HSC Public Health Agency

Northern Ireland Tobacco Control Annual report

2022-2023

Improving your health and wellbeing

Foreword

Smoking is the single most entirely preventable cause of ill-health, disability, and death in the UK and is responsible for around 2,200 deaths per year in Northern Ireland. No other consumer product kills up to two-thirds of its users, when used as intended.

In Northern Ireland, around 14% of the population are current smokers. Smoking is recognised as a major driver of health inequalities and prevalence remains much higher amongst socially disadvantaged groups.

Tobacco use is associated with a wide range of health problems, including lung cancer, heart disease, stroke, respiratory diseases, and many other conditions. It not only harms the health of people who smoke, but also has significant negative effects on the health of non-users through exposure to second-hand smoke. There are also significant economic costs associated with tobacco use, including healthcare costs, lost productivity, and reduced quality of life.

This report covers the financial year 2022/23. The last published report on Tobacco Control NI was for the period 2018/19. Due to the COVID-19 pandemic, subsequent reports were not produced, but have now been resumed.

The delivery of Stop Smoking Services across Northern Ireland was significantly impacted by COVID-19, particularly through local lockdowns and the inability to deliver face to face services. Service models were reconfigured and largely adopted telephone support as the primary delivery method. Services are now returning to a more comprehensive approach.

Ensuring people do not become addicted to smoking, helping current smokers to quit and protecting people from second- hand smoke are effective measures we can take to protect the health of our population.

The Public Health Agency will continue to work collaboratively with all our partners to reduce the prevalence of smoking in Northern Ireland.

Executive summary

- Cigarette smoking remains the main risk factor for early death or disability
- Smoking prevalence in NI has dropped from 24% to 14% in the last ten years
- This means there are still over 200,000 adults smoking in Northern Ireland
- In the most deprived areas one in four adults smoke cigarettes compared with one in fourteen in the least deprived areas
- The PHA public information campaign around smoking in cars achieved good reach / recognition with the public and received an award
- Numbers of people accessing smoking cessation services have declined substantially. This trend predates but was exacerbated by Covid
- Target levels of reaching 5% of adult smokers with cessation services were not met in 22/23 (3.8%)
- Success rates of smoking cessation services are as good or better than elsewhere in the UK. (60% quit at four weeks and dropping to 23% a year later)
- The numbers of young people smoking cigarettes has dropped to 1% of 11-16 year olds but vaping / e-cigarettes have increased in young people (6% are current users)
- Of the one in ten women (2,058) who self-reported smoking at their first ante-natal appointment 29% took up the offer of smoking cessation services
- Nicotine Replacement Therapy items dispensed reduced by nearly a quarter (24%) between 2018 and 2023 but in 2023 there were still over 100,000 items dispensed to people to assist in stopping smoking

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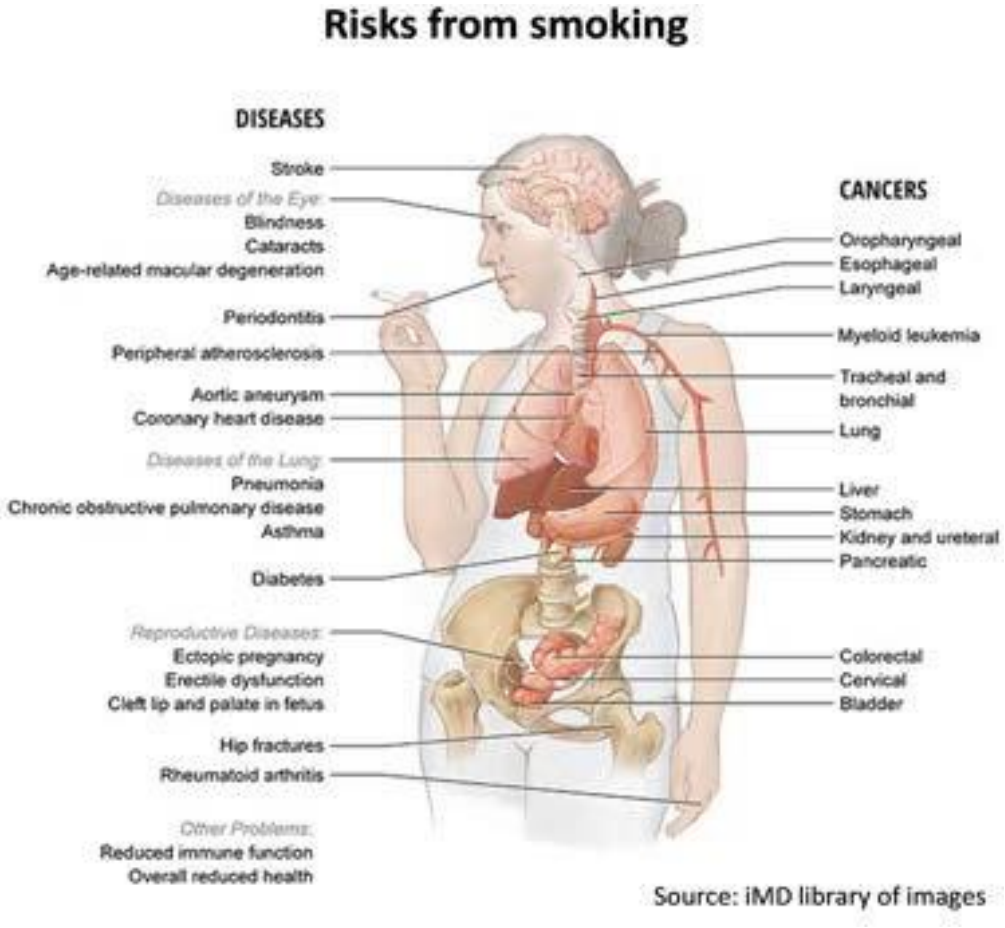
1 Introduction

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 22.3% of the global population aged 15 and over smoked cigarettes in 2020, equating to 1.3 billion people, 80% of whom live in low and middle income countries. Prevalence was highest amongst males (36.7%) compared to females (7.8%).

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.[3] It is estimated that for every death attributable to smoking, approximately 20 smokers are suffering from a smoking related disease[4]. 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. Seven million of these deaths are a result of direct tobacco use, with second-hand smoke causing more than 1.3 million premature deaths per year.[5]

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

The Global Burden of disease study [6] re morbidity and mortality identifies the leading causes of disease and disability. While the number of deaths and disability adjusted life years has declined Tobacco remains the main cause of premature death and disability in Northern Ireland in 2021. Figure 1.2)

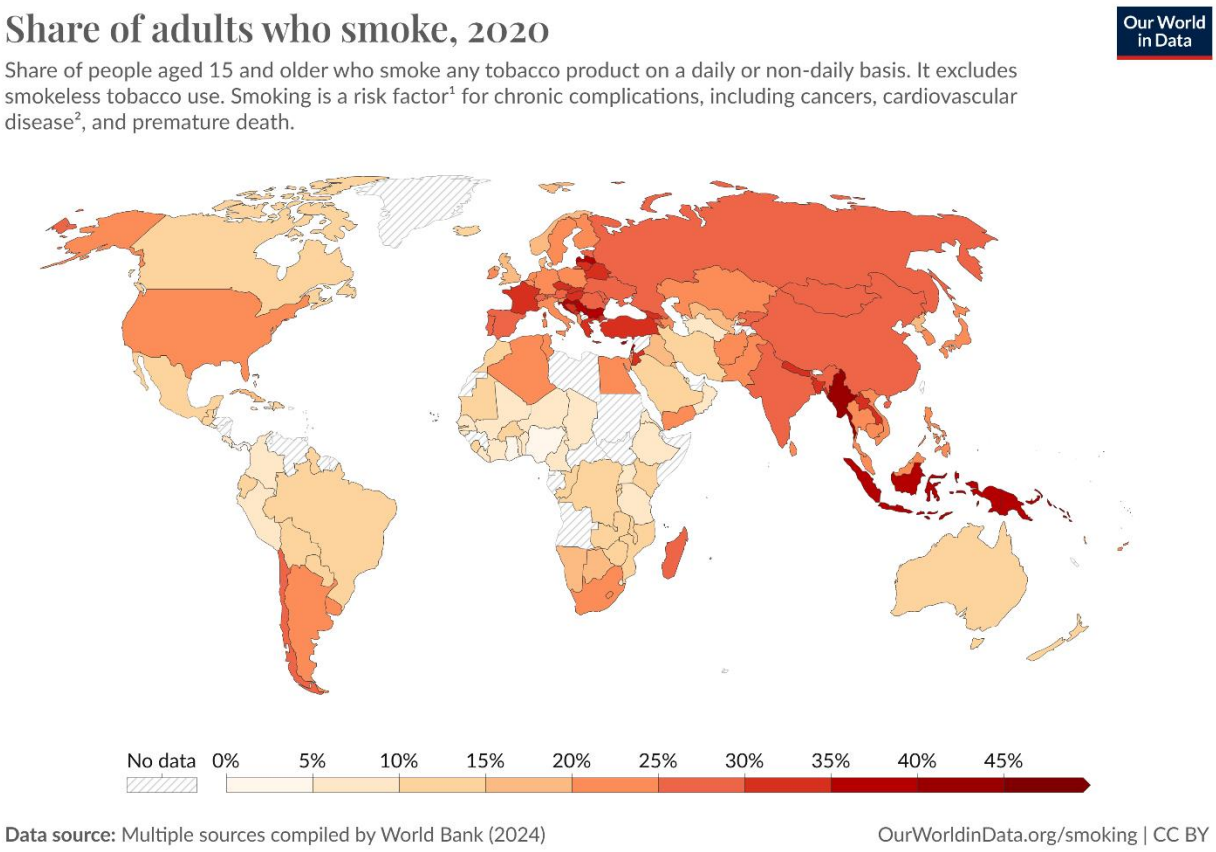
Cause type	Risk	2011 rank	2021 rank	Change in DALYs per 100k, 2011-2021
Behavioral risks	Tobacco	1	1	-358
Metabolic risks	High body-mass index	4	2	198.3
Metabolic risks	High blood pressure	2	3	-295.9
Behavioral risks	Dietary risks	3	4	-154.3
Metabolic risks	High fasting plasma glucose	5	5	239.2
Behavioral risks	High alcohol use	6	6	-36.7
Environmental/occupational risks	Occupational risks	8	7	27.7
Metabolic risks	High LDL	7	8	-206.4
Metabolic risks	Kidney dysfunction	9	9	-3.1
Behavioral risks	Drug use	11	10	95.6

Figure 1.2 Northern Ireland :Top 10 risks contributing to Disability-Adjusted Life Years (DALYs) per 100k in 2021 and rate change 2011–2021, all ages.

In 2020, the current cigarette smoking prevalence among persons aged 15 and over by country ranged from 48.5% in Naura to 3.5% in Ghana. Figure 1.3 illustrates that prevalence then in the United Kingdom (UK) was 15.4 %, the United States of America (USA) had a prevalence of 23.0%. In comparison, Australia had a lower prevalence of 13.6%, with Ireland having a higher prevalence of 20.8%.[7]

Most recent data is available for the United Kingdom and Ireland in later sections.

Figure 1.3: 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. Scandinavian countries and the United Kingdom had the lowest prevalence rates (below 20%) compared to South Eastern and Middle European countries generally with a prevalence of 25% and above.

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 12.9 % of the adult population aged 18 years and above smoke cigarettes, equating to approximately 6.4 million people.[8]

Smoking prevalence in the UK has seen a downward trend from 20.2% in 2011 to 12.9% in 2022, a decline of 7.3 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 to the 14.0% in 2022 (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 – 2022

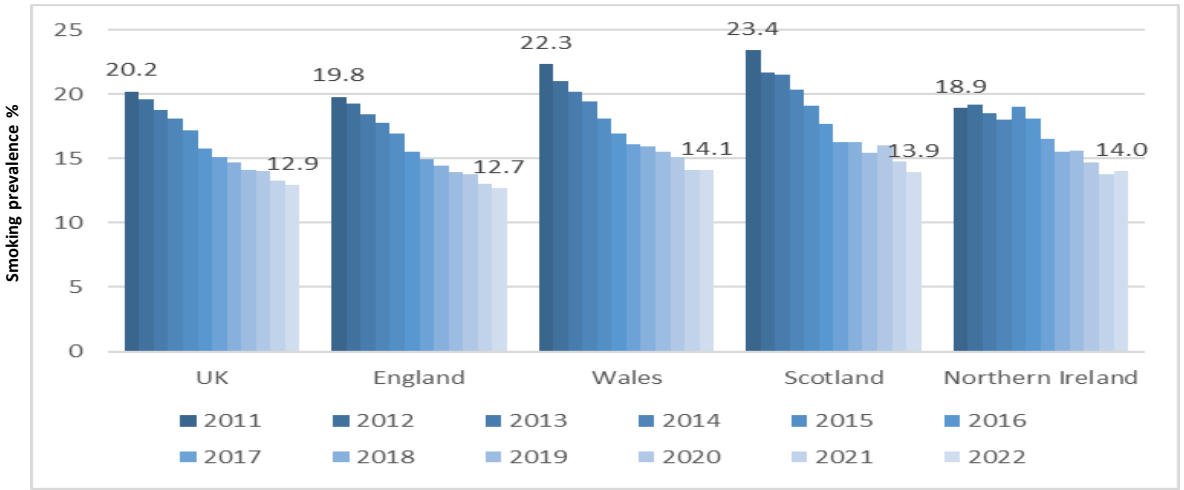
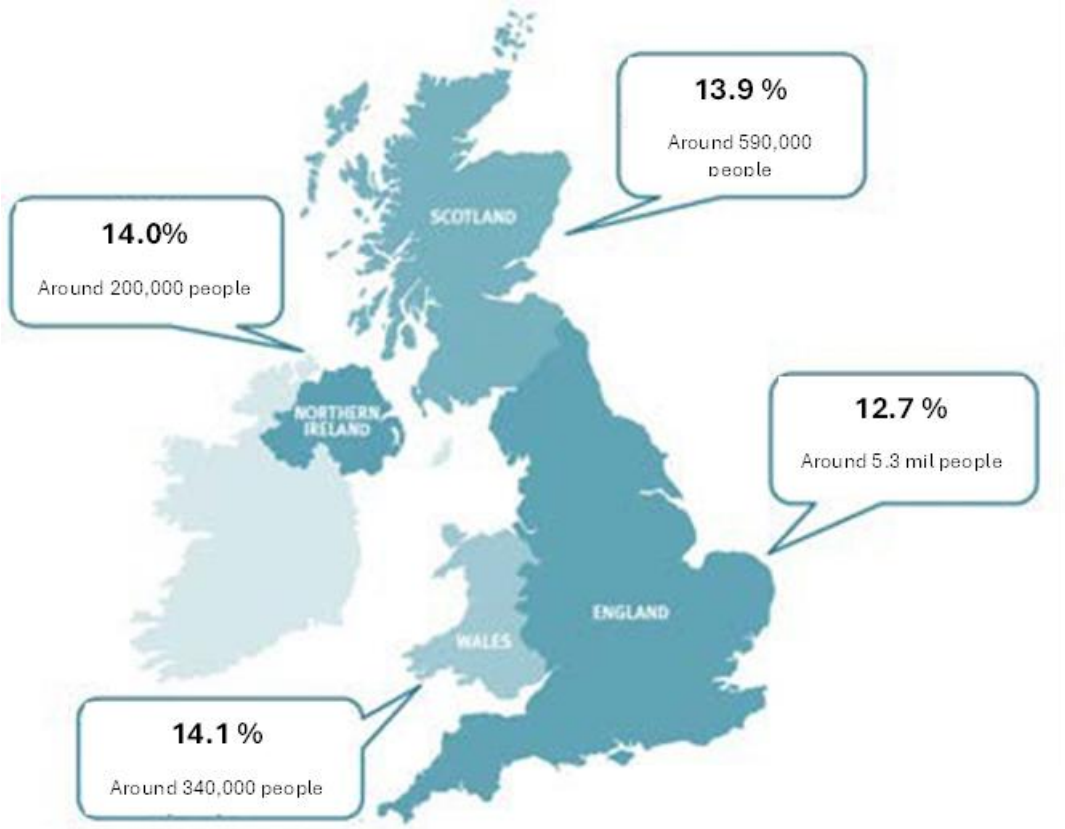


Figure 1.5: Smoking prevalence and estimated number of smokers aged 18+ by UK country 2022



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.

Smoking prevalence in Ireland

In the 2022 census Ireland asked people about smoking for the first time. This has the advantage of allowing deeper comparisons to be made given the much larger sample than a normal survey. Reported smoking levels were 8.7% of those 15+ smoked daily with a further 4.4% smoked occasionally. The gender difference was apparent with males at 10% daily and 5% occasionally and females at 7.5% and 4% respectively. Smoking levels were highest amongst aged 20-24 years(10.1% daily, 10.6% occasionally), 25-29 years (13.4% daily, 10.8% occasionally) and 30-34 (13.3 % daily, 8.5% occasionally). Note that 7% of people aged 15+years did not answer the question.

Comparison of general health and smoking status can be skewed by the younger age groups of smokers since younger people are generally more healthy but a straight comparison of adults aged 20-34 years from the 2022 Irish census showed that those who smoked daily were more likely to report their health as fair, bad or very bad (10.3%) than those who had never smoked (4.3%) or those who had given up (7.1%).

Smoking prevalence in Northern Ireland

In 2022/23 an estimated 14% of the adult population (age 16 and over) within Northern Ireland currently smoke, which equates to approximately 213,000 people. As in previous years, smoking prevalence continues to be greater among males (15%) than that observed in females (12%).[9]

One in seven people smoke

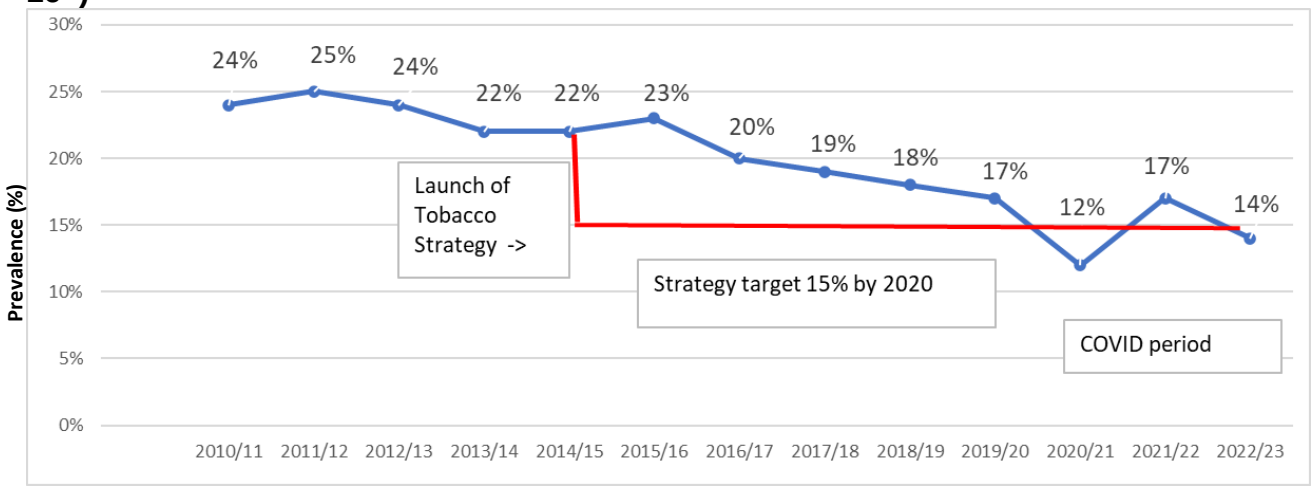
In Northern Ireland as in previous years, when compared with other age-groups, smoking prevalence continues to be highest among those aged 25 to 34 years (16.3%), with those aged 65 years and over continuing to have the lowest prevalence (8.3%).[8] Please refer to Table 2 in Appendices for breakdown by age-group.

Data notes: 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.

The impact of moving from face to face interviews to a phone based survey and the difficulties in getting representative volumes during the Covid period has been highlighted elsewhere (Health survey Northern Ireland: first results 2022-23 (health-ni.gov.uk) page 3) and some caution is advised regarding the data from the Covid period. In particular the 20/21 data appears atypical and the sample size then was particularly low. DoH have adjusted where possible and the 2023/24 data is currently awaited.

Smoking prevalence in Northern Ireland had been falling and the reduction since 2010/11 is statistically significant. A target of 15% by 2020 was identified in the Northern Ireland (NI) Ten year Strategy.[7] The confidence intervals on the 14% for 22/23 survey data were of 12.8 - 15.0 percent.

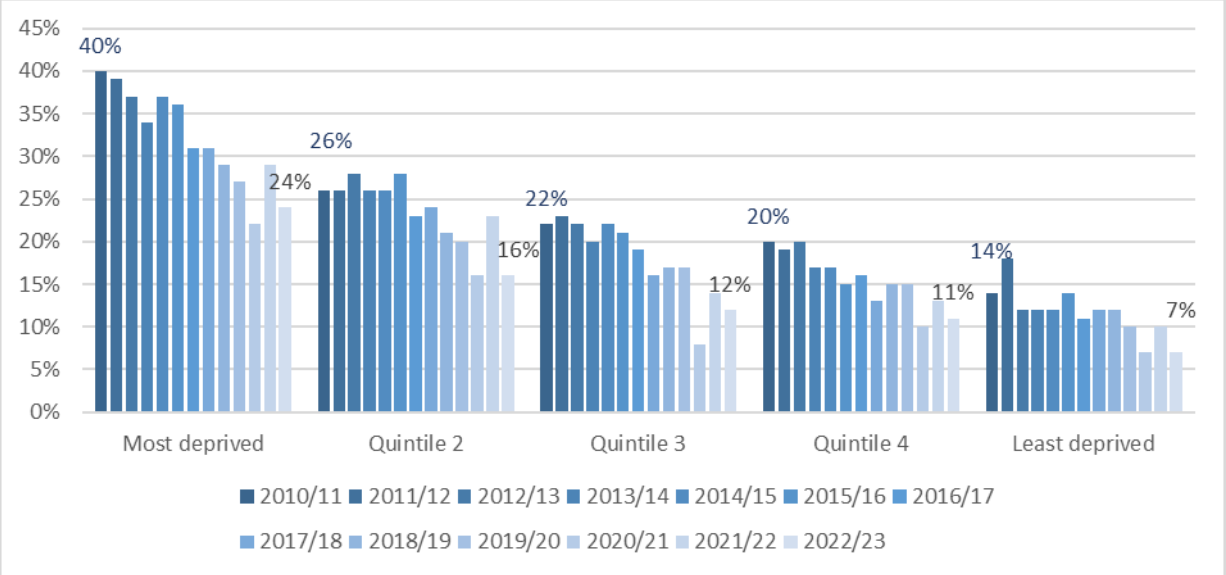
Figure 1.6: Prevalence of smoking in Northern Ireland 2010/11 to 2022/23 (age 16+)



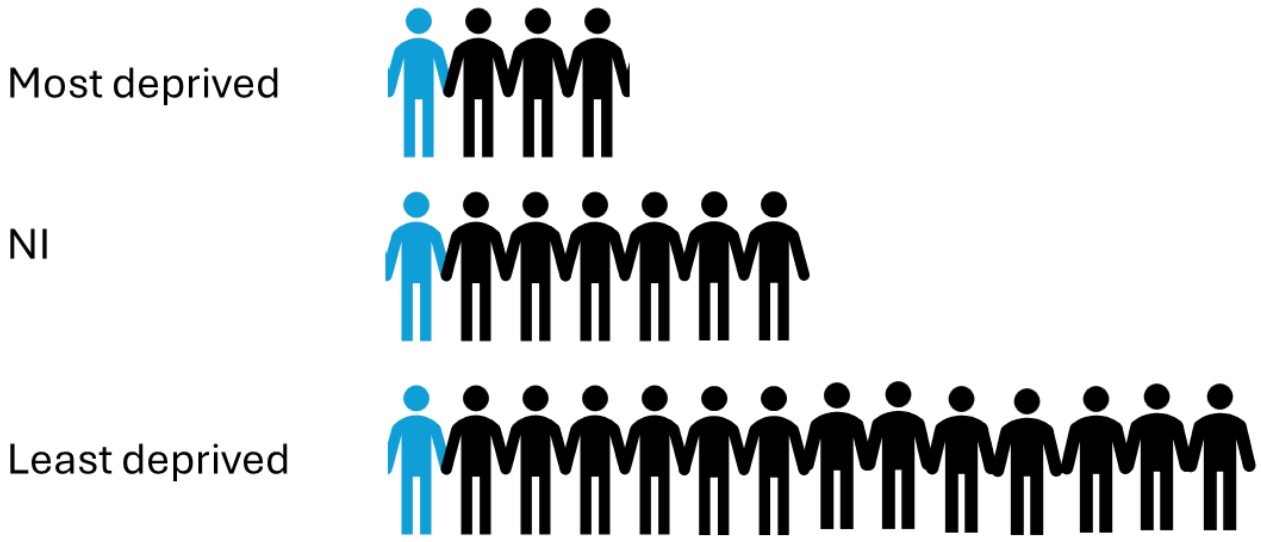
The Public Health Agency (PHA) endeavour to reduce smoking prevalence, and protect non-smokers by not exposing them to second-hand smoke through implementing prevention and smoking cessation programmes. However, inequality divides within our society remain a key issue. Evidence indicates that there is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

Comparison of smoking prevalence for each deprivation quintile over time shows that smoking levels in all quintiles have declined. However, the decline has been proportionately greater in the less deprived areas which already had lower smoking levels. As a consequence, the inequality gap has actually widened over the period, (Figure 1.7).[9]

Figure 1.7: Smoking prevalence (%) by deprivation quintile 2010/11 to 2022/32 (age 16+)



In 2022/23 smoking prevalence ranged from almost one in four people within the most deprived areas to one in fourteen people within the least deprived areas.



The widening inequality gap in the prevalence of smoking is consistent with the picture when looking at the Standardised death rate for smoking attributable causes. Comparing deaths in 2014-18 with 2018-22; while both most and least deprived areas have improved their rates (most deprived 363 down to 315 : least deprived 186 to 157 per 100,000 population) the gap between them has widened slightly with those from the most deprived areas twice as likely to die from smoking attributable causes as those in the least deprived areas.

E-cigarettes

In 2022/23, 9% of adults aged 16 and over currently use e-cigarettes,[9] (equating to approximately 137,000 adults), an increase of 2 percentage points from that in 2018/19. The use of e-cigarettes was higher among males (10%) compared to females (8%).[9] E-cigarette use was more prevalent among those living in the most deprived areas (13%) than those living in the least deprived areas (7%).[9]

In the 2022 Young Persons and Behaviour Survey 21% of pupils aged 11-16 years reported have ever used an e- cigarette and 6% were regular e-cigarette users. There was little difference between boys and girls.[10]

Comparative e-cigarette use data from the Opinions and Lifestyle survey in Great Britain (adults 16+) has an estimated 5.9% of people aged 16 years and over in Great Britain reported using an e-cigarette daily in 2023, up from 5.2% in 2022. A further 3.9% reported using an e-cigarette occasionally, up from 3.5% in 2022[9].

This equates to around 5.1 million e-cigarette users in Great Britain. In Ireland 8% of the adult population used e-cigarettes (5% daily and 3% occasionally).

A simple estimate of the total numbers of adults using either cigarettes or e-cigarettes by adding together the two groups will overstate the numbers since almost a fifth of current cigarette smokers also use e-cigarettes (19%)[9]. Accounting for this, an **estimated 310,000 - 320,000 adults in Northern Ireland either smoke tobacco or use e-cigarettes or both.**

2 Northern Ireland Tobacco Control Strategy 2012-2020

The overall aim of the Ten-Year Tobacco Control Strategy for Northern Ireland was 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 outlined 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]

A mid term review of the strategy was published in 2020 and an end review in September 2023.[10] The strategy was extended to allow for the end-review and the progression of a successor strategy given the impact of Covid on people and services during this period.

The mid term review provided ‘a comprehensive appraisal of progress, which took account of stakeholder views, an evidence review, and the PHA summary of outputs’.[11]

The 2020 Mid term review of the Strategy – extracts as described in the 2023 end review document

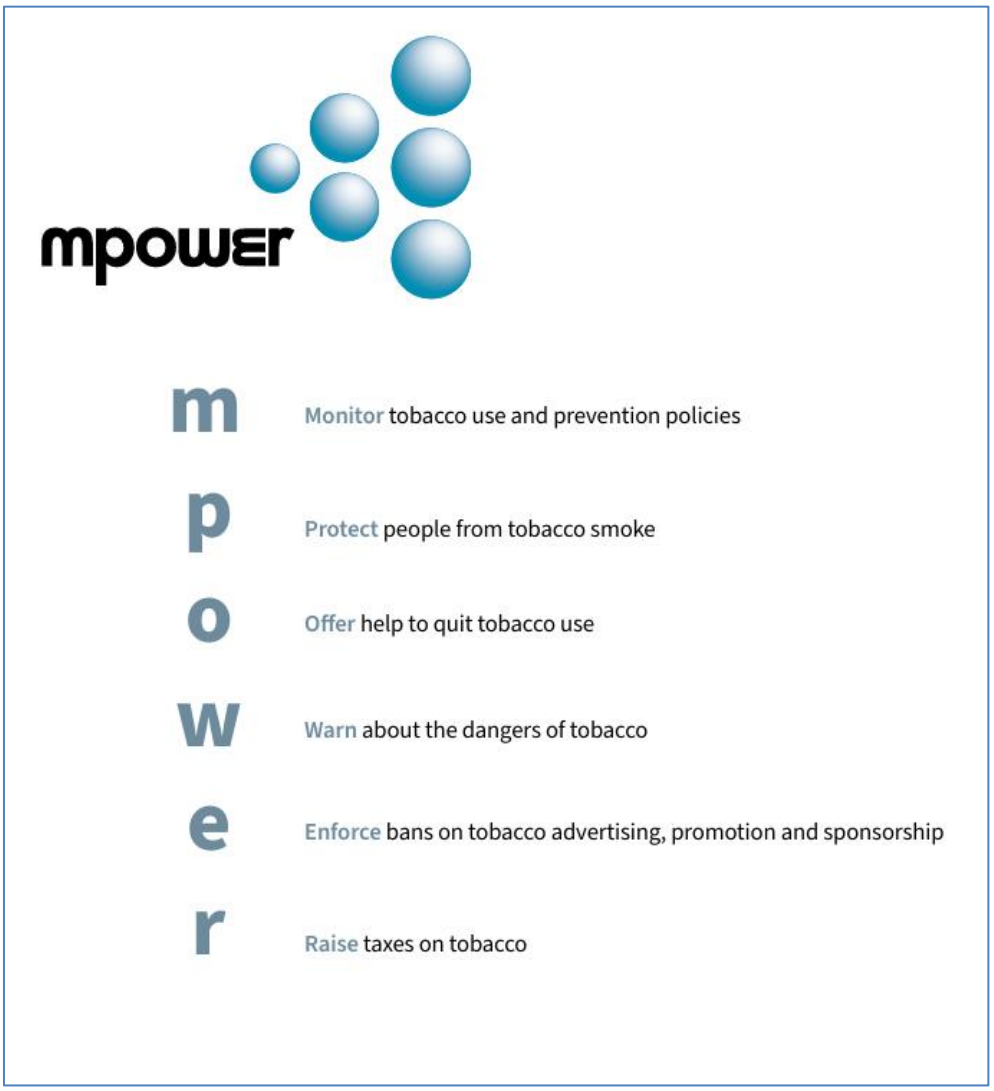
- The review reported on progress to the targets based on the results of the 2018/19 Northern Ireland Health Survey.
- It acknowledged that whilst some progress had been made, there was still some way to go in relation to the majority of the 2020 targets and acknowledged that the overall prevalence target for adults was unlikely to be met.
- In particular, the review found that several challenges remained in relation to disadvantaged groups, especially those living in areas of high deprivation and those with mental ill-health. The continued high smoking prevalence amongst those who are pregnant, especially in the most deprived areas where rates are more than four times that in the least disadvantaged areas, remained a concern.
- There were also indications of progress, particularly in relation to the fall in smoking prevalence amongst children.
- There was evidence of extensive work by the PHA and stakeholders in addressing the strategic priorities and the evidence review found that much of that activity was in keeping with the review level evidence of best practice.

The interim review recommended some specific initiatives thought to be achievable by 2022. These focused around reaching specific disadvantaged groups, school and work based programmes and legislation around restricting smoking in cars when children were present.

Much of this work was impacted by Covid although the legislation was implemented in February 2022 and the award winning PHA media campaign around this is discussed in the next chapter.

This report outlines a number of the regional programmes and services implemented by the Public Health Agency in 2022/23 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.

The MPOWER model is the recommended World Health Organisation approach[12] to what it refers to as 'The Global Tobacco Epidemic'



3. Public Health Agency Tobacco media work

The PHA has an ongoing programme in place to promote and raise awareness of the harm caused by tobacco and other nicotine-containing products, including vapes, to encourage smokers to make a quit attempt with the help of a PHA-funded stop smoking service.

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;
- 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.

3.2 Public Health Agency anti-tobacco mass media campaign

As well as the on-going awareness work, there have been some years where the PHA has been enabled to run individual, larger mass media campaigns.

From 1 February 2022, it became illegal to smoke in a private vehicle where children or young people under the age of 18 were present, when there is more than one person in the vehicle, and the vehicle is enclosed. It became an offence to smoke in such a vehicle and also for a driver not to prevent smoking.

In addition, from 1 February 2022, it became an offence to sell nicotine inhaling products to children and to purchase, or attempt to purchase, such products on behalf of a child (a proxy purchasing offence).

To support these changes PHA developed two campaigns :

> The smoking in private vehicles regulations campaign aimed to raise awareness of the new Smoke-free (Private Vehicles) Regulations (Northern Ireland), introduced to protect children and young people from exposure to harmful second-hand tobacco smoke in an enclosed environment. The campaign highlighted that there is no safe level of exposure to second-hand smoke and that children are particularly vulnerable.
>
> The nicotine inhaling products regulations campaign aimed to raise awareness of the Nicotine Inhaling (Age of Sale and Proxy Purchasing) Regulations (Northern Ireland) (NIPS), introduced to protect children and young people from the harmful effects of nicotine.

Both campaigns included radio, outdoor and digital advertising, including social media. The smoking in private vehicles regulations campaign also included TV advertising.

The evaluation of the campaign showed -

- Almost two in three (64.5%) said they were aware of any changes to the law on smoking in private vehicles with children and young people under 18 in Northern Ireland.

- When asked if they recalled seeing any recent advertising or publicity promoting the change in legislation, almost two in three (64.2%) said they recalled seeing something.

- Over four in five (86.2%) said the advertising was very or somewhat thought provoking.

It should be noted pre-campaign research was also conducted and indicated support for the incoming legislation. The majority of respondents were supportive of banning smoking in cars carrying children younger than 18. For Nicotine Inhaling Products (NIPs), knowledge of the age of sale was low, approximately one in two (47.5%) said 18 and over, and when told there are no current age restrictions to purchase these, most respondents were supportive of a ban on their sale to those under 18.

In the post-campaign evaluation, there were good levels of recall of the creative elements for the smoking in private vehicles regulations campaign. Recall was lower for the NIPs regulations campaign, but it should be noted that this campaign was much smaller in scale and more targeted in nature. Councils worked directly with retailers selling NIPs to promote the law change.

Based on the post-campaign survey responses, there is evidence that the campaigns have been effective in eliciting support for the regulations.

In 2022 the smoking in vehicles legislation mass media campaign won three advertising awards. In June 2022 the campaign won a UK Drum Roses award and in October 2022, two International Shark awards.

3.3 Ongoing media work around Tobacco

In addition to any mass media campaigns about tobacco, ongoing messaging was issued via print and online resources. These used case studies and press releases on key observance days such as 'World no tobacco day' and 'No smoking Day', with the aim of encouraging smokers to make a quit attempt, along with ongoing social media activity and engagement with stakeholders, including the media.

Total reach 427
Total reactions 83

"Quitting smoking is the best decision I ever made"- smokers urged to quit on World No Tobacco Day | HSC Public Health Agency (hscni.net))

Make March your month to quit smoking | HSC Public Health Agency (hscni.net))

Total reach - 25,768
Reactions - 39

In addition to direct Tobacco media work PHA sought to work in an integrated way, highlighting smoking in other health initiatives. Throughout the months of September and October, the Living Well *Be cancer aware* campaign highlighted the cancer risk associated with smoking, and promoted support available to help smokers quit. The Living Well campaign ran in over 500 community pharmacies many of which provide the PHA's stop smoking support service.

Living Well Cancer campaign launches in pharmacies | HSC Public Health Agency (hscni.net)

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

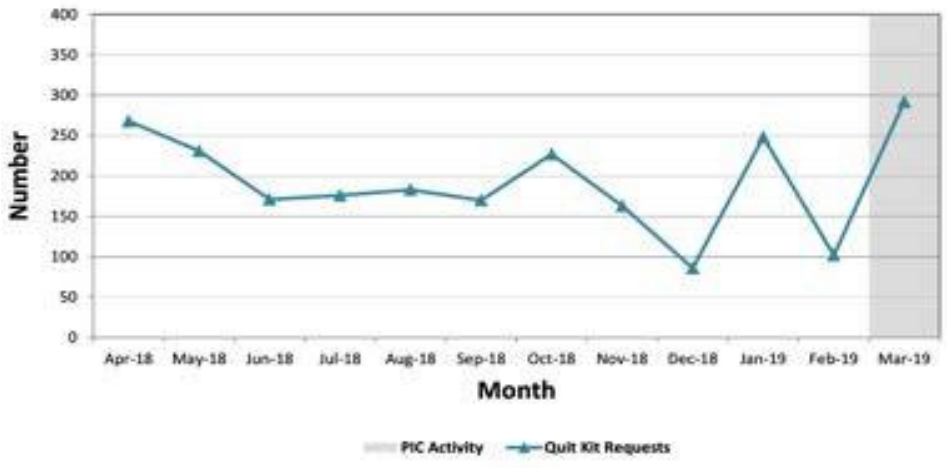
While mass media campaigns aim to motivate smokers to quit, a further aim of the PHA is to encourage people who wish to give up smoking to utilise a method that is best suited to the individual. The PHA offer a variety of educational and campaign support materials to provide information on the dangers 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 included 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 was 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 could also be ordered via Quit Kit registration flyers which were available from health and social care premises, pharmacies, GP practices, libraries and council premises.

Typically requests for the quit kits peaked in January and October and when any public information campaigns were running. See Figure 4.1.1 for 2018/19.

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



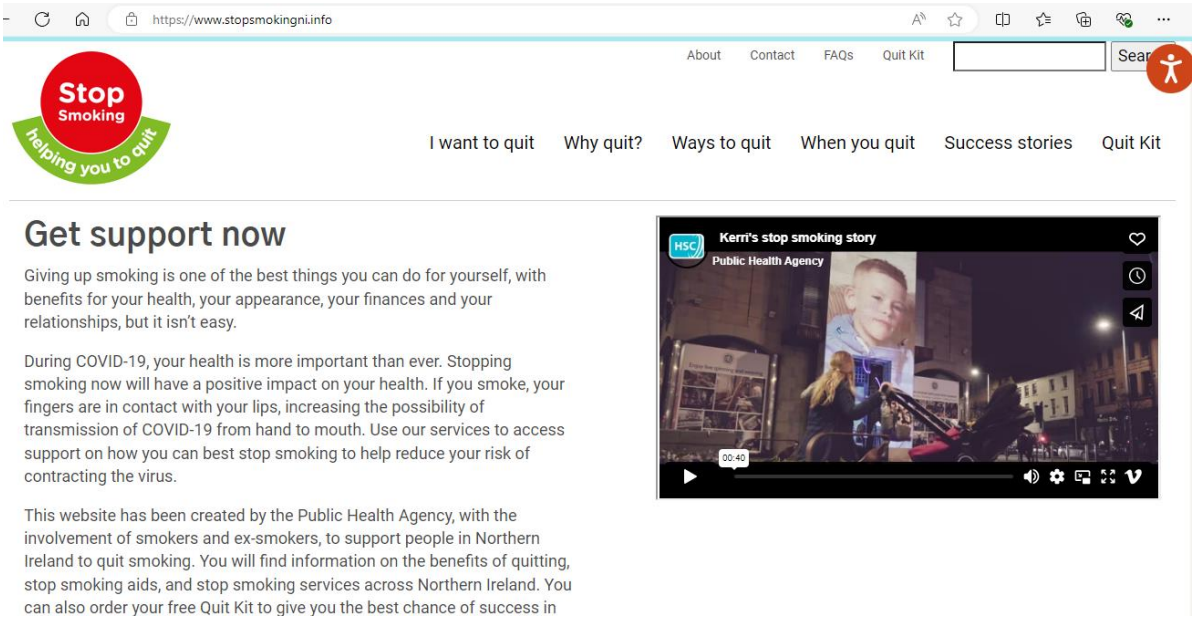
In 2019 the Quit kits were suspended with the intention of reviewing their content and approach. This work was delayed due to Covid and they were not available in 2022/3.

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.



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:

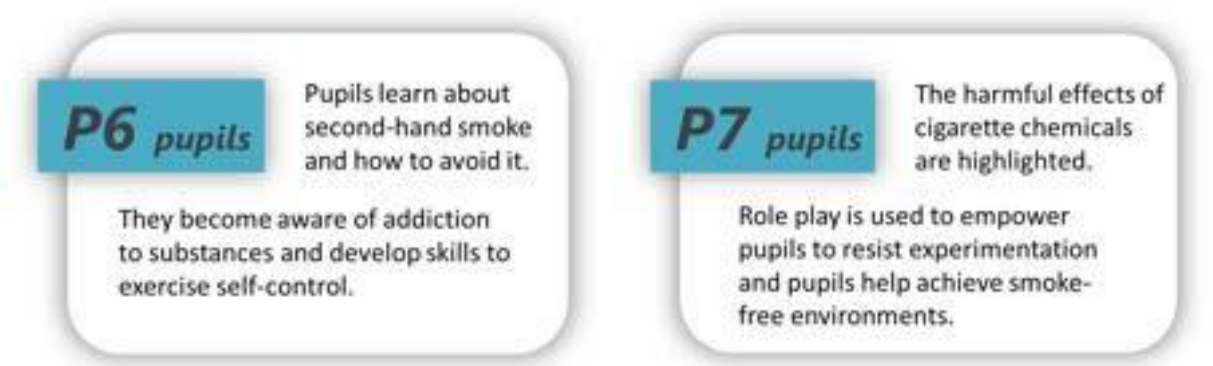
- Reduce the amount of smoking the children are exposed to, thus 'denormalising' smoking;
- Support the 'No Smoking' messages that pupils are taught in lessons;
- Create a positive 'smoke free' image for the school and its pupils;
- Empower parents to speak up about smoke around their children;
- Reduce 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 2022/23. This is a tailored programme for primary school children in Primary 6 and Primary 7 (9-11-year olds). In the past this was delivered by both CFNI and by teachers directly. CNFI input is now by primarily by video. Teachers can enrol for the programme and also request resources on-line.[13]

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.**



In 2022/23 the programme was delivered to 6,825 pupils, 1,575 girls and 1504 boys. In line with attempts to target areas of higher deprivation and smoking levels 36% of programmes were delivered in schools within the 20% most deprived areas in Northern Ireland.

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.

This section of the report provides an analysis of service uptake and 4 week quitting activity in 2022/23; and service uptake, both 4 and 52 week quitting activity in 2021/22, using data collected from the monitoring system. Most data was downloaded in Sept 2023 and is expected to be consistent with the Official Statistics, due to be published by the Department of Health in December 2024, however some additional data has been sourced from the newly developed web based access system and as a result totals may vary slightly in some cases.

6.1 Service availability and accessibility

The overall number of PHA stop smoking services continued to decline with a total of 430 providers delivering services in 22/23, a 26% decrease from 2018/19. These 430 providers composed of 9 GP practices, 370 pharmacies, 12 hospital providers and 39 community providers, with pharmacies continuing to deliver the greatest proportion of services (86%). Please refer to Figure 6.1.1.

The previous increase in community-based providers in 2018/19 was reversed over the Covid period. The previous decline in GP providers has been exacerbated with only nine GP practices in 22/23 compared with 76 in 2016/17 and 132 in 2011/12.

[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.

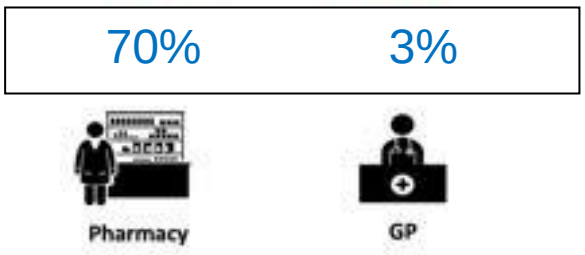
Figure 6.1.1: Total number of service providers by provider type 2016/17, 2018/19 and 2022/23.

	2022/23	2018/19	2016/17
Provider Type Pharmacy	370 (86%)	437 (75%)	456 (74%)
GP	9 (2%)	47 (8%)	76 (12%)
Hospital sites	12(4%)	14 (2%)	15(2%)
Community^	39 (9%)	83 (14%)	66 (11%)
Total	430	581	613

^ Community includes schools and workplaces

Service provision and accessibility

In 2022/23, of all pharmacies and GP practices throughout Northern Ireland, 70% of pharmacies and 3% of GP practices delivered PHA Stop Smoking Services. With different models of delivery, in some areas general practice provide the NRT prescriptions to people receiving cessation services in non-pharmacy settings so general practice engagement will be more than the low percentage of practices actually providing cessation services.



Distribution of service providers

In 2018/19 service providers were mapped against deprived areas and areas of highest population. The maps from then illustrated that the greatest concentration of service providers were located in the most deprived areas or areas with highest population.

More recent breakdowns of providers have suggested that the decline is spread across Northern Ireland but further work is being done on this as a part of the planning work for smoking cessation services following the end of strategy review and the 2024 audit office report and this will be covered in more detail in the 2023/24 report. Figure 6.1.4 shows the current distribution of providers across Northern Ireland .

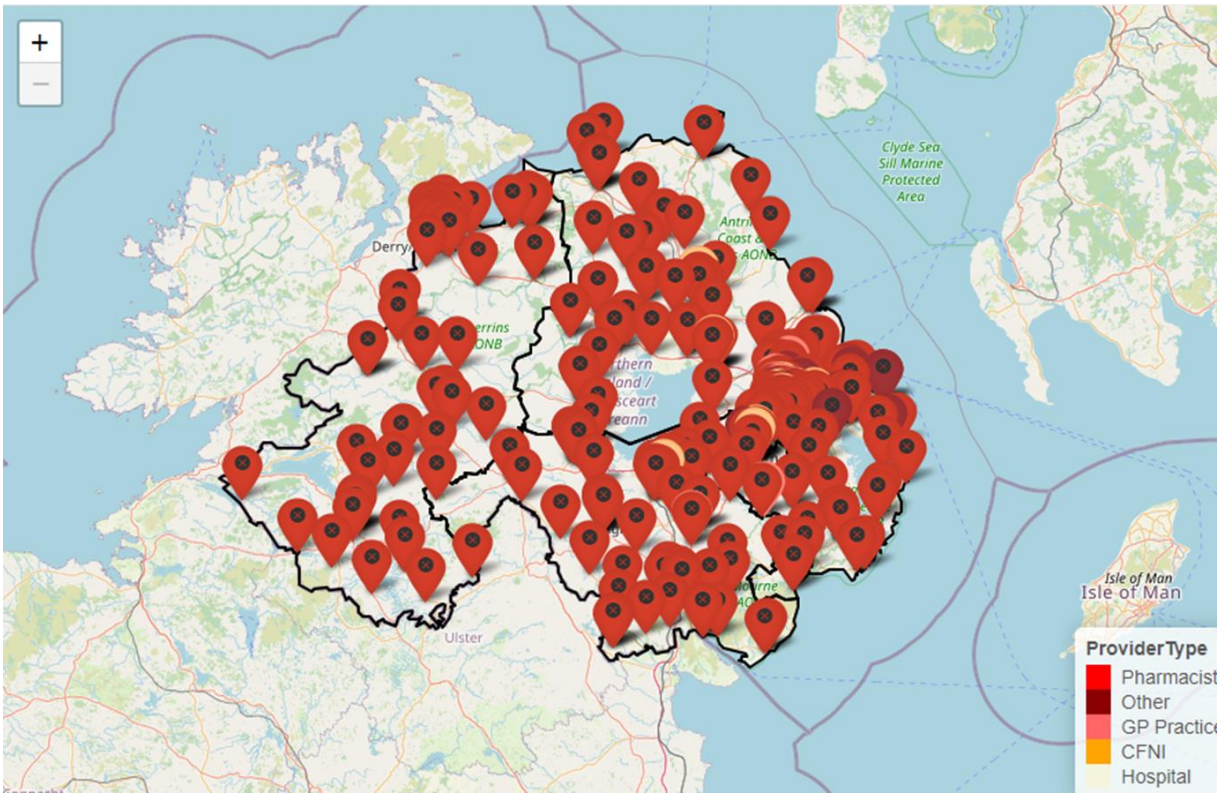
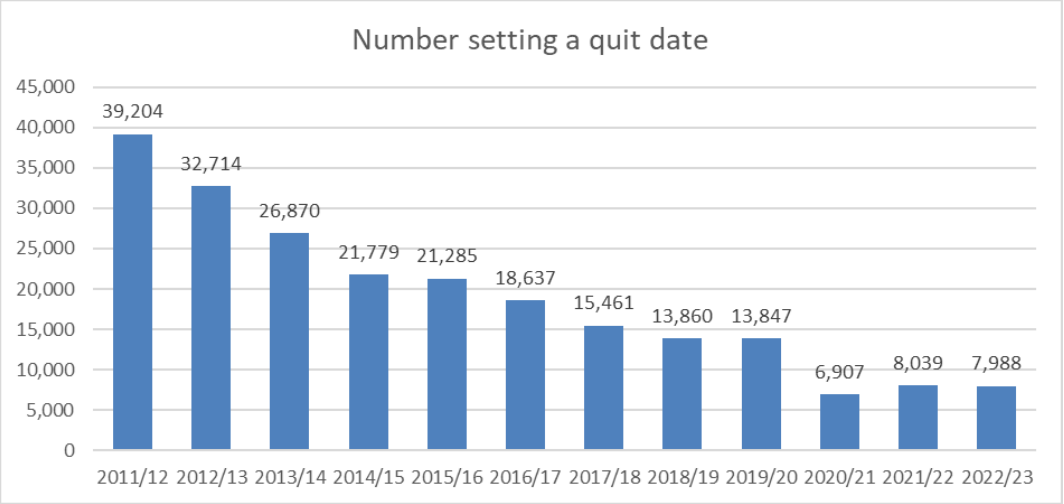


Figure 6.1.4 Current providers of cessation service 2022/23.

6.2 Service uptake and reach

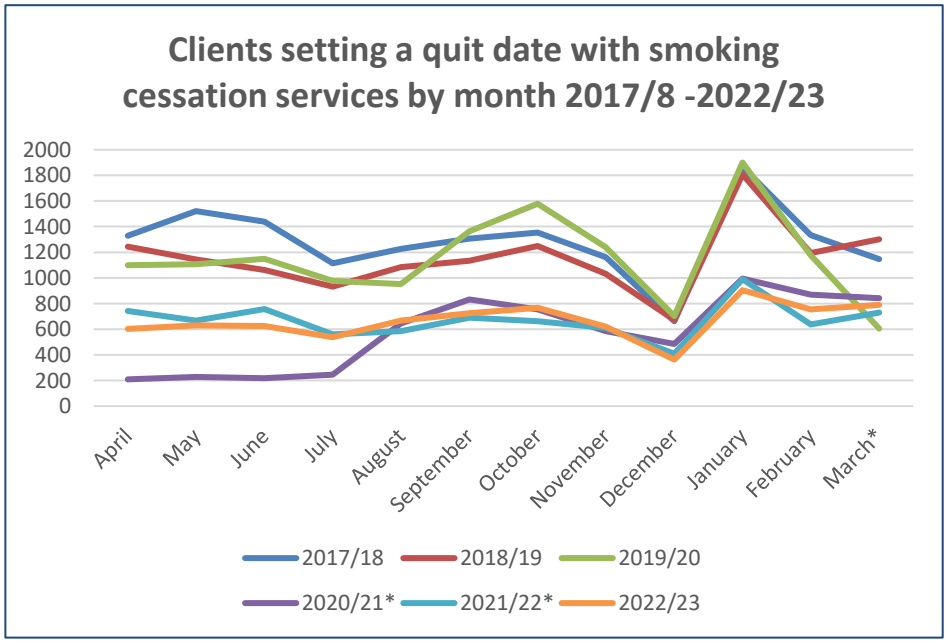
Figure 6.2.1: Uptake of Stop Smoking Services 2011/12 – 2022/23 (n)



In 2018/19, 13,860 people (an estimated 5.2% of the smoking population within NI) set a quit date with Stop Smoking services. There had already been by 2018/19 a substantial decline in uptake figures and in the proportion of smokers accessing services. Since then, there has been a gradual decrease in the proportion of smokers accessing services. The 5.2% service access in 2018/19 reach figure met the 5% access reach as outlined within the Tobacco Control Strategy and NICE guidelines.[7,10]

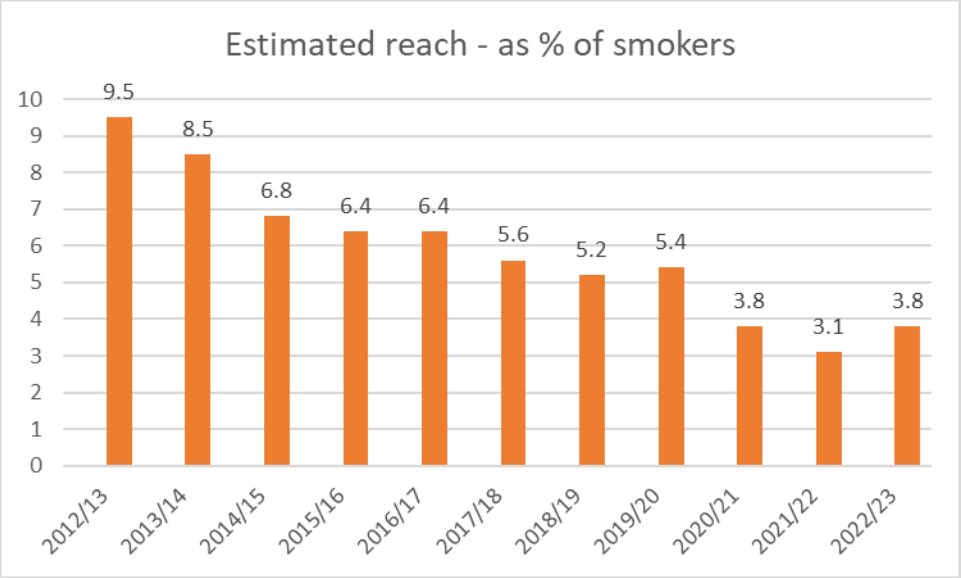
The sharp decline in 2020/21 was particularly noticeable in the period April- July 2020.(See Figure 6.2.2.) By 2022/23 the number of people setting a quit date had dropped to 7,988 (an estimated 3.8% of the 16+ smoking population).

Figure 6.2.2: Monthly uptake of Stop Smoking Services



*Likely to have been Impacted by Covid – note the substantial drop in April-July 2020 in particular.

Figure 6.2.3: Estimated proportion of all NI smokers accessing Stop Smoking Services 2012/13 – 2022/23 (%)



Note : This is an estimate of the number of smokers generated by applying the 16+ % smoking from the NI Health survey to the 16+ mid year estimate populations. The methodology of the survey was amended during Covid years and in particular the 20/21 year appears atypically low for smoking prevalence.

The decline in reach reflects the substantial drop in numbers of people accessing services which is exceeding the drop in the % of the population smoking.

Service reach continues to compare favourably with the other UK countries. Wales had the greatest reach of services with 4.2 % followed by NI with 3.8%, compared to England with the lowest reach of 3.0%.

Figure 6.2.4: Stop smoking services uptake and reach by UK countries 2022/23

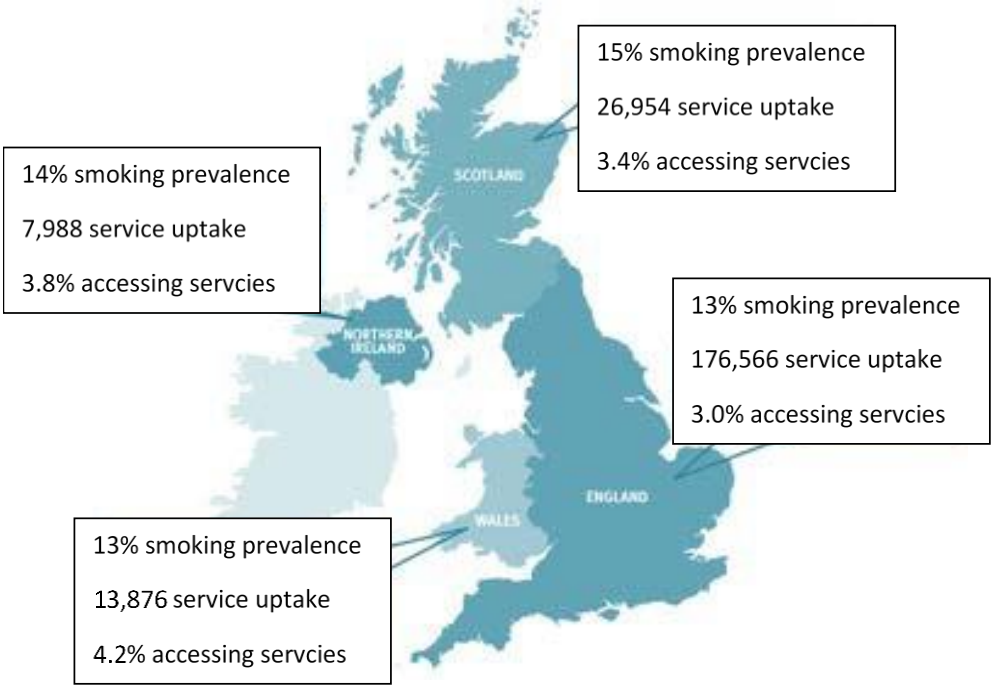
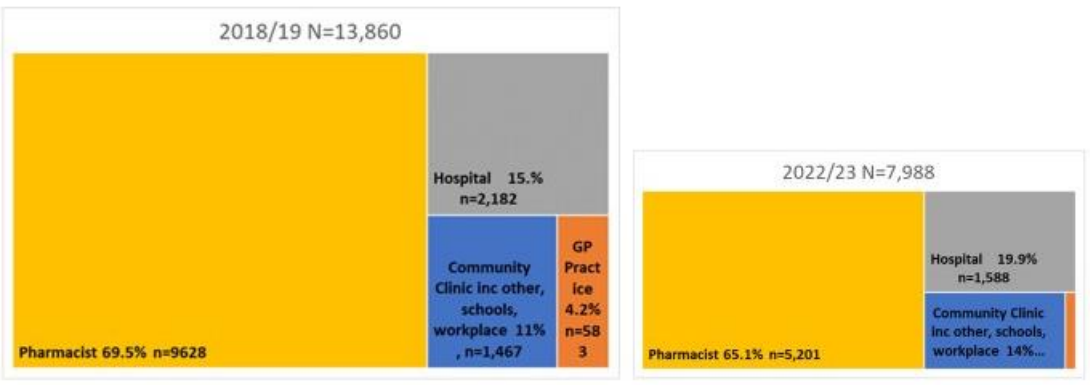


Figure 6.2.5 compares the number of clients registered with PHA Stop Smoking Services by provider type comparing 2018/19 with 2022/23. All providers had decreases in volumes. Pharmacy remained the largest providers but other community based services had increased their proportion while GP providers had now about 1% of clients.

Figure 6.2.5: Uptake of Stop Smoking Services by Provider Type comparing 2018/19 with 2022/23 (%, n)



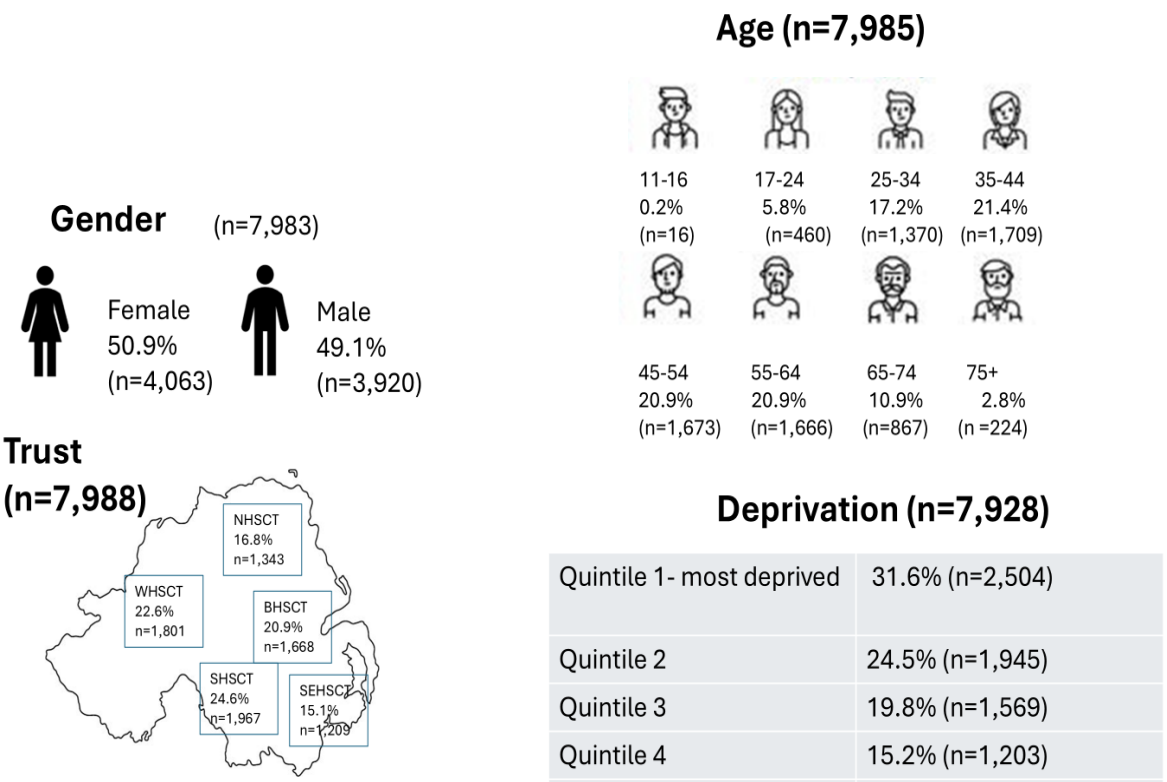
The decline in numbers of people accessing cessation services in not unique to Northern Ireland and this trend long precedes Covid. Table 6.1 shows comparative published data from NI, Scotland and England comparing 2013/14 , 2018/19 and 2022/23 for each area. Direct comparisons can be impacted by slightly different definitions of adults based on survey data.

Table 6.1 Numbers setting a Quit date and estimated reach over time.

	2013/14	**2018/19**	**2022/23**	**Volume change**
Northern Ireland (17+yrs for reach)	**26,870** **Estimated 8.5% reach**	**13,860** **Estimated 5.2% reach**	**7,988** **Estimated 3.8% reach**	**Since 13/14** **-70%** **Since 18/19** **-42%**
England (18+ population)	**724,247** **Estimated 7.3% reach**	**236,175** **Estimated 3.1% reach**	**176,566** **Estimated 3.0% reach**	**Since 13/14** **-76%** **Since 18/19** **-25%**
Scotland (16+)	**94,012** **Estimated 9.3% reach**	**51,078** **Estimated 6.3% reach**	**26,954** **Estimated 3.4% reach**	**Since 13/14** **-71%** **Since 18/19** **-47%**
England stopped estimating missing data after 2016/17 and caution is advised with their trend data				

6.3 Profile of NI Stop Smoking Service Users

Figure 6.3.1: Client demographics 2022/23



Deprivation (n=7,928)

Quintile 1- most deprived	31.6% (n=2,504)
Quintile 2	24.5% (n=1,945)
Quintile 3	19.8% (n=1,569)
Quintile 4	15.2% (n=1,203)
Quintile 5 Least deprived	8.9% (n=707)

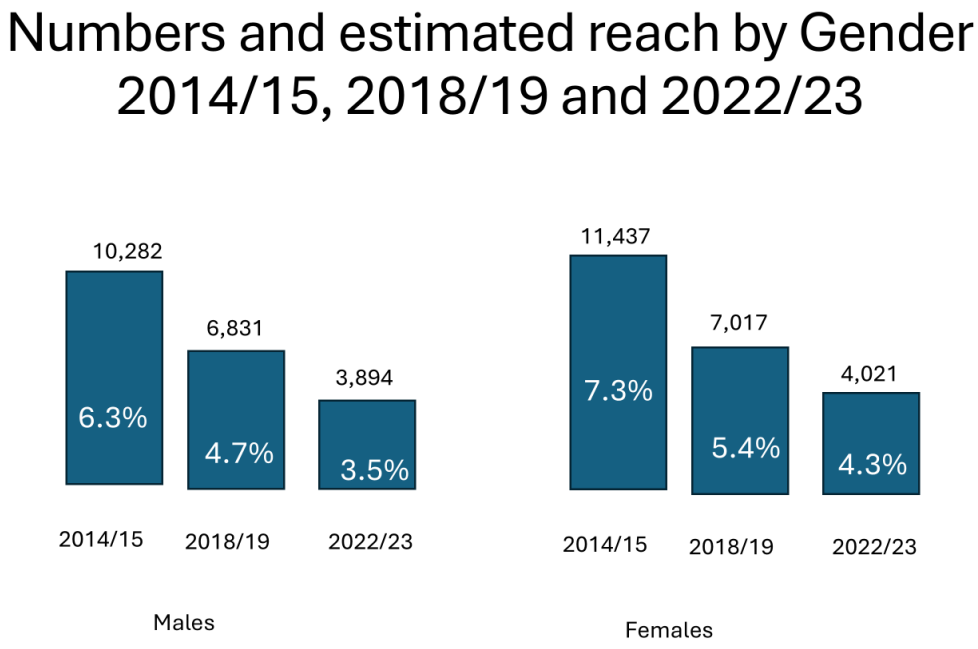
Gender

Of those clients accessing services in 2022/23, the highest numbers were among females, a pattern similar to previous years.

As has been the previous trends, the proportion of all adult male and female smokers accessing services saw a decline. (Figure 6.3.3).

Figure 6.3.2: The gender profile of adult (age 16+) stop smoking service users 2022/23[ii]

Table 6.3.3: The uptake and reach of Stop Smoking Services by gender 2014/15, 2018/19 and 2022/23.



[ii] 6 individuals aged 16 or over did not report on gender.

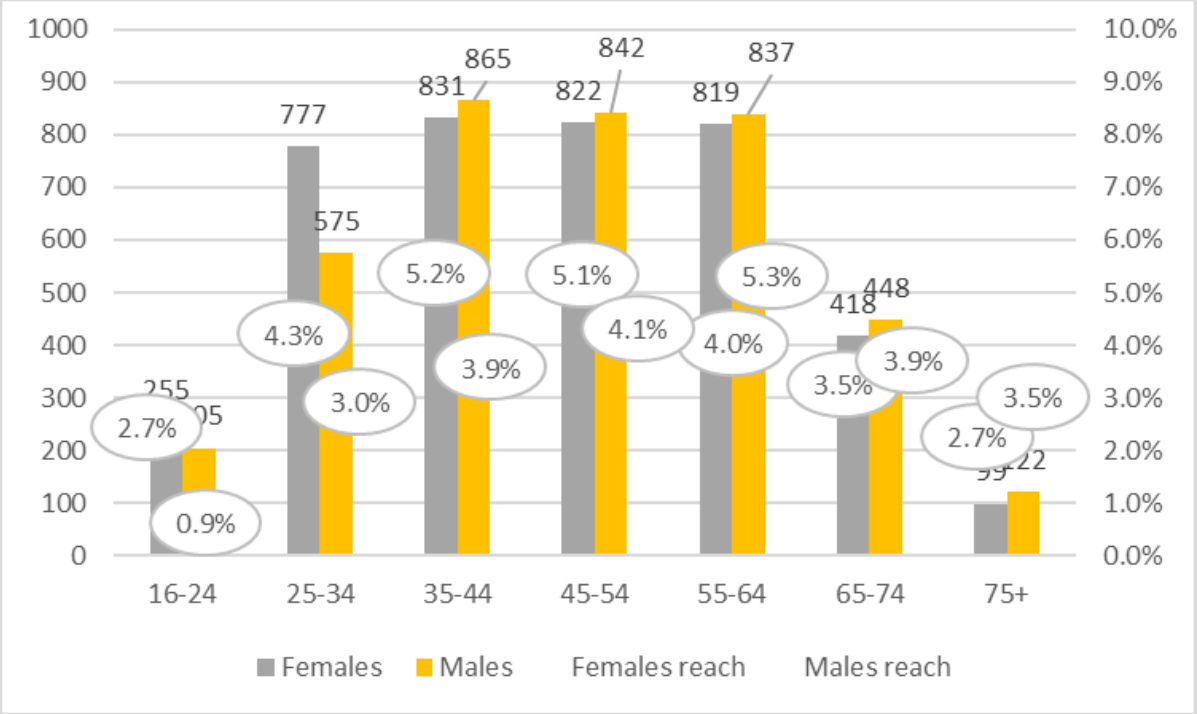
Age-groups

Figure 6.3.1 highlights that by age, the greatest uptake of services was observed by those aged 35-44 (21.4%), with the lowest level of uptake being among those aged 11-16 (0.2%), followed by those aged 75 and over (2.8%).

In 2022/23, the estimated proportion of smokers who accessed stop smoking varied across age-groups and gender, ranging from 0.9% of male smokers aged 16-24 to 5.3% of male smokers aged 35-44.

Estimate reach for women is greater in the younger age groups who traditionally have lower levels of smoking than males. After 55 estimated reach is higher for males than females.

Figure 6.3.4: Age and gender scale (n) and estimated reach (%) of adult stop smoking service 2022/23



Note – since reach is calculated using survey data the confidence intervals get much larger as the sample size decreases and reach % need to be treated with caution when used in specific age/gender groups.

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 16-24). Given that the highest prevalence of smoking is in males 16-24 the low level of reach is noteworthy.

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 2022/23 varied across Local Commissioning Group (LCG). The reach of services ranged from 2.5% in the Northern LCG to 6.0% in the Southern LCG. The estimated proportion of smokers accessing services observed a decline across all LCG areas except Southern from that in 2018/19.

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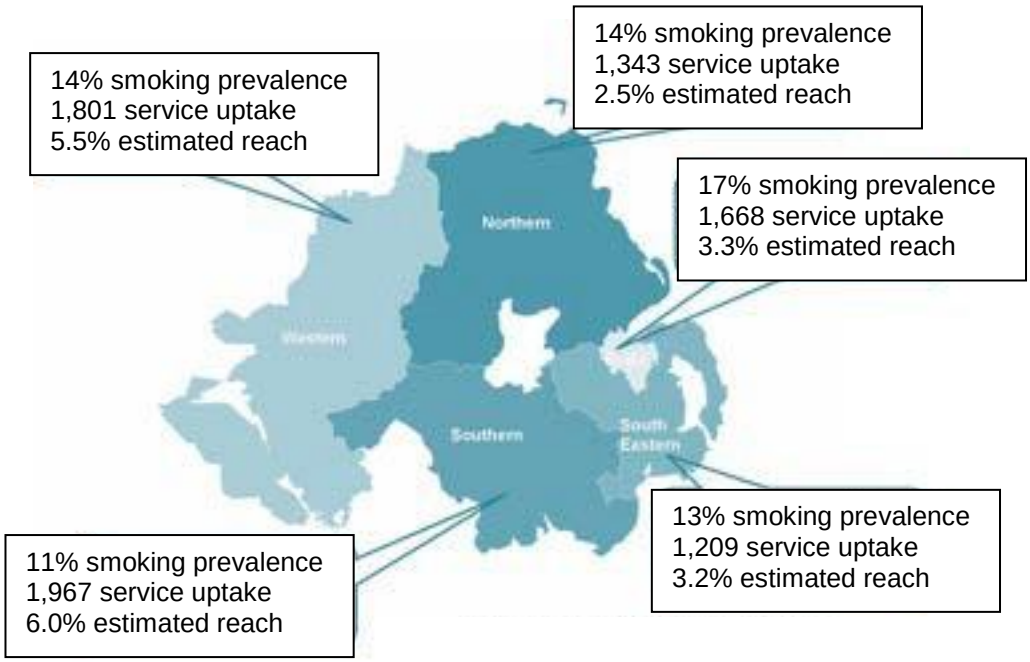
Figure 6.3.6: Stop smoking services uptake and reach by Local Commissioning Group 2022/23

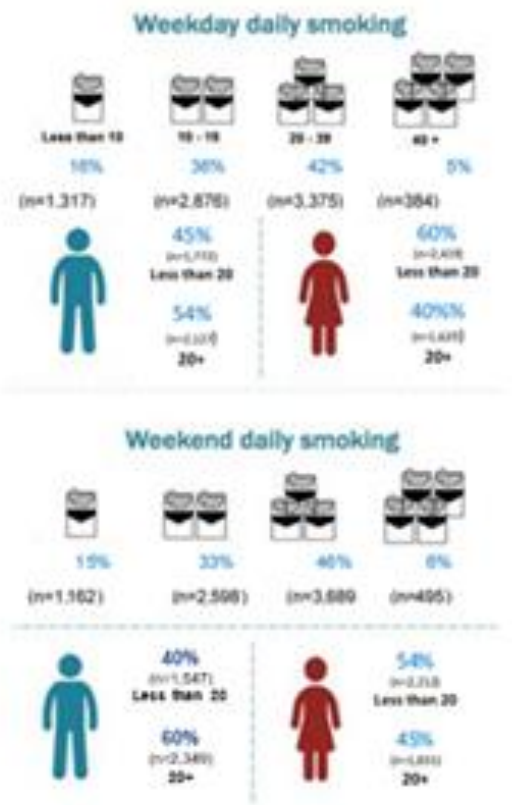


Tobacco Consumption

Of smokers accessing services in 2022/23, the majority reported that they smoked on average 20-29 cigarettes each weekday or on a weekend (35% respectively). A further 7% smoked 30-39 cigarettes per during the week with 11% at the weekend. This is consistent with previous data showing higher levels of smoking at weekends. Five and six percent of smokers accessing services smoked forty or more cigarettes per day on week days or week ends respectively.

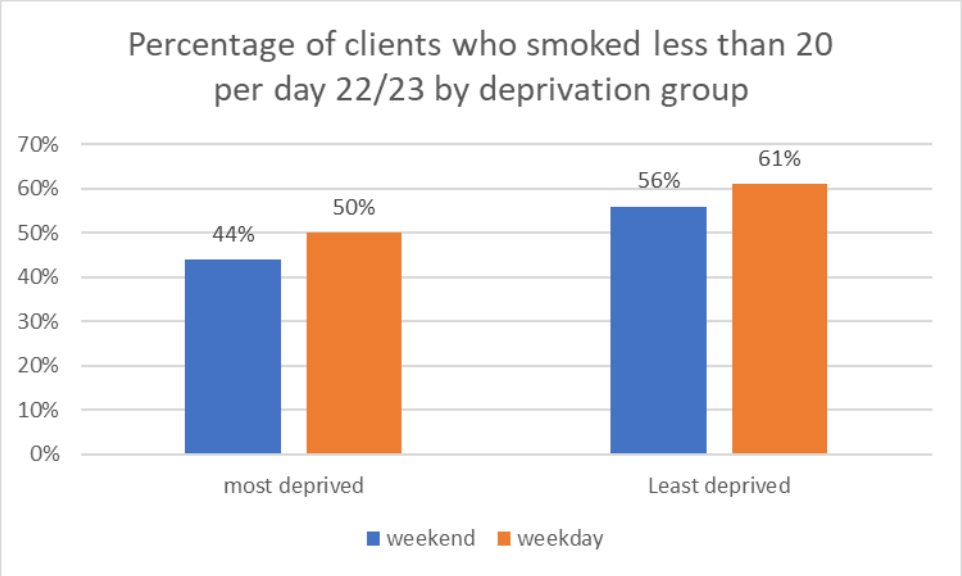
As shown in Figure 6.3.7, there was a noticeable difference in the average number of cigarettes smoked by gender, with females smoking less cigarettes than males. 60% of females smoked on average less than 20 cigarettes on a weekday compared to 45% of males. Overall, both males and females reported smoking on average more cigarettes during the weekend.

Figure 6.3.7: Daily tobacco consumption 2022/23



There is also variation by age group and deprivation status. Figure 6.3.8 shows the percentage of clients who smoke less than twenty per weekday or weekend day. Not only are those from more deprived areas more likely to smoke but they also smoke more cigarettes on average.

Figure 6.3.8 Percentage of clients who smoke less than twenty per weekday or weekend day – most and least deprived groups compared.



Type of tobacco smoked

As in previous years of smokers accessing services in 2022/23, the vast majority stated that they smoked cigarettes (99.5%) - (n=7542 since 5.6% of values were missing).

Previously participated in this service

Thirty six percent of clients indicated that they had previously participated in a PHA Stop Smoking Service to support them quit.(5% missing values n=392)

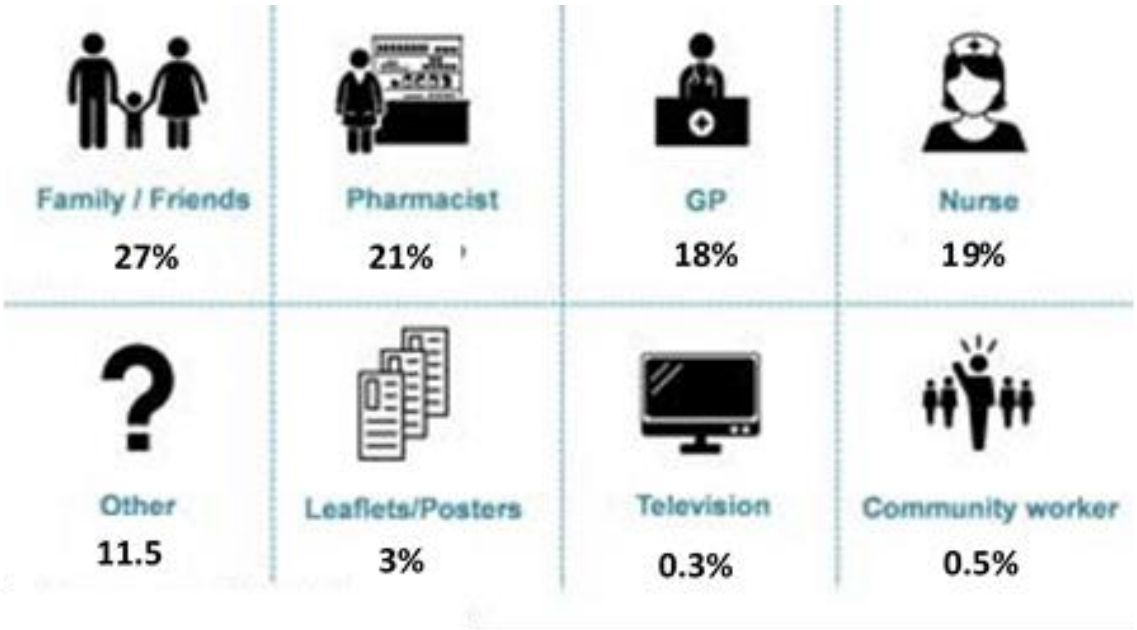
36% **Yes** (n=2,904)

No 59% (n=4,692)

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%), followed by through a pharmacist (21%), a pattern similar to previous years.

Figure 6.3.8: How clients heard about the Stop Smoking Service 2022/23

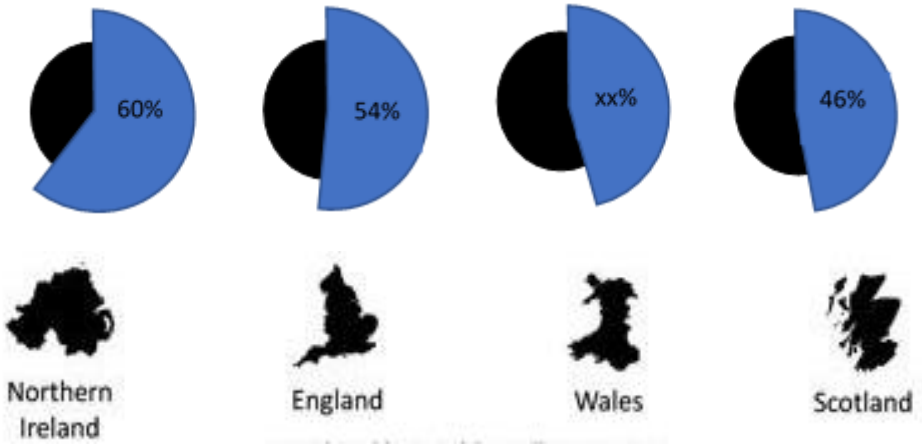


6.4 Service effectiveness

In recent years the 4-week quit rate had remained fairly stable, ranging from 58% to 60% and was higher than that in the rest of the UK. In 2019/20 higher levels of people were lost to follow up and the quit rate dropped to 56%. In 2020/21, with the much reduced volumes, the self reported quit rate increased to 64% then returned to 58% in 2021/22. The self-reported quit rate for 2022/23 was 60%.

Figure 6.4.1 illustrates that more recent 4 week quit rates still compare favourably with other UK regions, with Northern Ireland having the greatest proportion of clients quit at 4 weeks with 60% compared to Scotland with the lowest 4 week quit rate of 46%, a pattern akin to previous years.

Figure 6.4.1: Four week quit rates within the Stop Smoking Services by UK region 2022/23

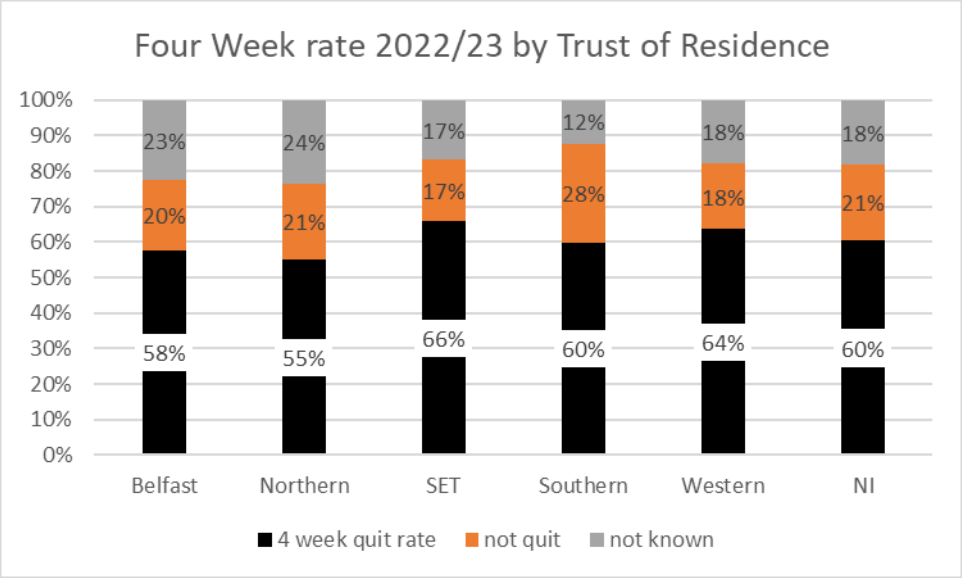


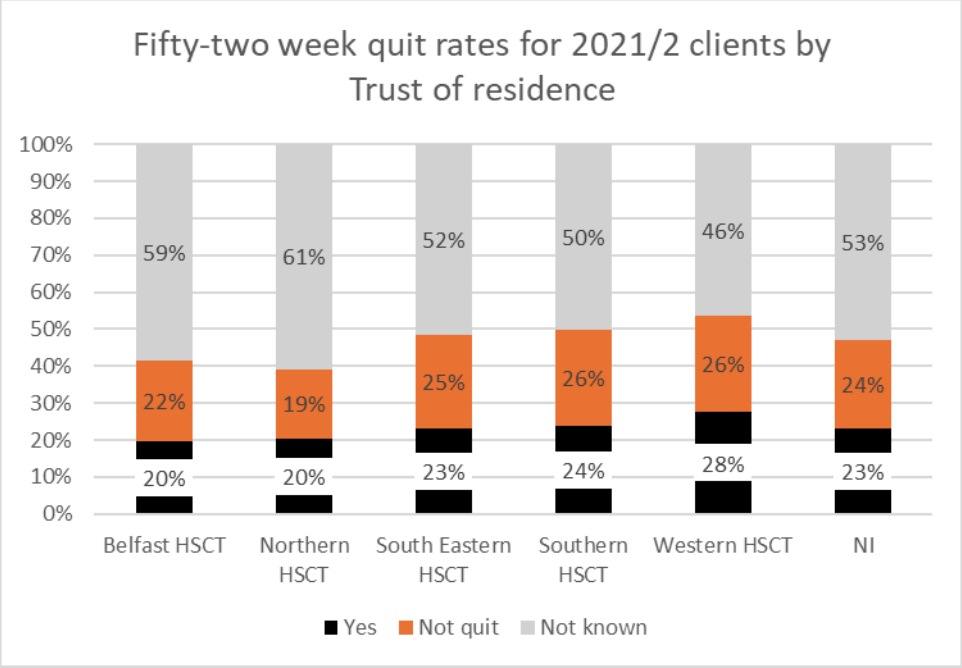
Note – Wales did not publish cessation rates in this period. Last reported four week quit rate was 44%.

Numbers quit at 4 and 52 weeks

Quit rates at 4 and 52 weeks vary by Trust and provider type. Belfast and Northern Trust areas have lower quit rates but also the highest proportions of people lost to follow up. There is a small variation by deprivation in that the most deprived areas had slightly lower 52 week quit rates than other areas.

Figure 6.4.2 :Quit rates by Trust of residence



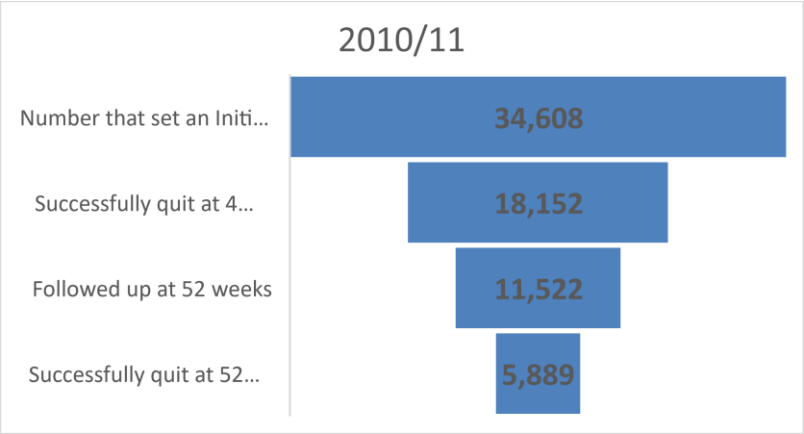


Alongside clients self-reporting if quit at 4 weeks, carbon monoxide monitoring is carried out at this 4 week stage to verify a successful quit attempt. In 2018/19 of all 8,032 clients who self-reported having quit a 4 weeks, 75.4% (n=6,053) had a carbon monoxide validation test performed which verified 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.

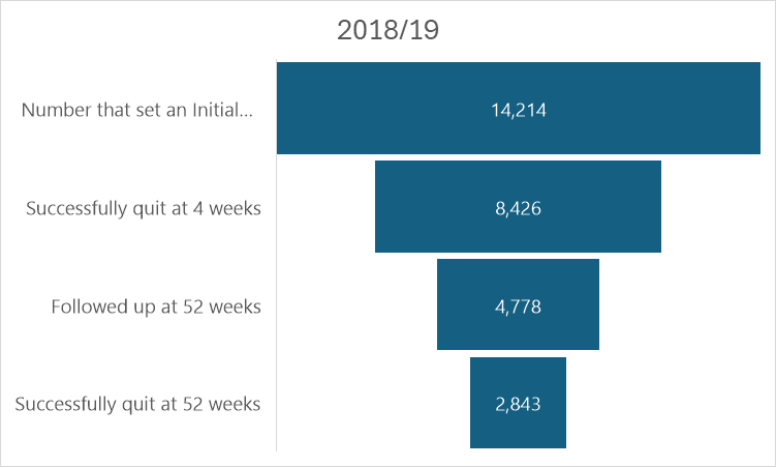
The changed nature of the delivery mechanisms as a result of Covid, which now included telephone follow up rather than in person for some providers, has meant that C02 validation was only available for 23% of those who self reported as having quit in 2022/23

Although volumes overall were well down the 2022/23 four week rates and the 2021/22 fifty-two week rates show an improvement over time on percentage quit rates and follow up of clients .

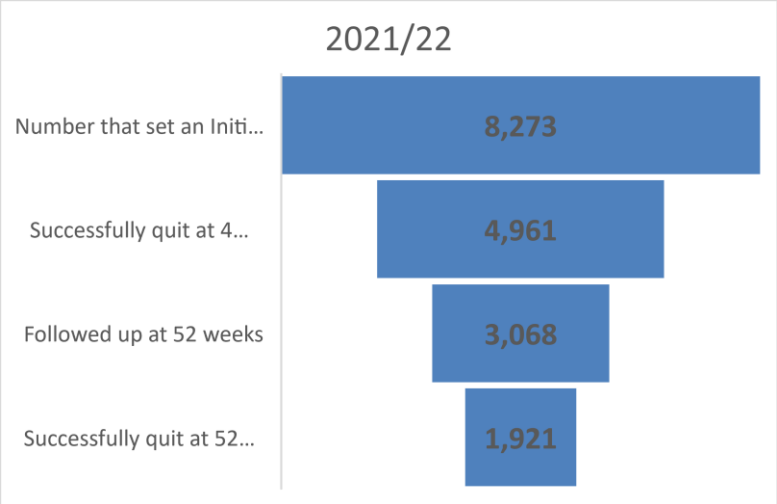
Figure 6.4.3: Number of clients accessing and quitting at 4 and 52 weeks with PHA Stop Smoking Services 2010/11, 2018/19 and 2020/21.



- 52% 4 week quit rate
- 63% follow up at 52 weeks
- 17% of initial clients not smoking at 52 weeks



- 60% 4 week quit rate
- 57% follow up at 52 weeks
- 20% of initial clients not smoking at 52 weeks



- 60% 4 week quit rate
- 62% follow up at 52 weeks
- 23% of initial clients not smoking at 52 weeks

Figure 6.4.4 Four week and fifty-two week quit rates by provider

	2021/2 4 weeks quit	2021/2 52 week quit	2022/3 4 week quit
Community	**58% (=614)**	**29%**	**56% (n=707)**
GP	**31% (n=122)**	**7%**	**26% (n=85)**
Hospital	**69% (n=1776)**	**27%**	**66% (n=1586)**
Pharmacy	**57% (n=5329)**	**21%**	**59% (n=5201)**
Other	**74% (n=432)**	**27%**	**66% (n=409)**
Total	**60% (n=8273)**	**23%**	**60% (n=7988)**

Typically hospital and workplace/education based programmes have slightly higher quit rates at 4 and 52 weeks.

6.5 Service uptake and effectiveness among Routine and Manual Workers

The original Tobacco strategy identified the higher levels of smoking amongst 'routine and manual workers' and set a reduction target. During the period the classification changed nationally [14]

The 2010/11 baseline of 31% used in the original Strategy (which referred to the old classification of manual workers) does not directly equate in relation to the newer classification of routine and manual workers. The new classification methodology for NSSEC has been applied to 2010/11 with the new figure for routine and manual workers 35%.

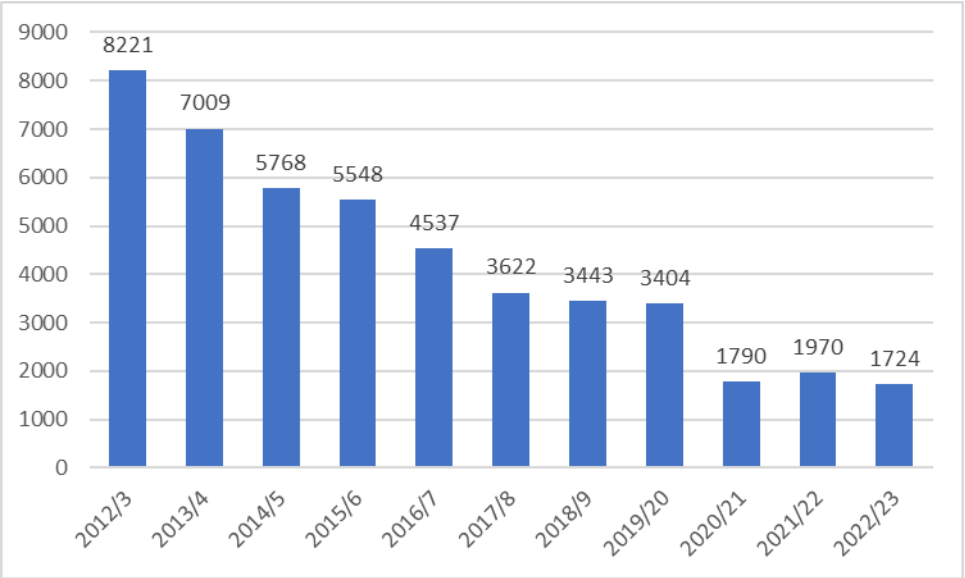
Latest survey data for Northern Ireland using the new definition for 2023 showed a prevalence rate of 25% against a target of 20%. [15]

This is higher than the latest UK figure for 2003 of 20.2% of routine and manual workers currently smoking.

Smoking prevalence among routine and manual workers UK wide has decreased from 29.8% in 2014.(Based on 18-64 year olds and using the National Statistics Socio-economic classification (NS_SEC)[16]

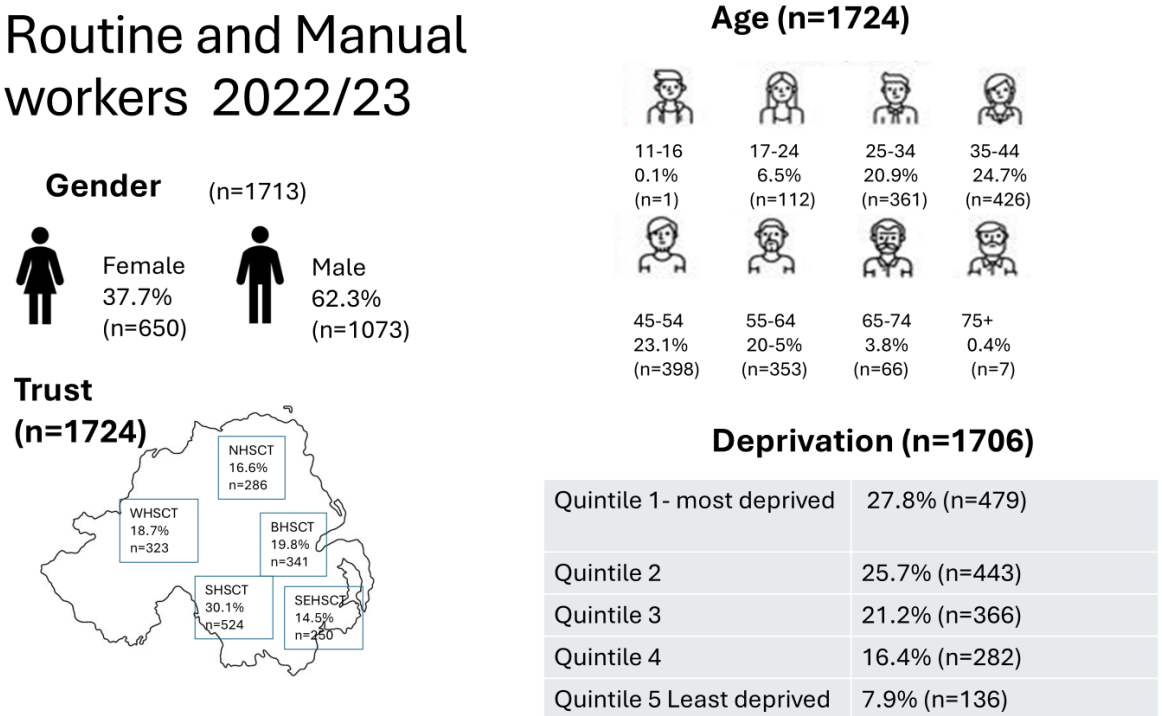
Of all clients registered with Stop Smoking Services in 2022/23, 21.6% (n=1,724) indicated that they had a routine and manual occupation. Sixteen percent were unable to be allocated an occupational group. Figure 6.5.1 illustrates the decline in the uptake of services by routine and manual workers .

Figure 6.5.1: Uptake of Stop Smoking Services by routine and manual smokers 2012/13 – 2022/23 (n)



Profile of routine and manual Stop Smoking Service users

Figure 6.5.4: Client demographics 2022/23



Deprivation (n=1706)

Quintile 1- most deprived	27.8% (n=479)
Quintile 2	25.7% (n=443)
Quintile 3	21.2% (n=366)
Quintile 4	16.4% (n=282)
Quintile 5 Least deprived	7.9% (n=136)

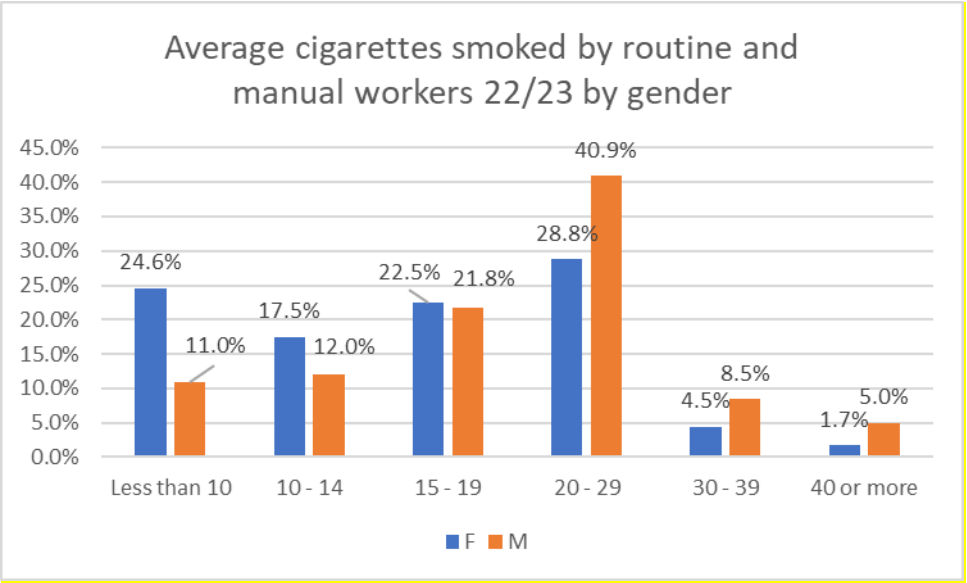
Basic demographic information on those who were identified as routine and manual workers showed them to be 60% male, predominantly of 'working age' (17-64) and with higher levels of representation from the three more deprived quintiles (Figure 6.5.4)

A noticeable feature in 22/23 is the higher numbers of routine and manual workers in the Southern area compared with other provider trusts (27% of clients compared with 22% overall) and higher levels of never worked or unemployed in Belfast (13% compared with 9% overall). The former likely reflects the prevalence of industries which employ routine and manual workers, located within the Southern area.

Tobacco Consumption

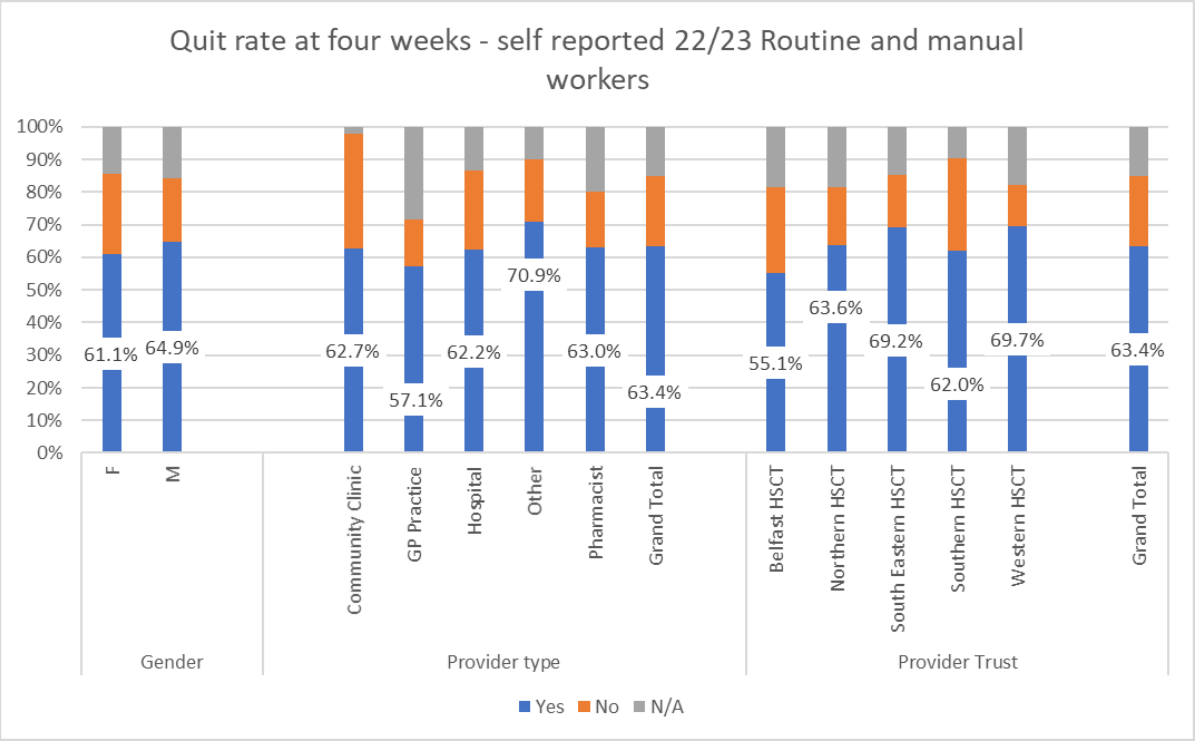
The majority of routine and manual smokers accessing services smoked on average 20-39 cigarettes each weekday or weekend day (36% and 38% respectively). As in previous years there was a sizable difference in the amount of cigarettes smoked daily by gender. Figure 6.5.5 illustrates that males were more likely to smoke more cigarettes both on a weekday than females with 54% of males smoking on average 20 or more cigarettes on a weekday compared to 33% of females; and 61% smoking on average 20 or more cigarettes on a weekend day compared to 41% of females (Figure 6.5.5 shows weekday smoking only)

Figure 6.5.5 Routine and Manual workers reported weekday smoking by gender 22/23



Numbers quit at 4 and 52 weeks

Figure 6.5.6 Four week Quit rates for routine and manual workers by provider type , gender and provider based Trust



The four week quit rate for routine and manual workers at four weeks was 63.4%. This varied by provider type with the workplace schemes having a slightly higher rate (70.9%) and a lower loss to follow up than other provider types. The actual base numbers per provider are shown in Table 6.5

Figure 6.5.7 shows fifty-two week quit rates by gender , provider type and provider Trust. note the nearly sixty percent loss to follow up. Overall the quit rate among routine and manual workers was 25.8% with workplace schemes showing lower loss to follow up and highest self reported quit levels. Western Trust at 31.5% had the highest quit rate per provider Trust.

Figure 6.5.7 : Fifty-two week Quit rates for routine and manual workers by provider type , gender and provider based Trust

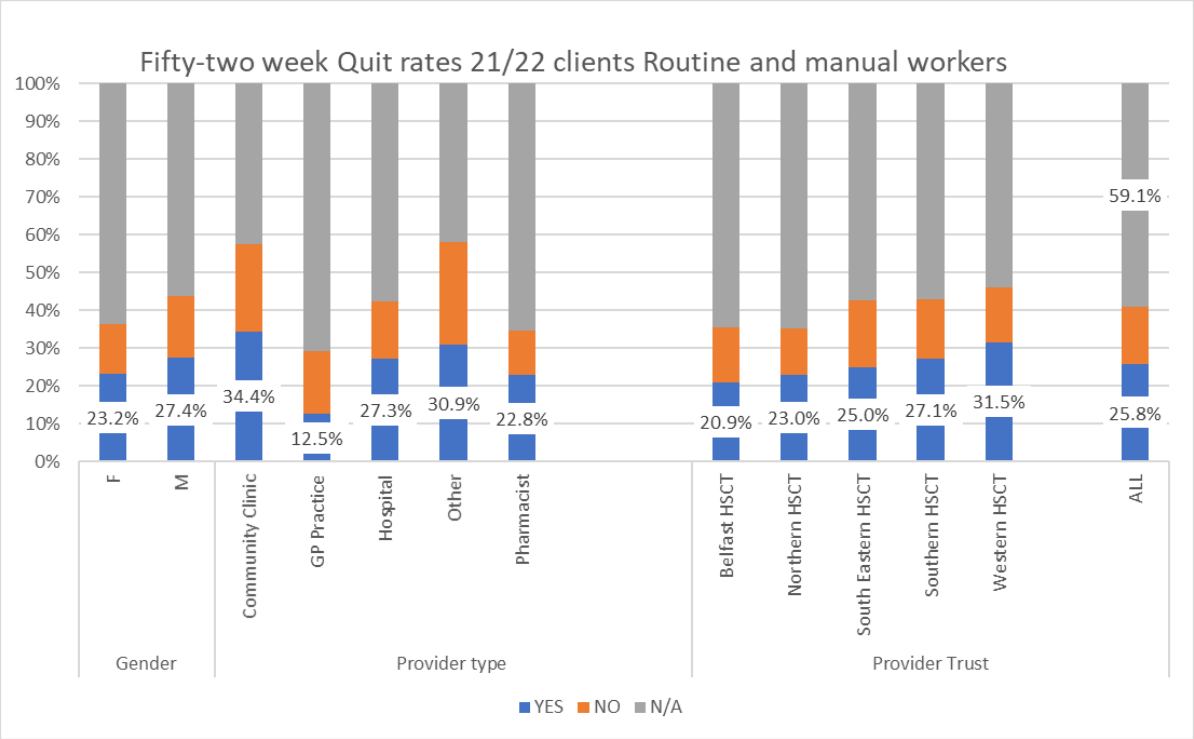


Table 6.5 Provider type by Trust for routine and manual workers

22/23 base provider type by Provider Trust					
	Provider type				
Trust	Community Clinic	Gp and Other	Hospital	Pharmacist	Total
Belfast HSCT		83	127	131	341
Northern HSCT			55	231	286
South Eastern HSCT		65	59	126	250
Southern HSCT	271		35	218	524
Western HSCT			60	263	323
Total	271	148	336	969	1724

21/22 base provider type by provider Trust						
	Community Clinic	GP Practic	Hospital	Other	Pharmacis	Total
Belfast HSCT		13	115	75	185	388
Northern HSCT		10	22		255	287
South Eastern HSCT			89	79	116	284
Southern HSCT	244		153		245	642
Western HSCT		1	90		280	371
Grand Total	244	24	469	154	1081	1972

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 9% in the least deprived quintile (Table 6). The smoking prevalence decreases in the least deprived areas as highlighted in the introduction. Quit rates at both four weeks and fifty-two weeks are slightly lower in the most deprived quintile.

Table 6.6 Summary by Deprivation quintile

			4 week quit rate 22/23			52 quit rate from 21/22			
Deprivation quintile	Count	%	Yes	No	N/A	Count	Yes	No	N/A
1	2504	31.3%	56.9%	23.3%	19.8%	2560	21.1%	12.6%	66.3%
2	1945	24.3%	62.6%	20.6%	16.9%	2089	23.7%	15.8%	60.5%
3	1569	19.6%	64.4%	20.8%	14.9%	1640	24.9%	14.5%	60.6%
4	1203	15.1%	58.9%	21.8%	19.4%	1250	23.7%	13.0%	63.3%
5	707	8.9%	60.0%	17.5%	22.5%	685	25.3%	13.0%	61.8%
n/a	60	0.8%	53.3%	31.7%	15.0%	51	20.4%	8.2%	71.4%
Total	7988	100.0%	60.3%	21.5%	18.3%	8273	23.2%	13.9%	62.9%

The decline overall in numbers is mirrored in the decline by deprivation quintiles is shown in Figure 6.6.1 and the accompanying table below.

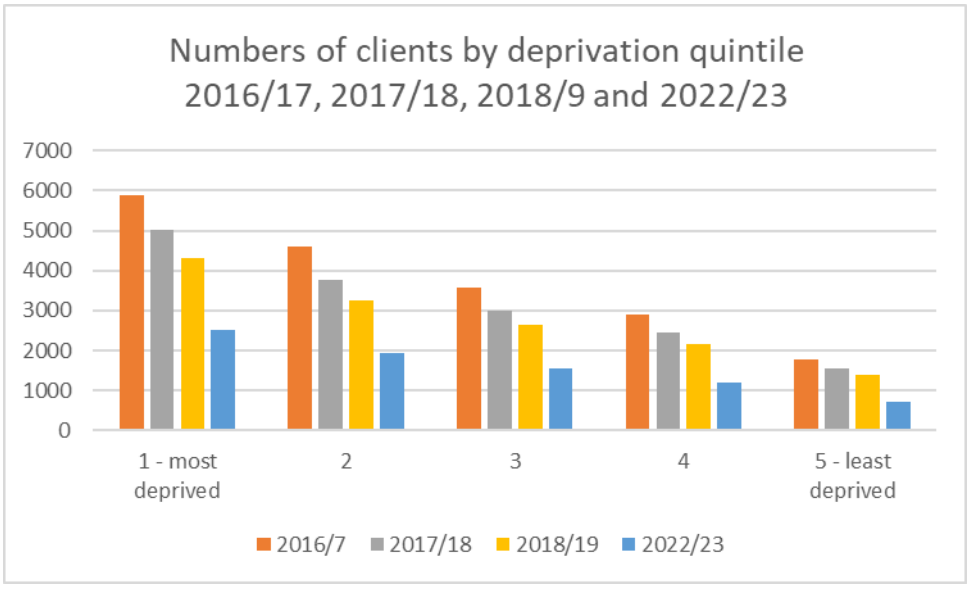


Figure 6.6.1

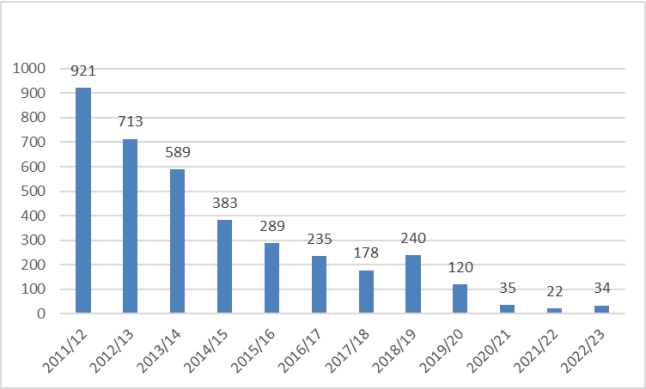
Deprivation quintile	2016/7	2017/18	2018/19	2022/23	% change since 2018/19	% change since 2016/17
1 - most deprived	5899	5013	4300	2504	42%	58%
2	4592	3773	3268	1945	40%	58%
3	3563	2990	2632	1569	40%	56%
4	2911	2455	2163	1203	44%	59%
5 - least deprived	1791	1539	1392	707	49%	61%
n/a	152	105	105	60	43%	61%
Total	18908	15875	13860	7988	42%	58%

6.7 Service uptake and effectiveness among Children and Young People aged 11-17 years

The current NI Young Persons Behaviour and Attitudes Survey (2022) reports that an estimated 1% of young people aged 11-16 years living in NI are current smokers,[17] which equates to an estimated 1,500 young people. Eight percent of young people indicated that they had ever smoked tobacco. This rose to 21% when looking at year twelve children only. Those in the most deprived areas were more likely to have tried smoking (11%) than those in the least deprived areas (5%). When asked why they tried smoking 41% just wanted to try it, 13% had friends who smoking and 10% had tried e-cigarettes and wanted to try normal cigarettes. The most common source of cigarettes was the young person buying them from a shop. Half of those who are current smokers had tried quitting (47%)

In the 2018/19 report 175 young people aged 11-16 had accessed stop smoking services. Since then there has been a dramatic decline in the numbers of young people accessing services. Figure 6.7.1 shows the number of 11-17 year olds over time to illustrate this decline. Even including those aged seventeen given the small numbers little can be said about these young people. Historically higher proportions of these young people came from the more deprived areas which reflects the higher prevalence there A specific piece of work is underway looking at smoking and vaping in young people.. **In 2022/23 only 34 young people aged 11-17 years availed of Stop Smoking Services**

Figure 6.7.1: Uptake of Stop Smoking Services by 11-17 year old smokers 2013/14 – 2022/23 (n)



Previous reports sought to calculate reach for 11-16 year olds based on survey data and numbers accessing services. In 2018-19 this was estimated at 3%. Given the small numbers now involved this has not been attempted here. Even allowing for the dramatic decrease in smoking highlighted above this is a stark drop is young people accessing services. When linked with the one in five 11-16 year olds who have tried e-cigarettes and the 6% who current used them with the similar pattern of higher use in the more deprived areas reinforces the need for a wider focus on cessation services for young people.

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 was presented using this new data. Recording has improved, in 2018/19, 4.2% of mothers did not have a smoking status recorded and in 2019/20 this was down to 3.1%. In 2020/21 with the impact of Covid changes the proportion who did not smoking status reported increased to 11% . By 21/22 this was 6.8% and in 2022/23 the percentage of mothers whose smoking status was not known at booking was back down to 3.2%.

As a result of this change in source of smoking data, how the percentage of mothers who smoked is calculated was changed from 2018/19 onwards and so comparisons with previously published 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, in 2018/19 13.2% (n=2,866) of all pregnant women self-reported being a smoker at the time of their initial booking appointment. In 2022/23 this had dropped to 10.6% (n=2,058) or just over one in ten women.

As highlighted in Figure 6.8.1, 74% of all pregnant women in 2022/23 had never smoked, with 15.3% indicating that they were ex-smokers. This compares with 67% never smoked in 2018/19 and 19.8% ex-smokers.

Figure 6.8.1: Pregnant women by smoking status 2022/23[18]

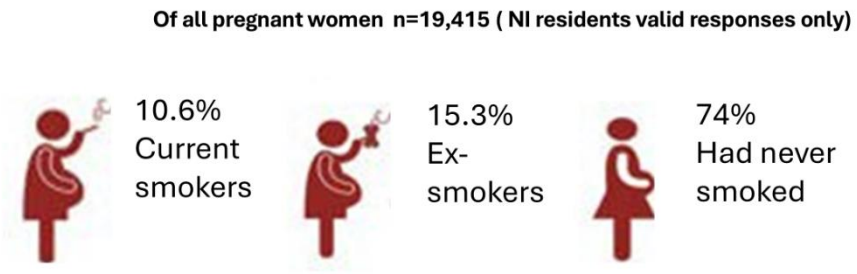
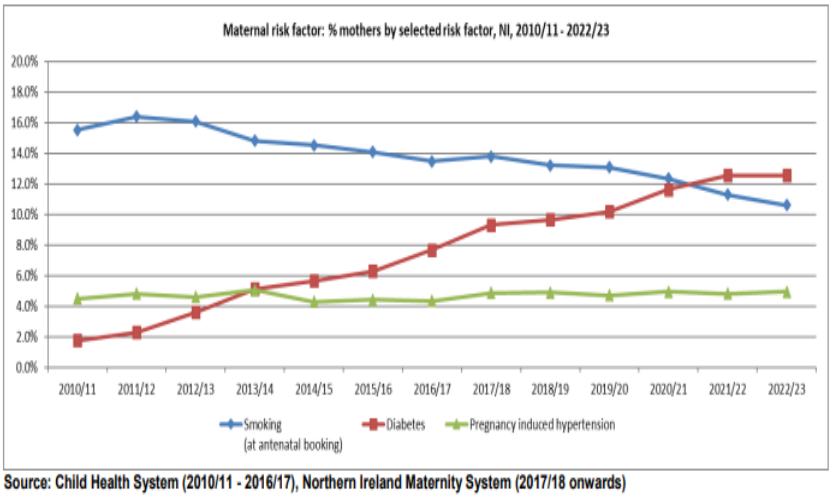


Figure 6.8.2 demonstrates proportion of pregnant women having the maternal risks of smoking, diabetes and hypertension since 2010/11

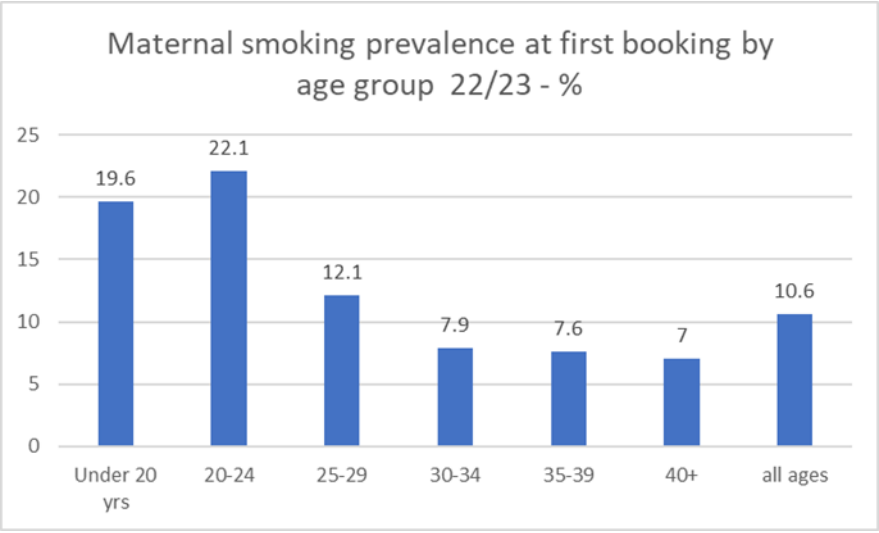
Figure 6.8.2: Maternal risks in pregnancy in NI 2010/11 – 2022/23



Source: Child Health System (2010/11 - 2016/17), Northern Ireland Maternity System (2017/18 onwards)

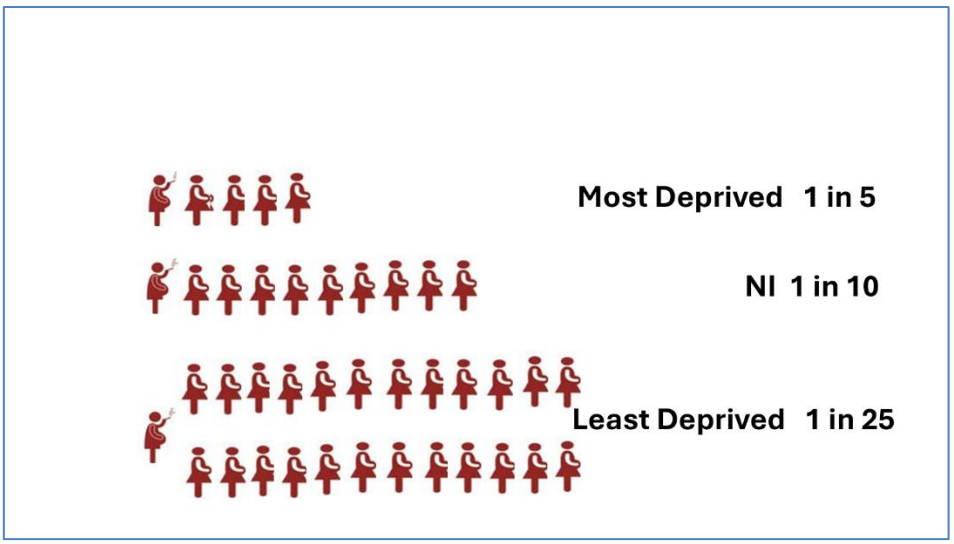
Smoking prevalence among expectant mothers varied by age, with the proportion of expectant mothers who smoked decreasing with age from 19.6% of those in the under 20 age-group and 22.1% in those 20-24 to 7.0% of those aged 40 and over. A point to note here is that in previous years the prevalence was highest in those under twenty. See the introduction for further discussion on changing prevalence levels amongst younger age groups.

Figure 6.8.2 Maternal smoking at first booking by age group



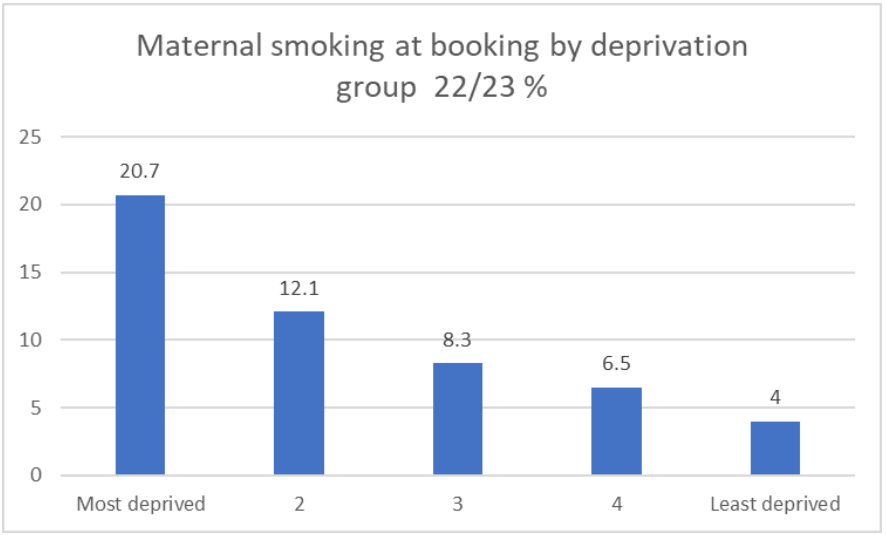
Further analysis by areas of deprivation highlighted that there is a considerable gap

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 five expectant mothers smoked, compared to those living in the least deprived areas where one in twenty-five smoked (Figure 6.8.3).



The stark gap between the most and least deprived reflects a straight gradient as shown below in Figure 6.8.3. The areas of highest deprivation have traditionally tended to have more younger mothers.

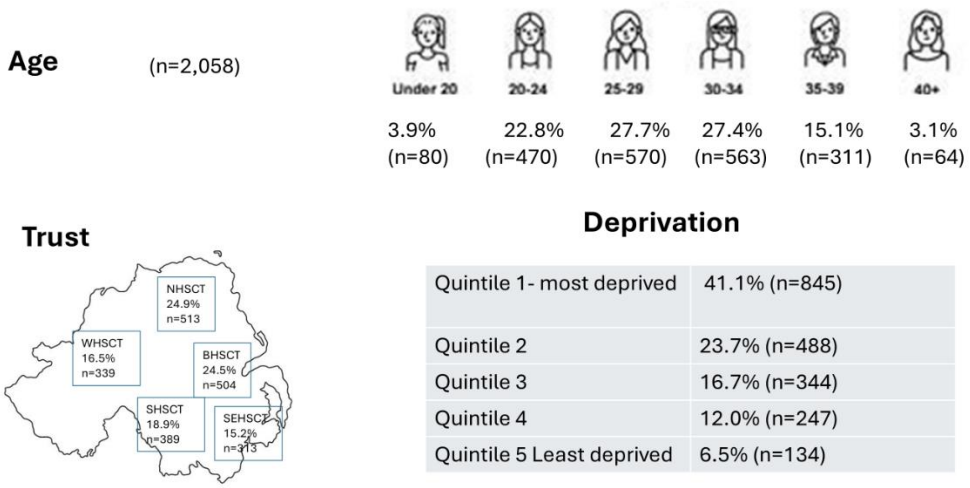
Figure 6.8.3: Prevalence of smoking in pregnancy in NI 2022/23 by deprivation



When looked at by Trust of residence the smoking prevalence among expectant mothers varied with the Belfast having the greatest proportion of pregnant smokers (13.8%) compared to Southern with the lowest proportion (8.6%).

Figure 6.8.4 summarises the demographics of pregnant women who were smoking at first booking- source NIMATS.

Figure 6.8.4: Demographics of pregnant women who smoke 2022/23



Within Trust and council areas there is variation in the proportion of women who smoked at the time of antenatal booking. Figure 6.8.5 shows the range at District Electoral Area for 2022/23.

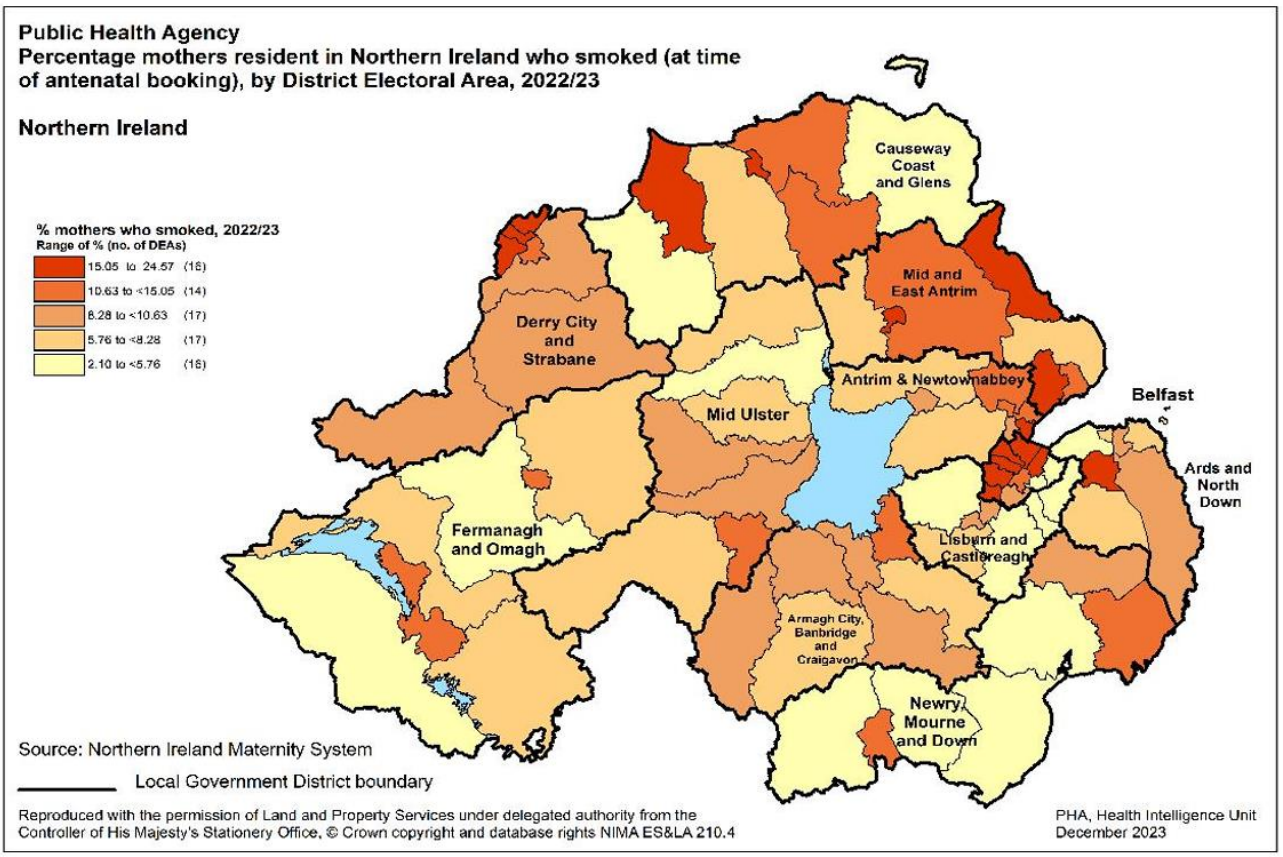


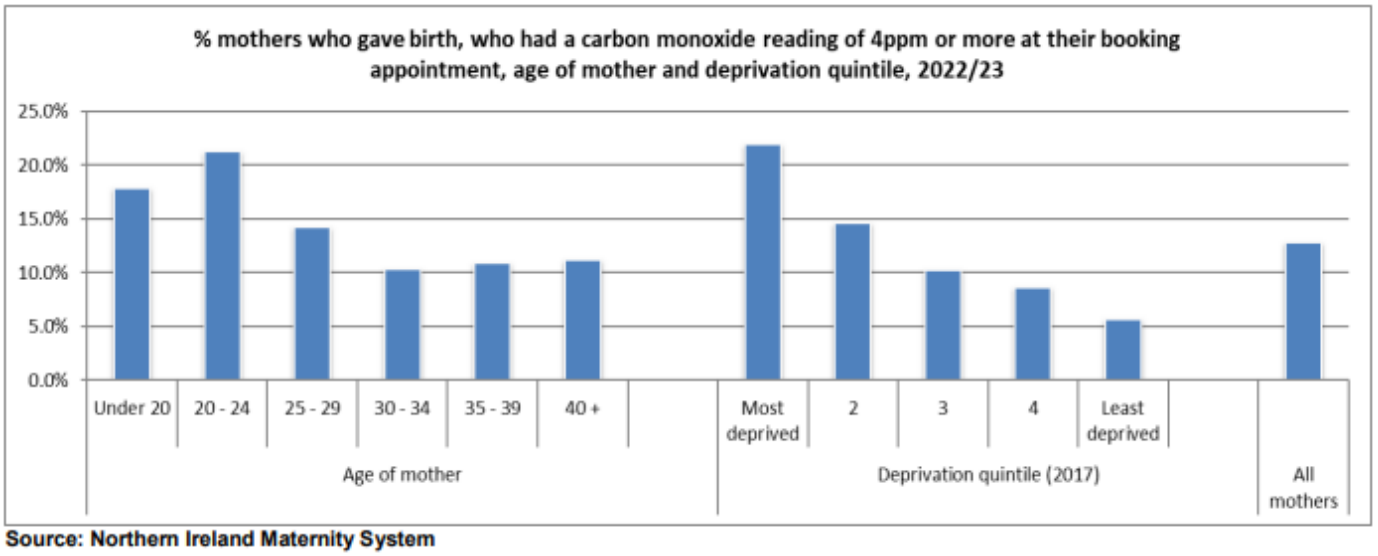
Figure 6.8.5 Maternal smoking at District Electoral Area Level 2022/23

Carbon monoxide screening

All pregnant women in Northern Ireland are offered carbon monoxide breath testing at their antenatal booking appointment. Carbon monoxide levels will be higher in those women who smoke, or who have been exposed to unsafe levels of CO from another source. Following testing, women with a result of 4ppm (parts per million) or higher, and who smoke, are provided with information on support services, which are available in Northern Ireland to help her stop smoking. If the woman does not smoke and is not exposed to second hand smoke, advice is given to reduce exposure to environmental sources of CO e.g. to check for faulty home heating appliances etc.

In 2022/23 there were a large number of women who did not have a carbon monoxide reading recorded (7,812 of 20,064 women - 39%). This included 690 women who self reported as being smokers. This compared to less than 1% missing data in 2018/19.

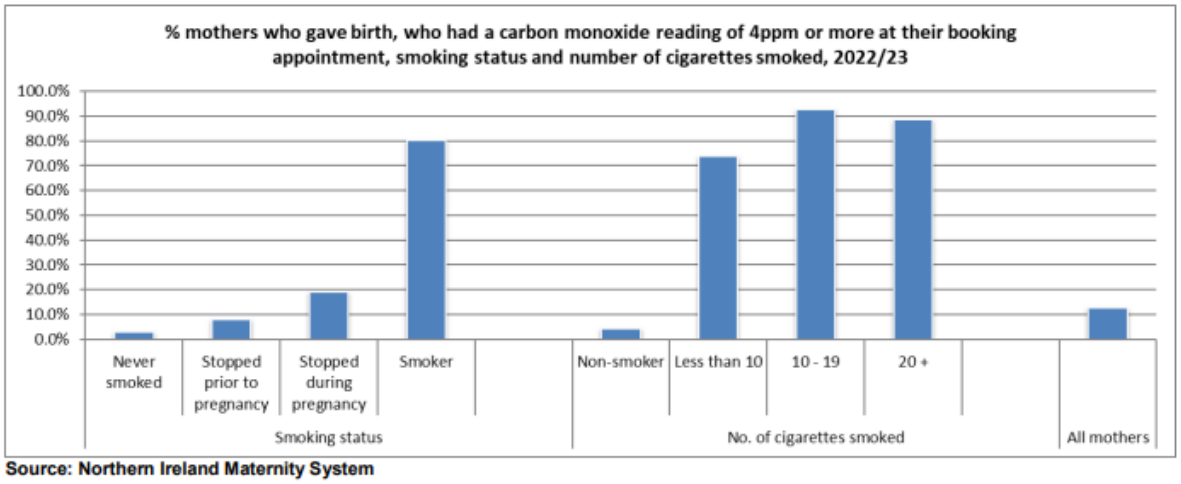
Figure 6.8.6 : % mothers who gave birth, who had a carbon monoxide reading of 4ppm or more at their booking appointment, by age of mother and deprivation quintile, 2022/23 Source: Northern Ireland Maternity System



Source: Northern Ireland Maternity System

The profile in terms of deprivation and age is similar to those who self reported as being smokers in terms of age group and deprivation status.

Figure 6.8.7: % mothers who gave birth, who had a carbon monoxide reading of 4ppm or more at their booking appointment, by smoking status and number of cigarettes smoked, 2022/23 Source: Northern Ireland Maternity System.



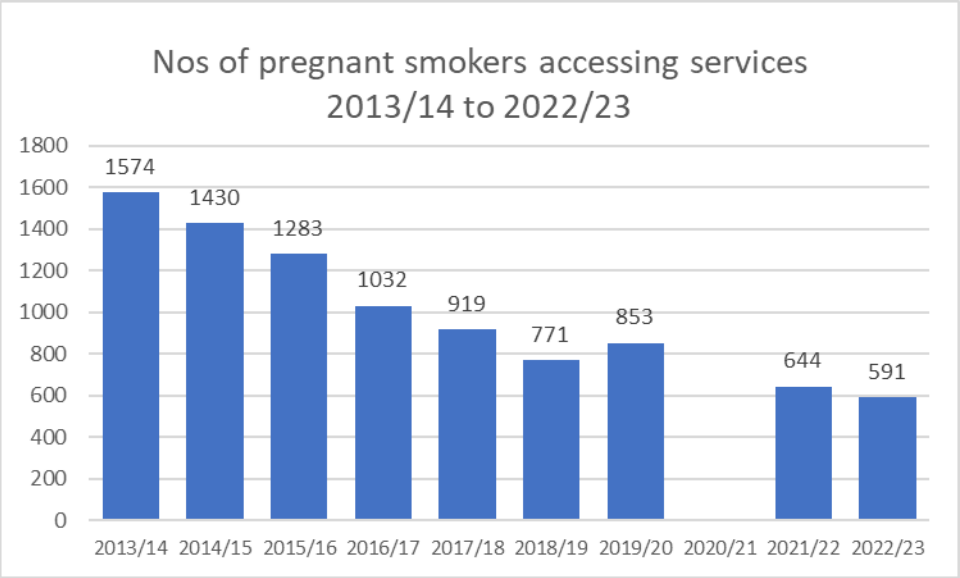
Source: Northern Ireland Maternity System

As would be expected C02 reading tended to increased with self reported levels of cigarettes per day.

6.9 Service uptake and effectiveness among Pregnant Women

In 2022/23, PHA Stop Smoking Services were delivered to 591 pregnant women, which equates to an estimated 28.7% of all pregnant women who smoke. Uptake of services fell noticeably between 2013/14 and 2018/19 in terms of actual numbers and estimated uptake as a proportion of smokers. Since 2019/20 total numbers accessing services have continued to drop while estimated uptake as a proportion of pregnant smokers has remained at 28-29% in the last two years(Figures 6.9.1 and 6.9.2).

Figure 6.9.1: Uptake of Stop Smoking Services by pregnant smokers 2013/14 – 2022/23 (n)



The figure of 591 is based on those who were pregnant at time of setting a quit date and those who had become pregnant by the four week cessation review date.

Figure 6.9.2: Estimated access to Stop Smoking Services by pregnant smokers 2013/14 – 2022/23 (%)

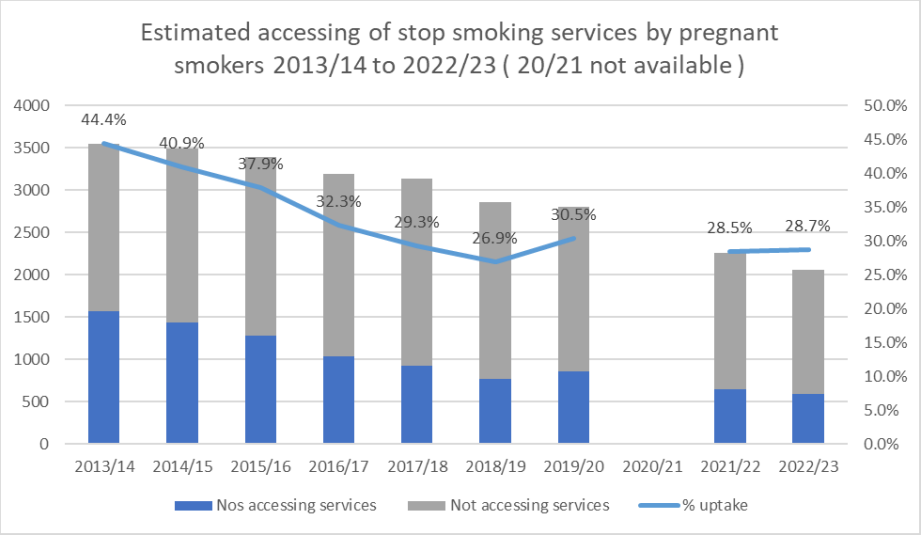
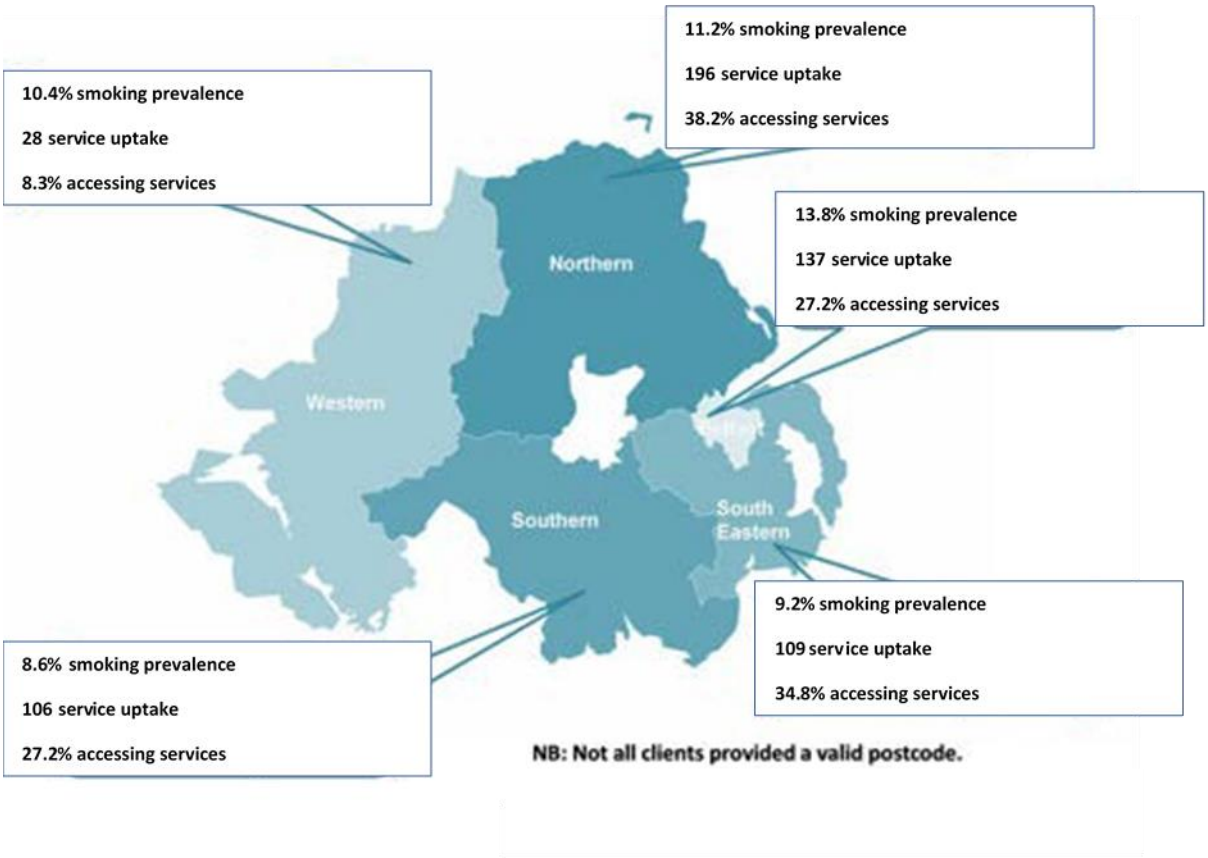


Figure 6.9.3: Stop smoking services uptake and reach by Local Commissioning Group 2022/23



There is marked variation in estimated reach per Local Commissioning group – from 8.3% in the Western area to 36.5% In Northern.

Note that this is based on the home location of the client and not the provider and fifteen clients could not be assigned to an LCG.

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=195 or 33% of clients) declining gradually through the quintiles to 51 in the least deprived quintile. In comparison, reach of services had a reverse pattern increasing from the lowest estimated reach of 23% in the most deprived quintile through to 38% in the least deprived quintiles.

Amount of tobacco smoked

The vast bulk of women reported smoking less than twenty cigarettes per day (91%) with 64 -65% less than ten per day weekday or weekends.

Sixty-four percent of clients had heard about the service from the midwife and fifteen percent reported having previously attempted to quit.

Numbers quit at 4 and 52 weeks

Overall the self reported quit rate at four weeks for pregnant women was 62%. This compared with 63% in 2021/22 and 61.4% in 2018/19. It varied by provider – community clinics 66% (n all clients -91), hospital services 62% n-423) and pharmacy 51% (n=73 of whom 27 were lost to follow up).

Quit rates at fifty-two weeks for clients who had registered a quit date in 2021/22 were 20% although a high number of clients were lost to follow -up – see Figure 6.9.4. Pre Covid levels in 2016/7 and 17/18 were 24.4% and 26.1% respectively.

Figures 6.9.4, 6.9.5 and table 6.9 show a breakdown of quit rates by age group, level of daily smoking, deprivation and provider.

In addition to the reach being higher in the less deprived areas the four week quit was highest in the less deprived areas, amongst those who smoked less , those under twenty and in Southern Eastern provider Trust.

At fifty-two weeks there has been a very high level of loss to follow up (70%) thus making definitive statements more problematic. The 20-24 years olds had a higher level of still not smoking (26.1% v overall 19.9%), The variation at provider trust in those lost to follow up and in some cases the small volumes mean any variation must be treated with caution. Community clinics have a higher fifty-two week quit rate and have less clients lost to follow-up.

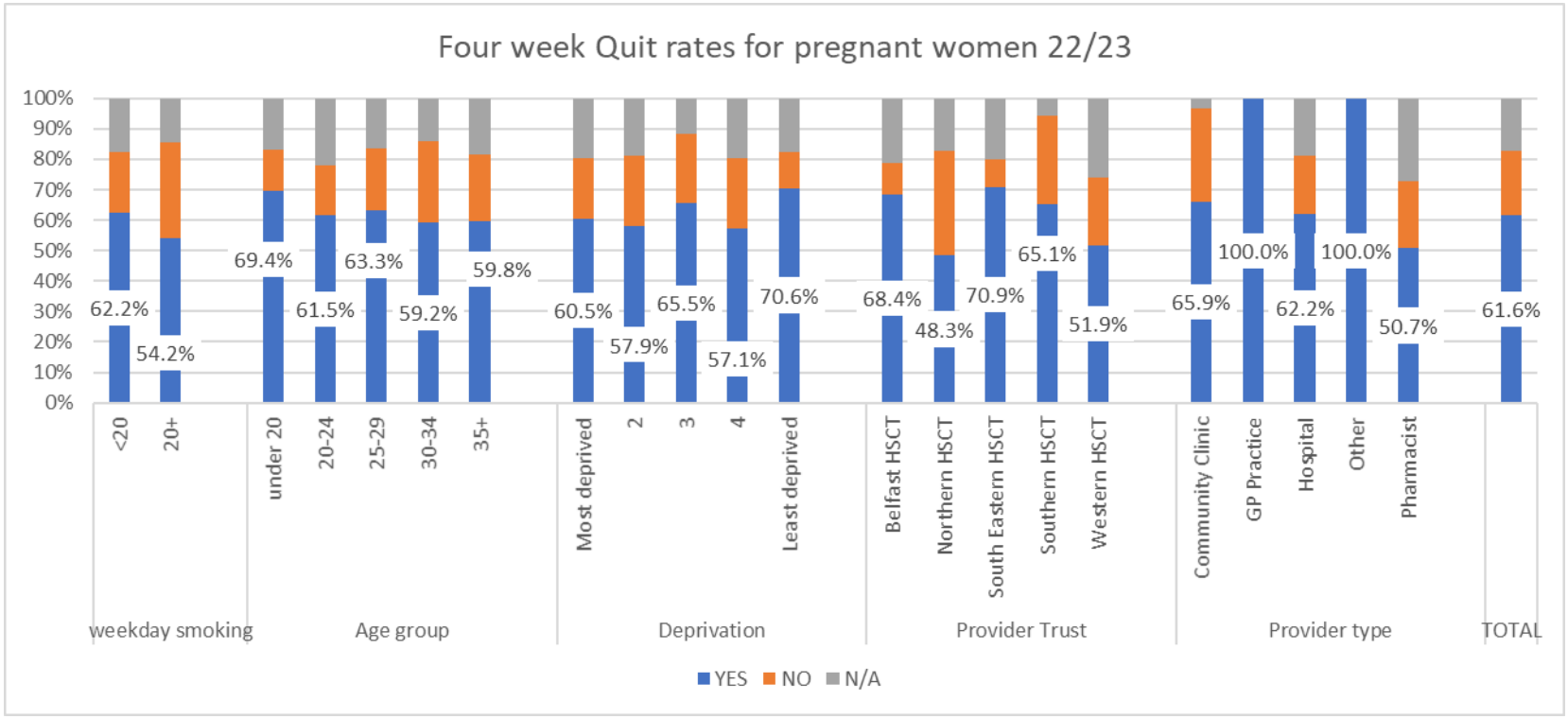
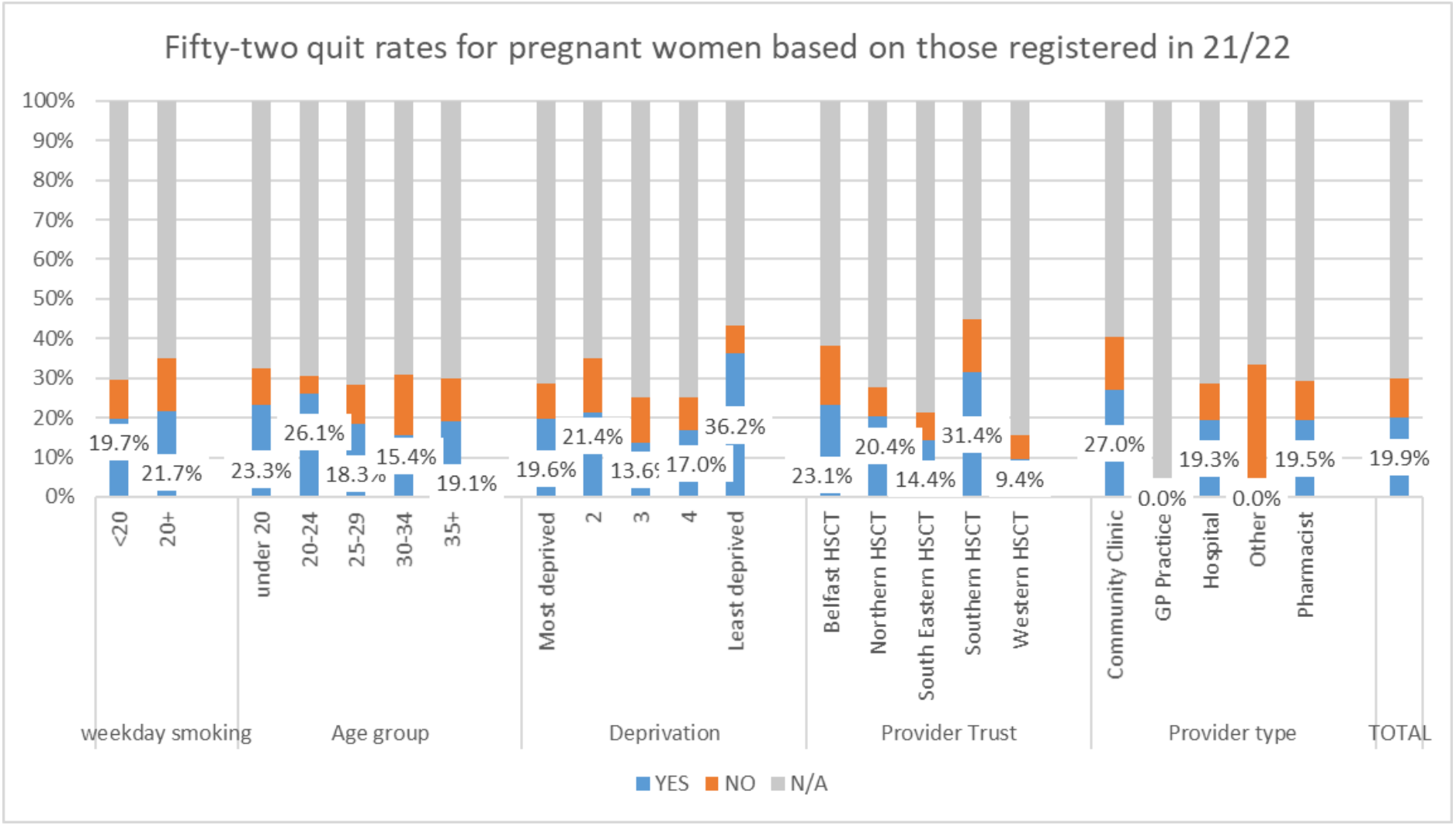


Figure 6.9.4 Four week quit rates 22/23 by smoking level, age group, deprivation, provider trust and provider type
Note – small nos in some cases – see table 6.9

Figure 6.9.5 Fifty-two week quit rates for clients registered in 21/22 by smoking level,age group,deprivation, provider trust and provider type.



Note – small nos in some cases – see table 6.9

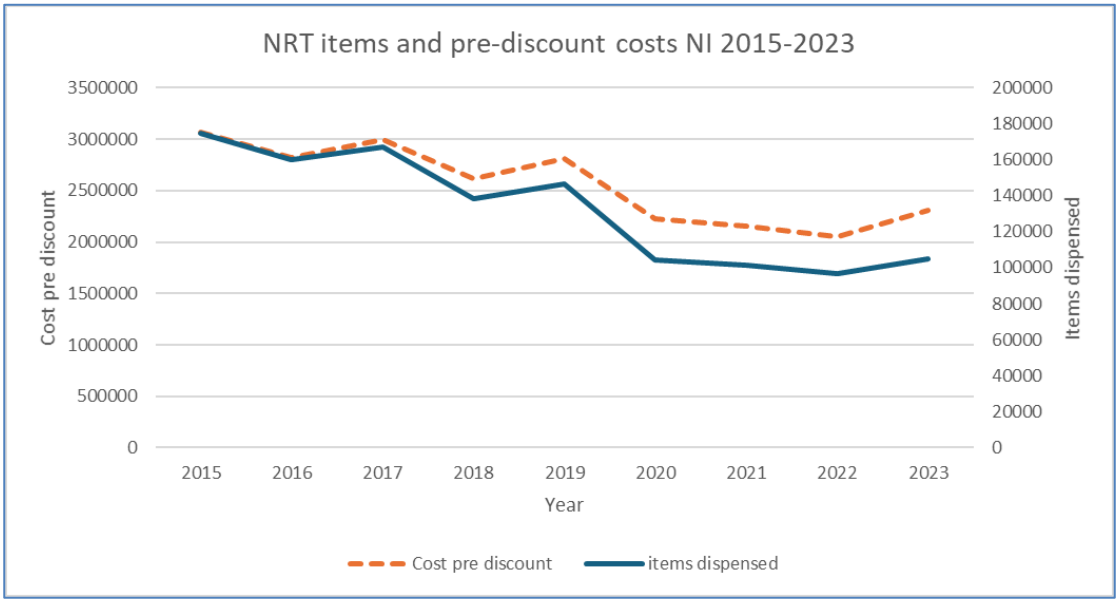
Table 6.9 Pregnant women		Four week quit rates				Fifty-two week quit rates			
		YES	NO	N/A	n	YES	NO	N/A	n
weekday smoking	<20	62.2%	20.3%	17.5%	543	19.7%	9.7%	70.6%	598
	20+	54.2%	31.3%	14.6%	48	21.7%	13.3%	65.0%	60
Age group	under 20	69.4%	13.9%	16.7%	36	23.3%	9.3%	67.4%	43
	20-24	61.5%	16.4%	22.1%	122	26.1%	4.5%	69.4%	157
	25-29	63.3%	20.3%	16.4%	177	18.3%	9.9%	71.8%	202
	30-34	59.2%	26.6%	14.2%	169	15.4%	15.4%	69.1%	162
	35+	59.8%	21.8%	18.4%	87	19.1%	10.6%	70.2%	94
Deprivation	Most deprived	60.5%	20.0%	19.5%	195	19.6%	8.9%	71.4%	224
	2	57.9%	23.0%	19.0%	126	21.4%	13.6%	65.0%	140
	3	65.5%	23.0%	11.5%	113	13.6%	11.4%	75.0%	132
	4	57.1%	23.1%	19.8%	91	17.0%	8.0%	75.0%	100
	Least deprived	70.6%	11.8%	17.6%	51	36.2%	6.9%	56.9%	58
Provider Trust	Belfast HSCT	68.4%	10.3%	21.3%	174	23.1%	15.0%	61.8%	173
	Northern HSCT	48.3%	34.5%	17.2%	174	20.4%	7.4%	72.2%	108
	South Eastern HSCT	70.9%	9.1%	20.0%	110	14.4%	6.7%	78.8%	208
	Southern HSCT	65.1%	29.2%	5.7%	106	31.4%	13.3%	55.2%	105
	Western HSCT	51.9%	22.2%	25.9%	27	9.4%	6.3%	84.4%	64
Provider type	Community Clinic	65.9%	30.8%	3.3%	91	27.0%	13.5%	59.5%	74
	GP Practice	100.0%	0.0%	0.0%	2	0.0%	0.0%	100.0%	3
	Hospital	62.2%	19.1%	18.7%	423	19.3%	9.3%	71.4%	493
	Other	100.0%	0.0%	0.0%	2	0.0%	33.3%	66.7%	6
	Pharmacist	50.7%	21.9%	27.4%	73	19.5%	9.8%	70.7%	82
TOTAL		**61.6%**	**21.2%**	**17.3%**	**591**	**19.9%**	**10.0%**	**70.1%**	**658**

7. NRT Prescribing and Dispensing

This section presents information on the number and associated costs of items dispensed by pharmacies to help people stop smoking in 2022/23 and explores the trends in recent years. These can have been prescribed by GP practices or Pharmacists.

As with the previous information on the numbers of people accessing smoking cessation services the total numbers of items prescribed has declined noticeably.

Figure 7.1 Numbers and cost of items dispensed to help people stop smoking in Northern Ireland 2015-2023. [19]



From nearly 175,000 items at a cost of approximately 3.1 million (pre-discount) in 2015 Northern Ireland the number of items had reduced by 2023 to 105,000 (a decrease of 40%) and the cost (not inflation adjusted) was 2.3 million pre discount (25% less).

The 2023 calendar year numbers of items and costs had increased a little on the 2022 figures. (Table 7.1)

Table 7.1 Items dispensed and costs pre discount 2015-2023

Year	Items dispensed	Cost pre discount – not inflation adjusted
2015	174579	3070558
2016	160080	2817146
2017	167241	2997314
2018	138074	2614451
2019	146705	2809705
2020	104530	2229694
2021	101649	2154768
2022	96798	2051152
2023	104693	2309405

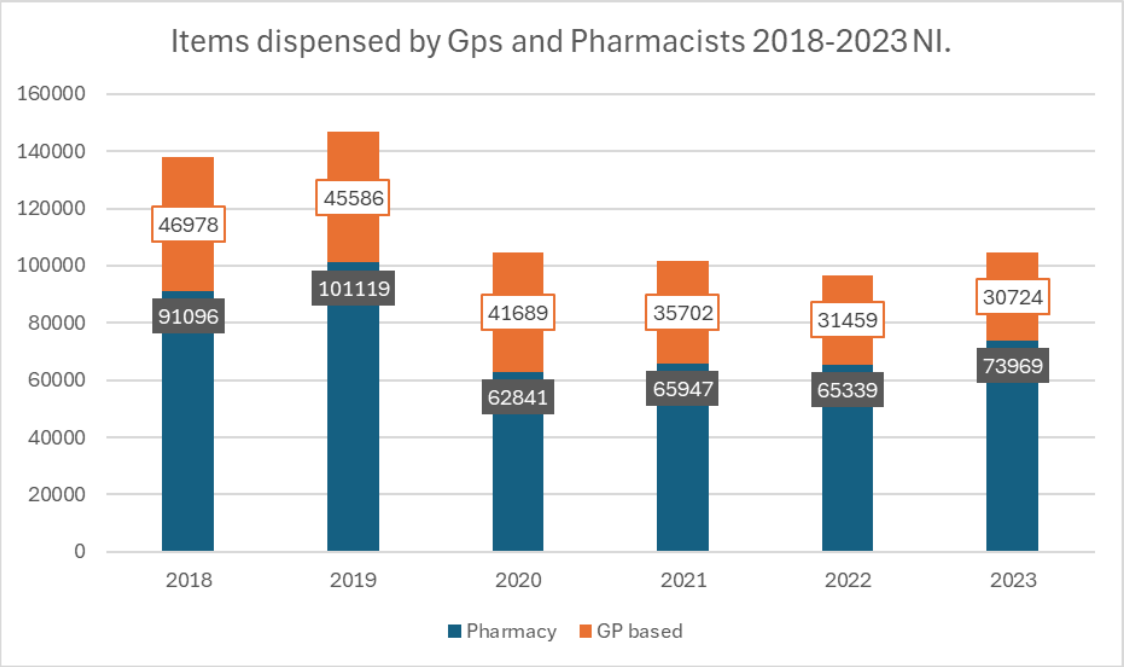
With the more recent data it is possible to separate out those prescribed by primary care from others (mainly pharmacists). The balance of these has changed over time – see Table 7.2.

The detailed analysis provided by PHA Health intelligence in 2018/19 highlighted the large numbers of GP practices who were prescribing NRT but not registering clients on the smoking cessation system.

In the 2022/23 year 85 clients were registered on the system from General practice but approx. some 31,000 items were dispensed from primary care in 2023 suggesting that while overall the numbers have reduced there are a substantial number of people receiving services from GPs who are not being entered on the smoking cessation system.

Gps – 30,724
Pharmacists – 73,969

Figure 7.1.2 Items dispensed by Gps and Pharmacists 2018-2023



The breakdown per local commissioning group over time is shown in table 7.2 and the percentage reduction between 2018 and 2023 is shown in Figure 7.1.3 for pharmacists and then separately per LCG for the GP prescriptions.

Figure 7.1.3

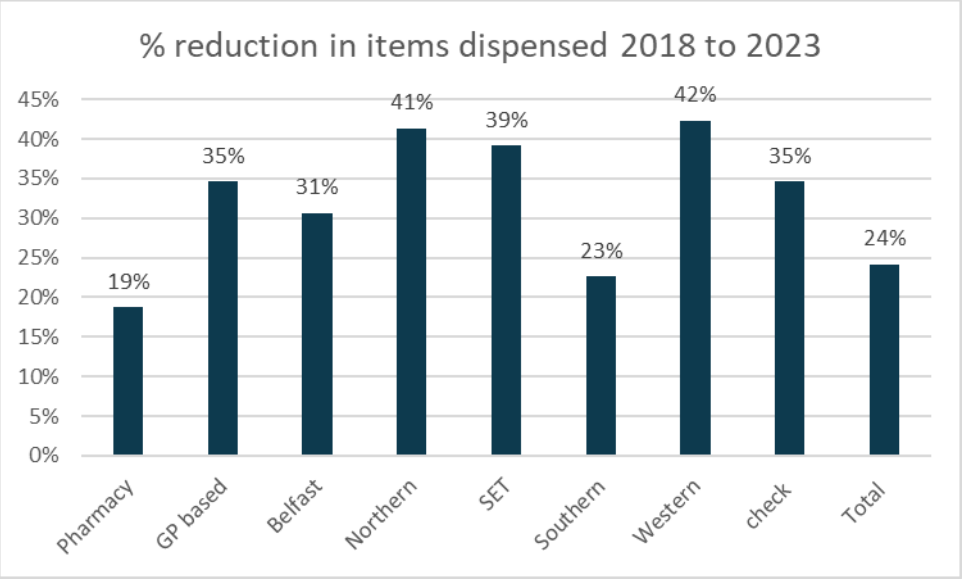


Table 7.2 Items dispensed and costs before discount 2018-2023 by provider type and LCG for Gp providers

				Gp based by LCG					
	Year	Pharmacy	GP based	Belfast	Northern	SET	Southern	Western	Total
Items dispensed	2018	91096	46978	10949	12383	6721	10263	6662	138074
	2019	101119	45586	10744	12732	6925	9218	5967	146705
	2020	62841	41689	10198	11053	6056	8158	6224	104530
	2021	65947	35702	8930	8688	5411	7748	4925	101649
	2022	65339	31459	8092	7729	4231	7291	4116	96798
	2023	73969	30724	7593	7260	4092	7938	3841	104693
Cost of items pre discount	2018	1309988	1304463	307480	347904	191565	280550	176965	2614451
	2019	1500450	1309255	317468	361146	199587	267772	163282	2809705
	2020	1007787	1221907	301194	320101	178077	246239	176296	2229694
	2021	1085171	1069597	269601	253685	171976	232915	141421	2154768
	2022	1102580	948572	254056	219121	136325	220735	118335	2051152
	2023	1334303	975102	251777	225656	135907	246054	115708	2309405

Appendices

Table 1: Smoking Prevalence of those aged 18+ by UK Country 2011-2022 (%)

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
2019	14.1	13.9	15.5	15.4	15.6
2020	14.0	13.8	15.1	16.0	14.7
2021	13.3	13.0	14.1	14.8	13.8
2022	12.9	12.7	14.1	13.9	14.0

Table 2: Smoking Prevalence of those aged 18+ in the UK by Age-Group 2011-2022 (%)

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
2019	16.0	19.0	15.5	15.9	13.9	7.8
2020	14.7	18.0	16.3	15.8	14.2	8.1
2021	13.2	15.8	15.4	15.5	14.0	8.0
2022	11.6	16.3	14.5	14.3	13.6	8.3

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