# **NICE** Tobacco Harm Reduction Guidance PH45

Harm reduction is not a new concept for many working within tobacco control. There is much in the NICE Guidance on tobacco harm reduction that will be familiar from work on smokefree homes, assisting people to 'stop for the op', supporting those in mental health facilities or prisons and providing people with advice and access to longer term NRT.

What is new is that for the first time these different approaches have been brought together to help provide an environment in which more smokers can reduce their smoking activity if they are not yet ready to quit in one step.

The NICE guidance brings a review of the available evidence; alongside emerging theory and practice But there is still more that needs to be explored and new models of practice are likely to emerge over the coming years. This document provides an outline of the areas where there is currently expert agreement regarding harm reduction approaches, and a framework to support discussion for those areas where there remains room for local decision making and interpretation.

**About this document**
This framework is a practical tool to help support the development of local approaches for the implementation of tobacco harm reduction, following publication of the NICE tobacco harm reduction guidance. As an implementation tool, this document draws on several pieces of relevant guidance and national policy, including the NICE Tobacco harm reduction guidance PH45.

Accompanying this document is an Implementation Matrix which maps areas of the NICE tobacco harm reduction guidance against potential local roles and responsibilities. National roles are discussed in greater detail at the end of this document.

This framework supports discussion in the following four domains:

> ➢ Core elements of a harm reduction approach
> ➢ Strategy and local policy development
> ➢ Operations
> ➢ Monitoring and learning

This document has been developed by several partner organisations to support implementation of the NICE tobacco harm reduction guidance into practice.
This is not NICE guidance; for the full NICE guidance please visit www.nice.org.uk/PH45.

Framework for local conversations
on implementing a harm reduction
approach; following publication of the

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## 1. Core elements of a harm reduction approach

Implementation of the NICE tobacco harm reduction guidance will require the recommendations to be considered against locally identified needs, local decision making and with local engagement. In addition, there are several aspects of the guidance where there is a clear rationale for application. These core elements are:

- Stopping smoking in one step offers the best chance of lasting success and resources should not be diverted from interventions to achieve this goal.

- Harm reduction is an appropriate offer for:
  - ➤ Smokers not yet able or willing to quit
  - ➤ Smokers who need to temporarily abstain from smoking
  - ➤ Smokers who are highly dependent on nicotine
  - ➤ Smokers who wish to protect their families from secondhand smoke

- High quality services should be delivered in accordance with evidenced based practice, including NICE guidance.

- A collaborative approach supported by appropriate local partners is necessary to effectively implement a harm reduction approach in line with NICE guidance.

- At a minimum all local areas should consider:
  - ➤ How to provide appropriate information on harm reduction to Stop Smoking Service staff, to appropriate frontline local authority staff, health professionals and the public
  - ➤ A local route for engaging smokers who have independently used a harm reduction approach. To enable them to access Stop Smoking Services when they feel they are ready to take the next step towards quitting
  - ➤ The context in which local health services may support the use of or prescribe nicotine containing products (NCPs) long term including provision of information to smokers about NCPs

## 2. Strategy & Local Policy Development

You may not need to consider all these questions at length, but they can act as prompts to aid local developments. In addition, the areas for consideration below are included to help support local considerations and discussions and are not exhaustive or in any particular order of priority. *

| Question | Areas you could consider |
| --- | --- |
| **What contribution can harm reduction make to local work to reduce the harm from smoking?** | • Short term opportunities, longer term strategies in relation to:<br> - Engaging smokers not yet ready or willing to quit<br> - Residents and workforces within closed institutions e.g. prisons, mental health units<br> - Smokefree homes and smoking in front of children<br> - Issues around normalisation and denormalisation of smoking<br> - Secondary care and those with long term conditions [1]<br>• Current harm reduction practice locally and its contribution<br>• Cost effectiveness of interventions for both NHS and local government e.g. improving health outcomes, improving productivity etc |
| **Which partners do we need to work with locally to develop a policy?** | • This will vary locally and a mapping exercise to identify relevant local stakeholders may be necessary. Groups to consider include:<br> - People who smoke<br> - Tobacco Control Alliance<br> - Stop Smoking Service providers and commissioners<br> - GPs<br> - Secondary care providers and commissioners<br> - CCGs<br> - Mental health units and community mental health trusts – staff and service users<br> - Long term conditions leads<br> - Expert patient groups<br> - Care homes – staff and service users<br> - Fire services<br> - Housing departments<br> - Prisons and places of custody and remand<br> - Directors of Public Health<br> - Health and Wellbeing Boards<br> - Elected members<br> - PHE Centres<br> - Pharmacy leads<br> - Children's services<br> - Local prescribing committees<br> - Communications and marketing teams<br> - Voters |

1. The NICE harm reduction guidance does not address delivery with people with long term conditions (LTCs) specifically; and NRT may be contra-indicated for some people with LTCs. NICE guidance on smoking cessation in secondary care (November 2013) highlights an association between smoking and physical ill-health, and the need to support stop smoking attempts, or strategies to reduce harm.

## 2. Strategy & Local Policy Development

| Question | Areas you could consider |
|---|---|
| | • An initial policy may need to be constructed with a selection of stakeholders, with further discussion and policies developing over time and depending on local circumstances |
| **How will we develop a local policy?** | • Achieve the buy-in of necessary stakeholders<br>• Through the Tobacco Control Alliance<br>• Consultation with other partners<br>• Consultation with community and people who smoke<br>• Through Health and Wellbeing Board<br>• Pilots and evaluation – consideration of monitoring<br>• Through stop smoking service contractual discussions<br>• Embed into existing plans and strategies<br>• Analysis of current service configuration to identify opportunities<br>• Analysis  existing harm reduction activities locally<br>• Identify what can be achieved in the short and longer term |
| **What components should form part of our local policy?** | • Commitment to supporting the maximum number of people to stop smoking.<br>• Consider who will fund long term prescribing of licensed nicotine containing products (NCPs) and in what circumstances<br>• A consistent approach to providing advice for professionals<br>• A consistent approach for providing advice regarding harm reduction to smokers who are not ready to quit in one step<br>• Public communications around nicotine and harm reduction<br>• Local agreement on providing support to people seeking to temporarily abstain which links with appropriate institutions and is in line with NICE tobacco and secondary care guidance<br>• The possibility of developing a service that will be available locally for those smokers not yet ready or willing to quit in one step, such as through developing a protocol for a cutting down to quit option<br>• The extent to which any harm reduction offer might be integrated into existing Stop Smoking Services or delivered separately. A clear policy on engagement with tobacco companies who may own or provide funding towards development of licenced NCPs.<br>• Guidance on the delivery of behavioural support<br>• Consideration of how to evaluate and monitor the effectiveness of any local interventions<br>• When and where follow-up appointments and reviews should be provided<br>• Training for those delivering services or support<br>• The role of different parts of the tobacco control community (e.g. trading standards, environmental health etc.)<br>• The role of retailers in providing a full range of NCPs<br>• Targeted approach for specific groups e.g. those with mental health needs |

## 2. Strategy & Local Policy Development

| Question | Areas you could consider |
|---|---|
| **What pathways might we offer for smokers not yet ready to quit?** | • Advice – what form and who delivers it?<br>• Targeted services – who for and when offered?<br>• Approaches which could recruit to SSS for example public facing materials or outreach work<br>• Longer term prescription of licensed NCP for specific groups<br>• Linked to other service offers e.g. smokefree homes, stop before the op etc.<br>• Monitoring outcomes of different harm reduction approaches |
| **What should our prescribing policy look like?**<br><br>*PHE guidance on how existing prescribing budgets can be spent is at the end of this document.* | • What licenced NCPs are included in any policy?<br>• How will they be funded?<br>• In what circumstances would prescribed products be offered? (e.g. certain target groups)<br>• Over what time period would prescribed products be offered? (e.g. while someone was receiving medical treatment)<br>• What monitoring needs to be in place?<br>• What approach will different prescribers take? (e.g. GPs, SSS, secondary care etc.)<br>• How will the relationship between prescribers and / or services work?<br>• How will the policy be kept up to date / adapt to changes in the pharmacotherapy available?<br>• Who will own responsibility for the policy?<br>• What expectation will there be on smokers to self-purchase NCPs and what service will be offered alongside this |
| **What resources do we have and what should we allocate to harm reduction policies?** | • What can be achieved with little or no additional investment?<br>• What might the business case be to seek additional investment?<br>• Assessment of local needs against local provision to establish the best allocation of resources (e.g. use the local authority CLeaR assessment tool to rebalance local strategy)<br>• Any innovation or pilot work is resourced in a way that would permit long term implementation, if evaluations show effectiveness, and/ or disseminate learning.<br>• Smokers own resources<br>• Funding from other partners e.g. role of NHS in secondary care<br>• The extent to which any harm reduction services with higher costs might be targeted |
| **What would success look like? – these are benefits of success not necessarily measurements.** | • Reduction in smoking prevalence<br>• Improved engagement of smokers in target communities<br>• Increase in smokers seeking support to quit<br>• Among smokers not yet ready to quit e.g. increase in the number of people moving to a full quit attempt.<br>• Reduced exposure to secondhand smoke<br>• Improved take up of temporary abstinence<br>• Improved outcomes in secondary care, including wound healing, reduced length of stay, reduced likelihood of readmission etc |

## 2. Strategy & Local Policy Development

| Question | Areas you could consider |
|---|---|
| | • Reduction in smoking among those with long term conditions<br>• Improved physical health for people with mental health problems, especially those in mental health units, increased efficacy of mental health medications |
| **What do we need to think about when developing public messages?** | • Relationship with existing stop smoking in one step message (e.g. risk of undermining it and the opportunity to extend it)<br>• Reducing harm to those around you<br>• Safety and efficacy of nicotine containing products<br>• What is the local offer?<br>• Who is delivering the messages?<br>• How are messages being received by intended audiences?<br>• Will local harm reduction interventions be led by professionals or will they be self-help approaches?<br>• Role of social media for self-help/ consumer-led approaches<br>• Fit public messages with those for health professionals<br>• Ensuring consistency of message across and within organisations<br>• Fit of local messages with neighbouring areas messages on harm reduction |
| **What do we need in place to manage any risks from tobacco industry interference?** | • Local policies on Article 5.3 of the WHO Framework Convention on Tobacco Control which will protect health policy from the influence of the tobacco industry.<br>• Local Government Declaration on Tobacco Control<br>• Local policy on prescribing tobacco industry owned therapies<br>• Dissemination of information about local policies at all levels including elected members<br>• Sign-up and implementation across relevant partners |
| **What involvement might be expected from the private sector?** | • Pharmaceutical companies<br>• Pharmacies<br>• Stop smoking service database providers<br>• Stop smoking service providers<br>• Tobacco industry<br>• Retailers |
| **How do we reduce the likelihood of unintended consequences?**<br><br>*Strategies to monitor impact are discussed in the monitoring and learning section.* | • Develop a communications plan with appropriate stakeholders<br>• Maximise understanding and minimise confusion in relation to NCPs<br>• Have clear policies in place in relation to the tobacco industry<br>• Provide clear information to relevant stakeholders regarding the purpose of harm reduction approach in tobacco control and its fit with existing services. |

## 3. Operations

You may not need to consider all these questions at length, but they can act as prompts for local development. In addition, the areas for consideration below are included to help support local considerations and discussions but are not exhaustive or in any order of priority. *

| Question | Areas you could consider |
|---|---|
| **How does harm reduction interact with other parts of tobacco control?** | • Full range of relevant NICE guidance<br>• Stop smoking services<br>• Smokefree homes<br>• Existing efforts to denormalise smoking<br>• Provision of public information<br>• Review existing tobacco control initiatives locally in light of harm reduction<br>• Wider parts of public health for example lifestyle approaches<br>• Across geographies e.g. within PHE Centres or across Regions |
| **What are the operational implications of our prescribing policy?** | • Shared understanding of who is prescribing what and in what circumstances<br>• Appropriate partnerships for example with secondary and primary care, social care providers etc<br>• Costs and to whom |
| **How will we develop/ implement a local pathway for smokers not yet ready to quit?** | • Have we mapped out the whole pathway and the client experience?<br>• How does it fit with our current pathway?<br>• Partnerships<br>• Commissioning and service specifications<br>• Monitoring delivery<br>• Embedding evaluation |
| **What guidance do professionals need to implement local harm reduction policies?** | • Information about the range of available HR approaches locally<br>• Information about the advantages and disadvantages of different harm reduction approaches<br>• Relationship with quit message<br>• Information about when, where and how to provide information to the public<br>• Appropriate training |
| **How will the public receive clear information about what is available locally?** | • Materials which are needed<br>• Mode of delivery for verbal or written advice<br>• Need to ensure a positive relationship with messages about quitting smoking<br>• Reach of information across local organisations<br>• Role of corporate communications teams |

# NICE Tobacco Harm Reduction Guidance PH45

## 3. Operations

| Question | Areas you could consider |
|---|---|
| **How will other health professionals be able to direct smokers who are not yet ready to quit to harm reduction pathways?** | • Information about what's on offer locally<br>• Relationships with key partners<br>• Referral pathways where appropriate<br>• Quality frameworks<br>• CQUIN<br>• Work plans<br>• High quality materials for public distribution<br>• Secure buy-in of other professionals through training, communications etc |
| **What support can we provide to closed institutions to help those smokers not yet ready to quit** | • Information about what's on offer locally<br>• Advice they can provide to service users<br>• Fit with quit message<br>• Training |
| **How do practitioners assist smokers in choosing the most appropriate pathway?** | • Ensure all options are described, including the benefits of abrupt/complete cessation<br>• Provide written or verbal information around the alternative pathways on offer<br>• Facilitate guided discussions with smokers to reflect on their own motivation and needs<br>• Signposting cessation or HR service if available<br>• Provision of training for practitioners based on local systems<br>• Provide example scripts for describing key aspects of each pathway available locally |
| **What commissioning arrangements will need to be established?** | • Will HR be incorporated into existing SSS contracts?<br>• Will alternative providers be sources for HR services?<br>• How will performance me measured/monitored?<br>• What payments will be available – based on what outcomes? |

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## 4. Monitoring and learning

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| Question | Areas you could consider |
| --- | --- |
| **How will we measure if local polices are effective?** | • Numbers engaged in different Harm Reduction<br>• Impact on local quit rates<br>• Definition of success locally (e.g. numbers which convert to quits, numbers engaged in harm reduction who go on to access quit services, reduced exposure to secondhand smoke, impact on health outcomes, etc)<br>• Timeframe for outcomes – consider a range of points to assess effectiveness and monitor changing behaviours<br>• Follow up those who have chosen to take up a harm reduction option to determine their smoking status. Assess the impact of public facing materials<br>• Assess level of knowledge and skills of staff |
| **How will we measure the impact on quit rates?** | • Numbers who access local services<br>• Numbers who set a quit date<br>• Numbers who take longer than 4 weeks to quit<br>• Numbers reporting longer term use of licensed NCPs (and if so at what point beyond 12 weeks) |
| **How will we share learning from local innovation?** | • Embed evaluation<br>• Opportunities to share outcomes in national forums<br>• Sharing practice models with national organisations<br>• Working with local PHE Centres |
| **How will we learn from practice elsewhere?** | • Ongoing review of domestic and international evidence<br>• Structured opportunities to review local offer in line with emerging evidence<br>• Working with local PHE Centres |

\* Please note that the positioning of the prompts and actions within these tables does not reflect any ordering within the NICE guidance; some prompts are also not covered within the NICE tobacco harm reduction guidance, but they are presented in these tables to aid local discussions.

# Advice from Public Health England on using prescribing budgets

The table below sets out where different local organisations can use their budgets to prescribe licenced NCPs. The use of NCPs is always enhanced by providing appropriate behavioural support. This should be considered alongside any prescription.

| Activity | Stop smoking service | Primary care | Secondary care |
|---|---|---|---|
| **People stopping in one step** | Issue licenced NCP in line with local service policy and NICE guidance | Refer to local SSS if no in-house service is provided | Refer to local SSS if no in-house service is provided |
| **People quitting but requiring longer term prescription of NRT** | Issue licenced NCP in line with local service policy and NICE guidance on abrupt quitting, continue with provision of NCP in line with local policy<br><br>Advise on availability of other pathways to provision including, GP prescription and purchase from a pharmacy or other outlet if local policy does not support longer term NCP use as part of local service provision | Refer to local SSS if no in-house service is provided.<br><br>Can prescribe licenced NCP where there is a clinical benefit, review at regular intervals and consider benefits of a programme of reduction leading to complete cessation of nicotine<br><br>Advise on availability of other pathways to provision including purchase from a pharmacy or other outlet if local policy does not support longer term NCP use | Refer to local SSS if no in-house service is provided.<br><br>Can prescribe licenced NCP where there is a clinical benefit, review at regular intervals and consider benefits of a programme of reduction leading to complete cessation of nicotine<br><br>Advise on availability of other pathways to provision including, GP prescription and purchase from a pharmacy or other outlet if local policy does not support longer term NCP |
| **People cutting down with a quit date** | Issue licenced NCP in line with local service policy and NICE guidance or advise on availability of other pathways to provision including, GP prescription and purchase from a pharmacy or other outlet if local policy does not support cut down to quit as part of local service provision<br><br>Continue to provide support through abrupt quit in line with local service policy and NICE guidance | Refer to local SSS if no in-house service is provided | Refer to local SSS if no in-house service is provided |

# **NICE** Tobacco Harm Reduction Guidance PH45

| Activity | Stop smoking service | Primary care | Secondary care |
|---|---|---|---|
| **People temporarily abstaining** | Advise on availability of other pathways to provision including, GP prescription and purchase from a pharmacy or other outlet if local policy does not support use of licenced NCP as part of temporary abstinence strategy | Can prescribe where there is a clinical benefit/as directed by local policy and NICE guidelines<br><br>Advise on availability of other pathways to provision including purchase from a pharmacy or other outlet if local policy does not support use of licenced NCP as part of temporary abstinence strategy | Can prescribe where there is a clinical benefit/as directed by local policy and NICE guidelines<br><br>Advise on availability of other pathways to provision including, GP prescription and purchase from a pharmacy or other outlet if local policy does not support use of licenced NCP as part of temporary abstinence strategy |
| **People cutting down without a quit date** | Advise on availability of other pathways to provision including, GP prescription and purchase from a pharmacy or other outlet if provision not supported by local policy | Can prescribe where there is a clinical benefit/as directed by local policy and NICE guidelines<br><br>Advise on availability of other pathways to provision including purchase from a pharmacy or other outlet if prescription not supported by local policy | Can prescribe where there is a clinical benefit/as directed by local policy and NICE guidelines<br><br>Advise on availability of other pathways to provision including purchase from a pharmacy or other outlet If prescription not supported by local policy |

# The national roles

12

Implementation of the NICE Guidance on tobacco harm reduction will take place both locally and nationally. The table below provides you with some context for the role national organisations will play.

| Organisation | Role |
| --- | --- |
| **Public Health England** | • Provide leadership on harm reduction for local and national networks<br>• To provide advice on some parts of harm reduction including prescription policies, minimum data sets<br>• To gather evidence about best practice and engage in dissemination |
| **MHRA** | • Respond to the European Tobacco Products Directive to ensure effective regulation of the market for nicotine containing products and ensure product safety, efficacy and innovation |
| **Department of Health** | • Provide an overview of the national approach to harm reduction and ensure policy is moving in the right direction |
| **NICE** | • Reviewed the evidence base for tobacco harm reduction from published literature, from emerging practice and from expert opinion. Recommendations were developed from the evidence base by an independent guidance development group, which included sector experts and key stakeholders organisations.<br>• NICE will review and update the guidance a) in light on a licensed e-cigarette or other new licensed NCP becoming available, and b) in the usual manner that it updates guidance |
| **NHS England** | • Support the dissemination and implementation of the guidance across appropriate NHS services |
| **Royal Colleges** | • Include information on harm reduction approaches in tobacco control in training for undergraduates, post graduates and continuing professional development programmes – in addition to information on cessation. |

# **NICE** Tobacco Harm Reduction Guidance PH45

| Organisation | Role |
|---|---|
| **NCSCT** | • Support the development and dissemination of the evidence base and good practice<br>• Contribute to the development of further guidance for services and local areas on when/ how to best incorporate harm reduction approaches<br>• Cascade new and emerging information from the field |
| **ASH** | • Support the development and dissemination of the evidence base and good practice<br>• Provide information on key issues such as e-cigarettes<br>• Advocate for local, national and international action as appropriate |
| **Regional offices of tobacco control** | • Support the development and dissemination of the evidence base and good practice<br>• Provide information on key issues such as e-cigarettes<br>• Advocate for local, national and international action as appropriate |
| **Trading Standards Institute** | • Provide guidance for regulatory officers on the safety and other legislative requirements relating to the supply of e-cigarettes to consumers |
| **Chartered Institute of Environmental Health** | • Disseminate information and advice on recommended approaches to harm reduction.<br>• Promote the use of NCPs and the use of e-cigarettes where this can support compliance with smokefree requirements. |

Please note this document includes some areas which are outside the scope of the NICE tobacco harm reduction guidance, such as the delivery of harm reduction for people with long term conditions. Please see www.nice.org.uk/PH45 for the full recommendations within the NICE Tobacco harm reduction guidance.

This document has been developed by several partner organisations to support implementation of the NICE tobacco harm reduction guidance into practice. This is not NICE guidance; for the full NICE guidance please visit www.nice.org.uk/PH45.

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