

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

Consultation on draft scope – deadline for comments by 5pm on 11/06/2018

email: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@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"><li>1. NICE is considering including heat not burn products in the scope. NICE is interested in views on whether heat not burn products should be included or not. Stakeholders are encouraged to provide references to peer reviewed evidence in this area.</li><li>2. NICE is also interested in any views on draft scope's position on the use of incentives. The draft scope currently includes the use of incentives aimed specifically at encouraging women to quit smoking and to remain quit, during or after pregnancy. Should NICE consider broadening this to include the use of incentives for groups in addition to pregnant women? If so, which groups should be included? Stakeholders are encouraged to provide references to peer reviewed evidence in this area to support the inclusion of any additional groups.</li><li>3. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline?</li></ol> <p><u><a href="#">Developing NICE guidance: how to get involved</a></u> has a list of possible areas for comment on the draft scope.</p>
--	---

<b>Organisation name – Stakeholder or respondent</b> (if you are responding as an individual rather than a registered stakeholder please leave blank):		<b>Action on Smoking and Health</b>	
<b>Disclosure</b> Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.		<b>None</b>	
<b>Name of person completing form:</b>		Deborah Arnott	
<b>Type</b>		[for office use only]	
<b>Comment No.</b>	<b>Page number</b> or <b>'general'</b> for comments on the whole document	<b>Line number</b> or <b>'general'</b> for comments on the whole document	<b>Comments</b>  Insert each comment in a new row.  Do not paste other tables into this table, as your comments could get lost – type directly into this table.
Example	3	55	The draft scope currently excludes people who have already been diagnosed. We feel this group should be included because....

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

1	General	General	<p>Question 1: consideration of inclusion of heated tobacco products in the scope.</p> <p>ASH does not believe that it would be appropriate to include heated tobacco products in the scope of this guidance.</p> <p>Awareness of heated tobacco products is low as is usage, and this is likely to continue to be the case during the time the committee is reviewing the evidence. Furthermore there is little evidence of these products effectiveness in supporting quitting, and what there is has been conducted by the tobacco industry and is not independent.</p> <p>The UK is a party to the WHO Framework convention for Tobacco Control, and NICE and PHE are covered by its obligations, including those in Article 5.3 with respect to protecting public health policy with respect to tobacco control from the commercial and vested interests of the tobacco industry. NICE needs to review the Article 5.3 Guidelines carefully to help it consider how it will interpret data emanating from the tobacco industry. NICE has satisfied its public commitment to consult on whether heated tobacco products are in scope and the current lack of independent evidence means further work would be premature at this time.</p> <p>References:  WHO FCTC Article 5.3 guidelines.  <a href="http://www.who.int/entity/fctc/treaty_instruments/adopted/article_5_3/en/index.html">http://www.who.int/entity/fctc/treaty_instruments/adopted/article_5_3/en/index.html</a></p> <p>McNeill A, Brose LS, Calder R, Bauld L &amp; Robson D. Evidence review of e-cigarettes and heated tobacco products 2018. A report commissioned by Public Health England. London: Public Health England: <a href="https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review">https://www.gov.uk/government/publications/e-cigarettes-and-heated-tobacco-products-evidence-review</a></p> <p>Committee on toxicity, carcinogenicity and mutagenicity of chemicals in food, consumer products and the environment. Statement on the toxicological evaluation of novel heat-not-burn tobacco products <a href="https://cot.food.gov.uk/sites/default/files/heat_not_burn_tobacco_statement.pdf">https://cot.food.gov.uk/sites/default/files/heat_not_burn_tobacco_statement.pdf</a></p>
---	---------	---------	--

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

2	General	General	<p>Question 2: draft scope position on use of incentives and whether this should be broadened out from pregnant women to other groups.</p> <p>The scope should be broadened out to look at groups other than pregnant women – in particular where there may be immediate benefit from quitting both to the smoker and to the NHS, for example surgical patients (where smoking delays recovery) or patients with pre-existing smoking-related disease where quitting can improve outcomes (e.g. COPD, CVD and lung cancer). Evidence should be gathered both on effectiveness and cost-effectiveness of incentives under these conditions.</p>
---	---------	---------	--

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

3	General	General	<p>Question 3: Which interventions or forms of practice might result in cost saving recommendations if included in the guideline?</p> <p>Some interventions may be 'cost-saving', but this is a very high bar which is not used for interventions to treat the diseases caused by smoking. Interventions to prevent smoking uptake and encourage cessation are all highly cost-effective, and it would be helpful if the guidelines spelt out the relative cost-effectiveness of smoking prevention and cessation interventions compared to interventions to treat the most common smoking-related diseases such as lung cancer, CVD and COPD.</p> <p>In order to ensure that commissioners make informed judgements in determining how to spend their tobacco control budgets it is crucial that the NICE guidance identify the relative cost-effectiveness of different interventions. In particular as smoking rates among young people fall, the cost-effectiveness of interventions targeted at schools need to be reviewed and their cost-effective compared to measures focusing on helping adult smokers quit. Young people who grow up in smoking households are much more likely to become smokers than those growing up in non-smoking households, so helping adult smokers quit can have a dual impact in also reducing youth initiation. It would be helpful to be able to compare the relative cost-effectiveness of these interventions.</p> <p>Although mass media interventions are listed in section 2 and 3.3 as coming under both prevention and promotion of quitting; in the sections setting out key questions (3.5) and the appendix setting out what NICE plans to do mass media is only included as prevention and not promotion of quitting. Mass media can be effective and cost-effective both in discouraging uptake and motivating quitting, particularly at national and regional level and should be included in both sections.</p> <p>References:  Mass media interventions for preventing smoking in young people. Cochrane Tobacco Addiction Group 2017. <a href="http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD001006.pub3/full">http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD001006.pub3/full</a></p> Mass media interventions for smoking cessation in adults. Cochrane Tobacco Addiction Group 2017. <a href="http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD004704.pub4/full">http://cochranelibrary-wiley.com/doi/10.1002/14651858.CD004704.pub4/full</a>
---	---------	---------	---

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

4	General	General	<p>The two headings 'prevention and promotion' and 'cessation and harm reduction' are overlapping and unclear. It would make better sense to split the two sections more clearly into non-treatment and treatment interventions. To make this clear, 'prevention and promotion' should be changed to 'preventing uptake and promoting quitting' and 'cessation and harm reduction' should be changed to 'treating tobacco dependency'.</p> <p>This would mean, for example, that mass media campaigns would be included in 'preventing uptake and promoting quitting' while clinical interventions such as stop smoking services and brief advice and prescribing would be included in 'treating tobacco dependency'.</p> <p>Harm reduction and relapse prevention are not necessarily part of the treatment pathway. If smokers seek treatment for these purposes then they would be, but they are also part of 'preventing uptake and promoting quitting' if undertaken in the community. For example consumer e-cigarettes bought over the counter by smokers not engaging with healthcare professionals can deliver both relapse prevention and harm reduction. But if smokers seek help and advice for e-cigarettes or harm reduction then this would come under the treatment pathway.</p> <p>Furthermore measures 'preventing uptake and promoting quitting' apply to all age groups and the scope should not be limited to those aged 24 and under.</p>
5	2	4-5	<p>Local authorities are making decisions about, for example, whether to fund stop smoking services versus school based interventions. They need to have the evidence about relative cost-effectiveness of different interventions in order to be able to make informed decisions.</p>

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

6	2	17	<p>There is evidence of a causal link between depictions of smoking in the entertainment media (TV and film in particular) smoking uptake among children and young people and this should be reviewed and covered by the guidance.</p> <p>References:  The National Cancer Institute. The Role of the Media in Promoting and Reducing Tobacco Use. Tobacco Control Monograph No. 19. US Department of Health and Human Services National Institutes of Health, 2008.</p> <p>U.S. Department of Health and Human Services. Preventing Tobacco Use Among Youth and Young Adults: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2012.</p> <p>U.S. Department of Health and Human Services. The Health Consequences of Smoking: 50 Years of Progress. A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014</p>
7	2	20-21	It is crucial to investigate the impact of e-cigarettes on smoking behaviour not just of those who do not currently smoke, but also those who do. (see also page 9 line 29-30)
8	2	24	The scope for opt out referrals should be wider than just pregnant women – there is precedent for this as in ng92 surgical patients were also recommended for opt out referral. (see also page 10 line 4)
9	2	25	Use of e-cigarettes in pregnancy should also be included not just NRT – pregnant women are choosing to use e-cigarettes and clinicians and the women themselves need guidance on their use. The NCSCT already includes recommendations on this in their guidance on e-cigarettes. <a href="http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes_A_briefing_for_stop_smoking_services.pdf">http://www.ncsct.co.uk/usr/pub/Electronic_cigarettes_A_briefing_for_stop_smoking_services.pdf</a>
10	3	13	There are some gaps in the legislation listed – for example the implementation of the display ban in shops and prohibition of smoking in private vehicles carrying children under 18, in addition to work vehicles.

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

11	4	19-20	The comparison between trial of e-cigarettes and smoking in young people is not relevant as the evidence to date is that trial is not translating into regular use. If any comparison is made it should be about regular use.  Reference: Bauld L et al Young People's Use of E-Cigarettes across the United Kingdom: Findings from Five Surveys 2015-2017, International Journal of Environmental Research and Public Health 2017, 14, 29 August 2017 <a href="http://www.mdpi.com/1660-4601/14/9/973/pdf">http://www.mdpi.com/1660-4601/14/9/973/pdf</a>
12	5	4-5	'preventing uptake and promoting quitting' should not be limited to those aged 24 and under. These measures apply to any age group.
13	7	5	These recommendations should apply to all age groups not just 24 and under.
14	7	8;21-22	The scope includes opt out referral for pregnant women so should cover all smokers not just those who ask for help to stop smoking.
15	8	8	Adults aged 25 and over should not be excluded from the 'preventing uptake and promoting quitting' strand.
16	8	12	The scope should include entertainment media under 'preventing uptake and promoting quitting' see comment 6.
17	8	14-20	The scope should make clear that all healthcare settings are included – and then go on to specify as examples the list given.
18	9	25-28	There has been a dramatic decline in smoking prevalence in school aged children in recent years which is likely to have a significant impact on how effective and cost-effective school based interventions are likely to be. For that reason all school-based interventions need to be updated.  Reference: <a href="#">Smoking, Drinking and Drug Use among young people in England 2016</a> . NHS Digital, September 2017. Chapter 2 tables – smoking prevalence. Table 2.3
19	10	19-20	See general comment 1 above that heated tobacco products should not be included in the scope.

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

20	11	9-13	<p>It is not clear why these interventions in schools are not being reviewed, when Smokefree class competitions are. (see also comment 18).</p> <p>It is essential that the cost-effectiveness of these interventions is assessed, and long term outcome data provided, since measures targeting children generally gain political support, and can often squeeze out more cost-effective options as a result. We therefore need to know whether these measures represent the best value for money in comparison with other tobacco control measures, not just those involving schoolchildren.</p> <p>This issue comes up again on page 16 section 3.4 lines 9-16 on economic aspects and again in section 5 on key issues and draft questions.</p>
21	12	17-18	<p>The scope needs to include reviewing the recommendation that smokers in acute, maternity and mental health services are referred to stop-smoking services. The UK model has been stand alone specialist stop-smoking services but there is growing evidence that provision of services within secondary care settings can be highly effective in promoting quitting (see Ottawa model <a href="http://tobaccocontrol.bmj.com/content/26/3/293">http://tobaccocontrol.bmj.com/content/26/3/293</a>) Furthermore there is no longer universal access to stand alone specialist services and therefore it is crucial that these recommendations are reviewed to ensure that smokers have access to the treatment they need.</p>
22	13	14	<p>It is not clear why shisha is excluded?</p>
23	13	22	<p>The scope currently needs to include reviewing service models (see also 21 above). The UK model has been for stand alone services but there is growing evidence that provision of services within secondary care settings can be highly effective in promoting quitting (see Ottawa model <a href="http://tobaccocontrol.bmj.com/content/26/3/293">http://tobaccocontrol.bmj.com/content/26/3/293</a>) Furthermore there is no longer universal access to such services and therefore it is crucial that these recommendations are reviewed to ensure that smokers have access to the treatment they need.</p>
24	16	17-27	<p>See comment 3 and 4</p>
25	17	7-10	<p>See comments 18 and 20.</p>
25	17	11-13	<p>See comment 7.</p>

Add extra rows if needed

### Checklist for submitting comments

- 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.

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*

- 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.

**Note:** We reserve the right to summarise and edit comments received during consultations, or not to publish them at all, if we consider the comments are too long, or publication would be unlawful or otherwise inappropriate.

Comments received during our consultations are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the comments we received, and are not endorsed by NICE, its officers or advisory Committees.

Please add extra rows as needed

Please return to: [TobaccoUpdate@nice.org.uk](mailto:TobaccoUpdate@nice.org.uk)

*NICE reserves the right to summarise and edit comments received during consultations, or not to publish them at all, where in the reasonable opinion of NICE, the comments are voluminous, publication would be unlawful or publication would be otherwise inappropriate.*