HSC Public Health Agency

Northern Ireland Tobacco Control Annual report

2018-2019

Improving your health and wellbeing

Public Health Agency: Health Intelligence Unit
Elaine Wilmot and David Falls

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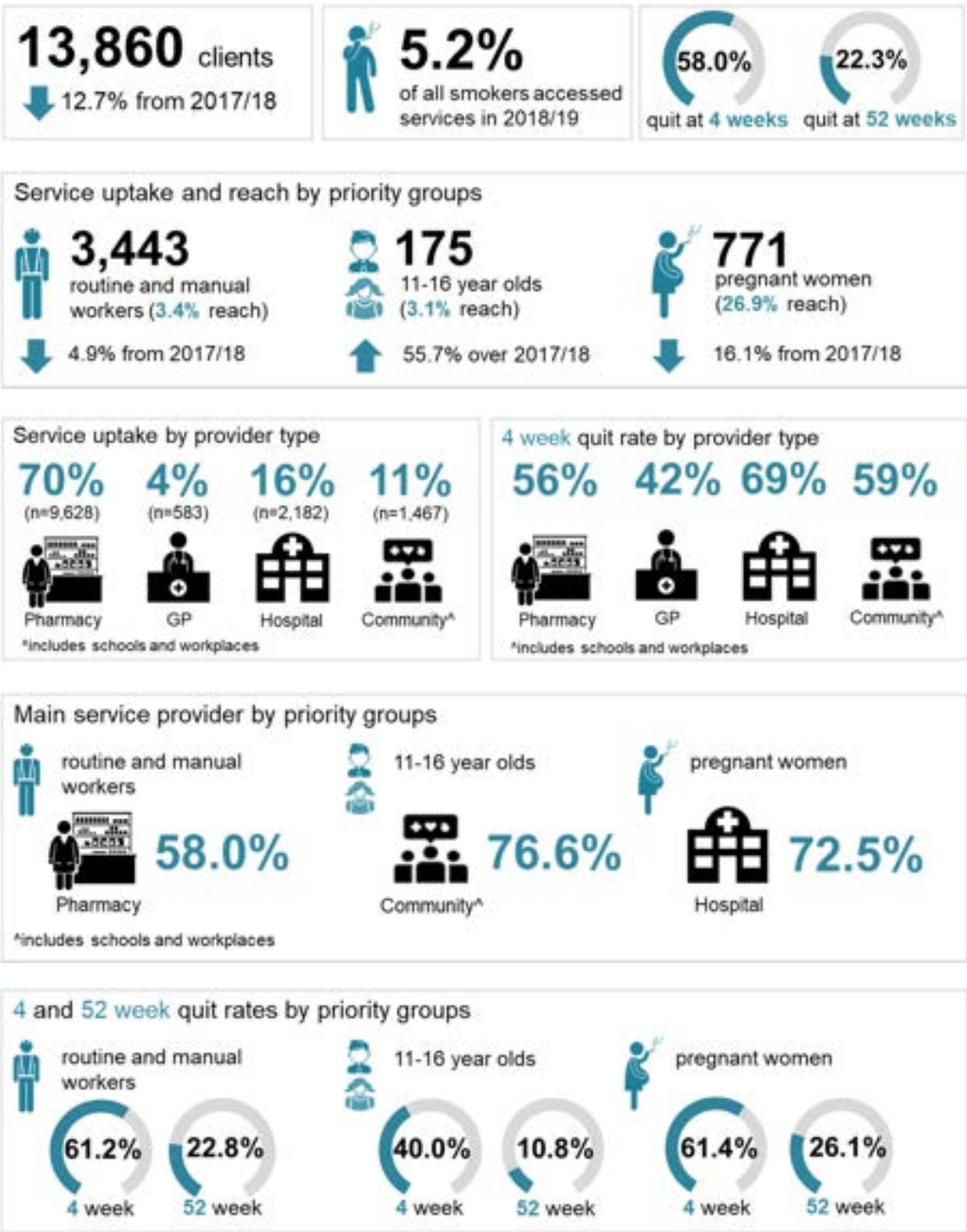
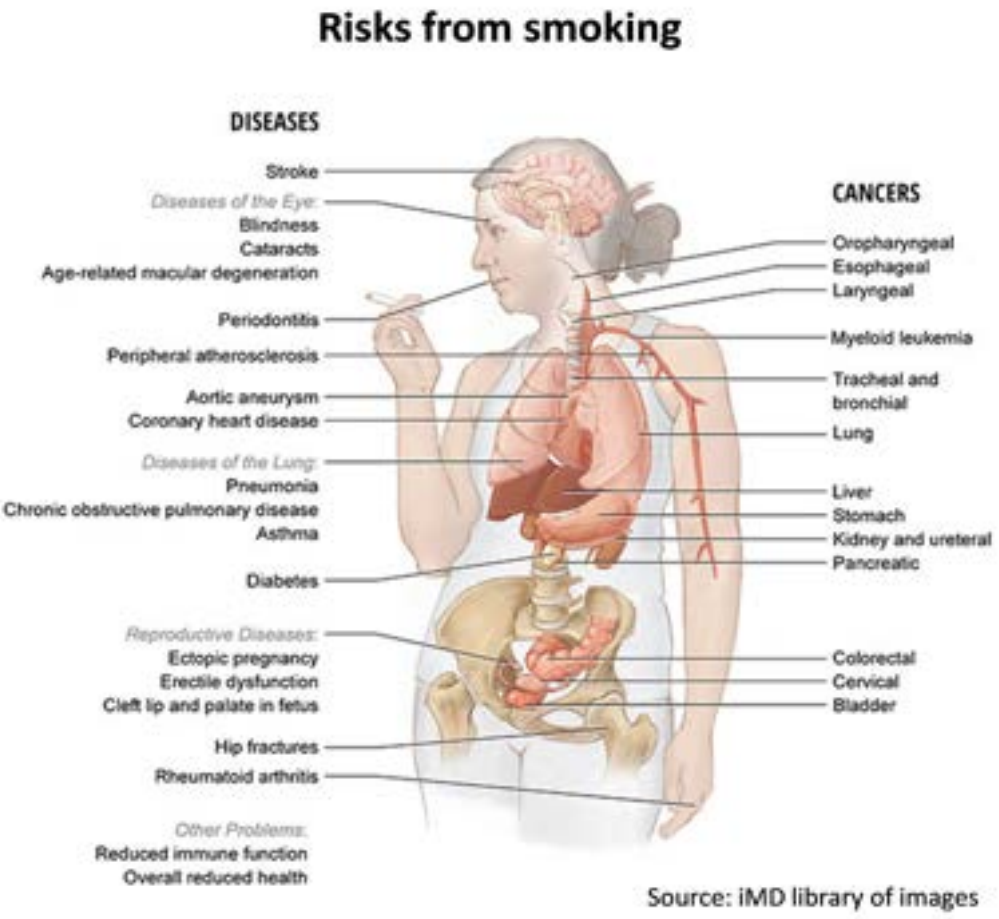
Stop Smoking Services 2018-2019



Produced by Health Intelligence, PHA

1 Introduction

Smoking and the impact it has on the health and wellbeing of our population remains a key concern for public health and tobacco control. Smoking can lead to a variety of ongoing complications in the body, as well as long-term effects, significantly reducing both a person's quality of life and life expectancy. It is a major risk factor for lung cancer, heart disease, respiratory disease and disease of the circulatory system as well as numerous cancers in organs including the liver, kidney, throat, mouth, bladder and cervix.[1,2]



Global epidemic

Even though smoking can increase your risk of a variety of problems over the years, some of the effects on your body are immediate and the health complications and damage can last for years.

The World Health Organization (WHO) estimates that approximately 20.2% of the global population aged 15 and over smoked cigarettes in 2015, equating to 1.1 billion people. Prevalence was highest amongst males (34.1%) compared to females (6.4%), and highest among those aged 45-54 (25.4%).[3]

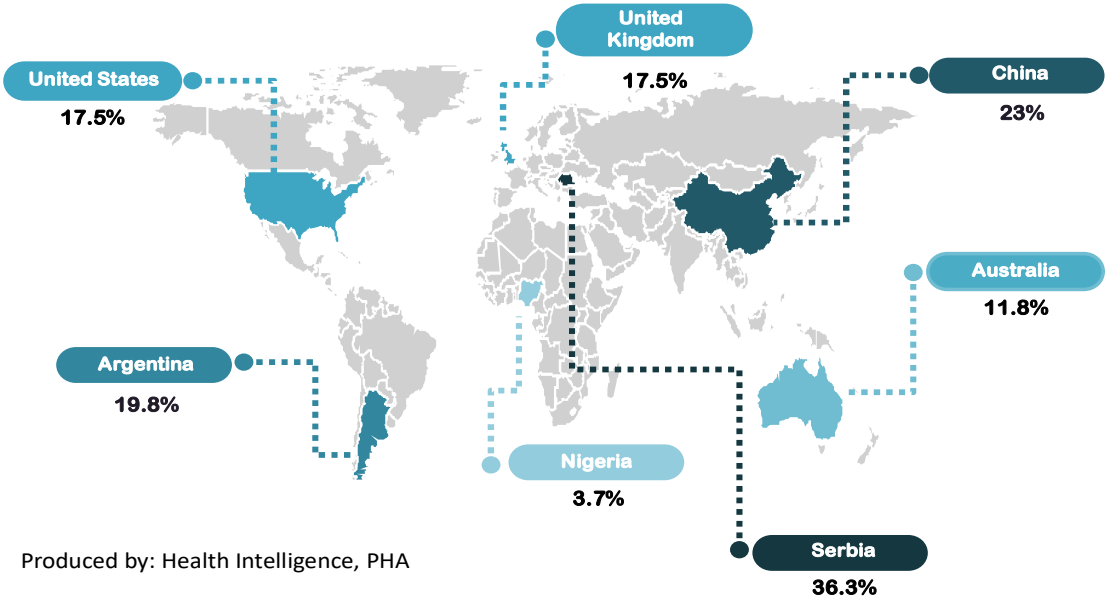
Research has shown that a smoker's life span is shortened by about five minutes for each cigarette smoked and on average those killed from smoking have lost 10-15 years of their life.[4] It is estimated that for every death attributable to smoking, approximately 20 smokers are suffering from a smoking related disease.[5] Evidence shows that half of all life-long smokers will die prematurely from a smoking related illness.[1]

Every year the global death toll as a result of smoking related illnesses is more than 8 million, or 15 deaths every second, which makes it the most common cause of preventable early death. 7 million of these deaths are a result of direct tobacco use, with second-hand smoke causing more than 1.2 million premature deaths per year. It is estimated that 65,000 children die each year as a result of second-hand smoke.[6]

Figure 1.1: Global Smoking Prevalence and Mortality[3,4,5,6]

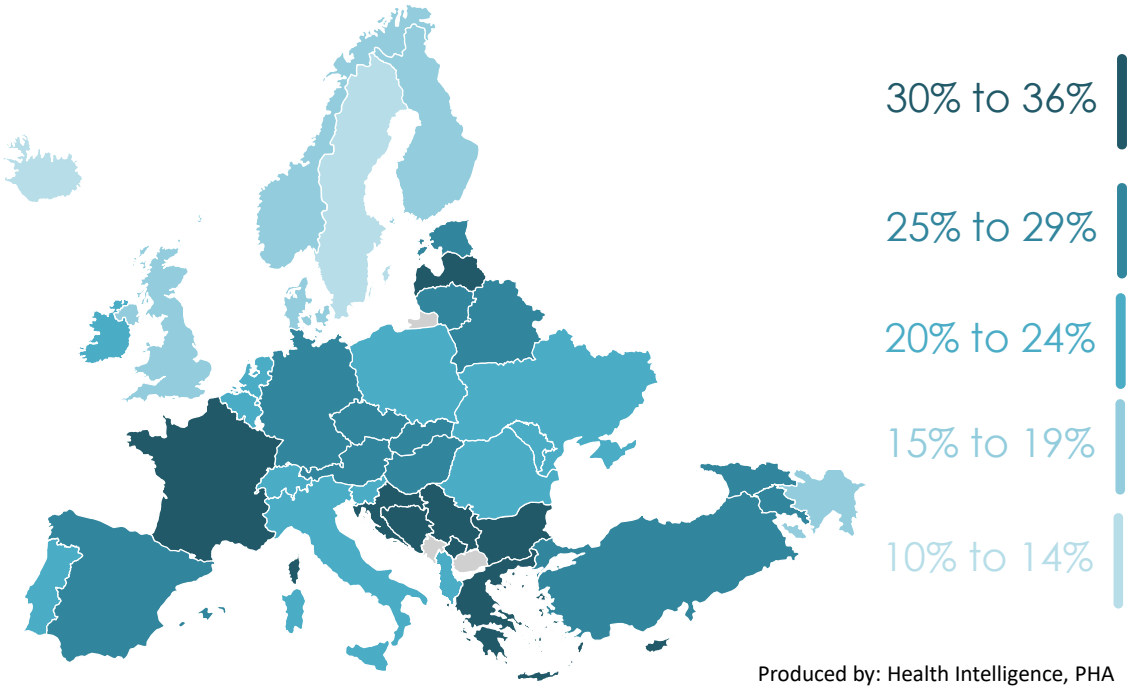
In 2017, the current cigarette smoking prevalence among persons aged 15 and over by country ranged from 36.3% in Serbia to 2.7% in Ghana. Figure 1.2 illustrates that prevalence in the United Kingdom (UK) was 17.5%, the United States of America (USA) also had a prevalence of 17.5%. In comparison, Australia had a lower prevalence of 11.8%, with Ireland having a higher prevalence of 21.5%.[6]

Figure 1.2: Prevalence of Cigarette Smoking Worldwide (aged 15+)



Further analysis by European country showed that there was fluctuation in the prevalence of cigarette smoking across countries. As highlighted in Figure 1.3, Scandinavian countries and the United Kingdom had the lowest prevalence rates (below 20%) compared to South Eastern and Middle European countries with a prevalence of 25% and above.

Figure 1.3: Prevalence of Cigarette Smoking across Europe 2017 (aged 15+)



Smoking is not only a health issue; it also has a high economic impact on the health service and wider society. The global annual costs associated with tobacco use are estimated to be US$1.4 trillion in healthcare expenditure and lost productivity from illnesses and premature death.[6]

Harder to quantify is the human cost relating to the large numbers of people dying or suffering from debilitating illnesses directly caused by smoking, and the loss of life itself. In addition, the harm caused by tobacco smoke also extends to non-smokers through exposure to second-hand smoke, with unborn babies and children being exceptionally vulnerable.[7]

Smoking prevalence in the UK

In the UK it is estimated that 14.7% of the adult population aged 18 years and above smoke cigarettes, equating to approximately 7.2 million people.[8]

Smoking prevalence has seen a downward trend from 20.2% in 2011 to 14.7% in 2018, a decline of 5.5 percentage points. This downward trend was also evident across all constituent countries, however Northern Ireland saw a peak of 19% in 2015, up from 18% in 2014, seeing a gradual decline again from 2016 onward (Figure 1.4).[8] Please refer to Table 1 in Appendix for trend in prevalence by UK country.

Figure 1.4: Smoking prevalence of those aged 18+ by UK country 2011 – 2018

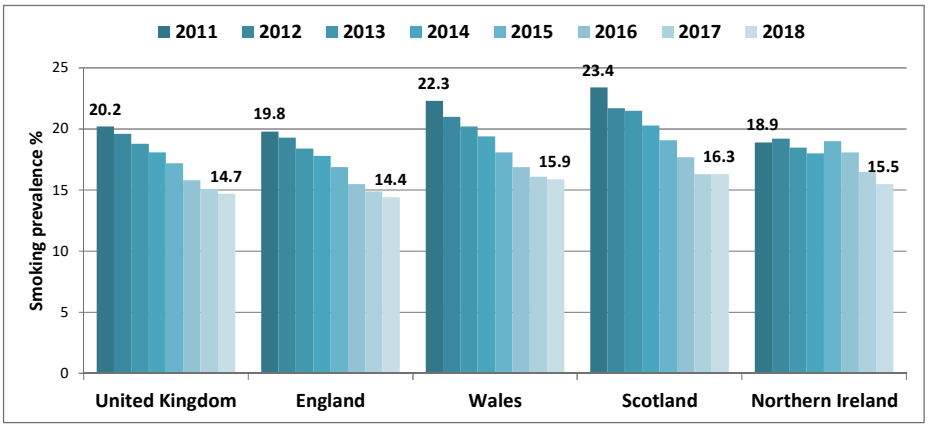
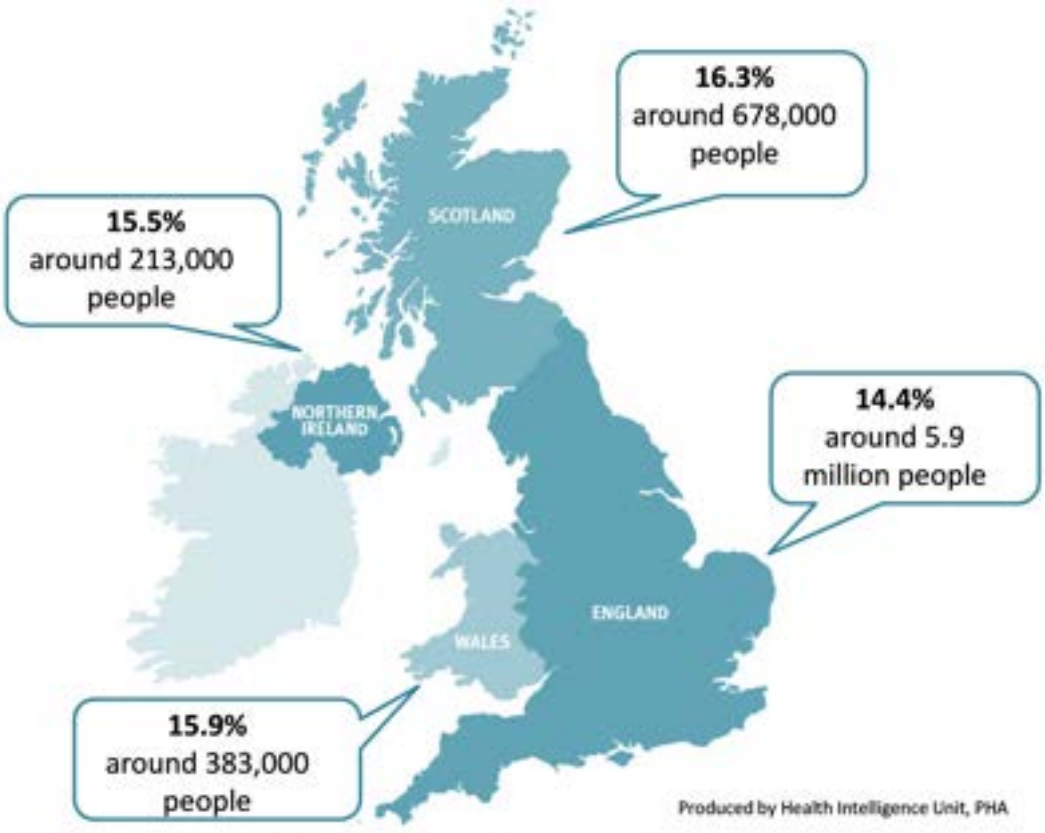


Figure 1.5: Smoking prevalence and estimated number of smokers aged 18+ by UK country 2018



NB: It is important to note that there are differences when comparing estimates of smoking prevalence from different surveys. These differences are attributable to a range of factors, such as different survey questions; different methods of sampling and different methods of weighting.

As in previous years, when compared with other age-groups, smoking prevalence continues to be highest among those aged 25 to 34 years (19.2%), with those aged 65 years and over continuing to have the lowest prevalence (7.9%).[8] Please refer to Table 2 in Appendices for breakdown by age-group.

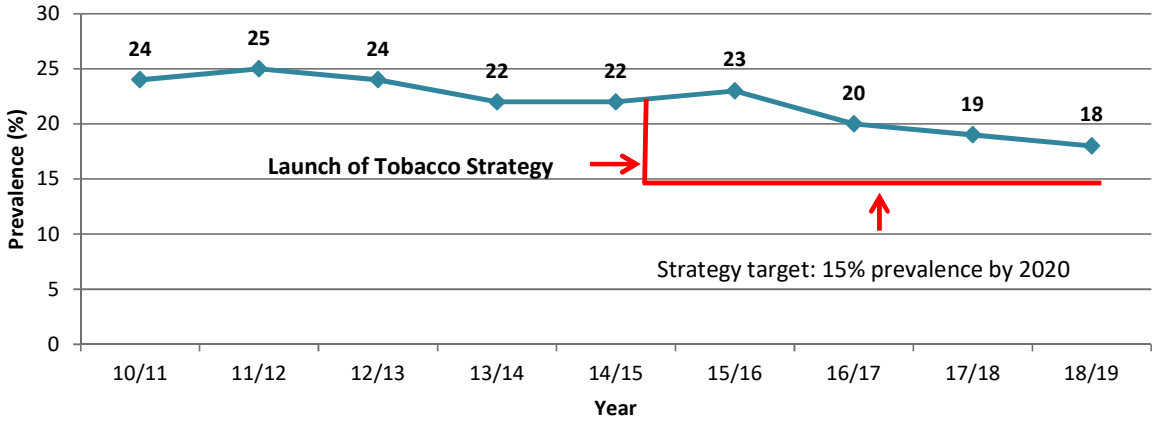
Smoking prevalence in Northern Ireland

In 2018/19 an estimated 18% of the adult population (age 16 and over) within Northern Ireland currently smoke, which equates to approximately 267,864 people. As in previous years, smoking prevalence continues to be greater among males (20%) than that observed in females (17%).[9]

It is important to note that in 2018/19 the Department of Health (DoH) adopted a revised weighting methodology. For comparison purposes, smoking prevalence trend data within this report has been updated to reflect the revised methodology.

Smoking prevalence fell for the 3rd consecutive year reaching an all-time low of 18%, with 2018/19 observing a 1 percentage point decline from that in 2017/18.[9] A further 3% reduction is required to reach the 2020 target of 15% identified within the Northern Ireland (NI) Ten Year Strategy.[7]

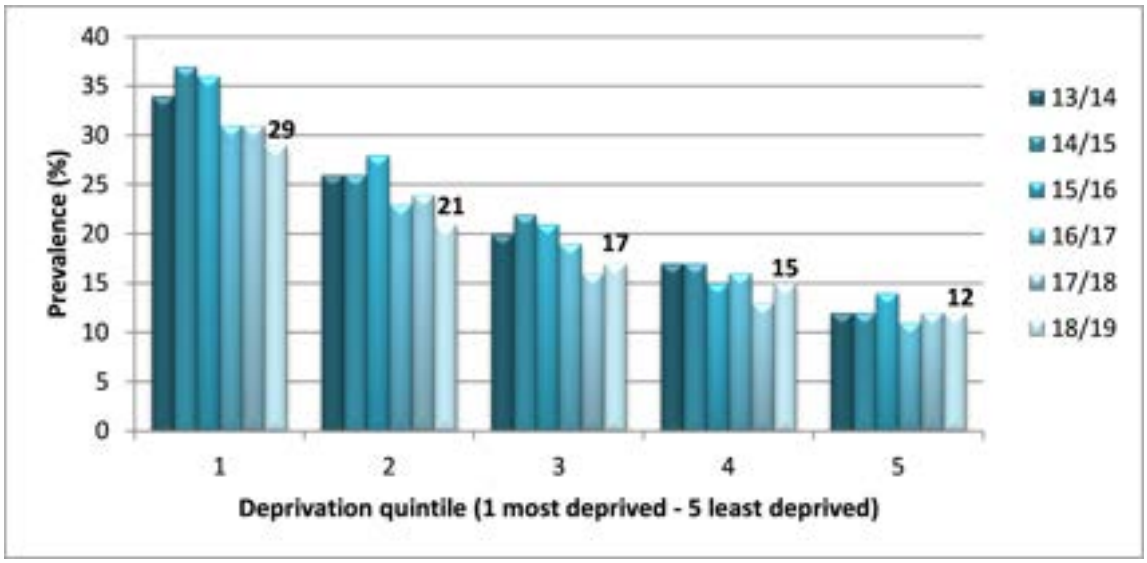
Figure 1.6: Prevalence of smoking in Northern Ireland 2010/11 to 2018/19 (age 16+)



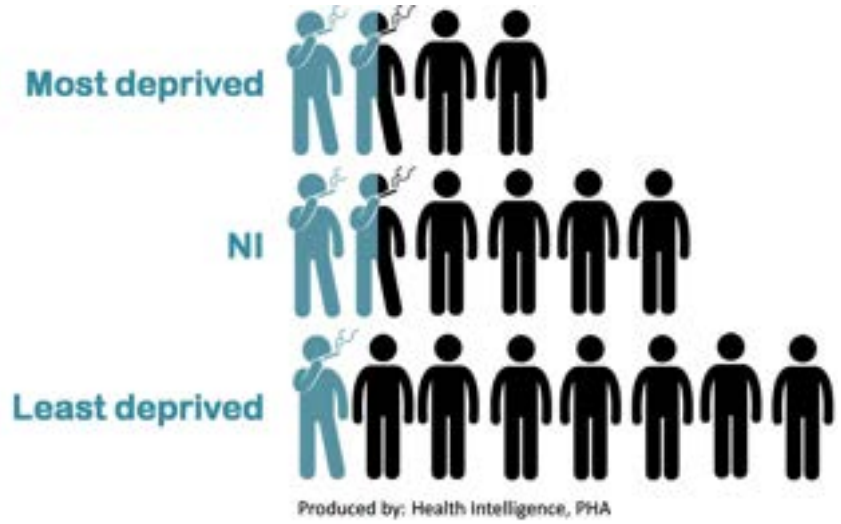
The Public Health Agency (PHA) endeavour to reduce smoking prevalence, and protect non-smokers by not exposing them to second-hand smoke through implementing prevention and smoking cessation programmes. However, inequality divides within our society remain a key issue. Evidence indicates that there is an extensive gap in smoking prevalence between areas of deprivation, with prevalence being more than twice as high among adults living in the most deprived areas compared to those adults living in the least deprived areas.

Smoking prevalence in the most deprived quintiles (Q1 & Q2) observed a decline from that in the previous year. However, prevalence observed an increase from that in 2017/18 in quintiles 3 and 4, with prevalence remaining consistent in the least deprived quintile. (Figure 1.7).[9]

Figure 1.7: Smoking prevalence by deprivation quintile 2013/14 to 2018/19 (age 16+)



In 2018/19 smoking prevalence ranged from almost one in three people within the most deprived areas to one in eight people within the least deprived areas.



E-cigarettes

In 2018/19, 7% of adults aged 16 and over currently use e-cigarettes,[9] equating to approximately 104,169 people, a decrease of 1 percentage points from that in 2017/18. The use of e-cigarettes was higher among males (8%) compared to females (6%).[9] E-cigarette use was more prevalent among those living in the most deprived areas (10%) than those living in other areas (6-7%).

In a NI study, it is estimated that 20% of pupils aged 11-16 have ever used an e-cigarette. At the time of the study, boys were more likely than girls to have reported

having recently used an e-cigarette, with 7% of boys compared to 4% of girls self-reporting that they had used an e-cigarette in the last week.[10]

1 in 5 young people aged 11-16 have ever used an e-cigarette

Produced by: Health Intelligence, PHA

2 Northern Ireland Tobacco Control Strategy 2012-2020

The overall aim of the Ten-Year Tobacco Control Strategy for Northern Ireland is to create a tobacco free society by encouraging fewer people to start smoking; encouraging more smokers to quit, and; offering greater protection from tobacco-related harm.[7]

The Public Health Agency (PHA) continues to lead on the implementation of the strategy via five main work streams:

- Research & Information;
- Protection & Enforcement;
- Services & Brief Intervention;
- Communication & Education;
- Policy & Legislation.

Within the overall smoking population a number of priority groups have been identified within the strategy; children and young people (aged 11-16); disadvantaged people who smoke (routine and manual workers); and pregnant women, and their partners, who smoke.[7]

In line with the overall aim to create a tobacco free society the strategy outlines a number of targets to be achieved by 2020 which include:

- reducing the proportion of children aged 11-16 who smoke to 3% (8% at strategy onset);[7]
- reducing the proportion of routine and manual workers who smoke to 20% (31% at strategy onset);[7]
- reducing the proportion of pregnant women who smoke to 9% (15% at strategy onset);[7]
- reducing the proportion of adults who smoke to 15% (24% at strategy onset);[7]
- ensuring that a minimum of 5% of the smoking population in NI access the Stop Smoking Services annually.[7]

This report outlines a number of the regional programmes and services implemented by the Public Health Agency in 2018/19 and the associated impact of these in tackling tobacco in Northern Ireland in regard to the Protect, Offer, Warn and Enforce elements of the MPOWER model.

Monitor tobacco use;
Protect people from tobacco smoke;
Offer help to stop smoking;
Warn about the dangers of smoking;
Enforce bans on tobacco advertising and promotion;
Raise taxes on tobacco products.

3 Public Information Campaigns

In order to address the gradual decrease in the uptake of specialist Stop Smoking Services, the PHA have been promoting awareness of the services and encouraging smokers who are thinking about quitting or those who are currently trying to quit without support to use the services in order to increase their chances of successfully quitting.

3.1 Engagement with service providers

To help promote and increase uptake of Stop Smoking Services, the PHA engaged with service providers to explore ways of supporting them further and promoting the work that they carry out. Following this work the PHA developed a new brand identity and this was rolled out in February 2019 through a new promotional pack for service providers.

The want2stop.info website was refreshed and rebranded to become www.stopsmokingni.info. The website was created with the involvement of smokers and ex-smokers to support smokers to quit smoking. Information is available on:

- getting ready to quit;
- benefits of quitting;
- stop smoking aids;
- withdrawal symptoms;
- why quit – e.g. for your health, your family, your baby and to save money;
- ways to quit - Stop Smoking Services and how to access them;
- going it alone – e.g. tips to help you be successful, challenges when stopping, managing cravings.

The website also features success stories where ex-smokers, who have used the service, share their experiences of quitting showing you that it is possible to become and remain smoke free. Smokers who wish to quit can also order a Quit Kit support pack via the website.

3.2 Public Health Agency anti-tobacco mass media campaign

To coincide with the launch of the new service identity, and to help promote and increase uptake of Stop Smoking Services the PHA developed a new mass media campaign. This campaign ran from 4th March until 31st March 2019 and featured local mum Kerri, who quit smoking with support from a local stop smoking service. Media advertising comprised of television, radio, outdoor and digital.

The campaign aimed to:

- increase awareness of the stop smoking service and the service identity;
- increase awareness that the stop smoking service will help increase the chances of quitting smoking;
- encouraged smokers, who are trying to quit, to sign-up to the service;
- increase the number of visits to the stop smoking website.

The primary target audience for the campaign was all adult smokers, with particular emphasis on those already thinking of quitting. A secondary audience of family and friends of smokers were also targeted as support and encouragement from this group is a motivating factor for some smokers to quit.

The key messages the PHA sought to convey via advertising were:

- you're up to 4 times more likely to quit smoking successfully with support from a stop smoking service.
- stop smoking services are free and local to you.
- find your local stop smoking services by going to stopsmokingni.info.

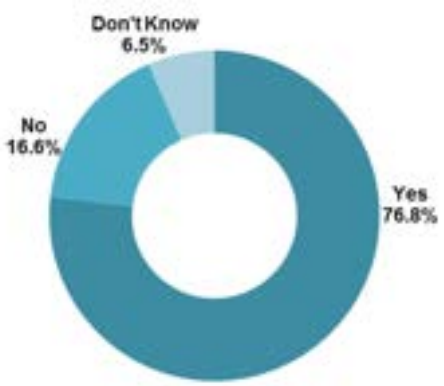
3.2.1 Campaign evaluation: methods and analysis

The wave of the campaign was evaluated through an omnibus survey. The sample concentrated on smokers and a small number of recent ex-smokers. The survey achieved interviews with a total sample of 338 smokers and 137 ex-smokers (weighted sample).

3.2.2 Results of the campaign

Over three quarters (76.8%) of respondents said that they had heard of the Stop Smoking Service, with 1 in 6 respondents stating they had not heard of the service.

Figure 3.1 Proportion of Respondents who had heard of the Stop Smoking Service (n=475)

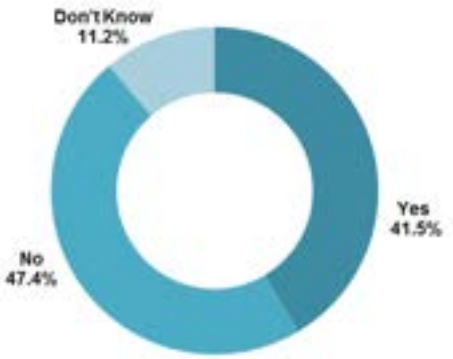


Awareness of the Stop Smoking Service was associated with smoking status, age, Trust of residence, deprivation quintile and exposure to the awareness campaign. Awareness was higher among recent quitters than smokers, with approximately 9 in 10 recent quitters, and 7 in 10 current smokers having heard of the service (p≤0.001).

Figure 3.2 Awareness of the Stop Smoking Service among Smokers and Recent Quitters (n=475)

Overall, approximately 4 in 10 respondents recalled having seen the logo. As the new service identity was rolled out in February 2019 this represents a good level of awareness after only two months.

Figure 3.3: Overall Prompted Recall of Stop Smoking Services Logo (n=475)



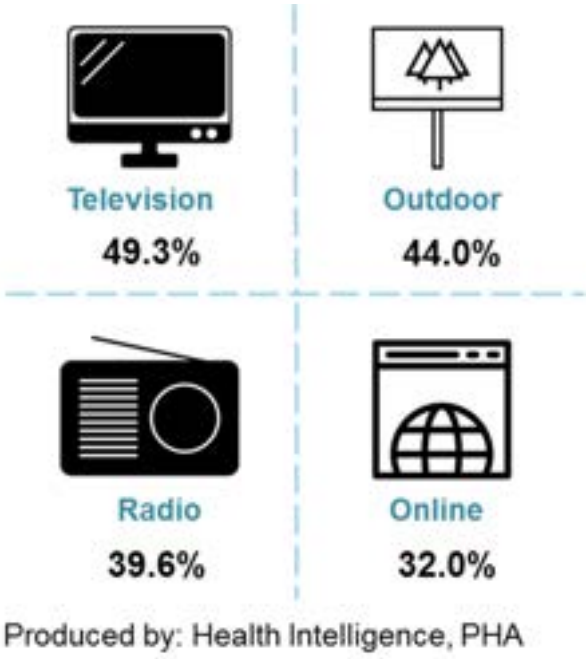
Recent quitters were more likely to recall seeing the Stop Smoking Services logo than smokers, with almost 2 in 3 recent quitters (65.0%) compared to one third of smokers (32.0%) being able to recall the logo (p≤0.001).

Respondents who had been exposed to the Stop Smoking Services advertising campaign had markedly higher levels of recall of the Stop Smoking Service logo (53.5%) than respondents who had not (6.6%,p≤0.001)

Figure 3.4: Recall of Stop Smoking Service Logo by Campaign Exposure (n=475)

All respondents (n=475) were shown or played each element of the campaign advertising and asked if they had seen or heard any of the advertisements. Overall 74.3% of respondents were able to recall at least one element of the advertising campaign. Figure 3.1 shows that the television advertising was the most frequently cited medium for encountering the campaign advertisements (49.3%).

Figure 3.5: Where Respondents encountered the Stop Smoking Service Advertising (n=475)



3.3 No Smoking Day campaign

2018/19 welcomed the 36th annual No Smoking Day within Northern Ireland, with No Smoking Day (NSD) falling on the second Wednesday in March each year. A number of events took place to support NSD:

- A number of events were held throughout NI with Dr Alan Curley being the key speaker for 'Motivating Smokers to Quit!'
- Social media graphics and videos were developed to encourage partners to retweet and reuse.
- Promotion of NSD to All Party Group on Cancer through joint presentation with Cancer Focus.
- Distribution of NSD promotional resources were distributed across the 5 Health & Social Care Trust (HSCT) areas to support Trusts to deliver events and displays.
- Posters were circulated to all NI GP practices, Pharmacies, Dental Practices, Optometrists, HLCs, HSCT and NSD committee members and ASH Committee members.

4 Educational and campaign support materials (MPower: WARN and OFFER)

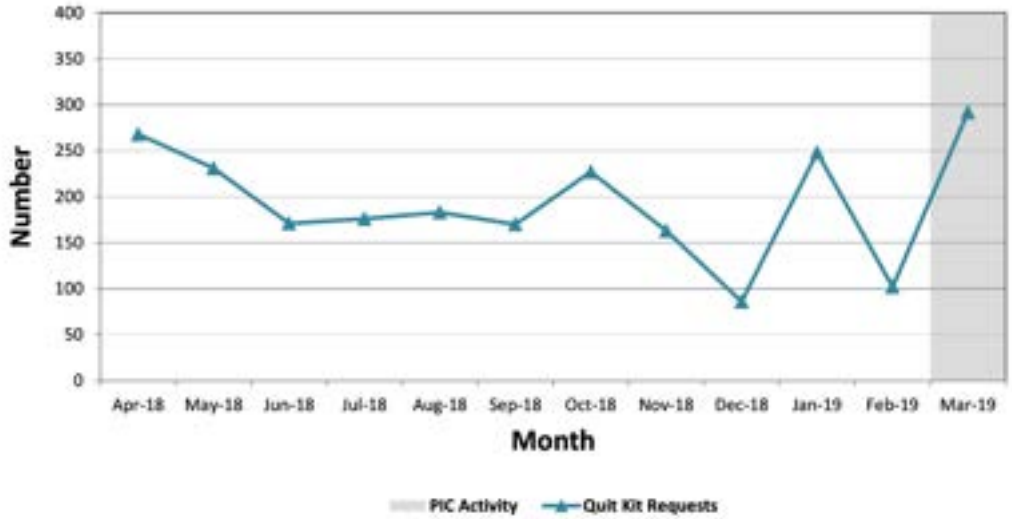
While mass media campaigns aim to motivate smokers to quit, a further aim of the PHA is to encourage people who wish to give up smoking to utilise a method that is best suited to the individual. The PHA offer a variety of educational and campaign support materials to provide information on the dangers of smoking and the health benefits of quitting. These resources also provide tips and advice on how to quit and to signpost smokers to support services which provide counselling and pharmacotherapy support.

4.1 The Quit Kit

The PHA launched a new and improved Quit Kit in 2016. This kit was developed with the help of smokers and ex-smokers and includes practical tools and tips to help people stop smoking, especially those who would prefer a self-help approach (going 'cold turkey') rather than using conventional support. This resource is available to residents of Northern Ireland who wish to quit smoking or stay quit and can be ordered from the PHA stop smoking website https://www.stopsmokingni.info. The Quit Kit can also be ordered via Quit Kit registration flyers which are available from health and social care premises, pharmacies, GP practices, libraries and council premises.

In 2018/19 there were 2,317 requests for a quit kit. As evident in Figure 4.1.1, the number of requests was highest during January at a time when smokers may have decided to quit smoking in the New Year, and peaked in March the month the public information campaign was aired.

Figure 4.1.1: Monthly Quit Kit uptake and public information campaign activity from April 2018 to March 2019



4.2 Stop Smoking NI website: www.stopsmokingni.info

In 2018/19, the Want2Stop website was refreshed and rebranded with a new name and URL: stopsmokingni.info. The Stop Smoking NI website is a one stop repository providing information, advice and tips on how to quit and topics such as:

- Health benefits of stopping smoking
- Cessation aids such as NRT patches, gum, tablets, sprays and inhalers to help support a quit attempt
- Current anti-tobacco public information campaign
- Effects of smoking on your appearance and health
- Dangers of second hand smoke such as 'smoking and pregnancy'
- The workplace 28 day stop smoking challenge
- E-cigarettes

The website signposts the general public to self-help and advice. A number of booklets are available to download such as a guide to stopping smoking and a quit plan. Visitors to the site can watch and listen to video testimonials of inspiring real life stories from former smokers about how quitting changed their lives for the better. Smokers can also access a directory of PHA commissioned Stop Smoking Services to find support services in their local area.

In 2018/19, the website received 35,117 visits, with the highest number of visits in any one month occurring during the month of March when the public information campaign was aired (Figure 4.2.1).

Figure 4.2.1: Monthly website hits and public information campaign activity from April 2018 to March 2019

4.3 Other education resources

To assist smokers in making a quit attempt, the PHA produces a selection of education resources. These are available through Pharmacies and GP practices, and the PHA website www.publichealth.hscni.net. Figure 4.3.1 displays the variety of leaflets and flyers produced by the PHA to assist and advise smokers.

Figure 4.3.1: Examples of educational resources for smokers

The PHA has also distributed smoke free signs to all primary schools in Northern Ireland to be displayed at the school gates. These signs are aimed to encourage parents and carers to refrain from smoking near school gates to help protect their children from the harmful effects of passive smoking. This initiative aims to:

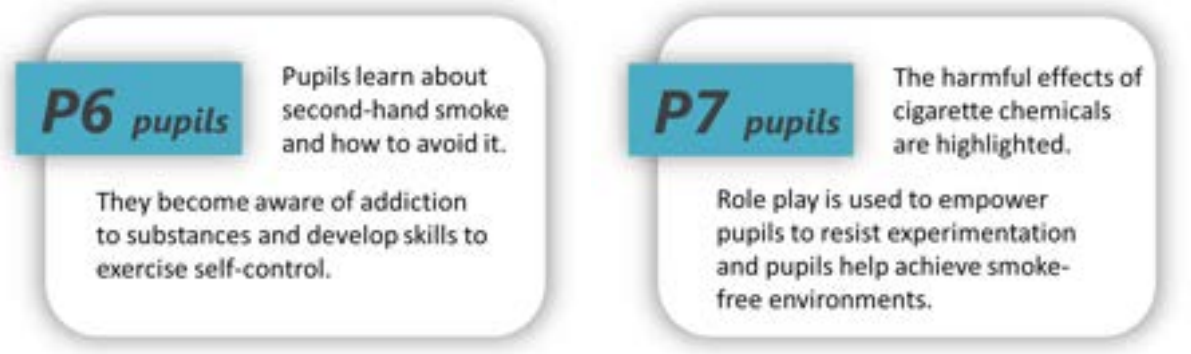
- Reduce the amount of smoking the children are exposed to, thus 'denormalising' smoking;
- Support the 'No Smoking' messages that pupils are taught in lessons;
- Create a positive 'smoke free' image for the school and its pupils;
- Empower parents to speak up about smoke around their children;
- Reduce smoking-related litter around school premises.

4.4 Regional childhood tobacco prevention programme

As in previous years the PHA commissioned Cancer Focus NI (CFNI) to deliver the Smokebusters programme during 2018/19. This is a tailored programme for primary school children in Primary 6 and Primary 7 (9-11 year olds) and is delivered by both CFNI and by teachers directly. Teachers can enrol for the programme and also request resources on-line.

The programme aims to:

- **Encourage children to reject the smoking habit by increasing their defences against pressure to experiment with cigarettes;**
- **Provide a means of conveying information to children about the harmful consequences of smoking;**
- **Promote 'fun' ways of involving children in activities to promote a smoke free environment in their schools, homes and communities.**



A total of 263 schools registered a visit to enhance the programme during the 2018/19 school year. Overall, these supplementary programmes were delivered to 16,657 children, exceeding the annual target of 6,000 pupils and reaching an estimated 31% of all school children in P6 and P7 in Northern Ireland. Of these, 8,504 were P6 pupils and 8,153 were P7 pupils.

Of all primary schools in NI, 148 are located within the top 20% most deprived areas and all of these schools were encouraged to accept a supplementary classroom session on Smokebusters. Of the 263 schools requesting a supplementary classroom session in 2018/19, 51 were in the top 20% most deprived areas, representing 34% of schools in deprived areas.

5 Brief Intervention (MPower:OFFER)

The main purpose of a brief intervention is to trigger a quit attempt and signpost the individual to a support service. It is an approach that can be used with all smokers regardless of their quitting intentions and is therefore a key tool for health professionals and community workers who may encounter smokers as part of their routine work. The technique used is based on the ASK, ADVISE and ACT scenario outlined in Figure 5.1 below.

Figure 5.1: Very brief advice flow chart

Figure 5.1: Reproduced from local stop smoking services, service delivery guidance 2014. NCSCT, Public Health England[18]

Each year, the five health and social care trusts within NI are commissioned by the PHA to deliver brief intervention training for a range of health professionals and community workers.

6 Specialist Stop Smoking Services (MPower: OFFER)

The PHA commission specialist Stop Smoking Services across Northern Ireland, and smokers can access these services in a range of local settings which include GP practices, pharmacies, hospitals and community/voluntary groups. These services are specifically designed for those smokers who are motivated and ready to quit, and who are prepared to set a quit date. Services are provided by specialist practitioners who have received specific training to carry out this role. Smokers can avail of intensive treatment over the course of 6-12 weeks through a combination of pharmacotherapy and behavioural interventions which have proven to be the most effective mechanism to aid smokers to quit.[9] Structured support is also available for at least four weeks after the client's quit date.

The Ten Year Tobacco Control Strategy for Northern Ireland and The National Institute for Health and Clinical Excellence (NICE) recommend that Stop Smoking Services should aim to reach 5% of the smoking population.[7,10] The PHA monitor NI services centrally using a web based monitoring system. It is a requirement that all service providers input details of each individual client they register for the service[i]. This system enables the PHA to monitor access to services and the effectiveness of services at both a regional and sub-regional level. The system also permits each service provider to self-monitor their service uptake and impact in terms of quit rates.

To date, the provision of specialist Stop Smoking Services in NI has supported over 283,000 smokers to quit smoking, and over 50% to remain quit at 4 weeks.

This section of the report provides an analysis of service uptake and 4 week quitting activity in 2018/19; and service uptake, both 4 and 52 week quitting activity in 2017/18, using data collected from the monitoring system. Data was downloaded on 22nd July 2019. All data is correct as of this date unless otherwise specified.

6.1 Service availability and accessibility

Provider type

The overall number of PHA stop smoking services observed a decline in numbers for the 5th consecutive year, with a total of 581 providers delivering services in 18/19, a 2% decrease from 2017/18. These 581 providers composed of 47 GP practices, 437 pharmacies, 14 hospital providers and 83 community providers, with pharmacies continuing to deliver the greatest proportion of services (75%). Please refer to Figure 6.1.1.

Although a decline in the overall number of providers has been observed, a 32% increase has been observed in the number of community providers delivering the service in 2018/19 (n=83) compared to 2017/18 (n=63). The greatest decline in providers remains to be among GP practices with a 23% decrease in 2018/19 from the previous year. The number of GP practices delivering services has seen a

[i] Only those clients who are motivated to quit and ready to set a quit date may be registered with the Stop Smoking Services. Clients may not be unique and may use the service twice in any financial year.

continual decline over the seven year period since 2011/12 when 132 GPs delivered the service, equating to a considerable overall decline of 64% within this group.

Figure 6.1.1: Total number of service providers by provider type 2016/17 – 2018/19

Provider Type	Number of providers 2018/19 (n,%)	Number of providers 2017/18 (n,%)	Number of providers 2016/17 (n,%)
Pharmacy	437 (75%)	455 (77%)	456 (74%)
GP	47 (8%)	61 (10%)	76 (12%)
Hospital sites	14 (2%)	14 (2%)	15 (2%)
Community^	83 (14%)	63 (11%)	66 (11%)
Total	581	593	613

^Includes schools and workplaces

Produced by: Health Intelligence, PHA

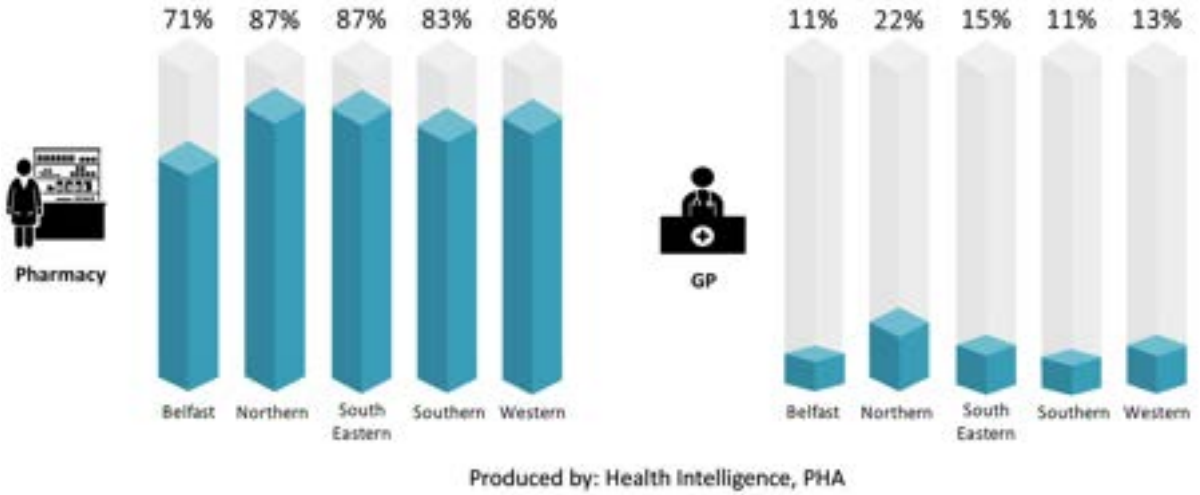
Service provision and accessibility

In 2018/19, of all pharmacies and GP practices throughout Northern Ireland, 82% of pharmacies and 14% of GP practices delivered PHA Stop Smoking Services.

There was variation in the proportion of pharmacies delivering services in 2018/19 by Local Commissioning Group (LCG) area, which ranged from 87% within both the Northern and South Eastern LCG areas to 71% within the Belfast LCG area Figure 6.1.2.

Figure 6.1.2 also highlights that the proportion of GP practices delivering services varied across LCG area, with the proportion in the Northern Area being twice that observed in both Belfast LCG and Southern LCG (22% and 11% respectively).

Figure 6.1.2: Proportion of all Pharmacy and GP practices in NI delivering PHA Stop Smoking Services within each LCG area 2018/19



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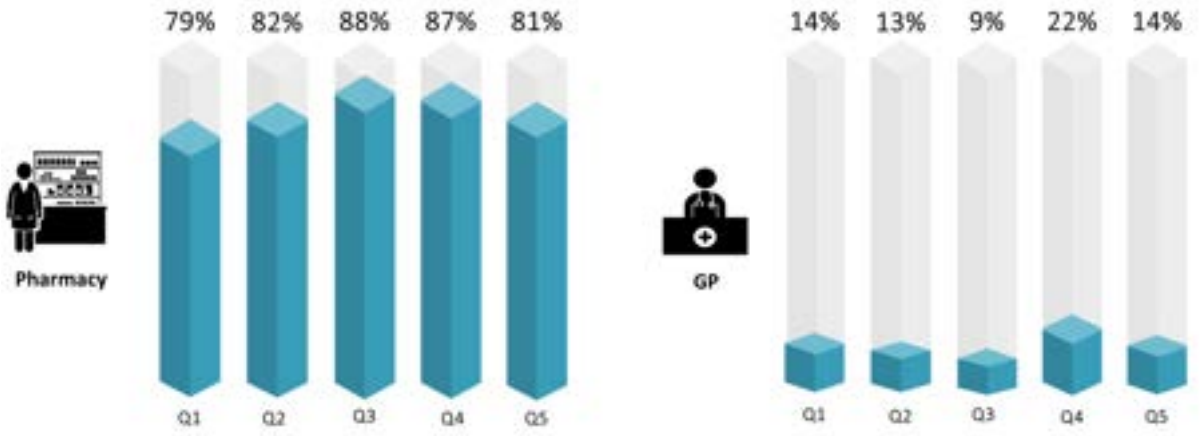
The proportion of pharmacies and GP practices delivering services also varied across MDM Quintile, with the most deprived quintile (Quintile 1) having the lowest proportion of pharmacies delivering services in 2018/19 (79%) compared to Quintile 3 with 88%. The proportion of GP practices delivering services ranged from 9% in Quintile 3 to 22% in Quintile 4 (Figure 6.1.3).

Figure 6.1.3: Proportion of all Pharmacy and GP practices in NI delivering PHA Stop Smoking Services within each MDM Quintile 2018/19



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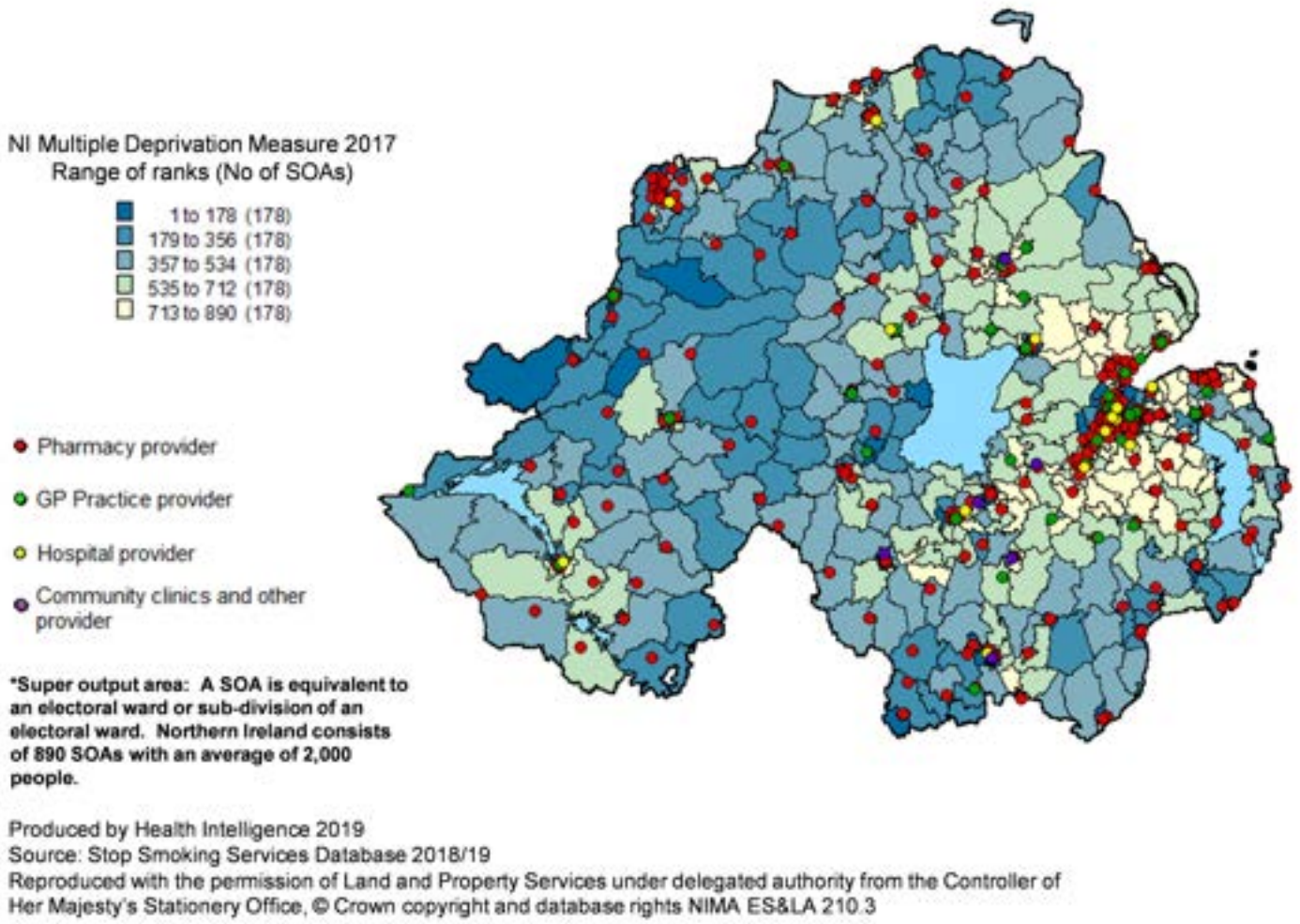
Distribution of service providers

Figures 6.1.4 and 6.1.5 show the geographical distribution of service providers across NI by deprivation quintile and population respectively. The darkest background colour is indicative of highest deprivation level or greatest population and the lightest background colour represents the least deprivation level or lowest population respectively.

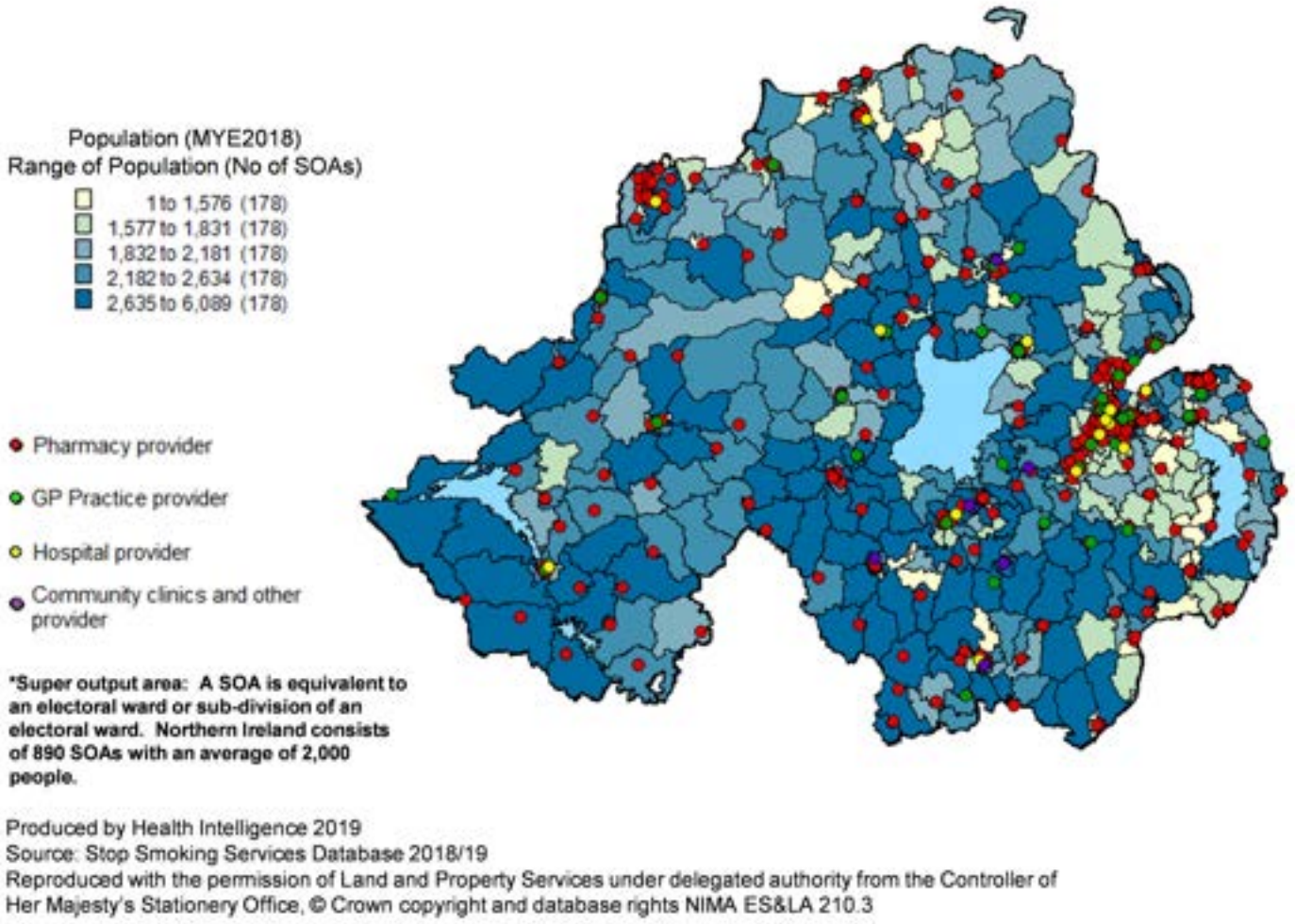
Figure 6.1.4 and 6.1.5 illustrate that the greatest concentration of service providers were located in the most deprived areas or areas with highest population.

Figure 6.1.4: Location and type of Stop Smoking Service provider by Super Output Area (SOA)* derived multiple deprivation measure 2018/19



Produced by Health Intelligence 2019
Source: Stop Smoking Services Database 2018/19

Figure 6.1.5: Location and type of Stop Smoking Service provider by Super Output Area (SOA)* derived population 2018/19

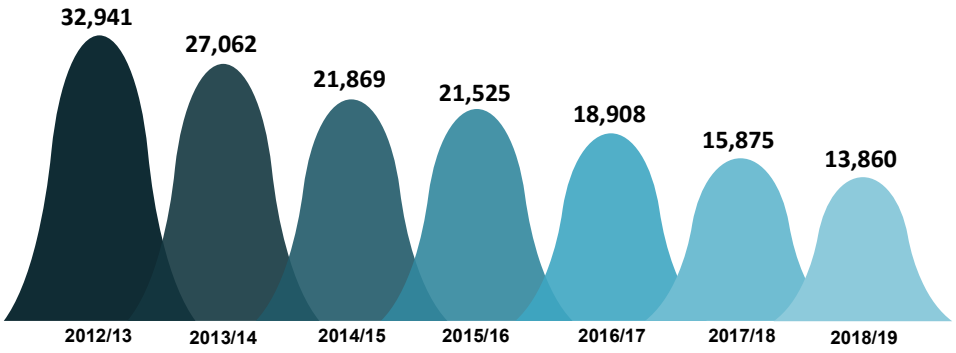


Produced by Health Intelligence 2019
Source: Stop Smoking Services Database 2018/19

6.2 Service uptake and reach

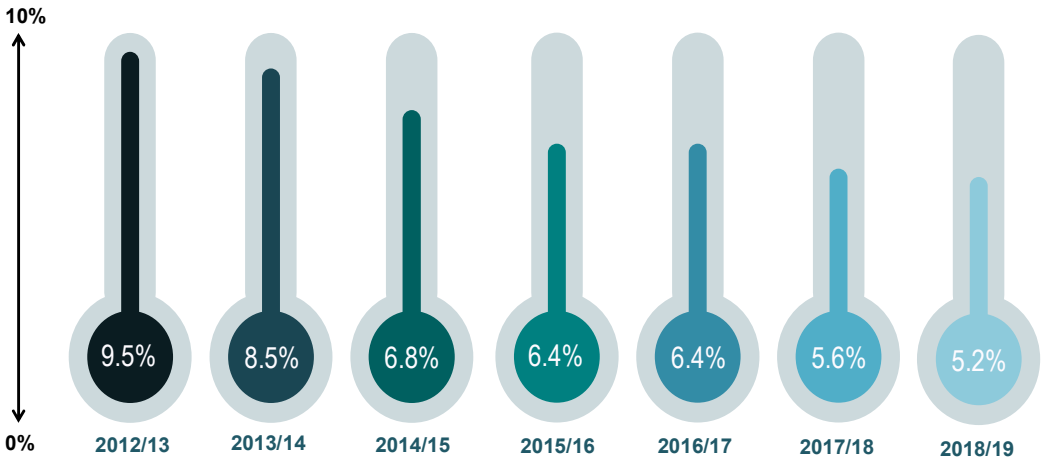
A decline in uptake of services was observed for the 7th consecutive year in 2018/19 where PHA Stop Smoking Services were delivered to 13,860, showing a 13% reduction from 2017/18. As a result, the uptake figure did not exceed the 4% year on year target increase of clients accessing Stop Smoking Services as outlined in the Tobacco Control Strategy.[7]

Figure 6.2.1: Uptake of Stop Smoking Services 2012/13 – 2018/19 (n)



In 2018/19, an estimated 5.2% of the smoking population within NI set a quit date with Stop Smoking services. Akin to the trend in uptake figures, there has been a gradual decrease in the proportion of smokers accessing services, with a 0.4 percentage point reduction from that in 2017/18 (Figure 6.2.2). The 5.2% service access reach figure met the 5% access reach as outlined within the Tobacco Control Strategy and NICE guidelines.[7,10]

Figure 6.2.2: Estimated proportion of all NI smokers accessing Stop Smoking Services 2012/13 – 2018/19 (%)



Service reach continues to compare favourably with the other UK countries. Scotland had the greatest reach of services with 5.9% followed by NI with 5.2%, compared to England with the lowest reach of 3.1%.

Figure 6.2.3: Stop smoking services uptake and reach by UK countries 2018/19[13-18]

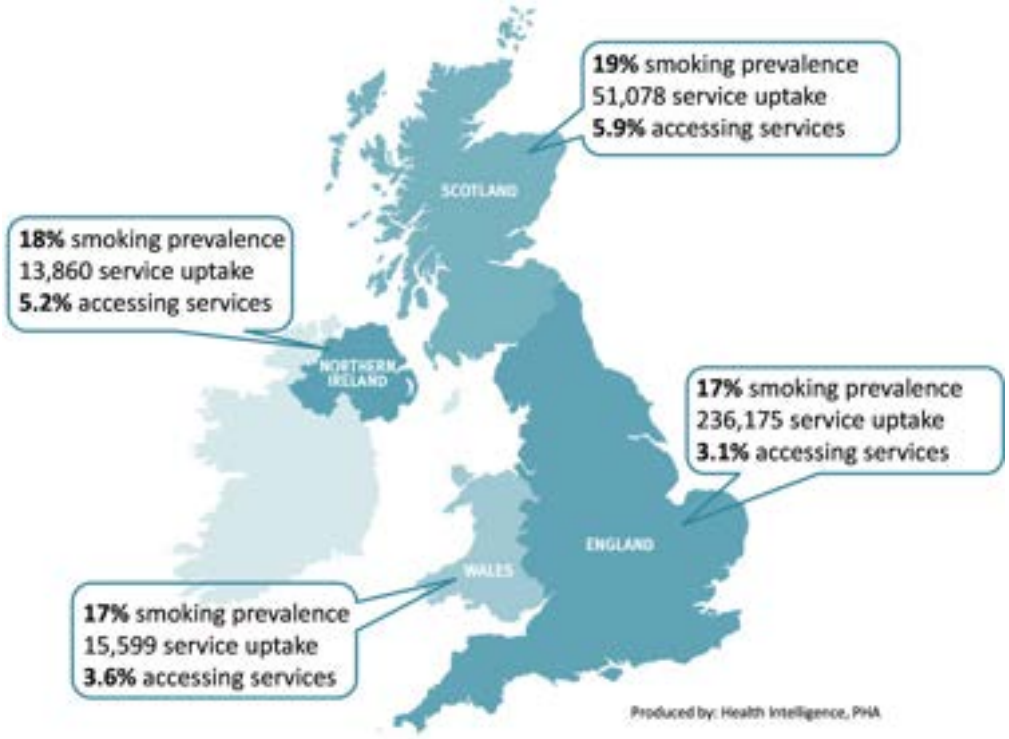
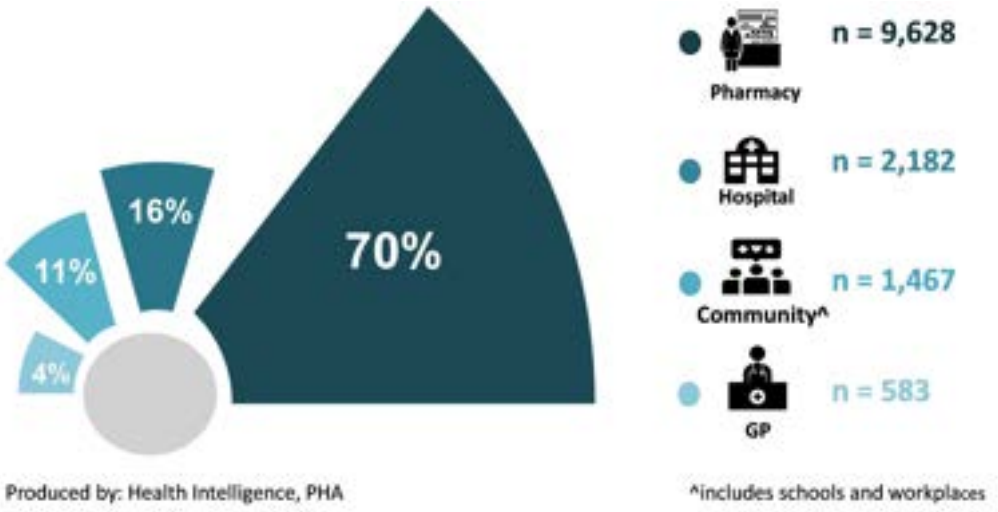


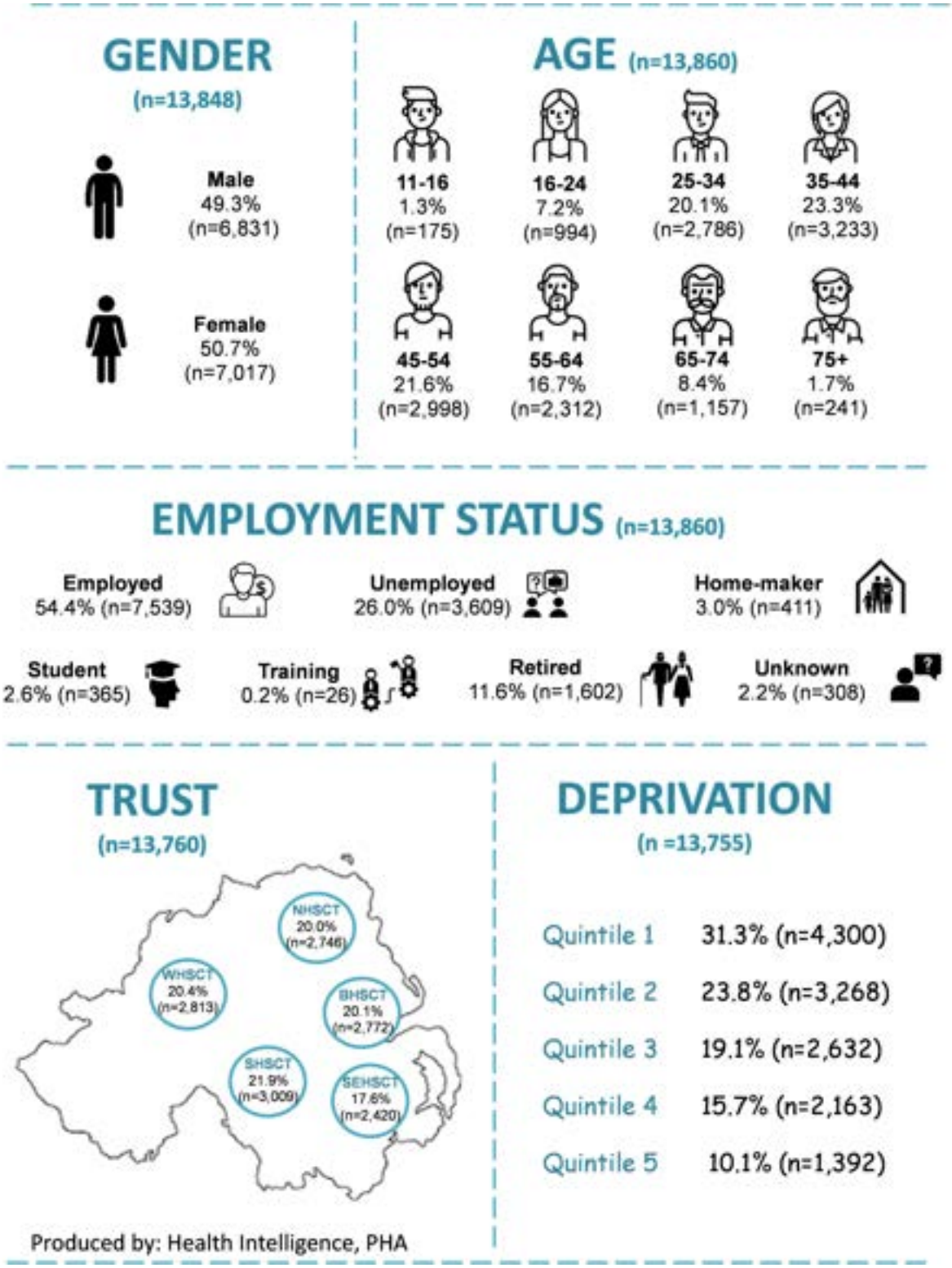
Figure 6.2.4 highlights that in 2018/19 the number of clients registered with PHA Stop Smoking Services varied by provider type, with the vast majority having registered with a pharmacy service (70%). In comparison, GP practices had the least number of clients registered (4%).

Figure 6.2.4: Uptake of Stop Smoking Services by Provider Type 2018/19 (%, n)



6.3 Profile of NI Stop Smoking Service Users

Figure 6.3.1: Client demographics 2018/19



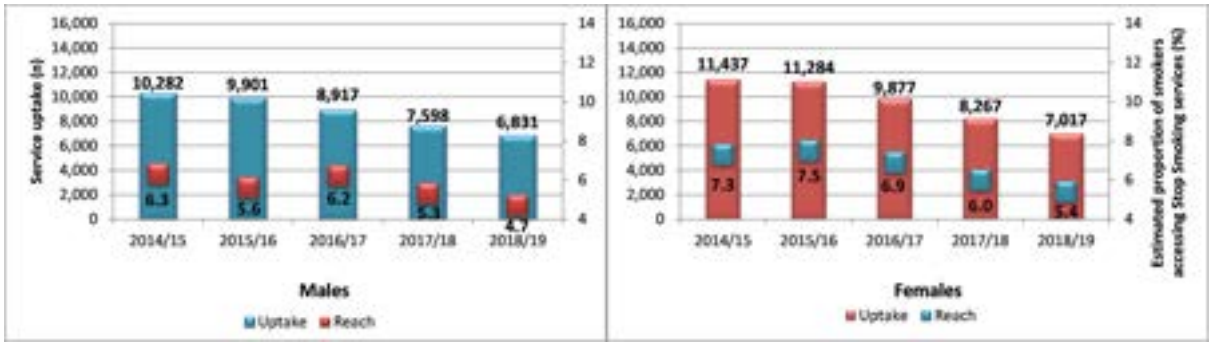
Gender

Of those clients accessing services in 2018/19, the highest numbers were among females, a pattern similar to previous years. However, there was only a slight difference in numbers between males and females during this period compared to previous years (Figure 6.3.2).

As in the previous year, the proportion of all adult male and female smokers accessing services saw a decline, with a 0.6 percentage point decline from 5.3% in 2017/18 to 4.7% among male smokers, and a 0.6 percentage point decline from 6% to 5.4% among female smokers (Figure 6.3.3).

Figure 6.3.2: The gender profile of adult (age 16+) stop smoking service users 2018/19[ii]

Table 6.3.3: The uptake and reach of Stop Smoking Services by gender 2014/15 to 2018/19



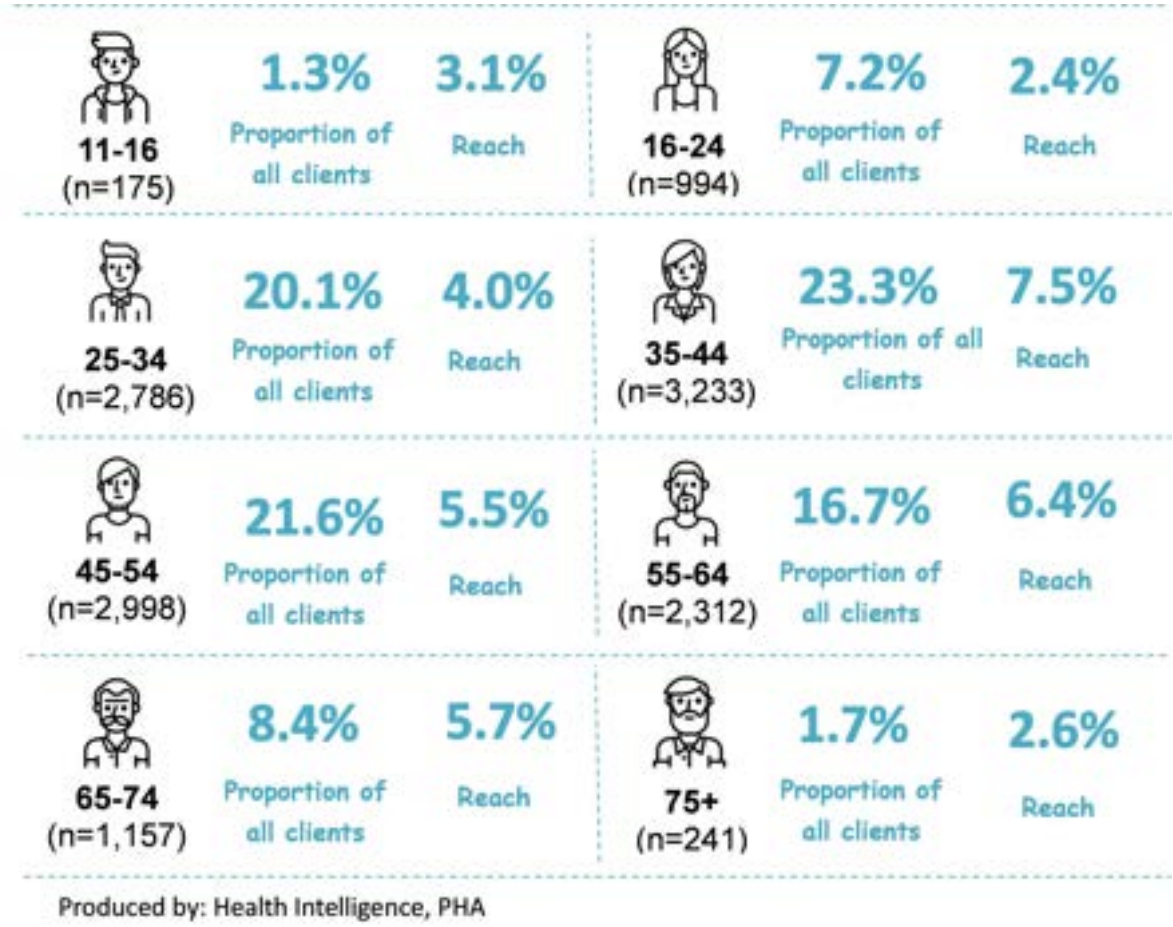
[ii] 12 individuals aged 16 or over did not report on gender.

Age-groups

Figure 6.3.4 highlights that by age, the greatest uptake of services was observed by those aged 35-44 (23.3%), with the lowest level of uptake being among those aged 11-16 (1.3%), followed by those aged 75 and over (1.7%).

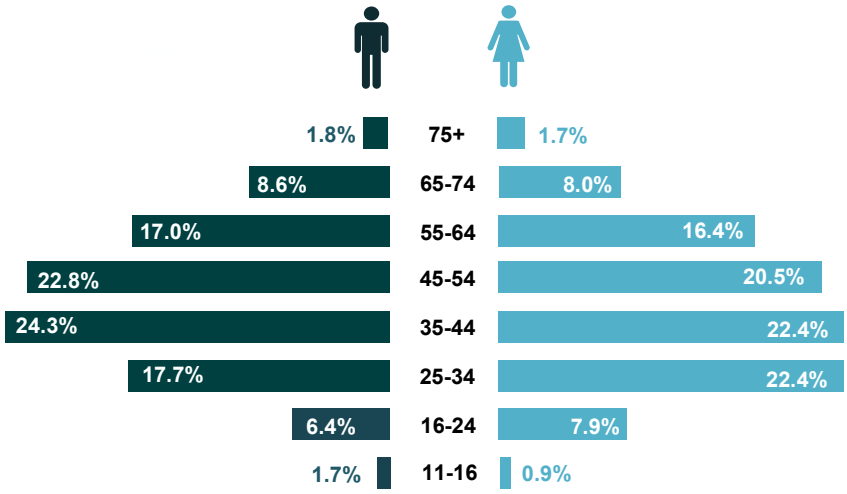
In 2018/19, the estimated proportion of smokers who accessed stop smoking varied across age-groups, ranging from 2.4% of all smokers aged 16-24 to 7.5% of those smokers aged 35-44.

Figure 6.3.4: Age profile of adult stop smoking service users and reach 2018/19



Further analysis by gender showed that there was variation in the distribution of clients by age-group. The highest proportions of female clients were in the 25-34 and 35-44 age categories, both with 22.4%. The uptake of male smokers was also greatest in the 35-44 age category with 24.3%, followed by those aged 45-54 (22.8%). In general, those aged 25-54, across both genders, were more likely to access stop smoking services compared to other age-groups, with uptake being less likely among those in the younger age-groups (aged 11-24). Please refer to Figure 6.3.5.

Figure 6.3.5: Age profile of adult service users by Gender 2018/19



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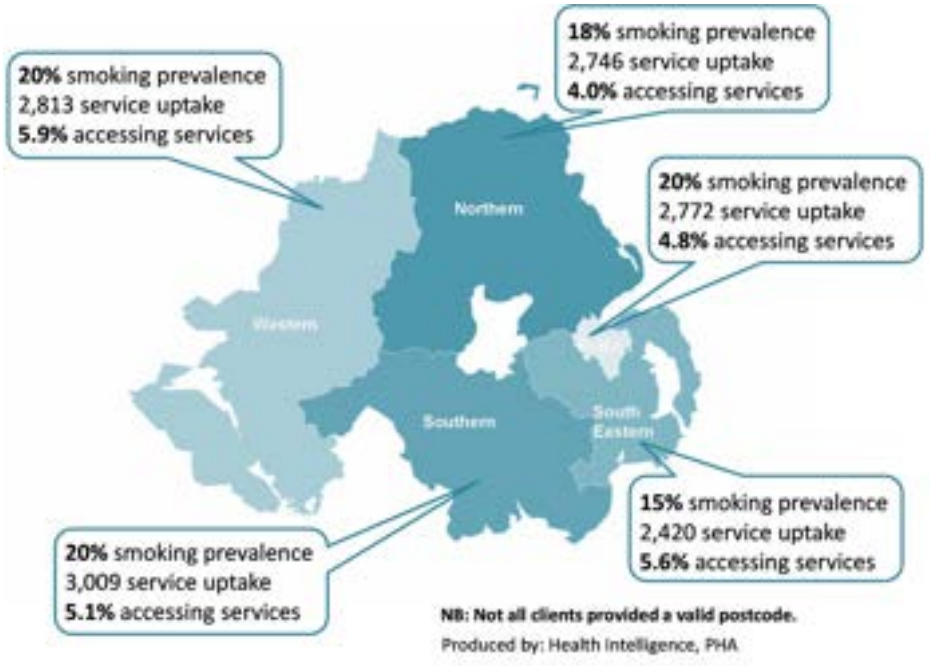
Local geography

As illustrated in Figure 6.3.6 and akin to the pattern of reach in previous years, the proportion of smokers accessing services in 2018/19 varied across Local Commissioning Group (LCG). The reach of services ranged from 4.0% in the Northern LCG to 5.9% in the Western LCG. The estimated proportion of smokers accessing services observed a decline across all LCG areas from that in 2017/18 except the South Eastern LCG which observed a 1.1 percentage point increase.

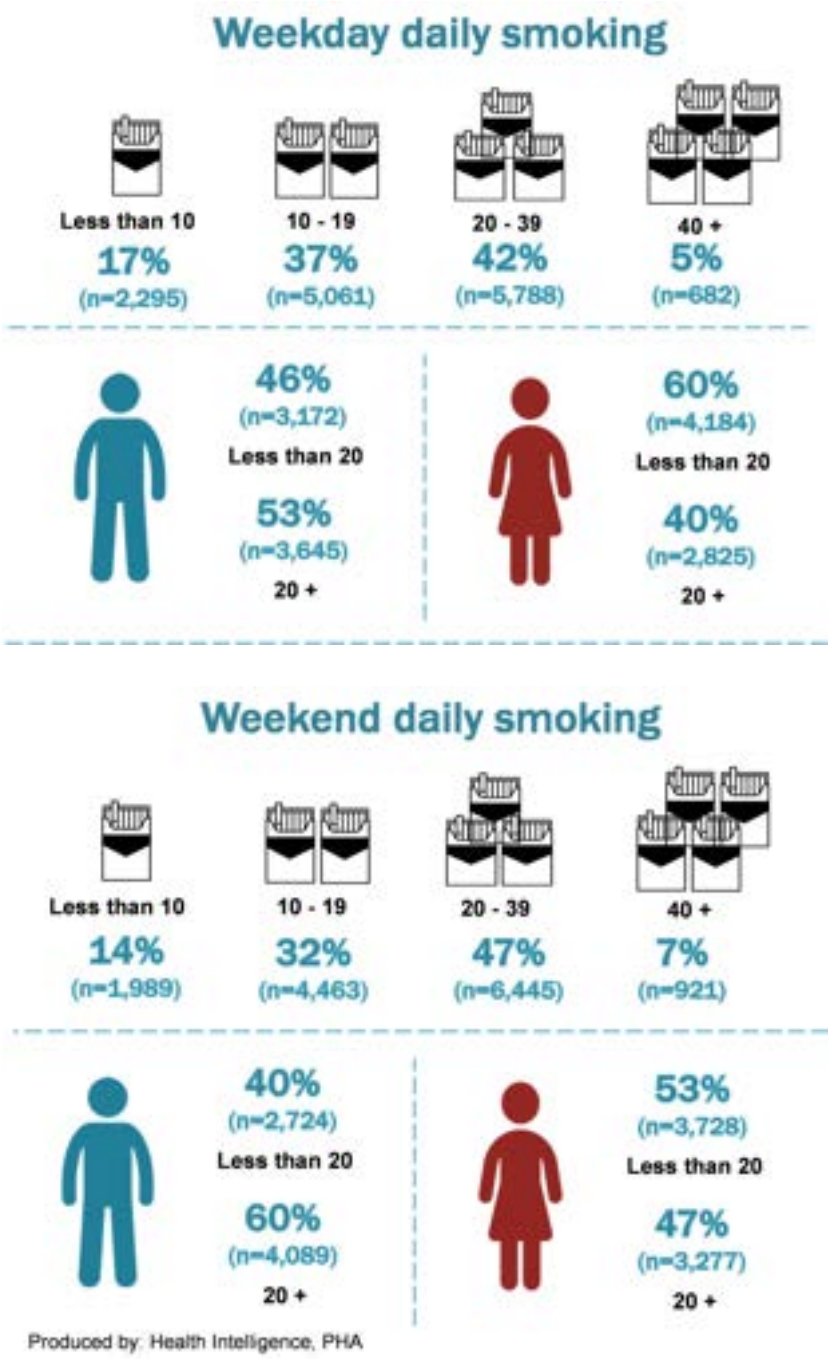
Figure 6.3.6: Stop smoking services uptake and reach by Local Commissioning Group 2018/19[9]



Tobacco Consumption

In general, of smokers accessing services in 2018/19, the majority reported that they smoked on average 20-39 cigarettes each weekday or on a weekend (42% and 47% respectively). As shown in Figure 6.3.7, there was a noticeable difference in the average number of cigarettes smoked by gender, with females smoking less cigarettes than males. 60% of females smoked on average less than 20 cigarettes on a weekday compared to 46% of males. Overall, both males and females reported smoking on average more cigarettes during the weekend.

Figure 6.3.7: Daily tobacco consumption 2018/19



Overall, the majority of clients (80%) indicated that they smoked on average the same amount of cigarettes on a weekend as during the week. 19% reported smoking more cigarettes on a weekend, with 2% indicating that they smoked less on a weekend.

Type of tobacco smoked

Of smokers accessing services in 2018/19, the vast majority stated that they smoked cigarettes (99.6%).

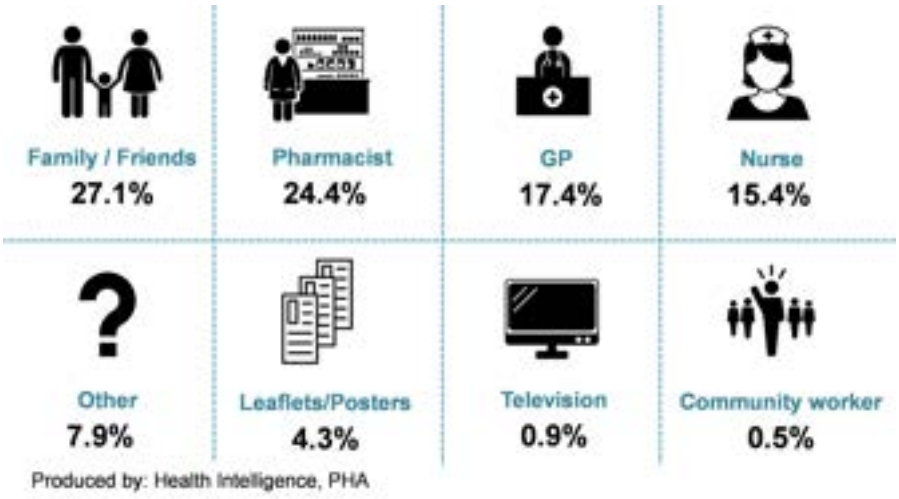
Previously participated in this service

40% of clients indicated that they had previously participated in a PHA Stop Smoking Service to support them quit.

How heard about the service

Figure 6.3.8 highlights the eight most common ways clients had heard about the service. The most common means of hearing about services was through family and friends (27.1%), followed by through a pharmacist (24.4%), a pattern similar to the previous year.

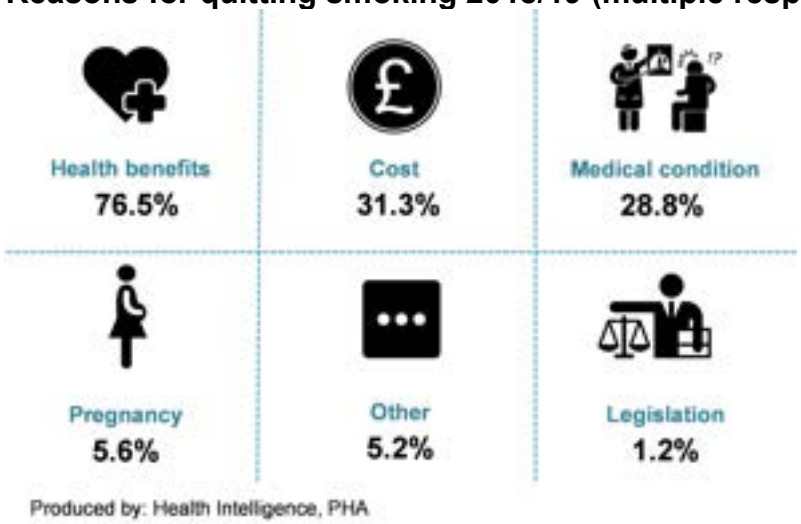
Figure 6.3.8: How clients heard about the Stop Smoking Service 2018/19



Reason for quitting smoking

When asked about their reason for quitting, the majority of clients reported that it was because of the health benefits of quitting (76.5%). The second most common reason stated was due to the cost (31.3%), with 28.8% reporting that it was due to a medical condition, with legislation being the least common reason to quit (Figure 6.3.9).

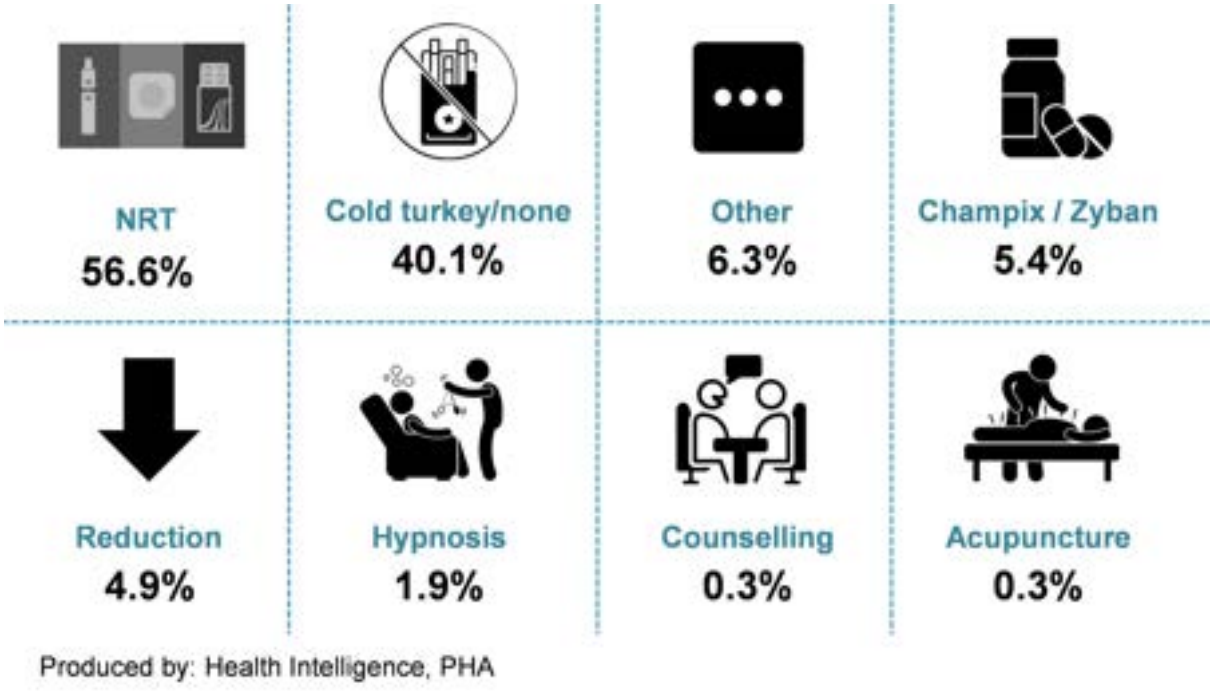
Figure 6.3.9: Reasons for quitting smoking 2018/19 (multiple response)



Other methods used to give up smoking within the last 3 years

In 2018/19, 94.3% (n=13,075) of all service users self-reported having previously tried to give up smoking within the last 3 years. Of these clients, the majority (56.6%) stated that they had used Nicotine Replacement Therapy (NRT). 40.1% stated that they had gone cold turkey and/or used no other method to quit. In general, counselling and acupuncture were the most unlikely methods to be used in an attempt to quit (0.3% and 0.3%). It is important to note that some clients had used a combination of quitting methods during their previous quit attempts.

Figure 6.3.10: Previous quitting methods used (multiple response)

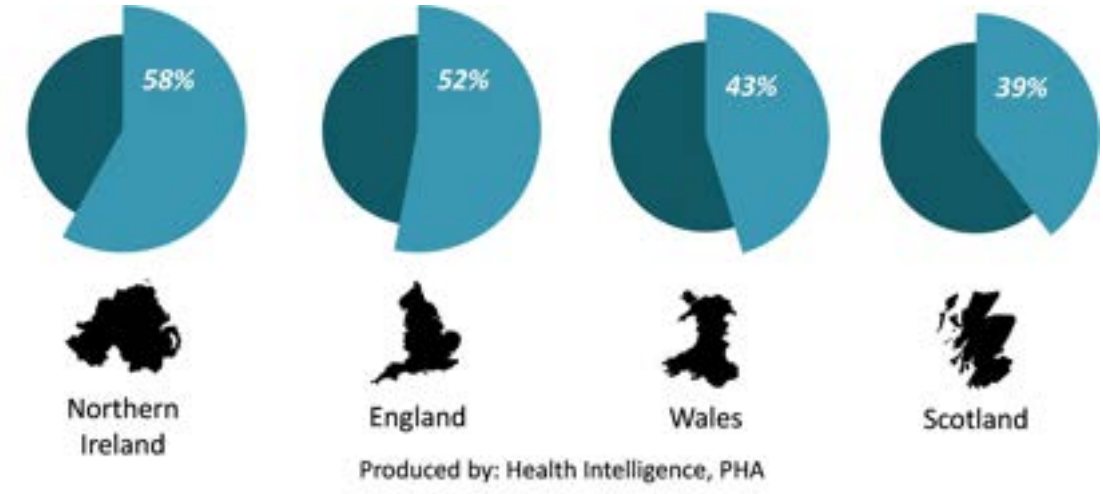


6.4 Service effectiveness

In NI the 4 week quit rate, as self-reported by service users, observed a 2 percentage point decrease from 60% in 2017/18 to 58% in 2018/19. However, in recent years the 4 week quit rate has remained fairly stable, ranging from 58% to 60%.

Figure 6.4.1 illustrates that 4 week quit rates compare favourably with other UK regions, with Northern Ireland having the greatest proportion of clients quit at 4 weeks with 58% compared to Scotland with the lowest 4 week quit rate of 39%, a pattern akin to previous years.

Figure 6.4.1: Four week quit rates within the Stop Smoking Services by UK region 2018/19[13-15]



Numbers quit at 4 and 52 weeks

As illustrated in Figure 6.4.2, akin to trends in uptake of services, the number of clients who self-reported having quit at 4 and 52 weeks continues to steadily decline. 2018/19 saw a 15.7% decrease in numbers quit at 4 weeks from 2017/18.

Consequently, this decrease in number of clients quit at both 4 and 52 weeks did not exceed the 4% year on year increase in number of clients quit at 4 weeks and a 2% year on year increase in the number of clients quit at 52 weeks as outlined in the Tobacco Strategy.[7]

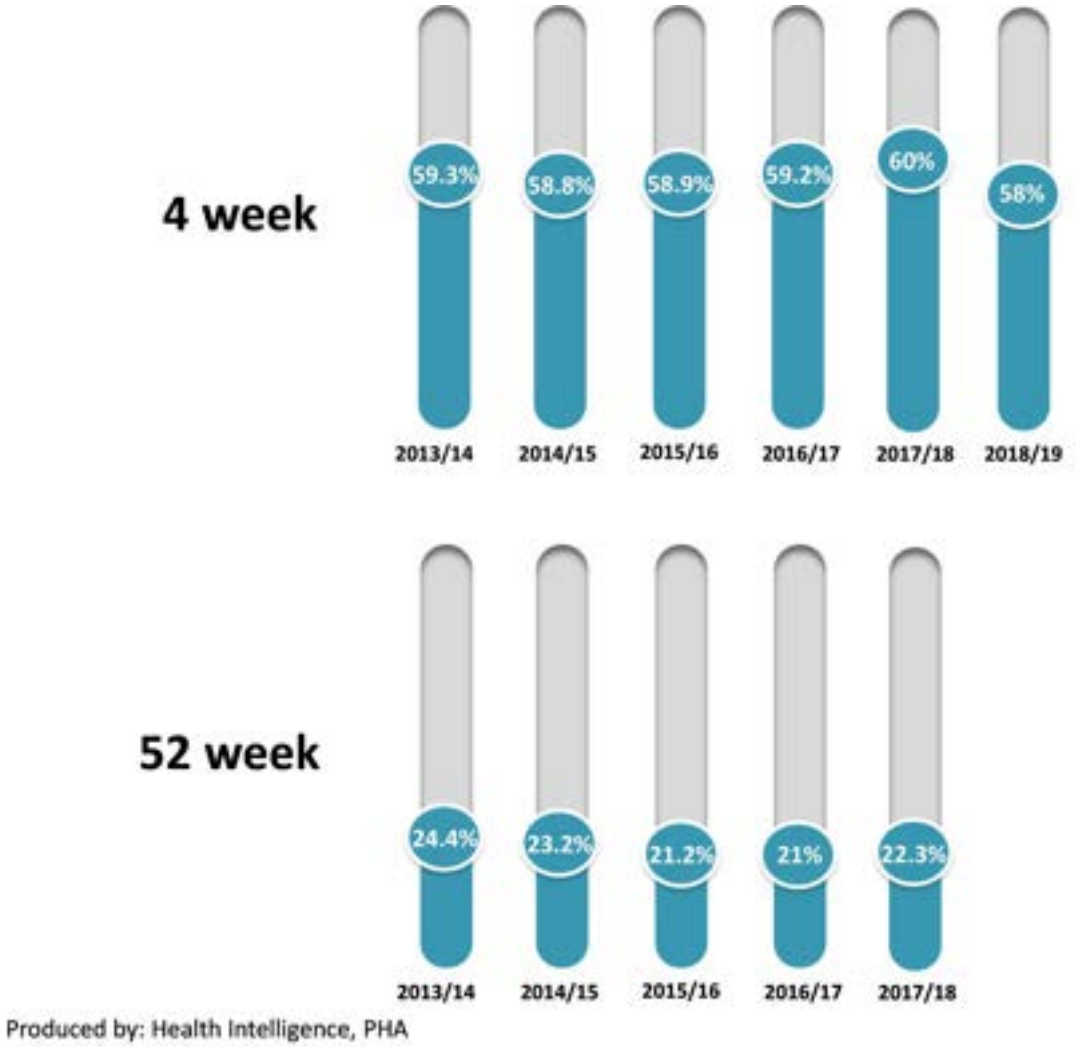
Alongside clients self-reporting if quit at 4 weeks, carbon monoxide monitoring is carried out at this 4 week stage to verify a successful quit attempt. Of all 8,032 clients who self-reported having quit a 4 weeks, 75.4% (n=6,053) had a carbon monoxide validation test performed which verified that 98.9% of these clients had

quit and now had a non-smoking status. Overall, this resulted in a 43.2% validated 4 week quit rate among all clients who accessed services in 2018/19.

Figure 6.4.2: Number of clients accessing and quitting at 4 and 52 weeks with PHA Stop Smoking Services 2013/14 – 2018/19

Figure 6.4.3 demonstrates that both 4 week and 52 week quit rates continue to remain consistent over time, with 4 week quit rates ranging from 58% to a peak of 60% in 2017/18. However, 2018/19 observed a 2 percentage point decline in the average 4 week quit rate from that in the previous year. Over the six year period 52 week quit rates ranged from 21% in 2016/17 to a peak of 24.4% in 2013/14. On a positive note, the average 52 week quit rate in 2017/18 observed a 1.3 percentage point increase from that in 2016/17.

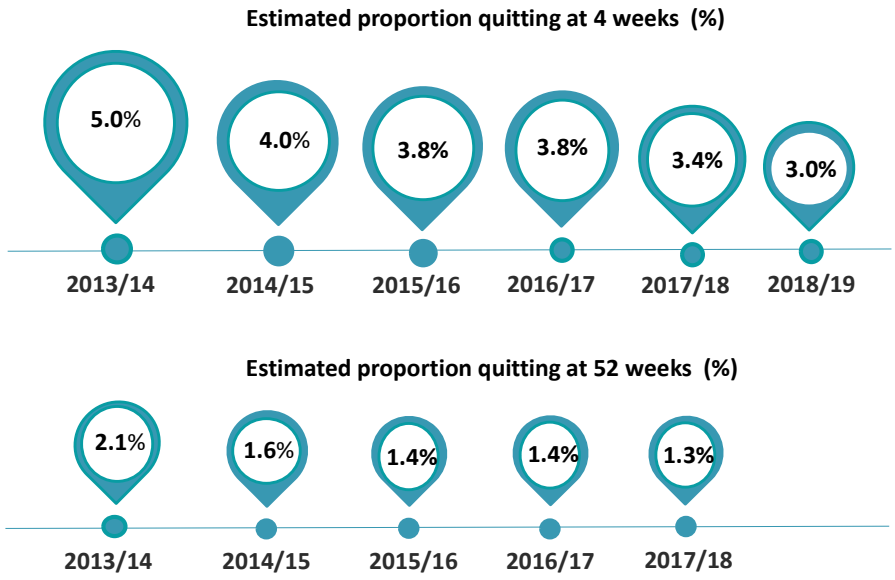
Figure 6.4.3: 4 and 52 week quit rates in PHA Stop Smoking Services 2013/14 – 2018/19



In 2018/19, of all smokers in NI, an estimated 3% were supported through Stop Smoking Services to have quit smoking at 4 weeks, and 1.3% to have remained quit at 52 weeks.

The estimated proportion of NI smokers who quit at 4 weeks continues to decline for the 7th consecutive year, with 52 week quit rates showing a slight decline from that in 2016/17 (Figure 6.4.4).

Figure 6.4.4: Estimated proportion of all NI smokers quitting at 4 week and 52 weeks using Stop Smoking Services 2013/14 – 2018/19



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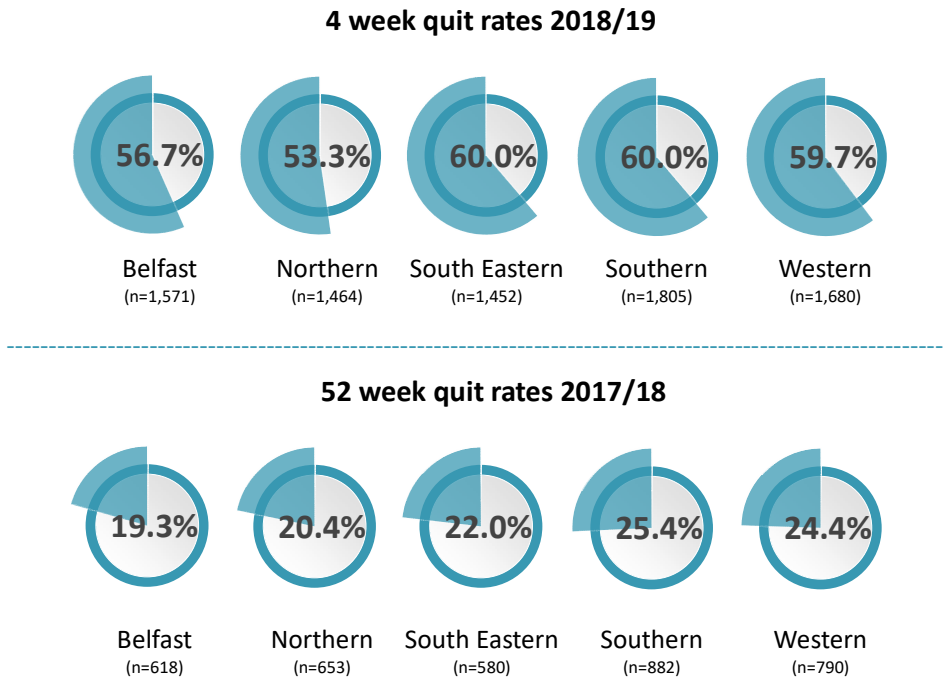
As in the previous year, 4 and 52 week quit rates varied by LCG area, with 4 week quit rates ranging from 53.3% in the Northern LCG to 60% in both the Western and South Eastern LCGs. The Southern LCG supported the greatest proportion of clients to remain quit at 52 weeks (25.4%) compared with 19.3% in Belfast LCG Figure 6.4.5.

Figure 6.4.5: 4 week and 52 weeks quit rates by LCG area (%)



Produced by: Health Intelligence, PHA

Follow up rates

Overall, 19.4% (2,688) of all clients who accessed services in 2018/19 were lost to follow up at 52 weeks as they did not have any information recorded on the outcome of their quit attempt at the 4 week stage. This rate was 3 percentage points higher than in 2017/18 (16.4%).

In 2017/18, of those clients who had successfully quit at 4 weeks, 38% (n=3,625) did not have any information recorded on the outcome of their quit attempt at the 52 week stage.

More in-depth analysis of results by provider type showed that GP providers had the greatest proportion of clients not followed up at 4 weeks (35.7%) in 2018/19, compared to hospital providers with the least proportion (8.8%). A similar pattern occurred in 2017/18, with GP's having the greatest proportion of clients not followed up at both 4 week and 52 weeks (25.2% and 73.4% respectively). Please refer to Figure 6.4.6.

Figure 6.4.6: Number and percentage of clients not followed up at 4 and 52 weeks by provider type

Provider Type	Clients not followed up at 4 weeks 2018/19	Clients not followed up at 4 weeks 2017/18	Clients not followed up at 52 weeks 2017/18	Clients who had successfully quit at 4 weeks not followed up at 52 weeks 2017/18
Pharmacy	22.1% (2,123)	18.7% (2,094)	65.0% (7,274)	40.3% (2,646)
GP	35.7% (208)	25.2% (193)	73.4% (562)	42.9% (153)
Hospital sites	8.8% (191)	8.5% (203)	52.9% (1,264)	30.6% (496)
Community^	11.3% (166)	7.2% (110)	56.8% (871)	33.3% (330)
Total	**19.4% (2,688)**	**16.4% (2,600)**	**62.8% (9,971)**	**38.0% (3,625)**

^Includes schools and workplaces

Produced by: Health Intelligence, PHA

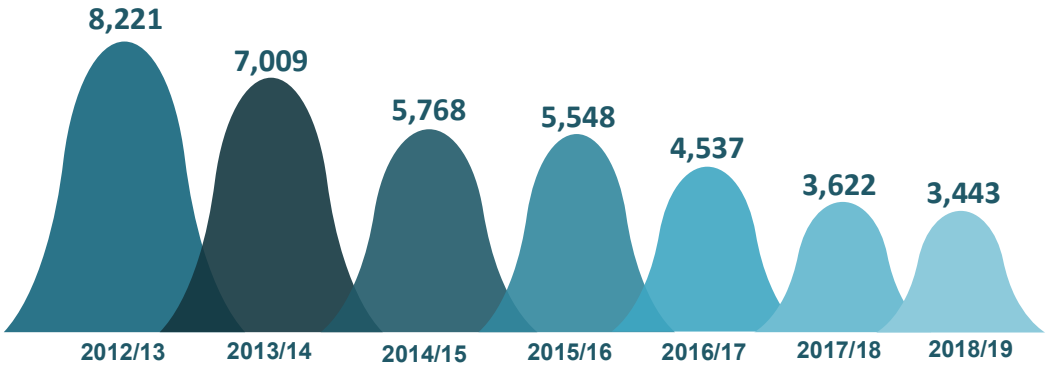
6.5 Service uptake and effectiveness among Routine and Manual Workers

In 2018/19 it is estimated that 27% of routine and manual workers currently smoke.[9]

Smoking prevalence among routine and manual workers has observed a 1 percentage point decrease from that in 2017/18 and an 8 percentage point decrease from a peak of 35% in 2010/11.

Of all clients registered with Stop Smoking Services in 2018/19, 24.8% (n=3,443) indicated that they had a routine and manual occupation. Figure 6.5.1 illustrates that uptake of services observed a 4.9% decline from the previous year.

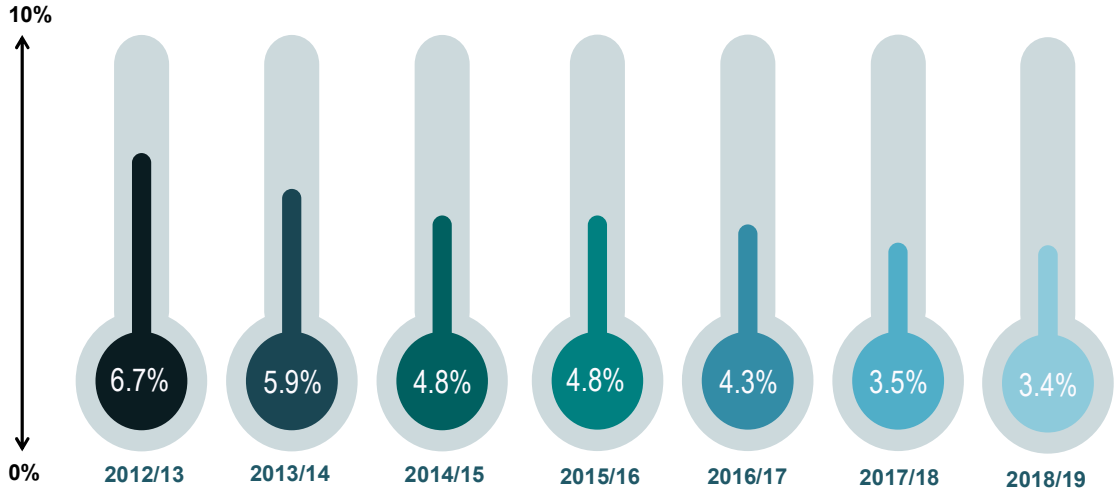
Figure 6.5.1: Uptake of Stop Smoking Services by routine and manual smokers 2012/13 – 2018/19 (n)



An estimated 3.4% of all routine and manual smokers in NI accessed services in 2018/19,[iii] with reach of services observing a 0.1 percentage point decline from that in 2017/18 (Figure 6.5.2).

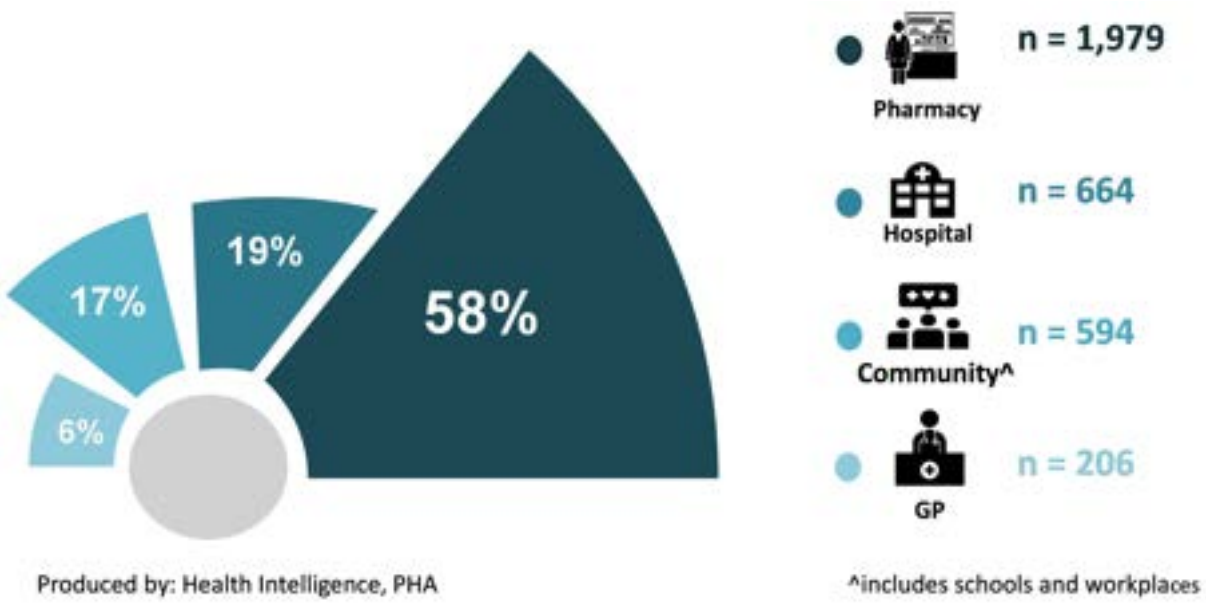
[iii] 2011 census data on occupational status is used to determine population figures of routine and manual workers.

Figure 6.5.2: Estimated access to Stop Smoking Services by routine and manual workers 2012/13 – 2018/19 (%)



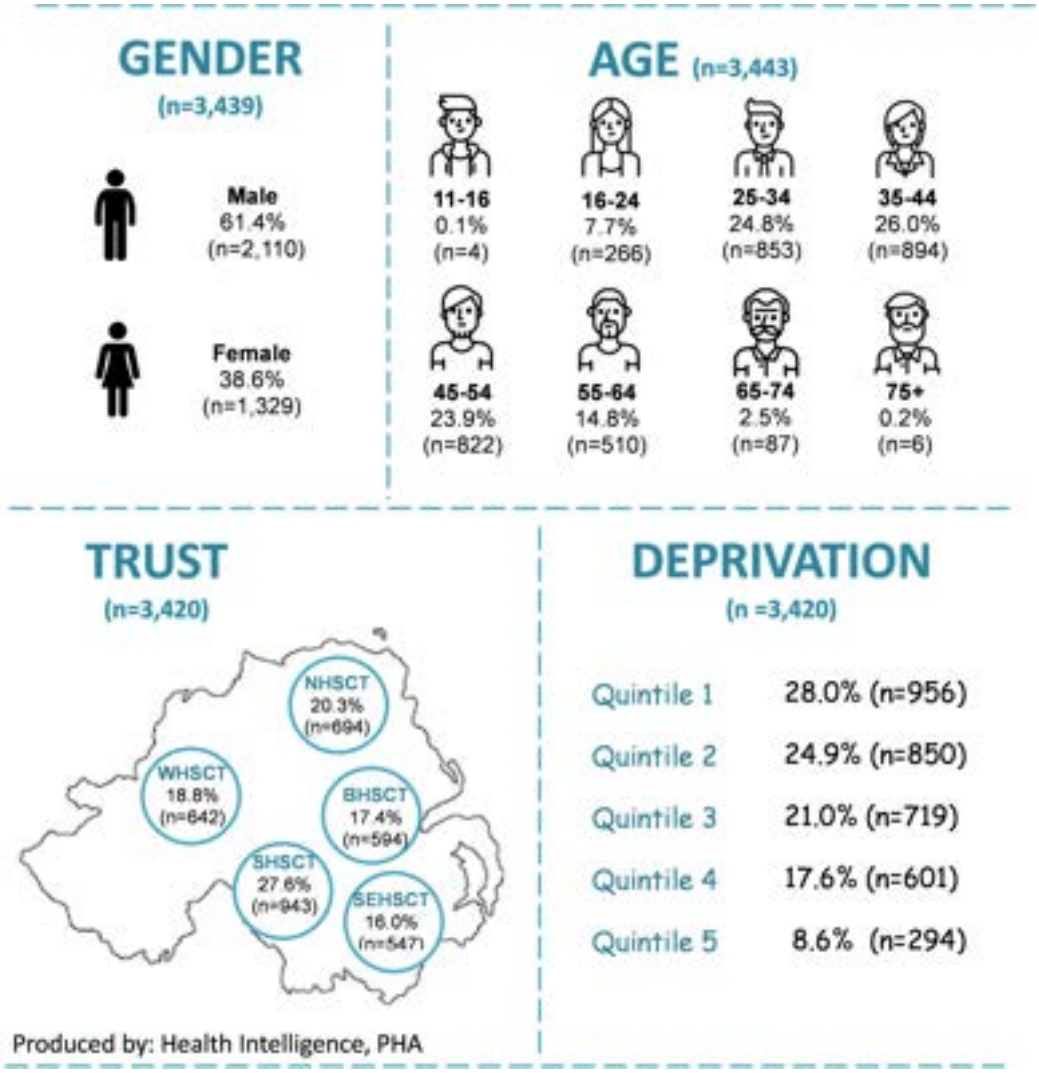
Overall, the majority (58%) of routine and manual workers accessing PHA Stop Smoking Services in 2018/19 were registered with a pharmacy service, 19% registered with hospital services, 17% with community services and 6% with a GP service (Figure 6.5.3).

Figure 6.5.3: Uptake of Stop Smoking Services by Provider Type 2018/19 (%)



Profile of routine and manual Stop Smoking Service users

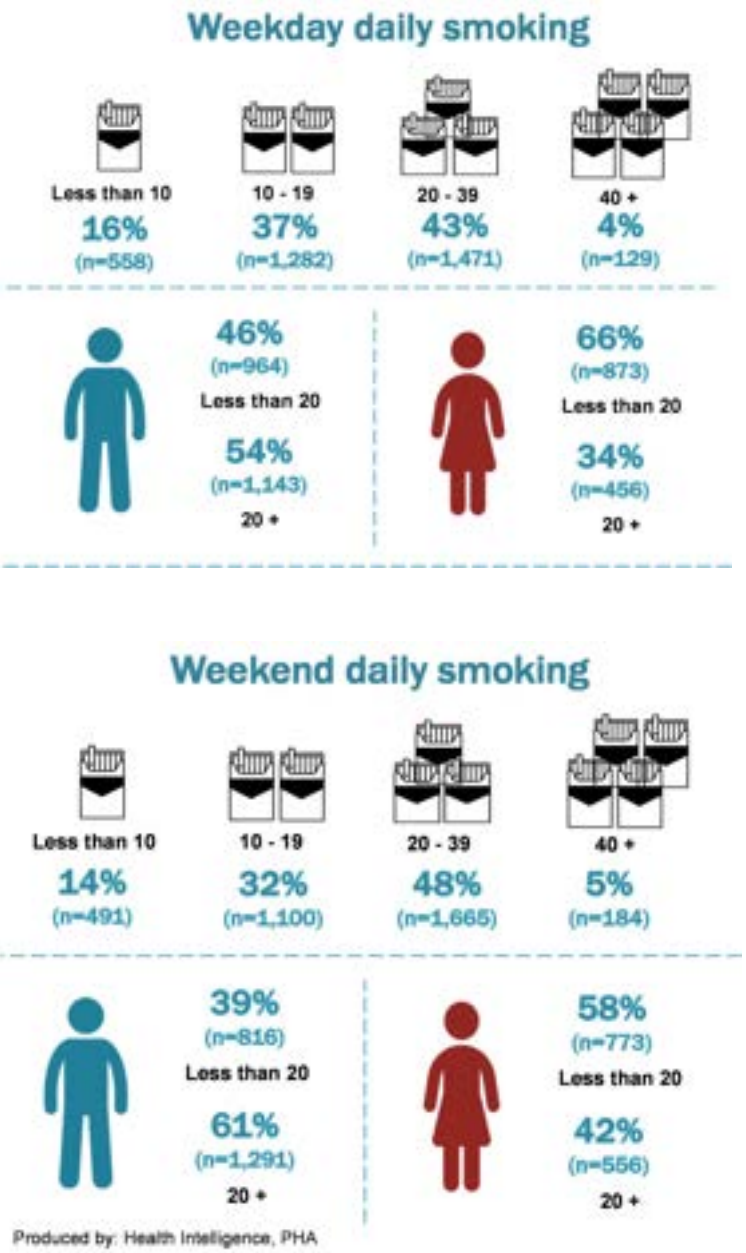
Figure 6.5.4: Client demographics 2018/19



Tobacco Consumption

The majority of routine and manual smokers accessing services smoked on average 20-39 cigarettes each weekday or weekend day (43% and 48% respectively). As in previous years there was a sizable difference in the amount of cigarettes smoked daily by gender. Figure 6.5.5 illustrates that males were more likely to smoke more cigarettes both on a weekday or a weekend day than females with 54% of males smoking on average 20 or more cigarettes on a weekday compared to 34% of females; and 61% smoking on average 20 or more cigarettes on a weekend day compared to 42% of females (Figure 6.5.4).

Figure 6.5.5: Daily tobacco consumption 2018/19



In general, the majority of routine and manual service users (80%) stated that they smoked the same amount of cigarettes on weekdays as on weekends. 19% stated that they smoked more at the weekend, with 2% smoking less at the weekend.

Type of tobacco smoked

For the vast majority cigarettes was the most common type of tobacco smoked, with 99.7% of routine and manual service users reporting smoking this product.

Previously participated in this service

Overall, 37% of all routine and manual service users had previously participated in a PHA Stop Smoking Service to support them with their quit attempt.

How heard about the service

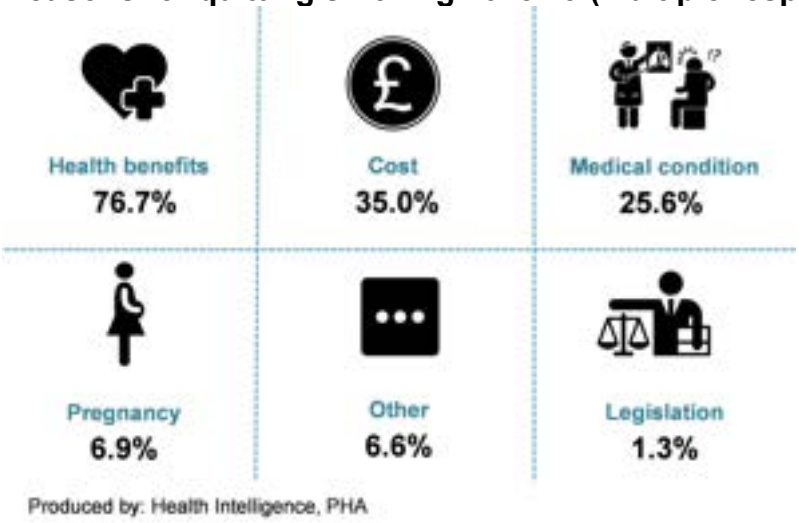
The most common way in which routine and manual clients had heard about the service was via family and friends (25.4%) followed by via a pharmacist (19.2%) (Figure 6.5.6).

Figure 6.5.6: How clients heard about the Stop Smoking Service 2018/19

Reason for quitting smoking

At the time of registering with the service clients are asked their reason for quitting smoking. For the majority of routine and manual service users, health benefits was the most common reason stated (76.7%) followed by cost (35%) and medical condition (25.6%) as illustrated in Figure 6.5.7.

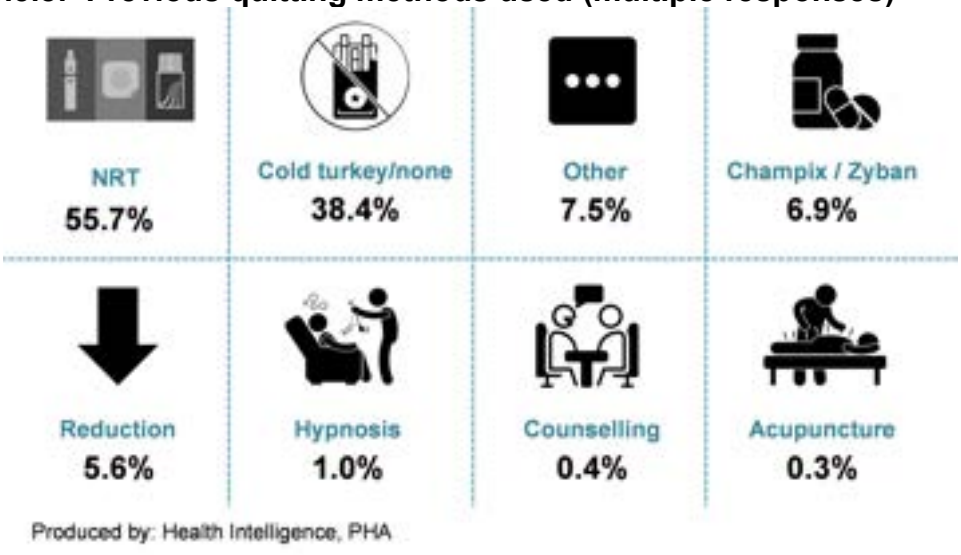
Figure 6.5.7: Reasons for quitting smoking 2018/19 (multiple responses)



Other methods used to give up smoking within the last 3 years

Overall, 95% of all routine and manual service users reported that they had previously tried to give up smoking within the last 3 years. The most common method used to quit was NRT (55.7%), followed by going cold turkey (38.4%) (Figure 6.5.8). It is important to note that some clients used a combination of quitting methods in their previous attempts.

Figure 6.5.8: Previous quitting methods used (multiple responses)

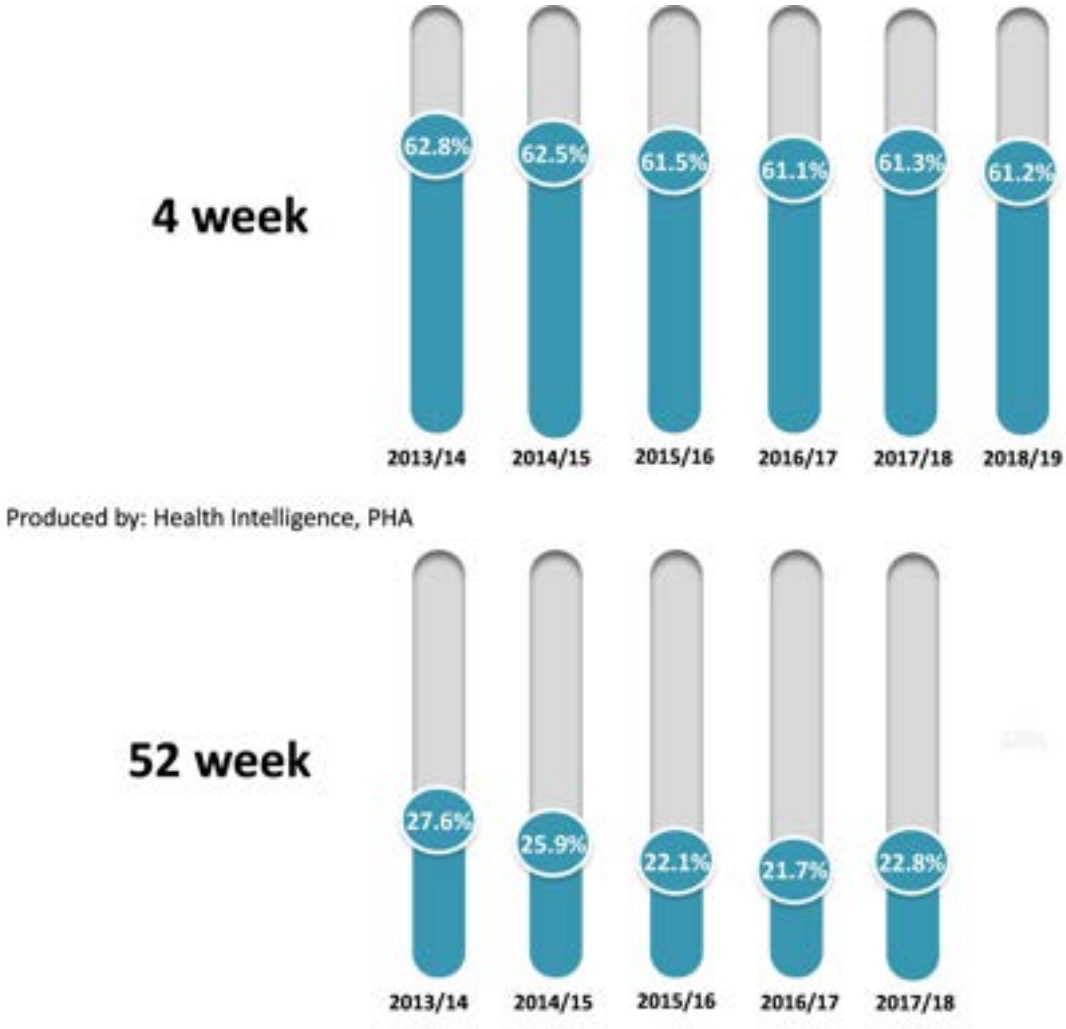


Numbers quit at 4 and 52 weeks

As illustrated in Figure 6.5.9, 4 week quit rates among routine and manual service users has remained relatively stable over the last 4 years, ranging from 61.1% to 61.5%. However, 2018/19 observed a slight decrease of 0.1 percentage points from that in 2017/18 (61.2% and 61.3% respectively).

Although 52 week quits has observed a gradual decrease over the last number of years, 2017/18 saw a slight increase of 1.1 percentage points from 21.7% in 2016/17 to 22.8%.

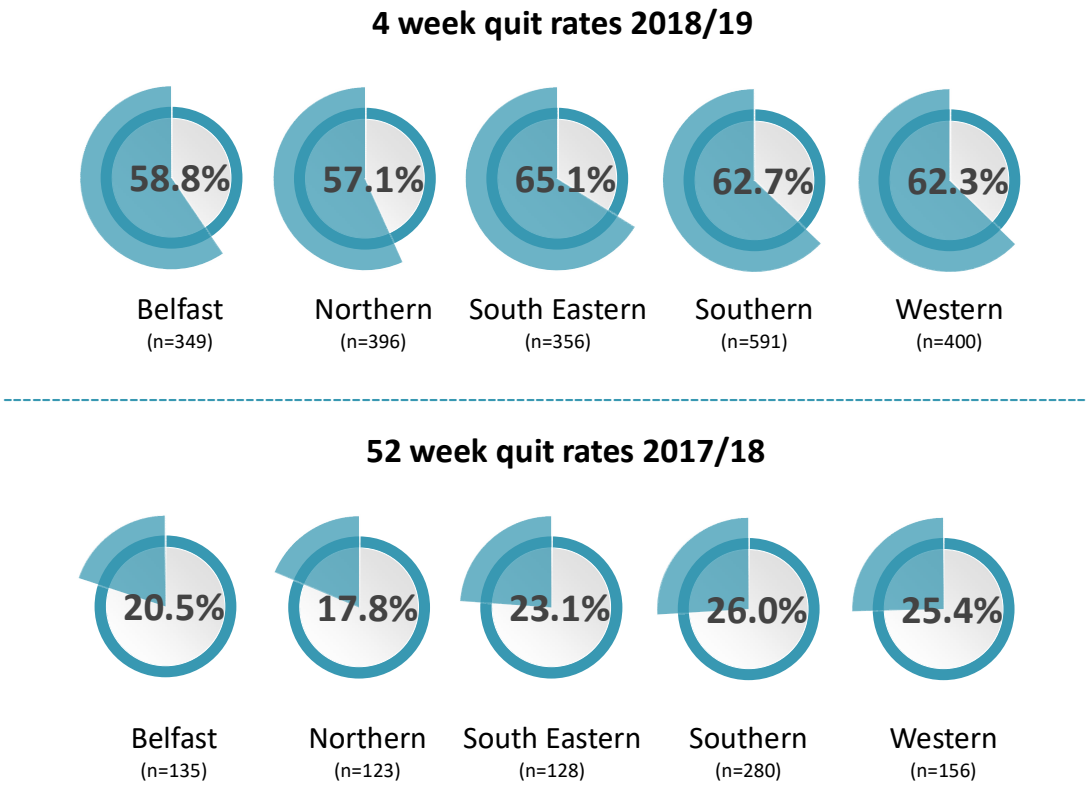
Figure 6.5.9: 4 and 52 week quit rates of routine and manual smokers using PHA Stop Smoking Services 2013/14 – 2018/19 (%)



Overall, in 2018/19 PHA Stop Smoking Services supported an estimated 2.1% of all routine and manual smokers in NI to quit smoking at 4 weeks, and 0.8% to stay quit at 52 weeks.

In 2018/19, 4 week quit rates among routine and manual smokers accessing services varied across LCG area, ranging from 57.1% to 65.1% with the South Eastern LCG supporting the highest proportion of clients to quit at 4 weeks (65.1%) in comparison to Northern LCG with the lowest quit rate of 57.1%. 52 week quit rates also varied across LCG area ranging from 17.8% in the Northern LCG to 26% in the Southern LCG (Figure 6.5.9).

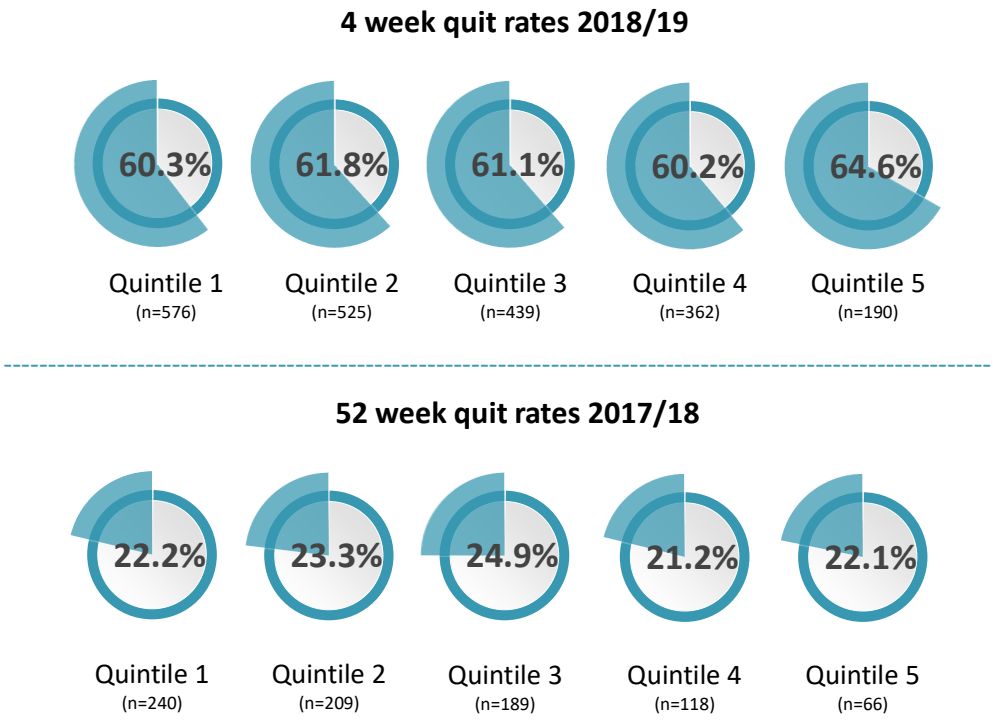
Figure 6.5.9: 4 week and 52 weeks quit rates by LCG area 2018/19 (%)



Produced by: Health Intelligence, PHA

As well as examining the quit rates of routine and manual workers by LCG, the PHA also examines the effectiveness of services by deprivation quintile. The four week quit rate ranged from 60.2% to 64.6% across the deprivation quintiles with the highest rate of 64.6% being observed within the least deprived quintile compared to the most deprived quintile with a 4 week quit rate of 60.3%. A different pattern was observed in 52 week quit rates with the two least deprived quintiles having the lowest quit rates (22.1% Q5 and 21.2% Q4). Quintile 3 observed the highest 52 week quit rates among routine and manual service users (Figure 6.5.10).

Figure 6.5.10: 4 week and 52 weeks quit rates by deprivation quintile 18/19 (%)



Produced by: Health Intelligence, PHA

Follow up rates

In 2018/19, 16.8% (n=577) of all routine and manual clients registered with services were lost to follow up at 4 weeks. This rate has observed an increase of 1.9 percentage points from 14.9% in 2017/18.

Of all routine and manual clients who had successfully quit at 4 weeks in 2017/18, 37.9% (n=841) did not have any information recorded on the outcome of their 52 week quit attempt.

6.6 Service uptake and effectiveness by area of deprivation

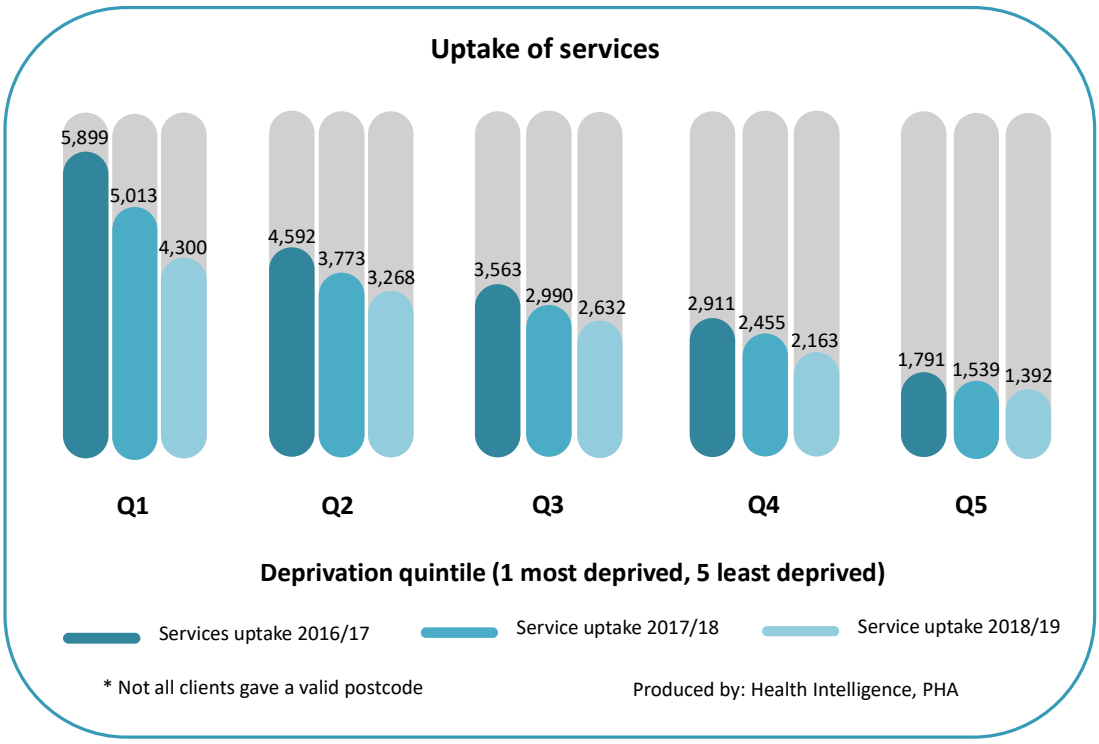
Those living in the most deprived area accounted for greatest proportion of clients registered with Stop Smoking Services in 2018/19 (31%), declining gradually through the quintiles to 10% in the least deprived quintile (Figure 6.6.1).

Figure 6.6.1: Uptake of Stop Smoking Services within each deprivation quintile 2018/19 (%)

31%	23.6%	19.0%	15.6%	10.0%
Quintile 1 (n=4,300)	**Quintile 2** (n=3,268)	**Quintile 3** (n=2,632)	**Quintile 4** (n=2,163)	**Quintile 5** (n=1,392)

As illustrated in Figure 6.6.2, the absolute numbers of service uptake observed a decline from the previous year across all deprivation quintiles. The percentage decline in uptake ranged from 14.2% in the most deprived quintile gradually decreasing to 9.6% in the least deprived quintile.

Figure 6.6.2: Uptake of Stop Smoking Services within each deprivation quintile 2016/17 – 2018/19[iv]

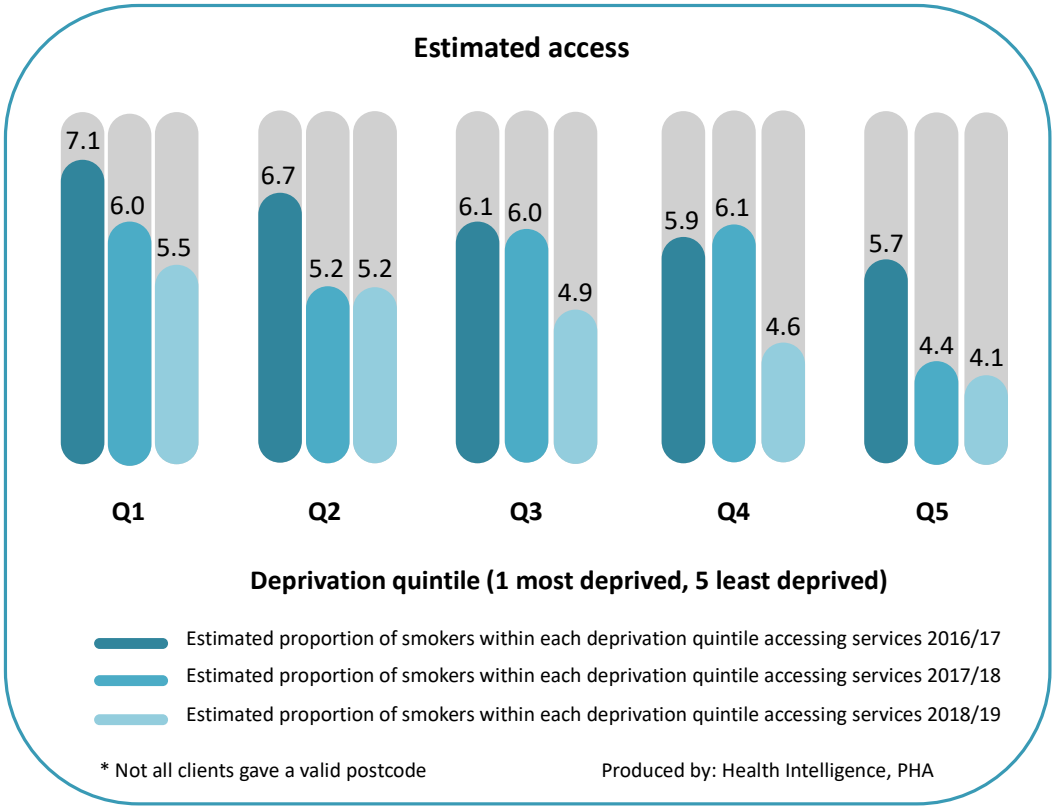


[iv] 105 clients registered in 2018/19, 105 clients registered in 2017/18 and 152 of clients registered in 2016/17 did not provide a valid postcode to allow deprivation analysis.

In general, there has been a decrease in the estimated reach of services across MDM quintiles in 2018/19 with the exception of quintile 2 which remained consistent with the previous year. The greatest decrease in estimated reach of services was observed in quintile 4 with a 1.5 percentage point decrease, in comparison to quintile 5 with the lowest decrease in estimated reach of 0.3 percentage points (Figure 6.6.3).

In 2018/19, reach of services was greatest in the most deprived area (5.5%) declining gradually through the quintiles to the least deprived area with a reach of 4.1%.

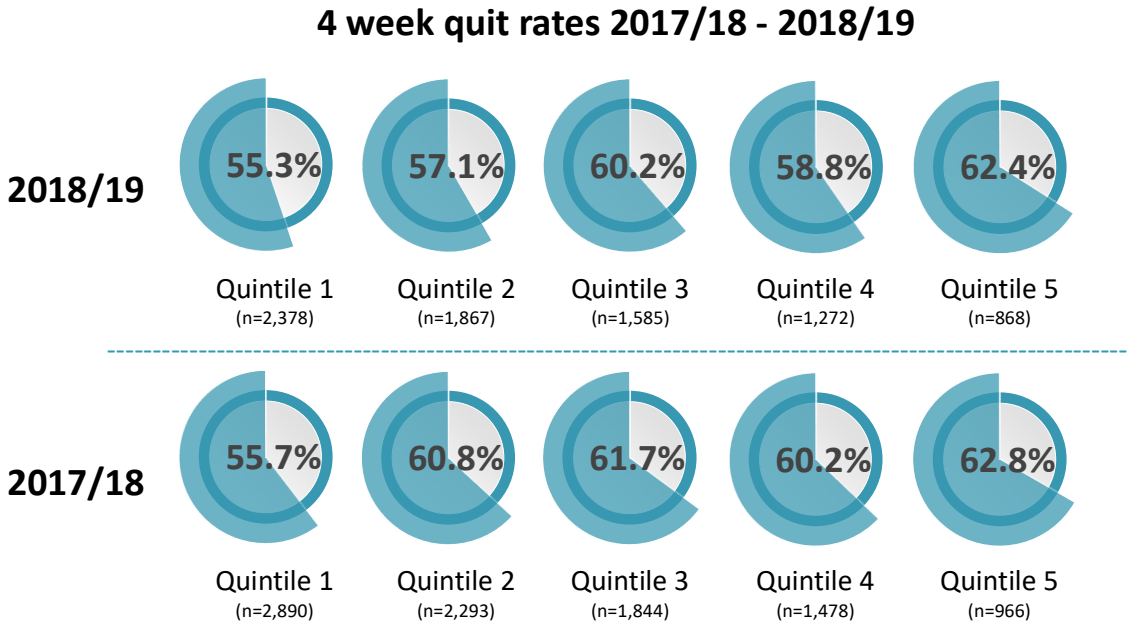
Figure 6.6.3: Estimated access to Stop Smoking Services within each deprivation quintile 2015/16 – 2017/18 (%)



Numbers quit at 4 and 52 weeks

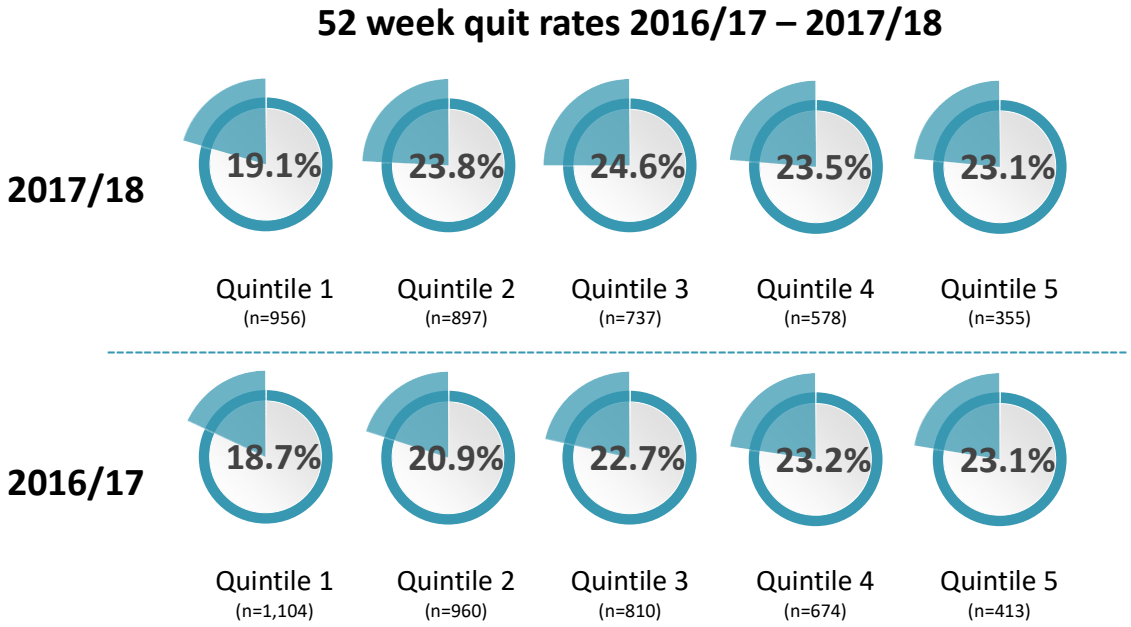
There was variation in 4 week quit rates across deprivation quintiles in 2018/19, ranging from 55.3% in the most deprived area to 62.4% in the least deprived area, with 4 week quit rates observing a decline from that in the previous year across all deprivation quintiles.

Figure 6.6.4: 4 week quit rates among smokers using PHA Stop Smoking Services by deprivation quintile 2017/18 – 2018/19



Produced by: Health Intelligence, PHA

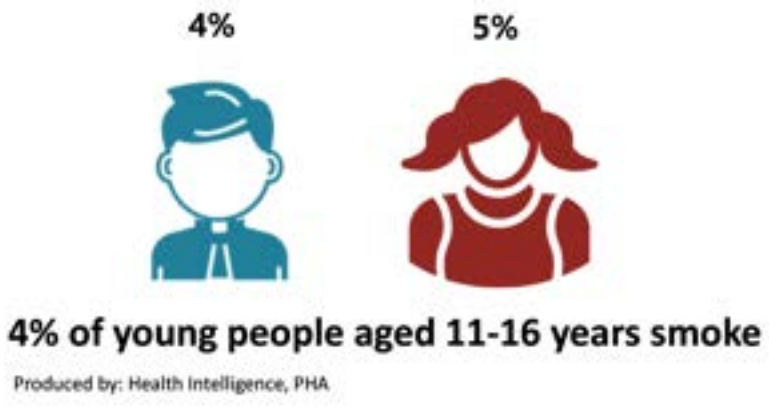
On a positive note, 52 week quit rates observed an increase across most deprivation quintiles from those in 2017/18. Quit rates ranged from 19.1% in the most deprived quintile to 24.6% in quintile 3.



Produced by: Health Intelligence, PHA

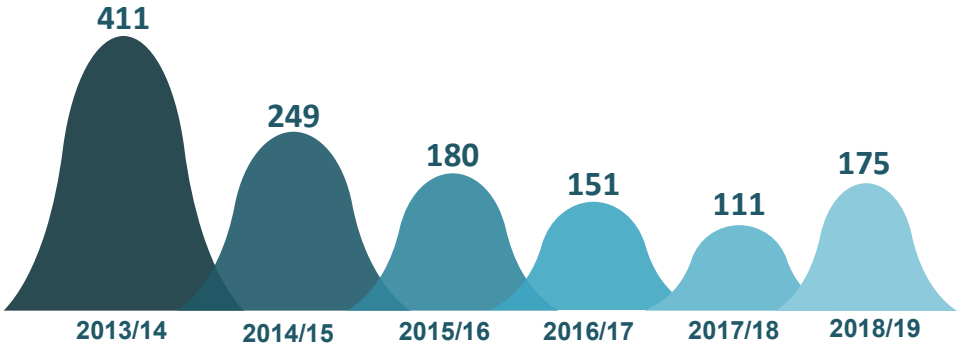
6.7 Service uptake and effectiveness among Children and Young People aged 11-16 years

The current NI Young Persons Behaviour and Attitudes Survey (2016) reports that an estimated 4% of young people aged 11-16 years living in NI are current smokers,[10,19] which equates to an estimated 5,560 young people. 12% of young people indicated that they had ever smoked tobacco, of these, over half (56%) indicated that they had smoked at 13 years of age or under. Of those 12% who had indicated having ever smoked, 10% smoked at least once a week, and 21% indicated that they smoked every day.



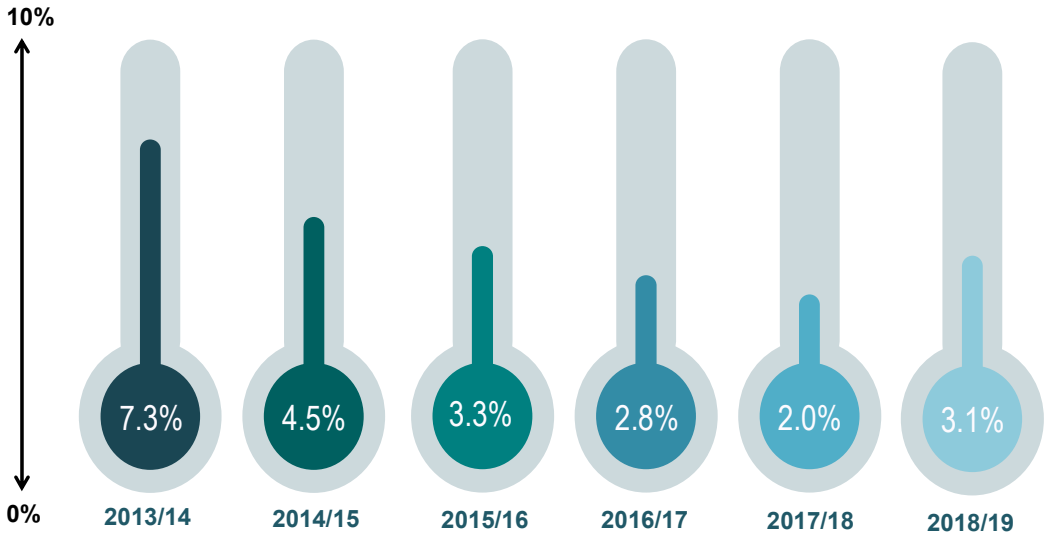
In 2018/19, 175 young people aged 11-16 years availed of Stop Smoking Services, with 3.1% of all smokers aged 11-16 having accessed services. As evident in Figure 6.7.1, following a gradual decline in numbers over the previous 4 year period, uptake of services observed a considerable increase of 57.7% from that in 2017/18.

Figure 6.7.1: Uptake of Stop Smoking Services by 11-16 year old smokers 2013/14 – 2018/19 (n)



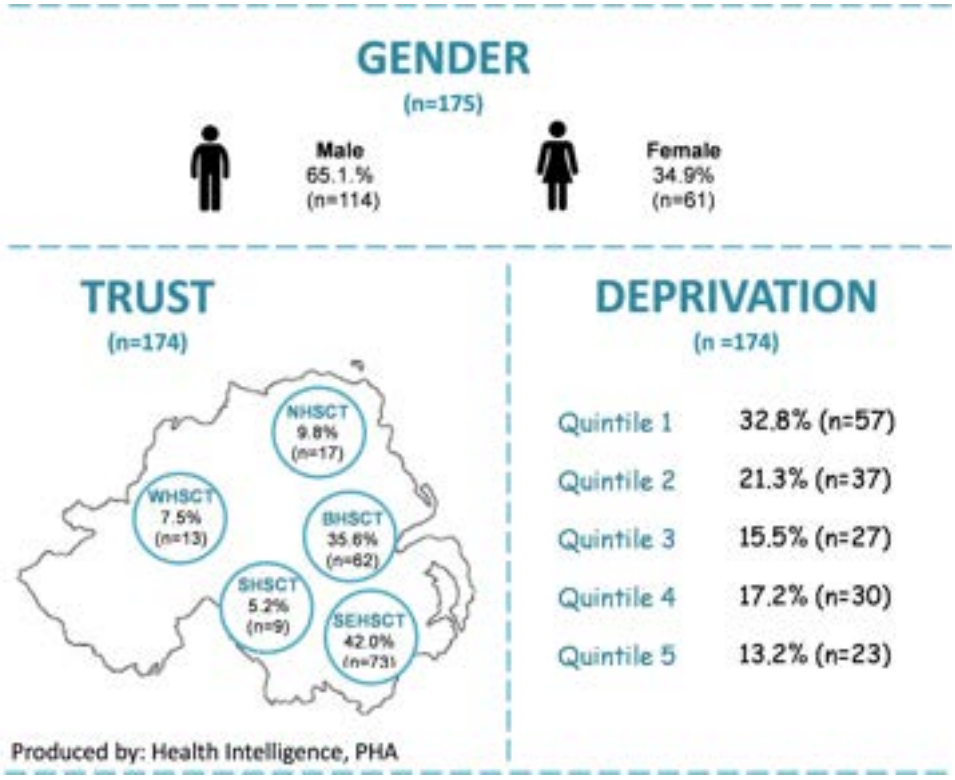
An estimated 3.1% of all smokers aged 11-16 in NI accessed services in 2018/19, with reach of services observing a 1.1 percentage point increase from that in 2017/18 (Figure 6.7.2).

Figure 6.7.2: Estimated access to Stop Smoking Services by 11-16 year old smokers 2013/14 – 2018/19 (%)



Profile of Stop Smoking Service users aged 11-16

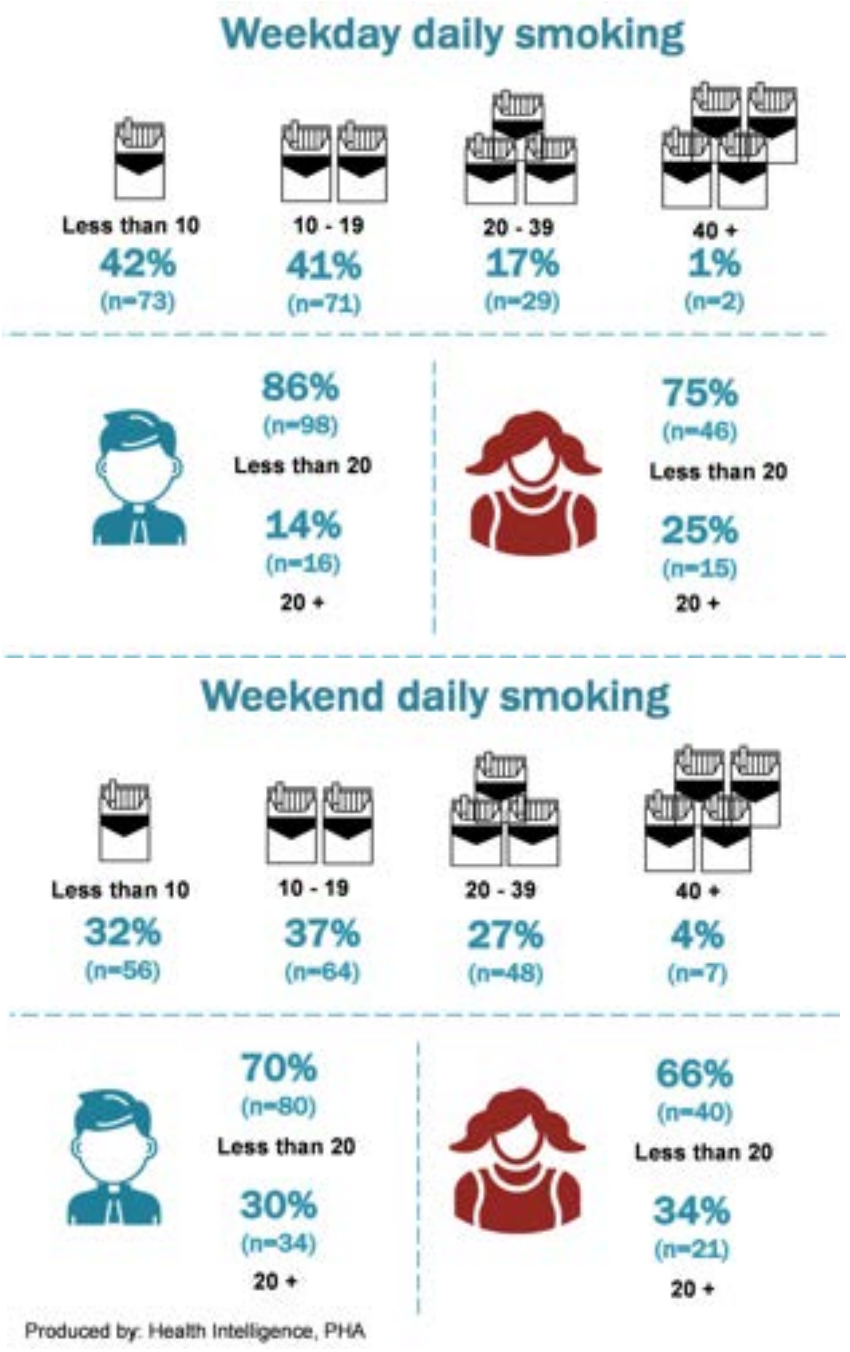
Figure 6.7.3: Client demographics 2018/19



Tobacco Consumption

In general, on a weekday the majority of 11-16 year old smokers accessing services smoked on average less than 10 cigarettes daily (42%), whereas on a weekend this number would increase with the majority smoking on average 10-19 cigarettes daily (37%). There was a considerable difference in the amount of cigarettes smoked daily by gender, with females more likely to smoke more cigarettes both on a weekday and weekend. 25% of females smoked on average 20 or more cigarettes on a weekday compared to 14% of males, increasing to 34% of females on a weekend compared to 30% of males (Figure 6.7.4).

Figure 6.7.4: Daily tobacco consumption 2018/19



Overall, the majority of young people reported that they smoked the same amount of cigarettes on weekdays as on weekends (67%).

Type of tobacco smoked

All service users aged 11-16 years reported that they smoked cigarettes.

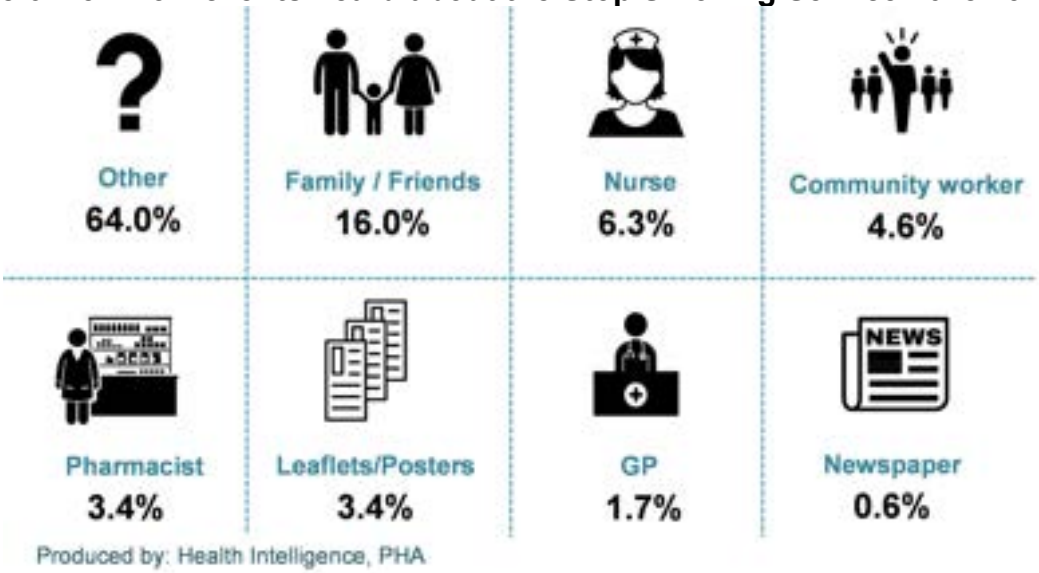
Previously participated in this service

A small proportion of service users aged 11-16 years indicated that they had previously participated in a PHA Stop Smoking Service (9%).

How heard about the service

As illustrated in Figure 6.7.5, the most common way in which young service users had heard about Stop Smoking Services was via other means (64%), followed by family and friends (16%).

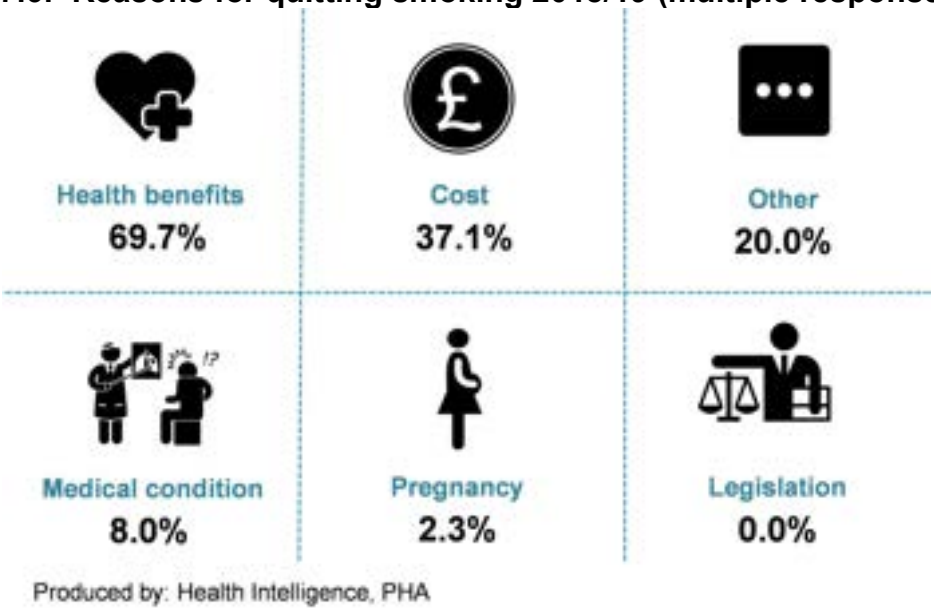
Figure 6.7.5: How clients heard about the Stop Smoking Service 2018/19



Reason for quitting smoking

Figure 6.7.6 illustrates that of all young service users, the most common reason given for quitting smoking was for health benefits (69.7%) followed by cost (37.1%).

Figure 6.7.6: Reasons for quitting smoking 2018/19 (multiple responses)



Other methods used to give up smoking within the last 3 years

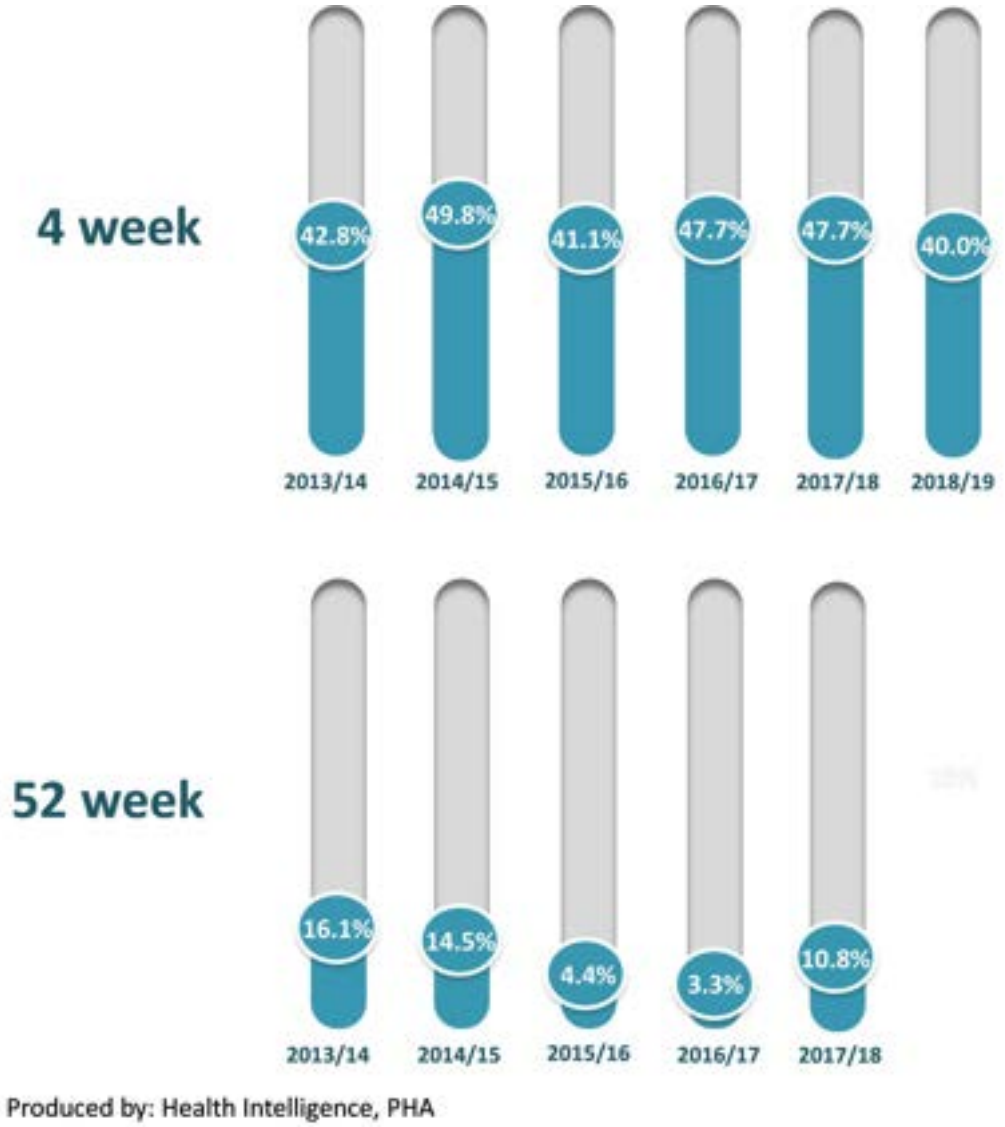
98.3% of all clients aged 11-16 indicated that they had tried to give up smoking using any other methods within the last 3 years. Figure 6.7.6 highlights that for the majority (62.8%) going cold turkey was the most common method used for quitting followed by other (16.9%). It is important to note that some clients used a combination of quitting methods in their previous attempts (Figure 6.7.7).

Figure 6.7.7: Previous quitting methods used (multiple responses) (n=172)

Numbers quit at 4 and 52 weeks

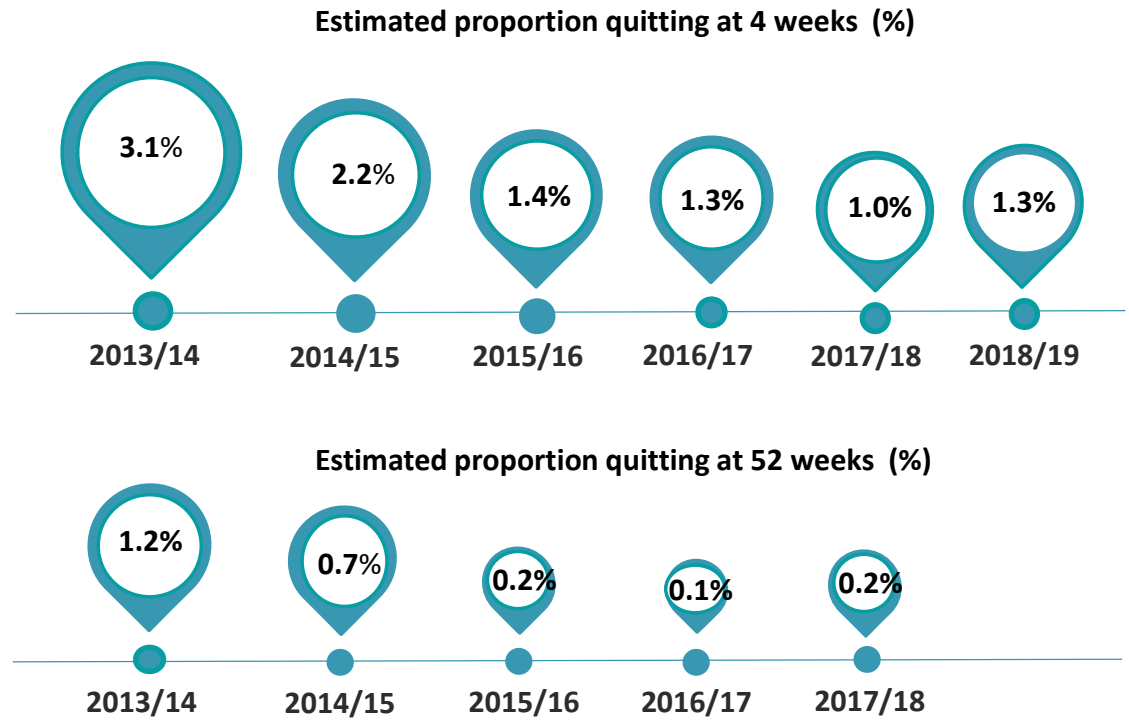
Overall, 4 week quit rates among service users aged 11-16 years have continued to decline, with a noticeable decline of 7.7 percentage points from that in 2017/18. In comparison 52 week quit rates observed a considerable increase of 7.5 percentage points from 3.3% in 2016/17 to 10.8% in 2017/18, after a continuous decline over the previous 3 years. However, 52 week quit rates continue to remain markedly low among this client group.

Figure 6.7.8: 4 and 52 week quit rates of clients aged 11-16 years using PHA Stop Smoking Services 2013/14 – 2018/19



Overall, an estimated 1.3% of all smokers in NI aged 11-16 years were supported through Stop Smoking Services to quit at 4 weeks, and an estimated 0.2% to remain quit at 52 weeks during 2018/19.

Figure 6.7.9: Estimated proportion of all smokers aged 11-16 in NI quitting at 4 week and 52 weeks using Stop Smoking Services 2013/14 – 2017/18



Produced by: Health Intelligence, PHA

Follow up rates

Of all clients aged 11-16 years registered with services in 2018/19, 17.1% (n=30) were lost to follow up at 4 weeks. The proportion of clients lost to follow up at 4 weeks has seen a reduction from 23.4% in 2017/18.

In 2017/18, of those clients aged 11-16 who had successfully quit at 4 weeks, 58.5% (n=31) did not have any information recorded on the outcome of their 52 week quit attempt.

6.8 Smoking in pregnancy

As part of routine data collection within all NI hospitals, smoking status of all pregnant women is recorded at the initial booking appointment (around 10-14 weeks). This information is recorded directly onto the Northern Ireland Maternity System (NIMATS), which is a regional electronic data capture system.

In September 2016, new screens were added to NIMATS to collect more detailed data on the mother's smoking habits. This data could not be used due to the large number of incomplete records. However from 2018/19, the proportion of mothers who smoked will be presented using this new data. While recording has improved, in 2018/19, 4.2% of mothers did not have a smoking status recorded.

As a result of this change in source of smoking data, how the percentage of mothers who smoked is calculated will change from 2018/19 onwards and so comparisons with previous years' prevalence data cannot be drawn. The percentage is now a valid percentage i.e. the % calculation is based on those records where smoking status was known and blank data has been removed from the denominator value.

Overall, 13.2% (n=2,866) of all pregnant women self-reported being a smoker at the time of their initial booking appointment in 2018/19.

As highlighted in Figure 6.8.1, 67% of all pregnant women in 2018/19 had never smoked, with 19.8% indicating that they were ex-smokers.

Figure 6.8.1: Pregnant women by smoking status 2018/19

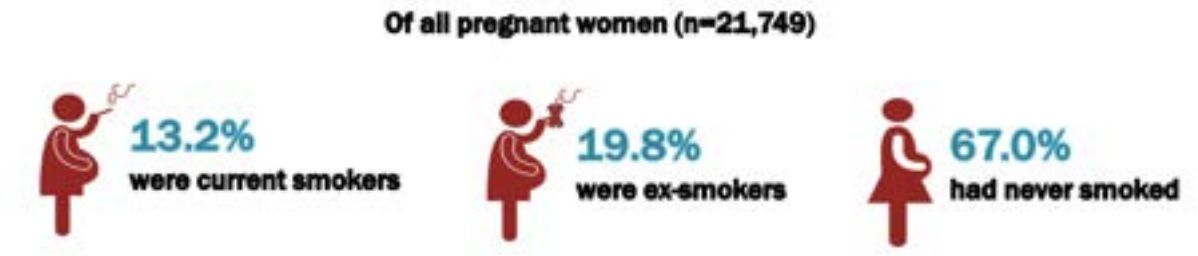
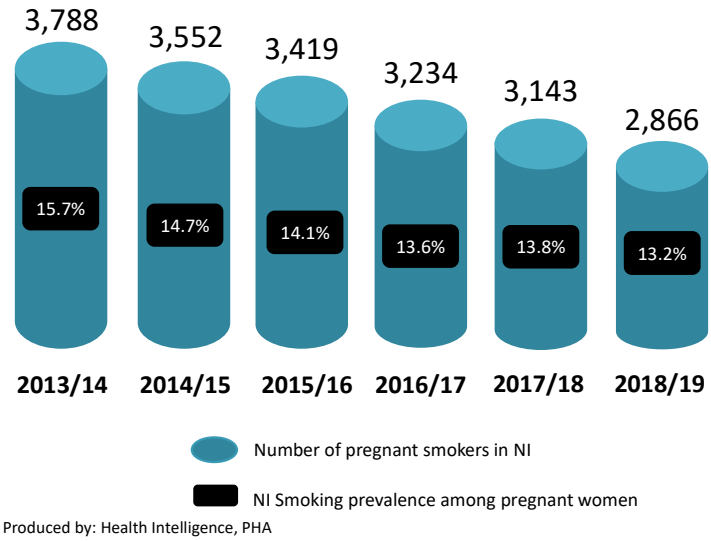
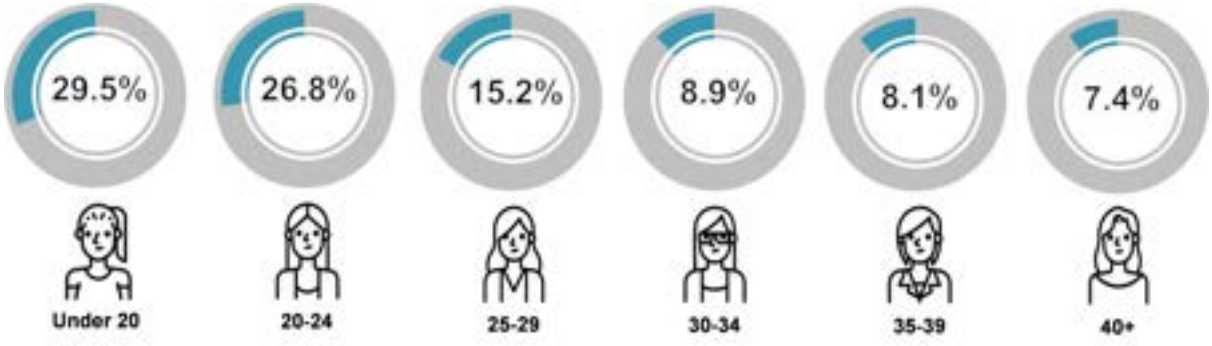


Figure 6.8.2 demonstrates the number and proportion of pregnant women who smoke over the last six years.

Figure 6.8.2: Prevalence of smoking in pregnancy in NI 2013/14 – 2018/19



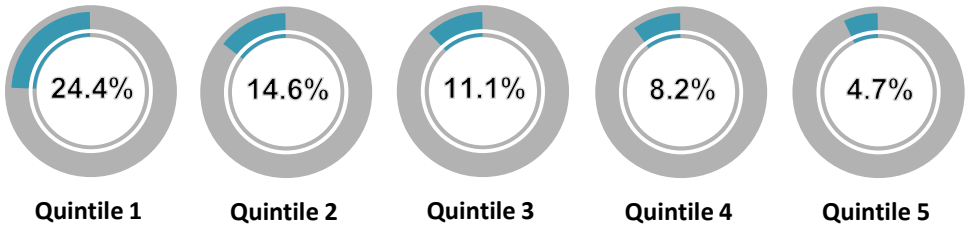
Smoking prevalence among expectant mothers varied by age, with the proportion of expectant mothers who smoked decreasing with age from 29.5% of those in the under 20 age-group to 7.4% of those aged 40 and over.



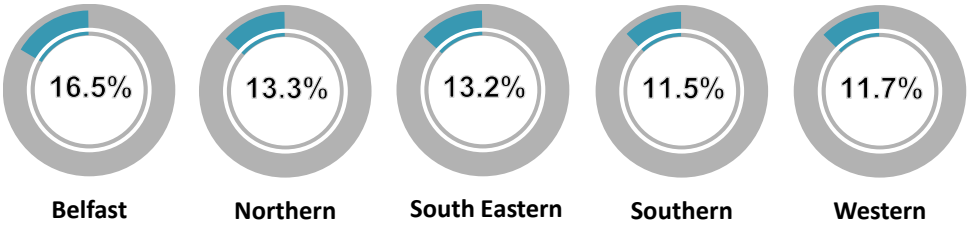
Further analysis by areas of deprivation highlighted that there is a considerable gap in smoking prevalence among expectant mothers, with prevalence being five times as high among expectant mothers living in the most deprived areas where one in four expectant mothers smoked, compared to those living in the least deprived areas where one in twenty-one smoked (Figure 6.8.3).

Figure 6.8.3: Prevalence of smoking in pregnancy in NI 2018/19

Smoking prevalence varied across deprivation quintiles, declining gradually from 24.4% in the most deprived through to 4.7 % in the least deprived quintile.

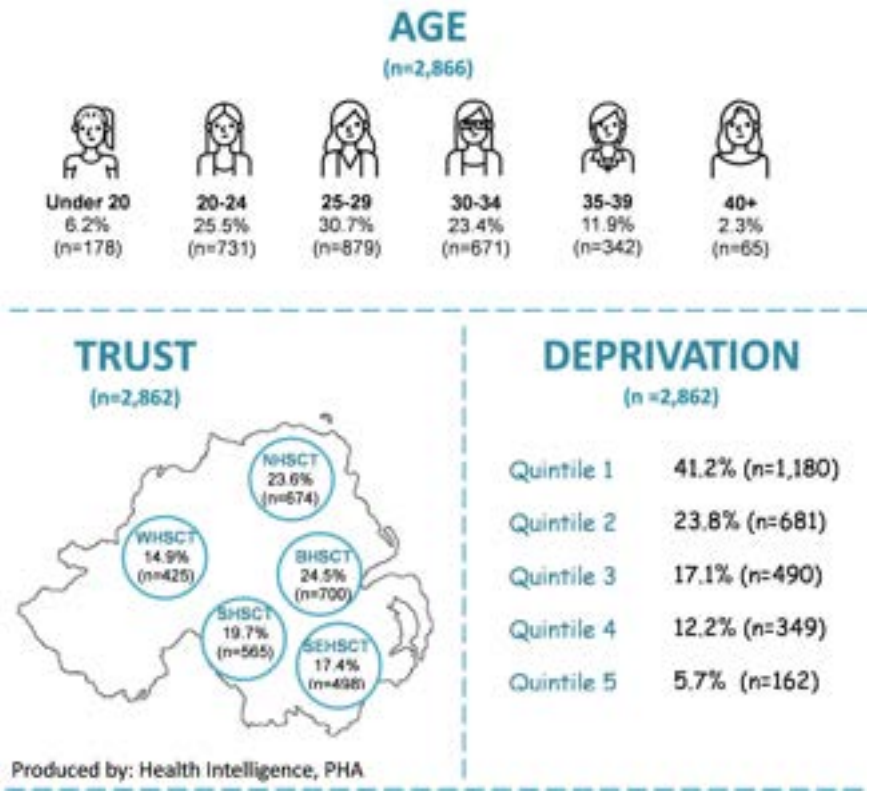


Smoking prevalence among expectant mothers varied across LCG, with the Belfast LCG having the greatest proportion of pregnant smokers (16.5%) compared to the Southern LCG with the lowest proportion (11.5%).



Profile of pregnant women who smoke 2018/19

Figure 6.8.4: Demographics of pregnant women who smoke 2018/19



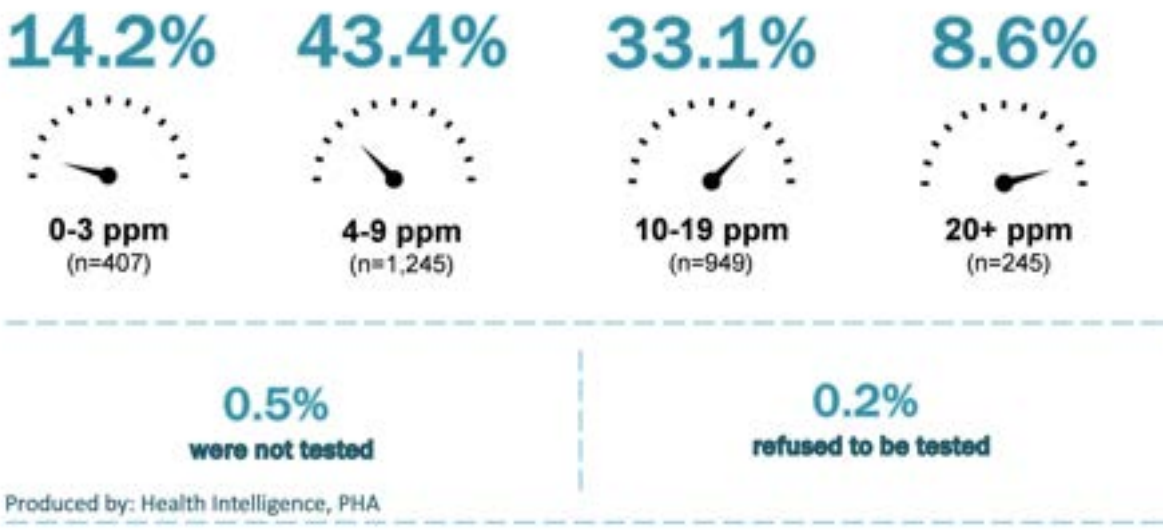
Carbon monoxide screening

During their antenatal booking appointment expectant mothers are asked if they have smoked or been exposed to smoke within the last 12 hours, with 14% reporting that they had smoked or been exposed to smoke within this time period. Overall, 84.8% (n=2,430) of all pregnant smokers self-reported that they had smoked or been exposed to smoke within the last 12 hours.

From September 2016, all pregnant women in NI attending for their antenatal booking appointing are screened for carbon monoxide (CO) levels in the body. Where levels indicate that the woman is being exposed to sources of carbon monoxide, either by smoking or environmentally, they are then given appropriate advice which includes information on PHA Stop Smoking Services, the risks of smoking and the health benefits to stopping or remaining quit.

In 2018/19, carbon monoxide screening indicated that 18.4% (n=4,000) of all pregnant women had been exposed to sources to CO (ppm level of 4 and above). Of those pregnant women who indicated that they smoked (n=2,866) CO screening indicated that 85.1% (n=2,439) had a reading of 4ppm or above (Figure 6.8.5).

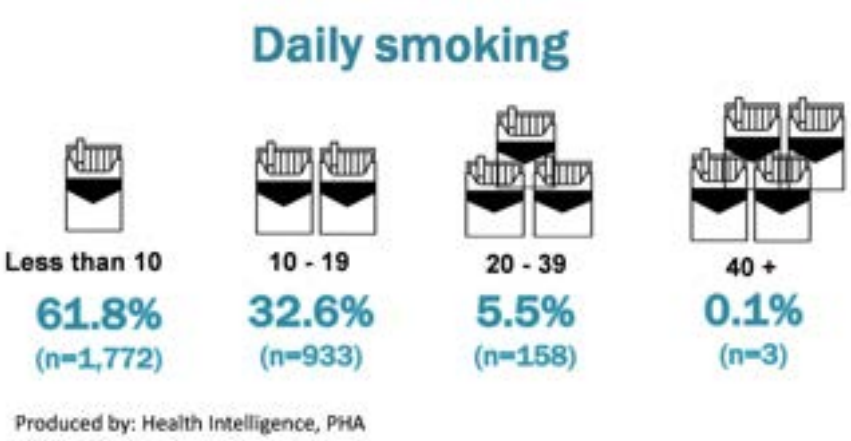
Figure 6.8.5: CO reading of all pregnant women who smoke 2018/19 (n=2,866)



Daily tobacco consumption

Of all expectant mothers who self-reported being a current smoker, when asked how many cigarettes they smoked per day, the majority indicated that they smoked less than 10 cigarettes a day (61.8%) (Figure 6.8.6)

Figure 6.8.6: Daily tobacco consumption of all pregnant women who smoke 2018/19 (n=2,866)



Advice given at antenatal appointment

At the time of their antenatal booking appointment all expectant mothers who are either a current smoker or an ex-smoker (n=7,181) are given advice on smoking risks, this includes both the risks to the unborn child of smoking when pregnant and the risks to the child of smoking after the birth. Advice is also given with regards to the health benefits of stopping smoking/remaining quit. Overall, the majority were

given both advice on risks to the child (97%) and the health benefits of stopping (96%).

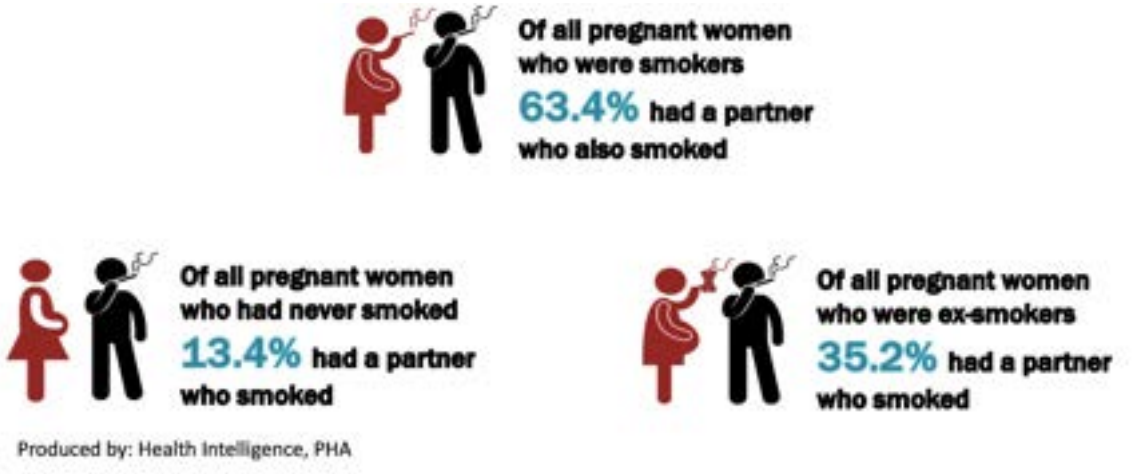
Referral to PHA Stop Smoking Services

During an antenatal appointment, it is common practice for healthcare staff to refer a pregnant smoker to a PHA specialist Stop Smoking Service if they are not currently attending a service or if they have never attended one. In 2018/19, of all pregnant women who smoked 81% (n=2,318) were referred to Stop Smoking Services. Of these, 87% accepted the referral.

If partner smokes

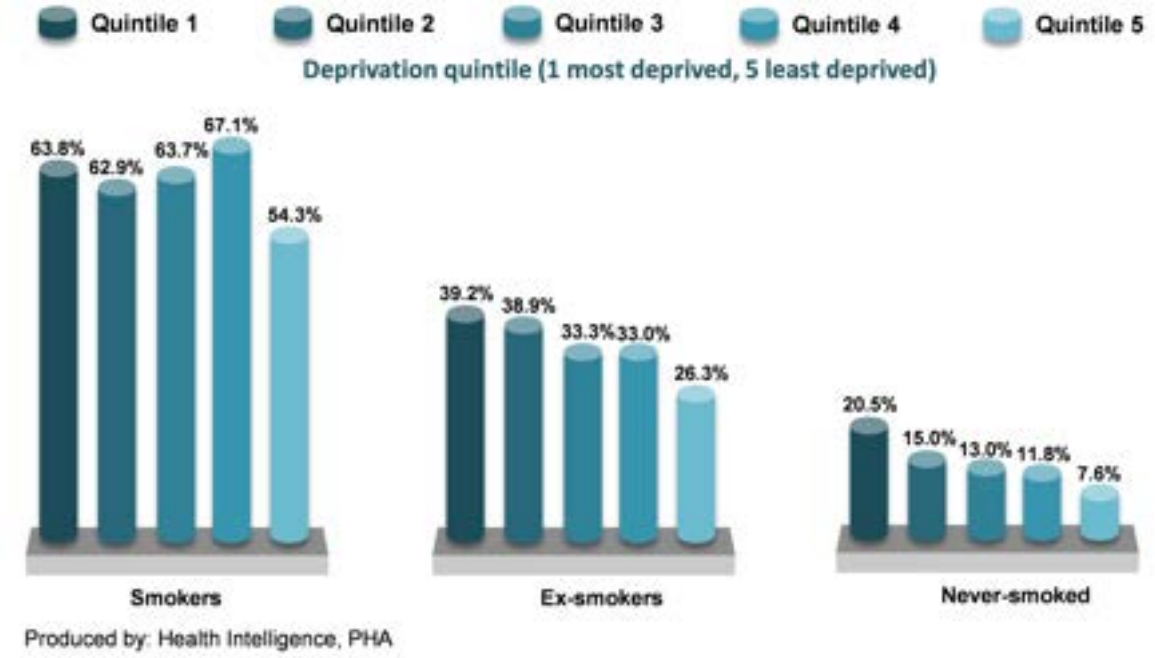
It is general practice that if partners are present at the antenatal appointment, they are asked their smoking status, in the instance were their partner is not present the expectant mother is then asked if their partner smokes. 24.4% of all pregnant women had a partner who smoked. Figure 6.8.7 illustrates that expectant mothers who smoked were more likely to have partners who smoked (63.4%) compared to expectant mothers who had never smoked (13.4%), or who were an ex-smoker (35.2%).

Figure 6.8.7: If partner smokes 2018/19



Further analysis of expectant mothers by smoking status showed that there was variance in the proportion of expectant mothers who had a partner who smoked by area of deprivation, as illustrated in Figure 6.8.8. Among women who had never smoked, those living in the most deprived area were more likely to have a partner who smoked (20.5%) compared to those living in the least deprived area (7.6%). A similar pattern was evident among women who were ex-smokers, with 39.2% of those living in the most deprived area having a partner who smoked in comparison to 26.3% of those living in the least deprived area. However, there was fluctuation in the proportion of partners who smoked across quintiles among those expectant mothers who smoked, with those living in Quintile 4 being most likely to have a partner who smoked (67.1%).

Figure 6.8.8: If partner smokes by MDM Quintile 2018/19



Partner referred to Stop Smoking Services

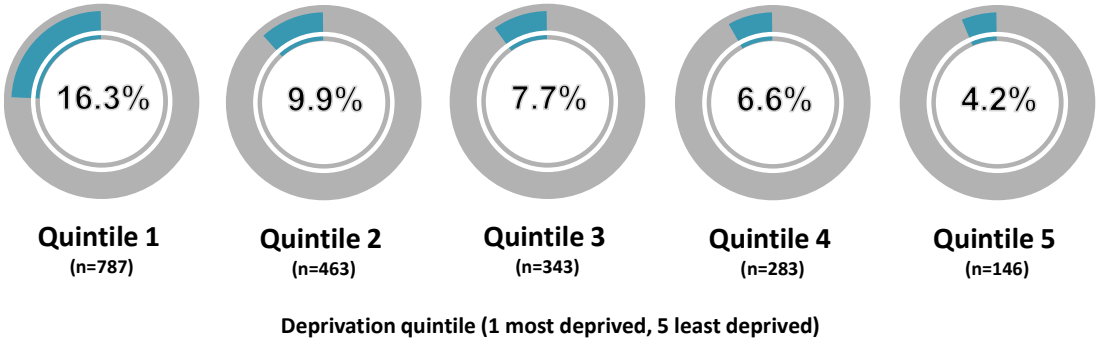
When an expectant mother's partner is present, and they are a current smoker, healthcare staff will refer them to Stop Smoking Services. Overall, 25.7% (n=2,293) of the partners present at antenatal booking appointment self-reported being a smoker in 2018/19. Of these, 31.8% (n=728) were referred to services, with 73.4% (n= 534) accepting the referral.

Anyone else in household smokes

All expectant mothers are asked if anyone else besides their partner smokes in their household, with 9.3% reporting that others within their household smoked. As illustrated in Figure 6.8.9 pregnant women who smoked were more likely to have others in their household who smoked (24.2%) in comparison to 12.9% of ex-smokers and 5.4% of pregnant women who had never smoked (5.4%).

Figure 6.8.9: If others in household smoke 2018/19

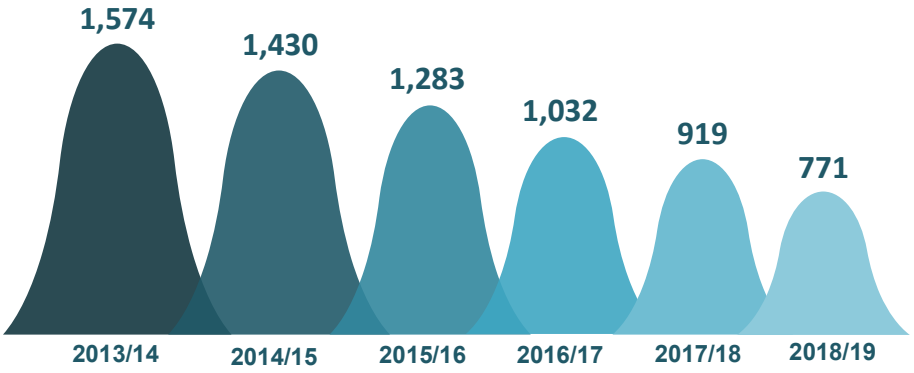
Further analysis by areas of deprivation highlighted that there was a noticeable difference across deprivation quintiles, with expectant mothers living in the most deprived area being almost four times more likely to have someone else in their household smoke in comparison to those living in the least deprived area.



6.9 Service uptake and effectiveness among Pregnant Women

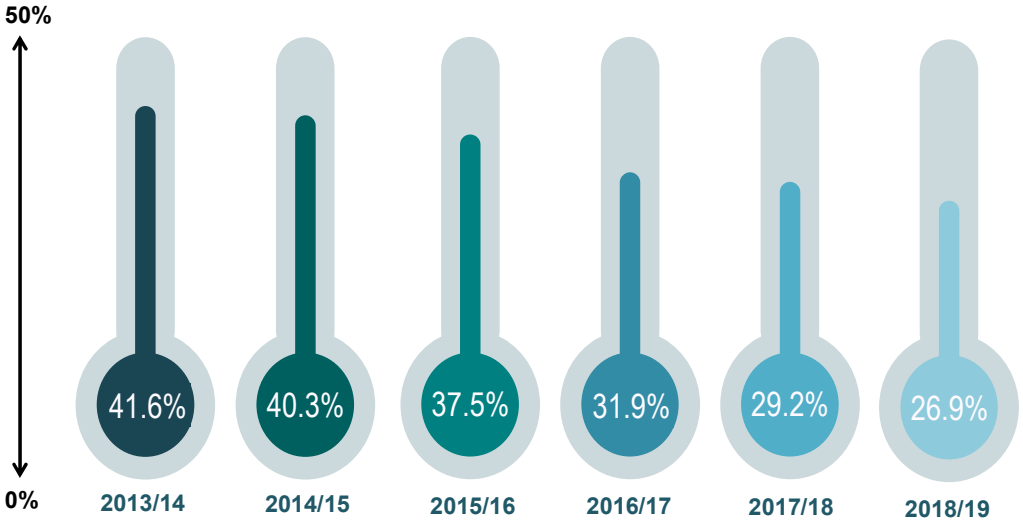
In 2018/19, PHA Stop Smoking Services were delivered to 771 pregnant women, which equates to 26.9% of all pregnant women who smoke. Uptake of services continues to fall for the 6th consecutive year, representing an 16.1% decrease from 2017/18.

Figure 6.9.1: Uptake of Stop Smoking Services by pregnant smokers 2013/14 – 2018/19 (n)



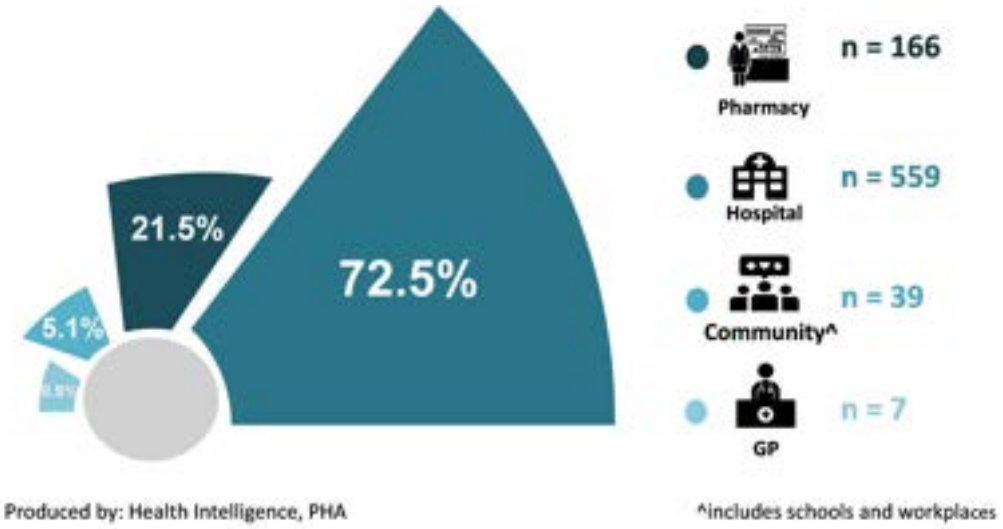
This pattern of decline has also been observed in reach of services which has fallen for the 5th consecutive year, decreasing by 2.3 percentage points from 2017/18.

Figure 6.9.2: Estimated access to Stop Smoking Services by pregnant smokers 2013/14 – 2018/19 (%)



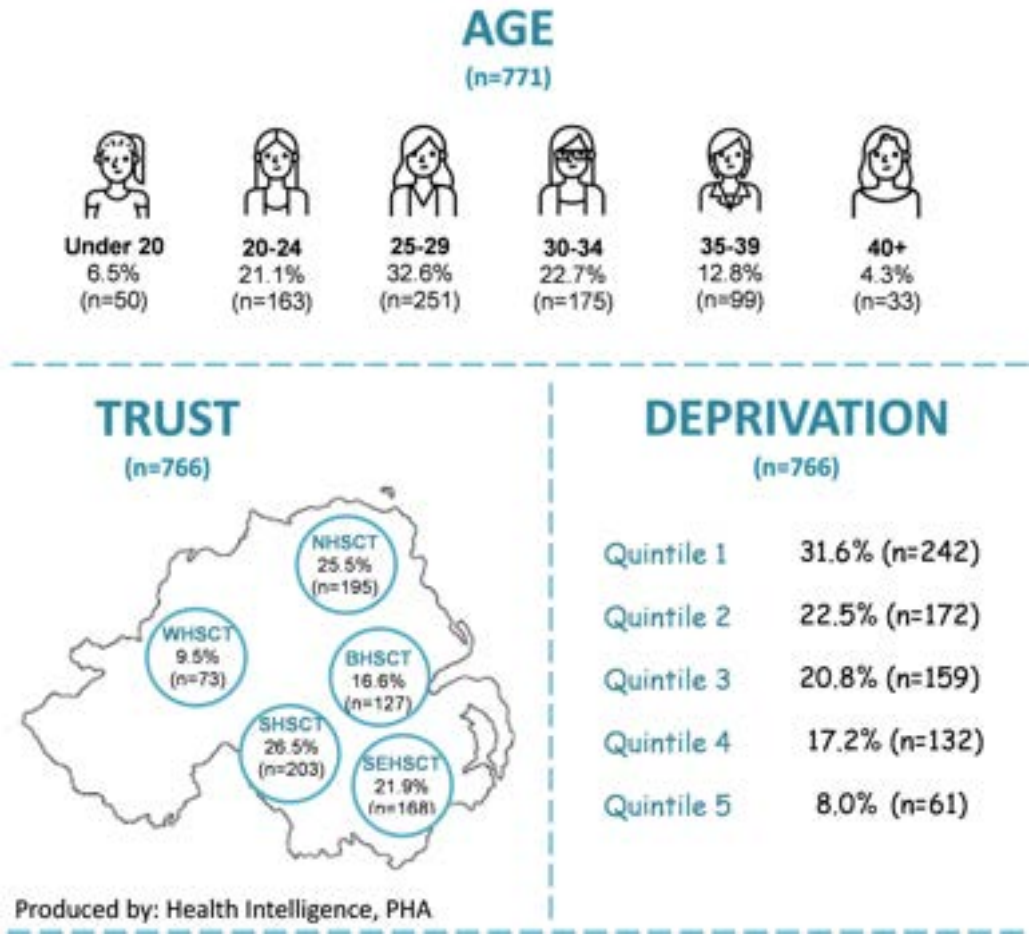
In 2018/19, of all pregnant smokers who accessed PHA Stop Smoking Services the vast majority had registered with hospital services (72.5%), in comparison 0.9% had registered with a GP service (Figure 6.9.2).

Figure 6.9.2: Uptake of Stop Smoking Services by Provider Type 2018/19 (%)



Profile of Stop Smoking Service users who are pregnant smokers

Figure 6.9.3: Client demographics 2018/19

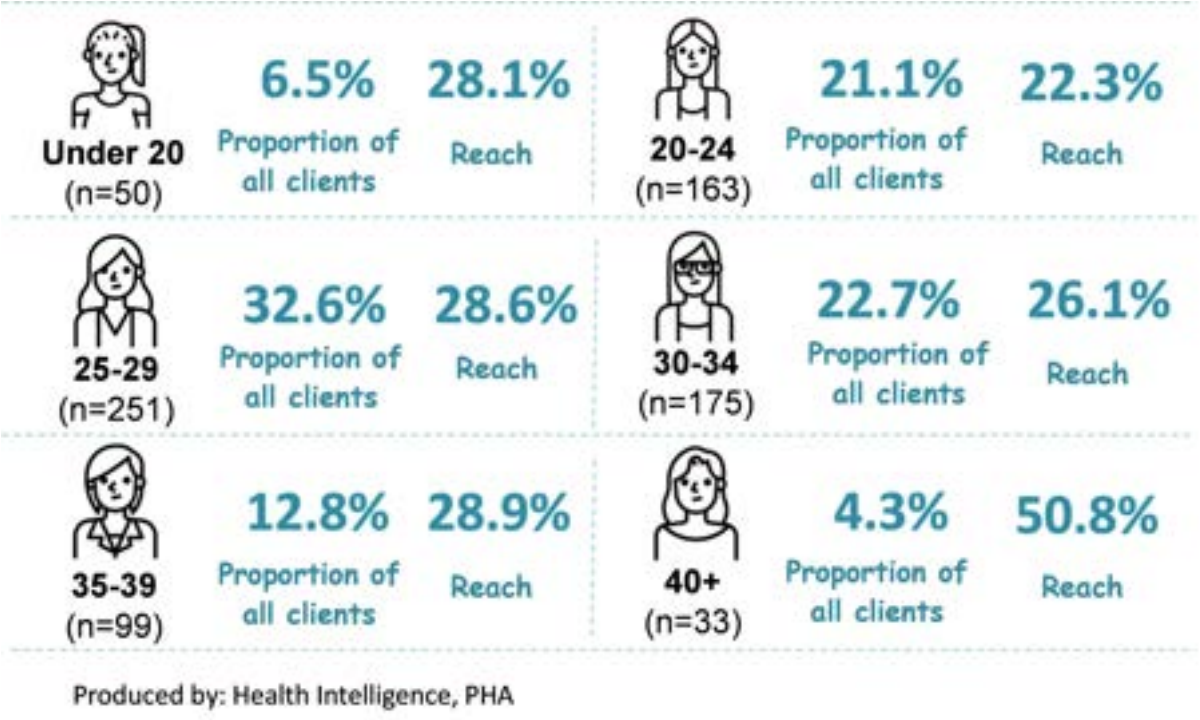


Age-groups

Figure 6.9.4 shows that there was a noticeable difference in the uptake of services by age-group among pregnant smokers in 2018/19. The uptake of services was greatest in the 25-29 age category (32.6%), followed by those in the 30-34 age category (22.7%).

In 2018/19, the estimated proportion of pregnant smokers who accessed services varied by age-group. These estimated proportions ranged from 22.3% of all pregnant smokers in the 20-24 age category to 50.8% of those age 40 and over.

Figure 6.9.4: Age profile of stop smoking service users and reach of services by age-group 2018/19 (n=771)

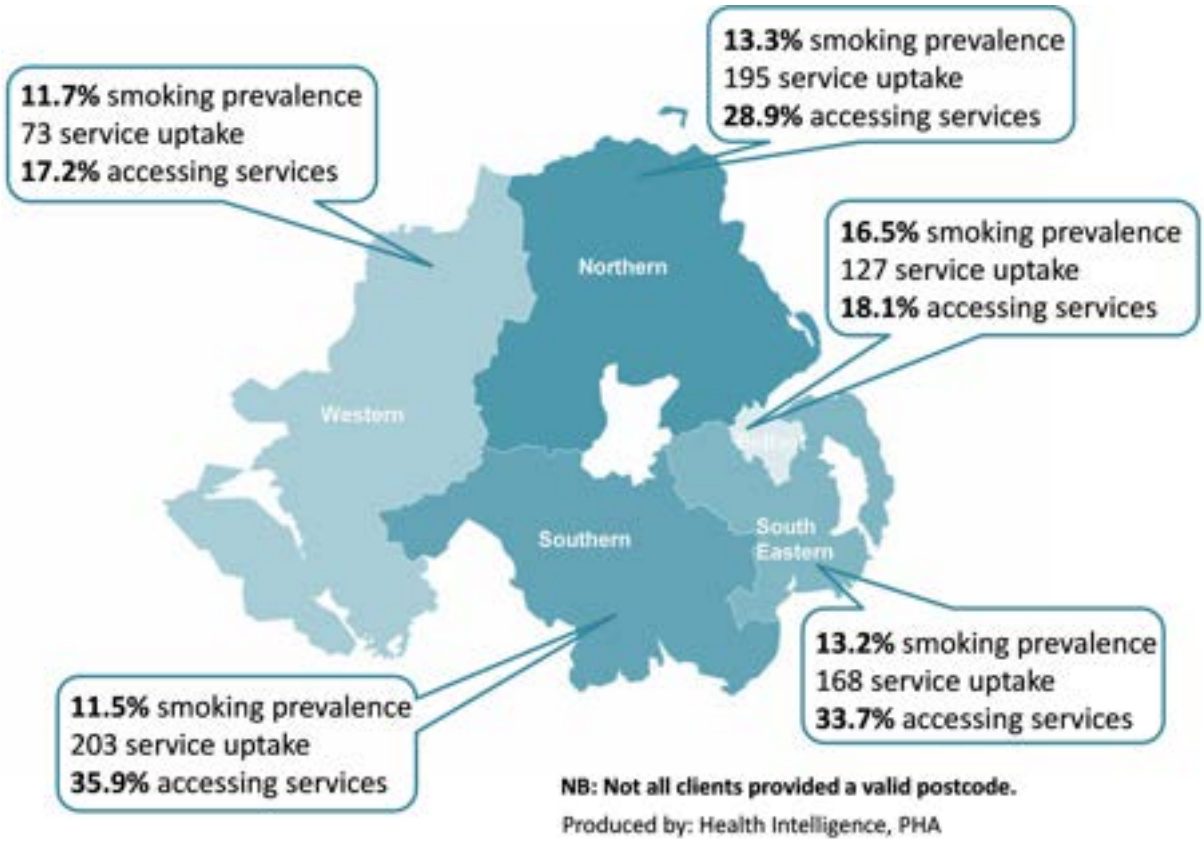


Local geography

Of all pregnant smokers registered with Stop Smoking Services in 2018/19, the greatest proportions were from the Southern LCG area (26.5%), with the lowest proportion being from the Western LCG area (9.5%).

Akin to the previous year, the Southern LCG had the greatest reach of services with 35.9% of all pregnant smokers accessing services, with the Western LCG having the lowest reach (17.2%) (Figure 6.9.5). Reach of services observed a decline across LCG areas in 2018/19 from that in 2017/18 except for the Northern LCG area which observed a 5.8 percentage point increase.

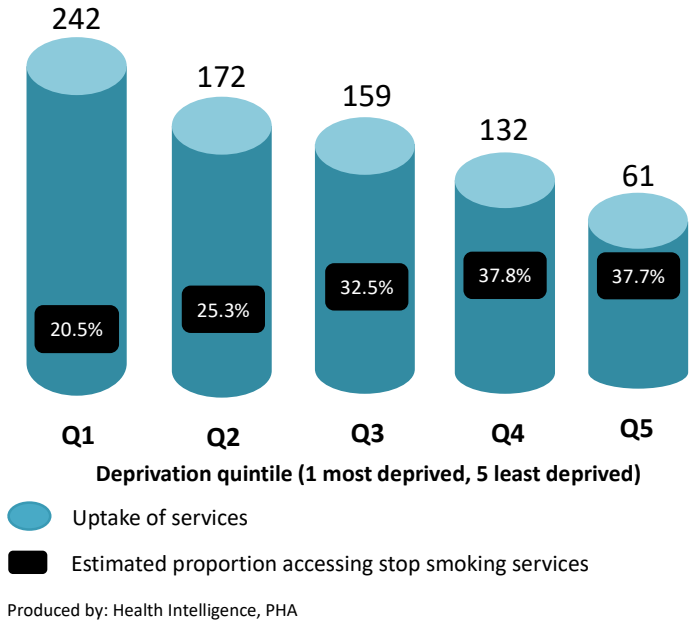
Figure 6.9.5: Stop smoking services uptake and reach by Local Commissioning Group 2018/19



Areas of Deprivation

As in the previous year, both uptake and reach of services varied across deprivation quintiles, with uptake being highest in the most deprived quintile (n=242) declining gradually through the quintiles to 61 in the least deprived quintile. In comparison, reach of services had a reverse pattern increasing from the lowest reach of 20.5% in the most deprived quintile through to 37.8% in the lowest deprived quintiles (37.8% in Q4 and 37.7% in Q5). Please refer to Figure 6.9.6.

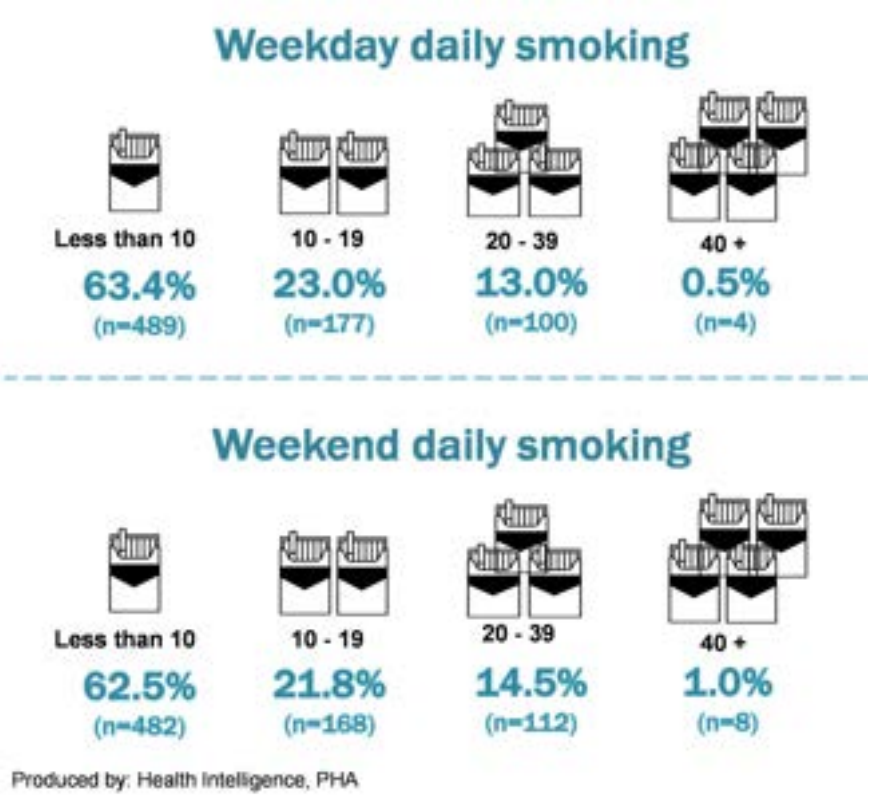
Figure 6.9.6: Uptake and reach of services by MDM quintile 2018/19



Tobacco consumption

As illustrated in Figure 6.9.7 the majority of pregnant smokers accessing services in 2018/19 indicated that they smoked on average less than 10 cigarettes on a weekday (63.4%) and on a weekend (62.5%).

Figure 6.9.7: Daily tobacco consumption 2018/19



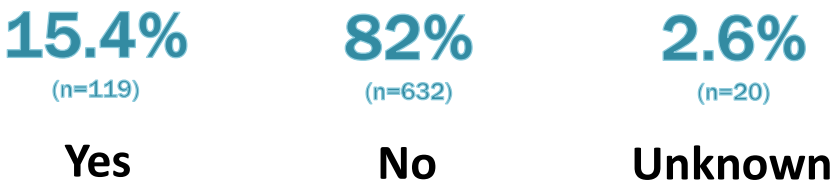
The vast majority (94.4%) of clients who were pregnant smokers indicated that they smoked the same amount of cigarettes on weekend days as on weekdays, with 5.1% smoking more at the weekend and 0.4% indicating that they smoked less at the weekend.

Type of tobacco smoked

Akin to previous years, all service users who were expectant mothers indicated that they smoked cigarettes.

Previously participated in this service

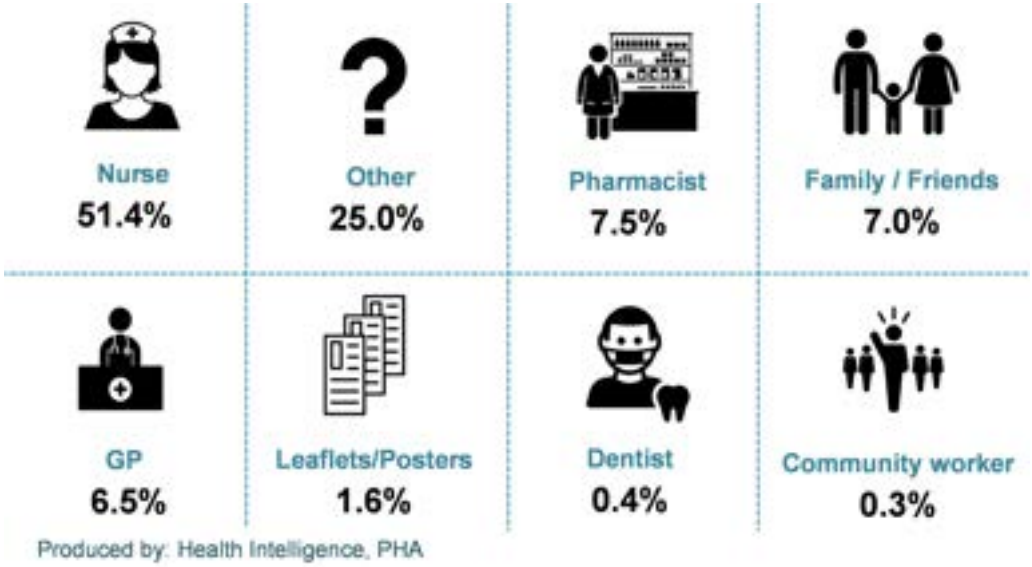
Overall, 15.4% of clients who were pregnant indicated that they had previously participated in a PHA Stop Smoking Service.



Heard about the service

Figure 6.9.8 illustrates that of those clients who were expectant mothers, the most common way they had heard about Stop Smoking Services was through a nurse (51.4%) followed by through other means (25%).

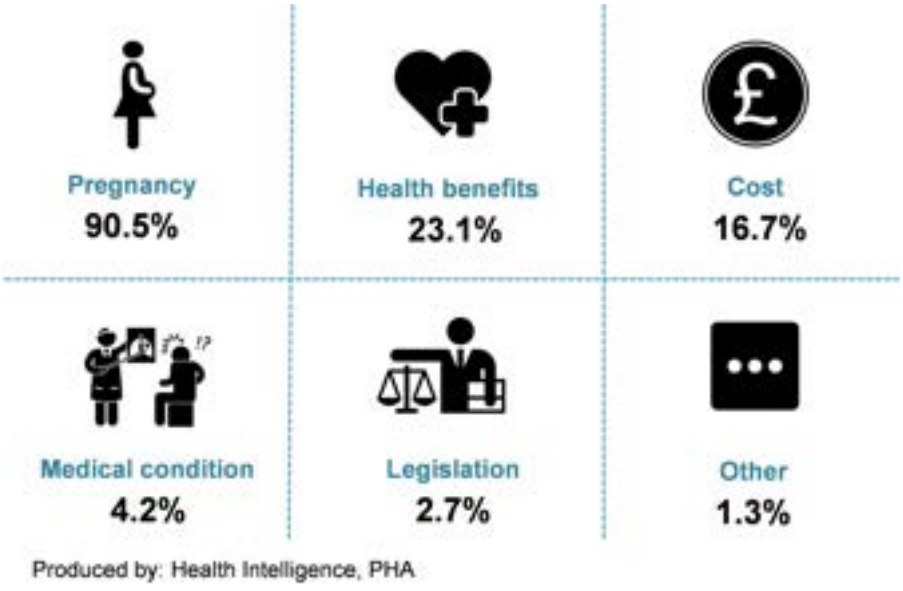
Figure 6.9.8: How clients heard about the Stop Smoking Service 2018/19 (%)



Reason for quitting smoking

The most common reason given for quitting, by the vast majority (90.5%) was because they were pregnant, followed by for health benefits (23.1%).

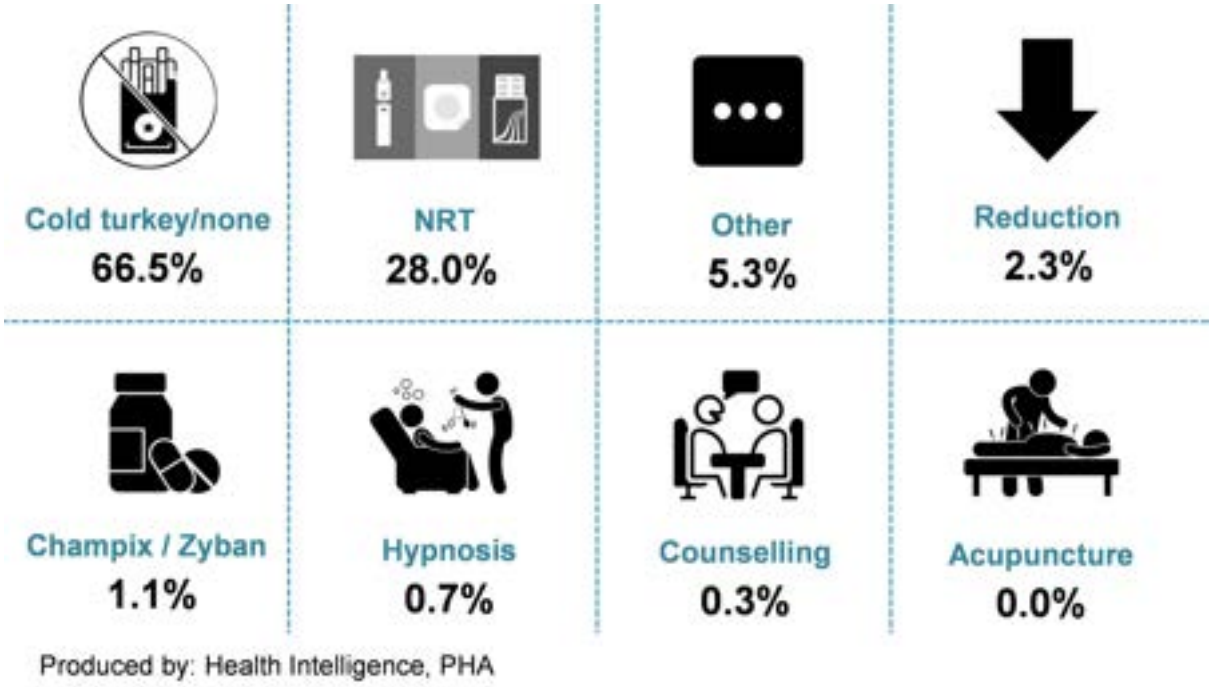
Figure 6.9.9: Reasons for quitting smoking 2018/19 (multiple response) (%)



Other methods used to give up smoking within the last 3 years

Of all clients who were expectant mothers, the vast majority (90.9%) indicated that they had tried to give up smoking within the last 3 years. As demonstrated in Figure 6.9.10 the most common method used to quit in previous attempts was going cold turkey (66.5%), followed by NRT (28%). It is important to note that some clients used a combination of quitting methods in their previous attempts.

Figure 6.9.10: Previous quitting methods used 2018/19 (multiple response) (%)

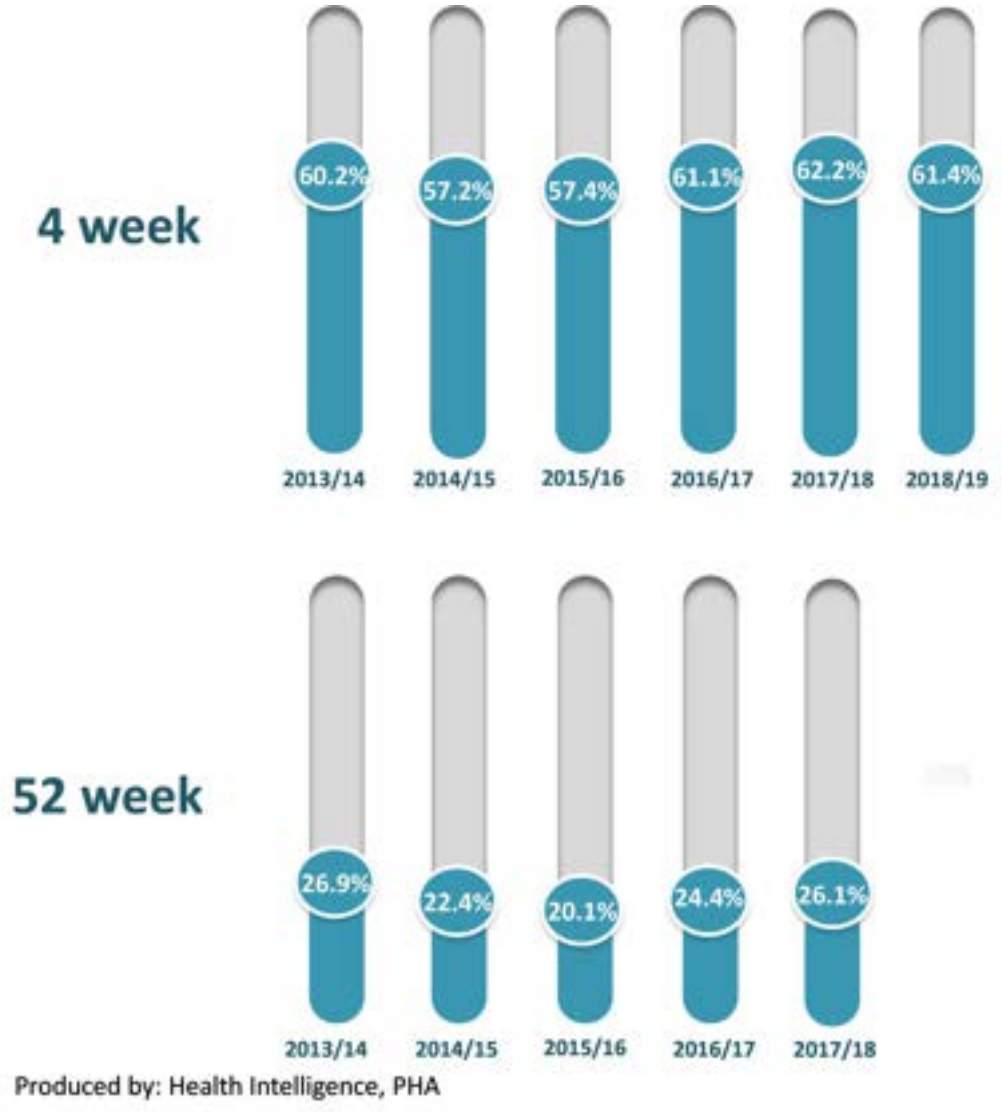


Numbers quit at 4 and 52 weeks

Figure 6.9.11 highlights that services have high levels of success in helping pregnant women registered with the services to quit. In 2018/19 services supported 61.4% of expectant mothers to successfully quit at 4 weeks, and supported 26.1% of those accessing services in 2017/18 to remain quit at 52 weeks.

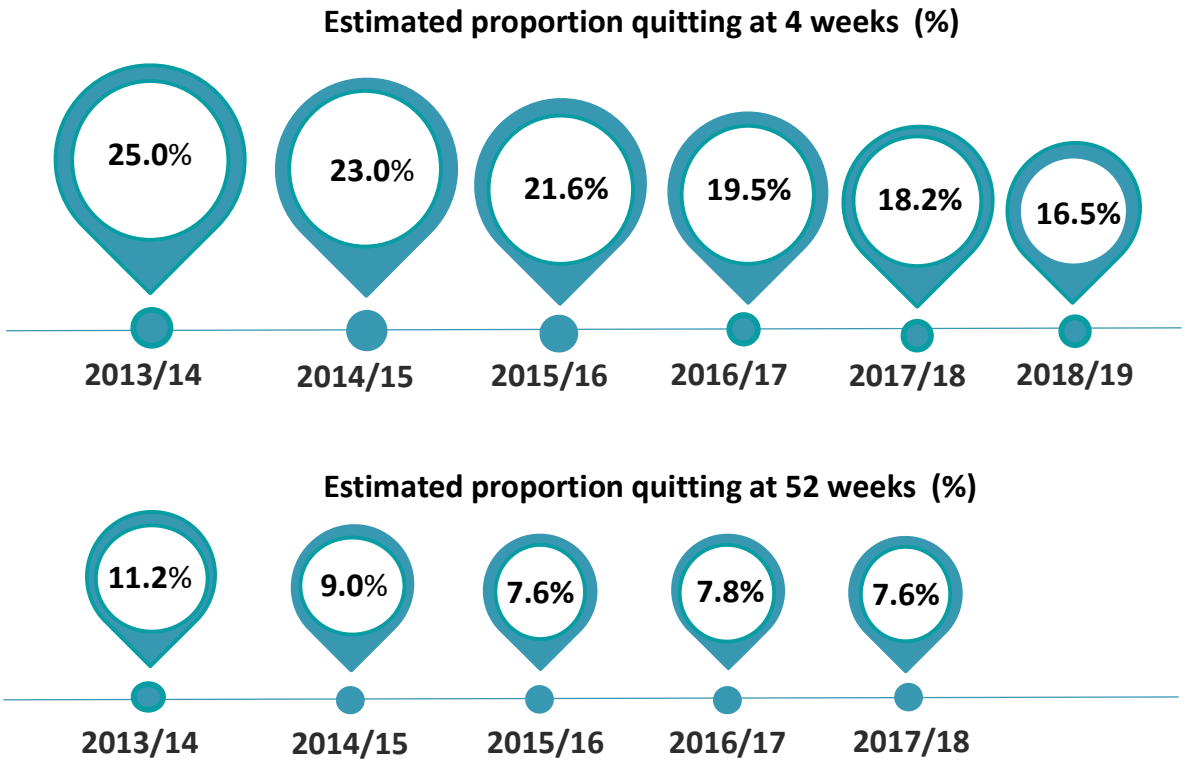
In 2018/19, 4 week quit rates observed a 0.8 percentage point decline from that in 2017/18. However, 52 week quit rates observed a rise for the 2nd consecutive year, with a 1.7 percentage point increase from that in the previous year (Figure 6.9.11).

Figure 6.9.11: Four and 52 week quit rates among pregnant smokers 2013/14-2018/19



Overall, an estimated 16.5% of all pregnant women who smoke were supported by PHA Stop Smoking Services to quit at 4 weeks, and 7.6% to remain quit at 52 weeks. As illustrated in Figure 6.9.12, estimated proportions of pregnant smokers quit at 4 weeks continue to decline with a 1.7 percentage point decline in quit rates from that in 2017/18. The estimated proportion of those remaining quit at 52 weeks has remained consistent over the last 3 years with quit rates ranging from 7.6% to 7.8%.

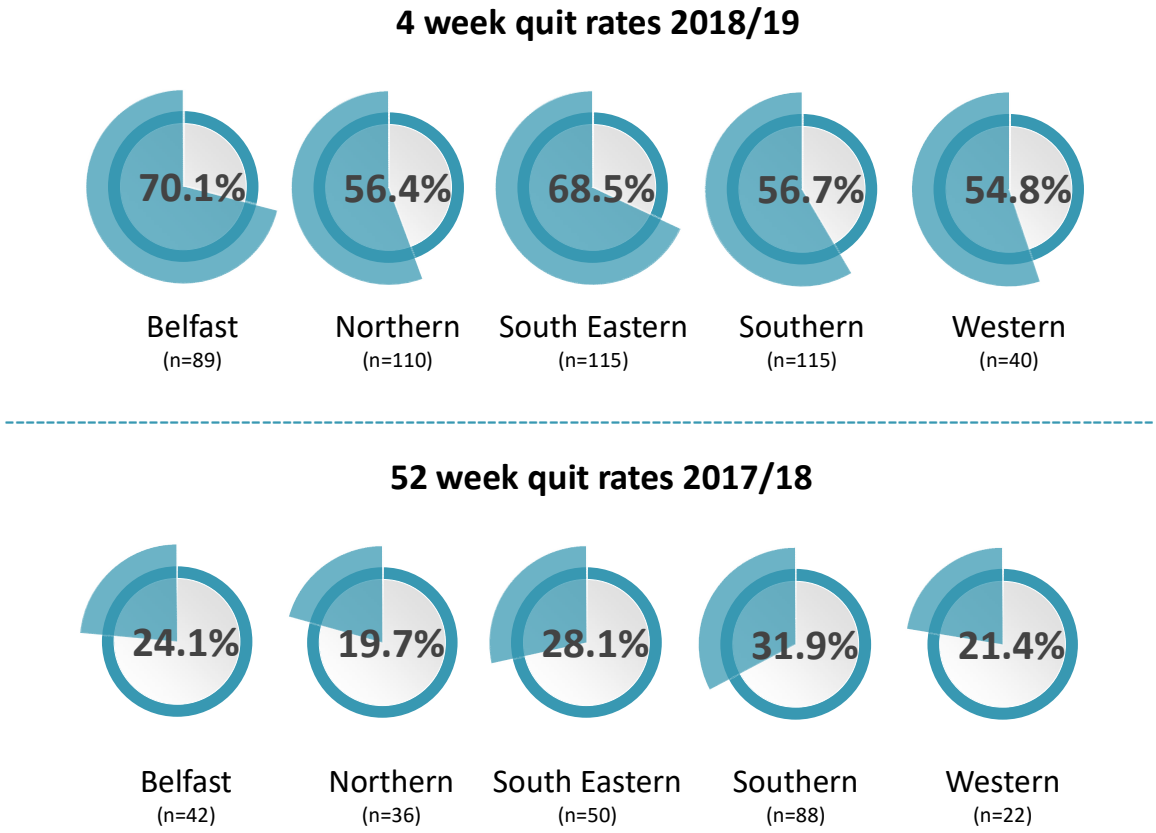
Figure 6.9.12: Estimated proportion of all pregnant smokers quit at 4 and 52 weeks 2013/13 – 2018/19



Produced by: Health Intelligence, PHA

Figure 6.9.13 highlights that there is high variation in 4 and 52 week quit rates at LCG level with 4 week quit rates ranging from 54.8% in the Western LCG to 70.1% in the Belfast LCG. The Southern LCG supported the greatest proportion of pregnant clients to quit at 52 weeks (31.9%) compared to the Northern LCG with 19.7%.

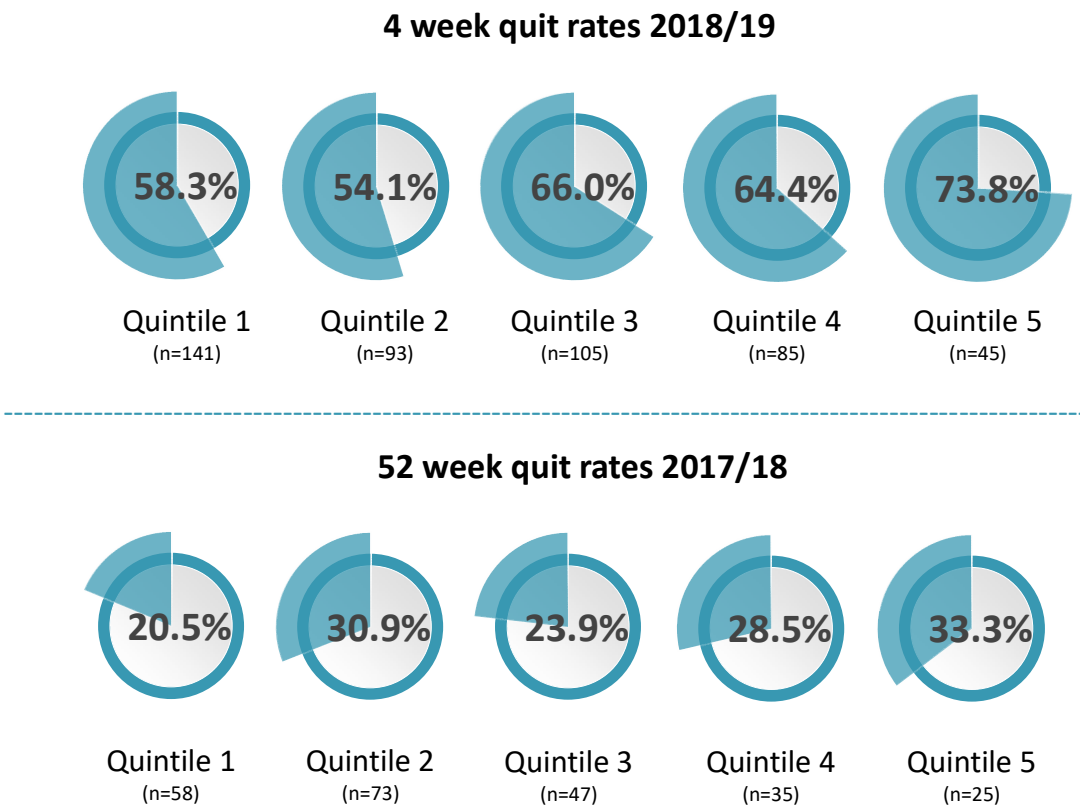
Figure 6.9.13: 4 week and 52 weeks quit rates by LCG (%)



Produced by: Health Intelligence, PHA

Further analysis by MDM highlighted that there was a diverse range in proportion of pregnant clients quit at 4 and 52 weeks across quintiles. In 2018/19, the greatest proportion of clients quit at 4 weeks were from the least deprived quintile (73.8%), compared to the lowest quit rate of 54.1% among those in quintile 2, the second most deprived area. 52 week quit rates ranged from 20.1% in the most deprived quintile to 33.3% in the least deprived quintile.

Figure 6.9.14: 4 week and 52 weeks quit rates by MDM (%)



Produced by: Health Intelligence, PHA

Follow up rates

In 2018/19, 13.9% (n=107) of all expectant mothers who registered with services were lost to follow up at 4 weeks. This rate has observed a 1.2 percentage point increase from 12.7% in 2017/18.

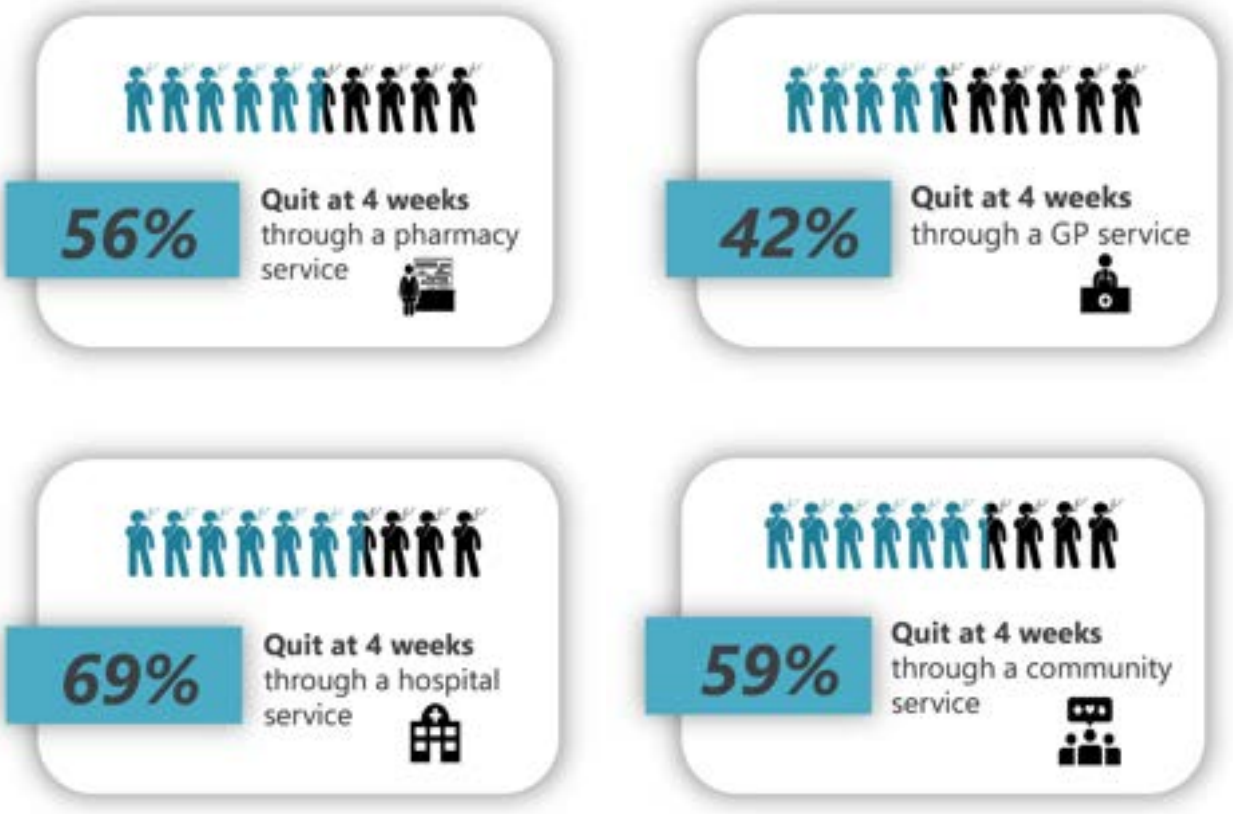
Of all pregnant clients who had successfully quit at 4 weeks in 2017/18, 37.4% (n=214) did not have any information recorded on the outcome of their 52 week quit attempt.

6.10 Quality of services

Pharmacy service providers continue to have the greatest number of clients, supporting 70% of all clients registered with services in 2018/19 with their quit attempt, with GP providers supporting 4% of all clients during this period.

Figure 6.10.1 illustrates that there was a varied range of 4 week quit rates across provider types, with hospitals having the highest average 4 week quit rate (69%) compared to GPs who had the lowest average quit rate (42%).

Figure 6.10.1: 4 week quit rates by provider type 2018/19



Quality improvement programme

A new quality improvement programme for the Stop Smoking Services was launched in 2012/13. As part of this programme a self-monitoring tool was developed and is displayed on the web-based monitoring system utilised by all service providers. This monitoring tool allows all providers to self-monitor the number of clients who have registered with their service, the number quit at 4 weeks and the 4 week quit rate within the current and previous years. All providers are provided with the Quality Standards along with guidance to help them improve the overall quit rate and performance of their service.

Given the high number of clients utilising pharmacy services and the high numbers of community pharmacies engaged with the Stop Smoking Services, an enhanced support quality improvement programme was introduced in partnership with the Health and Social Care Board (HSCB) and in collaboration with community pharmacy NI. This quality improvement support service was specifically targeted at pharmacies with quit rates of fewer than 35% given the high proportion of services delivered through this sector. This support mechanism involved a number of stages:

1. *Written notification to all pharmacy providers (prior to implementation of support system) detailing;*
    - *Explanation of new quality improvement support services;*
    - *Timelines for commencement of support service;*
    - *Necessity to ensure all client information is up to date on web based system.*

2. *Written notification to all providers with four week quit rates of 'under 35%' to indicate automatic involvement in support service and*
    - *Access to an online exercise to self-monitor overall service provision against Quality Standards;*
    - *Provision of service update training*[v]*;*
    - *Mid-year quit rate review;*
    - *On-going support letters;*
    - *Opportunity to discuss service delivery with the PHA/HSCB.*

Quality Standards also recommend that services providers should also maintain a 52 week quit rate of 20% of more.[20]

[v] Providers are required to undertake update training every three years following completion of Specialist training which is required at initial registration of service.

7 NRT Prescribing and Dispensing

This section presents information on the number and associated costs of items prescribed by GP practices and dispensed by pharmacies to help people stop smoking in 2018/19.

7.1 GP Prescribing

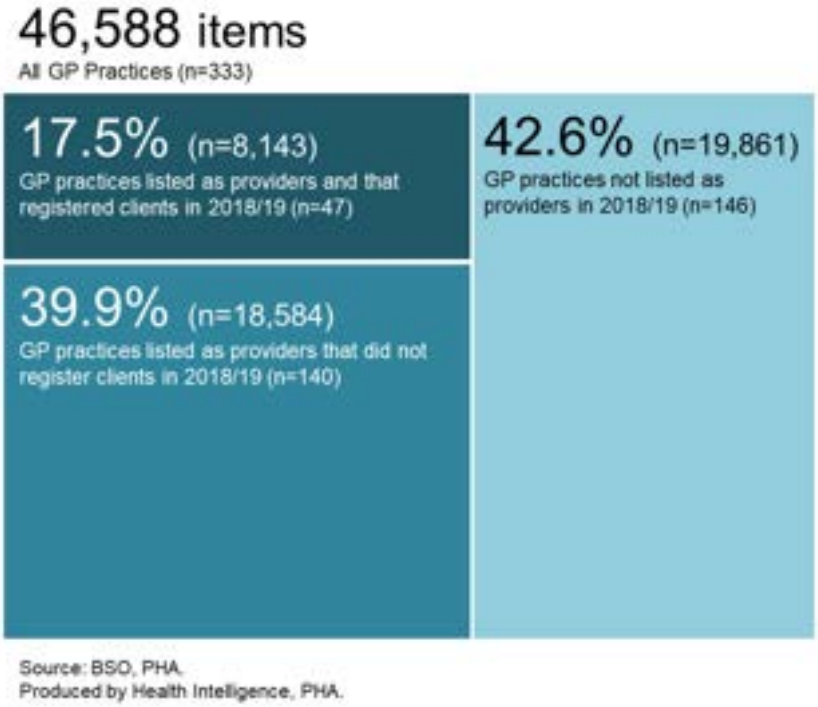
Total number of items prescribed

In 2018/19 a total of 333 GP practices prescribed 46,588 pharmacotherapy items to help people stop smoking (Figure 7.1.1).

Figure 7.1.1: Total number of items prescribed by GPs to help people stop smoking, 2018/19 (n)

Figure 7.1.2 displays the proportion of total items prescribed segmented by the status of GP practices as active providers of the PHA's Stop Smoking services, and whether they had registered clients on the PHA's Stop Smoking monitoring system in 2018/19. As depicted, a total of 47 GP practices registered clients in 2018/19, with these practices prescribing 17.5% of all items to help people stop smoking (n=8,143). A further, 140 GP practices were listed as providers of PHA Stop Smoking services and prescribed 39.9% of all items (n=18,584). However these practices did not register any clients on the Stop Smoking service in 2018/19.

Figure 7.1.2: Proportion and number of items prescribed by GPs by provider and client status, 2018/19 (%n)

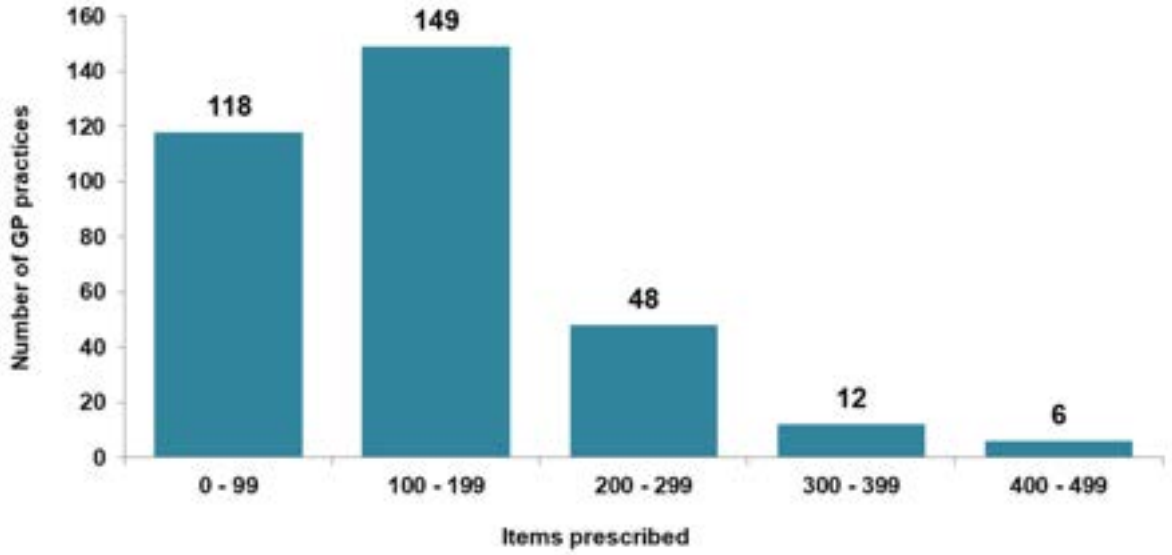


On average each of the 333 GP practices prescribing pharmacotherapies to help people stop smoking prescribed 140 items in 2018/19, with this figure rising to 173 items for those GP practices that had registered clients (Figure 7.1.3).

Figure 7.1.3: Average number of items prescribed, 2018/19 (n)

The number of items prescribed by individual GP practices ranged from two items to 484 items, with a median of 121 items. As Figure 7.1.4 illustrates, GP practices most commonly prescribed in the range of 100 to 199 items, with 44.7% of GP practices prescribing items within this range.

Figure 7.1.4: Number of items prescribed by GP practices to help people stop smoking, 2018/19 (n)

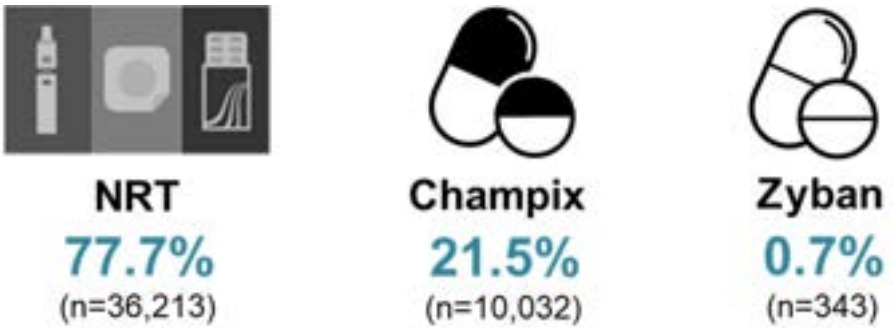


Base: 333 GP Practices
Source: BSO.
Produced by Health Intelligence, PHA.

Types of pharmacotherapies prescribed

There are three pharmacotherapies prescribed for the treatment of smoking dependence in Northern Ireland: Nicotine Replacement Therapy (NRT), Champix (Varenicline), and Zyban (Bupropion). NRT was the most commonly prescribed item, accounting for over three quarters (77.7%) of all items prescribed by GP practices to help people give up smoking in 2018/19 (Figure 7.1.5).

Figure 7.1.5: Pharmacotherapies prescribed by product type, 2018/19 (%/n)

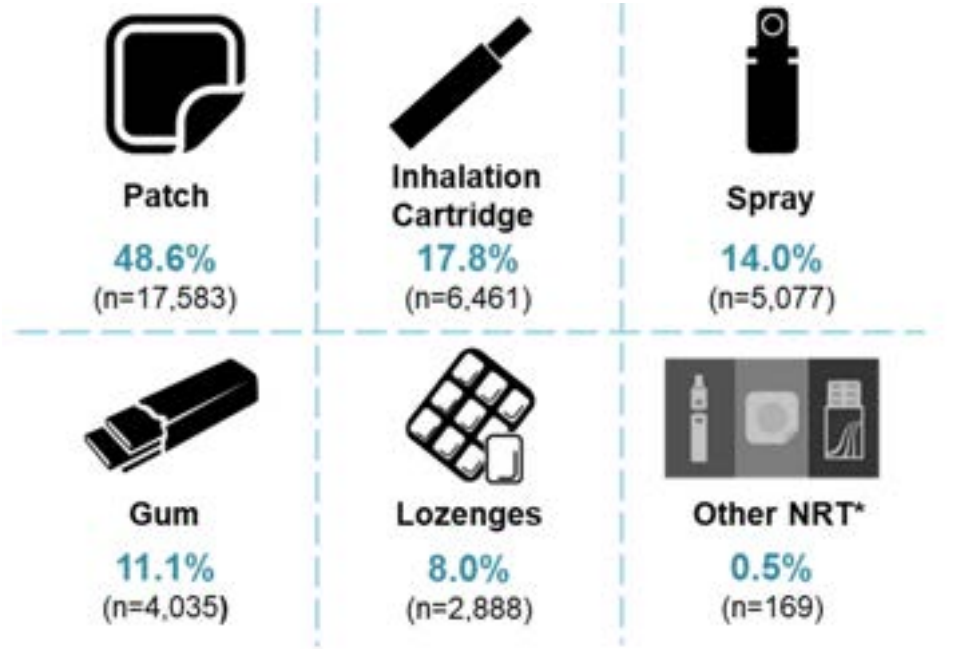


Base: 333 GP Practices
Source: BSO
Produced by Health Intelligence, PHA

All prescriptions for Champix and Zyban were for the medications in tablet form, however in the case of NRT a broader range of product types were prescribed (Figure 7.1.6). Almost half of prescribed NRT items were patches (48.6%), with inhalation cartridges the next most commonly prescribed item (17.8%), followed by

sprays (14.0%). Collectively these three products accounted for 4 in every 5 NRT items prescribed (80.4%).

Figure 7.1.6: NRT items prescribed by product type (n=36,213), 2018/19 (%/n)



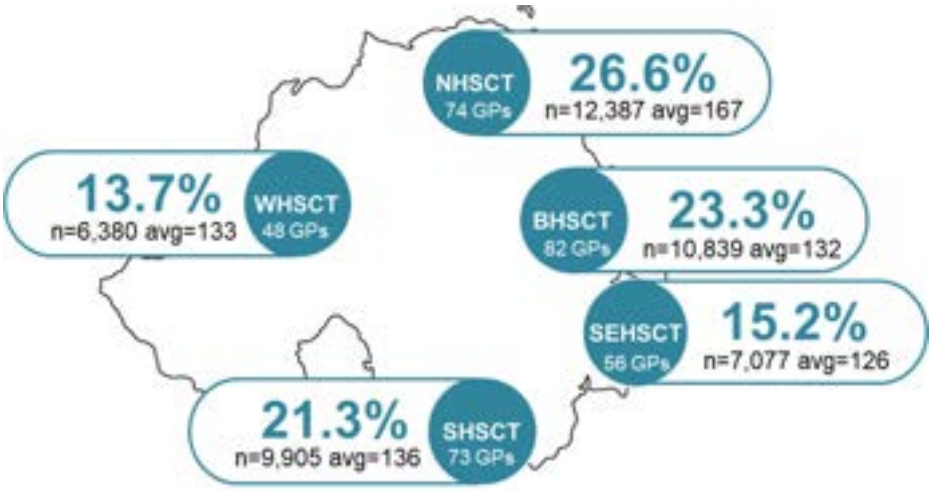
* Other NRT includes: sublingual tablets (n=162) and orodispersible films (n=7)
Base: 333 GP Practices
Source: BSO
Produced by Health Intelligence, PHA

GP prescribing by Health and Social Care Trust

GP practices in the Northern HSCT prescribed the largest proportion of items to help people stop smoking in 2018/19 (26.6%). This was followed by practices in the Belfast (23.3%) and Southern HSCTs (21.3%). The proportion of all items prescribed by GP practices in the South Eastern and Western HSCTs were notably lower at 15.2% and 13.7% respectively (Figure 7.1.7).

It should be noted that approximately one quarter of all GP practices were situated in the Belfast HSCT (24.6%, n=82), with 22.2% (n=74) in the Northern HSCT, and 21.9% (n=73) in the Southern HSCT. The number of GP practices located in the South Eastern (16.8%, n=56) and Western HSCTs (14.4%, n=48) were considerably lower.

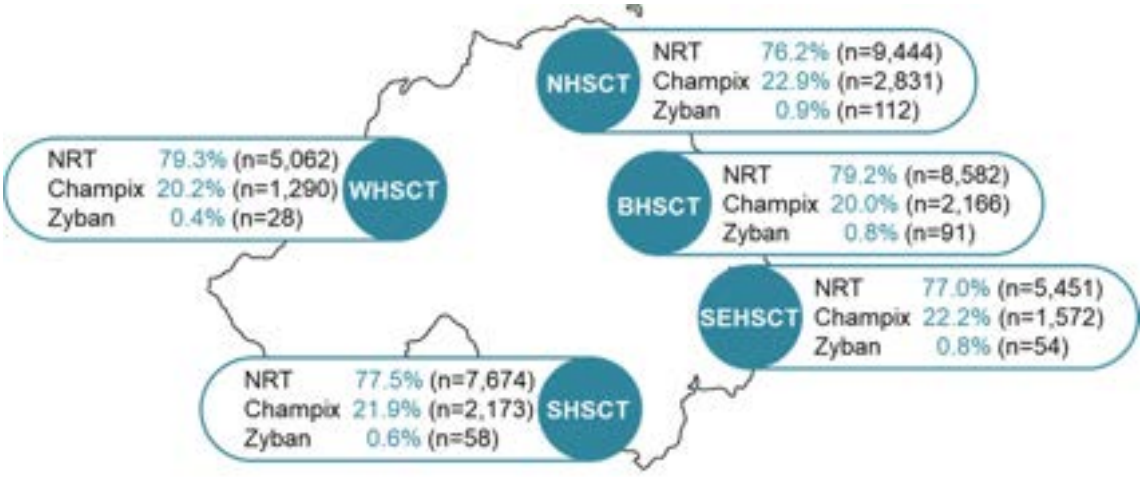
Figure 7.1.7: Proportion, number and average number of items prescribed by GP practices in each Health and Social Care Trust, 2018/19 (%/n)



Base: 333 GP Practices
Source: BSO
Produced by Health Intelligence, PHA

Reflecting overall prescribing trends at the Northern Ireland level, NRT was the most commonly prescribed pharmacotherapy in each HSCT, accounting for between 77.5% (Southern HSCT) and 79.3% (Western HSCT) of all items prescribed. Champix accounted for between 20.0% (Belfast HSCT) and 22.9% (Northern HSCT) of all prescribed items, with Zyban making up less than 1 percent of items in each HSCT (Figure 7.1.8).

Figure 7.1.8: Proportion and number of items prescribed by pharmacotherapy type in each Health and Social Care Trust, 2018/19 (%/n)

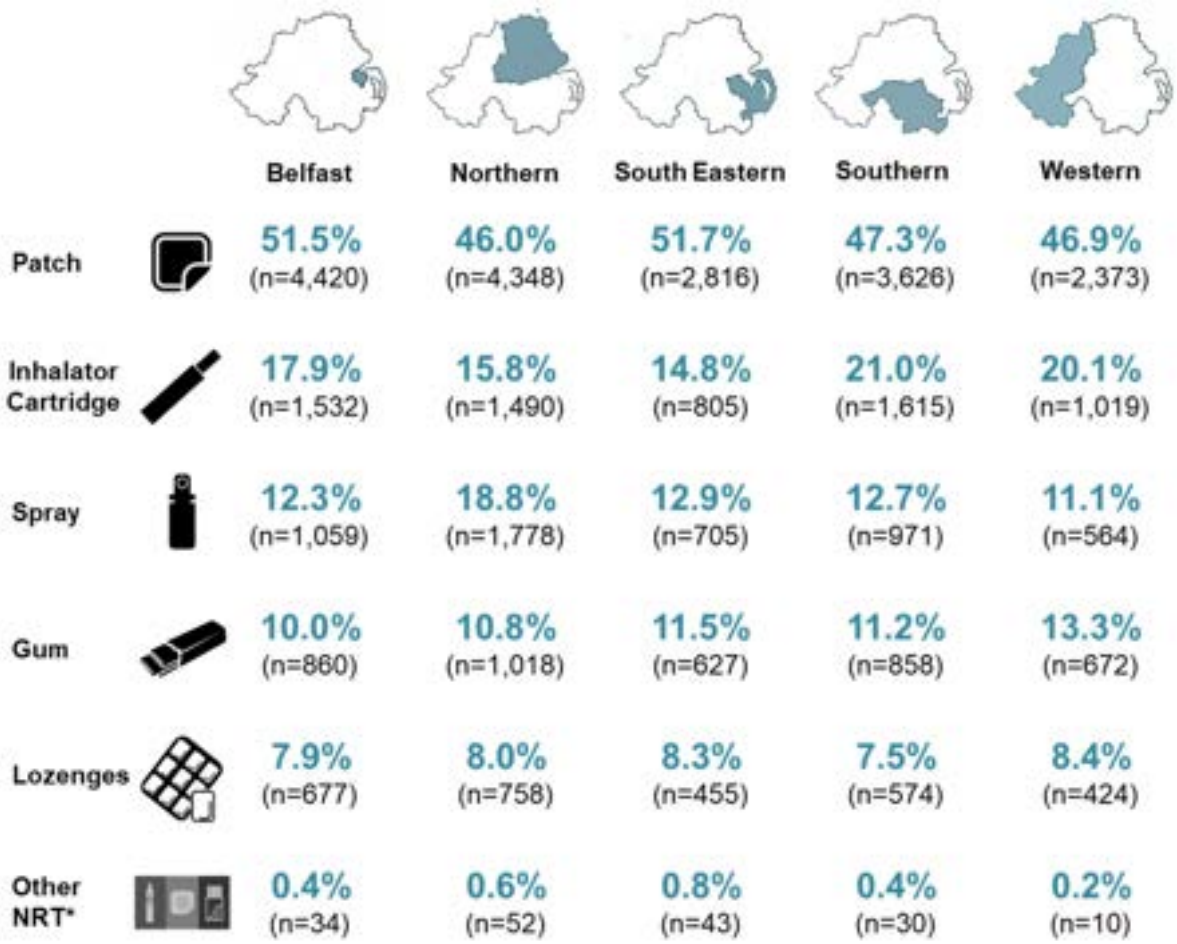


Base: 333 GP Practices
Source: BSO
Produced by Health Intelligence, PHA

As Figure 7.1.9 illustrates, patches were the most commonly prescribed NRT product in each HSCT, accounting for between 46.0% (Northern HSCT) and 51.7%

(South Eastern HSCT) of all NRT items prescribed. Inhalator cartridges represented a larger proportion of NRT prescriptions in the Southern (21.0%) and Western (20.1%) HSCTs compared to other areas. Within the Northern HSCT sprays represented a considerably larger proportion of prescribed NRT (18.8%) in comparison to other HSCTs.

Figure 7.1.9: Proportion and number of NRT items prescribed by product type in each HSCT (n=36,213), 2018/19 (%/n)



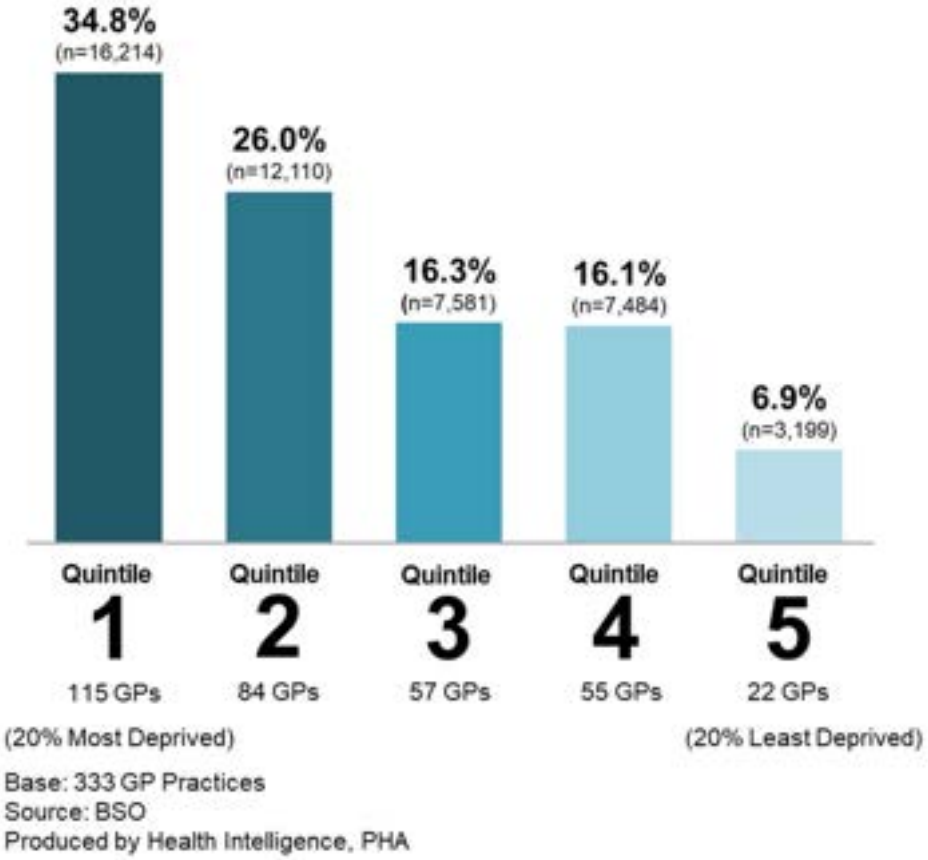
* Other NRT includes: sublingual tablets and orodispersible films
Base: 333 GP Practices
Source: BSO
Produced by Health Intelligence, PHA

GP prescribing by deprivation quintile

In 2018/19 over one third of all items prescribed to help people stop smoking were prescribed by GP practices located in the 20% most deprived areas (34.8%, n=16,214). A further 26.6% of all items were prescribed by GPs in quintile 2 (n=12,110). When taken together GP practices located in quintiles 1 and 2 prescribed approximately 3 in every 5 items to help people stop smoking. The proportion of total items prescribed by GP practices declined in each subsequent quintile to a low of 6.9% (n=3,199) in quintile 5 (Figure 7.1.10). It should be noted that the number of GP practices prescribing items to help people stop smoking was

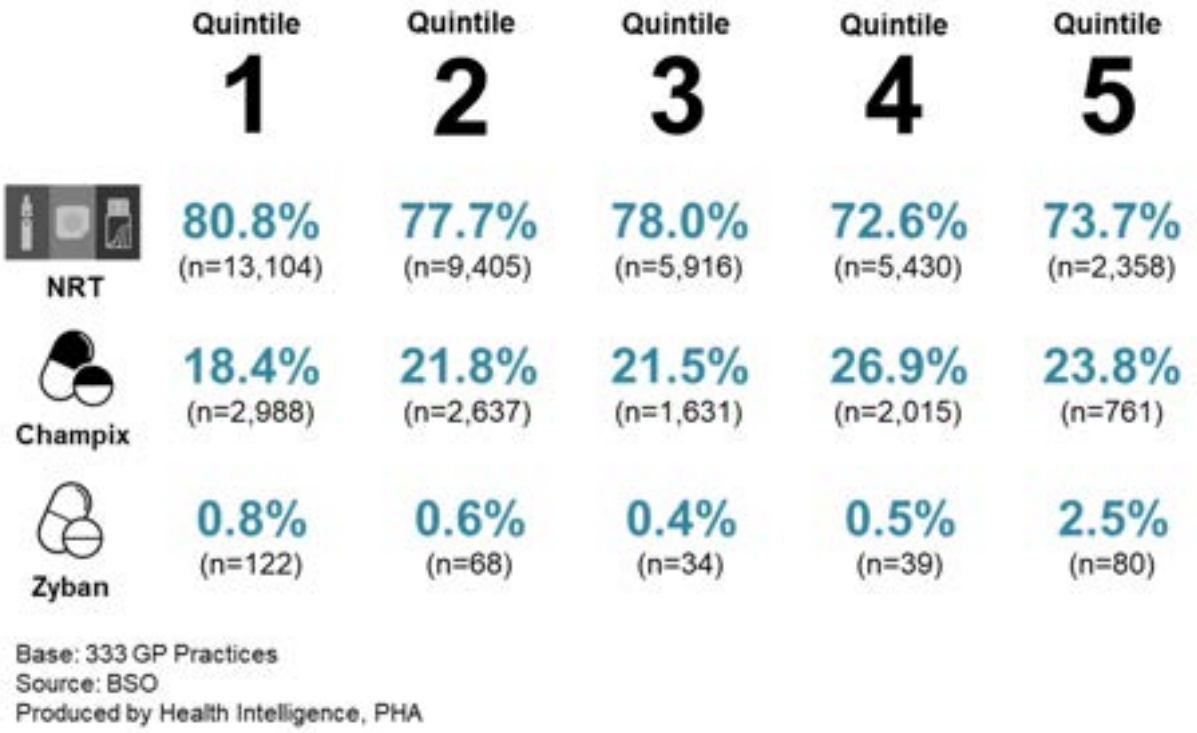
also highest in quintile 1 (115 practices), with this number declining across each quintile to quintile 5 (22 GP practices).

Figure 7.1.10: Proportion and number of items prescribed by GP practices in each deprivation quintile, 2018/19 (%/n)



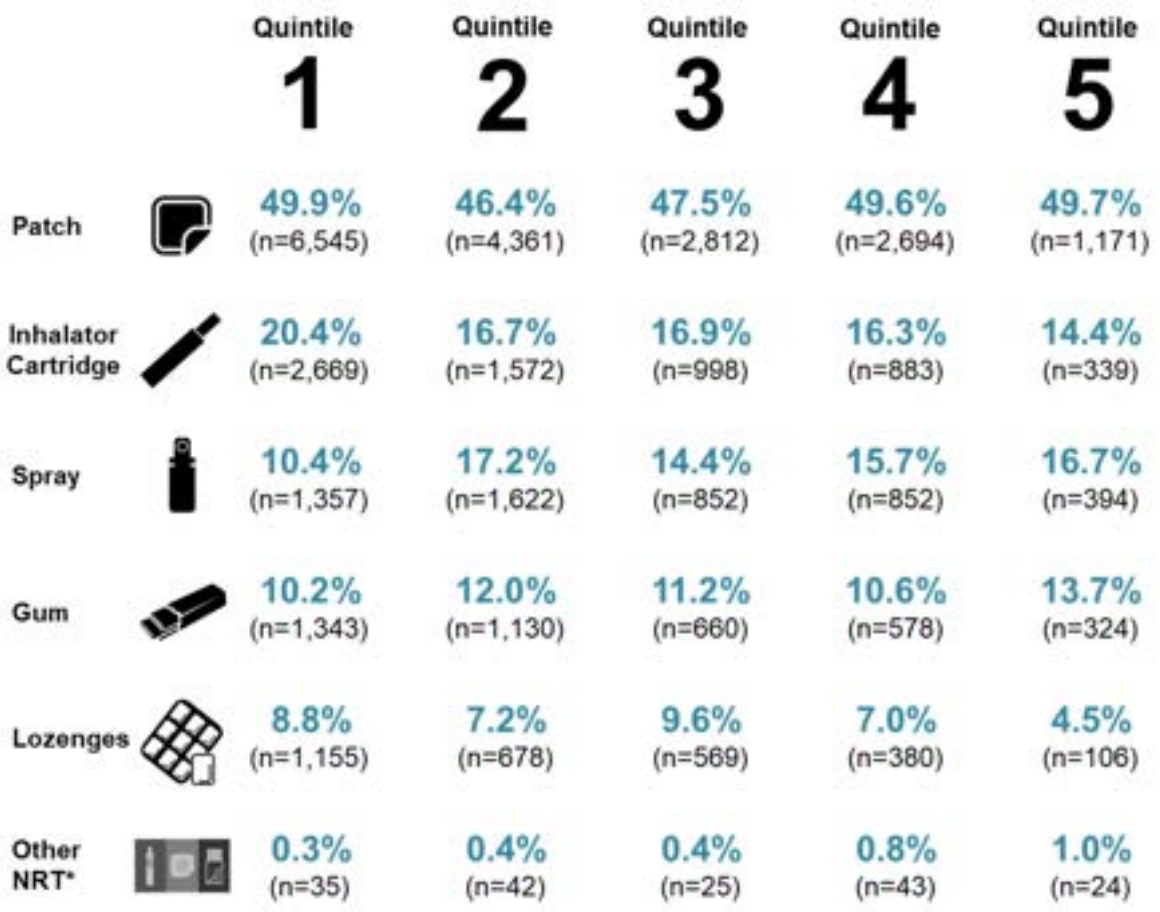
As illustrated in Figure 7.1.11, NRT was the most commonly prescribed pharmacotherapy item within each quintile. However the proportion of all items accounted for by NRT ranged from 72.6% of all items in quintile 4 to 80.8% in quintile 1. In contrast the proportion of items accounted for by Champix ranged from a low of 18.4% in quintile 1 to a high of 26.9% in quintile 4. Prescriptions for Zyban made up less than 1 percent of items in quintiles 1 to 4, however accounted for 2.5% of all items prescribed in quintile 5.

Figure 7.1.11: Proportion and number of pharmacotherapy items prescribed by product type in each deprivation quintile, 2018/19 (%/n)



Reflecting the prescribing of NRT at the Northern Ireland level, patches were also the most commonly prescribed NRT in each quintile accounting for almost half of all prescribed NRT. Inhalator cartridges accounted for a larger proportion of all prescribed NRT in the 20% most deprived areas (20.4%) when compared to other quintiles. In contrast sprays accounted for a markedly lower proportion of prescribed NRT in quintile 1 (10.4%) in comparison with other quintiles.

Figure 7.1.12: Proportion and number of NRT items prescribed by product type in each deprivation quintile (n=36,213), 2018/19 (%/n)



* Other NRT includes: sublingual tablets and orodispersible films
Base: 333 GP Practices
Source: BSO
Produced by Health Intelligence, PHA

Cost of pharmacotherapies prescribed by GPs

The overall gross cost of pharmacotherapies prescribed by GP practices to help people stop smoking in 2018/19 exceeded £1.3 million (Figure 7.1.13).

Figure 7.1.13: Total gross cost of pharmacotherapies prescribed, 2019/19 (£)

Figure 7.1.14 illustrates that prescriptions for NRT accounted for 66.5% (£868,338) of the total gross cost of items prescribed, with Champix accounting for 32.5% of costs (£424,866), and Zyban 1.0% (£13,112).

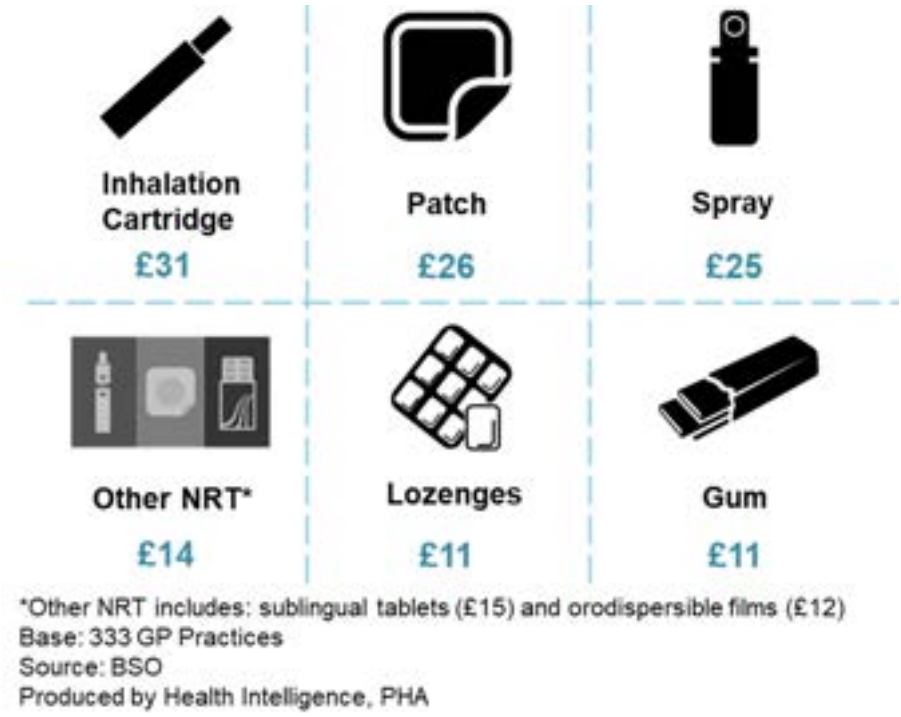
Figure 7.1.14: Contribution to total gross costs of items prescribed by pharmacotherapy type, 2018/19 (%/£)

The average gross cost per item for all prescribed pharmacotherapies was £28. Looking at each type of pharmacotherapy, the average gross cost was £42 per item of Champix, £38 for Zyban, and £24 for NRT (Figure 7.1.15).

Figure 7.1.15: Average gross cost per prescribed item, 2018/19 (£)

Within the NRT category, the average gross cost per item varied notably between product types (Figure 7.1.16). Inhalator cartridges had the highest average gross cost at £31 per item, with this being almost three times higher than the average per item costs of lozenges (£11) and gum (£11). Patches, the most commonly prescribed form of NRT, had an average gross cost of £26 per item.

Figure 7.1.16: Average gross cost per NRT item, 2018/19 (£)



7.2 Pharmacy NRT dispensing

Whereas GPs may prescribe Nicotine Replacement Therapy (NRT), Champix (Varenicline), and Zyban (Bupropion), pharmacies supporting clients to stop smoking may only dispense NRT without a prescription.

Total number and cost of NRT items dispensed

In 2018/19 482 pharmacies dispensed a total of 91,240 NRT items to help people stop smoking, with an associated Gross Ingredient Cost of over £1.29 million (Figure 7.2.1).

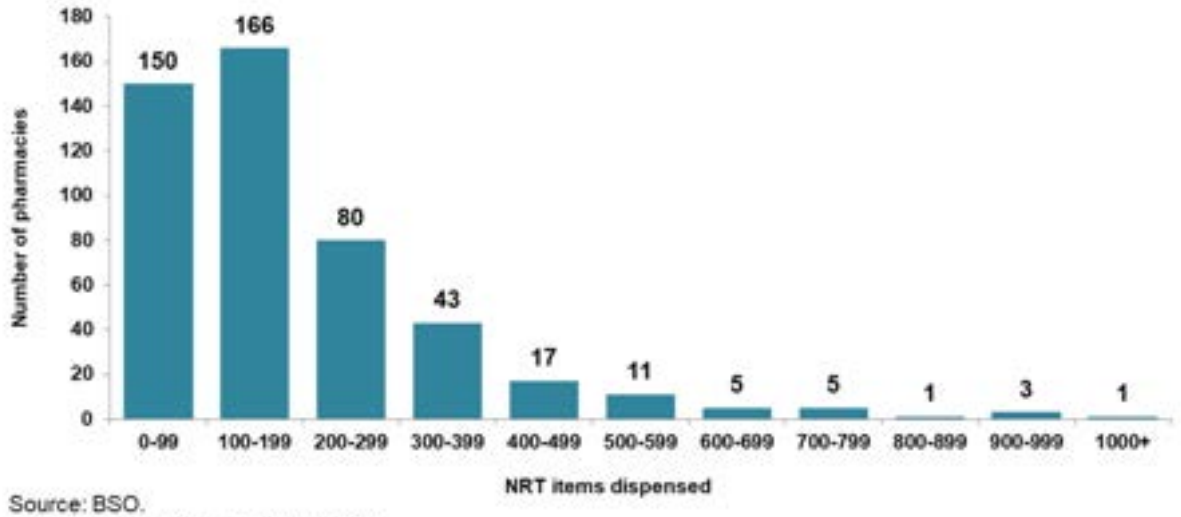
Figure 7.2.1: Total number and gross ingredient cost of NRT items dispensed by pharmacies, 2018/19 (n/£)

On average each pharmacy dispensed 189 items of NRT to help people stop smoking in 2018/19 (Figure 7.2.2).

Figure 7.2.2: Average number of NRT items dispensed by pharmacies, 2018/19 (n)

The number of NRT items dispensed by pharmacies ranged from 1 item to 1,075 items, with a median of 148 items. As illustrated in Figure 7.2.3, pharmacies most commonly dispensed between 100 to 199 NRT items, with 34.4% dispensing items within this range, followed by 0 to 99 items (31.1% of pharmacies).

Figure 7.2.3: Number of NRT items dispensed by pharmacies, 2018/19 (n)

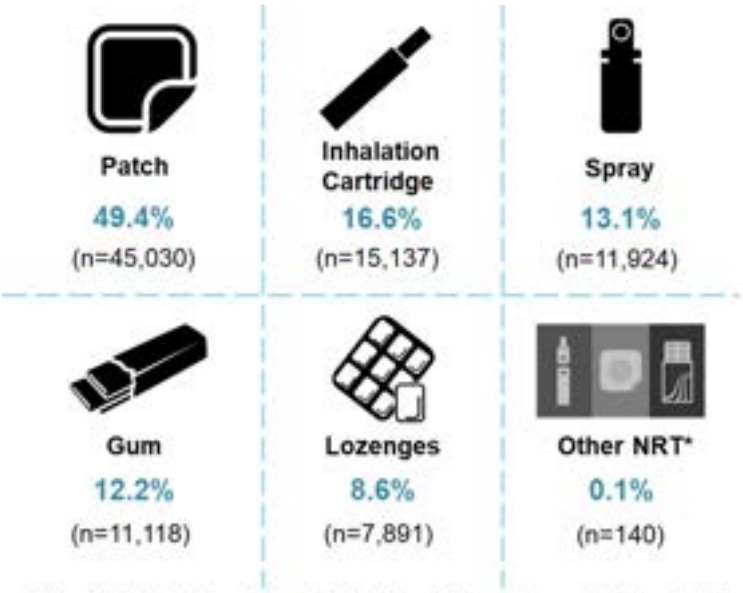


Source: BSO.
Produced by Health Intelligence, PHA.

Type of NRT products dispensed

Patches were the most commonly dispensed NRT product in 2018/19, accounting for almost half of all NRT items dispensed by pharmacies (49.4%). Inhalator cartridges (16.6%), and sprays (13.1%), were the next most commonly dispensed items, with these three products accounting for approximately 4 in every 5 NRT products dispensed (Figure 7.2.4).

Figure 7.2.4: NRT items dispensed by product type, 2018/19 (%/n)

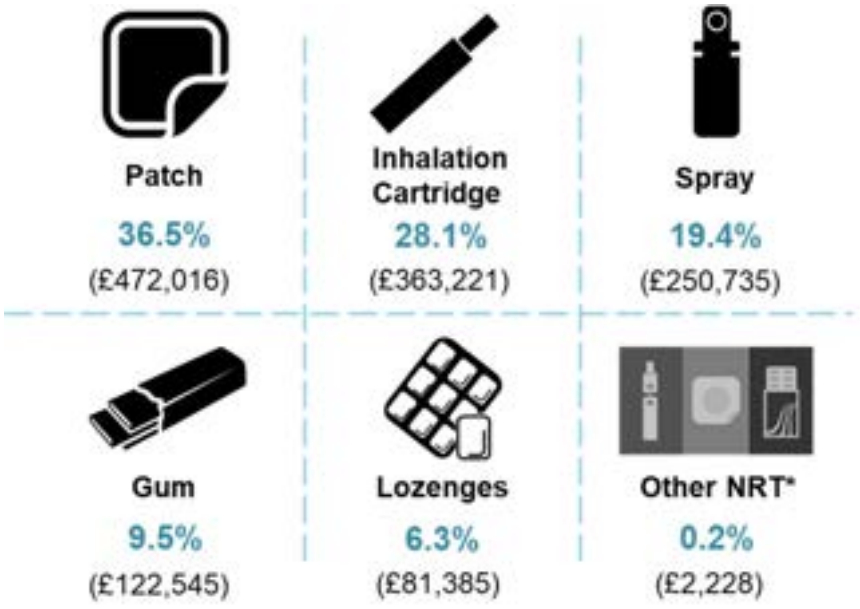


*Other NRT includes: sublingual tablets (n=135); orodispersible films (n=2); unspecified items (n=3).
Source: BSO
Produced by Health Intelligence, PHA

Gross ingredient costs of NRT items dispensed

Figure 7.2.5 illustrates that patches accounted for 36.5% (£472,016) of the total gross ingredient cost of all NRT items dispensed. Inhalators contributed 28.1% of overall gross ingredient costs (£363,221), and sprays 19.4% (£250,735). Contributions to the total gross ingredient cost of NRT by gum, lozenges and other NRT items were considerably lower.

Figure 7.2.5: Proportion of total gross ingredient costs of dispensed NRT by product type, 2018/19 (%/£)



*Other NRT includes: sublingual tablets (£2,173); orodispersible films (£22); unspecified items (£33).
Source: BSO
Produced by Health Intelligence, PHA

The average gross ingredient cost per item for all dispensed NRT taken as a whole was £14. Looking specifically at the range of NRT products dispensed, the average gross ingredient cost per item was highest for inhalator cartridges (£24), followed by sprays (£21). The average gross ingredient cost for gum was £11 per item, with patches and lozenges averaging £10 per item (Figure 7.2.6).

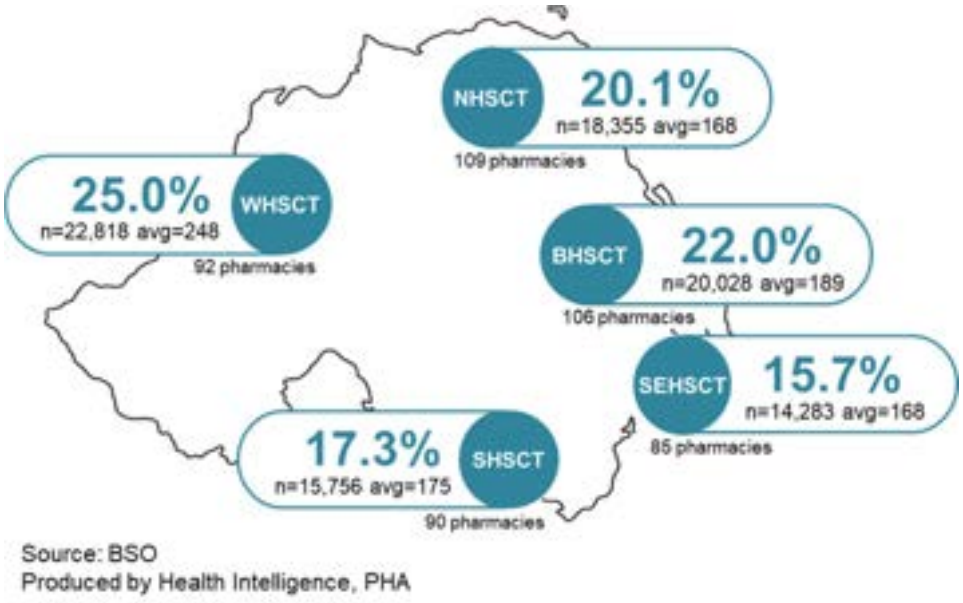
Figure 7.2.6: Average gross ingredient cost per NRT item dispensed by pharmacies, 2018/19 (£)

*Other NRT includes: sublingual tablets (£16); orodispersible films (£11); unspecified items (£11).
Source: BSO
Produced by Health Intelligence, PHA

Pharmacy NRT dispensing by Health and Social Care Trust

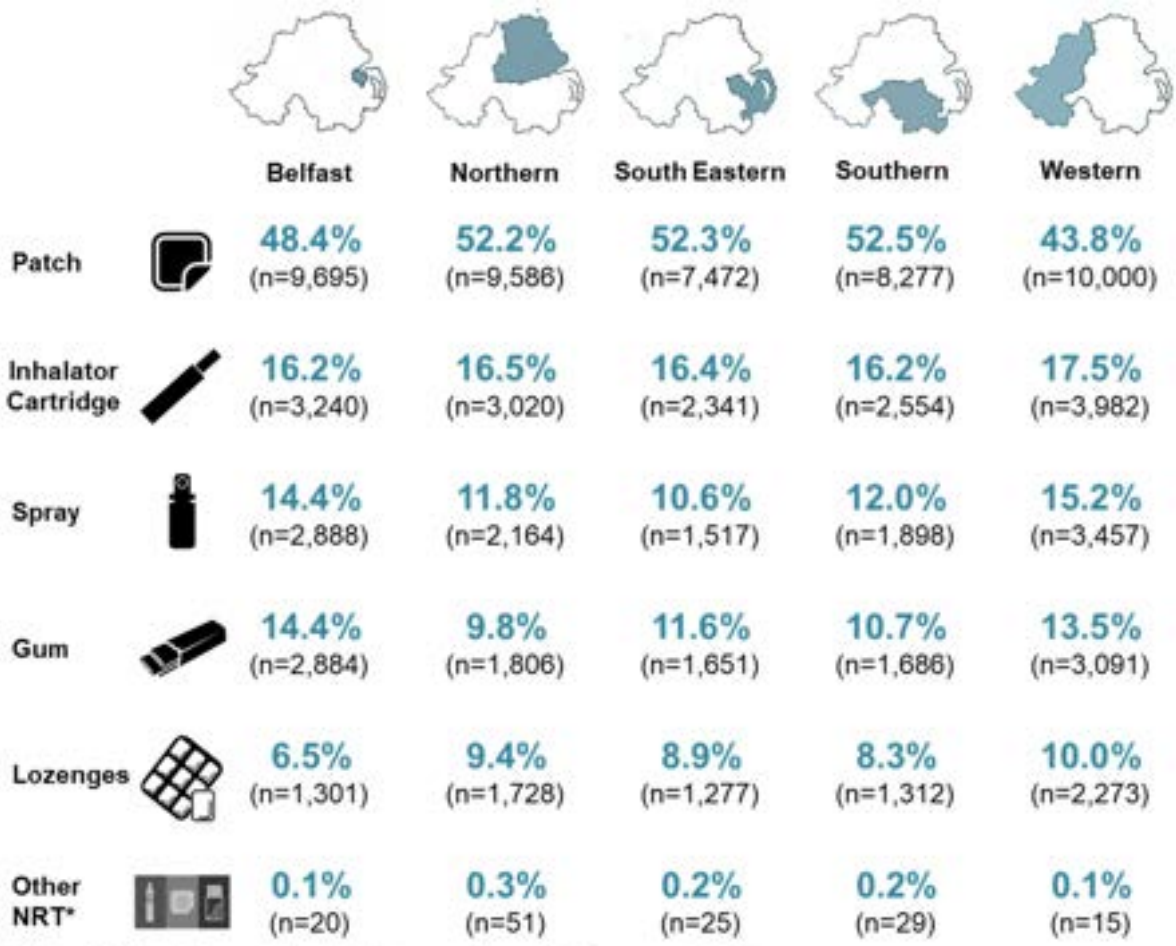
Figure 7.2.7 illustrates that pharmacies in the Western HSCT dispensed the largest proportion of NRT items in 2018/19 (25.0%). The average number of NRT items dispensed per pharmacy was also notably higher in the Western HSCT than in any other HSCT area at 248 items. In comparison with the Western HSCT, pharmacies situated in the South Eastern HSCT dispensed a considerably lower proportion of NRT items. Figure 7.2.7 also notes the number of pharmacies that dispensed NRT to clients located within each HSCT.

Figure 7.2.7: Proportion, number and average number of NRT items dispensed by pharmacies in each Health and Social Care Trust, 2018/19 (%/n)



Reflecting the trend in NRT dispensing at the Northern Ireland level, patches were the most commonly dispensed product in each Health and Social Care Trust. However patches accounted for lower proportions of dispensed items in the Belfast and Western HSCTs in comparison with other HSCTs. This appeared to be offset in part by the proportions of sprays and gum dispensed in the Belfast and Western HSCTs being higher compared to the remaining HSCTs (Figure 7.2.8).

Figure 7.2.8: Proportion and number of NRT items dispensed by product type in each HSCT, 2018/19 (%/n)

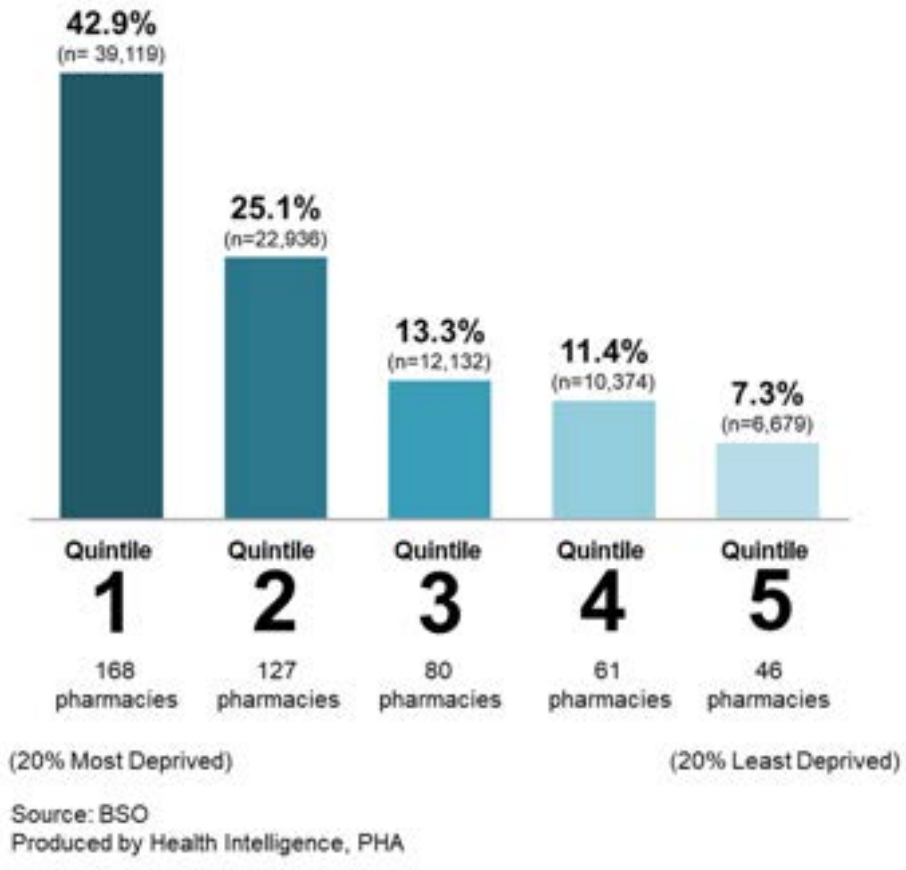


* Other NRT includes: sublingual tablets; orodispersible film; unspecified items.
Source: BSO
Produced by Health Intelligence, PHA

Pharmacy NRT dispensing by measure of deprivation

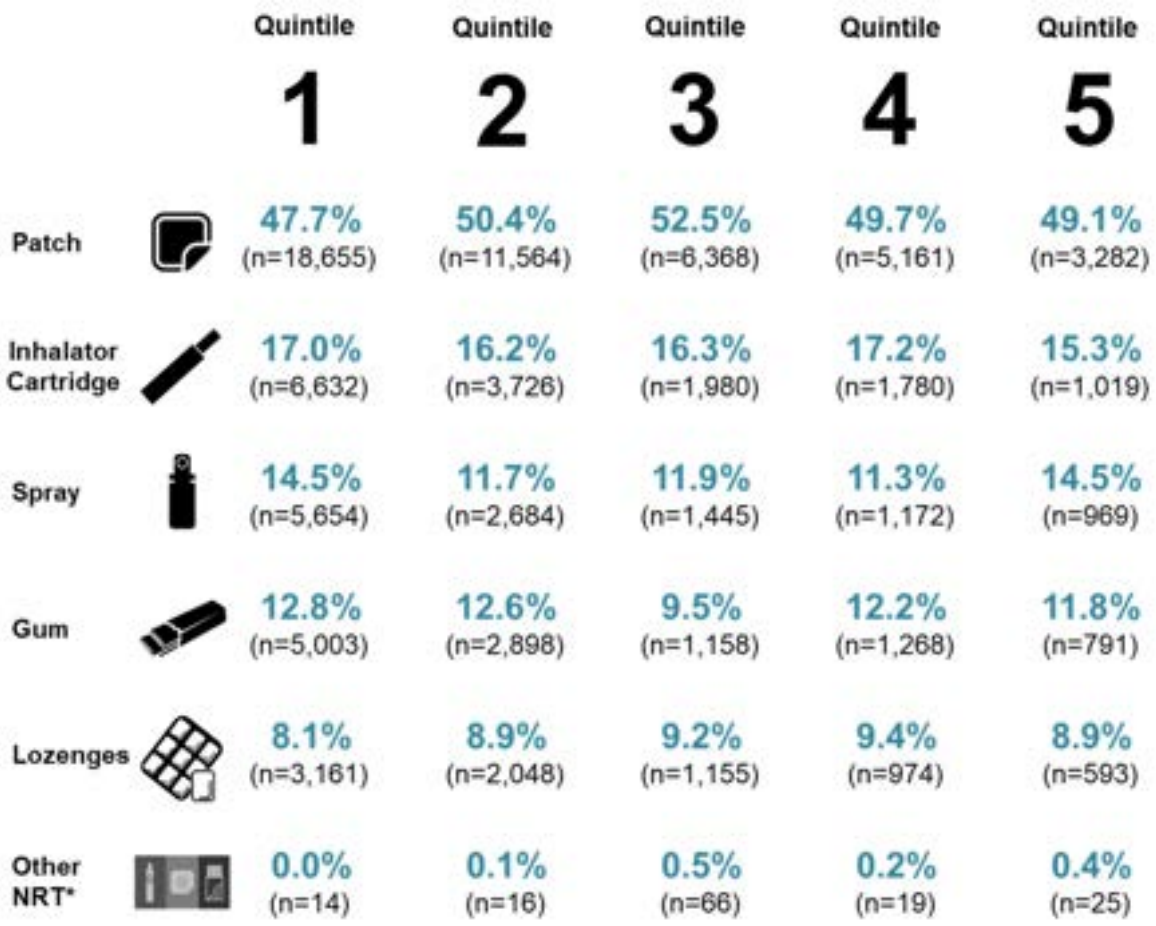
Over 4 in 10 NRT items dispensed in 2018/19 were provided by pharmacies in the 20% most deprived areas (42.9%), with a further quarter of NRT items having been dispensed by pharmacies in quintile 2 (25.1%). The proportions of NRT items dispensed by pharmacies in each deprivation quintile declined across quintiles 1 to 5 (Figure 7.2.9). It should be noted that the number of pharmacies dispensing NRT was also highest in quintile 1 (168 pharmacies), and declined in each quintile to quintile 5 (46 pharmacies). Pharmacies in the 20% most deprived areas also dispensed the highest average number of NRT items (233 items), with pharmacies in quintile 5 dispensing the lowest average number of items (145).

Figure 7.2.9: Proportion and number of NRT items dispensed by pharmacies in each deprivation quintile, 2018/19 (%/n)



As Figure 7.2.10 illustrates patches were the most commonly dispensed NRT product by pharmacies in each deprivation quintile, accounting for approximately half of items dispensed. Sprays represented a larger proportion of dispensed NRT in quintiles 1 and 5 (14.5%) when compared to quintiles 2 through 4. Inhalator cartridges made up a lower proportion of dispensed items in quintile 5 (15.3%) than in quintiles 1 through 4, while the proportion of items accounted for by gum was notably lower in quintile 3 compared to all other quintiles.

Figure 7.2.10: Proportion and number of NRT items dispensed by product type in each deprivation quintile, 2018/19 (%/n)



* Other NRT includes: sublingual tablets; orodispersible film; unspecified items.
Source: BSO
Produced by Health Intelligence, PHA

References

1. ASH. Fact sheet no.1: Smoking Statistics. Action on Smoking and Health: England, November 2018.

2. U.S. Department of Health and Human Services. How Tobacco Smoke Causes Disease: The Biology and Behavioural Basis for Smoking-Attributable Disease: A Report of the Surgeon General. Atlanta, GA: U.S. Department of Health and Human Services, 2010.

3. World Health Organization (WHO). WHO Global Report on Trends in Prevalence of Tobacco Smoking 2000-2025 Second Edition. WHO: Geneva, 2018.

4. Royal College of Physicians (RCP). Nicotine Addiction in Britain. A report of the Tobacco Advisory Group of the Royal College of Physicians. RCP: London, 2000.

5. World Health Organization (WHO). Tobacco: Key Facts. WHO: Geneva, 2019.

6. World Health Organization (WHO). WHO Report on the Global Tobacco Epidemic, 2019. WHO: Geneva, 2019.

7. Department of Health, Social Services and Public Safety. Ten-Year Tobacco Control Strategy for Northern Ireland. DHSSPSNI: Belfast, 2014.

8. ONS. Statistical Bulletin. Adult Smoking Habits in the UK: 2018: Cigarette smoking habits among adults in the UK, including the proportion of people who smoke, demographic breakdowns, changes over time, and use of e-cigarettes. ONS: England, July 2019.

9. Department of Health. Health Survey (NI): First Results 2018/19. Department of Health: Belfast, January 2020.

10. Northern Ireland Statistics and Research Agency (NISRA), 2017. Young Persons Behaviour and Attitudes Survey bulletin, 2016. NISRA: Belfast, 2017.

11. National Centre for Smoking Cessation and Training. Local Stop Smoking Services: Service and delivery guidance 2014. Public Health England: 2014.

12. National Institute of Health and Care Excellence (NICE). Smoking Cessation Services. Issued: February 2008 last modified: November 2013. NICE public health guidance 10. NICE: 2013.

13. NHS Digital. Statistics on NHS Stop Smoking Services in England April 2018 to March 2019. NHS Digital: England, 3rd September 2019.

14. Welsh Government. NHS Smoking Cessation Services in Wales. Health & Social Services Group: Cardiff, 30th October 2019.

15. NHS National Services Scotland. NHS Smoking Cessation Services: Scotland 2018/19. NHS: National Statistics Scotland: Scotland, 22nd October 2019.

16. NHS Digital. Health Survey for England 2018. NHS Digital: England, 4th December 2019.

17. Welsh Government. National Survey for Wales 2018/19: Adult Lifestyle. Welsh Government : Wales, 26th June 2019.

18. Scottish Government. The Scottish Health Survey: 2018 edition Summary: A National Statistics Publication for Scotland. The Scottish Government: Edinburgh, 2019.

19. Department of Health. Young Persons Behaviour and Attitudes Survey 2016: Health Modules. Department of Health: Belfast, 2017.

20. Public Health Agency/Health and Social Care Board, 2011. Quality Standards for the Delivery of Specialist Stop Smoking Services in Northern Ireland. September 2011. Belfast: PHA, HSCB.

Appendices

Table 1: Smoking Prevalence of those aged 18+ by UK Country 2011-2018 (%)

Year	United Kingdom	England	Wales	Scotland	Northern Ireland
2011	20.2	19.8	22.3	23.4	18.9
2012	19.6	19.3	21	21.7	19.2
2013	18.8	18.4	20.2	21.5	18.5
2014	18.1	17.8	19.4	20.3	18
2015	17.2	16.9	18.1	19.1	19
2016	15.8	15.5	16.9	17.7	18.1
2017	15.1	14.9	16.1	16.3	16.5
2018	14.7	14.4	15.9	16.3	15.5

Table 2: Smoking Prevalence of those aged 18+ in the UK by Age-Group 2011-2018 (%)

Year	18 to 24	25 to 34	35 to 44	45 to 54	55 to 64	65 and over
2011	25.7	25.8	23.3	21.6	18.5	10.2
2012	25.0	25.0	22.5	21.0	18.0	10.1
2013	23.5	24.6	21.2	20.3	17.1	9.8
2014	23.5	24.0	20.1	19.6	16.7	9.3
2015	20.7	23.0	19.5	19.0	16.0	8.8
2016	19.3	20.8	18.1	17.3	15.1	8.3
2017	17.8	19.7	16.9	16.7	14.9	8.1
2018	16.8	19.2	16.4	16.8	14.5	7.9

Produced by:

Health Intelligence, Public Health Agency

County Hall, 182 Galgorm Road, Ballymena

Contact: Elaine Wilmot

Email: elaine.wilmot@hscni.net