

Quick reference guide

Smoking cessation services

This quick reference guide presents the recommendations made in 'Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities'. The guidance aims to ensure stop smoking services are as effective as possible. It is for NHS and other professionals who have a direct or indirect role in – and responsibility for – these services. This includes those working in local authorities and the community, voluntary and private sectors. It may also be of interest to members of the public who wish to give up smoking, including specific groups such as pregnant women and mothers of young children.

Reducing the prevalence of smoking among people in routine and manual groups, some minority ethnic groups and disadvantaged communities will help reduce health inequalities more than any other measure to improve the public's health. Although NHS Stop Smoking Services have helped large numbers of people to quit smoking, smoking cessation rates are still lower among people in routine and manual groups compared with those in higher socioeconomic groups. In particular, pregnant women in routine and manual groups and those aged 20 or under may need additional support to give up smoking.

This guidance supersedes 'Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation' (NICE technology appraisal guidance 39). It cross-references and is consistent with: 'Brief interventions and referral for smoking cessation in primary care and other settings' (NICE public health guidance 1), 'Workplace health promotion: how to help employees to stop smoking' (NICE public health guidance 5) and 'Varenicline for smoking cessation' (NICE technology appraisal guidance 123).

'Smoking cessation services in primary care, pharmacies, local authorities and workplaces, particularly for manual working groups, pregnant women and hard to reach communities' includes the full list of recommendations (for the guidance document visit www.nice.org.uk/PH010).

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This guidance was developed using the NICE public health programme process.

NICE public health guidance makes recommendations on the promotion of good health and the prevention of ill health. This guidance represents the views of the Institute and was arrived at after careful consideration of the evidence available.

Recommendations – introduction

The recommendations are summarised in tables under the following headings and colour coding:

- Providing smoking cessation services (pages 3–4)
- Prescribing and advising on pharmacotherapies (such as nicotine replacement therapy) (pages 5–6)
- Targeting specific groups (pages 7–9)
- Education, training and public campaigns (pages 10–11)

Those identified as key priorities for implementation are indicated with ◆.

The recommendations are based on a number of proven smoking cessation activities or ‘interventions’:

- Brief interventions – opportunistic advice, discussion, negotiation or encouragement and, where necessary, referral to more intensive treatment. They are delivered by a range of professionals, typically in less than 10 minutes.
- Individual behavioural counselling – scheduled face-to-face meetings between someone who smokes and a counsellor trained in smoking cessation.
- Group behaviour therapy – weekly meetings for the first 4 weeks of a quit attempt where people who smoke receive information, advice and encouragement and some form of behavioural intervention.

- Pharmacotherapies – smoking cessation advisers and healthcare professionals may recommend and prescribe nicotine replacement therapy (NRT), varenicline or bupropion as an aid to help people to quit smoking. They should also offer advice, encouragement and support or a referral to a smoking cessation service.
- Self-help materials – any manual or structured programme, in written or electronic format, that can be used by individuals to quit smoking without the help of health professionals, counsellors or group support.
- Telephone counselling and quitlines – encouragement and support over the telephone for anyone who smokes and wants to quit, or who has recently quit.
- Mass-media campaigns – using a combination of several types of media, such as TV, radio and national newspaper advertising.

All the recommendations, bar one, aim to help people to stop smoking as quickly as possible. The exception is a recommendation on pharmacotherapy for people who do want to stop smoking, but not immediately.

Providing smoking cessation services

This section sets the standard for local smoking cessation services. It is aimed at all those responsible for funding, commissioning and managing them, including those run by the NHS.

◆ Assessing local need

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Primary care trusts (PCTs), strategic health authorities (SHAs) Commissioners of publicly funded smoking cessation services 	<ul style="list-style-type: none"> Determine the characteristics of the local population of people who smoke or use other forms of tobacco. Determine the prevalence of all forms of tobacco use locally Ensure NHS Stop Smoking Services target minority ethnic and socioeconomically disadvantaged communities in the local population

Developing policy

Who should take action?	What action should they take?
<ul style="list-style-type: none"> PCTs, SHAs, local authorities, local strategic partnerships 	<ul style="list-style-type: none"> Develop a policy to ensure that effective smoking cessation services are provided as part of the local tobacco control strategy

Setting local targets

Who should take action?	What action should they take?
<ul style="list-style-type: none"> PCTs, SHAs, local authorities, local strategic partnerships 	<ul style="list-style-type: none"> Set local targets for reducing tobacco use based on the characteristics of the local population and the prevalence of smoking and other forms of tobacco consumption, such as oral tobacco. Embed these targets in any partnership arrangements between local authorities and PCTs (for example, local area agreements)

◆ Counselling, treatment and support

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Managers and providers of NHS Stop Smoking Services 	<ul style="list-style-type: none"> Offer behavioural counselling, group therapy, pharmacotherapy or a combination of treatments that have been proven to be effective (see the list on page 2) Ensure clients receive behavioural support from a person who has had training and supervision that complies with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591) Provide tailored advice, counselling and support, particularly to clients from minority ethnic and disadvantaged groups. Provide services in the language chosen by clients, wherever possible

◆ Performance management: face-to-face services

Who should take action?	What action should they take?
<ul style="list-style-type: none"> PCTs, SHAs Commissioners of publicly funded smoking cessation services 	<ul style="list-style-type: none"> Ensure NHS Stop Smoking Services provide a good service by maintaining adequate staffing levels, including a full-time coordinator (or the equivalent) Set realistic performance targets for both the number of people using the service and the proportion who successfully quit smoking. These targets should reflect the demographics of the local population. Services should: <ul style="list-style-type: none"> – aim to treat at least 5% of the estimated local population of people who smoke or use tobacco in any form each year – aim for a success rate of at least 35% at 4 weeks, validated by carbon monoxide monitoring. This figure should be based on all those who start treatment, with success defined as not having smoked in the third and fourth week after the quit date. Success should be validated by a CO monitor reading of less than 10 ppm at the 4-week point. This does not imply that treatment should stop at 4 weeks Audit performance data routinely and independently and make the results publicly available. Audits should also be carried out on exceptional results – 4-week quit rates lower than 35% or above 70% – to determine the reasons for unusual performance, and to help identify best practice and ensure it is being followed
<ul style="list-style-type: none"> Managers and providers of NHS Stop Smoking Services 	<ul style="list-style-type: none"> Ensure the local NHS Stop Smoking Service aims to treat minority ethnic and disadvantaged groups at least in proportion to their representation in the local population of tobacco users

Performance management: telephone quitlines

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Commissioners and managers of telephone quitline services 	<ul style="list-style-type: none"> Ensure publicly sponsored telephone quitlines offer a rapid, positive and authoritative response. Where possible, callers whose first language is not English should have access to information and support in their chosen language

Prescribing and advising on pharmacotherapies

Three pharmacotherapies have been proven to help people stop smoking – NRT, varenicline and bupropion. It is important for healthcare professionals and advisers to know when and how to prescribe them and what type of advice to give. These are key priorities. Pharmacotherapies work best when combined with support such as that offered by an NHS Stop Smoking Service.

◆ When to prescribe

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Healthcare professionals who advise on, or prescribe, NRT, varenicline or bupropion 	<ul style="list-style-type: none"> Offer NRT, varenicline or bupropion, as appropriate, to people who are planning to stop smoking NRT, varenicline or bupropion should normally be prescribed as part of an abstinence-contingent treatment, in which the smoker makes a commitment to stop smoking on or before a particular date (target stop date). The prescription of NRT, varenicline or bupropion should be sufficient to last only until 2 weeks after the target stop date. Normally, this will be after 2 weeks of NRT therapy, and 3–4 weeks for varenicline and bupropion, to allow for the different methods of administration and mode of action. Subsequent prescriptions should be given only to people who have demonstrated, on re-assessment, that their quit attempt is continuing Varenicline or bupropion may be offered to people with unstable cardiovascular disorders, subject to clinical judgement Consider offering a combination of nicotine patches and another form of NRT (such as gum, inhalator, lozenge or nasal spray) to people who show a high level of dependence on nicotine or who have found single forms of NRT inadequate in the past Do not favour one medication over another. The clinician and patient should choose the one that seems most likely to succeed When deciding which therapies to use and in which order, discuss the options with the client and take into account: <ul style="list-style-type: none"> – whether a first offer of referral to the NHS Stop Smoking Service has been made – contraindications and the potential for adverse effects – the client's personal preferences – the availability of appropriate counselling or support – the likelihood that the client will follow the course of treatment – their previous experience of smoking cessation aids

◆ When not to prescribe

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Healthcare professionals who advise on, or prescribe, NRT, varenicline or bupropion 	<ul style="list-style-type: none"> Neither varenicline or bupropion should be offered to young people under 18 nor to pregnant or breastfeeding women If a smoker's attempt to quit is unsuccessful using NRT, varenicline or bupropion, do not offer a repeat prescription within 6 months unless special circumstances have hampered the person's initial attempt to stop smoking, when it may be reasonable to try again sooner Do not offer NRT, varenicline or bupropion in any combination

◆ Advice

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Healthcare professionals who advise on, or prescribe, NRT, varenicline or bupropion 	<ul style="list-style-type: none"> Offer advice, encouragement and support, including referral to the NHS Stop Smoking Service, to help people in their attempt to quit Explain the risks and benefits of using NRT to young people aged from 12 to 17, pregnant or breastfeeding women, and people who have unstable cardiovascular disorders. To maximise the benefits of NRT, people in these groups should also be strongly encouraged to use behavioural support in their quit attempt

People who want to stop smoking, but not immediately

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Healthcare professionals who advise on, or prescribe, NRT 	<ul style="list-style-type: none"> Practitioners should provide NRT and appropriate support to individuals who want to follow the nicotine assisted reduction to stop (NARS) strategy only if it is part of a properly designed and conducted research study. Participants should include those who have repeatedly tried – and failed – to quit and those who are adamant that they do not want to quit abruptly

Targeting specific groups

This section sets out how professionals should support specific groups and people in specific settings. Pregnant women and other members of their family who smoke are a key priority. Behavioural support should be offered in addition to pharmacotherapies such as NRT.

◆ Women who smoke and who are either pregnant or are planning a pregnancy, their partners and other family members who smoke

Who should take action?	What action should they take?
<ul style="list-style-type: none"> • PCTs, SHAs • Commissioners of publicly funded smoking cessation services 	<ul style="list-style-type: none"> • Establish links between contraceptive services, fertility clinics and ante- and postnatal services. These links should ensure health professionals use the many opportunities available to them (at various stages of the woman's life) to offer smoking advice or referral to a specialist service, where appropriate
<ul style="list-style-type: none"> • All those responsible for providing health and support services for pregnant women, for those wishing to become pregnant, and for their partners. This includes: those working in fertility clinics, midwives, GPs, dentists, hospital and community pharmacists, and those working in children's centres, voluntary organisations and occupational health services 	<ul style="list-style-type: none"> • At the first contact with the woman, discuss her smoking status, provide information about the risks of smoking to the unborn child and the hazards of exposure to secondhand smoke. Address any concerns she and her partner or family may have about stopping smoking • Offer personalised information, advice and support on how to stop smoking. Encourage pregnant women to use local NHS Stop Smoking Services and the NHS Pregnancy Smoking Helpline by providing details on when, where and how to access them. Consider visiting pregnant women at home if it is difficult for them to attend specialist services • Monitor smoking status and offer smoking cessation advice, encouragement and support throughout the pregnancy and beyond • Discuss the risks and benefits of NRT with pregnant women who smoke, particularly those who do not wish to accept the offer of help from the NHS Stop Smoking Service. If a woman expresses a clear wish to receive NRT, use professional judgement when deciding whether to offer a prescription • Advise pregnant women using nicotine patches to remove them before going to bed

Young people aged 12–17 who show a strong commitment to quit smoking

Who should take action?	What action should they take?
<ul style="list-style-type: none"> • Healthcare professionals or counsellors who advise on, or prescribe, NRT 	<ul style="list-style-type: none"> • Offer young people aged 12–17 information, advice and support on how to stop smoking. Encourage use of local NHS Stop Smoking Services by providing details on when, where and how to access them • Use professional judgement to decide whether or not to offer NRT to young people over 12 years who show clear evidence of nicotine dependence. If NRT is prescribed, offer it as part of a supervised regime

Mothers of infants and young children who smoke, particularly breastfeeding mothers, their partners and other family members who smoke

Who should take action?

- GPs, midwives, health visitors, community pharmacists and smoking cessation counsellors who advise on, or prescribe, NRT

What action should they take?

- At the first contact, discuss the smoking status of the woman and her partner, provide information about the risks of secondhand smoke to young children and address any concerns about stopping smoking
- Offer information, advice and support on how to quit smoking and encourage use of local NHS Stop Smoking Services by providing details on when, where and how to access them
- Use any opportunity to offer those mothers who are (or who may be) eligible for the Healthy Start scheme practical and personalised information, advice and support to help them stop smoking
- Discuss the risks and benefits of NRT with breastfeeding mothers who have tried but have been unable to stop smoking unaided. Use professional judgement to decide whether or not to advise use of NRT or to offer an NRT prescription
- Advise breastfeeding women using nicotine patches to remove them before going to bed

People who live or work in prisons, military establishments and care institutions and who smoke or use other forms of tobacco

Who should take action?

- Managers of prisons, military establishments and long-stay health centres, such as mental healthcare units

What action should they take?

- Develop a policy, using guidance provided by the Department of Health, to ensure that effective smoking cessation services are provided and promoted. (Go to www.dh.gov.uk/en/Policyandguidance/Healthandsocialcaretopics/Tobacco/index.htm)

Employees whose workplace is subject to regulations under the 2006 Health Act

Who should take action?

- Employers

What action should they take?

- Negotiate a smokefree workplace policy with employees or their representatives. This should:
 - state whether or not smoking breaks may be taken during working hours and, if so, where, how often and for how long
 - direct people who wish to stop smoking to services that offer appropriate support, for example, the NHS Stop Smoking Services
 - implement the NICE public health guidance, 'Workplace health promotion: how to help employees to stop smoking' (www.nice.org.uk/PHI005)

People receiving care and advice from a health professional in a primary care setting (such as a GP surgery) or in an acute care setting (such as a hospital)

Who should take action?	What action should they take?
<ul style="list-style-type: none"> • PCTs and acute trusts • Healthcare professionals 	<ul style="list-style-type: none"> • Healthcare professionals should be trained to give brief advice on stopping tobacco use and should have contact with the local NHS Stop Smoking Service to which they can refer people • Healthcare professionals should identify and record the smoking and/or tobacco use status of all their patients. Those who use tobacco should be: <ul style="list-style-type: none"> – reminded at every suitable opportunity of the health benefits of stopping – offered brief advice and, if they want to stop using tobacco, referred to the local NHS Stop Smoking Service. If patients do not wish to attend the service, they should be offered brief advice and support to help them quit, and pharmacotherapy as appropriate • Patients referred for elective surgery should be encouraged to stop smoking before the operation. Patients who want to stop smoking for good should also be referred to the local NHS Stop Smoking Service • Hospital patients who use tobacco in any form should be offered advice and, if appropriate, NRT from a trained health professional or smoking cessation adviser while in hospital to help them to quit. They should also be offered an appointment with their local NHS Stop Smoking Service. If they accept the offer, the appointment should be booked prior to their discharge. In exceptional circumstances it might be inappropriate to advise a patient to quit; for example, because of their presenting condition or personal situation • PCTs should ensure that NHS Stop Smoking Services can provide cessation support to hospitals. This should include a fast-track referral system after discharge for patients who have tried to quit smoking in hospital. PCTs should develop a clear referral plan with links between primary and acute trusts

People with cardiovascular or respiratory disease who smoke

Who should take action?	What action should they take?
<ul style="list-style-type: none"> • Healthcare professionals or counsellors who advise on, prescribe or dispense pharmacotherapies for stopping smoking • Cardiac rehabilitation teams 	<ul style="list-style-type: none"> • Offer brief advice or, preferably, behavioural support from the local NHS Stop Smoking Service and prescriptions of NRT, varenicline or bupropion, according to clinical judgement

Education, training and public campaigns

This section sets out how the three 'tiers' of people involved in smoking cessation work should be educated and trained: those who work in NHS Stop Smoking Services and on quitlines, other professionals who advise on smoking as part of their job and members of the public who smoke.

NHS Stop Smoking Services advisers and coordinators; telephone quitline advisers

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Commissioners and managers of NHS Stop Smoking Services 	<ul style="list-style-type: none"> Ensure training and continuing professional development is available for all those involved in providing stop smoking advice and support Ensure training complies with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591)
<ul style="list-style-type: none"> Commissioners and managers of telephone quitline services 	<ul style="list-style-type: none"> All staff should receive smoking cessation training (at least in brief interventions to help people stop smoking) Staff who offer counselling should be trained to at least level two (individual behavioural counselling) and preferably, they should hold an appropriate counselling qualification. Training should comply with the 'Standard for training in smoking cessation treatments' or its updates (www.nice.org.uk/page.aspx?o=502591)

Doctors, nurses, midwives, pharmacists, dentists and others who advise people on how to quit smoking

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Those responsible for the education and training of healthcare workers and others who advise people how to quit smoking 	<ul style="list-style-type: none"> Train all frontline healthcare staff to offer brief advice on smoking cessation in accordance with NICE guidance ('Brief interventions and referral for smoking cessation in primary care and other settings' www.nice.org.uk/PHI001). Also train them to make referrals, where necessary and possible, to NHS Stop Smoking Services and other publicly funded smoking cessation services Ensure training on how to support people to quit smoking is part of the core curriculum for healthcare undergraduates and postgraduates Provide additional, specialised training for those working with specific groups, for example, people with mental health problems, those who are hospitalised and pregnant women who smoke Encourage and train healthcare professionals to ask patients or clients about all forms of tobacco use and to advise them of the dangers of exposure to secondhand smoke

Everyone who smokes or uses any other form of tobacco

Who should take action?	What action should they take?
<ul style="list-style-type: none"> Organisers and planners of local, regional and national public education and communications campaigns 	<ul style="list-style-type: none"> Coordinate communications strategies to support the delivery of smoking cessation services, telephone quitlines, school-based interventions, forthcoming tobacco control policy changes and any other activities designed to help people to stop using tobacco Develop and deliver communications strategies in partnership with the NHS, regional and local government and non-governmental organisations. The strategies should: <ul style="list-style-type: none"> – use the best available evidence of effectiveness, such as reviews by the Cochrane Collaboration and the Global Dialogue for Effective Stop Smoking Campaigns (www.stopsmokingcampaigns.org) – be developed and evaluated using audience research – use ‘why to’ and ‘how to’ quit messages that are non-judgemental, empathetic and respectful. For example, testimonials from people who smoke or used to smoke can work well – involve community pharmacies in local campaigns and maintain links with other professional groups such as dentists, fire services and voluntary groups – ensure campaigns are sufficiently extensive and sustained to have a reasonable chance of success – consider targeting and tailoring campaigns towards low income and minority ethnic groups to address inequalities

Implementation tools

NICE has developed tools to help organisations implement this guidance. For details see our website at www.nice.org.uk/PH010

Further information

You can download the following documents from www.nice.org.uk/PH010

- A quick reference guide (this document) for professionals and the public.
- The guidance, which includes all the recommendations, details of how they were developed and evidence statements.
- Supporting documents, including an evidence review and an economic analysis.

For printed copies of the quick reference guide, phone NICE publications on 0845 003 7783 or email publications@nice.org.uk and quote N1478.

Related NICE guidance

Published

- MI: secondary prevention in primary and secondary care for patients following a myocardial infarction. NICE clinical guideline 48 (2007). Available from: www.nice.org.uk/CG048
- Varenicline for smoking cessation. NICE technology appraisal guidance 123 (2007). Available from: www.nice.org.uk/TA123
- Workplace health promotion: how to help employees to stop smoking. NICE public health intervention guidance 5 (2007). Available from: www.nice.org.uk/PHI005
- Brief interventions and referral for smoking cessation in primary care and other settings. NICE public health intervention guidance 1 (2006). Available from: www.nice.org.uk/PHI001

- Chronic obstructive pulmonary disease: management of chronic obstructive pulmonary disease in adults in primary and secondary care. NICE clinical guideline 12 (2004). Available from: www.nice.org.uk/CG012
- Guidance on the use of nicotine replacement therapy (NRT) and bupropion for smoking cessation. NICE technology appraisal guidance 39 (2002). Available from: www.nice.org.uk/TA039

Under development

- Antenatal care: routine care for the healthy pregnant woman. NICE clinical guideline (due March 2008).
- Preventing the uptake of smoking among children and young people, including point of sale measures. NICE public health guidance (due July 2008).

Updating the recommendations

NICE public health guidance is updated as needed so that recommendations take into account important new information. We check for new evidence 2 and 4 years after publication, to decide whether all or part of the guidance should be updated. If important new evidence is published at other times, we may decide to update some recommendations at that time.

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National Institute for Health and Clinical Excellence
MidCity Place, 71 High Holborn, London WC1V 6NA, www.nice.org.uk

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