

# **REVIEW OF FIVE YEAR TOBACCO ACTION PLAN**

**2003 -2008**

**October 2009**

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## 1. **INTRODUCTION**

- 1.1 A Five Year Tobacco Action Plan was published in June 2003 and is now due for review. The key aim of the review is to assess what progress has been made towards the achievement of the Plan's key objectives and also to make recommendations about the future strategic direction of tobacco control.

## 2. **BACKGROUND**

- 2.1 The Northern Ireland Executive's first Programme for Government set out its plans for the three year period from April 2001. The Programme included a commitment to develop a strategy to tackle, on a cross-departmental basis, the harm caused by smoking including passive smoking in the workplace.
- 2.2 In March 2001, the then Minister of Health, Social Services and Public Safety, Bairbre de Brun, in her capacity as Chair of the Ministerial Group on Public Health representing all Northern Ireland departments, established an inter-sectoral Working Group. The aim of the group was:  
*"To develop and oversee the implementation of a comprehensive action plan to tackle tobacco use within specified timescales".*
- 2.3 The public health strategy document "Investing for Health", published in March 2002, sets a framework for improving health and reducing health inequalities. It seeks to shift the emphasis from treatment to prevention by addressing the wider determinants of ill-health, particularly social and economic inequalities. "Investing for Health" identified tackling smoking as a priority.

### 3. **THE TOBACCO ACTION PLAN**

3.1 The Working Group developed a Five Year Plan which was issued for consultation in August 2002. Feedback indicated broad public support for the draft which identified one long-term aim and three key objectives.

3.2 The overall aim of the Plan was: -*"To create a tobacco-free society"*. It contained the following three objectives:

- (i) to prevent people from starting to smoke;
- (ii) to help smokers to quit; and
- (iii) to protect non-smokers from tobacco smoke.

3.3 While the Plan was aimed at the population as a whole, it identified three key target groups as requiring particular attention. These were:

- children and young people;
- disadvantaged adults who smoke; and
- pregnant woman who smoke.

3.4 The following targets were set:

#### **Target 1**

- to increase the proportion of 11-16 year old children who do not smoke from 86.5% in 2000 to 89% by 2006;

#### **Target 2**

- to increase the proportion of pregnant women who do not smoke from 78% in 2000 to 82% in 2005;

### **Target 3**

- to increase the proportion of adults who do not smoke from 73% in 2000/01 to 75% in 2006/07; and

### **Target 4**

- to increase the proportion of non-smokers in manual groups from 65% in 2000/01 to 69% in 2006/07.

## **4. IMPLEMENTATION GROUP**

4.1 In September 2003, DHSSPS established an inter-sectoral Implementation Group to direct and oversee implementation of the Plan. At its first meeting in October 2003, the Implementation Group agreed the following Terms of Reference:

- to oversee and drive forward implementation of the Tobacco Action Plan;
- to provide advice and strategic direction on issues relating to tobacco as they arise;
- to develop, where appropriate, intermediate milestones for achievement of the targets in the Plan;
- to monitor progress against targets and to produce an annual report on progress for the Ministerial Group on Public Health.

## **5. IMPACT OF SMOKE-FREE LEGISLATION PROPOSALS**

5.1 In late 2004, Ministers began a process which culminated in the introduction of comprehensive legislative controls on smoking in virtually all enclosed and substantially enclosed public places and workplaces in Northern Ireland with effect from 30 April 2007. The introduction of

smoke-free legislation has been a major public health success and will undoubtedly save many lives.

- 5.2 In order to assess the impact of smoke-free legislation one year after its introduction in April 2007, the Department compiled a monitoring and evaluation report. This was carried out in collaboration with the Health Promotion Agency and provides an analysis of a range of both qualitative and quantitative research. The report confirms that the legislation has achieved much to be proud of in helping to protect the population from the damaging effects of tobacco smoke.
- 5.3 While preparations for the introduction of smoke-free legislation in Northern Ireland were ongoing, work to implement the Plan continued, carried out by various public sector and voluntary organisations. The Health and Social Services (HSS) Boards' annual reports on tobacco control include details of positive progress against many of the action points.
- 5.4 The Department wishes to place on record its appreciation of the work that goes into the production of these reports which include comprehensive information on a range of initiatives undertaken by the former HSS Boards to tackle tobacco use throughout the year. Much of the success to date on tobacco control has been achieved through a multifaceted approach which the Department will continue to support in the future.

## **6. REVIEW OF PROGRESS**

### **Resources**

- 6.1 In 2002/03, DHSSPS made £1.1m available for the development of public information campaigns, the provision of a dedicated telephone service for smokers and to assist HSS Boards with the continued development of smoking cessation services.
- 6.2 By 2008/09, this figure had increased to around £3m. In addition to the aforementioned services, this has funded the development of community based prevention and cessation programmes and pharmacy-based NRT services as well as the enforcement of smoke-free legislation and other tobacco control measures by District Councils' Environmental Health Officers.

### **Targets**

- 6.3 The Plan set four targets to be achieved over various periods between 2005 and 2007 (see paragraph 8). Progress towards these targets was monitored through the Continuous Household Survey (CHS), the Young Persons Behaviour and Attitudes Survey (YPBAS) and the Infant Feeding Survey. With effect from 2007/08, questions on smoking have been included annually rather than biennially in the CHS. In addition to providing more frequent information on smoking prevalence, these questions will assist the Department in assessing whether existing tobacco control measures and smoke-free legislation have influenced smoking behaviour prevalence.
- 6.4 Progress against the targets set out in paragraph 8 is provided in tables 1 and 2 below.

**Table 1: Targets 1 and 2**

Category	2000	2003	Target	Survey Outcome
11-16 year olds who do not smoke*	85.5***%	86.9%	89% (2006)	91.2% (2007)
Pregnant women who do not smoke**	78%	N/A	82% (2005)	82% (2005)

\* Young Persons' Behaviour & Attitudes Survey (relates to respondents who indicated that they have never smoked and respondents who have smoked but reported that they do not smoke now)

\*\* Infant Feeding Surveys (relates to those who have not smoked throughout pregnancy)

\*\*\* This percentage is weighted by year group and gender, and is more accurate than the original figure stated in the tobacco action plan (86.5%) which is unweighted.

**Table 2: Targets 3 & 4**

Category	2000/01	2002/03	2006/07 Target	Survey Outcome	2007/08	2008/09
All Adults who do not smoke***	73%	74%	75%	75% (2006/07)	77% (2007/08)	76%
Non -smokers in Manual Groups***	65%	69%	69%	67% (2006/07)	70% (2007/08)	70%

\*\*\* Continuous Household Survey

6.5 Adult smoking prevalence figures for 2007/08 – the first full year after the introduction of smoke-free legislation - showed that 77% of adults in Northern Ireland were non-smokers – an increase of 2 percentage points from the previous year. This suggested that the introduction of smoke-free legislation, allied to other tobacco control measures and the provision

of smoking cessation services, did indeed encourage more people to quit. However, the latest figures available, for 2008/09, have shown a small decrease in the percentage of non-smokers to 76%. This decrease represents a deviation from the trend of recent years.

- 6.6 The increase in the percentage of pregnant women who don't smoke, from 78% in 2000 to 82% in 2005 is also encouraging, but concerns remain about smoking among manual groups and among adult women in general (female non-smoking prevalence up from 71% in 1983 to 77% in 2007/08, compared to an increase in male non-smoking prevalence from 61% to 77% over the same period).
- 6.7 The Young Persons' Behaviour and Attitude Survey recorded a welcome increase in the lifetime non-smoking prevalence amongst 11-16 year olds, from 67% in 2003 to 76% in 2007. These figures broken down by gender show that for boys the lifetime non-smoking prevalence rate in 2003 was 70% increasing to 79% in 2007; among girls it was 64% in 2003 and 73% in 2007.
- 6.8 While the increase in the lifetime non-smoking prevalence is a sign that efforts by health bodies have been effective to a degree, the evidence that over 1 in 5 boys and 1 in 4 girls, aged 11-16, have smoked at some stage in their lives is worrying. A high smoking prevalence among teenagers will limit the scope to achieve a significant short term reduction in adult smoking rates, particularly when viewed against the CHS findings in 2006/07. These show that 76% of adult smokers in Northern Ireland started smoking cigarettes regularly aged 18 and under. (2004/05 Survey figure was 74%).

## Action Points (See Annex 1)

- 6.9 The introduction of comprehensive legislative controls to protect the public from exposure to tobacco smoke had significant implications for the overall implementation of the Tobacco Action Plan, in that a number of individual action points were not progressed. However, considerable progress has been made in protecting the public from the harmful effects of tobacco smoke. The legislation has successfully tackled the issue of smoking in enclosed public places and workplaces and as a result the action points under the area of protection have generally all been achieved or negated.
- 6.10 Smoke-free legislation has been well received by the general public and compliance, over the period since its introduction, has been exceedingly high, both with display of signage requirements and with the no smoking requirement. District Councils who enforce the legislation have continued to work with organisations and businesses to support the development of smoke-free policies in areas or structures not currently covered by the legislation.
- 6.11 The review from this point onwards represents a snapshot of the position in respect of the action points identified under the three main themes – **prevention, support and protection.**

## Prevention

### Public Information

- 6.12 The Department continued to commission the Health Promotion Agency (HPA) to develop public information campaigns about the dangers of smoking, with the aim of discouraging smoking adoption, and also to encourage smokers to seek help with the quit attempt. The new Public Health Agency, which has assumed the duties of the HPA, continues to

educate young people about the dangers of smoking through its website: [www.healthpromotionagency.org.uk](http://www.healthpromotionagency.org.uk); link to; up-to-you.net.

- 6.13 Yearly evaluations of campaigns organised by the HPA have demonstrated that awareness of the tobacco campaigns has been high among its target audience. The “every cigarette is doing you damage” campaign, which ran during set periods between January 2002 to March 2004 included a series of television advertisements which achieved particularly high awareness levels. One of the advertisements entitled “Artery” was recognised by 83% of the survey sample in 2003, and deemed to be “very thought provoking” by 69% of respondents. In the same year, 56% of smokers questioned in the survey said that the campaign made them more likely to quit smoking.
- 6.14 The Ulster Cancer Foundation’s Smokebusters initiative for 9-11 year olds aims to inform children about smoking as they approach the transition between primary and secondary education. Their website address is: [www.ulstercancer.org/campaigns/smokebusters.asp](http://www.ulstercancer.org/campaigns/smokebusters.asp)
- 6.15 Over the last number of years, HSS Boards have funded newspaper and convenience advertising about the harmful effects of smoking. In addition, they have funded advertisements on buses about the dangers of smoking and this productive form of information campaign is continuing.
- 6.16 District councils were also engaged in significant promotional work about the dangers of second-hand tobacco smoke prior to the introduction of smoke-free legislation in April 2007. Tobacco Control Officers continue to be engaged in awareness raising activity and enforcement in relation to underage sales.

- 6.17 Work on action points relating to issues around vending machines has been overtaken by proposals to bring in further legislation in this area.

*Tobacco Advertising & Promotion Act 2002*

- 6.18 Legislative controls on advertising at point of sale were introduced in December 2004 and on “brandsharing” in July 2005.

*Schools*

- 6.19 Partnership working through the health promoting schools initiative continued to address a range of lifestyle issues, including smoking. Personal health is now a key element of the revised curriculum, the introduction of which began on a phased basis from September 2007. HSS Boards commissioned the UCF Smokebusters project in primary schools and the Eastern Board has commissioned the Health Action Programme in secondary schools from Action Cancer. The UCF has provided training for teachers and youth workers to enable them to support teenage smokers to quit. UCF have also provided smoking cessation services for young people.

*Further and Higher Education*

- 6.20 Further and Higher Education establishments have in place “no-smoking” policies and initiatives to encourage and assist individuals who wish to give up smoking or to signpost them to sources of help.

*Age of Sale*

- 6.21 DHSSPS launched a 12-week public consultation exercise in October 2007 on amending the age of sale of tobacco products in Northern Ireland. There was overwhelming support for bringing the legal age of sale in line with Great Britain and the Republic of Ireland (18 years). The Health

Minister subsequently brought proposals to the Northern Ireland Assembly and members approved raising the age of sale to 18 with effect from 1 September 2008.

- 6.22 Enforcement of legislative controls on tobacco is the responsibility of district councils. The Department funded the appointment of 12 additional Tobacco Control Officers (TCOs) to work across councils to co-ordinate and support the enforcement of smoke-free legislation following its introduction in April 2007. Funding for the TCOs has continued into 2009/10 year and has contributed to enhanced enforcement activity on underage sales.
- 6.23 The majority of the 26 district councils carry out test purchasing exercises for underage sales of tobacco products. Prosecution figures for the first half of 2008 detailed 8 prosecutions, with 6 retailers each fined between £50-£250 and 2 given conditional discharges. In addition, a further 14 prosecutions were under consideration by councils.

## **Support**

### *Numbers presenting to Cessation Services*

- 6.24 Supporting smokers to quit is a crucial element of the Department's tobacco control policy. Since January 2003, DHSSPS has funded a dedicated telephone helpline service for smokers which, in addition to the provision of advice on quitting, can also supply details of local smoking cessation services.
- 6.25 Evidence from elsewhere suggests that the decision to introduce comprehensive controls on where people may smoke encourages more smokers to present to cessation services. In October 2005, the Government announced its intention to introduce such controls in Northern

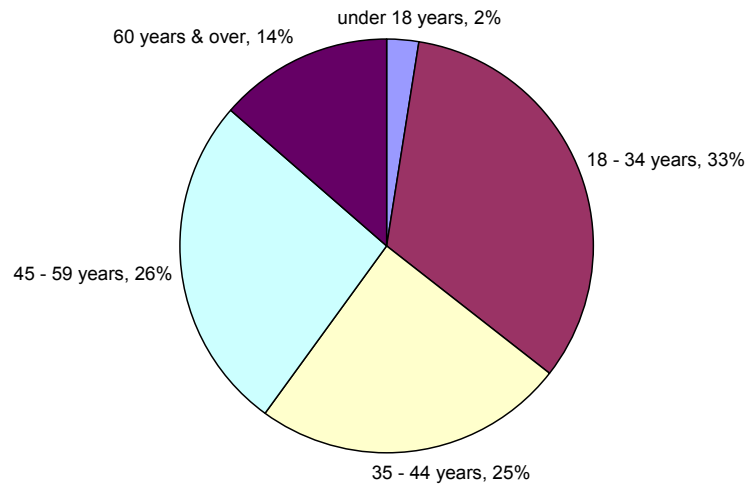
Ireland by 2007 and, in 2006/07, 13,795 smokers set a “quit date”, compared with 8,702 in 2005/06 - an increase of 59%. In 2007/08, 21,476 people set a quit date through the smoking cessation service. This is an increase of 7,681 (56%) from 2006/07 and an increase of 12,774 (147%) from 2005/06. In 2008/09, 21,272 people set a quit date through the smoking cessation. This is a decrease of 204 (1%) from 2007/08, and an increase 144% from 2005/06.

**Table 3 – Review of People Setting Quit Dates – 2005/06 – 2008/09**

	<b>Number setting quit dates</b>	<b>Annual % Increase / Decrease</b>
<b>2005/06</b>	<b>8,702</b>	<b>-</b>
<b>2006/07</b>	<b>13,795</b>	<b>59%</b>
<b>2007/08</b>	<b>21,476</b>	<b>56%</b>
<b>2008/09</b>	<b>21,272</b>	<b>-1%</b>

6.26 The percentages of those setting a quit date by age group during 2008/09 are shown in the pie chart below:

**Smoking Cessation 2008/09 - Individuals Setting A Quit Date by Age**



6.27 At the four week follow-up, 10,787 had successfully quit (based on self-report) – 51% of those setting a quit date, this is the same quit rate as in 2007/08 (51%) see Table 4.

**Table 4: Review of 2007/08 quitters: follow-up at 52 weeks\*  
(2006/07 figures in brackets)**

<b>Board</b>	<b>52 week follow-up successful <sup>1</sup> (%)</b>	<b>Not smoking at 52 weeks (self report) <sup>2</sup> (%)</b>
<b>EHSSB</b>	<b>65 (74)</b>	<b>15 (16)</b>
<b>NHSSB</b>	<b>63 (61)</b>	<b>13 (14)</b>
<b>SHSSB</b>	<b>82 (84)</b>	<b>24 (22)</b>
<b>WHSSB</b>	<b>74 (82)</b>	<b>18 (19)</b>
<b>Total NI Figure</b>	<b>69 (73)</b>	<b>17 (17)</b>

Figures shown in brackets in the second and third columns are 2006/2007 figures

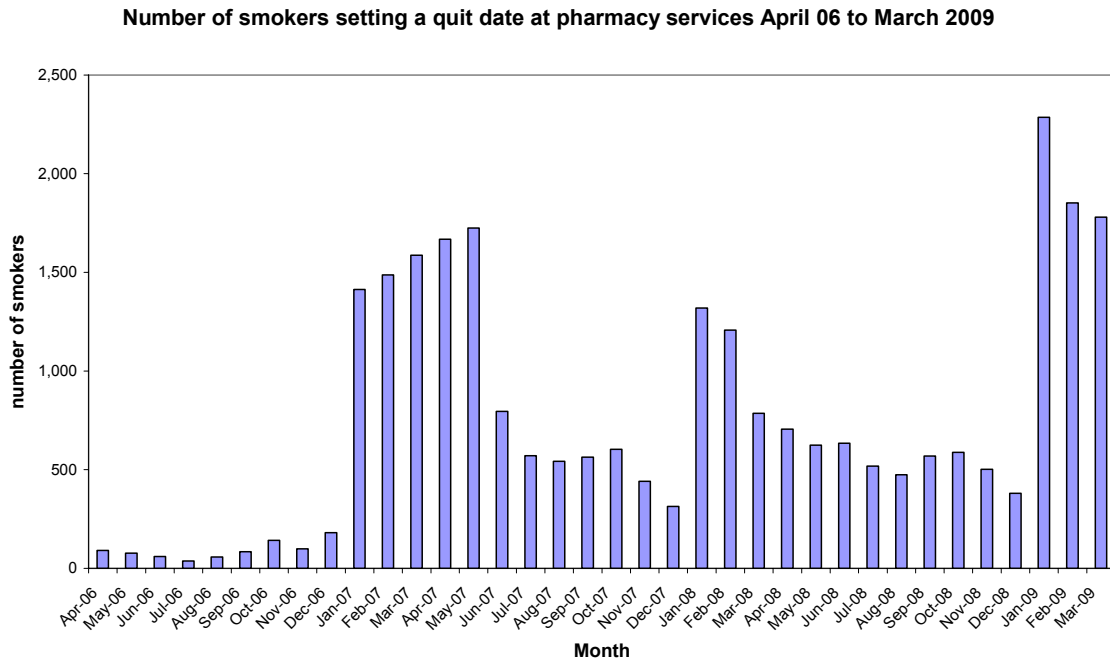
1. The % of people who attended their 52 week follow-up of those who had quit at the 4 week follow-up at the time of the 2007/08 report.
2. The % of people who were still not smoking at the 52 week follow-up of those who set a quit date.

*\*Please note that, as these figures are taken from a live computer system, they are provisional and may be subject to revision. This also means that, as details can be added at any stage, including post-publication, figures can, occasionally, show up as exceeding 100%.*

### Cessation Service Providers

- 6.28 A Training Framework, which set standards for cessation services across the HSC, was published in April 2003. HSC Trusts continue to develop cessation services in a range of settings. In 2007/08 there were over 600 specialist smoking cessation service providers registered with HSC Trusts, around 50% of which were community pharmacies.
- 6.29 The new Regional Pharmacy Specialist Smoking Cessation Service was launched in December 2006. The service offered smokers a 12-week programme of behavioural support, with Nicotine Replacement Therapy (NRT) available free to those eligible for free prescriptions. Following its launch, the number of community pharmacy based services increased to over 300, greatly improving smokers' access to behavioural support and NRT.
- 6.30 Figure 1 (below) shows the number of smokers who set a quit date at pharmacy services from April 2006 – March 2009. The graph clearly illustrates the sharp increase in the number of smokers setting a quit date in the five months preceding the smoking ban in April 2007. These figures remained high during 2007/08 when compared to those for 2006/07. From April 2008 to March 2009, 10,911 smokers set a quit date at pharmacies – a increase of 378 from the previous year, and more than double the number for 2006/07 (5,223).

Figure 1



6.31 The Department will continue to work closely with service providers and the community in order to ensure that all smokers who wish to quit are fully supported in their aim.

## Protection

### Smoke-free Legislation

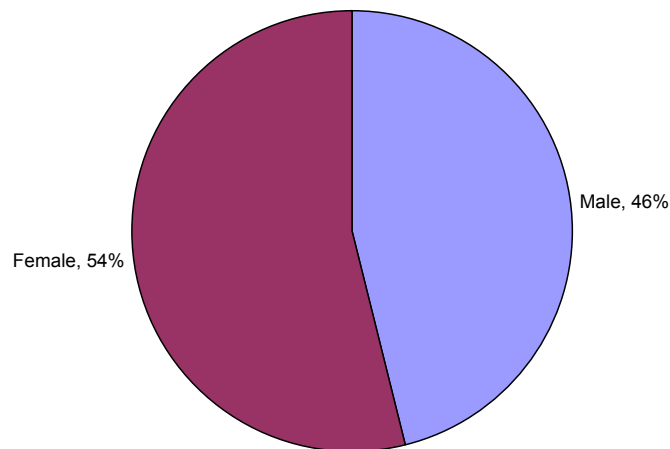
6.32 Comprehensive controls on smoking in most enclosed and substantially enclosed public places and workplaces were introduced with effect from 30 April 2007. In the periods before and since the smoke-free legislation came into force, district council environmental health departments have worked to advise and educate businesses to secure a high level of compliance with the law. This resulted in a total of 38,074 premises being inspected with compliance levels found to be exceedingly high. These were 97% in respect of smoking prohibition and 94% in respect of displaying the correct signage requirements.

- 6.33 In addition, during the first year of smoke-free legislation, 1,617 written warnings were distributed, 184 fixed penalty notices issued and two cases referred for prosecution. Over the same period 1,525 enquiries were dealt with and 643 complaints received directly.
- 6.34 In order to assess the impact of smoke-free legislation – one year on, the Department developed a research framework. A report, “*Smoke-free Legislation in Northern Ireland - A One Year Review*” containing the first results from this work was published in March 2009. The report examines the results of various surveys carried out in Northern Ireland before and after the introduction of the smoking legislation. It also uses monitoring data to assess the impact of the legislation in terms of: prevalence of, and attitudes to, smoking amongst adults and young people; quitting smoking; compliance with the new legislation; and the economic impact of the legislation.
- 6.35 Key findings from the report include:
- a fall in adult smoking prevalence from 25% in 2006/07 to 23% in 2007/08;
  - despite falling from 33% in 2006/07 to 30% in 2007/08, smoking prevalence among manual workers still remains high;
  - before the introduction of smoke-free legislation, non-smokers who live with a smoker had been exposed to second-hand smoke for 78% of the time they had spent in a bar, falling to 2% after the ban came into effect;
  - three months after the introduction of smoke-free legislation, there was a 94% reduction in fine air particulates and a 92% reduction in air nicotine levels in bars; and
  - there was a 56% increase in the number of people setting a quit date.

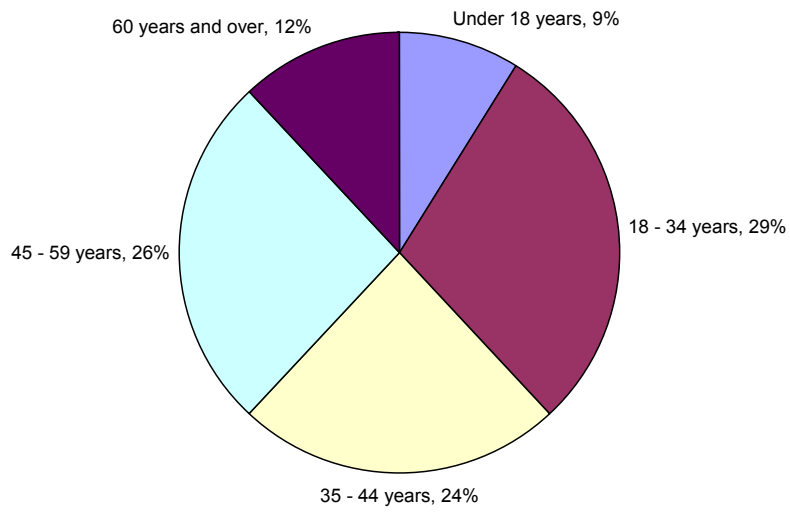
## 7. EQUALITY ISSUES

- 7.1 DHSSPS consulted widely on the development of the Tobacco Action Plan. An Equality Impact Assessment was carried out and attached as an annex to the Plan. In delivering smoking cessation services, HSS Boards carry out equality monitoring to assist DHSSPS meet its obligations under Section 75 of the Northern Ireland Act 1998. Service providers issue clients with anonymised questionnaires to help gather information on the uptake of services by Section 75 groups.
- 7.2 Information was compiled on clients who completed and returned questionnaires in 2008/09. 99.2% of respondents indicated that their ethnic group was white. The breakdown of the other section 75 groups is shown in the following pie charts.

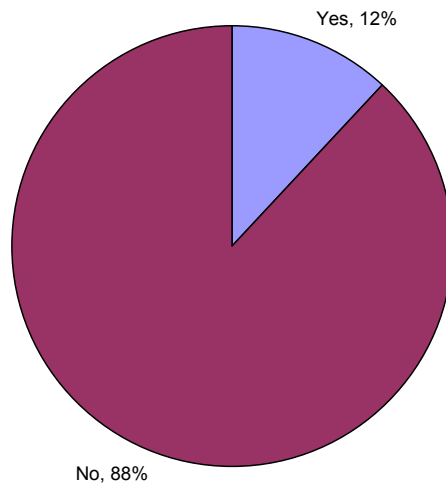
**Smoking Cessation 2008/09 - Equality Monitoring - Gender**



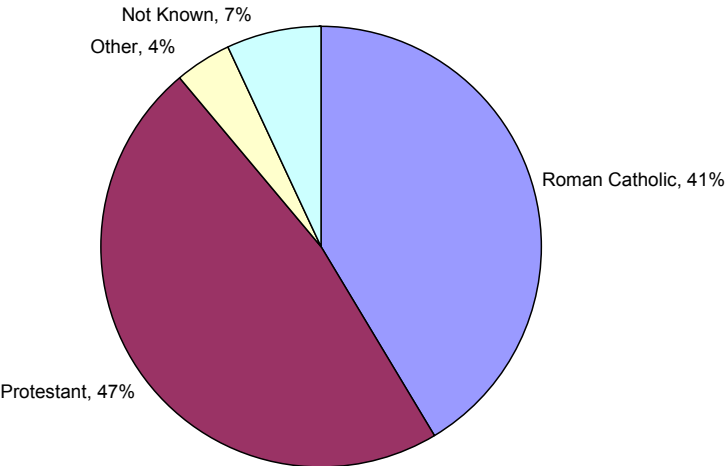
**Smoking Cessation 2008/09 - Equality Monitoring - Age Group**



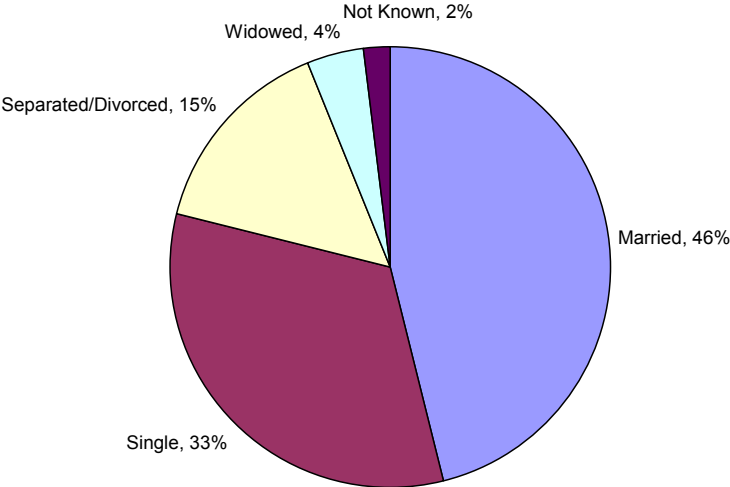
**Smoking Cessation 2008/09 - Equality Monitoring - Disability**



**Smoking Cessation 2008/09 - Equality Monitoring - Community Background**



**Smoking Cessation 2008/09 - Equality Monitoring - Marital Status**



- 7.3 One of the Plan's action points is the provision of cessation services in primary and secondary care which are accessible to all smokers, including the three target groups, those from an ethnic minority background and those with a disability. All HSS Boards continue to explore how best to develop and sustain services in a range of settings designed to meet the needs of their resident populations. For example a regional seminar in February 2007 took, as its theme, "Smoking Cessation and Mental Health – the Challenges".

## **8. CONCLUSION**

- 8.1 The introduction of legislative controls on where people may smoke provides a solid foundation upon which to build future tobacco control policies. The potential impact of the legislation, not only upon current attitudes towards smoking in Northern Ireland, but also upon future generations, should not be underestimated.
- 8.2 That said, smoke-free legislation should not be seen as a panacea. However, viewed in conjunction with other measures to tackle smoking, it undoubtedly has the potential to significantly change the landscape.
- 8.3 The key to achieving significant reductions in smoking prevalence, and ultimately to achieving the overall aim of the Plan – the creation of a tobacco-free society – is to deter young people from adopting the habit and to find innovative ways of encouraging and motivating existing smokers to quit.

## **9. RECOMMENDATION**

- 9.1 Existing action points should be reviewed and updated/replaced as necessary in the areas of prevention, support for smokers who want to quit, and protection. While, in the case of the latter, the introduction of

smoke-free legislation has largely addressed each of the action points, there nevertheless remains a need to educate adults on the implications for others of smoking in areas not governed by the legislation. Examples are private homes and private vehicles. Enhanced enforcement activity should also be accorded a high priority in relevant areas of tobacco control policy.

- 9.2 Value for money reviews should be carried out on both the smokers' helpline and on the grants paid to district councils for Tobacco Control Officers. This will assist the relevant funding body in making cost effective decisions in relation to future funding for tobacco control initiatives.
  
- 9.3 It is recommended that the Tobacco Action Plan be rolled forward for a further five year period. While it should continue to be aimed at the population as a whole, it is recommended that the three key target groups identified in 2003 – children and young people, disadvantaged adults who smoke and pregnant women who smoke – should be retained and consideration given to setting an additional target aimed at women smokers, especially teenage girls.

## PROTECTION

Action	Lead Responsibility	Target Date	Progress
To work with the Trade Unions, employers' organisations, Chamber of Trade, Chamber of Commerce, local councils etc to promote the adoption of no smoking policies in the workplace	HPA, DETI, HSENI	Ongoing	Comprehensive controls on smoking in most enclosed and substantially enclosed public places and workplaces were introduced with effect from 30 April 2007. During the period up to 31 March 2008 over 36,000 premises were inspected by district councils' environmental health officers. They found almost 94% compliance with the display of signage requirements and 97% compliance with the no smoking requirement.
To finalise proposals for an Approved Code of Practice on Passive Smoking at work	HSENI	September 2003	
Policies on smoking to be built into commissioning arrangements with HPSS and other providers and such policies to be evaluated	HSS Boards	Ongoing	
To work with the NICS, HPSS, local councils and others to promote the introduction of smoke-free policies	All Government Departments, HPA, HSS Boards and Trusts, local councils	September 2004	Since the introduction of the smoke-free legislation, councils have been working with organisations to support the development of smoke-free policies in relation to areas or structures not currently covered by the legislation

## SUPPORT

Action	Lead Responsibility	Target Date	Progress
To promote the provision of smoking cessation services in a variety of settings including schools, the workplace – including the NICS and the HPSS – and the community	DHSSPS, HSS Boards and Trusts, E&L Boards, employers, voluntary, community and youth sectors, LHSCGs	Ongoing	Boards continue to develop cessation services in a range of settings. In 2006/07 there were over 674 specialist smoking cessation service providers registered with Boards, around 56% of which were community pharmacists
To further develop sustainable specialist smoking cessation services in primary and secondary care which are accessible to all smokers, including the three target groups, those from an ethnic minority background and those with a disability	HSS Boards and Trusts, LHSCGs, the voluntary and community sectors	Ongoing	Specialist smoking cessations services are now available across Northern Ireland in a range of primary and secondary care settings including GP practices, pharmacies and hospitals.
To promote the inclusion of training on brief advice in undergraduate and postgraduate education for doctors, nurses, health visitors, allied health professionals, pharmacists, dentists and social workers	DHSSPS, professional training organisations and institutions	September 2004	Following an approach by the Department, the relevant professionals arranged for awareness training on smoking cessation to be included in undergraduate training
To promote training and support in smoking cessation for teachers, youth workers and peer leaders	E&L Boards	September 2004	All Boards offered training to teachers in relation to the UCF Smokebusters' Programme
Training and support in smoking cessation to be made available to those working within a community setting	DHSSPS, HPA, HSS Boards & Trusts, voluntary and community sectors	October 2004	All Boards targeted voluntary and community groups with a view to encouraging staff to participate in smoking cessation training.
To ensure the incorporation of the Regional Training Framework into quality standards for the commissioning of services and to encourage its implementation	HSS Boards	March 2004	The smoking cessation subgroup will take this action forward with the new Health and Social Care Board.
To ensure that services for smokers wishing to quit are effectively promoted as part of the overall public information campaign	DHSSPS	Ongoing – with delivery of key messages reviewed annually	The HPA has set up a website designed to help smokers to quit – <a href="http://www.want2stop.info">www.want2stop.info</a>

## PREVENTION

Action	Lead Responsibility	Target Date	Progress
Further development of public information campaigns taking account of issues such as target groups and issues such as Environmental Tobacco Smoke (ETS), legislation and enforcement	DHSSPS, HPA, HSS Boards and Trusts, voluntary and community sectors	Ongoing with delivery of key messages – reviewed annually	DHSSPS commissioned the HPA to develop public information campaigns about the dangers of smoking, with the aim of discouraging adoption of smoking and encouraging smokers to seek help. Websites run by HPA and supporting these aims are <a href="http://www.up-to-you.net">www.up-to-you.net</a> and <a href="http://www.want2stop.info">www.want2stop.info</a> . UCF also runs a Smokebusters initiative for 9-11 year olds to inform children about smoking. Councils were engaged in significant promotional work on the dangers of environmental tobacco smoke in advance of the introduction of the smoke-free legislation and continue to be engaged in promotional and awareness raising activity and enforcement in relation to underage sales.
Further promotion and implementation of the Health Promoting Schools concept	Health Education Liaison Group	Ongoing	Partnership working through the health promoting schools network continued to address a range of lifestyle issues, including smoking.
Schools, Further Education Colleges and the Youth Sector to be encouraged to introduce and implement no smoking policies	DE, Education and Library Boards, DEL	December 2003	Smoke-free legislation, introduced in April 2007, placed comprehensive controls on smoking in most enclosed and substantially enclosed public places and workplaces. In addition, FE and HE establishments have introduced initiatives and support for those wishing to give up smoking.
The Curriculum Review to highlight the need to promote awareness of the dangers of smoking	DE, E&L Boards, CCEA	March 2004	Personal health is now a key element of the revised curriculum, the introduction of which began on a phased basis from September 2007
The Tobacco Advertising and Promotion Act 2002	DHSSPS	Provisions started to come into force from February 2003	Legislative controls on advertising at the point of sale were introduced in December 2004 and on “brandsharing” in July 2005
To promote the inclusion of training on illegal tobacco activity and enforcement in undergraduate and postgraduate education for environmental health officers	DHSSPS, Professional training organisations and institutions, HPA	Ongoing	In 2005, UU reassessed its coverage of tobacco issues following an approach by the Department and agreed to provide additional input on tobacco control into a number of modules within the final year of the BSc (Hons) undergraduate course.

**PREVENTION Cont'd**

<b>Action</b>	<b>Lead Responsibility</b>	<b>Target Date</b>	<b>Progress</b>
To bring forward proposals to amend Article 6 of the Children and Young Persons (Protection from Tobacco) (Northern Ireland) Order 1991 to place a duty on councils to carry out an annual programme of enforcement action	DHSSP	March 2005	This action was discussed at the time by the Chief Environmental Health Officers' Group but a consensus was not reached on taking it forward. The proposals will now be given further consideration by the new Tobacco Action Plan Working Group.
To monitor the impact in the South of Ireland of the recent legislative changes and, in particular, that prohibiting the sale of tobacco products to those under the age of 18.	DHSSPS	July 2004	Legislation passed to raise the minimum age of sale for tobacco products to eighteen and introduced in Northern Ireland on 1 September 2008.
To encourage councils to pursue a pro-active approach to enforcement by adopting a protocol similar to the enforcement protocol introduced in England and Wales	DHSSPS, NI Local Government Association, local councils	March 2004	Guidance, policies and procedures in relation to the enforcement of smoke-free legislation are in place. A common policy and procedures in relation to test purchasing for underage sales are currently being finalised.
To work with local councils and others to ensure that the placement of tobacco vending machines complies with the NACMO Code	DHSSPS, local councils	July 2004	In 2004, The Department raised with the Chief Environmental Health Officers' Group (CEHOG) the need for consideration of an enforcement protocol and compliance with the NACMO Code in relation to the placement of vending machines
To work with local councils and other public sector bodies to prohibit tobacco vending machines from their facilities	All Government departments and local councils	September 2004	The Department wrote to councils in 2004 seeking information regarding vending machines on council premises. 24 of the 26 councils responded indicating that they did not accommodate tobacco vending machines in any of their premises. In 2 cases vending machines were provided by external contractors or lease holders and undertakings were given to review those contracts when they came up for renewal.
To encourage each council, or groups of councils, to nominate an individual to co-ordinate tobacco control activity and to liaise with counterparts in the South of Ireland on potential cross-border co-operation	DHSSPS, local councils	March 2004	DHSSPS wrote to councils in 2004 in relation to the co-ordination of tobacco control and nominations were received. Since then, an NI Tobacco Task Group has been established as a sub-group of CEHOG and in addition, DHSSPS has funded 12 dedicated Tobacco Control Officers to support and co-ordinate tobacco control activity across the 26 councils.