems most likely to succeed.

- When deciding which therapies to use and in which order, discuss the options with the client and take into account:
    - Whether a first offer of referral to the NHS Stop Smoking Service has been made
    - Contra-indications and the potential for adverse effects
    - The client's personal preferences
    - The availability of appropriate counselling or support
    - The likelihood that the client will follow the course of treatment
    - Their previous experience of smoking cessation aids

This supersedes NICE technology appraisal guidance 39 on NRT and bupropion. (See also NICE technology appraisal guidance 123 on varenicline at www.nice.org.uk/TA123).

Recommendation 5

Who is the target population?

People who want to stop smoking, but not immediately.

Who should take action?

Healthcare professionals who advise on, or prescribe, NRT.

What action should they take?

Practitioners should provide NRT and appropriate support to individuals who want to follow the nicotine assisted reduction to stop (NARS) strategy only if it is part of a properly designed and conducted research study. Participants should include those who have repeatedly tried – and failed – to quit and those who are adamant that they do not want to quit abruptly.

Specific Groups

Recommendation 6

Who is the target population?

People receiving care and advice from a health professional in primary care or in hospital.

Who should take action?

- PCTs and acute trusts
- Healthcare professionals

What action should they take?

- Healthcare professionals should be trained to give brief advice on stopping tobacco use and should have contact with the local NHS Stop Smoking Service to which they can refer people.
- Healthcare professionals should identify and record the smoking and/or tobacco use status of all their patients. Those who use tobacco should be:
    - Reminded at every suitable opportunity of the health benefits of stopping
    - Offered brief advice and, if they want to stop using tobacco, referred to the local NHS Stop Smoking Service. If patients do not wish to attend the service, they should be offered brief advice and support to help them quit, and pharmacotherapy as appropriate
- Patients referred for elective surgery should be encouraged to stop smoking before the operation. Patients who want to stop smoking for good should also be referred to the local NHS Stop Smoking Service.
- Hospital patients who use tobacco in any form should be offered advice and, if appropriate, NRT from a trained health professional or smoking cessation adviser while in hospital to help them to quit. They should also be offered an appointment with their local NHS Stop Smoking Service. If they accept the offer, the appointment should be booked prior to their discharge. In exceptional circumstances it might be inappropriate to advise a patient to quit; for example, because of their presenting condition or personal situation.
- PCTs should ensure that NHS Stop Smoking Services can provide cessation support to hospitals. This should include a fast-track referral system after discharge for patients who have tried to quit smoking in hospital. PCTs should develop a clear referral plan with links between primary and acute trusts.

(See also NICE public health guidance 1 on smoking cessation at: www.nice.org.uk/PHI001).

Recommendation 7

Who is the target population?

People with cardiovascular or respiratory disease who smoke.

Who should take action?

- Healthcare professionals or counsellors who advise on, prescribe or dispense pharmacotherapies for stopping smoking
- Cardiac rehabilitation teams

What action should they take?

Offer brief advice or, preferably, behavioural support from the local NHS Stop Smoking Service and prescriptions of NRT, varenicline or bupropion, according to clinical judgement.

This supersedes NICE technology appraisal guidance 39 on NRT and bupropion. (See also NICE technology appraisal guidance 123 on varenicline at www.nice.org.uk/TA123 and NICE clinical guideline 12 on chronic obstructive pulmonary disease at www.nice.org.uk/CG012).

Recommendation 8

Who is the target population?

Women who smoke and who are either pregnant or are planning a pregnancy, and their partners and family members who smoke.

Who should take action?

All those responsible for providing health and support services for pregnant women, for those wishing to become pregnant, and for their partners. This includes: those working in fertility clinics, midwives, general practitioners (GPs), dentists, hospital and community pharmacists, and those working in children's centres, voluntary organisations and occupational health services.

What action should they take?

- At the first contact with the woman, discuss her smoking status, provide information about the risks of smoking to the unborn child and the hazards of exposure to secondhand smoke. Address any concerns she and her partner or family may have about stopping smoking.
- Offer personalised information, advice and support on how to stop smoking. Encourage pregnant women to use local NHS Stop Smoking Services and the NHS Pregnancy Smoking Helpline by providing details on when, where and how to access them. Consider visiting pregnant women at home if it is difficult for them to attend specialist services.
- Monitor smoking status and offer smoking cessation advice, encouragement and support throughout the pregnancy and beyond.
- Discuss the risks and benefits of NRT with pregnant women who smoke, particularly those who do not wish to accept the offer of help from the NHS Stop Smoking Service. If a woman expresses a clear wish to receive NRT, use professional judgement when deciding whether to offer a prescription.
- Advise pregnant women using nicotine patches to remove them before going to bed.

This supersedes NICE technology appraisal guidance 39 on NRT and bupropion. (See also NICE public health guidance 1 on smoking cessation at: http://www.nice.org.uk/PHI001).

Recommendation 9

Who is the target population?

Mothers of infants and young children, particularly breastfeeding mothers who smoke, and partners and family members who smoke.

Who should take action?

GPs, midwives, health visitors, community pharmacists and smoking cessation counsellors who advise on, or prescribe, NRT.

What action should they take?

- At the first contact, discuss the smoking status of the woman and her partner, provide information about the risks of secondhand smoke to young children and address any concerns about stopping smoking.
- Offer information, advice and support on how to quit smoking and encourage use of local NHS Stop Smoking Services by providing details on when, where and how to access them.
- Use any opportunity to offer those mothers who are (or who may be) eligible for the Healthy Start scheme practical and personalised information, advice and support to help them stop smoking.
- Discuss the risks and benefits of NRT with breastfeeding mothers who have tried but have been unable to stop smoking unaided. Use professional judgement to decide whether or not to advise use of NRT or to offer an NRT prescription.
- Advise breastfeeding women using nicotine patches to remove them before going to bed.

This supersedes NICE technology appraisal guidance 39 on NRT and bupropion. (See also NICE public health guidance 1 on smoking cessation at: http://www.nice.org.uk/PHI001).

Recommendation 10

Who is the target population?

Young people aged 12 to 17 who show a strong commitment to quit smoking.

Who should take action?

Healthcare professionals or counsellors who advise on, or prescribe, NRT.

What action should they take?

- Offer young people aged 12 to 17 information, advice and support on how to stop smoking. Encourage use of local NHS Stop Smoking Services by providing details on when, where and how to access them.
- Use professional judgement to decide whether or not to offer NRT to young people over 12 years who show clear evidence of nicotine dependence. If NRT is prescribed, offer it as part of a supervised regime.

This supersedes NICE technology appraisal guidance 39 on NRT and bupropion. (See also NICE public health guidance 1 on smoking cessation at: www.nice.org.uk/PHI001; NICE technology appraisal guidance 123 on varenicline at www.nice.org.uk/TA123).

Education and Training

Recommendation 11

Who is the target population?

NHS Stop Smoking Services advisers and coordinators.

Who should take action?

Commissioners and managers of NHS Stop Smoking Services.

What action should they take?

- Ensure training and continuing professional development is available for all those involved in providing stop smoking advice and support.
- Ensure training complies with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591).

Recommendation 12

Who is the target population?

Doctors, nurses, midwives, pharmacists, dentists, telephone quitline counsellors and others who advise people on how to quit smoking.

Who should take action?

Those responsible for the education and training of healthcare workers and others who advise people how to quit smoking.

What action should they take?

- Train all frontline healthcare staff to offer brief advice on smoking cessation in accordance with NICE guidance ('Brief interventions and referral for smoking cessation in primary care and other settings' www.nice.org.uk/PHI001). Also train them to make referrals, where necessary and possible, to NHS Stop Smoking Services and other publicly funded smoking cessation services.
- Ensure training on how to support people to quit smoking is part of the core curriculum for healthcare undergraduates and postgraduates.
- Train all NHS Stop Smoking Services practitioners using a programme that complies with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591).
- Provide additional, specialised training for those working with specific groups, for example, people with mental health problems, those who are hospitalised and pregnant women who smoke.
- Encourage and train healthcare professionals to ask patients or clients about all forms of tobacco use and to advise them of the dangers of exposure to secondhand smoke.

Strategies, Policies and Plans

Recommendation 13

Who is the target population?

Everyone who smokes or uses tobacco in any other form.

Who should take action?

PCTs, SHAs, local authorities, local strategic partnerships.

What action should they take?

- Set local targets for reducing tobacco use based on the characteristics of the local population and the prevalence of smoking and other forms of tobacco consumption, such as oral tobacco. Embed these targets in any partnership arrangements between local authorities and PCTs (for example, local area agreements).
- Develop a policy to ensure that effective smoking cessation services are provided as part of the local tobacco control strategy.

Recommendation 14

Who is the target population?

Everyone who smokes or uses tobacco in any other form.

Who should take action?

Organisers and planners of local, regional and national public education and communications campaigns.

What action should they take?

- Coordinate communications strategies to support the delivery of smoking cessation services, telephone quitlines, school-based interventions, forthcoming tobacco control policy changes and any other activities designed to help people to stop using tobacco.
- 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 reviews by the Cochrane Collaboration and the Global Dialogue for Effective Stop Smoking Campaigns (www.stopsmokingcampaigns.org)
  - Be developed and evaluated using audience research
  - Use 'why to' and 'how to' quit messages that are nonjudgemental, empathetic and respectful. For example, testimonials from people who smoke or used to smoke can work well
  - Involve community pharmacies in local campaigns and maintain links with other professional groups such as dentists, fire services and voluntary groups
  - Ensure campaigns are sufficiently extensive and sustained to have a reasonable chance of success
  - Consider targeting and tailoring campaigns towards low income and minority ethnic groups to address inequalities

Recommendation 15

Who is the target population?

People who live or work in prisons, military establishments and care institutions, and who smoke or use tobacco in other forms.

Who should take action?

Managers of prisons, military establishments and long-stay health centres, such as mental healthcare units.

What action should they take?

Develop a policy, using guidance provided by the Department of Health, to ensure that effective smoking cessation services are provided and promoted.

(Go to www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Tobacco/index.htm)

(See also NICE public health guidance 1 on smoking cessation at: www.nice.org.uk/PHI001 and NICE public health guidance 5 on workplace smoking cessation at: www.nice.org.uk/PHI005)

Recommendation 16

Who is the target population?

Employees whose workplace is subject to regulations under the 2006 Health Act.

Who should take action?

Employers

What action should they take?

Negotiate a smokefree workplace policy with employees or their representatives. This should:

- State whether or not smoking breaks may be taken during working hours and, if so, where, how often and for how long
- Direct people who wish to stop smoking to services that offer appropriate support, for example, the NHS Stop Smoking Services
- Implement the NICE public health guidance, 'Workplace interventions to promote smoking cessation' (www.nice.org.uk/PHI005).

CLINICAL ALGORITHM(S)

None provided

EVIDENCE SUPPORTING THE RECOMMENDATIONS

TYPE OF EVIDENCE SUPPORTING THE RECOMMENDATIONS

The type of supporting evidence is provided in appendix C of the original guideline document, which sets out the evidence statements taken from five reviews, and the expert report and links them to the relevant recommendations.

BENEFITS/HARMS OF IMPLEMENTING THE GUIDELINE RECOMMENDATIONS

POTENTIAL BENEFITS

Successful reduction in the numbers of smokers

POTENTIAL HARMS

Adverse events associated with pharmacotherapy

QUALIFYING STATEMENTS

QUALIFYING STATEMENTS

This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available. Those working in the National Health Service (NHS), local authorities, the wider public, voluntary and community sectors and the private sector should take it into account when carrying out their professional, managerial or voluntary duties.

IMPLEMENTATION OF THE GUIDELINE

DESCRIPTION OF IMPLEMENTATION STRATEGY

National Institute of Health and Clinical Excellence (NICE) guidance can help:

- National Health Service (NHS) organisations meet Department of Health (DH) standards for public health as set out in the seventh domain of 'Standards for better health' (updated in 2006). Performance against these standards is assessed by the Healthcare Commission, and forms part of the annual health check score awarded to local healthcare organisations.
- NHS organisations and local authorities (including social care and children's services) meet the requirements of the government's 'National standards, local action, health and social care standards and planning framework 2005 to 2008' and the 'NHS stop smoking services: service and monitoring guidance – October 2007/8'.
- National and local organisations within the public sector meet government indicators and targets to improve health and reduce health inequalities.
- Local authorities fulfil their remit to promote the economic, social and environmental wellbeing of communities.

- Local NHS organisations, local authorities and other local public sector partners benefit from any identified cost savings, disinvestment opportunities or opportunities for re-directing resources.
- Provide a focus for children's trusts, health and wellbeing partnerships and other multi-sector partnerships working on health within a local strategic partnership.

NICE has developed tools to help organisations implement this guidance. For details, visit NICE website (www.nice.org.uk/PH010) (See also the "Availability of Companion Documents" field).

IMPLEMENTATION TOOLS

Audit Criteria/Indicators
Chart Documentation/Checklists/Forms
Quick Reference Guides/Physician Guides
Resources

For information about availability, see the "Availability of Companion Documents" and "Patient Resources" fields below.

INSTITUTE OF MEDICINE (IOM) NATIONAL HEALTHCARE QUALITY REPORT CATEGORIES

IOM CARE NEED

Getting Better
Staying Healthy

IOM DOMAIN

Effectiveness
Patient-centeredness

IDENTIFYING INFORMATION AND AVAILABILITY

BIBLIOGRAPHIC SOURCE(S)

National Institute for Health and Clinical Excellence (NICE). Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 87 p. (Public health guidance; no. 10). [29 references]

ADAPTATION

Not applicable: The guideline was not adapted from another source.

DATE RELEASED

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GUIDELINE DEVELOPER(S)

National Institute for Health and Clinical Excellence (NICE) - National Government Agency [Non-U.S.]

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FINANCIAL DISCLOSURES/CONFLICTS OF INTEREST

Not stated

GUIDELINE STATUS

This is the current release of the guideline.

GUIDELINE AVAILABILITY

Electronic copies: Available in Portable Document Format (PDF) format from the National Institute for Health and Clinical Excellence (NICE) Web site.

AVAILABILITY OF COMPANION DOCUMENTS

The following are available:

- Smoking cessation services. Quick reference guide. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 12 p. (Public Health Intervention Guidance 10). Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.
- Smoking cessation services. Costing template. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. Various p. (Public Health Intervention Guidance 10). Available from the NICE Web site.
- Smoking cessation services. Costing report. London (UK): National Institute for Health and Clinical Excellence (NICE); 2008 Feb. 19 p. (Public Health Intervention Guidance 10). Available from the NICE Web site.
- Rapid review of non NHS treatments for smoking cessation. Evidence review: Non-NHS treatments. London (UK): NICE Public Health Collaborating Centre; 2006 May. 203 p. Available in Portable Document Format (PDF) from the NICE Web site.
- Rapid review – the effectiveness of National Health Service intensive treatments for smoking cessation in England. Evidence review: Non-NHS treatments. London (UK): NICE Public Health Collaborating Centre; 2006 Jun. 136 p. Available in Portable Document Format (PDF) from the NICE Web site.
- Rapid review - workplace policies and interventions for smoking cessation. London (UK): NICE Public Health Collaborating Centre; 2006 Sep. 122 p. Available in Portable Document Format (PDF) from the NICE Web site.
- Clinical and cost-effectiveness of nicotine replacement therapy for new licensed indications and combination therapy: a summary of best evidence. 2006 Nov. 81 p. Available in Portable Document Format (PDF) from the NICE Web site.
- The guidelines manual 2007. London (UK): National Institute for Health and Clinical Excellence (NICE); 2007 April. Electronic copies: Available in Portable Document Format (PDF) from the National Institute for Health and Clinical Excellence (NICE) Web site.

Print copies: Available from the National Health Service (NHS) Response Line 0870 1555 455. ref: N1478. 11 Strand, London, WC2N 5HR.

PATIENT RESOURCES

None available

NGC STATUS

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