

Smoking and Vaping Health Needs Assessment

Appendix 6: Smoking NICE guidance releases

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June 2024



Table 1: NICE guidance updates from 2021 to present day

Section in guidance	New or updated recommendations
<p>Adult-led interventions in schools</p>	<p>1.6.3 As part of the curriculum on tobacco, alcohol and drug misuse, discourage children, young people and young adults who do not smoke from experimenting with or regularly using e-cigarettes. Talk about e-cigarettes separately from tobacco products. [2021]</p> <p>1.6.4 When discussing e-cigarettes, make it clear why children, young people and young adults who do not smoke should avoid e-cigarettes to avoid inadvertently making them desirable. [2021]</p>
<p>Stop-smoking interventions</p>	<p>1.12.1 Tell people who smoke that a range of interventions is available to help them stop smoking. Explain how to access them and refer people to stop-smoking support if appropriate. [2021]</p> <p>1.12.2 Ensure the following are accessible to adults who smoke: Behavioural interventions behavioural support (individual and group) Very brief advice Medically licensed products bupropion (see BNF information on bupropion hydrochloride) nicotine replacement therapy – short and long acting varenicline (see NICE's technology appraisal guidance on varenicline for smoking cessation and the BNF information on varenicline) nicotine-containing e-cigarettes Allen Carr's Easyway in-person group seminar. In August 2022, varenicline was unavailable in the UK. See the MHRA alert on varenicline. [2021, amended 2022]</p> <p>1.12.5 Offer behavioural support to people who smoke regardless of which option they choose to help them stop smoking, unless they have chosen the Allen Carr Easyway in-person group seminar. Explain how to access this support. [2021, amended 2022]</p> <p>1.12.6 Discuss with people which options to use to stop smoking, taking into account: Their preference, health and social circumstances Any medicines they are taking Any contraindications and the potential for adverse effects Their previous experience of stop-smoking aids</p> <p>Also see the advice in the recommendations on medicinally licensed products, and the recommendations on nicotine-containing e-cigarettes. [2021]</p> <p>1.12.7 Advise people (as appropriate for their age) that the following options, when combined with behavioural support, are more likely to result in them successfully stopping smoking: varenicline (offered in line with NICE's technology appraisal guidance on varenicline for smoking cessation) a combination of short-acting and long-acting NRT nicotine-containing e-cigarettes</p>

	<p>1.12.8 Advise people (as appropriate for their age) that the options that are less likely to result in them successfully stopping smoking, when combined with behavioural support, are: Bupropion Short-acting NRT used without long-acting NRT Long-acting NRT used without short-acting NRT [2021]</p> <p>1.12.10 Emphasise that: most smoking-related health problems are caused by other components in tobacco smoke, not by the nicotine any risks from using medicinally licensed nicotine-containing products or other stop-smoking pharmacotherapies are much lower than those of smoking. [2013, amended 2021]</p> <p>1.12.13 Give clear, consistent and up-to-date information about nicotine-containing e-cigarettes to adults who are interested in using them to stop smoking (for example, see the NCSCT e-cigarette guide and Public Health England's information on e-cigarettes and vaping). [2021]</p> <p>1.12.14 Advise adults how to use nicotine-containing e-cigarettes. This includes explaining that: e-cigarettes are not licensed medicines but are regulated by the Tobacco and Related Products Regulations (2016) there is not enough evidence to know whether there are long-term harms from e-cigarette use use of e-cigarettes is likely to be substantially less harmful than smoking any smoking is harmful, so people using e-cigarettes should stop smoking tobacco completely. [2021]</p> <p>1.12.15 Discuss: how long the person intends to use nicotine-containing e-cigarettes for using them for long enough to prevent a return to smoking and how to stop using them when they are ready to do so. [2021]</p> <p>1.12.16 Ask adults using nicotine-containing e-cigarettes about any side effects or safety concerns that they may experience. Report these to the MHRA Yellow Card scheme, and let people know they can report side effects directly. [2021]</p> <p>1.12.17 Explain to adults who choose to use nicotine-containing e-cigarettes the importance of getting enough nicotine to overcome withdrawal symptoms and explain how to get enough nicotine. [2021]</p>
<p>Support to stop smoking in secondary care services</p>	<p>1.14.1 Give people information about the smokefree policy before their appointment, procedure or hospital stay. This should cover: the short- and long-term health benefits of stopping smoking at any time; for example, stopping smoking at any time before surgery has no ill effects (although people may experience short-term withdrawal symptoms such as headaches or irritability from quitting), and people who stop in the 8 weeks before surgery can benefit significantly the risks of secondhand smoke the fact that all buildings and grounds are smokefree so they must not smoke while admitted to, using or visiting these services (see the section on policy) the types of support available to help them stop smoking completely or temporarily before, during and after an admission or appointment (see the sections on behavioural support in acute and mental health services and supporting people who have to stop smoking temporarily) about the different pharmacotherapies that can help with stopping smoking and temporary abstinence, where to obtain them (including from GPs) and how to use them. [2013, amended 2021]</p> <p>1.14.8 Provide information about the different types of stop-smoking options and how to use them. [2013, amended 2021]</p>

	<p>1.14.10 Offer and arrange or supply prescriptions of stop-smoking options (see the sections on stop-smoking interventions and stop-smoking pharmacotherapies in acute and mental health services). [2013, amended 2021]</p> <p>1.14.18 Tell them about local policies on indoor and outdoor use of nicotine-containing e-cigarettes. [2013, amended 2021]</p> <p>1.14.19 For people with severe mental health conditions who may need additional support to stop smoking, offer: delivery by a specialist adviser with mental health expertise support that is tailored in duration and intensity to the person's needs. [2021]</p> <p>1.14.23 Monitor people's use of prescribed medicines that are affected by smoking (or stopping smoking) for efficacy and adverse effects. Adjust the dosage as appropriate. Medicines that are affected include: clozapine, olanzapine, theophylline and warfarin. Refer to specific information for individual medicines, such as in the BNF or summaries of product characteristics in the electronic medicines compendium. [2013, amended 2021]</p>
<p>Adherence and relapse prevention</p>	<p>1.17.1 Discuss ways of preventing a relapse to smoking. This could include talking about coping strategies and practical ways of making it easier to prevent a relapse to smoking. Do this at an early stage and at each contact. [2021]</p> <p>1.17.2 Offer the opportunity for a further course of varenicline, NRT or bupropion to prevent a relapse to smoking. [2021]</p> <p>1.17.5 Offer medicinally licensed nicotine-containing products, as needed, to help prevent a relapse among people who have reduced the amount they smoke. [2013, amended 2021]</p> <p>1.17.6 For people attempting to stop smoking and those reducing their harm, offer follow-up appointments and review the approach taken at each contact. [2021]</p> <p>1.17.7 Encourage people who have not achieved their quitting or harm-reduction goals to try again. Remind them that various interventions are available to help them and discuss which option to use next. See the sections on stop-smoking interventions and on supporting people who do not want, or are not ready, to stop smoking in one go to reduce their harm from smoking. [2021]</p>
<p>Identifying pregnant women who smoke and referring them for stop-smoking support</p>	<p>1.18.1 Provide routine carbon monoxide testing at the first antenatal appointment and at the 36-week appointment to assess every pregnant woman's exposure to tobacco smoke. Provide carbon monoxide testing at all other antenatal appointments if the pregnant woman: smokes or is quitting or used to smoke or tested with 4 parts per million (ppm) or above at the first antenatal appointment. [2023]</p> <p>1.18.2 Provide an opt-out referral to receive stop-smoking support for all pregnant women who: say they smoke or have stopped smoking in the past 2 weeks or have a carbon monoxide reading of 4 ppm or above or have previously been provided with an opt-out referral but have not yet engaged with stop-smoking support.</p>

	<p>See also the section on identifying smoking among carers, family and other household members. [2021]</p> <p>1.18.3 Explain to the woman: that it is normal practice to refer all pregnant women who smoke or have recently quit that the carbon monoxide test will allow her to see a physical measure of her smoking and exposure to other people's smoking what her carbon monoxide reading means, taking into consideration the time since she last smoked and the number of cigarettes smoked (and when) on the day of the test. [2021]</p>
<p>Providing support for women to stop smoking during and after pregnancy</p>	<p>1.20.6 Consider NRT alongside behavioural support to help women stop smoking in pregnancy (see BNF information on NRT). [2021]</p> <p>1.20.7 Consider NRT at the earliest opportunity in pregnancy and continue to provide it after pregnancy if the woman needs it to prevent a relapse to smoking, including if the pregnancy does not continue (see BNF information on NRT). [2021]</p> <p>1.20.8 Give pregnant women clear and consistent information about NRT. Explain: that it may help them stop smoking and reduce their cravings how to use NRT correctly, including how to get a high enough dose of nicotine to control cravings, prevent compensatory smoking and stop successfully. [2021]</p> <p>1.20.10 Emphasise to pregnant women that: most smoking-related health problems are caused by other components in tobacco smoke, not by the nicotine any risks from using NRT are much lower than those of smoking nicotine levels in NRT are much lower than in tobacco, and the way these products deliver nicotine makes them considerably less addictive than smoking. [2021]</p> <p>1.20.12 In addition to NRT and behavioural support, offer voucher incentives to support women to stop smoking during pregnancy, as follows: refer women to an incentive scheme at the first maternity booking appointment or at the next available opportunity provide vouchers only for abstinence validated using a biochemical method, such as a carbon monoxide test with a reading of less than 4 ppm stagger incentives until at least the end of pregnancy (incentives totalling around £400 have been shown to be effective) do not exclude women who have relapsed or those whose pregnancy does not continue from continuing to take part in the scheme and try again ensure vouchers cannot be used to buy products that could be harmful during pregnancy (for example, alcohol and cigarettes). [2021]</p> <p>1.20.13 Consider providing voucher incentives jointly to the pregnant woman and to a friend or family member that she has chosen to support her during her quit attempt. [2021]</p> <p>1.20.14 Ensure staff are trained to promote and deliver incentive schemes to pregnant women to stop smoking. [2021]</p>
<p>Commissioning and designing services</p>	<p>1.22.1 Use integrated care systems plans, health and wellbeing strategies, and other relevant local strategies and plans to make the range of interventions in the section on stop-smoking interventions accessible to adults who smoke. [2021]</p> <p>1.22.2 Ensure service specifications require providers of stop-smoking support to offer nicotine replacement therapy (NRT) for as long as needed to help prevent a relapse to smoking. [2021]</p> <p>1.22.9 Ensure service specifications require providers of stop-smoking support to offer medicinally licensed nicotine-containing products on a long-</p>

	<p>term basis to help people maintain a lower level of smoking. [2013, amended 2021]</p> <p>1.22.14 Include NICE-recommended nicotine-containing products as options for sale in secondary care settings (for example, in hospital shops). [2021]</p>
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Source: [NICE](#)