

## APPENDIX 3 - PROGRESS TO DATE FURTHER DETAIL

### Objective 1 – Fewer people starting to smoke

Target group	Strategic priority
<p><b>Children and young people</b></p>	<p><b><i>Preventing those under the legal age of sale from accessing tobacco products through legislative measures</i></b></p> <p>There has been significant tobacco control legislation introduced in the UK since early 2000 including, for example, billboard, newspaper and magazine advertisements from 2003, all tobacco related sponsorship agreements from 2005 and advertising of tobacco products at point of sale and brand sharing also in 2005.</p> <ul style="list-style-type: none"> <li>• The Smoking (Northern Ireland) Order 2006 was introduced on 30<sup>th</sup> April 2007 and required all enclosed public places and work places to become smoke free. Although the primary focus of this legislation was to protect public health, it was also an important milestone in changing the cultural acceptability of passive smoking.</li> <li>• Subsequent legislation on the sale of cigarettes to minors was introduced on 1<sup>st</sup> September 2008, raising the legal age of sale of tobacco products from 16 to 18 years of age.</li> </ul> <p>During the lifetime of the 2012 Tobacco Control Strategy, further developments include:</p> <ul style="list-style-type: none"> <li>• Legislation to ban tobacco sales from vending machines, introduced on 1<sup>st</sup> March 2012.</li> <li>• A ban on the display of tobacco products at point of sale in retail premises was introduced for large shops and supermarkets from 30 October 2012. The ban was extended to cover all retail premises from 6 April 2015.</li> <li>• On 4 February 2014, the Assembly agreed, through a Legislative Consent Motion, to the extension of certain provisions in the Westminster Children and Families Bill to Northern Ireland. The provisions related to the standardised packaging of tobacco products and provided a Secretary of State with regulation-making powers on a UK-wide basis. Subsequent regulations commenced throughout the UK from 20 May 2016.</li> <li>• In order to restrict the age of sale of electronic cigarettes to over eighteens, the Department included a regulation-making power in the Health (Miscellaneous Provisions) Bill. The Bill was amended as it passed through the various stages of the Assembly and at final stage, also included regulation-making powers in relation to banning the use of tobacco or nicotine products in cars carrying children. The draft regulations will require to be debated by the Assembly before they can be approved.</li> <li>• The Tobacco Retailers Act (Northern Ireland) 2014 was introduced to the Assembly in April 2013 and was granted Royal Assent on 26 March. The main provisions of the Act:             <ul style="list-style-type: none"> <li>- require all tobacco retailers to register;</li> <li>- prohibit registration for 5 years following a conviction for a serious illicit tobacco offence;</li> <li>- allow for the application of banning orders by enforcement officers following 3 relevant tobacco offences within 5 years;</li> <li>- allow period for banning order to range from 28 days to 3 years;</li> <li>- create a number of new offences, including those relating to the register and the offence of proxy purchasing; and</li> </ul> </li> </ul>

	<ul style="list-style-type: none"> <li>- allow for the application of fixed penalty notices for a number of offences.</li> <li>• The requirement to register as a tobacco retailer commenced from 6 April 2016, as did the new offence of proxy purchasing. In addition, the maximum fine for underage sales increased from £2,500 to £5,000 from this date.</li> <li>• From the 1 July 2016 the provisions in the Tobacco Retailers Act relating to restricted sale and premises orders and those relating to fixed penalties and offences in relation to the register commenced. See summary of fixed penalties at Appendix 7.</li> <li>• Local councils are commissioned by the PHA each year to carry out a programme of enforcement work across Northern Ireland monitoring the above legislation including point of sale exercises. A summary of enforcement activity in relation to age of sale is included at Appendix 6.</li> </ul>
	<p><b><i>Ensuring that educational establishments, from primary through to tertiary level, are educating and/or appropriately supporting awareness raising amongst children/young people as to the harm caused by tobacco.</i></b></p> <p>The main activity of this objective is to support people not to start smoking, while working to eliminate smoking among under 18s.</p> <ul style="list-style-type: none"> <li>• <b>Smokebusters</b> - The PHA commission Cancer Focus NI (CFNI) to deliver the Smokebuster programme each school year. The programme is specifically tailored for primary school children in Year 6 and Year 7 (9-11 year olds). The programme encourages children to reject the smoking habit by increasing their defences against pressure to experiment with cigarettes; provides a means of conveying information to children about the harmful consequences of smoking; and promotes 'fun' ways of involving children in activities to promote a smoke free environment in their schools, homes, and communities. Each year around 600 schools (at least 20% from the most deprived areas) are registered to participate in the programme.</li> <li>• <b>Smoke Free School Gates</b> – To work towards achieving this priority the Public Health Agency, in conjunction with the Education Authority launched the Smoke Free School Gates initiative in October 2014, initially in the South Eastern area as a pilot across 100 schools and then offered to all Primary Schools and Special Schools across Northern Ireland in 2015. The purpose of this initiative is to encourage parents and guardians to refrain from smoking and help protect their children from the harmful effects of smoking. In 2015 the PHA made funding available to extend the scheme to primary schools across N I.</li> </ul> <p>Following a review in February 2018, around 230 schools indicated that if funding became available again, they would be keen to take advantage of it. A number of schools also indicated that should funding become available, they would be keen to avail of additional signs to be placed around the school to reinforce the message. This new signage has now been purchased and distributed across all schools that expressed an interest in having the plaques erected.</p>

	<p>This initiative has received positive feedback from numerous schools which have noted substantially fewer parents and guardians smoking at schools gates and have identified the signage as contributing to the overall smoke-free message around the school campus.</p> <ul style="list-style-type: none"> <li>• <b>Queen’s University Belfast MECHANISMS Study:</b> The PHA and QUB secured funding to carry out research - Using Game Theory to assess the effects of social norms and social networks on adolescent smoking in schools - a proof of concept study. The two programmes implemented in this research were Dead Cool and Tobacco ASSIST. The research was carried out from September 2018 to March 2019 and the report is not yet available.</li> </ul> <p><b>Dead Cool</b> is a smoking prevention programme for Year 9 pupils designed by Cancer Focus NI. The programme is designed to be delivered by teachers and consists of eight lesson plans and an accompanying DVD of short video clips to supplement each lesson. The programme aims to reduce the number of young people who start smoking and to examine the influences on smoking behaviour from friends, parents, other family members, and the media.</p> <p><b>The ASSIST</b> intervention is designed to train influential pupils to use informal contacts with peers in their school year group to encourage them not to smoke. All pupils in participating schools are asked to complete a Peer Questionnaire to nominate up to ten pupils they view as influential in different respects (i.e. who they respect, who they think are good leaders in sports or other group activities, who they look up to) in their year at their school.</p> <ul style="list-style-type: none"> <li>• The HSCTs provide smoking awareness sessions during Fresher events and No Smoking Day/Month at colleges of further and higher education and local university campuses. Stop smoking services are funded in these settings if there is a demand for them.</li> </ul>
<p><b>General Population</b></p>	<p><b>Further reducing the impact of tobacco marketing, either through</b></p> <p><b>(a)legislation or (b)public information campaigns aimed at negating messages put out by the tobacco industry</b></p> <p>a) Legislation as listed above.</p> <p>b) The National Institute of Clinical Excellence (NICE) recommends that as part of tobacco control measures mass media campaigns should be used and aimed at the general population. The most recent NICE guidance has indicated that regional and national smoking public education and communications should use both ‘why’ and ‘how to’ quit messages that are non-judgemental, empathetic and respectful.</p> <p>The PHA continues to deliver public information campaigns on the damaging effects of smoking which have a dual role to play: discouraging smoking uptake; and encouraging those who already smoke to stop. In support of people who want to stop, a self-help Quit Kit, a website <a href="http://www.stopsmokingni.info">www.stopsmokingni.info</a> and a SMS text service have been developed and a helpline were commissioned. (SMS text line and helpline were suspended due to low uptake and website re branded recently on the feedback from focus groups of smokers) Some examples of recent campaigns are listed below:</p> <ul style="list-style-type: none"> <li>• <b>2011-12 campaign Things to do before you die/Never give up on giving up</b> and Ministerial approval was given to rerun the 2011 ‘Things to do before you die’ and ‘Never give up on giving up’ campaign in 2012/13.</li> </ul>

- **2013-2014 Make them Proud /Stop for Good** In 2013-14 the PHA developed and launched an anti-tobacco public information campaign based on a two strand approach using 'why?' and 'how?' messages in line with NICE guidance.

The campaign was initially launched in September 2013 and aired throughout the months of September and October 2013 and again from December 2013 - March 2014. The 'Why quit messages within strand one advertisement 'Make them proud' were designed to motivate smokers (in particular parents who smoked) to make a quit attempt. This strand aimed to raise awareness of the impact parental smoking can have on a child's mental health particularly in terms of emotional worry/distress it can cause. The desired outcome of the campaign was that parents who smoked would make a quit attempt now rather than put it off until later.

The second strand 'Stop for good' incorporated 'How to quit?' messages. This campaign strand aimed to encourage smokers to quit by promoted a range of help and support mechanisms accessible to smokers and encourage smokers to avail of these support systems.

The campaign was evaluated and overall 69.2% of the population were aware of the 'Make them proud/Stop for good' media campaign with awareness higher among smokers (72%) and parents who smoke (75%). Among the main target audience 7.8% of parents who smoke reported trying to quit and 47.2% modified their smoking behaviour as a result of the advertisement.

- **2015-16 1 in 2 smokers will die from a smoking related illness /You can quit, we can help** In 2015/16 the PHA launched a new anti- smoking PIC aimed at encouraging smokers to quit, based on the two strand approach using 'Why' and 'How' messages in line with NICE guidance.

The PHA campaign was initially launched in January 2016. The television advertisements 'I wish I was an actor' and 'I'm a 1', which ran as part of the campaign, were developed by the Health Service Executive (HSE) in the Republic of Ireland for their 'QUIT' campaign in 2014. The advertisements feature Gerry Collins. Gerry was one of three people who featured in the HSE's original QUIT campaign, telling his story of recovery from smoking-related throat cancer. In 2013, Gerry was diagnosed with terminal lung cancer. Gerry informed the HSE of his diagnosis and as a result a new phase of the QUIT campaign was developed. As part of the campaign a series of adverts were produced focusing on Gerry appealing to smokers to quit before it's too late. Sadly Gerry passed away before the last two sets of adverts 'Family' and 'Gratitude' were broadcast.

The HSE and Gerry Collins family kindly gave the PHA permission to use the 2014 QUIT campaign television adverts in NI. The first phase of the PHA campaign work which ran from January – March 2016 comprised television, video on demand, radio, outdoor and digital advertising.

- **2016-17 Gerry Collins Campaign** From May to June 2016 the PHA continued to run the Gerry Collins anti-tobacco information campaign utilising the series of adverts during May and June 2017. The second phase of the PHA campaign ran from September to October 2016 and again from January to March 2018.
- The January to March 2017 wave of the campaign saw the introduction of the 'Gratitude' TV advert.

The campaign was first evaluated in 2016 followed by a post campaign survey with a further 329 smokers. All respondents were shown the television advert 'I wish I was an actor', played the radio advert 'You can quit' and asked if they had seen or heard any of the advertisements. Overall 80.6% of smokers recalled at least one of the advertisements, with 73.6% having seen the TV advertisement and 43.8% having heard the radio advertisement. All smokers who recalled having seen or heard any one of the campaign advertisements were asked if they had done anything to change their smoking behaviour as a result of the advert Overall, 32.1% of smokers had changed their smoking behaviour as a result of the campaign with 15.1% trying to quit. Of those smokers exposed to the TV advert, 32.6% changed their smoking behaviour, and 35.4% of those smokers exposed to the radio advert changed their smoking behaviour.

In evaluation of the September to October period of the campaign, noted a high level of recall of the campaign advertising across all sample groups. Ex-smokers had an extremely high level of recall (90.7%), with smokers also having a high level of recall (84.6%).

- **2017-18** The PHA's anti – tobacco information campaign featuring Gerry continued to run during May and June 2017. Media advertising comprised of radio, television, video on demand, press outdoor and digital.
- **July to March 2017-18** Due to a reduction in campaign funding, no further mass media smoking campaigns were aired during this period. The PHA took this opportunity to engage with Pharmacy based providers (the largest service provider) to look at innovative and creative ways in which to promote and increase uptake of their service.
- **March 2019** Launch of a new identity for stop smoking services in NI which included a new website aimed at smokers wanting to quit and new resources promoting the new logo for all stop smoking services across NI.

A survey to measure campaign impact showed a high level of exposure with 74% of respondents able to recall at least one element of the campaign and 60% said the campaign would encourage them to think about stopping smoking. Visits to the refreshed stop smoking website spiked during March with over 7000 visits compared to the average 2500 visits.

- **September 2019** A mass media advertising campaign promoting free specialist stop smoking services will run from 9<sup>th</sup> September to 3<sup>rd</sup> November 2019. The advertising campaign includes TV, radio, outdoor and global advertising and will be supported with PR activity.

#### **Key Campaign Messages**

- You are up to 4 times more likely to quit smoking successfully with support from a stop smoking service.
- Stop smoking services are free and local to you.
- Find your local stop smoking service by going to [stopsmokingni.info](http://stopsmokingni.info).

The target audience is all adult smokers with particular emphasis on those thinking about quitting trying to quit without support.

	<p><b><i>Raising public awareness as to the harm caused by smoking, through traditional methods as well as exploiting new media such as face book, twitter etc.</i></b></p> <ul style="list-style-type: none"> <li>• While the mass media campaign aims to motivate smokers to quit, a further aim is to encourage people who wish to quit utilising a method most suited to the individual. The PHA offers a variety of educational and campaign support materials to provide information on the dangers of smoking. In addition, these resources provide advice and tips on how to quit and signpost smokers to support services that provide pharmacotherapy and counselling support.</li> <li>• Developments in technology mean that there are many new approaches to targeting potential audiences. Social media is increasingly used for access to a range of information sources including smoking cessation.</li> <li>• The PHA has developed new media outlets such as a face book page and a twitter account. This has provided additional support options for smokers in their quit attempts. The PHA has also taken the opportunity to trial a text based service and a free helpline but ongoing evaluation of the helpline and the SMS texting indicated low levels of use therefore both were suspended.</li> <li>• The newly launched website has been developed to support the smoker in their quit attempt, it has an up-to-date directory of services, it has videos and testimonials of inspiring real life stories about how quitting changed their lives for the better. Resources are available through it electronically or a Quit Kit can be ordered online.</li> <li>• The Quit Kit has been updated and relaunched in 2016 The Quit Kit is a postal pack support initiative aimed at smokers who wish to quit smoking, especially those who would prefer a self-help approach rather than use conventional support.</li> </ul>
	<p><b><i>Working with HMRC to combat illicit tobacco trade</i></b></p> <ul style="list-style-type: none"> <li>• A UK wide group, led by HMRC, and with Department of Health representation, continues to explore cross government ways of: <ul style="list-style-type: none"> <li>- Tackling the demand for Illicit Tobacco in the UK and</li> <li>- Cross government messaging to support health objectives across England, Scotland, Wales, and NI.</li> </ul> </li> </ul> <p>In particular, key messages regarding illicit tobacco are:</p> <ul style="list-style-type: none"> <li>- What is the real cost? Illegal Tobacco is not a victimless crime- it is often linked with other criminal activity and makes your local community less safe</li> <li>- Children and young people are key targets for the sellers of illegal tobacco, encouraging them to take up smoking and exposing them to crime.</li> </ul>

***Supporting the UK government in measures aimed at reducing prevalence e.g. by tax increases***

Action on Smoking and Health (ASH) is a public health charity that works to eliminate the harm caused by tobacco. ASH was established in January 1971 by the Royal College of Physicians. It is their role in Northern to work with the PHA and other statutory and voluntary organisations to:

- **To provide evidence based information and networking:** To develop opinion and awareness about the “tobacco epidemic”
- **To have an advocacy and campaigning role:** To press for policy measures such as tax increases that will reduce the burden of addiction, disease and premature death attributable to tobacco.

## Objective 2 – More smokers quitting

Target Group	Strategic Priority
General Population	<p data-bbox="316 344 1340 380"><b><i>Increasing the numbers of people accessing smoking cessation services</i></b></p> <ul data-bbox="316 416 1500 2027" style="list-style-type: none"> <li data-bbox="316 416 1500 649">• A number of national/regional standards and recommendations are set for stop smoking services. The National Institute for Health and Clinical Excellence (NICE) and the Ten Year Tobacco Control Strategy identifies that Stop Smoking Services should aim to reach 5% of the smoking population. Evidence shows combined pharmacotherapy and behavioural interventions to be the most effective mechanism to aid smokers to quit. In line with this evidence and as recommended by NICE the PHA commission specialist Stop Smoking Services.</li> <li data-bbox="316 703 1500 902">• The PHA commission a range of specialist stop smoking services from approximately 600 specialist stop smoking providers across NI. These services are designed specifically for those smokers who are motivated, ready to quit and prepared to set a quit date. These services are offered in a range of local settings including GP practices, community pharmacies, hospitals, workplaces /community/voluntary settings across Northern Ireland.</li> <li data-bbox="316 956 1500 1122">• These services offer intensive treatment, over the course of 6-12 weeks, with structured support being available for at least four weeks after the clients quit date. Overall, since 2001/02 the provision of specialist Stop Smoking Services in NI have supported over 283,000 individuals to stop smoking, with over 50% of these clients remaining quit a 4 weeks</li> <li data-bbox="316 1176 1500 1375">• Specialist Stop Smoking Services in NI are monitored centrally using a web based monitoring system. All service providers are required to input details of each individual client they register within the Stop Smoking Services. This web-based system allows the PHA to monitor access to and the effectiveness of services at both a regional and sub-regional level while also allowing each service provider to self-monitor their service uptake and impact.</li> <li data-bbox="316 1429 1500 1594">• The Stop Smoking Services are provided by specialist providers who have received specific training for this role in line with the new Regional Training Framework for Smoking Cessation. The services offer intensive treatment, over the course of 6-12 weeks, with structured support being available for at least four weeks after the clients quit date.</li> <li data-bbox="316 1648 1500 1915">• There has been a steady decline in service provision since its peak of 665 providers in 2013/14. The current 581 services are comprised of 47 GP providers, 437 pharmacies, 83 community providers and 14 hospital providers. Consistent with previous years, pharmacies delivered the highest proportion of services (75%). The number of GP providers continues to fall and, as in the previous year, there was a considerable decrease (-23%) in the number of GPs delivering the service in 2018/19 from 2017/18. There was an increase of 32% in the number of community providers delivering services in 2018/19 from 2017/18.</li> <li data-bbox="316 1933 1500 2027">• A total of 13,860 people set a quit date through the smoking cessation services in 2018/19. This is a decrease of 1,601 (10%) on the previous year. There has been a decline in the number of people accessing smoking cessation services over recent years.</li> </ul>



This decline in numbers is likely to be the result of a combination of factors and may be partly due to the increased use of e-cigarettes which are widely available outside of these services, and for some smokers it may be a step towards quitting smoking. This trend in decline of uptake may also be due to a continuing decrease in the overall numbers of people smoking in NI.

- This pattern of decline in uptake of services has also been observed in other regions of the UK, with England having an 13.8 decline in numbers, and Scotland seeing a 7.8% decline in uptake in 2018/19. However, Wales observed an increase of 5.5% in 2018/19 compared to 0.2% increase in 2017/18. 5.2% of all smokers within NI engaged with services in 2018/19, a decline of 0.8% from 2017/18. The service reach figure surpassed the 5% access reach as recommended within NICE guidelines and the Tobacco Control Strategy as in previous years.

There have been many innovative approaches to increase the number of smokers accessing services including:

- consultation with service providers and service users on how to improve the services;
- the roll out of brief intervention to as many groups as possible to trigger quit attempts;
- implementation of a revised training framework giving more opportunities for staff to train as stop smoking specialists;
- Each year the PHA reviews the geographical spread of service providers across NI by deprivation quintile and population density respectively. The greatest concentration of service providers is located in the most deprived areas or areas of highest population density;
- A pilot was carried out with 25 pharmacists across NI in partnership with HSCB and CPNI. These pharmacists received enhanced marketing packs, window displays, and promotional materials. Following this pilot the pharmacists were surveyed and an enhanced pack was developed for all pharmacies to help increase footfall to their services;
- Work with the Health Living Centre Network to provide stop smoking services in low socioeconomic areas;
- The PHA Quit Kits were redesigned and updated and made available free to smokers who wish to make a quit attempt, in addition they were provided to a number of Stop Smoking Service providers for NSD displays etc.
- **No Smoking Day** – Established in 1982 No Smoking Day works to support smokers who want to quit. Up until 2015 the British Heart Foundation was responsible for promoting and coordinating this event, each year they developed a new campaign. 'Proud to be a Quitter' was the focus of the last campaign that they supported in 2015.

No Smoking Day (NSD) usually falls on the second Wednesday in March each year. A wide range of events took place to motivate smokers to make a quit attempt, raising awareness of stop smoking services and the many sources of help available for quitters. From 2019 No Smoking Day has now been extended to cover the full month of March, giving smokers more opportunities to make a supported quit attempt.

The PHA provides the funding to purchase and oversees the distribution of NSD resources each year across the 5 HSCTs to support Trusts to deliver events and raise awareness of the effects of smoking and the availability of free stop smoking services.

- In May each year, the **Balmoral Show** is staged on the outskirts of Belfast catering for a wide range of interests and with an attendance of approx. 115,000 people. This offers an opportunity to engage with people from a wide range of socio-

	<p>economic groups and a large stand at a prominent position just inside the entrance doors means that the potential footfall is very large. Run over 3 days, the stand enables people to enquire about smoking – its effects and where help is available, for CO readings and to engage a range of age-groups with the Stop Smoking stand, carrying out prevention with younger children, and stopping smoking with teens and above.</p> <ul style="list-style-type: none"> <li> <b>Stop Smoking Bus Campaign</b> - The Public Health Agency launched a new smoking campaign in September 2013 which highlighted the support available to smokers and encourages smokers to make a quit attempt. The campaign, which tested positively with smokers, included TV, radio, press and online advertising and ran until the end of March 2014. The key campaign message was, 'If will you manage to quit smoking for 28 days, you're 5 times more likely to quit for good'. The TV ad depicts a smoker getting on a bus to begin their 28 day quitting journey with the help of support and advice. </li> </ul> <p>The pilot provided fully trained cessation staff to operate the service on the bus allowing smokers to drop in to obtain free advice and support to help with a quit attempt. The bus visited different venues for the duration of one month across various locations across NI.</p> <ul style="list-style-type: none"> <li> <b>Glass Box – Mobile Stop Smoking Service</b> <p>The Public Health Agency commissioned Cancer Focus NI to co-ordinate and deliver a pilot Mobile Stop Smoking Service (MSSS) for 10 weeks between March and May 2016. This service offered free stop smoking support (behavioural support and pharmacotherapy) in accordance with the National Institute for Health and Clinical Excellence guidance and NI Quality Standards. The service was delivered in three different locations in Northern Ireland (Antrim, Belfast and Newtownards) and was offered on the same day in each location on a drop in basis between 9am-5pm via a mobile unit.</p> <p>The MSSS was effective in supporting smokers to quit, achieving an overall 4 week quit rate of 67% (with a further four follow up to be completed).</p> </li> </ul>
	<p><b>Effectively promoting cessation services, including consideration of a single brand for all Health and Social Care (HSC) services</b></p> <ul style="list-style-type: none"> <li>To assist smokers in making a quit attempt, the PHA produces a selection of education resources. These are available through Pharmacies and GP practices, and the PHA website <a href="http://www.publichealth.hscni.net">www.publichealth.hscni.net</a></li> <li><b>New website</b> The PHA reviewed and updated the want2stop website in 2017. There was a need to adapt the site for mobile. The site needed to be slick and offer people good information on a clean and modern template. This review was timely as it allowed for the website to be relaunched under its new domain and for it to be designed with the new logo and branding.</li> <li><b>Pharmacy Correspondence</b> - the next prescription print run will feature the promotion of the stop smoking service.</li> </ul>
	<p><b>Ensuring effective referrals system across the HSC to smoking cessation services.</b></p>

- **Care Pathways and Electronic Care** - Clinicians working in almost all areas of medicine will see their patient's problems improved by quitting smoking, and that systematic intervention is a cost effective means of both improving health and reducing demand on NHS services. Smoking cessation is not just about prevention, for many diseases, smoking cessation represents effective treatment.

In order to incorporate smoking cessation into an effective treatment plan for secondary care patients who smoke the PHA commissions a smoking cessation referral pathway. This pathway has been incorporated into the Northern Ireland Electronic Care Record (NIECR).

Each health and social care organisation that a patient comes into contact with keeps a record on the patient. The NIECR has been introduced to bring together key information from health and social care records from throughout Northern Ireland in a single, secure computer system.

Having a NIECR (a 3 click system) smoking referral pathway to smoking cessation services will allow all patients who smoke to be referred to smoking cessation services in their local area and include a record of attendance at these services. This '3 click' smoking pathway is being piloted in the South Eastern Trust area and will then implemented across all of Northern Ireland.

- **Oral Cancer Referrals** -The PHA supported the cost of hiring a health promotion mobile unit from Cancer Focus, which is manned by local dentists to carry out oral screening in the car park of a local shopping centre. The HSCB covered the cost of the dental staff and the disposable mouth inspection kits. Cancer focus staff promote the service and provide smoking cessation advice and referral on to local stop smoking services where appropriate.

In addition to this programme the PHA supports dentists to refer to local stop smoking services or to establish in house stop smoking services.

***Expansion of brief intervention training to other professions***

- The main purpose of a brief intervention is to trigger a quit attempt and signpost the individual to a support service. It is an approach that can be used with all smokers regardless of their quitting intentions and is therefore a key tool for health professionals and community workers who may encounter smokers as part of their routine work. The technique used is based on the ASK, ADVISE and ACT scenario.
- Each year, the five health and social care trusts within NI are commissioned by the PHA to deliver brief intervention training for a range of health professionals and community workers. The annual training target of 2,080 is usually exceeded. At least half of the annual training target should be composed of a range of professionals who are considered to be in regular priority groups identified within the Ten Year Tobacco Strategy. Training is highly recommended for these professionals who include GP's, midwives, specialist nurses, practice nurses, health visitors and looked after children's home staff.
- Tobacco control, physical activity and safe levels of alcohol intake are key priorities of both the PHA and the DoH to fulfil their obligations to address the causes and associated inequalities of preventable ill health. There is an evidence base for brief interventions in these areas, working towards the concept of Making Every Contact Count (MECC) which encourages conversations based on behaviour change methodologies, empowering healthier lifestyle choices and exploring the wider social determinants that influence all of our health

Communication skills and underpinning behaviour change theory are common to all types of brief intervention; aspects of one behaviour area may impact on others. Individuals commonly have more than one area where behaviour could be healthier and operational efficiency to facilitate training for higher number of HSC staff and others to deliver brief interventions.

A generic brief intervention training programme did not exist within Northern Ireland for tobacco, physical activity, and alcohol. PHA therefore funded the development of a generic BIT course which was piloted to test effectiveness and reach across targeted groups. This programme has been running now since 2017.

In addition to this programme which is commissioned through QUB, there are online specialist courses, an update course available through Cancer Focus NI and a recently updated A-Z distant learning course in tobacco available for pharmacists.

**Monitoring effectiveness of stop smoking schemes elsewhere for consideration in Northern Ireland**

The reach of the Northern Ireland Stop Smoking Service compares favourably with the rest of the UK.

**2018/19**

UK Country	Uptake of services	4 week quit rate	Smoking Prevalence	Reach of Services
Northern Ireland	13,860	58%	18%	5.2%
England	236,175	52.4%	17.0%	3.1%
Scotland	51,078	38.7%	19%	5.9%
Wales	15,599	43.3%	17%	3.6%

The 4 week quit rate in NI remains consistent at around 58% - 59%. As in the previous year, NI has the highest 4 week quit rates when compared to the remainder of the UK.

**Inaugural Tobacco Control Conference** - the Services & Brief Intervention Work Stream, TSISG organised an Inaugural Tobacco Control Conference on Monday 18<sup>th</sup> November 2013 in Belfast. The aim of the conference was to share good practice, discuss key challenges and successful approaches to reduce smoking prevalence on an all-Ireland basis.

**Updating existing framework for training services**

- The original training framework for smoking cessation services was updated in 2014. Background work was undertaken to review the original *Training Framework for Smoking Cessation in NI (2003)* and a workshop was facilitated by the PHA to ensure engagement with and influence by stakeholders in updating the existing framework.

The purpose of the workshop was to:

- identify the knowledge and skills required for the delivery of high quality stop smoking services.
- to review the minimum standards for BIT and specialist stop smoking training.
- explore options around the models of delivery of a new training framework
- capture the views from a wide range of disciplines and organisations

The new training framework was published in October 2015 and was used in the tender process to award the training contract in 2017 to develop online specialist training and update training.

**Children & young people**

**Increasing awareness of specialist cessation services**

PHA has availed of press and media opportunities to provide information on the dangers of smoking and promote stop smoking support services. The PHA and HSCTs have promoted stop smoking services at venues such as Fresher weeks, pharmacy stop

smoking services within university campuses, school events, agricultural shows and No Smoking Day competitions. One example is listed below in a sports setting.

- **GAA smoke free touchlines** - One of the actions contained in the Tobacco Strategy Implementation Group Action Plan is to develop smokefree touchlines. In order to develop smokefree touchlines within GAA the PHA work with with the Healthy Club (HC) project. The HC project is a novel way of carrying out health promotion, striking a natural balance between the health agenda of Making Lives Better and the core business of the GAA club.

The HC project involves an innovative partnership with the HSE and Irish Life and is supported by Healthy Ireland, the Public Health Agency, and Sport Ireland. Phase 2 of the project commenced on the 20th of February 2016 and ran for the next 18 months. It involved a total of 60 clubs. The GAA's Community and Health section developed a Healthy Club Policy to position health on the working agenda of all clubs, as well as a Club Health & Wellbeing Manual proposing a suite of health promotion actions for clubs to implement, adhering to best practice. Clubs have already received Club Health & Wellbeing officer training (all clubs are encouraged to appoint such officers).

Following a consultation exercise with participating clubs, one of the main priority areas highlighted for action is tackling smoking. The Healthy Club project has developed a GAA Tobacco- free policy based on the recent Healthy Stadia/WHF tobacco-free stadia guidelines as well as a step by step Tobacco Free Action Plan.

The Healthy Club project is funded each year by the PHA and this funding is used to provide a *tobacco free package* to clubs by offering:

- Resources Training (brief intervention training)
- Promotion of quit services in the local area
- Graphic design and financial support for the tobacco- free signage for clubs

The PHA & GAA set a positive example for GAA members and de-normalise any association between the GAA and tobacco usage. This helps to protect members, visitors, and volunteers from the dangers of tobacco and SHS exposure and help towards reducing the initiation of smoking amongst young people in particular.

- **Youth focused smoking reduction and awareness campaign.**

The PHA currently commission Cancer Focus NI on a Central Service contract to deliver stop smoking services to key priority groups, engage smokers through promotion activities and campaigns like No Smoking Day and they are also commissioned to deliver a smoking prevention programme to primary school children.

Presently, in Northern Ireland 4% of children and young people in the population smoke. The target set in the Ten Year Tobacco Strategy is to reduce this to 3% by 2020.

Cancer Focus NI Central Service contract was enhanced to roll out youth focused smoking reduction and awareness campaign aligned to No Smoking Day regarding anti-smoking, engaging children is discussion, debate and learning that will result in key and important messages about saying no to smoking to avoid

	<p>the unnecessary health risks associated with smoking. Celebration events took place to identify a winning poster and PR promoted the initiative.</p> <ul style="list-style-type: none"> <li>• The aim of this initiative was to help reduce the number of children that may start smoking and increase awareness among the children of the negative effects of smoking through running a poster competition for schools across NI.</li> </ul>
	<p><b><i>Undertaking research to determine how to increase the uptake of cessation services by young people</i></b></p> <p>In 2012 the Public Health Agency commissioned qualitative research to explore attitudes, knowledge and behaviours of smokers aged 16-24 in relation to smoking. The research highlighted that a public information campaign would have limited impact on this audience for the following reasons:</p> <ul style="list-style-type: none"> <li>- There was an awareness of the health effects of smoking and while they acknowledged some risk, the majority did not accept that they were relevant. Many had experience of smoking within their family circle and this experience was often used to dismiss campaigns focusing on health “my granny smoked until she was 77”. There was also a belief that a smoking related illness could happen to a non-smoker. Some had experience of family and friends who smoked all their lives and lived to 70 or 80.</li> <li>- While some felt that focusing on looks was relevant, others dismissed it because it only happens when you are much older and everybody ages.</li> <li>- The majority would like to quit but ‘not right now’. Key reasons for not wanting to quit were they enjoy it, not ready, don’t see it as a problem, don’t like being told what to do, nothing wrong with their health and their friends/family smoke which would make it more difficult to quit.</li> <li>- The research highlighted the influence of family on smoking behaviour, in terms of taking up smoking and in continuing to smoke; it was felt that campaign resources would be more effective if targeted at parents/adult smokers as role models to children and young people. Parental smoking not only increases the likelihood that their child/children will smoke but also influences their continued smoking activity.</li> <li>- To explore the influence of household smoking further a small number of questions were included in the 2012 post campaign evaluation to look at knowledge of the health impacts of smoking and the quitting intentions of smokers who are parents.</li> </ul> <p>Some key findings included:</p> <ul style="list-style-type: none"> <li>- 81.8% of smokers grew up in a household where someone smoked in comparison to 54.4% of non-smokers.</li> <li>- A series of statements on the health impacts of smoking, were provided to respondents to test believability and respondents’ views on their ability to motivate smokers to stop smoking. The statements relating to the health effects and influence of smoking on children were felt to be the most believable in comparison with other statements.</li> </ul>

	<ul style="list-style-type: none"> <li>- Quitting intentions were also higher among those smokers who are parents - 45.2% of smokers who are parents tried to quit in the past versus 35.3% for smokers who aren't parents.</li> </ul>
	<p><b><i>Considering how to address particular needs of children in care and young offenders, amongst whom smoking prevalence rates are higher</i></b></p> <ul style="list-style-type: none"> <li>• In December 2013 a discussion paper was written by PHA Health Intelligence 'Smoking Cessation Services in Schools' to look at ways to address smoking in young people. The paper acknowledged that there is an urgent need to prevent uptake of smoking in youth – who become addicted to nicotine very quickly &amp; continue to smoke into adulthood. (nearly 2/3 of smokers started before 18 years) Smoking prevalence amongst NI youth in 2013 was at 8%.</li> <li>• Bespoke services developed for young people in care and their carers by the local HSCTs</li> <li>• Prison and young offender services are offered in house stop smoking services across Northern Ireland.</li> </ul>
<p><b>Disadvantaged adults</b></p>	<p><b><i>Increasing cessation rates amongst manual workers and those with mental health issues, taking into consideration the particular needs of these groups</i></b></p> <ul style="list-style-type: none"> <li>• <b><i>Workplace stop smoking services</i></b> – Smoking prevalence in Northern Ireland is now recorded at 18% of the adult population but smoking is much more common among manual workers currently the prevalence of this group is 27%. Using the workplace setting to encourage and support people to quit smoking helps ensure: <ul style="list-style-type: none"> <li>- Better health for your workforce (smoking remains the UK's number one cause of preventable illness and premature death, killing half of long-term smokers).</li> <li>- Increased productivity and reduced absence due to sickness (smoke breaks and additional sick leave taken by smokers are costing UK businesses £8.7 billion annually in lost productivity)<sup>i</sup></li> <li>- Improved staff morale and a good corporate image.</li> </ul> <p>In order to promote key messages re smoking to workplaces that include routine and manual workers, resources to support the 28 day workplace stop smoking challenge were purchased by the PHA and a consistent approach to the development of a workplace model across NI was established.</p> </li> <li>• <b><i>Mental Health</i></b> – In 2013 the PHA provided additional funding recurrently to the five HSCTs. This funding was used to assist Trusts to further develop their stop smoking services and create or enhance integrated care pathways within their maternity services, mental health services, patients receiving treatment for long term conditions or cancer and pre-op patients.</li> </ul> <p>In addition the provision of Brief Intervention Training (BIT) for key HSC staff was increased on an annual basis to a point where all key staff groups are trained to refer to services.</p>



	<p>The purpose of this dedicated stop smoking support was to encourage an increase in the uptake and increased quit rates (minimum of 45% at four week follow up) among these groups. The results of these programmes are monitored on a quarterly basis and reported to TSISG. In 2018/19 Trust Stop Smoking Services reported 314 out of 2986 priority group uptake was from mental health services (10.5%). The 4 week quit rate for mental health patients was 51% (the quit rate for all priority groups was 60%).</p> <p><b>LGB&amp;T</b> – Adult smoking prevalence in NI is now at 18% but a survey commissioned by Rainbow in 2012 to investigate substance use in Northern Ireland’s LGB&amp;T communities identified some statistics in relation to tobacco use. The All Partied Out? (APO?) report published the key findings as follows:</p> <ul style="list-style-type: none"> <li>- A total of 44% of LGB&amp;T respondents to the survey smoke cigarettes compared to 24% (prevalence at the time) of people in Northern Ireland as a whole.</li> <li>- Transgendered people were more likely than all survey respondents to smoke cigarettes regularly (32% v 27%).</li> <li>- 69% of LGB&amp;T people who smoke want to quit.</li> </ul> <p>In the light of this evidence, it was considered imperative that stop smoking projects were targeted at LGB&amp;T populations to reduce this substantive health inequality.</p> <p>A subsequent pilot project, coordinated by Rainbow in partnership with Cara-Friend and HEReNI, was to work towards reducing smoking prevalence amongst LGB&amp;T individuals. The pilot project had difficulties in recruiting clients though the project was extended for an additional year. The project has now been completed and evaluated, the main finding is that in house support provided by members of Rainbow did not result in quit rates as high as those in generic services.</p>
<p><b>Pregnant women and their partners who smoke</b></p>	<p><b><i>Increased signposting to cessation services for pregnant women and their partners who smoke.</i></b></p> <p>Smoking in pregnancy carries specific risks for the pregnant woman and child. Reducing smoking in pregnancy is a specific target of the Tobacco Strategy and has also been recommended by the Royal College of Physicians (2010) and ASH (2013).</p> <ul style="list-style-type: none"> <li>• NICE has recommended the actions that should be taken by the HSC system to reduce smoking in pregnancy. Part of this guidance is to ensure carbon monoxide monitoring is undertaken on all pregnant women and that both the women and their partners are encouraged and supported to stop smoking and avoid second hand smoke.</li> <li>• The Outcomes Delivery Plan (ODP) for Northern Ireland (previously Draft PfG) has included a scorecard for smoking in pregnancy. The PHA gather key data required to meet the ODP target on smoking and pregnancy and reporting requirements</li> <li>• In addition to this all pregnant women are asked if they smoked before their pregnancy, for those who did smoke, did they quit when their pregnancy was confirmed.</li> <li>• All pregnant women now have their carbon monoxide levels measured in their booking clinic/ante natal care (though they can refuse). All smokers and their partners are advised to stop smoking and are referred to Stop Smoking services The programme has almost 100% compliance rates see tables below. From 2019 this programme will be extended ie pregnant women who had a positive carbon monoxide reading at booking clinic will be asked to undertake a further carbon monoxide</li> </ul>

reading after the birth before they are discharged from hospital. The additional data collected will be entered on the NIMATS system. Midwives receive Brief Intervention Training to facilitate them in undertaking this work.

**Cumulative totals since 1/9/2016:**

<b>01/09/16-14/06/19</b>	<b>Total booked</b>	<b>Total recorded</b>	<b>Not tested</b>	<b>Patient refused</b>	<b>0-4ppm</b>	<b>5-10ppm</b>	<b>&gt;10 ppm</b>
<b>RJMS</b>	15572	14695	9	10	12128	1409	1139
<b>Altnagelvin</b>	7876	6767	55	4	5670	630	408
<b>Antrim</b>	8527	7193	88	27	5728	897	453
<b>Causeway</b>	3354	2949	25	5	2169	442	308
<b>Southern Trust</b>	16154	14601	31	0	12938	1012	620
<b>Downe</b>	933	780	2	0	662	65	51
<b>Lagan Valley</b>	1920	1657	2	1	1465	107	82
<b>SWAH</b>	4156	3577	14	1	3194	220	148
<b>Ulster</b>	11805	9598	16	8	8425	706	443

***Consideration of incentive schemes to encourage pregnant women to quit smoking***

- The PHA is currently working with QUB on a research proposal - Develop and pilot pregnancy incentives research in conjunction with research currently ongoing through University of Sterling//CoE at QUB.
- It is anticipated that the results of the study will be available December 2020.

***Improved postnatal support for pregnant women and their partners to help them stay off smoking after the birth of their baby***

- The extension of the NIMATS Project (as discussed above) to review the pregnant women who had a positive carbon monoxide reading at booking clinic by undertaking a further carbon monoxide reading after the birth before they are discharged from hospital will improve postnatal support for pregnant women and their partners to remain smokefree or referral back to the support of local stop smoking services.

### Objective 3 – Protecting people from tobacco smoke

Target Group	Strategic Priority
<b>General Population</b>	<p><b><i>Further awareness raising around harm caused by exposure to secondhand smoke in areas not covered by smoke-free legislation</i></b></p> <p>The strategy included a call to HSC Trusts to work towards smoke-free sites to send out a message that every visit to HSC is an opportunity to promote and improve people’s health.</p> <p>In Northern Ireland the Western HSCT became the first Smoke Free HSC Trust in Northern Ireland on the 12th March 2014, National No Smoking Day.</p> <p>In July 2014, the Chief Medical Officer wrote to the Chief Executives and Directors of HR in all of the HSC Trusts across Northern Ireland, acknowledging the progress made by the WHSCT and urging similar progress across all Trusts in Northern Ireland.</p> <p>Further to this, on No Smoking Day, 11th March 2015, the Health Minister announced smoking will not be permitted in the grounds of any HSC Trust facility from March 2016.</p> <p>Implementing a smoke free HSC has not been an easy task, the PHA has supported the Trusts over the past 3 years in this cultural change with resources and funding.</p>
	<p><b><i>Increased compliance with the ban on smoking in work vehicles legislation</i></b></p> <ul style="list-style-type: none"> <li>The PHA continues to commission local councils each year to carry out a programme of enforcement work across Northern Ireland monitoring of the above legislation, activities include the targeting of workplaces with large number of work vehicles. A summary of Fixed Penalty Notices (FPNs) issued in relation to vehicles is included at Appendix 8</li> </ul>
	<p><b><i>Encouraging organisations to voluntarily expand their smoke-free areas</i></b></p> <ul style="list-style-type: none"> <li>Some of the Councils have been preparing to move towards smoke free parks and smoke free grounds of leisure centres.</li> </ul>
<b>Children &amp; Young people</b>	<p><b><i>Consideration of legislation banning smoking in cars</i></b></p> <ul style="list-style-type: none"> <li>Consideration has been given to this area of tobacco control; a consultation process has taken place relating to banning smoking in cars, the consultation lasted for 6 months during 2017.</li> </ul> <p>The consultation responses have now been analysed and a summary of the responses are available on the Department’s internet site. Regulations will be introduced subject to the necessary approvals and debate by the NI Assembly. Draft guidance for enforcement is being prepared at present.</p>

<sup>i</sup> Ash information-and resources fact-sheets