

National Institute for Health and Care Excellence

**Scope on Tobacco: preventing uptake, promoting quitting and treating
dependence (update)**

Document cover sheet

Date	Version number	Editor	Action
13/08/24	1	TM	First draft
14/08/24	2	JJ	Review
22/08/24	3	TM	Revision
27/08/24	4	JJ	Review changes; clean version for RR/MA
29/08/24	5	RR	
04/09/24	6	JJ	Changes post advisor comments
05/09/24	6	BD	First edit

Guideline scope

Tobacco: preventing uptake, promoting quitting and treating dependence

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What the guideline currently covers

Populations included

- People aged 12 and over who smoke

Specific consideration was given to the following subgroups:

- Pregnant women
- Children and young people aged between 12 and 17
- People with mental health conditions
- People who misuse substances
- People with health conditions caused, or made worse, by smoking
- People from some socioeconomic backgrounds
- Communities or groups with particularly high smoking prevalence (such as manual workers, travellers, and LGBTQ+ people)
- People from South Asian communities who use smokeless tobacco
- Partners of pregnant women who smoke
- People in closed institutions (for example, prisons, military establishments or long-stay mental health centres)

Exclusions

People who use tobacco products such as 'heat not burn' tobacco. 'Heat not burn' tobacco products are products that heat tobacco leaves to release nicotine and other chemicals. They are distinct from electronic cigarettes (e-cigarettes) which heat a liquid containing nicotine and other ingredients, but do not contain tobacco leaves.

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Equality considerations

NICE has carried out an [equality impact assessment for tobacco: preventing uptake, promoting quitting and treating dependence](#). The assessment:

- lists equality issues identified, and how they have been addressed
- explains why any populations are excluded from the scope.

Settings

All settings where NHS care is received or commissioned.

Activities, services or aspects of care

We looked at evidence in the areas below when developing the recommendations:

- Preventing uptake:
 - Organising and planning national, regional or local mass-media campaigns
 - Campaign strategies to prevent uptake and denormalise tobacco use
 - Helping retailers avoid illegal tobacco sales
 - Coordinated approach to school-based interventions
 - Whole-school or organisation-wide smokefree policies
 - Adult-led interventions in schools
 - Peer-led interventions in schools
- Promoting quitting:
 - Using medically licensed nicotine-containing products
 - Promoting stop-smoking support
 - Promoting support for people to stop using smokeless tobacco
- Treating tobacco dependence
 - Identifying and quantifying people's smoking
 - Stop-smoking interventions
 - Support to stop smoking in primary care and community settings
 - Support to stop smoking in secondary care services

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- Supporting people who do not want, or are not ready, to stop smoking in one go to reduce their harm from smoking
- Stopping use of smokeless tobacco
- Adherence and relapse prevention
- Treating tobacco dependence in pregnant women
 - Identifying pregnant women who smoke and referring them for stop-smoking support
 - Following up women who have been referred for stop smoking support
 - Providing support to stop smoking
- Policy, commissioning and training
 - Policy
 - Commissioning and designing services
 - Training

We normally recommend medicines within their licensed indications in guidelines. However, we may recommend licensed medicines outside the terms of their marketing authorisation (off-label use) if it is in the best clinical interests of patients. For example, off-label use may be recommended if the clinical need cannot be met by a licensed product and there is sufficient evidence or experience of using the medicine off-label to support its safety and effectiveness.

Review protocols

For detailed review protocols, see the [evidence reviews covering the evidence behind the current recommendations](#).

Economic aspects

We have taken economic aspects into account when making recommendations. For relevant review questions (or key areas in the scope), we have reviewed the economic evidence and, where appropriate, carried out economic modelling and analyses, using an NHS and personal social services perspective.

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Update in progress

Cytisinicline for smoking cessation: publication planned February 2025

New information suggests that recommendations on stop smoking interventions may need updating or adding to. Topic experts advised NICE on this. Full details are set out in the [April 2024 surveillance review decision](#).

Approach to updating

We will take a proportionate approach for updating these recommendations in line with [appendix N of the NICE guidelines manual](#).

Populations this update covers

The update will focus on adults aged 18 or over who smoke tobacco and want to stop smoking. The update will not consider those who are pregnant or breastfeeding, for whom cytinicline is contraindicated.

Equality considerations

See the [equality and health impact assessment for this update](#).

Settings this update covers

The [settings covered by the current version of the guideline](#) will remain unchanged and the update will cover all of them.

Activities, services or aspects of care this update covers

We will look at the evidence and consider making new recommendations or updating existing recommendations on:

- Stop smoking interventions – the use of cytinicline

All other populations, settings and areas

For populations, settings and areas not included in the update we will retain the existing recommendations but may revise them to update language, to reflect current practice or to ensure consistency.

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Draft review questions for this update

We have drafted the following review question:

1. What is the effectiveness of cytisinicline for smoking cessation in adults who smoke?

Note that guideline recommendations for medicines will normally fall within licensed indications; exceptionally, and only if clearly supported by evidence, use outside a licensed indication may be recommended. The guideline will assume that prescribers will use a medicine's summary of product characteristics to inform decisions made with individual patients.

The areas covered and draft questions will be used to develop more detailed review questions, which will guide the systematic review of the literature. The draft questions may change during guideline development, but the areas covered will remain as listed in the final scope.

Main outcomes for this update

The main outcomes that may be considered when searching for and assessing the evidence are:

- Smoking abstinence
- Adverse events
- Health-related quality of life

Economic aspects

We take economic aspects into account when making recommendations. Bespoke economic modelling was undertaken for the review question on stop-smoking interventions for the original guideline. This will be consulted on, where needed, for this update. It is not expected that further economic modelling will be needed.

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NICE quality standards that may be affected by this update

[Smoking: reducing and preventing tobacco use. NICE quality standard 82](#)

Methods

The original guideline was developed using the methods and processes in [developing NICE guidelines: the manual](#). All updates are developed using the methods and processes in the manual and the [interim principles for methods and processes for supporting digital living guideline recommendations](#).

NICE has produced guidance on improving the experience of care for people using the NHS and best practice in health and social care. This guideline does not include additional recommendations on these topics unless there are specific issues not covered by this guidance.

Where this guidance applies

NICE guideline recommendations cover health and care in England.

Decisions on how they apply in other UK countries are made by ministers in the [Welsh Government](#), [Scottish Government](#) and [Northern Ireland Executive](#).

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