

# Information Release

Department of Health, Social Services and Public Safety

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September 2004

## **Statistics on Smoking Cessation Services in Northern Ireland: Quarter Summary Report, 1<sup>st</sup> April 2003 to 30<sup>th</sup> June 2003.**

This information release, produced by the Department of Health, Social Services and Public Safety's Regional Information Branch, provides quarterly summary information on smoking cessation services for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2003.

### **Summary**

Within Health Boards in Northern Ireland, during the period 1<sup>st</sup> April to 30<sup>th</sup> June 2003:

- 1,217 people set a quit date through the smoking cessation services.
- Of those setting a quit date, the majority (82%) were aged 18-59 years: 2% were under 18, 26% were aged 18-34, 26% were aged 35-44, 30% were aged 45-59, and 15% were aged 60 and over.
- The majority of people received Nicotine Replacement Therapy (NRT) or bupropion (Zyban). 71% of people received NRT only, 3% received bupropion only, 2% received both NRT and bupropion and 25% received neither or treatment was not known.
- At the 4 week follow-up 621 had successfully quit (based on self-report), 51% of those setting a quit date.
- At the 4 week follow-up, of those who successfully quit (based on self-report), 480 had their non-smoking status confirmed by CO validation, 39% of those setting a quit date. However, smoking cessation services did not attempt CO validation on all people who had successfully quit at the 4 week follow-up (based on self-report).

## Introduction

It is estimated that smoking causes between 2,700 and 3,000 deaths in Northern Ireland each year (DHSSPS, A Five Year Northern Ireland Tobacco Action Plan, 2003). It is the single greatest preventable cause of premature death and avoidable illness. The 5-year Northern Ireland Tobacco Action Plan, published in June 2003, set targets for reducing the prevalence of smoking among adults, pregnant women and young people (aged 11-16). The development of cessation services is a key element of the overall aim to tackle smoking.

The Continuous Household Survey, which biennially includes questions about smoking, showed that, in 2002/03, adult smoking prevalence was 26% (27% males and 26% females). In the same survey, over three quarters (77%) said that they would like to give up smoking. Giving up is not easy because nicotine is highly addictive and repeated quit attempts may be required before total abstinence is achieved.

## Background

Smoking cessation services provide a new approach to helping people to quit smoking. They include the provision of **brief opportunistic advice** by a range of health professionals and **specialist services** in appropriate settings. Only the latter are monitored centrally. Both services are defined in **Annex A**.

The Department of Health, Social Services and Public Safety developed monitoring arrangements for smoking cessation services in the four Health Boards. Each Health Board was required to provide information on a quarterly basis to enable the Department to monitor figures. The central requirements for the monitoring returns are kept to a minimum and are designed to be a subset of the information required locally to monitor and evaluate the service. This bulletin provides an analysis of these monitoring returns.

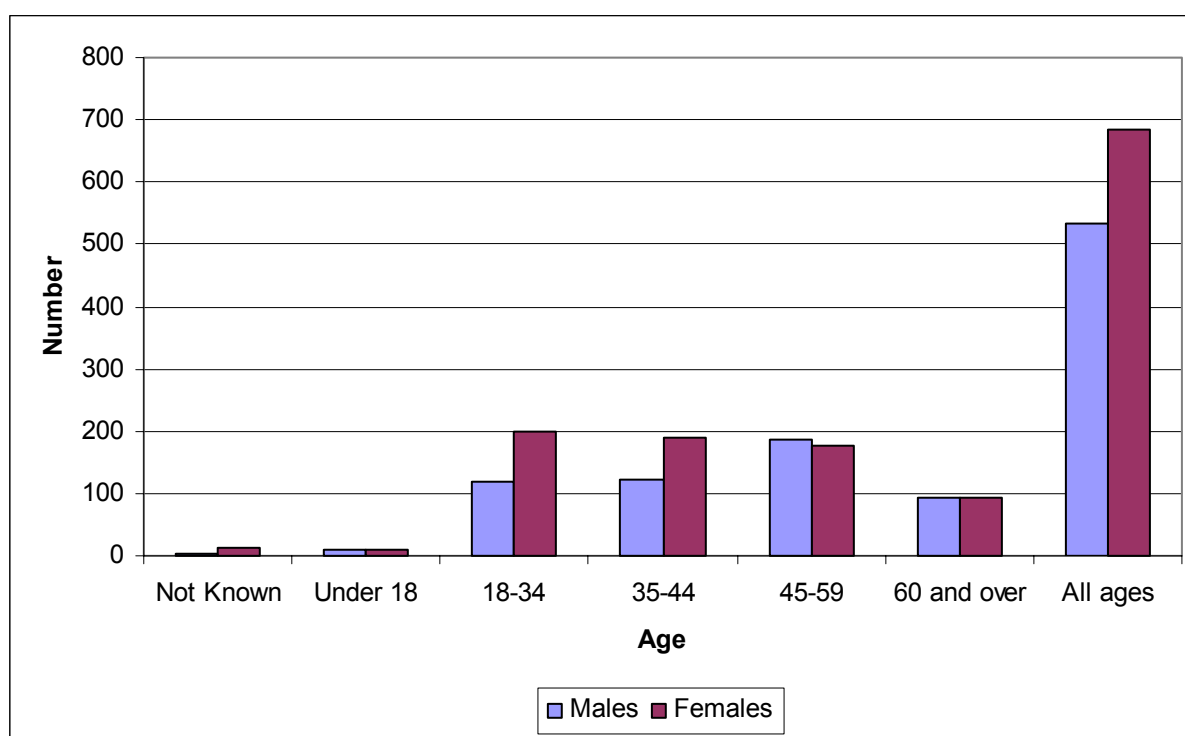
## Results

### Clients setting a quit date

(Figure 1, Summary Tables)

During the quarter 1<sup>st</sup> April 2003 to 30<sup>th</sup> June 2003, a total of 1,217 people set a quit date in smoking cessation services. Over half (56%) were women, although the prevalence of smoking is similar for men (27%) and women (26%). The majority (82%) were aged 18-59 years: 26% were aged 18-34, 26% were aged 35-44, 30% were aged 45-59. At the age extremes, 2% were under 18, and 15% were aged 60 and over.

**Figure 1** Numbers setting a quit date by age and gender



### Therapeutic Interventions

(Summary Tables)

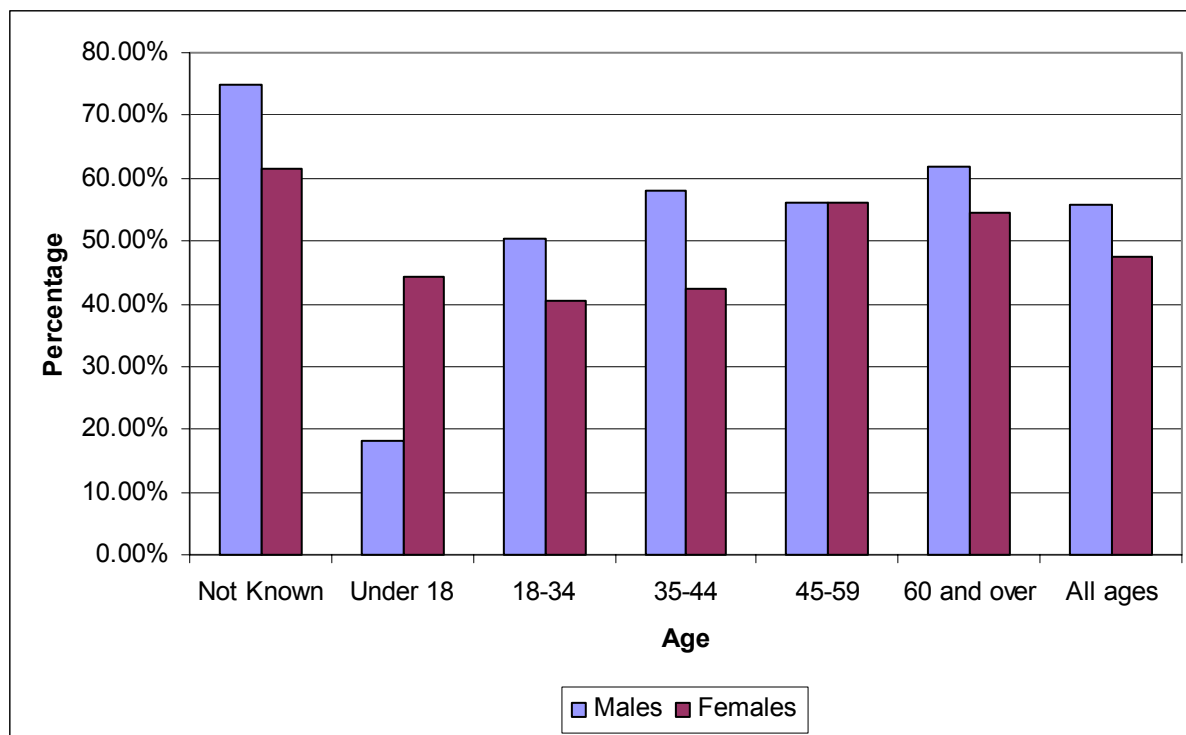
The use of supportive drug therapy in the attempt to quit smoking was recorded for each client. Nicotine Replacement Therapy was the most popular choice with 71% of those who set a quit date opting for NRT only. Just 3% received bupropion (Zyban) only while only 2% received both NRT and bupropion either concurrently or consecutively. 15% of those setting a quit date did not receive either medical assistance and 10% of treatment option was unknown.

## Outcome at 4 week follow-up (Figures 2,3 and Summary Tables)

The cessation services were expected to follow up clients to find out their smoking status 4 weeks after the quit date, based on self-report by the client. At 4 weeks a successful quitter was defined as someone who had not smoked over the previous two week period (the first two weeks are ignored to allow for initial lapses).

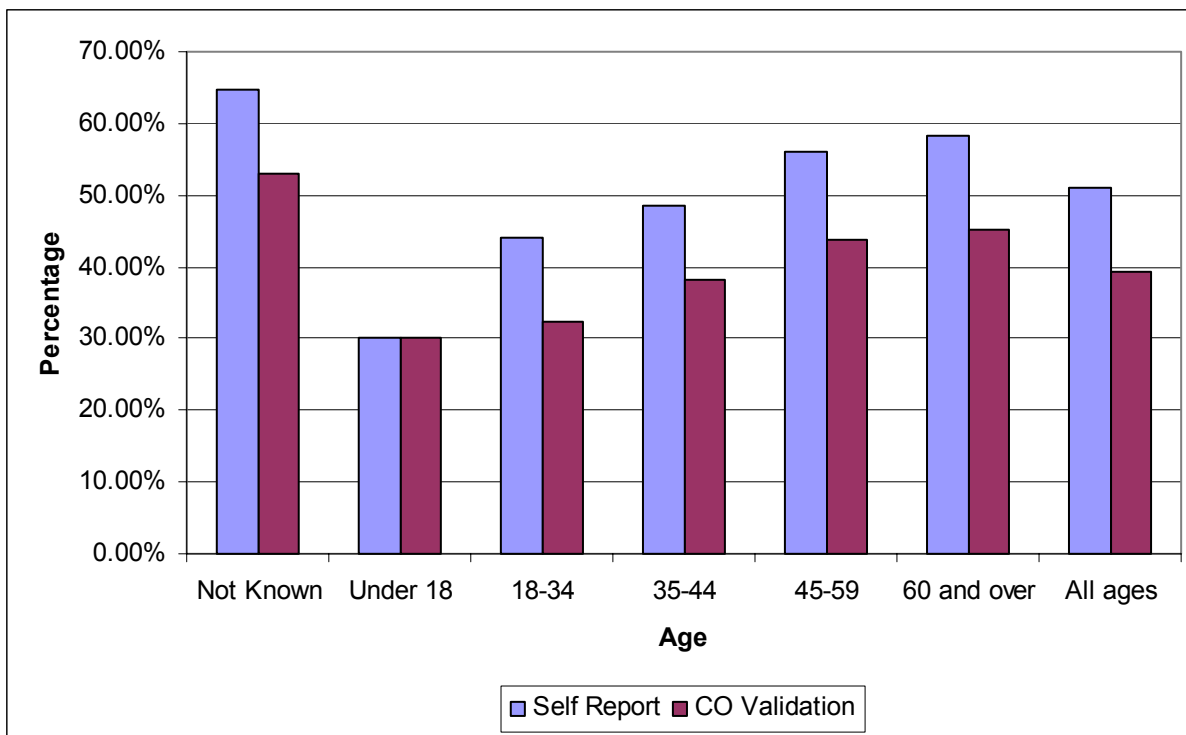
At the 4 week follow-up 51% of all those setting a quit date had successfully quit (based on self-report). Just over a tenth (16%) of all those setting a quit date were unable to be contacted for the follow-up at 4 weeks. In addition specialist services were also asked to confirm non-smoking status by carbon monoxide (CO) validation: 39% of those setting a quit date had their non-smoking status confirmed by CO validation (compared with 51% for self-report).

**Figure 2 Percentage who had successfully quit at 4 week follow-up (self report) by age and gender**



The most successful age group at 4 weeks was 60 and over, for both the self-report and CO validation, 62% and 54% respectively.

**Figure 3 Percentage who had successfully quit at 4 week follow-up (self report and CO validation) by age**



There were fourteen pregnant women separately identified as setting quit dates through the smoking cessation services. The 4 week quit rate (self report) for these women was 29%.

### Health Board Comparisons (Board Summary Tables)

These tables show data for the four Health Board Areas separately (Eastern, Northern, Southern, and Western).

The Eastern and Western Boards accounted for two-thirds (67%) of those setting a quit date. The Northern Board had the most successful quit rate at the 4 week follow-up point for both the self report and CO validation, 81% and 63% respectively.

### Comparison with 2002/03 information

The number of people setting a quit date within the period 1<sup>st</sup> April to 30 June 2003, has more than doubled, increasing by 660 (118%) since the same period in 2002.

At the 4 week follow-up, for those who set a quit date in the period 1<sup>st</sup> April to 30<sup>th</sup> June 2003, the percentage of those successfully quit, based on self report (51%) and CO validation (39%), have both decreased, 7 and 6 percentage points respectively when compared to the same period in 2002.

## **Editorial notes**

For the purpose of clarity, figures are shown in accordance with the Department of Health's publication conventions. These are as follows:

- . not applicable
- .. not available
- zero
- 0 less than 0.5

Numbers greater than or equal to 0.5 are rounded to the nearest integer.

## **Additional Information**

It is proposed to update this bulletin quarterly. Constructive comments on the bulletin would be welcomed. Any questions concerning the data in this publication, or requests for further information on smoking cessation services in Northern Ireland is available from:

Regional Information Branch  
Department of Health, Social Services and Public Safety  
Annexe 2  
Castle Buildings  
Stormont  
BT4 3SQ  
Internet address: <http://www.dhsspsni.gov.uk/stats&research/pubs.html>

# Annex A

## 1. Data Quality

There was considerable variation in the speed with which the four Health Boards were able to set their data recording routines. The four Health Boards were asked to submit data to the Department of Health quarterly in 2003/2004, with more detail in an annual return. It should be noted that on the Monitoring form Part B (Equality section) not all the questions were answered by the clients. Action has been taken to improve the quality of the data recorded in the future. It should be noted that some of the figures presented may not add up to 100% due to rounding.

## 2. Health Boards

Within Northern Ireland there are four Health Boards, Eastern, Northern, Southern, and Western, each with their own provision of smoking cessation services throughout their health area. The set up of these services and collection of data was sporadic among the four boards.

In January 2000, the Eastern Board started up their services and began to collect data, regarding the clients using the services, via the monitoring forms. At the same time Causeway clinic services, within the Northern Board, began to run similar services. The Mid-Ulster pilot scheme followed suit in the summer of 2001. By January 2002 all services in place within the Northern Board were up and running and collating the returns via the monitoring forms established by DHSSPS. The Western Board services and data collection began in the first quarter of 2000 (April to June 2000). As for the Southern Board, a commissioning pilot, for two clinics, was established in January 2001 and by January 2002 all services that were set up were using the monitoring forms.

## 3. Definitions

### Services

- **Brief interventions** by General Practitioners (GPs) and other health professionals. These will be provided in the normal course of the professional's duties rather than comprising a 'new' service, and monitoring information about clients in receipt of such interventions is not therefore required centrally.
- **Specialist smoking cessation clinics/services**, usually clinics, run by smoking cessation specialist(s) who have received training for this role. The clinic/service will be evidence based and offer intensive treatment, usually in the form of one to one or group support over the course of five to six weeks, including the use of Nicotine Replacement Therapy. Clients may also receive treatment one to one if for any reason group sessions are judged not to meet their needs. Such a clinic/service may be situated in a major hospital, although it could be based in a community setting, have outreach clinics or operate on a peripatetic basis.

### Quit Date

It is recognised that in certain cases some time may need to be spent with clients before they are ready to set a quit date. However only actual quit attempts are counted for monitoring.

On the basis that the clinical viewpoint tends to be that a client should not be counted as a 'failure' if he/she has smoked in the difficult first days after the quit date, a client is counted as having successfully quit smoking if he/she has not smoked at all since two weeks after the quit date.

**Follow-up**

The four-week follow-up (and CO validation, if appropriate) must be completed within six weeks of the quit date. Persons not contacted within this time are treated as lost to follow-up for evaluation purposes.

**Carbon monoxide (CO) validation**

CO monitoring is normally carried out with all clients of the specialist smoking cessation clinics/services who self report as not having smoked since two weeks after the quit date, at both the four week and fifty-two week points.

**Fifty-two week follow-up**

All clients of the specialist clinics/services who self reported as having quit smoking at the 4 week follow-up should be followed up again at 52 weeks, and their smoking status validated by CO monitoring.

# SUMMARY TABLES

## Summary

## QTR1

Number setting quit date:

1217
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Age groups setting quit date:

Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
17	1.40%	20	1.64%	319	26.21%	312	25.64%	365	29.99%	184	15.12%	1217

Numbers setting a quit date by age and gender

	Not Known	Under 18	18-34	35-44	45-59	60 and over	All ages	Total %
<b>Males</b>	4	11	119	121	187	92	534	43.88%
<b>Females</b>	13	9	200	191	178	92	683	56.12%
<b>Total</b>	17	20	319	312	365	184	1217	100.00%

Number of pregnant women:

14
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Number receiving NRT etc:

NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
860	70.67%	33	2.71%	23	1.89%	185	15.20%	116	9.53%

4 week follow up quit no.:

Self Report	%	CO validation	%
621	51.03%	480	39.44%

Percentage who had successfully quit at 4 week follow-up(self report) by age and gender.

	Not Known	Under 18	18-34	35-44	45-59	60 and over	All ages
<b>Males</b>	75.00%	18.18%	50.42%	57.85%	56.15%	61.96%	55.62%
<b>Females</b>	61.54%	44.44%	40.50%	42.41%	56.18%	54.35%	47.44%

Percentage who had successfully quit at 4 week follow-up(self report and CO Validation) by age.

	Not Known	Under 18	18-34	35-44	45-59	60 and over	All ages
<b>Self Report</b>	64.71%	30.00%	44.20%	48.40%	56.16%	58.15%	51.03%
<b>CO Validation</b>	52.94%	30.00%	32.29%	38.14%	43.84%	45.11%	39.44%

# BOARD SUMMARY TABLES

## Boards

	Number setting quit date					
	Male	% of Total	Female	% of Total	Total	% of NI Total
Eastern	116	42.80%	155	57.20%	271	22.27%
Northern	97	45.97%	114	54.03%	211	17.34%
Southern	94	48.21%	101	51.79%	195	16.02%
Western	227	42.04%	313	57.96%	540	44.37%
NI Total	534	43.88%	683	56.12%	1217	100.00%

	Age groups setting quit date:												
	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
Eastern	3	1.11%	1	0.37%	75	27.68%	63	23.25%	80	29.52%	49	18.08%	271
Northern	0	0.00%	4	1.90%	49	23.22%	56	26.54%	60	28.44%	42	19.91%	211
Southern	4	2.05%	8	4.10%	33	16.92%	40	20.51%	70	35.90%	40	20.51%	195
Western	10	1.85%	7	1.30%	162	30.00%	153	28.33%	155	28.70%	53	9.81%	540
NI Total	17	1.40%	20	1.64%	319	26.21%	312	25.64%	365	29.99%	184	15.12%	1217

	Number of Pregnant Women		
	Total setting quit date	no. successful at 4weeks	% successful
Eastern	1	0	0.00%
Northern	1	1	100.00%
Southern	4	2	50.00%
Western	8	1	12.50%
NI Total	14	4	28.57%

# BOARD SUMMARY TABLES

Number receiving NRT etc:										
	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
Eastern	239	88.19%	3	1.11%	1	0.37%	27	9.96%	1	0.37%
Northern	142	67.30%	4	1.90%	0	0.00%	18	8.53%	47	22.27%
Southern	117	60.00%	1	0.51%	0	0.00%	42	21.54%	35	17.95%
Western	362	67.04%	25	4.63%	22	4.07%	98	18.15%	33	6.11%
NI Total	860	70.67%	33	2.71%	23	1.89%	185	15.20%	116	9.53%

4 week follow up based on self report				
	Male	% of NI Total	Female	% of NI Total
Eastern	61	20.54%	64	19.75%
Northern	79	26.60%	92	28.40%
Southern	43	14.48%	45	13.89%
Western	114	38.38%	123	37.96%
NI Total	297	100.00%	324	100.00%

4 week follow up (% based on no. setting quit date)						
	Self Report	%	CO Validation	%	No. Setting quit date	%
Eastern	125	46.13%	98	36.16%	271	100.00%
Northern	171	81.04%	133	63.03%	211	100.00%
Southern	88	45.13%	74	37.95%	195	100.00%
Western	237	43.89%	175	32.41%	540	100.00%
NI Total	621	51.03%	480	39.44%	1217	100.00%