

# Information Release

Department of Health, Social Services and Public Safety

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July 2005

## Statistics on Smoking Cessation Services in Northern Ireland: Quarter Summary Report, 1<sup>st</sup> April 2004 to 30<sup>th</sup> June 2004.

This information release, produced by the Department of Health, Social Services and Public Safety's Hospital Information Branch, provides quarterly summary information on smoking cessation services for the period 1<sup>st</sup> April to 30<sup>th</sup> June 2004.

Information within this report has been produced from a new web based recording system. Data is downloaded at a particular point in time. Figures here are correct as of 5<sup>th</sup> July 2005.

### Summary

Within Health Boards in Northern Ireland, during the period 1<sup>st</sup> April to 30<sup>th</sup> June 2004:

- 1,290 people set a quit date through the smoking cessation services. This is an increase of 73 (6%) on the figure for the same reporting period in 2003.
- Of those setting a quit date, the majority (77%) were aged 18-59 years: 3% were under 18, 23% were aged 18-34, 22% were aged 35-44, 31% were aged 45-59, and 20% were aged 60 and over.
- The majority of people received Nicotine Replacement Therapy (NRT) or bupropion (Zyban). 63% of people received NRT only, 2% received bupropion only, 1% received both NRT and bupropion and 34% received neither or treatment was not known.

At the 4 week follow-up 586, 45% of those setting a quit date, had successfully quit (based on self-report). This is an decrease of 6 percentage points from the figure for the same reporting period in 2003.

- At the 4 week follow-up, of those who successfully quit (based on self-report), 457 had their non-smoking status confirmed by CO validation, 35% 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). This is a decrease of 4 percentage point from the figure for the same reporting period in 2003.

## 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.

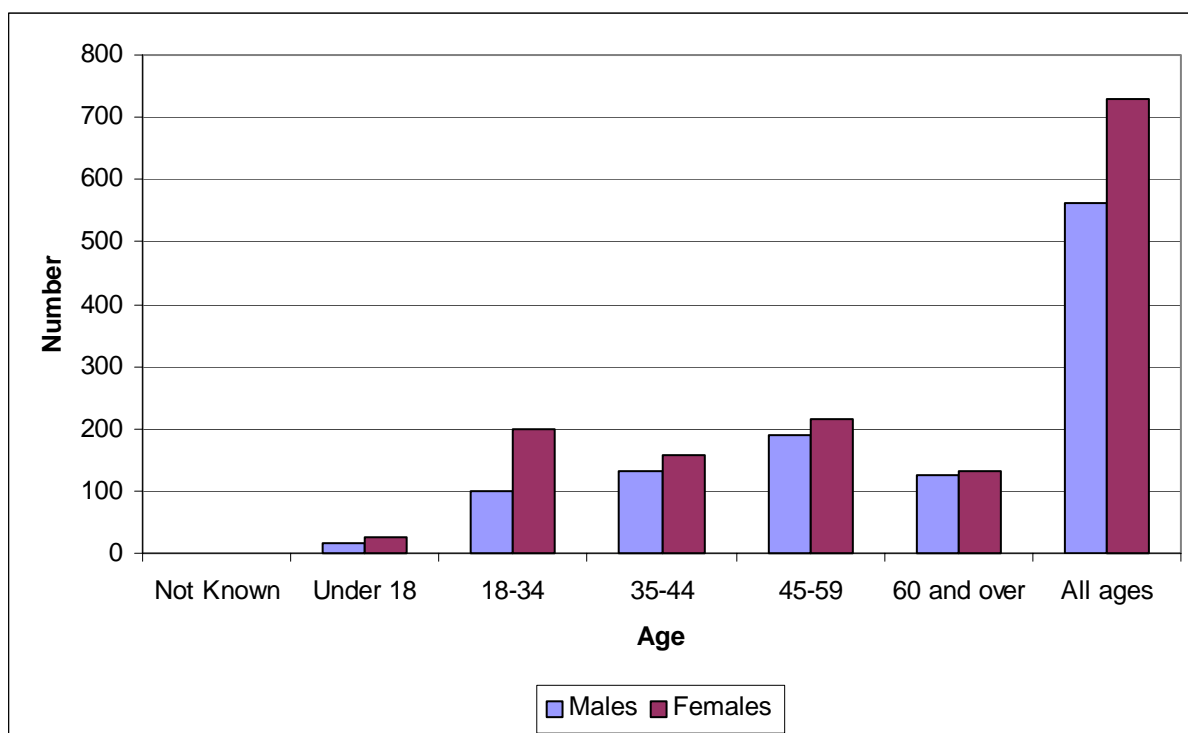
## Results

### Clients setting a quit date

(Figure 1 and Summary Tables)

During the quarter 1<sup>st</sup> April 2004 to 30<sup>th</sup> June 2004, a total of 1,290 people set a quit date in smoking cessation services. Over half (57%) were women, although the prevalence of smoking is similar for men (27%) and women (26%). The majority (77%) were aged 18-59 years: 23% were aged 18-34, 22% were aged 35-44, 31% were aged 45-59. At the age extremes, 3% were under 18, and 20% 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 63% of those who set a quit date opting for NRT only. Just 2% received bupropion (Zyban) only while only 1% received both NRT and bupropion either concurrently or consecutively. 18% of those setting a quit date did not receive either medical assistance and for 16% the treatment option was unknown.

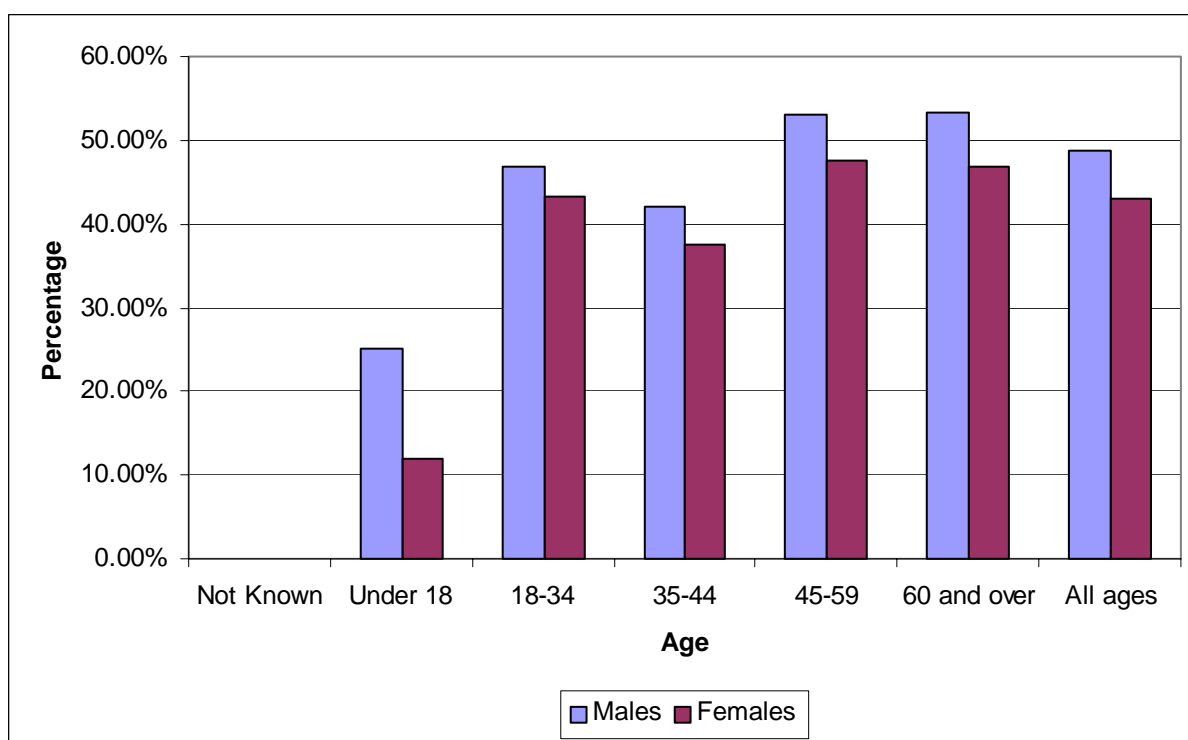
## Outcome at 4 week follow-up

(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 is defined as someone who had not smoked over the previous two week period (the first two weeks are ignored to allow for initial lapses).

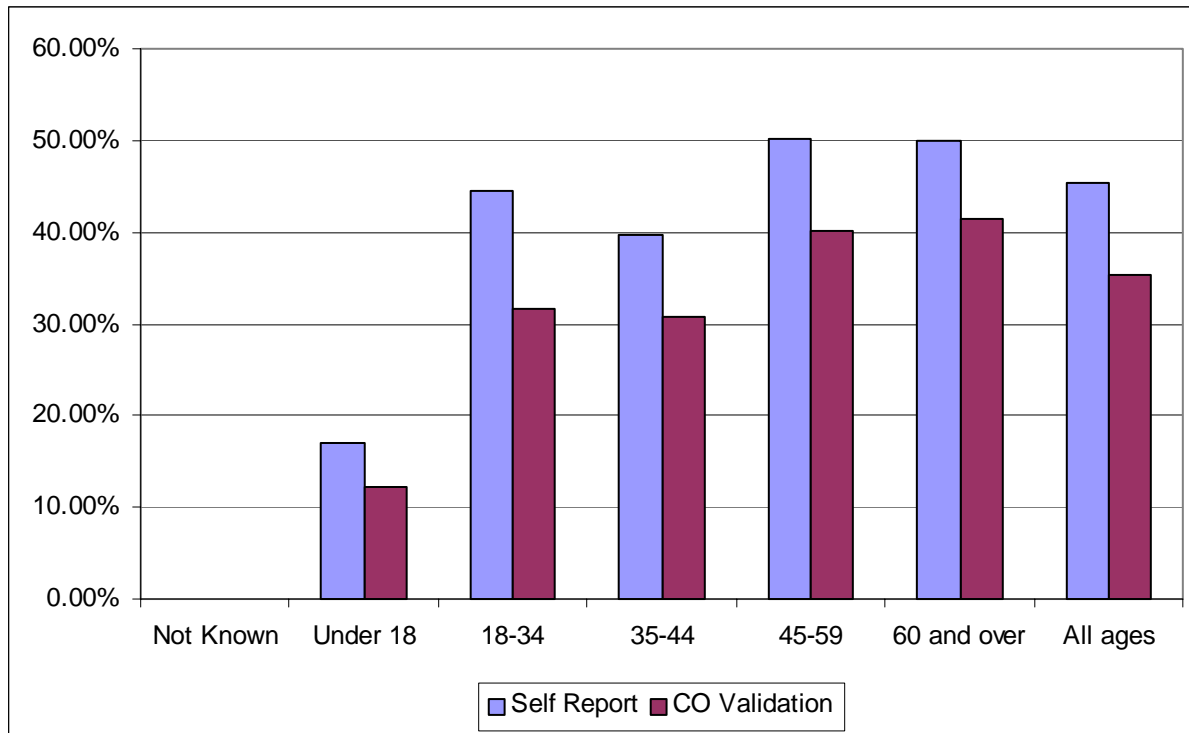
At the 4 week follow-up 45% of all those setting a quit date had successfully quit (based on self-report). Nearly a fifth (17%) of all those setting a quit date were unable to be contacted for the follow-up at 4 weeks. In addition specialist services were also asked to confirm non-smoking status by carbon monoxide (CO) validation: 35% of those setting a quit date had their non-smoking status confirmed by CO validation (compared with 45% 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 45 to 59 for the self-report with 50%. The 60 and over age group had the highest percentage quit rate at 4 weeks confirmed by CO validation with 41%.

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



Due to technical difficulties with the monitoring system, pregnant women were unable to be separately identified as setting quit dates through the smoking cessation services.

### 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 Southern Boards accounted for nearly two-thirds (65%) 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, 57% and 45% respectively.

### Comparison with 2003/04 information

The number of people setting a quit date within the period 1<sup>st</sup> April to 30 June 2004, has increased by 73 (6%) since the same period in 2003.

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 2004, the percentage of those successfully quit, based on self report (45%) and CO validation (35%), have both decreased, 6 and 4 percentage points respectively when compared to the same period in 2003.

## **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:

Hospital 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.asp>

# 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 2004/2005, 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.

A new web based recording system has been established and information regarding the clients attending the smoking cessation services is entered directly onto the system. This is set to improve the data quality of the information in relation to the smoking cessation services. There have been some initial problems with the new system, which hope to be resolved shortly.

## 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 the collection of data developed independently in each of 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

Number setting quit date: 

1290
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Age groups setting quit date:	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
	0	0.00%	41	3.18%	297	23.02%	290	22.48%	406	31.47%	256	19.84%	1290

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>	0	16	98	133	190	124	561	43.49%
<b>Females</b>	0	25	199	157	216	132	729	56.51%
<b>Total</b>	0	41	297	290	406	256	1290	100.00%

Number of pregnant women: 

0
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Number receiving NRT etc:	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
	815	63.18%	26	2.02%	10	0.78%	229	17.75%	210	16.28%

4 week follow up quit no.:	Self Report	%	CO validation	%	Lost	%
	586	45.43%	457	35.43%	221	17.13%

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>	-	25.00%	46.94%	42.11%	53.16%	53.23%	48.66%
<b>Females</b>	-	12.00%	43.22%	37.58%	47.69%	46.97%	42.94%

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>	-	17.07%	44.44%	39.66%	50.25%	50.00%	45.43%
<b>CO Validation</b>	-	12.20%	31.65%	30.69%	40.15%	41.41%	35.43%

# BOARD SUMMARY TABLES

## Boards

	Number setting quit date					
	Male	% of Total	Female	% of Total	Total	% of NI Total
<b>Eastern</b>	255	44.04%	324	55.96%	579	44.88%
<b>Northern</b>	113	49.34%	116	50.66%	229	17.75%
<b>Southern</b>	108	41.38%	153	58.62%	261	20.23%
<b>Western</b>	85	38.46%	136	61.54%	221	17.13%
<b>NI Total</b>	561	43.49%	729	56.51%	1290	100.00%

	Age groups setting quit date:												
	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
<b>Eastern</b>	0	0.00%	1	0.17%	136	23.49%	139	24.01%	178	30.74%	125	21.59%	579
<b>Northern</b>	0	0.00%	4	1.75%	67	29.26%	59	25.76%	66	28.82%	33	14.41%	229
<b>Southern</b>	0	0.00%	34	13.03%	40	15.33%	53	20.31%	82	31.42%	52	19.92%	261
<b>Western</b>	0	0.00%	2	0.90%	54	24.43%	39	17.65%	80	36.20%	46	20.81%	221
<b>NI Total</b>	0	0.00%	41	3.18%	297	23.02%	290	22.48%	406	31.47%	256	19.84%	1290

	Number of Pregnant Women*		
	Total setting quit date	no. successful at 4weeks (self Report)	% successful
<b>Eastern</b>	0	0	-
<b>Northern</b>	0	0	-
<b>Southern</b>	0	0	-
<b>Western</b>	0	0	-
<b>NI Total</b>	0	0	-

\* - Information not available due to data quality problems.

# BOARD SUMMARY TABLES

	Number receiving NRT etc:									
	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
<b>Eastern</b>	416	71.85%	12	2.07%	3	0.52%	45	7.77%	103	17.79%
<b>Northern</b>	161	70.31%	5	2.18%	1	0.44%	16	6.99%	46	20.09%
<b>Southern</b>	111	42.53%	5	1.92%	5	1.92%	115	44.06%	25	9.58%
<b>Western</b>	127	57.47%	4	1.81%	1	0.45%	53	23.98%	36	16.29%
<b>NI Total</b>	815	63.18%	26	2.02%	10	0.78%	229	17.75%	210	16.28%

	4 week follow up based on self report			
	Male	% of NI Total	Female	% of NI Total
<b>Eastern</b>	123	45.05%	137	43.77%
<b>Northern</b>	65	23.81%	65	20.77%
<b>Southern</b>	50	18.32%	55	17.57%
<b>Western</b>	35	12.82%	56	17.89%
<b>NI Total</b>	273	100.00%	313	100.00%

	4 week follow up (% based on no. setting quit date)					
	Self Report	%	CO Validation	%	No. Setting quit date	%
<b>Eastern</b>	260	44.91%	221	38.17%	579	100.00%
<b>Northern</b>	130	56.77%	102	44.54%	229	100.00%
<b>Southern</b>	105	40.23%	67	25.67%	261	100.00%
<b>Western</b>	91	41.18%	67	30.32%	221	100.00%
<b>NI Total</b>	586	45.43%	457	35.43%	1290	100.00%