

# Information Release

Department of Health, Social Services and Public Safety

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September 2003

## Statistics on Smoking Cessation Services in Northern Ireland: Quarter Summary Report, 1<sup>st</sup> April 2002 to 30<sup>th</sup> June 2002.

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 2002.

### Summary

Within Health Boards in Northern Ireland, during the period 1<sup>st</sup> April to 30<sup>th</sup> June 2002:

- 557 people set a quit date through the smoking cessation services.
- Of those setting a quit date, the majority (80%) were aged 18-59 years: 1% were under 18, 23% were aged 18-34, 25% were aged 35-44, 32% were aged 45-59, and 17% were aged 60 and over.
- The majority of people received Nicotine Replacement Therapy (NRT) or bupropion (Zyban). 73% of people received NRT only, 15% received bupropion only, 3% received both NRT and bupropion and 9% received neither or treatment was not known.
- At the 4 week follow-up 324 had successfully quit (based on self-report), 58% of those setting a quit date.
- At the 4 week follow-up, of those who successfully quit (based on self-report), 252 had their non-smoking status confirmed by CO validation, 45% 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 here each year. It is the single greatest preventable cause of premature death and avoidable illness. The 5-year Northern Ireland Tobacco Action Plan, issued for consultation in August 2002, 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 2000/01, adult smoking prevalence was 27% (26% males and 28% females). In the same survey, over three quarters (76%) 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.

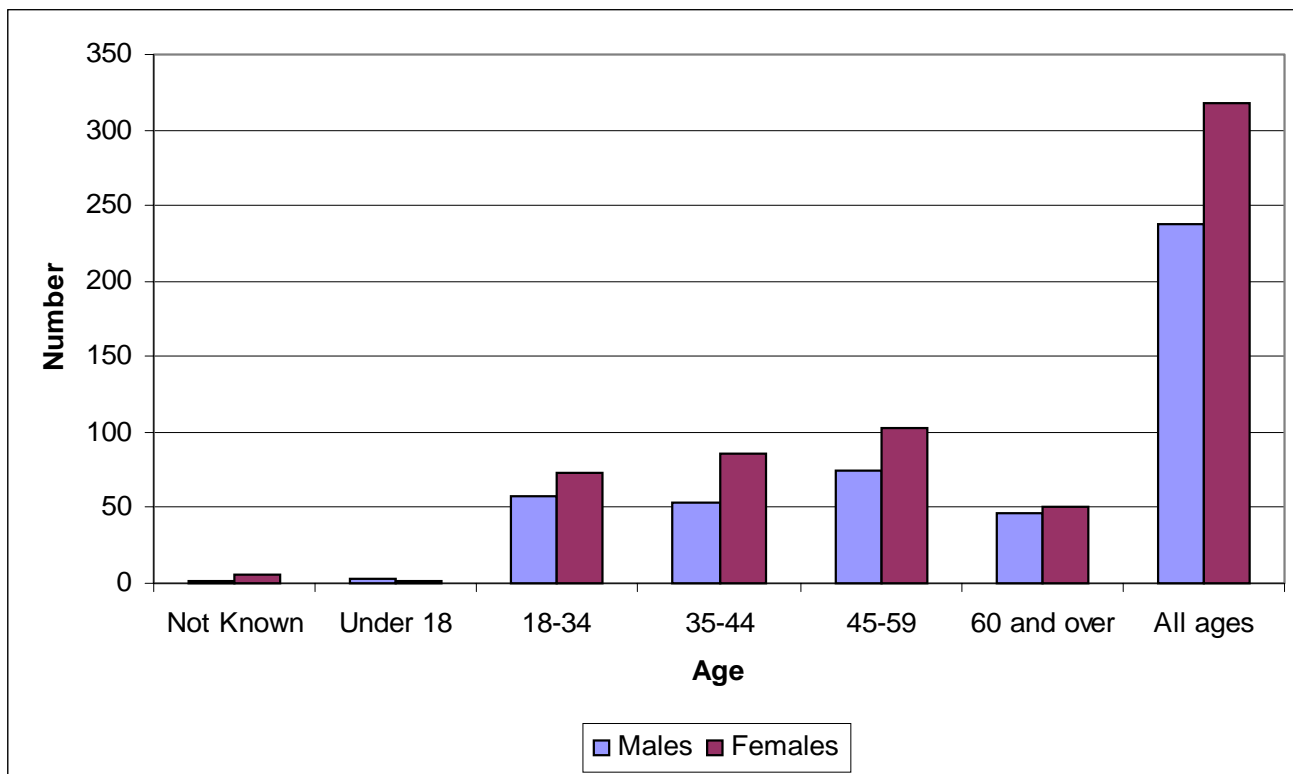
## Results

### Clients setting a quit date

(Figure 1, Summary Tables)

During the quarter 1<sup>st</sup> April 2002 to 30<sup>th</sup> June 2002, a total of 557 people set a quit date in smoking cessation services. Over half (57%) were women, although the prevalence of smoking is similar for men (26%) and women (28%). The majority (80%) were aged 18-59 years: 23% were aged 18-34, 25% were aged 35-44, 32% were aged 45-59. At the age extremes, 1% were under 18, and 17% were aged 60 and over.

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



### Therapeutic Interventions

(Summary Tables)

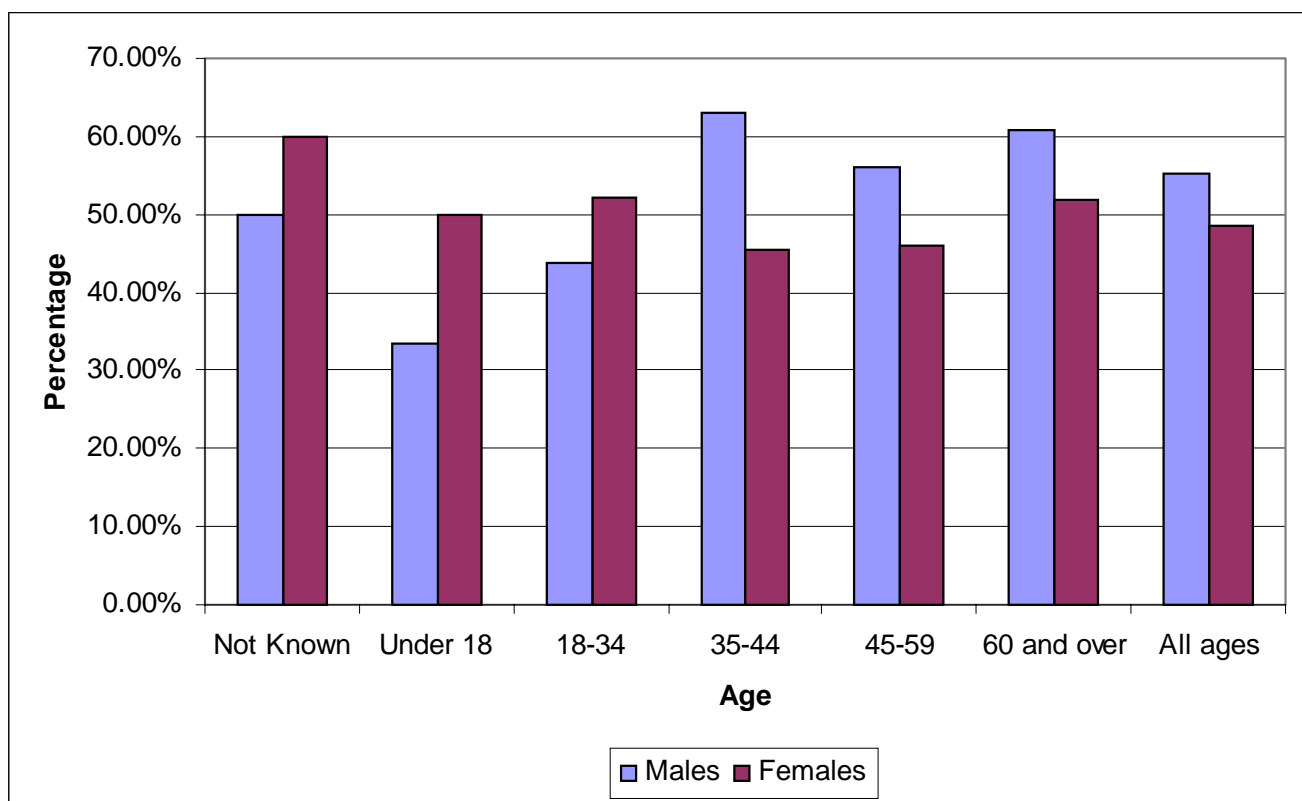
The use of supportive drug therapy in the attempt to quit smoking was recorded for each client. Nicotine Replacement Therapy was the most popular choice with 73% of those who set a quit date opting for NRT only. Just 15% received bupropion (Zyban) only while only 3% received both NRT and bupropion either concurrently or consecutively. 4% of those setting a quit date did not receive either medical assistance and 4% 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).

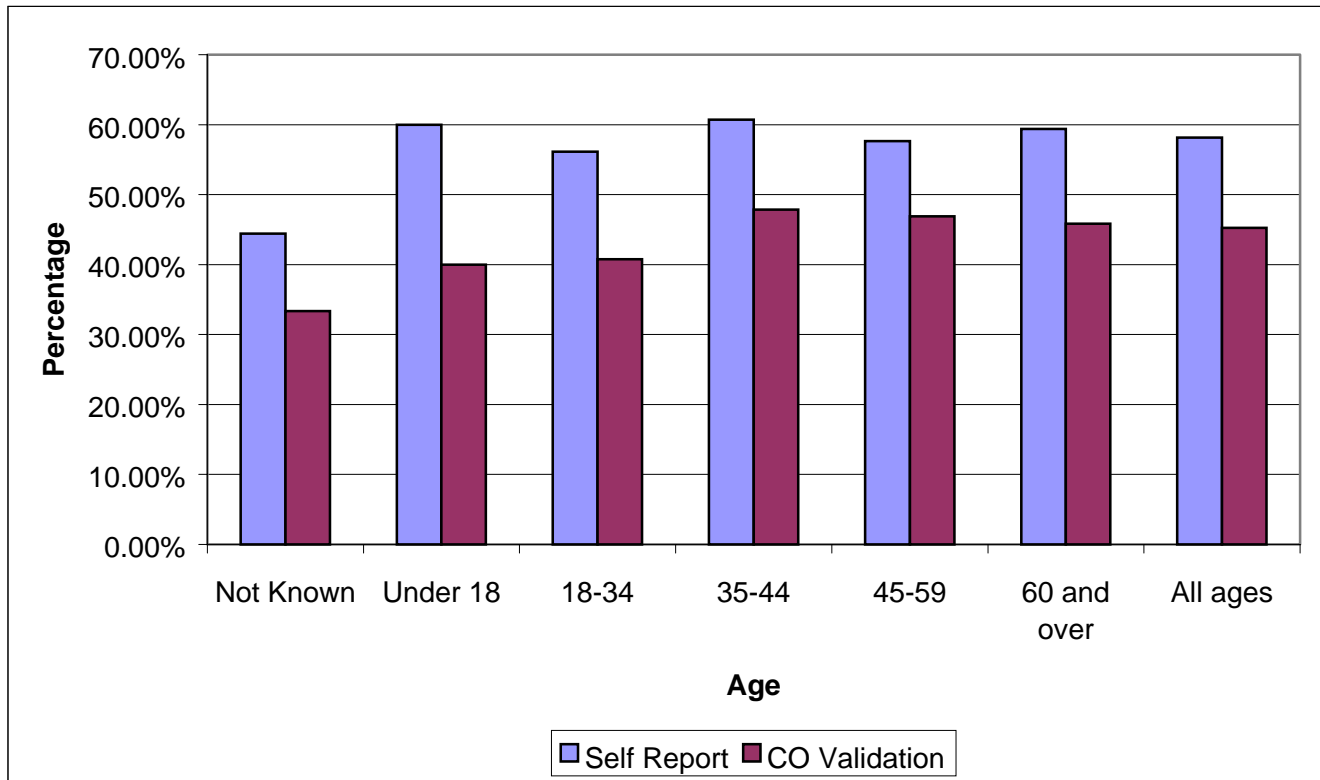
At the 4 week follow-up 58% of all those setting a quit date had successfully quit (based on self-report). Just over a tenth (15%) of all those setting a quit date were unable to be contacted for the follow-up at 4 weeks. In addition specialist services were also asked to confirm non-smoking status by carbon monoxide (CO) validation: 45% of those setting a quit date had their non-smoking status confirmed by CO validation (compared with 58% 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 35-44, for both the self-report and CO validation, 61% and 48% respectively.

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



There were five pregnant women separately identified as setting quit dates through the smoking cessation services. The 4 week quit rate (self report) for these women was 60%.

**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 nearly three-quarters (71%) 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, 86% and 69% respectively.

## **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

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Stormont

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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 2001/2002, 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. Some of the figures presented may not add up to 100% due to rounding. Action has been taken to improve the quality of the data recorded in the future.

## 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

Number setting quit date:

557
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Age groups setting quit date:	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
	9	1.62%	5	0.90%	130	23.34%	140	25.13%	177	31.78%	96	17.24%	557

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>	2	3	57	54	75	46	237	42.55%
<b>Females</b>	7	2	73	86	102	50	320	57.45%
<b>Total</b>	9	5	130	140	177	96	557	100.00%

Number of pregnant women:

5
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Number receiving NRT etc:	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
	405	72.71%	84	15.08%	19	3.41%	24	4.31%	25	4.49%

4 week follow up quit no.:

Self Report	%	CO validation	%
324	58.17%	252	45.24%

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>	50.00%	66.67%	54.39%	72.22%	66.67%	60.87%	63.71%
<b>Females</b>	42.86%	50.00%	57.53%	53.49%	50.98%	58.00%	54.06%

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>	44.44%	60.00%	56.15%	60.71%	57.63%	59.38%	58.17%
<b>CO Validation</b>	33.33%	40.00%	40.77%	47.86%	46.89%	45.83%	45.24%

# BOARD SUMMARY TABLES

## Boards

	Number setting quit date					
	Male	% of Total	Female	% of Total	Total	% of NI Total
Eastern	110	39.29%	170	60.71%	280	50.27%
Northern	40	45.45%	48	54.55%	88	15.80%
Southern	31	41.89%	43	58.11%	74	13.29%
Western	56	48.70%	59	51.30%	115	20.65%
NI Total	237	42.55%	320	57.45%	557	100.00%

	Age groups setting quit date:												
	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
Eastern	6	2.14%	1	0.36%	63	22.50%	60	21.43%	97	34.64%	53	18.93%	280
Northern	1	1.14%	1	1.14%	20	22.73%	26	29.55%	26	29.55%	14	15.91%	88
Southern	0	0.00%	1	1.35%	15	20.27%	16	21.62%	26	35.14%	16	21.62%	74
Western	2	1.74%	2	1.74%	32	27.83%	38	33.04%	28	24.35%	13	11.30%	115
NI Total	9	1.62%	5	0.90%	130	23.34%	140	25.13%	177	31.78%	96	17.24%	557

	Number of Pregnant Women		
	Total setting quit date	no. successful at 4weeks	% successful
Eastern	2	1	50.00%
Northern	1	1	100.00%
Southern	0	0	-
Western	2	1	50.00%
NI Total	5	3	60.00%

# BOARD SUMMARY TABLES

Number receiving NRT etc:										
	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
Eastern	229	81.79%	23	8.21%	17	6.07%	11	3.93%	0	0.00%
Northern	43	48.86%	41	46.59%	0	0.00%	1	1.14%	3	3.41%
Southern	46	62.16%	2	2.70%	0	0.00%	5	6.76%	21	28.38%
Western	87	75.65%	18	15.65%	2	1.74%	7	6.09%	1	0.87%
NI Total	405	72.71%	84	15.08%	19	3.41%	24	4.31%	25	4.49%

4 week follow up (Self Report)						
	Male	%	Female	%	Total	%
Eastern	67	60.91%	80	47.06%	147	52.50%
Northern	34	85.00%	42	87.50%	76	86.36%
Southern	17	54.84%	22	51.16%	39	52.70%
Western	33	58.93%	29	49.15%	62	53.91%
NI Total	151	63.71%	173	54.06%	324	58.17%

4 week follow up				
	Self Report	%	CO Validation	%
Eastern	147	52.50%	130	46.43%
Northern	76	86.36%	61	69.32%
Southern	39	52.70%	32	43.24%
Western	62	53.91%	29	25.22%
NI Total	324	58.17%	252	45.24%