

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

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

### STAGE 1. Surveillance review

Date of surveillance review: February 2024

Focus of surveillance review: Recommendations on treating tobacco dependence, specifically the safety and effectiveness of cytisine for smoking cessation.

Exceptional review

1.1 On reviewing the existing EIA or EHIA and issues log for the guideline(s) and quality standard(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. 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: socioeconomically 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.

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.

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 or contact topic experts.

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? [If an update is proposed, include information in the update and outcomes plan]

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

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: RM (technical analyst)

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