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NICE National Institute for Health and Care Excellence

Smoking: harm reduction

Quality standard
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This standard is based on NG209.

This standard should be read in conjunction with QS22, QS43, QS82, QS15, QS28, QS52, QS102, QS95, QS146, QS156 and QS196.

Quality statements

Statement 1 People who do not want, or are not ready, to stop smoking are offered a harm-reduction approach to smoking.

Statement 2 People who do not want, or are not ready, to stop smoking are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Statement 3 People who do not want, or are not ready, to stop smoking are advised about and supported to obtain medicinally licensed nicotine-containing products.

Statement 4 Providers of stop-smoking support offer harm-reduction approaches alongside existing approaches to stopping smoking in one go.

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Quality statement 1: Offering harm-reduction approaches

Quality statement

People who do not want, or are not ready, to stop smoking are offered a harm-reduction approach to smoking.

Rationale

The best way for a person to reduce illness and mortality associated with smoking is to stop smoking in one go. However, not everyone who smokes feels able to, or wants to, stop, or they may want to stop but without giving up nicotine. It is important that these people are encouraged to try a harm-reduction approach to smoking. In addition, it is important to raise the option of harm-reduction approaches as widely as possible – that is, outside stop-smoking services, because people who do not want, or are not ready, to stop smoking are less likely to access these services.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements and written protocols to ensure that people who do not want, or are not ready, to stop smoking are offered a harm-reduction approach to smoking.

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Process

Proportion of people identified as not wanting or not ready to stop smoking who are offered a harm-reduction approach to smoking.

Numerator – the number in the denominator who are offered a harm-reduction approach to smoking.

Denominator – the number of people identified as not wanting or not ready to stop smoking.

Data source: Local data collection.

Outcome

Uptake of smoking harm-reduction approaches.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary and secondary healthcare providers, pharmacies, residential and domiciliary care providers, providers of stop-smoking support and providers of secure mental health services) ensure that healthcare and public health practitioners are trained to offer and explain harm-reduction approaches to people who do not want, or are not ready, to stop smoking.

Healthcare and public health practitioners (such as pharmacists, GPs, nurses, clinicians in NHS services, mental healthcare staff, staff in drug and alcohol services, stop-smoking advisers, ophthalmic practitioners and dental professionals) who determine whether service users smoke ensure that they understand and are able to explain harm-reduction approaches, and offer harm-reduction approaches to people who do not want, or are not ready, to stop smoking while still prioritising stopping smoking as the best approach to take.

Commissioners (such as clinical commissioning groups, local authorities and NHS

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England) ensure that they commission services from providers that train healthcare and public health practitioners to offer and explain harm-reduction approaches to people who do not want, or are not ready, to stop smoking.

People who smoke but are not ready or do not want to quit are offered ways to reduce the harm from smoking that do not necessarily mean having to give up nicotine. These are called 'harm-reduction approaches', and include things like cutting down, using medicinally licensed nicotine-containing products (such as patches, gum and tablets) and stopping smoking for a while.

Source guidance

Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (2021), recommendation 1.15.2

Definitions of terms used in this quality statement

Harm-reduction approach

Harm-reduction approaches to smoking include:

Cutting down before stopping smoking:

- with the help of 1 or more medicinally licensed nicotine-containing products (the products may be used for as long as needed to prevent relapse to previous levels of smoking)
- without using medicinally licensed nicotine-containing products.

Smoking reduction:

- with the help of 1 or more medicinally licensed nicotine-containing products (the products may be used for as long as needed to prevent relapse to previous levels of smoking)
- without using medicinally licensed nicotine-containing products.

Temporarily not smoking:

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- with the help of 1 or more medicinally licensed nicotine-containing products
- without using medicinally licensed nicotine-containing products.

[NICE's guideline on tobacco, box 1]

People who do not want, or are not ready, to stop smoking

This includes people who:

- may not be able (or do not want) to stop smoking in one go
- may not be ready to stop smoking, but want to reduce the amount they smoke.

[Adapted from NICE's guideline on tobacco, recommendations 1.15.2 and 1.15.10]

Stop in one go

This is the standard approach for stop-smoking support. The person makes a commitment to stop smoking on or before a particular date (the 'quit date'). This may or may not involve the use of stop-smoking pharmacotherapy before the quit date and for a period of time afterwards, depending on the person's needs. [Adapted from NICE's guideline on tobacco, terms used in this guideline; stop in one go]

Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. These include LGBT+ people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

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Quality statement 2: Advice about nicotine

Quality statement

People who do not want, or are not ready, to stop smoking are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Rationale

Nicotine is the main addictive chemical that makes stopping smoking difficult, but it is primarily the toxins and carcinogens in tobacco smoke – not the nicotine – that cause illness and death. People who smoke often have misconceptions about the role of nicotine in causing harm, and this can act as a barrier that prevents them from considering the use of medicinally licensed nicotine-containing products.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements and protocols to ensure that people who do not want, or are not ready, to stop smoking are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Data source: Local data collection.

Process

Proportion of people identified as not wanting or not ready to stop smoking who are advised that health problems associated with smoking are caused primarily by

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components in tobacco smoke other than nicotine.

Numerator – the number in the denominator who are advised that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Denominator – the number of people identified as not wanting or not ready to stop smoking.

Data source: Local data collection.

Outcome

Awareness of people who smoke that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary and secondary healthcare providers, pharmacies, residential and domiciliary care providers, providers of stop-smoking support and providers of secure mental health services) ensure that healthcare and public health practitioners are trained to advise people who do not want, or are not ready, to stop smoking that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Healthcare and public health practitioners (such as pharmacists, GPs, nurses, clinicians in NHS services, mental healthcare staff, staff in drug and alcohol services, stop-smoking advisers, ophthalmic practitioners and dental professionals) who determine whether service users smoke advise people who do not want, or are not ready, to stop smoking that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services from providers that train healthcare and

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public health practitioners to advise people who do not want, or are not ready, to stop smoking that health problems associated with smoking are caused primarily by components in tobacco smoke other than nicotine.

People who are not ready or do not want to quit smoking are told that nicotine is not the main cause of health problems associated with smoking.

Source guidance

Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (2021), recommendations 1.8.3 and 1.12.10

Definitions of terms used in this quality statement

People who do not want, or are not ready, to stop smoking

This includes people who:

- may not be able (or do not want) to stop smoking in one go
- may not be ready to stop smoking, but want to reduce the amount they smoke.

[Adapted from NICE's guideline on tobacco, recommendations 1.15.2 and 1.15.10]

Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. These include LGBT+ people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

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Quality statement 3: Advice about medicinally licensed nicotine-containing products

Quality statement

People who do not want, or are not ready, to stop smoking are advised about and supported to obtain medicinally licensed nicotine-containing products.

Rationale

It is important to explain the potential benefits of and issues about using medicinally licensed nicotine-containing products, and also to ensure that medicinally licensed nicotine-containing products are readily available for people who want to use them to reduce harm from smoking.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements that people who do not want, or are not ready, to stop smoking are advised about and supported to obtain medicinally licensed nicotine-containing products.

Data source: Local data collection.

Process

a) Proportion of people identified as not wanting, or not ready, to stop smoking who are

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advised about using medicinally licensed nicotine-containing products.

Numerator – the number in the denominator who are advised about using medicinally licensed nicotine-containing products.

Denominator – the number of people identified as not wanting, or not ready, to stop smoking.

Data source: Local data collection.

b) Proportion of people identified as not wanting, or not ready, to stop smoking who are supported to obtain medicinally licensed nicotine-containing products.

Numerator – the number in the denominator who are supported to obtain medicinally licensed nicotine-containing products.

Denominator – the number of people identified as not wanting, or not ready, to stop smoking.

Data source: Local data collection.

Outcome

Uptake of medicinally licensed nicotine-containing products.

Data source: Local data collection.

What the quality statement means for different audiences

Service providers (such as primary and secondary healthcare providers, pharmacies, residential and domiciliary care providers, providers of stop-smoking support and providers of secure mental health services) ensure that healthcare and public health practitioners are trained to advise people who do not want, or are not ready, to stop smoking about using medicinally licensed nicotine-containing products to reduce the harm caused by smoking, and to either prescribe or supply medicinally licensed products or tell people where they can buy them.

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Healthcare and public health practitioners (such as pharmacists, GPs, nurses, clinicians in NHS services, mental healthcare staff, staff in drug and alcohol services, stop-smoking advisers, ophthalmic practitioners and dental professionals) who determine whether service users smoke advise people who do not want, or are not ready, to stop smoking about using medicinally licensed nicotine-containing products to reduce the harm caused by smoking, and either prescribe or supply medicinally licensed products or tell people where they can buy them.

Commissioners (such as clinical commissioning groups, local authorities and NHS England) ensure that they commission services from providers that train healthcare and public health practitioners to advise people who do not want, or are not ready, to stop smoking about using medicinally licensed nicotine-containing products to reduce the harm caused by smoking, and to either prescribe or supply medicinally licensed products or tell people where they can buy them.

People who are not ready or do not want to quit smoking get advice about using medicinally licensed nicotine-containing products as a way of reducing the harm from smoking, both for them and for those around them. They are also helped to get hold of medicinally licensed nicotine-containing products – for example, by being prescribed these products or being told where they can buy them.

Source guidance

Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (2021), recommendations 1.15.2, 1.15.4 to 1.15.6 and 1.17.5

Definitions of terms used in this quality statement

People who do not want, or are not ready, to stop smoking

This includes people who:

- may not be able (or do not want) to stop smoking in one go
- may not be ready to stop smoking, but want to reduce the amount they smoke.

[Adapted from NICE's guideline on tobacco, recommendations 1.15.2 and 1.15.10]

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Advice about using medicinally licensed nicotine-containing products

Reassure people who smoke that medicinally licensed nicotine-containing products are a safe, effective way to reduce the amount they smoke or to cut down before stopping. Also:

- advise them that these products can be used as a complete or partial substitute for tobacco, either in the short or long term
- explain that using these products also helps avoid compensatory smoking and increases their chances of stopping in the longer term
- reassure them that it is better to use these products and reduce the amount they smoke than to continue smoking at their current level.

[NICE's guideline on tobacco, recommendation 1.15.4]

Medicinally licensed nicotine-containing products

Nicotine-containing products that have been given marketing authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA). At the time of publication, nicotine replacement therapy products were the only type of medicinally licensed nicotine-containing product on the market. Nicotine replacement therapy includes transdermal patches, gum, inhalation cartridges, sublingual tablets, lozenges, mouth spray and nasal spray. [Adapted from NICE's guideline on tobacco, terms used in this guideline; medicinally licensed nicotine-containing products and nicotine replacement therapy]

If other nicotine-containing products (such as e-cigarettes) gain licensing authorisation in the future, this quality statement will be reviewed.

Supported to obtain medicinally licensed nicotine-containing products

If possible, supply or prescribe medicinally licensed nicotine-containing products. Otherwise, encourage people to ask their GP or pharmacist for them, or tell them where they can buy the products themselves. [NICE's guideline on tobacco, recommendation 1.15.6]

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Equality and diversity considerations

Advice should be culturally appropriate and readily available to people with additional needs, such as physical, sensory or learning disabilities and people who do not speak or read English, and to people in groups identified as having a higher smoking prevalence. These include LGBT+ people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

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Quality statement 4: Integrating harm-reduction approaches into stop-smoking support

Quality statement

Providers of stop-smoking support offer harm-reduction approaches alongside existing approaches to stopping smoking in one go.

Rationale

Stopping smoking in one go is the standard approach currently offered by stop-smoking support, with harm-reduction approaches to smoking being a relatively underused approach. The integration of harm-reduction approaches to smoking into current services will ensure that they are available as an option to people who use these services and who do not want, or are not ready, to stop smoking in one go. While it is important that stop-smoking services offer harm-reduction approaches to smoking, this should not be the only place where these approaches are offered. As set out in quality statement 1, healthcare and public health practitioners outside stop-smoking services should also offer harm-reduction approaches (when appropriate) to reach people who do not use these services.

Quality measures

The following measures can be used to assess the quality of care or service provision specified in the statement. They are examples of how the statement can be measured, and can be adapted and used flexibly.

Structure

Evidence of local arrangements that providers of stop-smoking support offer harm-reduction approaches to smoking alongside existing approaches to stopping smoking in one go.

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What the quality statement means for different audiences

Service providers (providers of stop-smoking support) train healthcare and public health practitioners to offer harm-reduction approaches to people who do not want, or are not ready, to stop smoking.

Healthcare and public health practitioners ensure that they offer harm-reduction approaches to people who do not want, or are not ready, to stop smoking.

Commissioners (local authorities) ensure that service specifications include a requirement that providers of stop-smoking support offer harm-reduction approaches to smoking to people who do not want, or are not ready, to stop smoking.

People who are having stop-smoking support have the option of harm-reduction approaches if they do not think they can quit smoking in one go or do not want to quit.

Source guidance

Tobacco: preventing uptake, promoting quitting and treating dependence. NICE guideline NG209 (2021), recommendations 1.22.1 and 1.22.7 to 1.22.9

Definitions of terms used in this quality statement

Harm-reduction approaches

Harm-reduction approaches to smoking include:

Cutting down before stopping smoking:

- with the help of 1 or more medicinally licensed nicotine-containing products (the products may be used for as long as needed to prevent relapse to previous levels)
- without using medicinally licensed nicotine-containing products.

Smoking reduction:

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- with the help of 1 or more medicinally licensed nicotine-containing products (the products may be used for as long as needed to prevent relapse to previous levels)
- without using medicinally licensed nicotine-containing products.

Temporarily not smoking:

- with the help of 1 or more medicinally licensed nicotine-containing products
- without using medicinally licensed nicotine-containing products.

[NICE's guideline on tobacco, box 1]

Stop smoking in one go

The standard approach for stop-smoking support. The person makes a commitment to stop smoking on or before a particular date (the 'quit date'). This may or may not involve the use of stop-smoking pharmacotherapy before the quit date and for a limited time afterwards, depending on the person's needs. [Adapted from NICE's guideline on tobacco, terms used in this guideline; stop in one go]

Stop-smoking support

Interventions and support to stop smoking, regardless of how services are commissioned or set up. [NICE's guideline on tobacco, terms used in this guideline; stop-smoking support]

Equality and diversity considerations

LGBT+ people, people with mental health problems, people in closed institutions (such as secure mental health units and custodial sites), people who are homeless and people from lower socioeconomic groups have higher smoking prevalence rates than the general population. Stop-smoking services should be promoted, accessible and commissioned to address this need. For people with additional needs related to a disability, impairment or sensory loss, information should be provided as set out in NHS England's Accessible Information Standard or the equivalent standards for the devolved nations.

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Update information

Minor changes since publication

November 2021: Changes have been made to align this quality standard with the updated NICE guideline on tobacco. Statements 1 to 4 have been amended to reflect changes to terminology used in the guideline on tobacco. Links, definitions and source guidance sections have been updated throughout.

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About this quality standard

NICE quality standards describe high-priority areas for quality improvement in a defined care or service area. Each standard consists of a prioritised set of specific, concise and measurable statements. NICE quality standards draw on existing NICE or NICE-accredited guidance that provides an underpinning, comprehensive set of recommendations, and are designed to support the measurement of improvement.

Expected levels of achievement for quality measures are not specified. Quality standards are intended to drive up the quality of care, and so achievement levels of 100% should be aspired to (or 0% if the quality statement states that something should not be done). However, this may not always be appropriate in practice. Taking account of safety, shared decision-making, choice and professional judgement, desired levels of achievement should be defined locally.

Information about how NICE quality standards are developed is available from the NICE website.

See our webpage on quality standards advisory committees for details of standing committee 4 members who advised on this quality standard. Information about the topic experts invited to join the standing members is available from the webpage for this quality standard.

This quality standard has been included in the NICE Pathway on tobacco use, which brings together everything we have said on a topic in an interactive flowchart.

NICE has produced a quality standard service improvement template to help providers make an initial assessment of their service compared with a selection of quality statements. This tool is updated monthly to include new quality standards.

NICE guidance and quality standards apply in England and Wales. Decisions on how they apply in Scotland and Northern Ireland are made by the Scottish government and Northern Ireland Executive. NICE quality standards may include references to organisations or people responsible for commissioning or providing care that may be relevant only to England.

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Resource impact

NICE quality standards should be achievable by local services. The potential resource impact is considered by the quality standards advisory committee, drawing on resource impact work for the source guidance. Organisations are encouraged to use the resource impact products for the source guidance to help estimate local costs.

Diversity, equality and language

Equality issues were considered during development and equality assessments for this quality standard are available. Any specific issues identified during development of the quality statements are highlighted in each statement.

Commissioners and providers should aim to achieve the quality standard in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity and foster good relations. Nothing in this quality standard should be interpreted in a way that would be inconsistent with compliance with those duties.

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Endorsing organisation

This quality standard has been endorsed by Department of Health and Social Care, as required by the Health and Social Care Act (2012)

Supporting organisations

Many organisations share NICE's commitment to quality improvement using evidence-based guidance. The following supporting organisations have recognised the benefit of the quality standard in improving care for patients, carers, service users and members of the public. They have agreed to work with NICE to ensure that those commissioning or providing services are made aware of and encouraged to use the quality standard.

- British Thoracic Society
- Society and College of Radiographers (SOR)
- College of General Dentistry

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