

This is an Easy Read summary of a detailed report developed by the Institute of Public Health for the Department of Health in Northern Ireland. [Click here](#) to access the main report and other details of the strategy review.

What is the Ten-Year Tobacco Control Strategy?

In 2012, the Department of Health introduced the Ten-Year Tobacco Control Strategy. It aims to:

- Have fewer people starting to smoke
- Help more smokers quit
- Protect people from second-hand smoke.

The main parts of the strategy are: public information campaigns and intensive Stop Smoking programmes. The strategy is backed up by laws on tobacco advertising and packaging.

The mid-term review of the strategy

In 2018, the Department of Health carried out a mid-term review of the 10-year strategy. It asked the people and organisations involved (the stakeholders) for their views. It wanted to know what they thought of the strategy so far and what changes could make it more effective for its remaining years.

Using a workshop and online survey, the Institute of Public Health consulted people involved in planning, organising and carrying out the strategy. This work also included an evidence review which is reported in another easy read document.

Stakeholders consulted included doctors, nurses, pharmacists, members of community and voluntary groups, Health and Social Care Trusts, and staff from the Department of Health and the Public Health Agency. The mid-term review also used surveys by the Public Health Agency between 2013 and 2018 among people who ran the pharmacy-based Stop Smoking programmes and smokers who took part in them.

How well is the Tobacco Control Strategy working?

Stakeholders agreed there were some positive trends:

- Smoking was becoming less acceptable
- Fewer children and young people were starting to smoke
- More people were obeying anti-smoking laws.

However, they reported that Stop Smoking campaigns had led many smokers to cut down rather than give up. Fewer smokers were now using Quit Kits and the reasons were unclear. They noted take-up had fallen by nearly 75% between 2013 and 2018, especially among men.

Which factors did stakeholders see as helping the strategy to succeed?

- **Public awareness campaigns** have helped some people to quit and others to reduce the number of cigarettes they smoked. Some smokers and ex-smokers said they remember TV campaign messages better than those on radio, in print or online.
- **School and college** projects may have helped prevent young people from starting to smoke and support people who are trying to stop.
- **Stop Smoking programmes** have become better known and easier to take part in. Health and Social Care Trusts worked closely with doctors, nurses and pharmacists to provide Stop Smoking services in both communities and hospitals. In 2017, one in five smokers said they had signed up to Stop Smoking programmes.
- **Legislation** has created smoke-free areas, banned display of cigarette packets at the counter in shops and introduced plain packaging with picture warnings and no branding. Shops have become more aware of the laws, owing to the Tobacco Register (for anyone who sells tobacco) and test purchasing (where environmental health officers check whether shops sell tobacco to young people without asking for proof of age).

What factors did stakeholders see as challenging?

- **Rise of e-cigarettes:** People noted there were challenges in how to deal with the use of e-cigarettes – from developing policy and laws, to providing Stop Smoking services. Some feared that e-cigarettes might make smoking seem more acceptable, particularly among vulnerable groups like children.
- **Underpowered campaigns:** Some stakeholders thought Stop Smoking campaigns should be more frequent and intense.
- **Lack of political leadership:** The absence of the Northern Ireland Assembly had delayed laws being passed, such as banning smoking in private cars (to reduce children's exposure to second-hand smoke), increasing smoke-free areas in prisons, and combatting the supply of illegal tobacco.



- **Unequal effects:** The Strategy had failed to reach many of the people who needed them, such as people with less money.
- **Limited resources:** Some stakeholders noted the difficulties of organising and running Stop Smoking campaigns with limited resources. Some suggested extra funding was needed to help particular groups of smokers, such as those in the LGBTQ+ community, people in some geographical areas, and people with mental illness.

What else would help to achieve the goals of the 10-year strategy?

Suggestions for practical ways to help people stop smoking included:

- Offering people on the Stop Smoking programmes support by email, text, mobile app and group chat
- Improving ways for GPs and other healthcare providers to refer smokers to pharmacy-run Stop Smoking services
- Extending the current 12-week Stop Smoking programmes.



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