NICE National Institute for Health and Care Excellence

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

	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. We would like to hear your views on these questions: 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. 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. 3. Which interventions or forms of practice might result in cost saving recommendations if included in the guideline? Developing NICE guidance: how to get involved has a list of possible areas for comment on the draft scope.

Organisation name – Stakeholder or respondent (if you are responding as an individual rather than a registered stakeholder please leave blank):	ASH Wales
Disclosure Please disclose any past or current, direct or indirect links to, or funding from, the tobacco industry.	ASH Wales has no past or current direct or indirect links to the tobacco industry
Name of person completing form:	Sophia Dimitriadis
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** 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….
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Please add extra rows as needed

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`	`10	8	The draft scope currently excludes the use of financial incentives to help young disadvantaged smokers to quit, despite evidence existing to show that financial incentives may be very effective for this group of smokers and are likely to be cost-effective. ASH Wales ran a project for a year and half, which provided intensive smoking cessation programmes that lasted around 10 to 12 weeks, for groups of vulnerable young people from disadvantaged communities from August 2016 to February 2018. Given the lack of engagement and poor attendance exhibited by many of the young people targeted by the program, sessions included an incentive/competition element to enhance participation and encourage participants to quit. Participants competed within teams and/or individually to achieve reduced CO scores at the end of the programme relative to the scores recorded at the start. Successful teams/individuals were then offered a prize, such as a meal out or bowling as form of financial incentive for quitting. In addition, the quit smoking advice and support offered during the sessions were interspersed with fun, interactive, activities, including cooking, film making, arts and crafts and elements of CBT were incorporated into each session to help young participants deal with outside stressors in a more positive way, thereby making it easier for them to focus on quitting smoking. The program was very successful. 494 smokers participated in the program, 96% (475) participants said that they increased their knowledge around the harms of smoking and 68% of these (337) made a quit attempt. 61% of those that made a quit attempt (205) quit smoking after 4 weeks, measured as CO score<7. 84% of those that made a quit attempt (284) quit after 4 weeks, when measures as CO score<10, which greatly surpassed an original target of 50%. For the purposes of this project, a successful quit was originally identified by a CO reading of 10ppm or less, which conforms with NICE guidelines and the CO validated quit level used by Stop Smoking Wales. However, it has been suggested that a lower CO score of 7ppm or less should be used to signify a successful quit among adolescents given their lower lung capacity relative to adults, which is what was used to assess the program. It may be useful to compare the results of this program to the latest figures for all services in Wales that help patients to stop smoking (pharmacy, GP, Stop Smoking Wales and in-house hospital-based services). The latest figures show an average (CO <10) quit rate after 4-weeks of 42.1% in 2016-17 for Wales and estimates that 2.91% of smokers in Wales made a quit attempt via smoking cessation services where financial incentives are not used. Therefore, it is evident that the use of financial incentives may have had a strong positive effect on quit rates, with a 19% percentage point increase in the official quit rate for program compared to the average across services in Wales. It is also important to note that, deprived smokers generally have lower short-term quit rates than less deprived smokers, and are much more likely to smoke in the first place. These financial incentives are likely to be cost-effective. The core program cost £67,000 a year, which amounts to £489 per quit (when measuring a quit rate using a CO score<7ppm), and £352.60 per quit (when measuring a quit rate using a CO score<10ppm).

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	10	8	Discussions in the 2018 'stop smoking interventions and services' guidelines recommended by NICE, on the cost-effectiveness of various interventions state: 'The effectiveness evidence from 30 different interventions was modelled. Intervention costs ranged from £19 to £763 per person. Intervention effectiveness in terms of people who quit ranged from 9 to 47% and they were all highly cost effective at a threshold of £20,000 per quality-adjusted life year. Additionally, a 2-way scenario analysis that varied the quit rate associated with an intervention and the cost of the intervention showed that even when the lowest quit rate identified in the effectiveness studies (9%) is combined with the most expensive intervention cost (£763 per person), the intervention is still cost effective'. Given that each successful quit achieved by the ASH Wales project essentially cost £489 (or an intervention cost of £329 per person, with a quit rate of 61%), this easily surpasses the cost-effective threshold of £20,000 per quality-adjusted life year, or an intervention cost of £763 per person, with a quit rate of 9%, that these guidelines consider to be cost-effective. Therefore this program would be considered to be cost-effective when using these NICE guidelines.
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Checklist for submitting comments

- Use this form and submit it as a Word document (not a PDF).

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- Complete the disclosure about links with, or funding from, the tobacco industry.
- 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.

Notes from draft scope

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