National Institute for Health Research

18/162 TOBACCO CESSATION, CONTROL AND HARM REDUCTION INTERVENTIONS

Summary

A call for research proposals in tobacco cessation, control and harm reduction interventions.

Applicants should justify the importance of their proposed research and identify how the work supports aspirations to improve health outcomes, enable individuals/populations to better manage their health or improve the delivery of healthcare services and show how the findings will be relevant to policy making.

Given the scope of this call, we would welcome applications that span the remit of one or more of the participating research programmes (EME, HTA, HS&DR and PHR) and which comprise of co-ordinated teams of investigators spanning different specialties/disciplines and geographical centres.

Deadline for proposals:

There will be two deadlines for stage 1 applications. The first call will close on 12 March 2019 at 1pm. The second call will open on 13 March and close on 30 July 2019 at 1pm.

Please note that if you have started to complete your application form, and do not submit to the 12 March deadline, you will need to start a new application if you wish to submit to the 30 July 2019 deadline.

A webinar to support applicants will be held on Thursday 08 November at 15.00. To register for the webinar please email your name and email address to htapanel@nihr.ac.uk by Friday 02 November 2018. We will send attendees a webinar invitation with details of how to log on to the webinar on Friday 02 November.

For support developing applications, applicants are also encouraged to contact their local NIHR Research Design Service (RDS) or equivalent in the first instance.

Supporting Information

Smoking tobacco is the single largest cause of preventable early death and of health inequalities in the UK. Despite the national prevalence falling to below 16% there is inequality of distribution of that prevalence with certain subgroups having far higher prevalence. While much is known about the impact of tobacco smoking this continues to be a rapidly developing area and there are a range of current issues where more research would be welcomed. Other methods of using tobacco including smokeless tobacco (include chewed, sucked or inhaled products), shisha smoking and non-tobacco nicotine products would be included within this call.

The Government's English Tobacco Control Plan, Scottish Tobacco Strategy and a suite of NICE guidance highlight a number of important issues to consider. The recent RCP report outlines the impact of smoking on a wide range of diseases. The NIHR are particularly interested in research relevant to the issues highlighted. This research brief has been discussed with and supported by a range of stakeholders including CRUK, ASH, PHE and NSCT. In addition, the Cochrane Tobacco Addiction Group (TAG) has conducted a priority-setting, stakeholder engagement exercise to identify where further research is needed in the areas of tobacco control and smoking cessation. The results of the published report highlighted that there are many unanswered questions in the area. For further information please access the report here. The top 24 unanswered questions were grouped into eight priority research themes. Based on this Cochrane exercise and further discussions with stakeholders the NIHR are interested in research in these areas (see below), particularly the first three. However, researchers are not limited to these areas if they are able to justify the importance of a relevant area.

1. Addressing inequalities resulting from tobacco use

Smoking accounts for over half of the difference in risk of premature death between social classes. There is a strong link between cigarette smoking and socio-economic group with rates generally being higher in disadvantaged groups. Disadvantaged groups include those living with severe mental illness and those experiencing homelessness. There is an urgent need for further evidence in this area. NIHR would like to see health inequalities featuring in any application to this call.

Examples of research questions identified in this priority area include:

a. What are the most effective policies and/or interventions for assisting smokers who experience disadvantage to quit?
b. How can stop smoking interventions (e.g. methods, settings) be most effectively targeted to disadvantaged groups?
c. How can stop smoking interventions be most effectively targeted in communities where smoking is more prevalent due to cultural factors?
d. What is the effectiveness of smokefree spaces (e.g. prisons, hospitals and housing)?

2. Delivery of smoking cessation support in the NHS

Smoking cessation happens in community and healthcare settings. In light of the Tobacco Control Plan and the NHS Smokefree Pledge the healthcare setting is of particular interest. Some argue there is a need to inform better delivery of smoking cessation treatment and training in health-care professionals. This may, in turn, increase the success of tobacco users in giving up. It has also been debated that if the education of healthcare professionals in the areas of tobacco use and cessation were improved then this would widen the reach of treatment to stop smoking.

Examples of research questions identified in this priority area include:

a. How can we make sure that healthcare providers provide the stop smoking treatments which research has been found to be effective?
b. What type of health care worker provides the most (cost) effective support to help people to quit smoking, and how much training do they need to be most effective?
c. What are the most effective interventions that can be used in primary/secondary care (e.g. doctors' and dentists' surgeries, pharmacies) to encourage more people to use stop smoking services and to give up smoking?
d. What impact does quitting smoking have on the progression of particular diseases? E.g. psychosis, cancer, diabetes, leg ulcers
e. What works for people with long term conditions in terms of interventions with their existing treatment pathway, outcomes achieved and how they compare with other normal care? E.g. medications for COPD, what the cost benefit is to the NHS
f. How do NHS services most effectively help patients stop smoking before routine surgery?
g. How do we embed changes within existing parts of the NHS that serve a high concentration of smokers e.g. respiratory, CVD etc.
h. What impact do smoking cessation services have on social care costs?
i. What is the impact of tobacco industry approaches to harm minimisation?
j. How effective are new models of providing smoking cessation?

3. Quitting during pregnancy

Pregnancy is a key life stage and quitting smoking during this time has a high and clear line of impact, as it effects both the mother and their unborn child. Smoking rates are higher and quit rates are lower among women in disadvantaged circumstances; social disadvantage also increases the chances of living with a partner who smokes and returning to smoking after birth. One of the aims of the Tobacco Control Plan is to reduce smoking in pregnancy from 10.7% to 6% or less.

Examples of research questions identified in this priority area include:

a. Are e-cigarettes an effective, cost-effective and safe aid to help people to stop smoking during pregnancy, and are they as effective as other products?
b. What are the effective interventions to reduce partner and wider family smoking to support Smokefree homes and pregnant smokers?
c. What are the effective interventions to prevent relapse post-partum and between pregnancies?
d. What is the most effective way to engage with and change the behaviour of young and deprived women?
e. What are the best methods to link services and interventions across maternity pathway from GP to health visitor?
f. What is the most effective way of designing a maternity service to enhance quitting?

4. Electronic cigarettes

Electronic cigarette are becoming increasingly popular among smokers as a means of reducing or stopping smoking. Relieving the desire to smoke and help in cutting down the number of cigarettes smoked are seen as key advantages of the electronic cigarette, particularly among heavy smokers. The UK's positive policy approach to electronic cigarettes creates an important environment for researching their impact. The vaping community is keen to be involved in research. Of interest is the difference of use in different groups. There is some recent research in this area, but further research is needed.

Examples of research questions identified in this priority area include:

a. What is the long-term safety of e-cigarettes, and are they as safe as other nicotine-replacement products?

b. How can we educate high-risk groups effectively about the risks and benefits of using e-cigarettes?
c. Are e-cigarettes an effective and cost effective aid to help people to stop smoking, and are they as effective as other products?
d. What is the impact of campaigns to change perceptions of the relative harmfulness of e-cigarettes and nicotine replacement therapy compared with cigarettes?
e. What is the role of vape shops in helping smokers quit?
f. What is the role of price, promotion and availability in the use of e-cigarettes by smokers?
g. What are the impacts of restrictions on e-cig use on the effectiveness of e-cigarettes a quit tool?

Where relevant, applicants should consider user acceptability and uptake of the intervention. Consideration should also be given to how interventions fit within the context other approaches and the future relevance of the technology, given the pace of change in new products.

5. The Tobacco Control system

The tobacco system in the UK is subject to a range of controls at national, regional and local levels, predominantly through legislation relating to the sales and use of tobacco. This example of a complex system is currently subject to change through (dis)investment in trading standards and smoking cessation services, changes in smoke free areas (e.g. hospitals and play areas) and other measures.
Examples of research questions identified in this priority area include:

a. How do controls in one part of a local system mitigate (dis) investment in another part?
b. What is the impact of (dis)investment in local authority trading standards services on the availability of illicit tobacco to young people under 18 years old?
c. What is the relative impact of national control measures compared with local control measures on preventing children from starting to use tobacco?
d. What is the relative effectiveness of tobacco control organised at a regional or local level?
e. How effective is a city wide approach to tobacco control?

6. Quit attempt triggers

There has been a decrease in attendances at NHS Stop Smoking services over recent years. It is important to continue to motivate people to quit and multiple prompts may be necessary to successfully get people to make a quit attempt. Often it takes someone multiple quit attempts before being successful. There are smoking cessation services available to everyone, but often people are not motivated to use them.

Examples of research questions identified in this priority area include:

a. What is the most effective way to motivate high risk groups want to quit smoking?
b. What interventions are most effective at helping people decide to quit smoking?
c. What interventions will increase quit attempts in high-smoking-prevalence groups?
d. How effective is very brief advice (VBA) resulting in actual quits, and in which groups? Who should deliver it, in which place and how does the NHS embed it?
e. How effective are mass media campaigns and what is their impact on health inequalities?
f. What is the role of the local authority in motivating quitters and raising awareness of the health impacts of smoking?

7. Preventing tobacco use in young people

Overall smoking rates are falling. Smoking initiation usually starts in teenagers and continues to rise among young people until they are in their mid-20s; smoking prevalence is highest amongst this age group. It is well recognised that young people who start smoking often become regular adult smokers. There are a range of intervention being implemented, but often they are not based on evidence and would benefit from evaluation.

Examples of research questions identified in this priority area include:

a. What are the relative effects of factors that lead to teenagers starting to smoke?
b. Are there effective interventions to stop early trials of smoking from turning into tobacco addiction in the long term?
c. How can we prevent the children of smokers from starting to smoke themselves?
d. How do the actions of the tobacco industry influence young people starting to smoke?

8. Tobacco use in people with mental health problems and/or substance abuse issues

While smoking rates among the general population have fallen consistently over the last 20 years, smoking rates among those with a mental health condition have remained stubbornly high at around 40% with some sub-groups seeing even higher levels such as those in secure psychiatric settings or with substance use co-morbidities. This is more than double the national smoking rate (now around 16% in England). Around one third of adult tobacco consumption is by people with a current mental health condition. Despite a substantial body of literature, there is continued uncertainty regarding the most effective interventions in this area.

Examples of research questions identified in this priority area include:

a. How can we encourage and help health professionals working with patients with mental health issues to offer stop smoking services to their patients with mental illness (inpatient and community settings)?
b. How can NHS organisations be incentivised to provide smoke-free environments?
c. What is the most effective and cost-effective way to help people with mental health problems to quit smoking inside and outside of mental health treatment settings?
d. What is the most effective and cost-effective way to help people who also have drug and alcohol problems to quit smoking?
e. What is the impact of quitting on mental illness progression / management?

9. Interventions targeting whole populations rather than individuals

Interventions targeting whole populations and population subgroups have the potential to have a high impact. However there is little evidence in this area on the most effective designs, other than taxation, mass media, advertising and smoking bans.

Examples of research questions identified in this priority area include:

a. What interventions effectively change tobacco related social norms and/or reduce the demand for tobacco?
b. How effective are interventions to the supply chain of illegal tobacco on smoking rates in disadvantaged groups?
c. How effective are regional smoking cessation services compared with local services?

10. Smokefree Environments

Smokefree environments protect smokers and non-smokers, can reduce tobacco use in current smokers and may help those who want to quit. There are increasing numbers of jurisdictions which have enacted legislation mandating smokefree environments, principally in workplaces and public spaces, which has reduced non-smokers second-hand smoke exposure and related morbidity and mortality. There is some recent research in this area, but further research is needed.

Examples of research questions identified in this priority area include:

a. What is the impact of the smokefree car legislation on children from disadvantaged groups?
b. What is the impact on initiatives to reduce the exposure of children at play to smoking (e.g. smokefree playgrounds, smokefree sidelines) on exposure, attitudes and uptake amongst children and quit attempts amongst smokers?
c. What is the impact of smokefree homes initiatives on exposure, attitudes and uptake amongst children and quit attempts amongst smokers?

In addition:

HTA Programme

The aim of the HTA Programme is to ensure that high quality research information on the effectiveness, costs and broader impact of health technology is produced in the most efficient way for those who use, manage, provide care in or develop policy for the NHS. HTA studies include both primary research and evidence synthesis. We are interested in digital technologies that positively impact the health and care of patients and carers and those that enhance care and/or support decision making in the NHS. We are also interested in the use of digital technology as part of efficient study design.

Examples of questions under this programme include:

- What is the most effective and cost-effective way to help people with mental health problems to quit smoking inside and outside of mental health treatment settings?
- Are e-cigarettes an effective, cost-effective and safe aid to help people to stop smoking during pregnancy, and are they as effective as other products?

EME Programme:

The EME programme may fund studies to evaluate the efficacy of interventions and validate diagnostic tests where there is already some proof of concept. Within an EME study, applicants may also test hypotheses around the mechanisms of action of the intervention. Applications may investigate novel or repurposed interventions and technologies, but studies of incremental or minor improvements to existing technologies or the discovery of new biomarkers are not within the remit of the EME Programme. The translational research it supports covers a wide range of new and repurposed interventions, such as diagnostic or prognostic tests and decision-making tools, therapeutics or psychological treatments, medical devices, and public health initiatives delivered in the NHS.

HS&DR Programme:

The HS&DR programme aims to produce rigorous and relevant evidence on the quality, access and organisation of health and care services, including costs and outcomes in order to improve health and health services. It is focused on research to support decisions by frontline managers and clinical leaders on the appropriateness, quality, cost-effectiveness and patient experience.

Issues of particular interest are acceptability to patients and access to services and the effect of inequalities and how they can be addressed. For example the effectiveness of smoking cessation given at the point of clinical interaction versus usual smoking cessation services; the impact of a senior clinical champion on an organisation's smoking cessation effectiveness; evaluation of the CQUINN.

Examples of questions under this programme include:

- How can we make sure that healthcare providers provide stop smoking treatment which research has been found to be effective?
- What type of health care worker provides the most effective support to help people to quit smoking, and how much training do they need to be most effective?

PHR Programme:

The PHR Programme evaluates non-NHS public health interventions intended to improve the health of the public and reduce inequalities in health. The programme is keen to consider proposals that operate at a population level and which focus on environmental and social determinants of health.

Examples of questions under this programme include:

- What is the most effective and cost-effective way to help people who also have drug and alcohol problems to quit smoking?
- What are the relative effectiveness of factors that lead to teenagers starting to smoke?

How to apply & supporting information:

The NIHR Programmes involved in this call are:

- Efficacy and Mechanism Evaluation (EME)
- Health Services and Delivery Research (HS&DR)
- Health Technology Assessment (HTA)
- Public Health Research programme (PHR)

Applicants should note that:

- Proposals must be within the remit of at least one participating NIHR Programme. However, we expect to receive applications that span the remit of one or more programme. In these cases, the application should be submitted to the Programme within whose remit the major part of the work lies.

- Ambitious applications consisting of more than one clearly linked work package as well as applications for individual studies will be welcomed. We would also encourage the building of research capacity through the research process.

- Patient and public involvement should be included within the application and study design.

- Applicants should clearly state how their proposed research addresses an explicit evidence gap and how the research adds value to the existing NIHR research portfolio

- This call represents an ongoing area of interest for the NIHR and following this opportunity, the NIHR research programmes would still be interested in receiving applications in this area to their researcher-led workstreams.

Contact information

Applicants who require further guidance may wish to send a short summary (maximum 1 A4 page) of their research proposal, in a structured format including rationale, research question, proposed methodology and outcome/evaluation methods to the following address: phr@nihr.ac.uk.