

Information Release

Department of Health, Social Services and Public Safety

July 2005

Statistics on Smoking Cessation Services in Northern Ireland: Quarter Summary Report, 1st October 2004 to 31st December 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 1st October to 31st December 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 5th July 2005.

Summary

Within Health Boards in Northern Ireland, during the period 1st October to 31st December 2004:

- 1,462 people set a quit date through the smoking cessation services. This is an increase of 309 (27%) on the figure for the same reporting period in 2003.
- Of those setting a quit date, the majority (80%) were aged 18-59 years: 3% were under 18, 28% were aged 18-34, 21% were aged 35-44, 31% were aged 45-59, and 17% were aged 60 and over.
- The majority of people received Nicotine Replacement Therapy (NRT) or bupropion (Zyban). 70% of people received NRT only, 1% received bupropion only, 1% received both NRT and bupropion and 28% received neither or treatment was not known.
- At the 4 week follow-up 740 had successfully quit (based on self-report), 51% of those setting a quit date. This is an increase of 1 percentage point 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), 340 had their non-smoking status confirmed by CO validation, 23% 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 14 percentage point from the figure for the same reporting period in 2003. This can be partly explained as a result of difficulties in the use of the appropriate equipment to carry out the CO validation tests.

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, published in June 2004, 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.

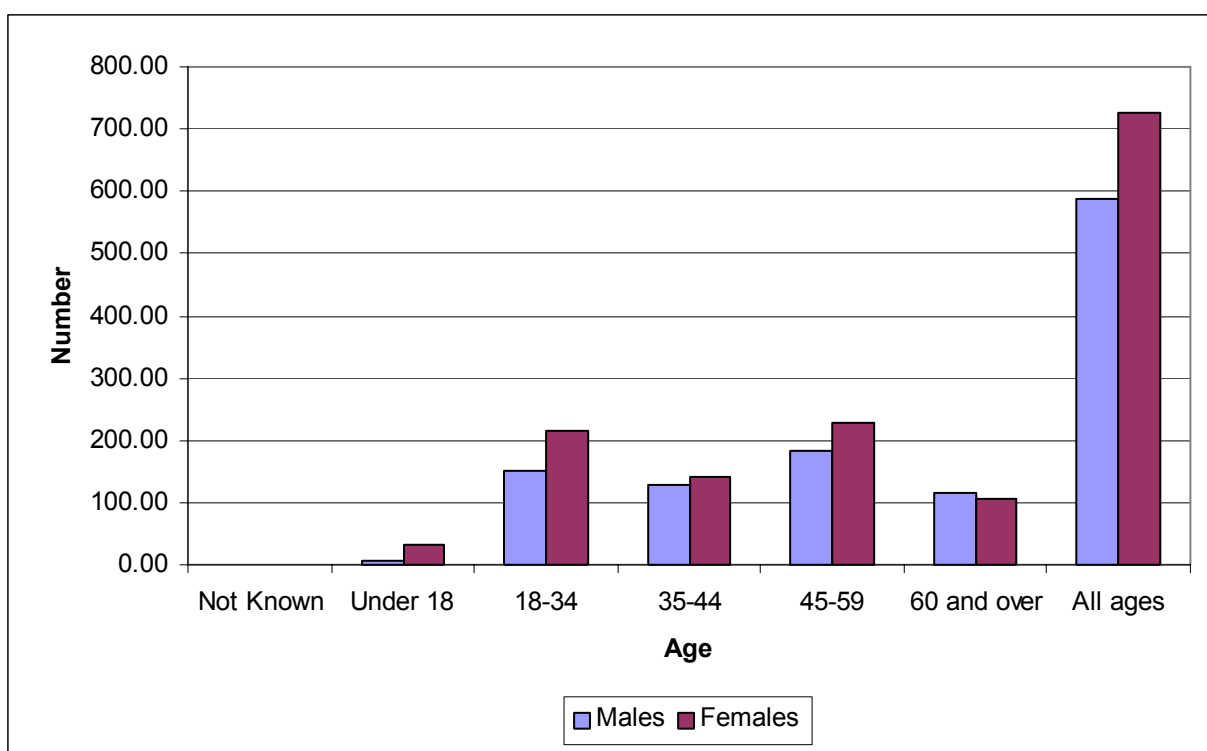
Results

Clients setting a quit date

(Figure 1, Summary Tables)

During the quarter 1st October 2004 to 31st December 2004, a total of 1,462 people set a quit date in smoking cessation services. Over half (55%) were women, although the prevalence of smoking is similar for men (27%) and women (26%). The majority (80%) were aged 18-59 years: 28% were aged 18-34, 21% were aged 35-44, 31% were aged 45-59. At the age extremes, 3% 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)

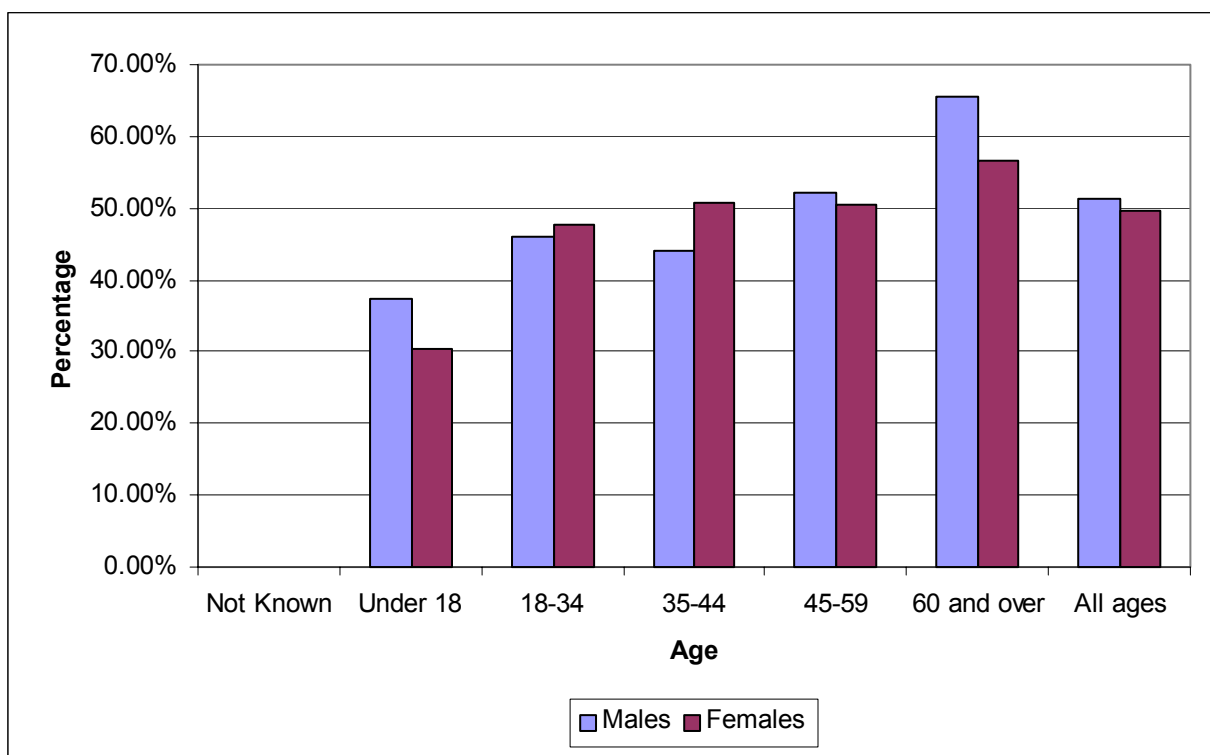
The use of supportive drug therapy in the attempt to quit smoking was recorded for each client. Nicotine Replacement Therapy was the most popular choice with 70% of those who set a quit date opting for NRT only. Just 1% received bupropion (Zyban) only while only 1% received both NRT and bupropion either concurrently or consecutively. 11% of those setting a quit date did not receive either medical assistance and for 17% 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).

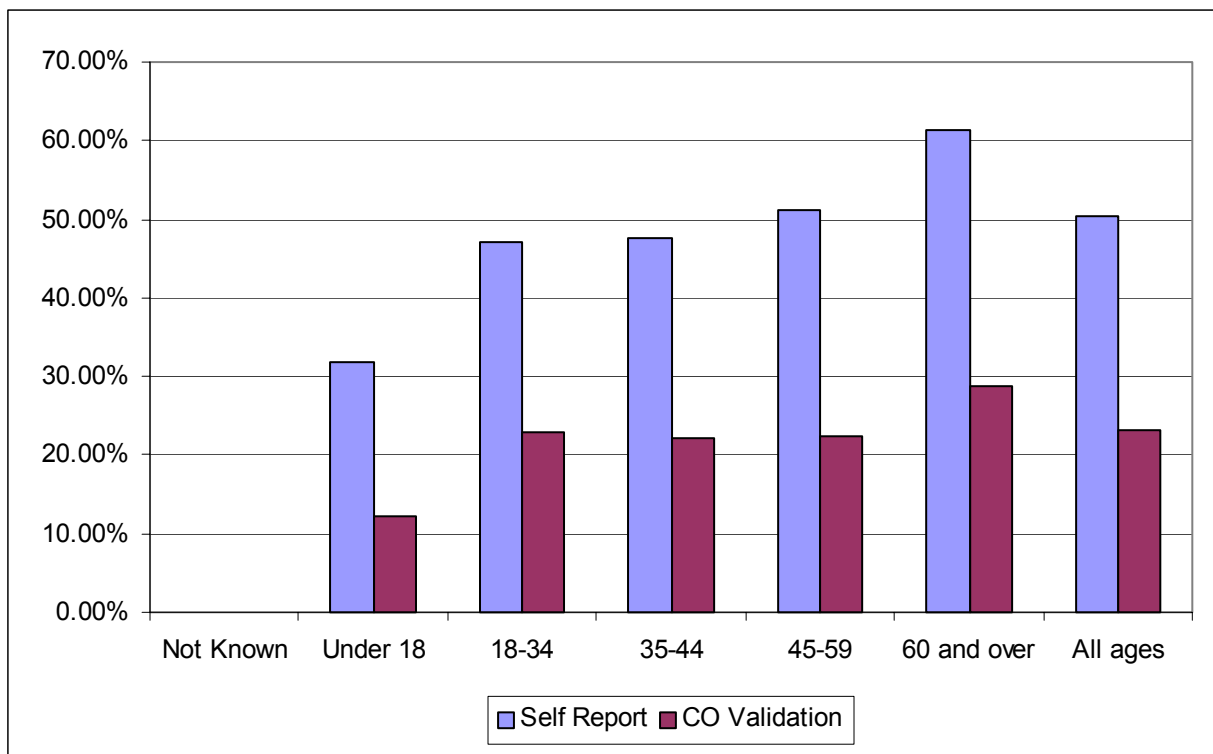
At the 4 week follow-up 51% of all those setting a quit date had successfully quit (based on self-report). One-fifth (20%) of all those setting a quit date were unable to be contacted for the follow-up at 4 weeks. In addition specialist services were also asked to confirm non-smoking status by carbon monoxide (CO) validation: 23% 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, with 60% and 28% respectively.

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 Northern Boards accounted for just over three-fifths (62%) of those setting a quit date. The Northern Board had the most successful quit rate at the 4 week follow-up point the self report with 60% and the Eastern Board for those who had their non-smoking status confirmed by CO validation with 36%.

Comparison with 2003/04 information

The number of people setting a quit date within the period 1st October to 31st December 2004, has increased by 309 (27%) since the same period in 2003.

At the 4 week follow-up, for those who set a quit date in the period 1st October to 31st December 2004, the percentage of those successfully quit based on self report (50%) has increased by 1 percentage point, while those who had their non-smoking status confirmed by CO validation (23%), has decreased by 14 percentage point, 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 2004 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 2004 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:

1462

Age groups setting quit date:	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
	0	0.00%	42	2.87%	414	28.32%	300	20.52%	460	31.46%	246	16.83%	1462

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 %
Males	0	8	164	140	209	130	651	44.53%
Females	0	34	250	160	251	116	811	55.47%
Total	0	42	414	300	460	246	1462	100.00%

Number of pregnant women:

10

Number receiving NRT etc:	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
	1019	69.70%	18	1.23%	15	1.03%	167	11.42%	243	16.62%

4 week follow up quit no.:	Self Report	%	CO validation	%	Lost	%
	740	50.62%	340	23.26%	292	19.97%

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
Males	-	37.50%	46.95%	46.43%	50.72%	66.15%	51.77%
Females	-	32.35%	48.80%	52.50%	49.40%	53.45%	49.69%

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
Self Report	-	33.33%	48.07%	49.67%	50.00%	60.16%	50.62%
CO Validation	-	11.90%	23.19%	23.33%	21.52%	28.46%	23.26%

BOARD SUMMARY TABLES

Boards

	Number setting quit date					
	Male	% of Total	Female	% of Total	Total	% of NI Total
Eastern	245	46.05%	287	53.95%	532	36.39%
Northern	156	42.16%	214	57.84%	370	25.31%
Southern	153	47.96%	166	52.04%	319	21.82%
Western	97	40.25%	144	59.75%	241	16.48%
NI Total	651	44.53%	811	55.47%	1462	100.00%

	Age groups setting quit date:												
	Not Known	%	Under 18	%	18-34	%	35-44	%	45-59	%	60 and over	%	All ages
Eastern	0	0.00%	9	1.69%	157	29.51%	115	21.62%	164	30.83%	87	16.35%	532
Northern	0	0.00%	6	1.62%	110	29.73%	62	16.76%	122	32.97%	70	18.92%	370
Southern	0	0.00%	12	3.76%	79	24.76%	67	21.00%	97	30.41%	64	20.06%	319
Western	0	0.00%	15	6.22%	68	28.22%	56	23.24%	77	31.95%	25	10.37%	241
NI Total	0	0.00%	42	2.87%	414	28.32%	300	20.52%	460	31.46%	246	16.83%	1462

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

* - Information not available due to data quality problems.

BOARD SUMMARY TABLES

	Number receiving NRT etc:									
	NRT only	%	Zyban only	%	Both	%	Neither	%	Unknown	%
Eastern	391	73.50%	6	1.13%	5	0.94%	48	9.02%	82	15.41%
Northern	267	72.16%	6	1.62%	1	0.27%	45	12.16%	51	13.78%
Southern	221	69.28%	3	0.94%	8	2.51%	51	15.99%	36	11.29%
Western	140	58.09%	3	1.24%	1	0.41%	23	9.54%	74	30.71%
NI Total	1019	69.70%	18	1.23%	15	1.03%	167	11.42%	243	16.62%

	4 week follow up based on self report			
	Male	% of NI Total	Female	% of NI Total
Eastern	118	35.01%	125	31.02%
Northern	106	31.45%	117	29.03%
Southern	78	23.15%	97	24.07%
Western	35	10.39%	64	15.88%
NI Total	337	100.00%	403	100.00%

	4 week follow up (% based on no. setting quit date)					
	Self Report	%	CO Validation	%	No. Setting quit date	%
Eastern	243	45.68%	193	36.28%	532	100.00%
Northern	223	60.27%	19	5.14%	370	100.00%
Southern	175	54.86%	110	34.48%	319	100.00%
Western	99	41.08%	18	7.47%	241	100.00%
NI Total	740	50.62%	340	23.26%	1462	100.00%