Supporting Individuals to use Nicotine Replacement Therapy [NRT] to create a smoke-free home

A how to guide for NHS Health Boards

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UNIVERSITY of STIRLING

NHS Lanarkshire

University of Glasgow

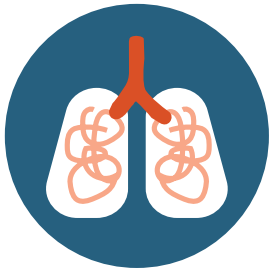
PURPOSE

This guidance outlines the roles, responsibilities and procedures for NHS Board Quit Your Way (QYW) services on how to implement or integrate a system of using Nicotine Replacement Therapy (NRT) products for temporary abstinence to help individuals who smoke create a smoke-free home.

SCOPE

This guidance sets out the procedure that should be followed by NHS Board QYW services and by practitioners who are trained to provide behavioural support for stopping smoking and supplying NRT products for temporary abstinence.

Why support individuals to reduce children's exposure to second-hand smoke in the home?



Children who are exposed to second-hand tobacco smoke (SHS) in the home are at higher risk of a range of respiratory conditions, including asthma, lower respiratory tract infection, croup and bronchiolitis.[1]

Smoking in the home increases the likelihood of child smoking uptake. [2]

Creating a smoke-free home increases the likelihood of parents/carers quitting smoking in the 6 months that follow. [3]

This report should be cited as: O'Donnell R, Mather K, Henderson T, Sinclair L, Howell R, McMeekin N, Semple S. Supporting Individuals to use Nicotine Replacement Therapy (NRT) to create a smoke-free home. A How to Guide for NHS Health Boards. University of Stirling; 2026.

Why use NRT for temporary abstinence in the home?

1/5

More than one in five homes in the poorest areas of Scotland still allow smoking indoors. [4]

In the UK, NRT is typically only available for free for smoking cessation, although recent guidelines for the NHS recommend use of NRT for temporary abstinence to reduce harm. This aligns well with Scottish Government and Health Board aims to reduce children's SHS exposure in the home, through providing a route to helping people who smoke create a smoke-free home. [6]

There is no consensus on how best to support disadvantaged households to create a smoke-free home. For many, housing arrangements and single parenting constrain opportunities to make the indoor space smoke-free. [5]

50%

There is growing evidence suggesting that use of NRT for temporary abstinence in the home can reduce children's SHS exposure. It can also lead to substantial smoking reduction (by 50% or more) and in some cases, a successful quit attempt. [7] [8] [9] [10]

Who would meet the criteria for this intervention?

This intervention would be suitable for anyone who smokes inside their home, including:

- Parents or carers living in a home where children reside
- People with caring responsibilities where children visit or live (e.g. grandparents etc.)
- People living in flats without easy access to outdoor space
- People with limited mobility

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Supplying NRT for temporary abstinence

Based on standard NHS procedures, initiatives to support people to reduce exposure to SHS in the home should be coordinated in line with local NHS Board protocols to ensure proper governance is adhered to. Appendix 10 outlines a suggested process for NHS Boards to supply NRT for temporary abstinence to people who smoke, in order for them to achieve a smoke-free home.

The NRT Smoke-Free Home Intervention flow chart

The following flowchart is based on the findings of a pilot randomised controlled trial [10 11], that was carried out by the University of Stirling, NHS Lanarkshire and the University of Glasgow from 2023-2026. The study was funded by the Scottish Government's Chief Scientist Office.

Scan the QR code for appendices >

The NRT Smoke-Free Home Intervention flow chart

Contact 1: Planning for creating a smoke-free home

Discuss what's involved
in using NRT for temporary abstinence in the home and ensure there are opportunities for the client to ask any questions

Discuss knowledge & understanding of SHS risks & how to change smoking behaviours (Appendix 1)

Complete the **Baseline Questionnaire** (Appendix 2)

Support client to develop a personalised smoke-free plan to identify barriers and solutions to create a smoke-free home (Appendix 3)

Discuss & advise on NRT product choices available, including how to use each effectively (Appendices 4 & 10)

One week supply of NRT to be provided initially following client's decision on which NRT product to use, along with completed copy of personalised smoke-free plan and copies of AFRESH second-hand smoke fact sheet and NRT Information sheet (Appendix 10)

Complete client **Treatment record** (Appendix 5) **& Communication Record** (Appendix 6) with each client contact and NRT distribution

Arrange Contact 2 allowing NRT usage to be initiated

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The NRT Smoke-Free Home Intervention flow chart

Ongoing Support: Fortnightly or as needed

Discuss current smoking behaviour within the household
and whether client is using NRT to create a smoke-free home (Appendix 7)

Discuss any barriers
and refer to client's personalised smoke-free plan for solutions

Arrange further NRT supply
(once product suitability is established)

Check whether NRT product is suitable for client and whether they are using it effectively.
If applicable, discuss alternative NRT product choices and how to use effectively using NRT information sheet
(Appendices 4 & 10)

Arrange ongoing client calls to include review & revise personalised smoke-free plan and adherence to NRT.
Appendix 8 can be used to support these calls

Review progress at 12 weeks using the completed **baseline questionnaire** and assessing how/whether smoking behaviours have changed (Appendix 9)

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Home Air Quality Monitoring

Home Air Quality Monitoring

If you are interested in including home air quality monitoring in your local intervention, please contact:

- Professor Sean Semple, Institute for Social Marketing and Health at the University of Stirling
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- Dr Rachel O'Donnell, Associate Professor and Public Involvement Lead,
  Institute for Social Marketing and Health at the University of Stirling
  r.c.odonnell@stir.ac.uk

Record Keeping

Staff are required to ensure record keeping and documentation practice aligns with local NHS protocols.
Examples of documents - Appendices 5 & 6

Barriers and solutions for clients

For some people, achieving a smoke-free home can be straightforward, while for others it presents significant challenges. A range of factors can act as barriers to change. This section outlines common barriers to creating a smoke-free home, alongside practical solutions. It also highlights challenges associated with raising concerns about SHS in the home and offers approaches to help address these.

Common barrier	Practical solution / approach	Key practice points
How do I handle it when visitors smoke? I don't want to upset relationships in my home.	Explain that keeping the home smoke-free is about protecting children and others from second hand smoke. Encourage clients to ask visitors for support and explain they are not asking anyone to stop smoking, only to smoke outside.	• Frame the request around health, not judgement • Most visitors respond positively when asked for help • A no smoking sticker or sign can act as a gentle reminder
I live in a high rise flat and don't have a balcony, or I can't leave my children alone to go outside.	Use Nicotine Replacement Therapy (NRT) to manage cravings indoors without smoking.	• NRT allows carers to stay with children • It helps relieve cravings while avoiding smoke exposure • NRT is a safer alternative to smoking
I think the effect of second hand smoke is exaggerated – my friend smokes and their children are fine.	Provide clear, information using the AFRESH second-hand smoke fact sheet and explain that harm is not always immediately visible.	• Health effects can take time to appear • Every child's health is different • Reducing exposure lowers risk, even if no symptoms are present

Barriers and solutions for clients

Common barrier	Practical solution / approach	Key practice points
Can I smoke in one room with the window or back door open?	Explain that opening windows or doors may reduce the smell but does not remove harmful toxins from the home.	• Smoke particles linger for many hours • Smoke spreads throughout the home • Smoking outside is the only effective protection
I only smoke when my children aren't in the room.	Explain that smoke travels through the home and settles on surfaces such as furniture, carpets, and clothing.	• Children can still be exposed later • Smoke-free homes reduce ongoing exposure • Timing alone does not fully protect children
It's my home – I should be able to smoke if I want to.	Acknowledge personal choice while reframing the issue as protecting children's health rather than stopping smoking altogether.	• Focus on where smoking happens, not removing choice • Respect autonomy • Emphasise child health and wellbeing
I've tried before and it was too hard.	Normalise past attempts and encourage small, manageable steps rather than all or nothing changes.	• Change takes time • Any reduction is positive • Confidence builds gradually
I'll feel judged by family or friends if I change the rules.	Support clients to explain the change as a health decision for children, not a judgement of others.	• Simple explanations can help • Setting boundaries is reasonable • Clients are entitled to protect their home environment

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Barriers and solutions for practitioners

Common barrier	Practical solution / approach	Key practice points
"My client will think I am judging or nagging them, and I don't want to risk the relationship we've built."	Use a non judgemental, empathetic approach focused on understanding rather than persuading. Respect the client's viewpoint and decisions, even if you don't agree with them.	• Use open, neutral language • Avoid "you should" statements • Emphasise care and concern, not blame • Acknowledge their autonomy • Validate their feelings and circumstances • Keep the relationship central
"My client has other priorities that are more important than creating a smoke-free home."	Do not assume lack of interest or readiness. Creating a smoke-free home may feel achievable compared to other pressures. Frame the discussion as offering information, not demanding change.	• Avoid making assumptions • Explore what feels manageable for them right now • "I'd like to share some information so you can decide what's right for you." • Focus on informed choice
"I don't feel confident enough to raise the issue of second hand smoke."	Build confidence by remembering a few key facts about second hand smoke & health. Practice increases confidence. The more often you raise the topic, the more natural it will feel.	• You don't need to be an expert • A few simple, clear messages are enough • Start small • Reflect on what went well • Confidence grows with repetition

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Appendices

Appendices to this document can be accessed via the following QR code or at www.shine.ac.uk/nrt-for-sfhs-guide .

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