

**Consultation on draft scope – deadline for comments 5pm on 09/03/17 email:
IndoorAir@nice.org.uk**

		<p>Please read the checklist for submitting comments at the end of this form. We cannot accept forms that are not filled in correctly or arrive after the deadline.</p> <p>We would like to hear your views on these questions:</p> <ol style="list-style-type: none"> 1. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? <p>Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.</p>	
Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):		Action on Smoking and Health (ASH)	
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		ASH does not have any past, current, direct or indirect links to, or receive funding from, the tobacco industry.	
Name of person completing form:		Deborah Arnott	
Type		[for office use only]	
Comment No.	Page number or ' general ' for comments on the whole document	Line number or ' general ' for comments on the whole document	Comments
			<p>Insert each comment in a new row.</p> <p>Do not paste other tables into this table, as your comments could get lost – type directly into this table.</p>
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....

1	1	12	<p>Why the guideline is needed.</p> <p>ASH agrees that there is a need for guidance on reducing indoor air pollution which can cause respiratory and other diseases. This response focuses on the importance of including environmental tobacco smoke (ETS) and vaping as part of the guideline. Environmental tobacco smoke is more commonly known as secondhand smoke and we would suggest this wording be used in the guidance.</p> <p>Exposure to tobacco smoke is a major health hazard and since the implementation of smokefree laws the home is the greatest source of such exposure (see comment 9 below for more information). We are therefore pleased to note that tobacco smoke is included in the scope.</p>
2	1	19	<p>In addition to the harm caused by exposure to ETS in the home from members of a household or visitors who smoke, some people are affected by tobacco smoke entering their home from neighbouring properties. Smoking in common parts is prohibited by legislation, however, there can be significant problems from smoke drift from neighbouring properties or from outside.</p> <p>To date, no survey has been carried out in the UK to explicitly measure the extent to which people are affected by neighbours' smoke. However, ASH is contacted regularly by members of the public distressed by their exposure to ETS from smoke drift primarily from people living in multi-unit dwellings, usually rented, affected by smoking in neighbouring properties. We have produced a briefing for callers but unless the landlord is sympathetic there is little redress for those affected.</p> <p>[See ASH briefing on smoke drift in the home and the workplace. (This is currently in the process of being updated).]</p>
3	3	1	<p>Who the Guideline is for</p> <p>ASH is frequently contacted by members of the public wanting help on secondhand smoke (environmental tobacco smoke). We have also been contacted by local authorities and housing associations looking at developing policy on smoking in their properties and they would find NICE guidance on this issue helpful.</p>

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4	4	4-15	<p>Equality considerations: ASH supports the proposal to ensure that the guidance is applicable to the whole population but that particular consideration will be given to those at increased risk of high levels of indoor air pollution. Smoking rates are particularly high in disadvantaged populations and all the groups identified as needing particular protection are disproportionately affected by exposure to ETS. We believe that all groups with high levels of smoking should be given particular consideration, which would include, for example, people with mental health conditions.</p> <p>The inclusion of ETS in this guidance will also support the recommendations made jointly by ASH and the Fostering Network to protect the wellbeing of looked-after children. These include supporting foster carers and adoptive parents to quit or abstain from smoking in front of their children.</p>
5	4	17-21	<p>Settings. ASH agrees with the proposed settings for this guidance. We note that the draft scope proposes not to include prisons and other secure environments in this guidance. However, it is possible that some lessons could be learned from the rolling out of the smokefree prisons policy by the National Offender Management Service (NOMS). We would therefore recommend that NICE approach NOMS for information about this process.</p>
6	6	1	<p>ASH supports the inclusion of environmental tobacco smoke in the guideline as this is a major source of indoor air pollution in the homes of people who smoke.</p> <p>Whilst we note that smoking is correctly included in the list of indoor air pollutants (p1, line16) the reference to environmental tobacco smoke as an 'intervention' (p6 line 1) is confusing. The appropriate interventions to be listed here should be smoking cessation and temporary abstinence. While there is a reference to vaping this would more appropriately be listed as switching to non-smoked nicotine products such as NRT and e-cigarettes.</p> <p>While the most effective behaviour change is to quit smoking and other NICE guidance covers how best to do this (PH1, PH10, PH45, PH48), those smokers who do not want to quit need to be encouraged not to smoke indoors to reduce the harm their smoking causes to them and to those around them. The guidance should include temporary abstinence of smoking and use of non-smoked nicotine products. (Covered to some extent by guidance PH45)</p>

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7	6	1	<p>In the footnote of line 1, whilst acknowledging the health harms caused by secondhand smoke, the draft scope states that the evidence that tobacco is an indoor air pollutant will not be reviewed. We accept that the evidence of the harm caused by ETS is robust and does not need further review. However, ASH believes the evidence on the levels of exposure to tobacco smoke and what can be done to minimise this exposure should be reviewed.</p> <p>The review should ensure that studies are identified that will enable policy recommendations to be made and to identify what kind of policy measures are likely to be effective. The review should also include evidence as to why ventilation as a means of reducing exposure to tobacco smoke is not sufficient.</p> <p>Currently, the best measure of exposure to ETS in the home is from the Health Survey for England which takes cotinine samples in adults and children (cotinine is a by-product of nicotine). Salivary cotinine levels in children in the HSE fell progressively, by nearly 70% between 1996 and 2007. The biggest decrease occurred between 2005 and 2006 a period of significant media campaigns and public debates about passive smoking in the period preceding the introduction of smokefree legislation. The reductions in passive smoke exposure have occurred in all sectors of society, but a significant proportion of children are still exposed. Exposure is still greatest among lower socio-economic status households, where smoking rates are highest.</p> <p>Source: Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.</p>
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8	6	2	<p>ASH supports the inclusion of vaping in the guideline. Current evidence suggests that passive exposure to the vapour exhaled by users of e-cigarettes does not pose any significant health risks.</p> <p>Nevertheless vapour from electronic cigarettes (sometimes called ENDS, for example by WHO) is an issue of public concern, which has received widespread negative media coverage. Currently e-cigarette vapour is not covered by smokefree legislation, although a proposal to revise the legislation to include e-cigarette vapour was consulted on by the Welsh Government in 2015.</p> <p>The Royal College of Physicians and Public Health England have both published reports concluding that the risk of harm from electronic cigarette vapour is likely to be low whilst a recent WHO report noted that the vapour was <i>“a new air contamination source for particulate matter which includes fine and ultrafine particles”</i>.</p> <p>[Sources: Royal College of Physicians. Nicotine without smoke: Tobacco Harm Reduction. April 2016. Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS) Report by WHO. FCTC/COP/7/11. August 2016. UK Centre for Tobacco and Alcohol Studies. Commentary on WHO report on ENDS and ENNDS. October 2016]</p> <p>The evidence needs to be reviewed and NICE needs to provide evidence-based guidance in this area.</p> <p>Recently Philip Morris International launched a new “heat not burn” tobacco product and other tobacco transnationals have plans to do the same. Heat not burn tobacco products are likely to deliver higher levels of exposure to toxicants than e-cigarettes.</p> <p>ASH therefore believes it essential that NICE include an appraisal of both e-cigarette vapour and of secondhand exposure to the emissions of heat not burn products, and an assessment of the relative risks in comparison to both tobacco smoke and other sources of indoor air pollution.</p>
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9	7	4-8	<p>Exposure to pollutants:</p> <p>Tobacco smoke contains over 7000 chemicals in the form of particles and gases. The particulate phase includes benzene and benzo(a)pyrene. The gas phase includes carbon monoxide, ammonia, dimethyl nitrosamine, formaldehyde, hydrogen cyanide and acrolein. Some of these have marked irritant properties and there are more than 50 cancer-causing chemicals in secondhand smoke.</p> <p>There is strong evidence of the harms of exposure to ETS. Immediate effects include eye irritation, headache, cough, dizziness and nausea. Adults with asthma can experience a significant decline in lung function when exposed. In the longer term people exposed to ETS are at increased risk of lung cancer, COPD and coronary heart disease.</p> <p>Children living in a home where people smoke are at increased risk of a range of lower increased risk of lower respiratory tract infections, onset and exacerbation of asthma, middle ear infection and meningitis.</p> <p>Source: ASH factsheet. Secondhand Smoke. February 2014</p> <p>The RCP has estimated that ETS exposure in children, primarily in the home, is responsible annually for:</p> <ul style="list-style-type: none"> • over 20,000 cases of lower respiratory tract infection • 120,000 cases of middle ear disease • at least 22,000 new cases of wheeze and asthma • 200 cases of bacterial meningitis • 40 sudden infant deaths – one in five of all SIDs. <p>Each year, these cases have been estimated to generate over 300,000 UK GP consultations and about 9,500 hospital admissions, and cost the NHS about £23.3 million.</p> <p>Source: Royal College of Physicians. Passive smoking and children. A report of the Tobacco Advisory Group of the Royal College of Physicians. London, RCP, 2010.</p> <p>There is a growing body of evidence to show that where smokefree laws have been implemented, reductions in secondhand smoke exposure of between 80% and 90% have been recorded. This has resulted in significant health benefits including:</p> <ul style="list-style-type: none"> • In England, there was a 2.4% reduction, equivalent to an estimated 1200 fewer emergency admissions to hospital for heart attack in the 12 months following implementation of the smokefree law. [Sims M, Maxwell R, Bauld L, Gilmore A Short term impact of smoke-free
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		<p>legislation in England: retrospective analysis of hospital admissions for myocardial infarction. BMJ 2010; 340:c2161]</p> <ul style="list-style-type: none"> • A further meta-analysis of 17 studies across six countries found a reduction of 10% in the incidence of acute coronary events following the implementation of smokefree laws. [D.F. Mackay, M.O. Irfan, S. Haw, J.P. Pell. Meta-analysis of the effect of comprehensive smoke-free legislation on acute coronary events. Heart, 2010. 96: 1525–1530] • Research has shown reductions in hospital admissions for childhood asthma following the introduction of the smokefree laws. [Mackay, D., et al., Smoke-free legislation and hospitalizations for childhood asthma. New England Journal of Medicine, 2010. 363(12): 1139-1145], [Millett, C., et al., Hospital Admissions for Childhood Asthma After Smoke-Free Legislation in England. Pediatrics, 2013. 131(2): p. E495-E501] • In the Republic of Ireland there was an immediate 13% decrease in all-cause mortality following the smokefree law, with an estimated 3,726 deaths prevented.[Stallings-Smith S, Zeka A, Goodman P, et al. Reductions in Cardiovascular, Cerebrovascular, and Respiratory Mortality following the National Irish Smoking Ban: Interrupted Time-Series Analysis. Plos One 2013;8(4)] <p>Whilst measures to reduce exposure to ETS in the home will require a different approach, the evidence above demonstrates the extent to which public health can be improved by eliminating exposure to tobacco smoke.</p> <p>A YouGov survey for ASH in 2011 found that while 80% of adults in England prohibit smoking in their home, 10% of non-smokers in England reported that they were exposed to tobacco smoke in their home. Of those experiencing smoke in their home, 6% reported that the smoke was from someone other than a friend or family member who did not live in the household.</p> <p>[Source: YouGov Plc for ASH. Total sample size was 10238 adults. Fieldwork was undertaken: 3-15 March 2011. The survey was carried out online. The figures have been weighted and are representative of all England adults (aged 18+)]</p> <p>People on low income are more likely to smoke and to be exposed to secondhand smoke in the home. A YouGov survey commissioned by ASH found that 88% of people in professional and managerial occupations did not allow smoking in their home or only in places that were not</p>
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		<p>enclosed, compared to 77% of people in casual or low grade work, pensioners and unemployed people.</p> <p>[Source: ASH YouGov Smokefree GB survey. Total sample size was 12269 adults. Fieldwork was undertaken between 5th to 14th March 2014. The survey was carried out online. The figures have been weighted and are representative of all GB adults (aged 18+)]</p> <p>In addition to tobacco smoke exposure in the home from those who live in the premises, tobacco smoke can enter the home from neighbouring premises, for example via shared ducting or gaps in floors and walls.</p> <p>As noted above, to date, no survey has been carried out in the UK to explicitly measure the extent to which people are affected by neighbours' smoke but from the calls that ASH receives from members of the public this is clearly a significant cause of distress to many people.</p> <p>Surveys to measure the proportion of people affected by smoke drift have been carried out in Canada, a country with similar smoking rates to the UK, the findings of which are in line with the concerns raised with us.</p> <p>A survey in British Columbia in April 2013 found that of 833 renters and owners in multi-unit dwellings (MUDs):</p> <ul style="list-style-type: none"> • Exposure to secondhand smoke was very common and increasing: 50% of residents report exposure to unwanted smoke in 2013 compared to 34% in 2008 • Exposure to secondhand smoke was a very real concern: Nearly 40% were very bothered by secondhand smoke; and a solid majority see it as a health hazard • There was strong support for smokefree housing: 62% prefer to live in a completely smokefree building; while 75% support converting rental units to smokefree after a tenant moves out. <p>Overwhelmingly residents want to know facts about smoking in the building where they are considering living:</p> <ul style="list-style-type: none"> • 96% want to know if smoking is permitted in units and on balconies; • 90% want to know which units permit smoking; • 87% want to know if previous resident was a smoker; • 84% want to know if there have been previous complaints of secondhand smoke. <p>There are signs that MUDs residents need support in dealing with SHS exposure:</p>
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			<ul style="list-style-type: none"> • A very large majority of respondents have never complained to their landlord or condominium board about SHS. • Only half of those who did complain were satisfied with the response. • Two-thirds said there was no way to address formal complaints for their residence. • Half said their building lacks a no-smoking policy. <p>We have been unable to find similar research for the UK. NICE recommendations for such research to be carried out in the UK would be helpful.</p>
10	7	14-17	<p>Material & structural interventions: In order for exposure to ETS to be reduced in the home, attitudes and behaviour have to be changed so that smokers stop smoking indoors. Since there is no safe level of exposure (ETS is a Group 1 carcinogen according to the WHO), mechanical ventilation solutions are not sufficient and have not been shown to be effective in reducing risks from ETS. However, research is needed to determine whether improvements to the structure of buildings are able reduce the incidence of smoke drift between premises.</p>

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11	7	22-24	<p>Effective interventions: As noted above, the key to reducing the health harms from tobacco is to encourage smokers to stop smoking in the home. ASH recommends that a review of current policies to tackle this issue is carried out, in particular to look at the extent to which mass media and public education campaigns can change attitudes and behaviour with regard to smoking indoors.</p> <p>There is evidence that such campaigns can increase knowledge about health risks and change behaviour. See for example: RCP report: Passive smoking and children. (Section 10.3.1). This noted that during implementation of the smokefree law, when a campaign about the health risks of secondhand smoke was being broadcast, an evaluation found that the proportion of respondents reporting that secondhand smoke was a risk to public health increased from 28% before to 50% after the campaign, and there was a decline in children’s exposure to tobacco smoke in the home.</p> <p>Campaigns to raise awareness of the dangers of exposure to ETS and make homes smokefree have been found to be effective. For example the ‘Take 7 steps out’ campaign run by Fresh NE and Healthier Futures provided a clear message to take smoking ‘right outside’ the home. This resulted in 19% of smokers who saw the campaign reporting that they went outside to smoke. The campaign also helped 54% of smokers to think about cutting down and 42% more likely to seek help quitting. This suggests that NICE guidance backed up by further similar campaigns could help protect both adults and children from exposure to secondhand smoke as well as encouraging adult smokers to cut down or quit smoking.</p> <p>Source: Take 7 Steps Out http://www.freshne.com/what-we-do/our-campaigns/take-7-steps-out/results</p> <p>Another example is the REFRESH project which measured air quality within the homes of families where parents smoke and provided tailored feedback as a means of engaging and supporting them to create smoke-free homes.</p> <p>Source: http://www.ashscotland.org.uk/go-smoke-free/refresh-project/</p>
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<p>Checklist for submitting comments</p> <ul style="list-style-type: none"> • Use this form and submit it as a Word document (not a PDF). • Complete the disclosure about links with, or funding from, the tobacco industry.

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- Include page and line number (not section number) of the text each comment is about.
- Combine all comments from your organisation into 1 response. We cannot accept more than 1 response from each organisation.
- Do not paste other tables into this table – type directly into the table.
- Underline and highlight any confidential information or other material that you do not wish to be made public.
- Do not include medical information about yourself or another person from which you or the person could be identified.
- Spell out any abbreviations you use
- For copyright reasons, do not include attachments such as research articles, letters or leaflets. We return comments forms that have attachments without reading them. The stakeholder may resubmit the form without attachments.

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