1.0.7 DOC EIA

NATIONAL INSTITUTE FOR HEALTH AND CARE EXCELLENCE

NICE guidelines

Equality impact assessment

Tobacco suite: prevention, cessation and harm reduction (update)

The impact on equality has been assessed during guidance development according to the principles of the NICE equality policy.

3.0 Guideline development: before consultation (to be completed by the Developer before consultation on the draft guideline)

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

The following potential equality issues were of particular concern during scoping. They were addressed by the committee in the following ways:

Age

The committee recognised that most people who smoke started at a young age and so questions on preventing uptake were focussed on those aged 24 and under. The committee agreed that the most important area for research within preventing uptake was around e-cigarettes and any possible link with the future uptake of smoking. The committee agreed to recommend that e-cigarette use is discouraged among those who do not smoke, due to a potential association with taking up smoking. They also made a research recommendation in this area.

Mental health conditions

Mental health has been identified as an important source of inequality in smoking and smoking-related disease. Very little evidence (within the scopes of these reviews) was identified in groups with mental health conditions in either qualitative or quantitative parts of the reviews. Expert testimony was therefore requested by the committee. An expert provided verbal and written testimony to inform recommendations. During the development of this guideline an additional review was added to consider smoking cessation interventions that are specifically tailored for those with mental health conditions.

The committee heard in expert testimony and discussed from their experience that

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

there can be inequality in prescribing practices of some pharmacotherapies for people with mental health conditions who smoke. This is because of beliefs that these medicines might lead to adverse outcomes in this group, or that the mental health condition should be addressed before attempting smoking cessation. The committee heard testimony and discussed recent statements from the Royal College of Psychiatrists that this is not the case. They agreed that it is important for people with mental health conditions to be encouraged to quit and given access to cessation support, and that availability of all effective pharmacotherapies was key to providing effective support which allowed patient choice. Therefore, they chose to make it clear that the cessation interventions recommended in the guideline are for those with mental health conditions as well.

In addition, the committee were aware from expert testimony that despite being motivated to quit, smokers with mental health conditions may face additional challenges. There is some evidence that smoking cessation strategies that may be effective for the general population may also work for people with mental health conditions. However, evidence on how to effectively support people at an individual and system level so that they can overcome those additional challenges and fully benefit from these interventions is lacking. The committee therefore made a research recommendation in this area. They also noted the importance of continuing to support smokers who have quit or who have temporarily abstained from smoking while in a smoke-free inpatient or treatment environment, after they have been discharged.

No evidence was found regarding those with learning disabilities in any of the evidence reviews.

Pregnancy and maternity

Several review questions focussed on pregnant women. Evidence was generally identified in these areas and, where it was not (for example around e-cigarettes and pregnancy) research recommendations were made.

Sexual orientation

As part of the reviews, evidence about groups who identify as being lesbian, gay bisexual or trans was searched for. No evidence was identified, so expert testimony was sought. Two experts provided written testimony (one of these was able to provide their testimony in person to the committee as well) to inform committee discussions. The committee noted that smoking prevalence is relatively high in these groups and although they may be motivated to stop smoking, they may experience additional challenges to successfully quitting.

1.0.7 DOC EIA

3.1 Have the potential equality issues identified during the scoping process been addressed by the Committee, and, if so, how?

In common with some other under served groups, 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 those groups. The committee identified this as an important gap in the evidence and made a research recommendation in this area.

Socio-economic factors

Very little evidence on the impact of socioeconomic factors on smoking was identified in the preventing uptake part of this guideline. The lack of information on inequalities was of concern because some of the issues investigated are known to be distributed according to, and to reinforce, inequalities. For example, the supply of illicit tobacco tends to be clustered in areas of higher deprivation.

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 under served groups, disadvantaged smokers are no less likely to be motivated to give up smoking, but are less likely to succeed in a cessation attempt.

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?

Groups who find it harder to quit

The committee agreed that some people will be more likely to quit smoking. This may be because they are highly motivated to quit for various reasons, have lower

3.2 Have any **other** potential equality issues (in addition to those identified during the scoping process) been identified, and, if so, how has the Committee addressed them?
nicotine dependence, find it easy to access services, or have supportive environments / networks for cessation. Others will find it much harder to quit smoking or may not want to quit at all. The committee noted that some interventions might be better than others at reaching people who are under served, or people who otherwise might not quit. The committee made recommendations about regularly reviewing the approach to cessation that someone has taken and encouraging people to keep trying to quit even after a relapse. They noted that this may be of importance for those who may be less motivated to quit or who are finding quitting very difficult. Acknowledging individual choice and discussing the various cessation interventions is an important part of supporting people to quit and achieving cessation. In addition, 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 under served 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. **2022 Update** People living in rural areas People who live in rural areas may find it harder to access the Allen Carr Easyway because they would need to travel long distances to attend the in-person seminar. This has been added to the rationale and impact section of the guideline and highlighted as an issue though it has not been added to the recommendation.

3.3 Have the Committee's considerations of equality issues been described in the guideline for consultation, and, if so, where?
The committee discussion (in evidence reviews) and rationale and impact sections (in the guideline document) detail discussions that the committee had about equality issues.

3.4 Do the preliminary recommendations make it more difficult in practice for a specific group to access services compared with other groups? If so, what are the barriers to, or difficulties with, access for the specific group?
No. **<u>2022 Update</u>** <u>People living in rural areas</u> People who live in rural areas may find it harder to access the Allen Carr Easyway because they would need to travel long distances to attend the in-person seminar. This has been added to the rationale and impact section of the guideline and highlighted as an issue though it has not been added to the recommendation.

3.5 Is there potential for the preliminary recommendations to have an adverse impact on people with disabilities because of something that is a consequence of the disability?
No, the committee do not think it likely that the new recommendations would have an adverse impact on people with disabilities.

3.6 Are there any recommendations or explanations that the Committee could make to remove or alleviate barriers to, or difficulties with, access to services identified in questions 3.1, 3.2 or 3.3, or otherwise fulfil NICE's obligation to advance equality?
NA

Completed by Developer:Sarah Willett

Date: 19/01/2022

Approved by NICE quality assurance lead: Simon Ellis

Date: 10/05/2022

Updated by Developer: Chris Carmona (on behalf of Kate Kelley)

1.0.7 DOC EIA

Date: 19/04/2022

Approved by NICE quality assurance lead: Simon Ellis

Date: 10/05/2022