

Appendix A: Equality and health inequalities assessment (EHIA)

Tobacco: preventing uptake, promoting quitting and treating dependence (NICE guideline NG209)

The considerations and potential impact on equality and health inequalities have been considered throughout the guidance development, maintenance and update process according to the principles of the NICE equality policy and those outlined in [Developing NICE guidelines: the manual](#).

STAGE 1. Surveillance review

Date of surveillance review: February 2023

Focus of surveillance review: Recommendations on treating tobacco dependence in pregnant women, specifically safety and effectiveness of nicotine-containing [e-cigarettes](#) (EC).

Exceptional review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s), describe below any equality and health inequalities issues relevant to the current surveillance review

Historical EIA checks:

2022 update (Alan Carr update): The committee agreed that the addition of e-cigarettes to the recommendations may make stopping smoking more accessible to some parts of the population of smokers and thereby reduce inequalities.

2021 guideline consultation: Very little evidence was identified that was specific to groups with low income or those in routine and manual occupations for treating tobacco dependence. Evidence about opt-out referral pathways in pregnancy indicated that deprived groups may quit smoking at lower rates than less deprived groups. The committee discussed that healthcare professionals supporting clear discussion with women may increase acceptability of the intervention, and improve its effectiveness overall, including in deprived groups. They made a recommendation to this effect. Expert testimony on socioeconomic inequalities in relation to treating tobacco dependence was sought, and an expert provided testimony to the committee on the barriers to cessation in these groups and how these might be approached in a UK context. The committee noted from the testimony, that in common with some other underserved groups, disadvantaged smokers are no less likely to be motivated to give up smoking, but are less likely to

succeed in a cessation attempt.

The committee recognised that no evidence was identified by the reviews to demonstrate how to tailor effective and cost-effective interventions to ensure that they are engaging, accessible and acceptable to some underserved groups. These include: socio-economically disadvantaged groups, including pregnant women from those groups; lesbian, gay, bisexual and trans people; and people with learning disabilities. The committee identified this as an important gap in the evidence and made a research recommendation in this area.

2018 Scope consultation: Over 10% of pregnant women currently smoke, but there is considerable variation in prevalence when factors such as age, income, and geographical area are taken into consideration. Smoking prevalence among pregnant women is higher among those aged under 20 than among older women. Pregnant women from manual occupation groups are five times more likely to smoke than women from managerial and professional occupations (Department of Health Tobacco Control Plan for England 2017). In 2014-2015, the prevalence of women who were smokers at the time of delivery ranged from 2% in central London to 27% in Blackpool NHS Digital Statistics on Smoking, England - 2016. The Tobacco Plan for England notes that although progress has been made in CO monitoring at antenatal appointments and referring pregnant women to stop smoking support, there is variation at local level in the extent to which all of NICE's recommendations to support women to quit smoking in pregnancy are implemented (Department of Health Tobacco Control Plan for England 2017).

1.2 Did you identify any equality and health inequalities issues through initial intelligence gathering (for example, national policy documents, topic expert/patient group feedback, evidence searches, implementation data)?

No new equality and health inequalities issues were identified by initial surveillance checks, beyond those already acknowledged in existing EIA documents. The following documents provided some context, such as health risks and vaping prevalence, for the current review.

Prevalence of smoking tobacco in pregnancy is at 10.7% (2021). EC are popular among young people and people who are attempting to quit, the effects of EC (chemicals and nicotine) on the foetus remain uncertain and we don't know about the effects of EC on cessation and reduction in pregnancy ([Nicotine vaping in England 2022](#), McNeill et al; [Vaping in England: an evidence update including mental health and pregnancy 2020](#), McNeill et al).

1.3 If you have consulted stakeholders or topic experts, what questions did you ask about equality and health inequalities issues?

We did not hold a stakeholder consultation.

We asked 4 topic experts the following question:

- Are you aware of any issues related to health inequalities for specific subgroups of the population? For example, in relation to protected characteristic or other dimensions of health inequalities such as deprivation, geographical factors, and being from a vulnerable group.

No answers from topic experts were provided about equality and health inequalities issues.

1.4 What equality and health inequalities issues have been identified during this surveillance review and what was the impact on the current review and outcome decision?

No new information was identified about equality and health inequalities issues.

The preference of EC to help stop smoking among some groups during pregnancy ([Nicotine vaping in England 2022](#), McNeill et al) makes EC effectiveness and safety evidence an area of unmet need in the research literature; better evidence for EC could potentially help address smoking related health inequalities.

The health inequality issues identified have had no direct impact on the surveillance review but have highlighted the need for evidence to address the recommendations for research in the guideline: to [help understand the health effects of e-cigarettes in pregnancy, whether they are effective to help women stop smoking in pregnancy](#)

Completed by surveillance reviewer: PS (senior analyst)

Date: 14/12/22

Approved by NICE surveillance associate director: KN

Date: 3/2/23

ISBN: 978-1-4731-5044-7