

Author:
Wilson
Programme Coordinator, Insight

of Report:
2/2025

Part of
Hea
Inno
Net

Julia Wilson
Programme Coordinator, Insight

04/02/2025

Table of Contents

Background and Purpose	1
1. Literature review process	2
2. Literature review findings	4
3. Emerging considerations	15
3.1. Socioeconomically disadvantaged patients	15
3.2. Patients with severe mental illness (SMI) or 'people with lived experience of severe mental illness'	15
3.3. Patients from ethnic minority backgrounds	15
Appendices	16
References	18

Background and Purpose

Hampshire and Isle of Wight (HIOW) Integrated Care Board (ICB) have implemented Tobacco Dependency treatment services in acute care settings as part of the NHS Long Term Plan prevention strategy. Hospitalised smokers receive behavioural support and pharmacotherapy to help them quit, with ongoing support provided by local health services after discharge.

Health Innovation Wessex (HIW) Insight team was commissioned by HIOW ICB to undertake an evaluation to assess value for money by comparing quit rates and costs per quit for patients seen by the Tobacco Dependency Treatment Service in hospital, compared with those who accessed public health Stop Smoking (previously called smoking cessation) Services via other routes (i.e. without the hospital input). The evaluation sought to compare approaches at two local organisations (University Hospital Southampton NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust) with national guidance and evidence-based practices on improving access and outcomes for under-served groups, via a literature search. The findings of the literature search are presented in this report.

The aim of the literature review was to explore evidence-based stop smoking interventions used to improve access, experience, and outcomes for under-served groups. The under-served groups included in this review were specified by the Inequalities team at HIOW ICB, namely: socioeconomically disadvantaged patients, patients from ethnic minority backgrounds, patients with serious mental illness, and patients with learning disabilities and special needs.

We recommend that this review is read in conjunction with the other outputs commissioned for this evaluation:

A Short Review of Tobacco Cessation Approaches at University Hospitals Southampton NHS Foundation Trust and Hampshire Hospitals NHS Foundation Trust by Julia Wilson

Hampshire Isle of Wight Tobacco Dependency Services- A comparison of Costs and Quit Rates by Sophie Barton

Hampshire Isle of Wight Tobacco Dependency Services- Impact Evaluation Framework by Sophie Barton

This evaluation was supported by a working group, comprising of HIW, HIOW ICB and public health colleagues from Southampton City Council and Hampshire County Council.

This evaluation was completed before the announcement on 13 March 2025 that NHS England will be brought back into the Department of Health and Social Care (DHSC). The evaluation description of the innovation, its

deployment, and the evaluation findings were accurate at the time of publication. The government decision may, in the future, alter how the report's findings and recommendations are received in this new context. We raise this issue for the reader to note.

1. Literature review process

A robust literature review was performed on the EBSCO MEDLINE research database, using a carefully considered range of search terms (see Appendix). In total, 138 studies were identified during the searches as potentially relevant. Of the 138 studies identified, this review excluded 119 studies for the reasons described in Table 1 and included 19 (14%) studies for final review (see Table 2).

Table 1: Literature review process

Under-served group	Search results	Relevance of studies	Quality assessment	Final selection
Socioeconomically disadvantaged	Search 1 terms: UK & Smoking cessation interventions (2010-2025), 1,622 studies identified Search 2 terms: Deprivation, not an inpatient, not pregnant or maternity, 159,263 studies identified	Searches 1 & 2 combined identified 85 studies	Studies reviewed and excluded based on the following criteria: - Not an intervention - Not relevant to research question - Limitations of the database	76 studies excluded 9 studies included for final review Note: The studies included in this review did not separate their results based on different socioeconomic index categories
Patients from ethnic minority backgrounds	Search 1 terms: UK & Smoking cessation interventions (2010-2025), 1,622 studies identified Search 2 terms: people from ethnic minority backgrounds, Immigrant or refugee, not an inpatient, not pregnant or maternity 250,166 studies identified	Searches 1 & 2 combined identified 37 studies	Studies reviewed and excluded based on the following criteria: - Not an intervention - Not relevant to research question - Limitations of the database	31 studies excluded 6 studies included for final review
Patients with severe mental illness (SMI)	Search 1 terms: UK & Smoking cessation interventions (2010-2025),	Searches 1 & 2 combined identified 12	Studies reviewed and excluded based on the following criteria:	8 studies excluded 4 studies included for final review

Under-served group	Search results	Relevance of studies	Quality assessment	Final selection
	1,622 studies identified Search 2 terms: SMI, not inpatient, not pregnant or maternity, 14,629 studies identified	studies for review	- Not an intervention - Not relevant to research question - Limitations of the database	
Patients with learning disabilities & special needs	Search 1 terms: UK & Smoking cessation interventions (2010-2025), 1,622 studies identified Search 2 terms: Learning disability, not inpatient, not pregnant or maternity, 75,249 studies identified	Searches 1 & 2 combined identified 4 studies for review	Studies reviewed and excluded based on the following criteria: - Not an intervention - Not relevant to research question - Limitations of the database	4 studies excluded 0 studies included for final review

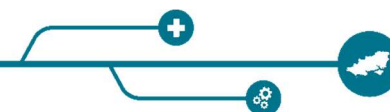
2. Literature review findings

Table 2 presents overview and key findings of the literature review.

Table 2: Characteristics of the included studies

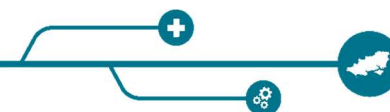
Lead author and year	Aim of study	Study methodology	Key findings
Socioeconomically disadvantaged patients			
1-Breen (2022)	To evaluate the influence of the design of incentive	An online discrete choice experiment of adult current smokers residing in the United	The characteristics of incentive programmes influence smokers' perceptions of programmes and

Lead author and year	Aim of study	Study methodology	Key findings
	programmes for smoking cessation on current smokers' perceptions of smoking cessation programmes and willingness to enrol.	Kingdom (n=430). Hypothetical incentive programmes were described using five attributes (incentive amount, incentive type, frequency of sessions, reward schedules, programme location).	willingness to enrol. Higher incentive amounts may encourage greater enrolment rates, but there will likely be a ceiling point beyond which increasing the incentive amount does not meaningfully increase enrolments. This study suggests enrolments may be highest when incentive amounts are higher, rewards of a consistent amount in cash are provided, and sessions occur at least once per week in a healthcare setting.
2- Darker (2022)	To assess feasibility and acceptability of the We Can Quit smoking cessation programme (designed for socioeconomically disadvantaged women) and the trial's processes.	Feasibility study with embedded qualitative design using the UK Medical Research Council's process evaluation framework. Semi-structured interviews with trial participants (n=21) and community facilitators (n=8). Thematic analysis was utilised.	Any future dependency teams will need to take further steps to mitigate structural barriers to accessing free nicotine replacement therapy (NRT); and the established problem of low literacy and low educational attainment in socioeconomically disadvantaged areas.
3- Coffey (2020)	To evaluate a pilot intervention to encourage people to swap from conventional cigarettes to e-	An analysis of secondary data at four weeks (n=1,022) was undertaken to predict those who solely used e-cigarettes from baseline characteristics, including deprivation level.	Successful quit was associated with occupation (unemployed, 33% vs

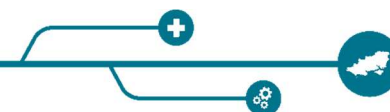


Lead author and year	Aim of study	Study methodology	Key findings
	cigarettes, conducted in 2018 in a socially deprived area in the north west of England.		intermediate ¹ 47%, $p = .023$) and residing in the less deprived quintiles of deprivation (50% vs 34% in the most deprived quintile, $p = .016$). E-cigarettes appear to be an effective NRT; further research is required to determine whether e-cigarette users are more likely to reduce their overall nicotine consumption in the longer term.
4- Balata (2019)	To investigate whether a community-based lung cancer screening programme influenced smoking behaviour and smoking attitude in socioeconomically deprived populations.	Longitudinal study of self-reported smoking status and behaviour, recorded at the Lung Health Check and again 12 months later, when attitudes to smoking were also assessed.	Community-based lung cancer screening programme in deprived areas positively impacts smoking behaviour, with no evidence of a 'licence to smoke' in those screened.
5- Smith (2020)	To assess the impact of UK specialist and primary care-based stop smoking	Systematic review of relevant literature of 27 published studies and three collated, national Stop Smoking Services reports	Equity-orientated stop smoking support can compensate for lower quit rates among disadvantaged smokers through the use of equity-based performance

¹ jobs that fall between managerial or professional and manual roles, such as administrative or secretarial staff or sales representatives

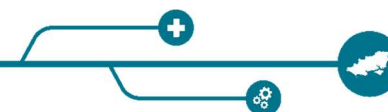


Lead author and year	Aim of study	Study methodology	Key findings
	support on socioeconomic inequalities in smoking cessation.	for England, Scotland and Northern Ireland.	targets, provision of targeted services and the development of tailored interventions.
6-Kock (2019)	To assess whether the effectiveness of interventions for disadvantaged groups is moderated by tailoring for socioeconomic status.	Systematic review and meta-regression of 42 studies.	Individual level interventions can assist disadvantaged smokers with quitting, but there were no large moderating effects of tailoring for disadvantaged smokers. Improvement in tailored intervention might be necessary to achieve favourable smoking cessation outcomes.
7-Kale (2015)	To identify predictors of quit attempts and of three-month abstinence from cigarette smoking.	Secondary analysis of data gathered for a two-armed randomised controlled trial with six-month follow-up.	While high motivation and determination to quit is necessary to prompt an attempt to quit smoking, demographic factors and level of nicotine dependence are more important for maintaining abstinence.
8-Bennett (2015)	To explore perceptions of computer-generated and computer-tailored advice for smoking cessation matched to the recipient's reading level.	Randomised controlled trial: 4,677 participants were randomised to receive standard generic materials or standard materials plus computer-tailored reports adapted to the recipient's reading level. Smoking status and perception of the reports	The easy reading version of this brief self-help intervention was better perceived than the standard version and appeared to have a small but promising effect in smokers with a lower literacy level. Practice implications: An association between reading level and deprivation emphasises the need to adapt smoking cessation materials to



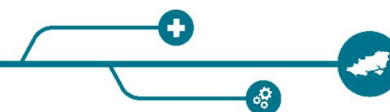
Lead author and year	Aim of study	Study methodology	Key findings
		was assessed at a six-month follow-up.	address the needs of smokers with lower literacy in more deprived groups.
9-Hitchman (2012)	To assess the effectiveness of EU text-based health warnings on smoking quit rates in the UK, Netherlands, France, Germany.	The study examined (i) smokers' ratings of the health warnings on warning salience, thoughts of harm and quitting and forgoing of cigarettes; (ii) impact of the warnings using a Labels Impact Index (LII) ² , with higher scores signifying greater impact; and (iii) differences on the LII by demographic characteristics and smoking behaviour.	The impact of the warnings was highest among smokers with the lowest socioeconomic status (SES). This research suggests that health warnings could be more effective among smokers from lower SES groups. Differences in warning label impact by SES should be further investigated.
Patients from minority ethnic backgrounds			
Lead author and year	Aim of study	Study methodology	Key findings

² Labels Impact Index (LII) measures the effectiveness of health warnings on tobacco products by evaluating their noticeability, communication of harm, encouragement to quit, and likelihood of smokers foregoing a cigarette. Higher LII scores indicate a greater impact.

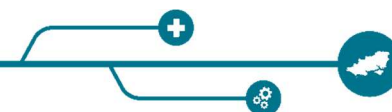


Lead author and year	Aim of study	Study methodology	Key findings
10- Latif (2021)	To review and summarise the findings from qualitative research to understand people's views, perceptions and willingness to access NHS Stop Smoking Services.	Qualitative systematic review with meta-aggregation synthesis ³ . Seventeen studies were included in the review.	Given the higher prevalence of smoking in less affluent socioeconomic groups and in some ethnic minority groups, the importance of having a comprehensive and inclusive tobacco control policy, one that is linguistically and culturally sensitive, cannot be overstated.
11- Fulton (2021)	To assess recruitment, attrition and health equity of the design of the intervention, alongside health economic and qualitative process evaluations within a two-arm feasibility randomised controlled trial.	A two-arm feasibility randomised controlled trial of StopApp (intervention) compared with standard promotion and referral to Stop Smoking Services (control) was conducted to assess recruitment, attrition and health equity of the design of the intervention, alongside health economic and qualitative process evaluations.	This feasibility randomised controlled trial found that, with recruitment driven wholly or mainly by social media, it is possible to recruit and retain sufficient smokers to assess the effectiveness and cost-effectiveness of StopApp. The study methods and measures were found to be acceptable and equitable with a good representation of ethnic minority groups, but accessing Stop Smoking Services' data about booking, attendance and quit dates was a challenge.

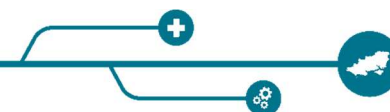
³ Meta-aggregation is a method used to synthesise qualitative research findings systematically. It combines results from multiple studies to provide a comprehensive understanding of a topic, ensuring the original data's integrity is maintained without re-interpretation.



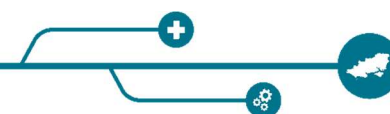
Lead author and year	Aim of study	Study methodology	Key findings
12- Spence (2017)	To explore the views and experiences of smoking cessation and related services among a community members of Chinese ethnicity in Glasgow and to inform them about smoking cessation interventions.	Semi-structured interviews with 15 community members of Chinese ethnicity in Glasgow.	Smoking cessation services should consider the culture of this ethnic minority population to improve cessation. Further investigation of this community's needs and expectations is needed to tailor smoking cessation interventions for the community members of Chinese ethnicity in Glasgow.
13- Davidson (2014)	To assess the degree of consideration of ethnicity in systematic reviews and guidelines for lifestyle interventions.	Review of 41 systematic reviews and 12 guidelines proving an evidence statement relating to ethnicity.	Despite increasing recognition of the challenges posed by ethnic health inequalities, there remains a lack of guidance on the extent to which generic recommendations are applicable to, ethnic minority populations and how best to promote lifestyle changes to them. These important evidence gaps need to be bridged, and tools developed to ensure that equity and population context is appropriately considered within evidence syntheses.
14- Davidson (2013)	To review and synthesise literature to develop a Tool Kit of Adaptation	Systematic review (reported using PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses)	The Tool Kit of Adaptation Approaches provides the first evidence-derived suite of materials to support the development, design, implementation, and reporting of



Lead author and year	Aim of study	Study methodology	Key findings
	Approaches as a framework for policymakers, practitioners, and researchers interested in delivering behaviour change interventions to ethnically diverse, under-served populations in the United Kingdom, based on systematic reviews and qualitative interviews.	criteria), qualitative interviews, and a realist synthesis of data with a richly informative data set of 161 publications and 26 interviews detailing the adaptation of behaviour change interventions and the contexts in which they were undertaken.	health behaviour change interventions for ethnic minority groups. The Tool Kit now needs prospective, empirical evaluation in a range of intervention and population settings.
15-Croucher (2012)	To evaluate smokeless tobacco cessation in communities of South Asian ethnic origin.	Multi-centre prospective cohort study, with participants of South Asian ethnic origin (Bangladeshi, Indian and Pakistani), who are resident in England.	Smokeless tobacco users of South Asian ethnic origin, resident in England accessing services to help them stop appear to have short-term success rates comparable with smokers attending Stop Smoking Services, with higher cessation success rates being reported by those using NRT compared to those who were not using NRT.
Patients with severe mental illness (SMI) or 'people with lived experience of severe mental illness'			

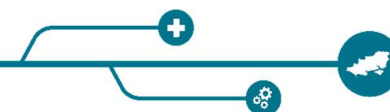


Lead author and year	Aim of study	Study methodology	Key findings
16- Caponnetto (2020)	To review smoking cessation interventions and treatments for people with schizophrenia spectrum disorders	Systematic review of literature using PubMed (National Library of Medicine), and PsycINFO (Ovid) (2006-2020)	Studies found evidence suggesting that pharmacotherapy combined with behavioural therapy for smoking cessation is effective amongst smokers with schizophrenia spectrum disorders, although more long-term research is required. This review summarised and critically reviewed studies on vaping (e-cigarettes) as a smoking cessation strategy for smokers with schizophrenia spectrum disorders. Evidence suggests that vaping may be effective as a smoking cessation tool and may be less harmful than combustible cigarette smoking. Consequently, e-cigarettes could be considered as an applicable instrument for tobacco harm reduction (THR) and smoking cessation. Overall, there are very few studies of e-cigarettes for smoking cessation in patients with schizophrenia and these studies are very small. They have promising results, but more research is needed.

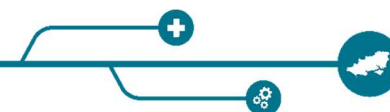


Lead author and year	Aim of study	Study methodology	Key findings
17- Gilbody (2019)	To test the effectiveness of a combined behavioural and pharmacological smoking cessation intervention targeted specifically at people with SMI.	Pragmatic randomised controlled study of heavy smokers with bipolar disorder or schizophrenia from 16 primary care and 21 community-based mental health sites in the UK.	This bespoke intervention is a candidate ⁴ model of smoking cessation for clinicians and policy makers to address high prevalence of smoking. The incidence of quitting at six months shows that smoking cessation can be achieved, but the waning of this effect by 12 months means more effort is needed for sustained quitting.
18- Peckham (2015)	To assess acceptability and feasibility of a pilot trial and to ensure the feasibility of recruitment, randomisation and follow-up. Preliminary estimates of effect size were also sought to design a fully powered trial of clinical effectiveness and cost-effectiveness.	A pilot pragmatic two-arm individually randomised controlled trial (RCT) with smokers with SMI.	It was possible to recruit people with SMI from primary and secondary care to a trial of a smoking cessation intervention based around behavioural support and medication. The overall direction of effect was a positive trend in relation to biochemically verified smoking cessation and it was feasible to obtain follow-up in a substantial proportion of participants.

⁴ Footnote is a research term referring to a potential future model for interventions



Lead author and year	Aim of study	Study methodology	Key findings
19- Molina- Linde (2011)	To review effective strategies for smoking cessation of adults with major depression, schizophrenia and psychosis as part of a literature review.	Extensive literature search and review of systematic reviews, comprehensive reports, clinical trials, observational studies and recommendations, which had evaluated smoking cessation programmes in patients with SMI.	Few studies focusing on smoking cessation in SMI were found. It remains unclear whether people with severe mental illness could benefit from access to smoking cessation treatments. In the best of the scenarios, it was seen that drug therapy and psychosocial interventions indicated abstinence at six months for very few patients.



3. Emerging considerations

The review of 19 relevant research studies identified a range of insights. These are organised under three areas of interest below.

3.1. Socioeconomically disadvantaged patients

- Financial incentives and free/low-cost NRT and e-cigarettes: Higher incentives, payments in cash, and weekly sessions are associated with higher enrolment rates onto smoking cessation programmes.
- Literacy and education level: Easy-reading content is better perceived by those with low literacy and reading levels.
- Referral to community lung cancer screening shows positive impact on smoking behaviour.
- Text-based health warnings show promising results for aiding smoking cessation.

3.2. Patients with severe mental illness (SMI) or 'people with lived experience of severe mental illness'

- Limited research exists on smoking cessation interventions for patients with mental illness, but some show promising short-term outcomes.
- Bespoke interventions combining behavioural support and NRT, particularly e-cigarettes, show promise for smoking cessation in this subgroup, though more research is needed.

3.3. Patients from ethnic minority backgrounds

- Evidence gaps remain for best practices for this group, but a few studies show promising interventions.
- Interventions that consider language, reading, and literacy skills, adapted to the culture of each ethnic group, and use specific, evidence-based materials such as the Tool Kit for Adaptation Approaches, yield the best results.
- Recruiting these groups for interventions via social media results in higher recruitment rates.
- Smokeless tobacco cessation interventions show promising short-term success rates for communities of South Asian ethnic origin.

Acknowledgement

We would like to thank Population Health & Health Inequalities team at HIOW ICB for the opportunity to carry out this evaluation. We would also like to thank the wide range of staff who contributed their time and energy to provide data and take part in interviews. These included members of the Tobacco Dependency Teams at UHS and HHFT. The authors would also like to thank several Health Innovation Wessex staff for their support designing and completing this evaluation: Philippa Darnton (Director of Insight), Emily Hunter (Senior Programme Manager, Insight), Charlotte Forder (Associate Director, Communications) and Sophie Barton (Analyst, Insight).

Appendices

For transparency, the full EBSCO MEDLINE search terms used are described below.

- 1) Smoking cessation interventions: AB (smoking cessation or smoking cessation interventions or quit smoking or stop smoking)
- 2) United Kingdom: AB (uk or england or britain or great britain or united kingdom)
 - a. 1,622 studies identified for combined searches for search terms 1 & 2
- 3) socioeconomically disadvantaged patients: AB (deprivation or poverty or low income or socio-economic)
 - a. 159,263 studies identified
- 4) Patients from ethnic minority backgrounds: AB (bame or bme or black or ethnic minority or asian) OR AB (immigrants or immigration or immigrant or refugee or refugees)
 - a. 250,166 studies identified
- 5) Patients with learning disabilities and special needs: AB (serious mental illness or severe mental illness or smi)
 - a. 75,249 studies identified
- 6) Patients with severe mental illness (SMI) or 'people with lived experience of severe mental illness': AB (learning disabilities or intellectual disabilities OR learning difficulties or special needs)
 - a. 14,629 studies identified

Please note that the time interval (2010 to 2025) for this literature review was selected as research from the last 15 years is considered most relevant due to current practices, significant advancements, higher quality standards, and contextual changes in policies and societal attitudes.

We acknowledge that the terms *BAME* (Black, Asian and Minority Ethnic), *BME* (Black minority ethnic) and *immigrant* are no longer considered appropriate or inclusive when referring to individuals from ethnic minority backgrounds. However, for the purposes of our literature search, we included these terms as they have been historically used in academic and clinical studies. This approach allowed us to identify relevant literature that may not have been captured using more current terminology. We remain committed to using respectful and inclusive language throughout this report.

References

- 1) Breen, R.J. *et al.* (2022) 'Design of Financial Incentive Programs for Smoking Cessation: A Discrete Choice Experiment', *Nicotine & tobacco research: official journal of the Society for Research on Nicotine and Tobacco*, 24(10), pp. 1661–1668. doi:10.1093/ntr/ntac042.
- 2) Darker, C.D. *et al.* (2022) 'A process evaluation of "We Can Quit": a community-based smoking cessation intervention targeting women from areas of socio-disadvantage in Ireland', *BMC public health*, 22(1), p. 1528. doi:10.1186/s12889-022-13957-5.
- 3) Coffey, M. *et al.* (2020) 'Using e-cigarettes for smoking cessation: evaluation of a pilot project in the North West of England', *Perspectives in public health*, 140(6), pp. 351–361. doi:10.1177/1757913920912436.
- 4) Balata, H. *et al.* (2020) 'Attending community-based lung cancer screening influences smoking behaviour in deprived populations', *Lung cancer (Amsterdam, Netherlands)*, 139, pp. 41–46. doi:10.1016/j.lungcan.2019.10.025
- 5) Smith, C.E., Hill, S.E. and Amos, A. (2020) 'Impact of specialist and primary care stop smoking support on socio-economic inequalities in cessation in the United Kingdom: a systematic review and national equity initial review completed 22 January 2019; final version accepted 19 July 2019 analysis', *Addiction (Abingdon, England)*, 115(1), pp. 34–46. doi:10.1111/add.14760
- 6) Kock, L. *et al.* (2019) 'Individual-level behavioural smoking cessation interventions tailored for disadvantaged socioeconomic position: a systematic review and meta-regression', *The Lancet. Public health*, 4(12), pp. e628–e644. doi:10.1016/S2468-2667(19)30220-8
- 7) Kale, D., Gilbert, H.M. and Sutton, S. (2015) 'Are predictors of making a quit attempt the same as predictors of 3-month abstinence from smoking? Findings from a sample of smokers recruited for a study of computer-tailored smoking cessation advice in primary care', *Addiction (Abingdon, England)*, 110(10), pp. 1653–1664. doi:10.1111/add.12972.
- 8) Bennett, K., Gilbert, H. and Sutton, S. (2015) 'Computer-tailored smoking cessation advice matched to reading ability: Perceptions of participants from the ESCAPE trial', *Patient education and counseling* [Preprint]. doi:10.1016/j.pec.2015.06.013.

- 9) Hitchman, S.C. *et al.* (2012) 'Effectiveness of the European Union text-only cigarette health warnings: findings from four countries', *European journal of public health*, 22(5), pp. 693–699. doi:10.1093/eurpub/ckr099.
- 10) Latif, A. *et al.* (2021) 'Understanding willingness to access and experiences of NHS Stop Smoking Services: a qualitative systematic review with meta-aggregation synthesis', *Public health*, 194, pp. 216–222. doi:10.1016/j.puhe.2021.03.003.
- 11) Fulton, E.A. *et al.* (2021) 'A digital behaviour change intervention to increase booking and attendance at Stop Smoking Services: the MyWay feasibility RCT'. doi:10.3310/phr09050.
- 12) Spence, W. and Zhu, L. (2017) 'Perceptions of smoking cessation among Glasgow's Chinese community', *Tobacco prevention & cessation*, 3, p. 127. doi:10.18332/tpc/77942.
- 13) Davidson, E.M. *et al.* (2014) 'Consideration of ethnicity in guidelines and systematic reviews promoting lifestyle interventions: a thematic analysis', *European journal of public health*, 24(3), pp. 508–513. doi:10.1093/eurpub/ckt093.
- 14) Davidson, E.M. *et al.* (2013) 'Behavior change interventions to improve the health of racial and ethnic minority populations: a tool kit of adaptation approaches', *The Milbank quarterly*, 91(4), pp. 811–851. doi:10.1111/1468-0009.12034.
- 15) Croucher, R. *et al.* (2012) 'Smokeless tobacco cessation in South Asian communities: a multi-centre prospective cohort study', *Addiction (Abingdon, England)*, 107 Suppl 2, pp. 45–52. doi:10.1111/j.1360-0443.2012.04085.x.
- 16) Caponnetto, P. and Polosa, R. (2020) 'Approved and emerging smoking cessation treatments for people with schizophrenia spectrum disorders: A narrative review', *Health psychology research*, 8(2), p. 9237. doi:10.4081/hpr.2020.9237.
- 17) Gilbody, S. *et al.* (2019) 'Smoking cessation for people with severe mental illness (SCIMITAR+): a pragmatic randomised controlled trial', *The lancet. Psychiatry*, 6(5), pp. 379–390. doi:10.1016/S2215-0366(19)30047-1.
- 18) Peckham, E. *et al.* (2015) 'Smoking Cessation Intervention for severe Mental Ill Health Trial (SCIMITAR): a pilot randomised control trial of the clinical effectiveness and cost-effectiveness of a bespoke smoking cessation service', *Health technology assessment (Winchester, England)*, 19(25), p. 1. doi:10.3310/hta19250.

- 19) Molina-Linde, J.M. (2011) 'Effectiveness of smoking cessation programs for seriously mentally ill', *Actas espanolas de psiquiatria*, 39(2), pp. 106–114. Available at: <https://search-ebscohost-com.soton.idm.oclc.org/login.aspx?direct=true&db=cmedm&AN=21404149&site=ehost-live> (Accessed: 20 January 2025).

Version Control

Version	Status	Key Changes	Authorised by
Final draft v1	Disseminated for review		

Copyright © 2025 Health Innovation Wessex