

## Appendix B: equality and health inequalities assessment (EHIA)

### 2024 exceptional surveillance of Tobacco: preventing uptake, promoting quitting and treating dependence (NICE guideline NG209)

#### STAGE 4. Development of guideline or topic area for update

*(To be completed by the developer before consultation on the draft guideline or update)*

Tobacco: preventing uptake, promoting quitting and treating dependence [NG209]

Date of completion: October 2024

Focus of guideline or update: The effectiveness and cost-effectiveness of cytisinicline as an intervention to aid smoking cessation.

4.1 From the evidence syntheses and the committee's considerations thereof, what were the main equality and health inequalities issues identified? Were any **further** potential issues identified (in addition to those identified during the scoping process) or any gaps in the evidence for any particular group?

1. Protected characteristics (Equality Act 2010):

Age:

- The evidence review and committee discussions highlighted that cytisinicline is not recommended for use in persons under 18 years of age. This exclusion is justified due to the contraindication in the product characteristics.

Disability:

- The committee expressed concern about the lack of specific evidence on cytisinicline's effectiveness and safety in people with mental health conditions, despite this group having higher smoking rates (40% vs. general population) and often being more heavily addicted.
- There was no specific evidence on cytisinicline's use in people with physical disabilities or learning disabilities.

Sex:

- While not explicitly discussed, the evidence review did not highlight any significant differences in cytisinicline's effectiveness between males and females.

#### Sexual orientation:

- The committee noted the higher smoking prevalence among adults identifying as lesbian, gay, or bisexual (24% vs. 16% of heterosexuals), but found no specific evidence on cytisinicline's effectiveness in these groups.

#### Pregnancy and maternity:

- Cytisinicline is contraindicated in pregnancy and breastfeeding, which the committee acknowledged as an important limitation.

#### 2. Socioeconomic deprivation:

- The committee expressed concern about the lack of specific evidence on cytisinicline's effectiveness in socioeconomically disadvantaged groups, despite these groups having higher smoking rates and often finding it harder to quit.
- There was discussion about how the complex dosing regimen of cytisinicline might affect adherence in different socioeconomic groups, but no evidence was available.

#### 3. Geographical area variation:

- The committee noted regional differences in smoking prevalence but found no specific evidence on how cytisinicline's effectiveness might vary across different geographical areas in the UK.
- There was a lack of evidence on cytisinicline's effectiveness in rural vs. urban settings, which could be relevant given potential differences in access to smoking cessation services.

#### 4. Inclusion health and vulnerable groups:

The committee acknowledge trends indicating greater prevalence of smoking in specific inclusion health and vulnerable groups and noted the lack of specific evidence on cytisinicline's effectiveness in these groups.

#### Gaps in evidence:

There are gaps in the evidence on:

1. Effectiveness of cytisinicline in people with mental health conditions
2. Effectiveness of cytisinicline in socioeconomically disadvantaged groups
3. Potential impact of cytisinicline's complex dosing regimen on adherence
4. Effectiveness of cytisinicline in combination with other smoking cessation products

The evidence review itself did not contain specific subgroup analyses for most of these populations due to limitations in the available data.

The committee noted the existing research recommendations on improving engagement and accessibility for under-served groups and on support for those with mental health conditions to stop smoking.

4.2 How have the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the guideline or update and any draft recommendations?

**Inclusion in recommendations:**

The draft recommendations (section 1.12 of the guideline) have been updated to include cytisinicline as an option for smoking cessation. Whilst the recommendations don't explicitly address specific equality or health inequality issues, they do:

- Include cytisinicline as one of the options for adults who smoke
- Emphasise patient choice and the importance of discussing options with individuals, taking into account their preferences, health, and social circumstances
- Place cytisinicline alongside other effective options like varenicline and NRT combinations.

**Rationale and impact section:**

In the "Rationale and impact" section, there is a subsection titled "Why the committee made the recommendations" which addresses some equality and health inequalities considerations:

- The committee acknowledged the lack of evidence for specific subgroups and populations with higher smoking prevalence.
- They emphasised the importance of patient choice and providing a range of options to increase the likelihood of people finding an intervention that works for them.
- The committee recognised the need for more evidence about factors that may prevent those who smoke from using other forms of nicotine, particularly among population groups with higher smoking prevalence.
- The committee discussed the need for more evidence on cytisinicline in various subgroups particularly those affected by health inequalities and wanted to include a research recommendation to address this gap.

**Implementation considerations:**

In the "How the recommendations might affect practice" subsection, the committee notes:

- Extra time may be needed for healthcare providers to discuss cytisinicline as an option, especially given its complex regimen.

4.3 Could any draft recommendations potentially increase inequalities?

1. Complex dosing regimen: The committee noted that cytisinicline has a more complex dosing regimen compared to other smoking cessation medications. This could potentially increase inequalities by:
  - Making it more difficult for individuals with lower health literacy or cognitive impairments to adhere to the treatment.
  - Presenting challenges for people with busy or irregular schedules, which might disproportionately affect those in certain occupations or with caregiving responsibilities.
2. Mental health considerations: The lack of specific evidence on cytisinicline's effectiveness and safety in people with mental health conditions, combined with the more complex dosing regimen, could potentially widen the gap in smoking cessation success rates between this group and the general population.

4.4 How has the committee's considerations of equality and health inequalities issues identified in 2.2, 3.2 and 4.1 been reflected in the development of any research recommendations?

4. Research recommendations:

The committee discussed framing a research recommendation around the effectiveness and safety of cytisinicline in different population groups. On review of the existing research recommendations the committee were satisfied that current research recommendations 3 (Stop-smoking interventions for under-served groups) and 4 (Support for people with mental health conditions to stop smoking) would address the gaps raised.

4.5 Based on the equality and health inequalities issues identified in 2.2, 3.2 and 4.1, do you have representation from relevant stakeholder groups for the guideline or update consultation process, including groups who are known to be affected by these issues? If not, what plans are in place to ensure relevant stakeholders are represented and included?

The stakeholder list for this guideline update includes a diverse range of organisations that can help explore equality and health inequalities issues related to smoking cessation and the potential use of cytisinicline. Key stakeholders represented include:

1. Mental health organisations: Royal College of Psychiatrists, Mental Health Nurse Academics UK, and several NHS mental health trusts.
2. LGBTQ+ organizations: LGBT Foundation and The National LGB&T Partnership.
3. Organisations representing ethnic minorities: BAME Health Collaborative and Bangladeshi Stop Tobacco Project.
4. Socioeconomic factors: Various local councils, public health organisations, and NHS trusts that likely address this issue.

5. Youth organisations: National Children's Bureau, Young People's Health Special Interest Group, and several local youth services.
6. Pregnancy and maternity: Royal College of Obstetricians and Gynaecologists, Maternity Action, and several maternity-focused groups.
7. Organisations focused on health inequalities: Institute of Health Equity, UCL and various public health bodies.

The list also includes a wide range of national health organisations, local authorities, NHS trusts, and specialised health groups that can provide insights into various aspects of health inequalities.

While this representation is comprehensive, it's important to note that the effectiveness of this representation depends on the active participation of these stakeholders in the consultation process. To ensure relevant stakeholders are adequately represented and included, the following steps could be considered:

1. Monitoring stakeholder engagement during the consultation process and following up with underrepresented groups as needed.
2. Considering extending the consultation period if certain key stakeholder groups have not provided input.

#### 4.6 What questions will you ask at the stakeholder consultation about the impact of the guideline or update on equality and health inequalities?

For the stakeholder consultation on the cytisinicline update to the tobacco guideline, we plan to ask the following questions about the impact on equality and health inequalities:

1. The guideline update recommends cytisinicline for adults who smoke. Are there any specific subgroups (e.g., people with mental health conditions, cardiovascular disease, COPD, diabetes, or those from deprived areas) for whom you think this recommendation may be particularly beneficial or problematic?
2. Are there any specific implementation considerations related to cytisinicline that you think are important for promoting equality and reducing health inequalities?

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