Mid-Term Review of the Ten-Year Tobacco Strategy for Northern Ireland

Stakeholder Engagement Report

Institute of Public Health

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A report prepared by the Institute of Public Health for the Mid-Term Review Group
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1 Executive Summary

Executive Summary

1.1 Background

The Department of Health undertook a mid-term review of the Strategy with a view to making recommendations for its remaining term.

There were three strands to the review including progress reporting on strategy actions, evidence review, and stakeholder engagement. This report presents findings relating to stakeholder engagement.

1.2 Methods

The stakeholder component of the report was based on three data sources:

- A workshop with lead implementation stakeholders which included policy and programme leads from the Department of Health and the Public Health Agency (PHA) as well as those with lead roles in service commissioning, management and service provision as well as advocacy and research sectors.
- An online survey of a wider group of implementation stakeholders.
- An overview of stakeholder engagement reports developed by the Public Health Agency during the term of the *Strategy*.

1.3 Insights from implementation stakeholders – factors supporting progress

1.3.1 Denormalisation and childhood smoking

Stakeholders reflected on the success of the *Strategy* in tackling the appeal, accessibility and affordability of tobacco and a consistent downward trend in smoking uptake among children and young people.

Stakeholders referred to ongoing positive shifts in public attitudes, perceptions and social norms driven by public awareness campaigns, legislation, education-based initiatives and the ongoing dilution of visibility for tobacco promotion.

1.3.2 Smoking cessation service developments

Stakeholders reflected on the quality of the smoking cessation service, in particular on the accessibility dimension achieved through a structured arrangement with community-based pharmacists.

Stakeholders considered improvements made through the *Strategy* on service pathways and enhanced collaborative working on delivery models.

Participants perceived positive impacts resulting from a wider profile of smoking cessation services particularly in Health and Social Care Trusts and via networks of skilled providers including local GPs, nurses and pharmacies. Stakeholders referred to a wider profile of cessation services and staff knowledge on brief interventions, particularly in primary care as well as the expansion of specialist stop smoking services into acute care.

1.3.3 Legislation

Stakeholders identified the ongoing success in compliance and enforcement with smoke free legislation as well as developments emerging from banning point of sale advertising

(2015) and standardised cigarette packaging (2016). Test purchasing and the retail tobacco register were credited as having created increased awareness among retailers regarding legislation enforcement.

1.4 Insights from implementation stakeholders – factors hindering progress

1.4.1 Response to rise in use of e-cigarettes

Participants reflected on the challenges in agreeing, articulating and delivering a coherent response to the rise in the use of e-cigarettes. This issue occurs at the policy and legislative level as well as at the coalface of stop smoking service delivery and enforcement. There were concerns that e-cigarettes could be contributing to a re-normalisation of smoking especially for vulnerable groups like children.

1.4.2 Resourcing

Stakeholders reflected on the impacts of underpowered public awareness and engagement campaigns in terms of intensity (i.e. the frequency and 'dose' of campaign funding). Securing additional resources to address inequalities in smoking among disadvantaged or high use groups including those with mental illness, the LGBT+ community, and certain geographic communities were also mentioned.

Challenges were raised surrounding the burnout among those charged with driving and delivering the *Strategy* and system issues related to limited resources.

1.4.3 Legislation and political leadership

Implementation stakeholders reflected on the absence of the Northern Ireland Assembly as a major barrier to a progressive tobacco control legislative agenda as well as a loss of momentum at the political level. It was perceived that it has resulted in diminished leadership in progressing regulatory approaches to combat illicit tobacco and extend smoke free regulations to prisons. The example was raised around failure to enact legislation aimed at reducing children's exposure to secondhand smoke in private vehicles, emphasising concerns about "falling behind the rest of the UK".

1.4.4 Inequalities – an ongoing challenge

Ongoing challenges remain with making progress on of the *Strategy's* priority groups who continue to demonstrate high smoking rates in the region:

- routine and manual workers
- pregnant women and their partners

There is a need to better support policy and programme leads in selecting the best investments to make in enhancing the reach of services.

More smokers responded to the stop smoking messaging and signposting by reducing the amount they smoke rather than making a quit attempt, with a shift from regular to occasional smoking at population level.

Concerns were raised that there remains an incomplete understanding of the reasons behind the decline in the use of Quit Kits and formulation of a response to this decline.

1.5 Summary of insights from stakeholder engagement undertaken by the Public Health Agency

The Public Health Agency (PHA) undertook a series of stakeholder engagement work between 2013-2018, which engaged service users as well as with pharmacy 'Stop Smoking' service providers. The insights from PHA engagement activity are presented in Table 1.

Table 1. Summary of insights from stakeholder engagement

Topic	Year	Stakeholder	Insights
Evaluation of the PHA Smoking Campaign; January – March 2017	2017	Smokers and ex-smokers	Recall of the campaign advertisements: 80% (TV); 47.7% (radio); 33.3% (print media) 18.3% (online). Of those who reported a behaviour change as a result of exposure to the campaign (26% of all respondents), most attempted to reduce the numbers of cigarettes smoked.
Promoting pharmacy based 'Stop Smoking' services	2018	Pharmacy 'Stop Smoking' service providers	Pharmacists suggested improvements to services that appealed to intrinsic/ extrinsic motivators for smokers such as self-assessment options; calendars; mobile applications; improved referrals/recruitment channels from GPs; and other healthcare professionals.
Branding workshop - 'Stop Smoking' services logo focus groups	2018	Smokers and ex-smokers	Some respondents considered the timeline of the 12-week timeline of the 'Stop Smoking' programme to be too short. Other suggestions to improve services included email support; group chats; text services; and the introduction of a mobile application.
Quit Kit snapshot reports	2013-2018	Smokers	The average numbers of Quit Kits ordered has substantially declined over the years from 8,021 in 2013/14 to 2,324 in 2017/18. From 2013/14 women ordered Quit Kits more frequently than men.
A fieldwork exercise to explore the approaches favoured by smokers to discuss and support their quit attempts	2017	Smokers	1 in 5 smokers said they had accessed the 'Stop Smoking' Services

2 Introduction

The Department of Health undertook a mid-term review of the *Ten-Year Tobacco Control Strategy for Northern Ireland* with a view to making recommendations for its remaining term.

There are three strands to the review:

Comprehensive Evidence Review
Progress Reporting on *Strategy* Action
Stakeholder Engagement

This report presents findings relating to stakeholder engagement. The report presents views and experiences of implementation stakeholders and considers implications for future delivery of the *Strategy*.

Stakeholder engagement yielded important insights on the potential reasons behind successes and failures in implementation. This work sought to explore the 'black box' of implementation. Other components of the review address the questions of whether the *Strategy* goals and actions were completed as planned and whether progress was achieved at population level in reducing smoking and exposure to second-hand smoke.

The report has been prepared for the Review Group responsible for overseeing the Mid-Term Review.

3 Methods

Methods

The report presents findings from three sources:

- A workshop with lead implementation stakeholders.
- An online survey of a wider group of implementation stakeholders.
- An overview of stakeholder engagement reports developed by the Public Health Agency during the term of the *Strategy.*

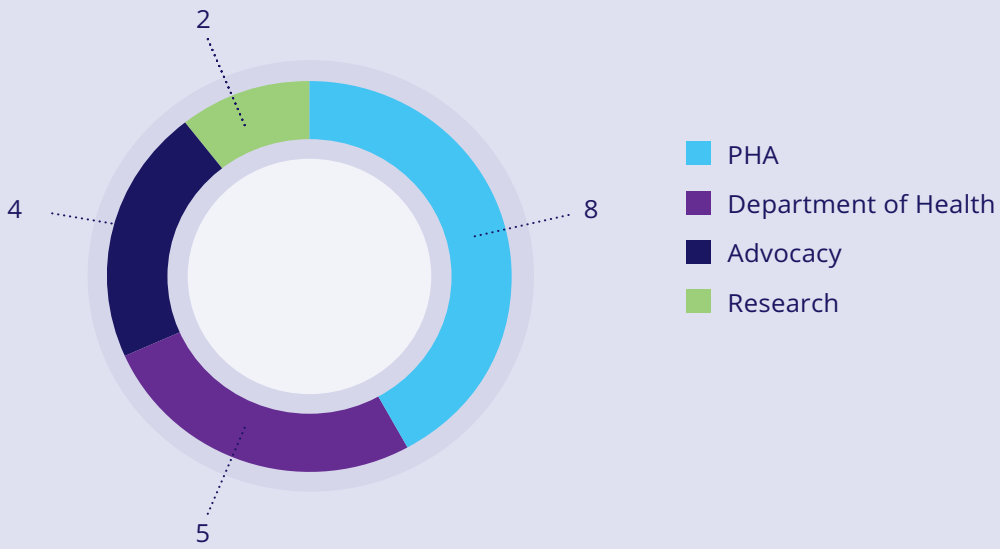
3.1. Workshop methods

A two-hour workshop was designed to elicit stakeholder views on key dimensions of *Strategy* implementation. The workshop was structured to gather feedback on the high-level *Strategy* goals and objectives. Members of the Tobacco Strategy Implementation Steering Group (TSISG) and its subgroups were invited.

The workshop was designed, delivered and facilitated by the Institute of Public Health (IPH) in Belfast on 11 December 2018.

Participants included policy and programme leads from the Department of Health and the Public Health Agency (PHA) as well as those with lead roles in service commissioning, management and service provision. In addition, representatives from community and voluntary sectors attended, as did representatives from the tobacco control research and academic community. *Figure 1* presents an overview of the representation at the workshop.

Figure 1. Organisational representation of workshop participants ***n*** **= 19**



The workshop was divided into two sections:

- Looking back - implementation of the tobacco *Strategy* so far
- Looking forward - what should happen next

The workshop findings were analysed and outputs compiled into a short 'rapid feedback' report which was sent to all participants in January 2019 to correct any inaccuracies in interpretation. The final workshop outcomes are incorporated into this report.

3.2 Online survey methods

The purpose of the survey was to gather feedback from a wide range of stakeholders who have been involved in the delivery and implementation of the *Strategy*. In addition, the questionnaire provided an opportunity to reach those stakeholders who were unable to participate in the workshop in December 2018.

A questionnaire was developed by IPH with input from Department of Health and the PHA tobacco control leadership. The questionnaire was piloted with a small group of implementation stakeholders before wider distribution to the stakeholder group.

The questionnaire was distributed by the PHA on 15 March 2019 with a response window of three weeks and a defined follow up protocol.

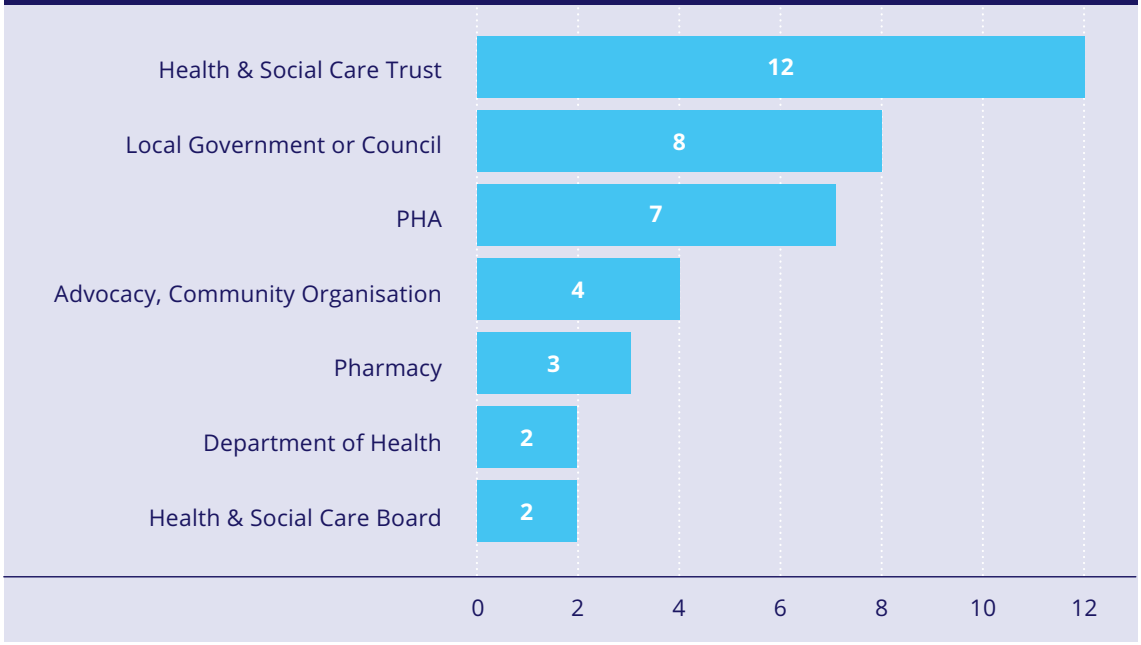
Table 2. Distribution of online questionnaire

Stakeholder group	Estimated sample size	Contact method
PHA (includes): Operations Lead, Strategy Lead, Health and Social Wellbeing Leads	5	Email
Health and Social Care Trusts	37	Email
Pharmacy	281	Elite Intranet
GPs	507	Elite Intranet
Tobacco Enforcement Officers and Managers in the District Councils	7	Email
Action on Smoking and Health membership list (includes): • Department of Health • Cancer Focus • Action on Smoking and Health • Healthy Living Alliance • Health Improvement Policy • Health and Social Care Board • Midwifery	18	Email
Total Estimated Sample Size:	617	

Total response rate was 75. After data cleaning, the sample size reduced to 38. The criteria for inclusion were that participants had completed any questions relating to the evaluation of the *Strategy*.

Respondents from Health and Social Care Trusts and local governments and councils comprised the highest proportion of survey respondents. *Figure 2* presents an overview of the questionnaire participants.

Figure 2. Organisational representation of survey respondents *n* = 38

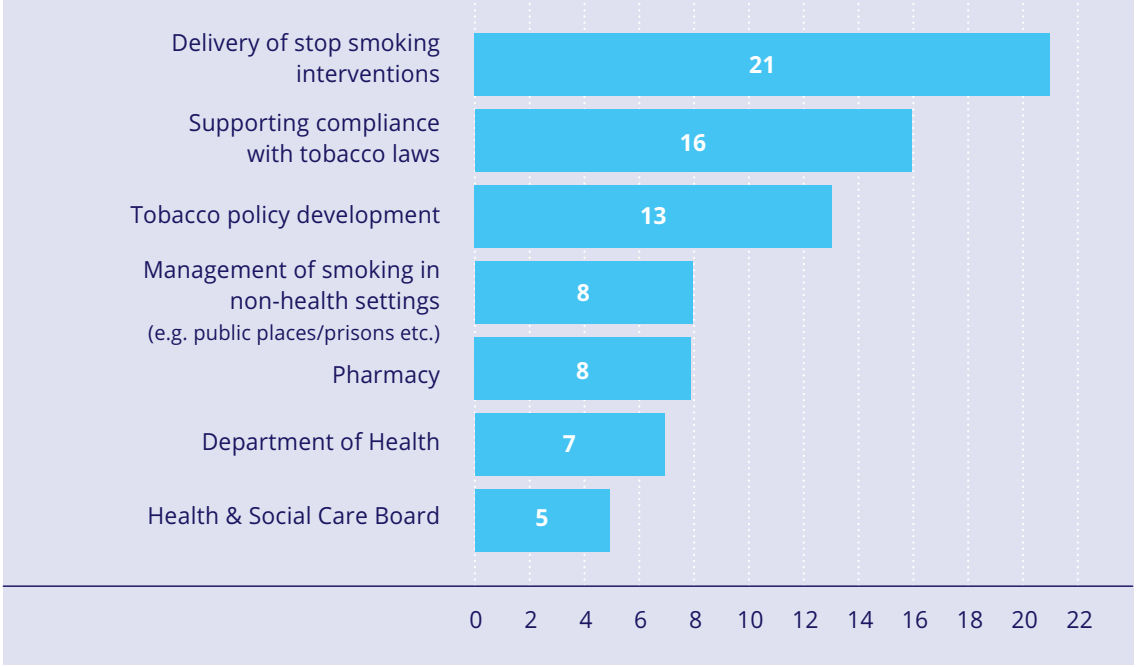


Representation was achieved from parties involved at both strategic and operational level. Most respondents reported some direct involvement in providing or delivering smoking cessation services. There was significant representation from respondents involved in enforcement of tobacco control legislation. However, there is a small sample size and an under-representation of the 'middle tier' in relation to those involved in service commissioning and management as well as 'coalface' implementation stakeholders in general practice and pharmacies.

Around half of the respondents reported their implementation responsibility was for Northern Ireland as a whole, while the other half was equally split between those who said their responsibility was at the level of health and social care trusts and local government districts or councils.

Figure 2a presents an overview of the roles and responsibilities of survey respondents. As respondents were permitted to tick multiple categories, the total exceeds the sample size.

Figure 2a. Roles and responsibilities of survey respondents *n* = 78



4 Findings – perspectives on implementation so far

Findings – perspectives onimplementation so far

This section presents combined insights from the workshop feedback and the survey responses

The findings are presented according to the Strategy's strategic goals and priority populations. There are four sections:

4.1 Helicopter view of successes and challenges.

4.2 Implementation perspectives on the *Strategy* goals.

4.3 Implementation perspectives on the priority population groups.

4.4 Perspectives on the future.

4.1 Helicopter view of successes and challenges

4.1.1 What three areas within the Strategy have been the most successful?

Reduction in smoking rates especially among children and young people

There was a clear recognition of the overall decline in smoking rates during the term of the *Strategy* among children and young people. Both the workshop and survey responses considered this reduction to be as at least partially attributable to the *Strategy* focus on addressing the appeal, accessibility and affordability of tobacco. In terms of the reductions in adult smoking rates, the quality of the smoking cessation service alongside the improvements in service pathways were perceived as the major contributors to declines in adult smoking. Enhanced staff knowledge around brief interventions and the ongoing development of high-quality smoking cessation services alongside better collaborative working on delivery models were highlighted.

Tobacco control legislation including enforcement

Ongoing high levels of compliance with smoke free legislation were highlighted. Participants perceived positive impacts from the roll out of smoke free legislation as well as banning point of sale advertising (2015) and standardised cigarette packaging (2016). Survey respondents perceived that legislative developments and commitment to compliance has delivered tangible impacts including reducing smoking rates for children and young people and contributed to denormalising tobacco use in society.

Increased public awareness and engagement

Respondents referred to the overall growth in awareness of the risks of smoking and secondhand smoke exposure. Respondents perceived that changes in public attitudes and perceptions and social norms were driven by public awareness campaigns, legislation and the ongoing dilution of visibility for tobacco promotion and advertising. Implementation stakeholders referred to Northern Ireland datasets, personal experience and the international evidence-base to reinforce the returns from investment in public awareness campaigns to drive engagement with stop smoking services.

4.1.2 What three areas of the Strategy have been the most challenging?

Clarity around the role of e-cigarettes

Responding to the rise in use of e-cigarettes, and developments in the retail of these products was an experience that implementation stakeholders found challenging. The challenge was recognised at policy and legislative level as well as at the coalface of stop smoking service delivery and within the delivery of environmental health services and enforcement. Some respondents expressed concern that e-cigarettes could be contributing to a re-normalisation of smoking especially for vulnerable groups like children. Others reported the challenge of providing the best possible advice to service providers and users on the potential effectiveness and harms of using e-cigarettes both in the context of a quit attempt and in harm reduction. Stakeholders were seeking enhanced clarity and better communication, and expressed a need for structured support processes like training and practice development.

Stasis on progressive legislation

Respondents raised concerns that insufficient progress was being made in protecting vulnerable groups from secondhand smoke. The lack of progress enacting legislation for reducing children's exposure to secondhand smoke in private vehicles was highlighted as an issue for Northern Ireland with concerns about "falling behind the rest of the UK". Some stakeholders perceived both an information gap and diminished leadership in progressing regulatory approaches to combat illicit tobacco and extend smoke free regulations to prisons. The absence of a political structure and the Northern Ireland Assembly was perceived as a major barrier to a progressive legislative tobacco control agenda. Respondents referred to a sense of loss of momentum at the political level. Others noted emerging issues of disillusionment and burnout for those carrying the statutory tobacco control agenda with limited resources.

Reach of the stop smoking service to target groups

The challenge of inequalities in tobacco use and harms in Northern Ireland was raised. It was perceived that the *Strategy's* priority groups (routine and manual workers as well as pregnant women and their partners) continue to demonstrate high smoking rates. Respondents emphasised the difficulty of overcoming barriers to quitting for socially disadvantaged smokers including aspects of personal support and self-efficacy as well as limited capacity of stop smoking services to address hard to reach communities.

Service providers called for further support to connect with target communities. Policy and programme leads perceived a need for more direction in selecting the best investments to make in enhancing the reach of the service. Participants reflected on the challenges of securing additional resources to address inequalities in smoking among disadvantaged or high use groups including those with mental illness, the LGBTQ+ community, and certain geographic communities.

4.1.3 Thinking about returns on investment of time and resources what would you say has been the best buys of the Strategy implementation so far?

Legislation and enforcement of tobacco regulations

Participants perceived that the enactment and commitment to enforce tobacco legislation had been a best buy of the *Strategy*. The provision of smoking cessation services offered in pharmacies and a variety of specialist services offered in primary and secondary care were also highlighted as a high value return on investment.

Development of smoking cessation services

Investments made in designing, delivering and evaluating a comprehensive stop smoking service were named as a best buy of the *Strategy*. Health service improvements such as upskilling and training of midwives and nurses, enhanced community pharmacy services, as well as the introduction of specialist services into acute care were highlighted. An increased focus on addressing chronic disease within health and social care was highlighted as a parallel positive programme development with synergies delivered in lessening the burden of chronic long-term conditions and co-morbidities caused by smoking. Among pregnant women who smoke the roll-out of carbon monoxide monitoring was named as particularly beneficial.

4.2 Implementation perspectives on the *Strategy* goals

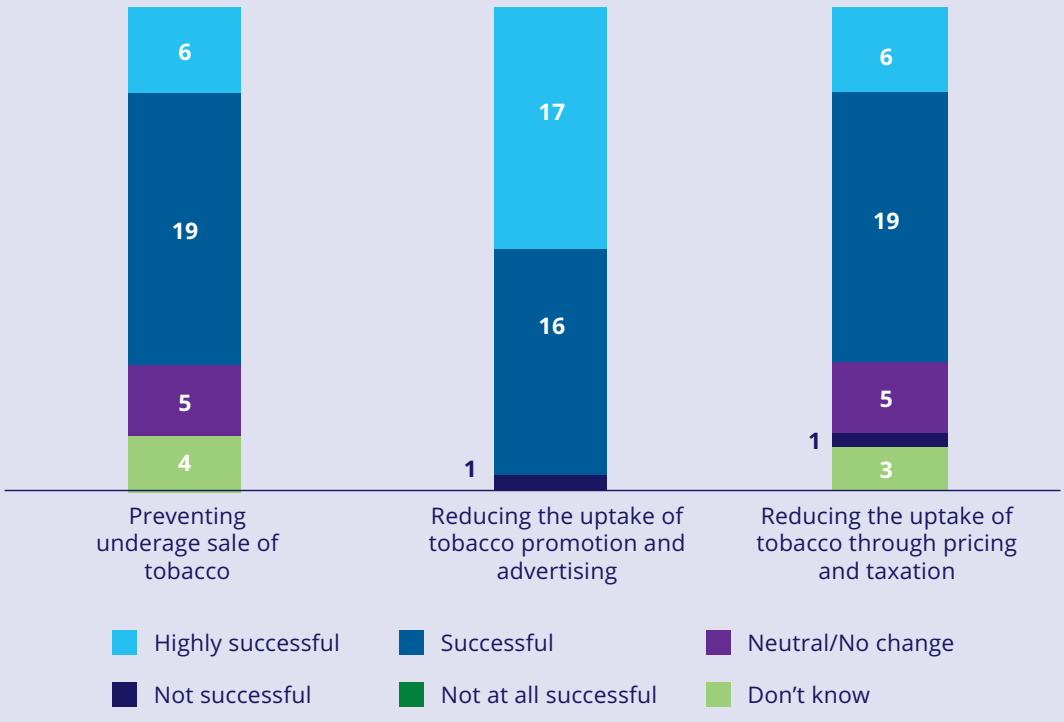
4.2.1 – GOAL 1

Fewer people start to smoke

Most respondents identified new legislation and enhanced public awareness as key levers in the progress seen on fewer people starting to smoke.

Figure 3 shows how implementation stakeholders perceived the level of success on the objectives for Goal 1.

Figure 3. How successful do you think the *Strategy* has been in ensuring fewer people starting to smoke? ***n* = 34**



Respondents perceived that most success had been achieved from reducing the impact of tobacco promotion and advertising.

Implementation stakeholders perceived progress had been made on preventing underage sale of tobacco and reducing the uptake of tobacco through pricing and taxation. This may indicate some untapped potential in addressing these two objectives in the future.

Overall, respondents perceive a moderate to high level of success. However, the gap between highly successful and successful ratings may indicate some untapped potential in addressing awareness levels, particularly among children. It was put forward that there was a need to have a better understanding of the ways in which children's perceptions of the harmfulness of tobacco have changed in response to strategy actions such as standardised packaging, schools programmes and public awareness campaigns.

Respondents highlighted the importance of high-level actions including legislation and taxation as critical components of Goal 1. Respondents recognised the role of making cigarettes less affordable to young people as well as deterring young people from smoking through public information and school-based approaches.

Implementation stakeholders were asked in workshops and through the online survey what had supported their work on smoking prevention and what had hindered them. *Table 3* presents the factors identified as supportive and *Table 4* outlines factors identified as hindering their work on Goal 1.

Stakeholders identified several supporting factors for Goal 1 (fewer people starting to smoke). The feedback was analysed and grouped under four main categories: resources, public awareness, legislation and enforcement and service provider partnerships.

Table 3. Factors identified as supportive by implementation stakeholders working on GOAL 1 – fewer people starting to smoke

Resources	• Training and peer learning • Providing leaflets and booklets
Service provider partnership	• Community partnerships • Inter-agency partnerships to reduce access to illegal cigarettes
Public awareness	• PHA public information campaigns • Provision for Smokebusters programme • 28-day stop smoking challenge
Legislation and enforcement	• Implementation of plain packaging and the ban on point of sale display • Test purchasing • Tobacco retail register

Table 4. Factors identified as hindering by implementation stakeholders working on GOAL 1 – fewer people starting to smoke	
Service delivery	• Availability of resources
Political landscape	• Lack of ministerial sign off for legislation • Lack of community in local councils • Obstacles from a lack of Northern Ireland assembly
Market changes	• Illegal tobacco/non-compliant cigarettes • E-cigarettes
Engagement	• Underpowered public information campaigns • Connecting with young people and disadvantaged communities

Stakeholders referred to market changes surrounding e-cigarettes and illegal tobacco use especially among young people. There were concerns surrounding the affordability, accessibility and appeal of e-cigarettes to vulnerable groups like children. Some stakeholders emphasised that while the public awareness and engagement campaigns were well designed and good quality, that the roll out were underpowered in terms of intensity (i.e. the frequency and 'dose' of campaign funding).

Other respondents experienced challenges in progressing tobacco control due to the lack of the Northern Ireland Assembly particularly around ministerial sign-off on legislation prohibiting smoking in private vehicles with children and the discussion of future legislative measures.

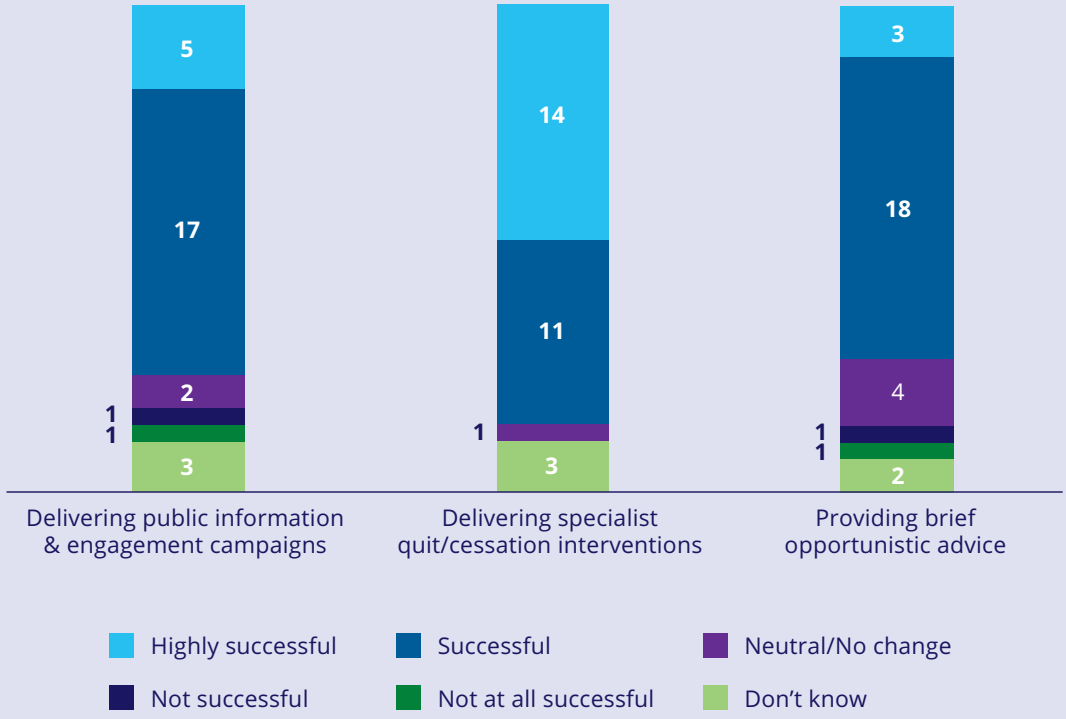
4.2.2 – GOAL 2

More smokers quitting

This section presents stakeholder views on Goal 2 - more smokers quitting.

Figure 4 presents the perceptions of survey respondent implementation stakeholders on the successes achieved on objectives relating to Goal 2.

Figure 4. How successful do you think the *Strategy* has been on ensuring more smokers quitting? ***n* = 29**



Overall stakeholders considered that implementation was successful across three objectives under Goal 2. Respondents perceived that implementation was strongest in relation to the delivery of specialist stop smoking interventions. The pattern observed in relation to delivery of public information and engagement campaigns and in the provision of brief opportunistic advice indicates that there may be some untapped potential to enhance delivery in these domains.

Implementation stakeholders were asked what had supported their work on smoking cessation and what had hindered them. *Table 5* presents the factors identified as supportive and *Table 6* presents factors identified as hindering their work.

Table 5. Factors identified as supportive by implementation stakeholders working on GOAL 2 – more smokers quitting	
Resources	• Professional development such as training on brief intervention • Creation of posts, including Health and Social Care Trusts (HSCTs) smoking cessation officer and smoking cessation nurse
Public awareness	• Events such as Stop Smoking Day/No Smoking Day • Leaflets and patient information booklets
Enhanced cessation services	• Networks of skilled providers i.e. GPs and nurses • Availability of Nicotine Replacement Therapy (NRT) and locally accessible services • Increased profile of smoking cessation services particularly in Health and Social Care Trusts
Legislation and enforcement	• Greater taxation • Fine on Tobacco Retailers • Standardised packaging • Ban on point-of-sale display

Stakeholders perceived that the quality of the smoking cessation service had been enhanced under the *Strategy*. Stakeholders referred to a wider profile of smoking cessation services particularly in Health and Social Care Trusts and via networks of skills providers including local GPs, nurses and pharmacies. Stakeholders felt that nicotine replacement therapies were more widely recognised, socially acceptable, appealing and available to smokers. The expansion of brief interventions into primary care was also noted as a significant area of development.

Stakeholders emphasised that public awareness and information campaigns and 'No Smoking Day' were effective under the term of the *Strategy* to date. Legislative measures such as greater taxation and the ban on point of sale display were also referred to as supportive levers to increase the numbers of smokers quitting.

Table 6. Factors identified as hindering by implementation stakeholders working on GOAL 2 – more smokers quitting	
Service delivery	• Difficulty of movement between providers i.e. from secondary to primary care • Lack of service user involvement • Lack of timely access of NRT for some clients
Service design	• Emphasis on the initial consultation rather than wider programme • Service response to repeat quit attempts • Limited flexiblity of services for patients
Funding	• Reduction in awareness campaigns as a result of limited resources • Challenge for release of funding for staff replacements
E-cigarettes	• Lack of understanding regarding increased use of e-cigarettes • Concerns relating to potential harms relating to use of e-cigarettes

Stakeholders considered the lack evidence relating to the use of e-cigarettes as unsettling. There was a perception of some significant differences in practice at the coalface of delivery of cessation services.

With regards to funding, participants perceived that a reduction of resources for public awareness campaigns meant the campaigns were not as effective as they could be.

Others noted challenges within the current design and delivery of the current service provision. This raised the question of flexibility for patients with regards to moving from secondary to primary care and in relation to timely access to stop smoking medication.

4.2.3 – GOAL 3

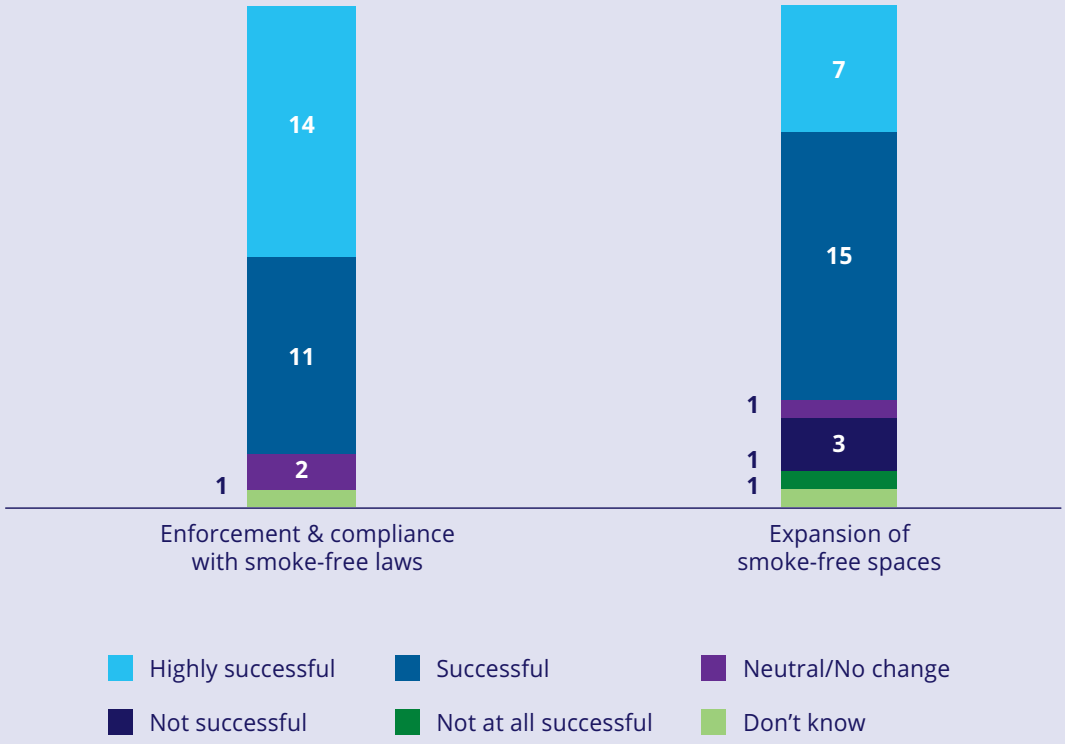
Protecting people from tobacco smoke

This section presents stakeholder views on Goal 3 - protecting people from tobacco smoke.

Figure 5 presents the perceptions of implementation stakeholders on the success achieved on key objectives relating to Goal 3.

Stakeholders generally reported that ongoing enforcement of the smoke-free legislation and expansions of smoke-free spaces beyond the legislation were the most significant achievements. The ban on smoking in certain public areas and on all Health and Social Care Trust sites was highlighted as particularly successful.

Figure 5. How successful has the *Strategy* been in the following? ***n* = 28**



Stakeholders perceived significant success in terms of legislative enforcement in protecting the general public from secondhand smoke. In general stakeholders perceived that expansion of smoke-free spaces was successful, but not universally so indicating a potential for further work in this area.

Stakeholders were asked what had supported their work on protecting people from second-hand smoke. The results are summarised in *Table 7*.

Table 7. Factors identified as supportive by implementation stakeholders working on GOAL 3 – Protecting people from tobacco smoke

Changing public opinion	• Campaigns and promotional materials credited with changing perceptions towards tobacco use in public spaces
Enforcement	• Compliance and monitoring systems for second hand smoke exposure
Legistation	• Progressive legislation • Public acceptance of ban on smoking in public places, hospitals/trusts and workplaces • Local council support

Implementation stakeholders considered the impact of legislation in Northern Ireland including the ban on smoking in public places, Trusts as well as workplaces. The ongoing enforcement and monitoring of this legislation was perceived as a significant achievement of the *Strategy* to date.

Stakeholders reflected on changing public opinion and the role of campaigns and promotional materials. Some respondents highlighted the campaign materials and website information provided by the Trusts that had gone smoke-free. These were perceived to be beneficial in communicating changes in policies, resulting in increased compliance.

From the perspective of enforcement, stakeholders identified the role of local councils and work of tobacco control officers as beneficial to supporting the legislation.

Implementation stakeholders referred to the current lack of legislative development for protecting people from tobacco smoke. These included expanding smoke-free legislation to include more outdoor places, prisons as well as smoking within the vicinity of young people.

4.3. Implementation perspectives on the priority population groups

While the Tobacco Control Strategy in Northern Ireland is aimed at the general population, three priority groups are named;

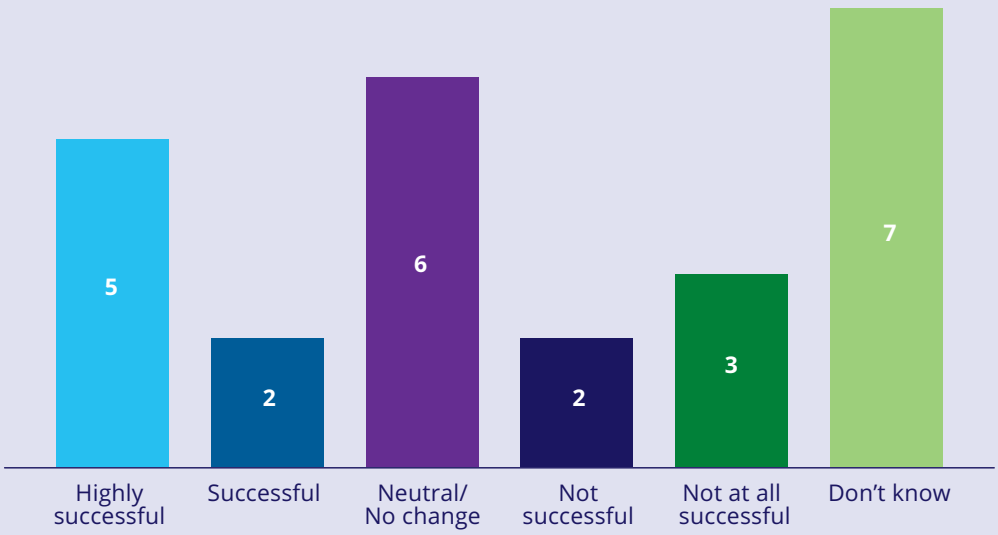
- Children and young people
- Disadvantaged people who smoke
- Pregnant women and their partners who smoke

This section presents stakeholder views on the *Strategy* implementation for these priority groups.

4.3.1 Children and young people

Figure 6 presents respondent views on the successes achieved in strategy implementation relating to children and young people.

Figure 6. How successful has the *Strategy* been in relation to the target group children and young people? ***n* = 26**



While many respondents felt that the *Strategy* had been highly successful for children and young people, an even higher proportion of respondents reported that they didn't know if the *Strategy* had been successful or not. This could indicate a need for an enhanced evidence base to guide strategic and operational decision making in relation to 'best buys' for children and young people and the effectiveness of implemented measures.

Implementation stakeholders were asked in workshops and through the online survey what had supported their work in reducing smoking among children and young people both in terms of prevention and smoking cessation. *Table 8* presents the factors identified as supportive and *Table 9* outlines factors identified as hindering their work with children and young people.

Table 8. Factors identified as supportive by implementation stakeholders working with the priority group – children and young people

Low cost cessation products	• Availability of free/low cost NRT
Public awareness	• Health promotion materials and campaigns • Smokebusters programme • Smoke-free signs at schools
Legistation	• Test purchasing • Standardised packaging • Ban on point-of-sale display • Tobacco Retailers Act
Partnership working	• Working collaboratively with schools and youth groups

Implementation stakeholders referred to elements of policy and legislation which targeted the accessibility, affordability and appeal of tobacco products since 2012. Respondents highlighted the importance of ongoing commitment to test purchasing for minors and enforcement of penalties relating to underage sales. Legislative measures such as standardised packaging and point of sale display regulations were recognised as important actions to protect children and young people from smoking.

Respondents also reflected on the ongoing collaborations between schools and youth groups.

Public awareness and information campaigns were perceived as being effective at changing attitudes and perceptions of young people towards starting to smoke. However, there were differences in views on this issue. Some stakeholders expressed confidence that the current campaigns were reaching and influencing children and young people. Others perceived that the messaging and the methods used to influence may not be fit for purpose for the current generation of young people, especially in the context of new media and the emergence of youth targeted e-cigarettes. The provisions of educational programmes were also perceived as having an impact as well as signposting for smoke-free zones at schools.

Very few stakeholders raised the issue of smoking cessation services for young people as most were focused on smoking prevention. However, it was perceived that low cost cessation products and access to NRT for children and young people were important factors in driving quit attempts in this age group.

Table 9. Factors identified as hindering by implementation stakeholders working with the priority group – children and young people	
Underpowered awareness campaigns	• New campaigns to engage young people on the issues of tobacco harm and e-cigarette use
E-cigarettes	• Availability of e-cigarettes for young people
Illegal cigarettes	• The availability of illicit tobacco and new products
Legislative status	• Lack of legislation to protect children from second hand smoke in cars • Further restrictions on the sale of tobacco to minors

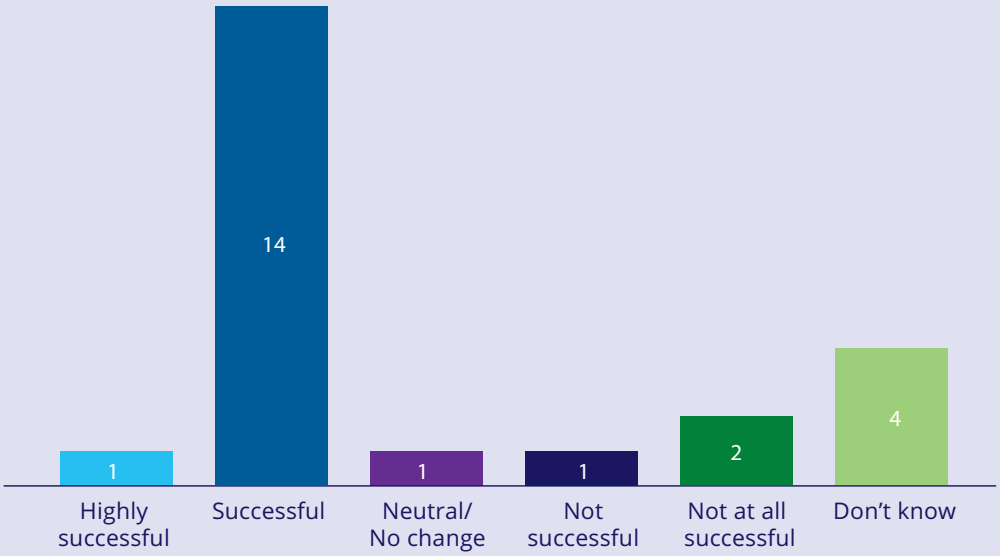
Implementation stakeholders perceived an increase in the use of both e-cigarettes and illegal cigarettes by children and young people.

Respondents referred to the lack of progress on legislation with particular reference to enacting the ban on smoking in private vehicles where children are present, as well as placing further controls on sales to minors. Other respondents perceived a lack of suitable restrictions regarding the sales and marketing of e-cigarettes to young people as a limitation to tobacco control policy. A lack of youth focused information campaigns was mentioned. Stakeholders perceived that information and engagement campaigns with a focus on quitting smoking did not effectively raise awareness for young people on the dangers of starting smoking. Underpowered awareness campaigns are unable to compete with new media from tobacco and e-cigarette marketing messaging with extensive reach and appeal to young people.

4.3.2 Disadvantaged people who smoke – routine and manual workers

Figure 7 presents survey respondent views on the successes achieved in strategy implementation relating to routine and manual workers who smoke.

Figure 7. How successful has the *Strategy* been in targeting disadvantaged people who smoke? ***n* = 33**



While many respondents to the survey perceived the *Strategy* to have been quite successful in targeting stop smoking initiatives for disadvantaged groups, there were also a high proportion of those who were neutral or didn't know. This may demonstrate an untapped potential of the *Strategy* to specifically target disadvantaged groups moving forward.

Implementation stakeholders were asked in workshops and through the online survey what had supported their work in addressing disadvantaged groups and what had hindered them. *Table 10* presents the factors identified as supportive and *Table 11* outlines factors identified as hindering their work with routine and manual workers.

Table 10. Factors identified as supportive by implementation stakeholders working with the priority group – disadvantaged adults

Public awareness	• Targeting disadvantaged groups through social media with information and harm awareness messages
Legislation	• Taxation for tobacco products
Community cessation services	• Funding for low cost or free NRT, referrals pathways and access to services in pharmacies • Working in partnerships with community groups
Resourcing	• Targeted engagement and recurring funding to target disadvantaged communities • Funding of new posts e.g. the creation of mental health nurse specialist

Implementation stakeholders perceived that smoking cessation messages on social media, in particular the use of personal stories and real life experiences, were beneficial in raising awareness of tobacco harms and prompting quit attempts among routine and manual workers.

Community cessation services including free nicotine replacement therapies and working in partnership with community groups were mentioned as supporting the unique needs of routine and manual workers. Legislation, including increased taxation for tobacco products, was perceived as supportive for driving quit attempts in this group. Targeted engagement alongside the creation of specialist posts were identified as key levers in supporting geographically defined disadvantaged communities.

Table 11. Factors identified as hindering by implementation stakeholders working with the priority group – disadvantaged people who smoke

Barriers to service delivery	• Costs related to attendance for quit support • Limited time to commit to quit services
Service design	• Disadvantaged communities have specific needs that may not be adequately addressed by the current service model
Access to underserved communities	• Disadvantaged groups tend to have higher levels of nicotine addiction • Levels of health literacy
Illegal cigarettes	• Greater access to low-cost illegal and non-compliant cigarette market

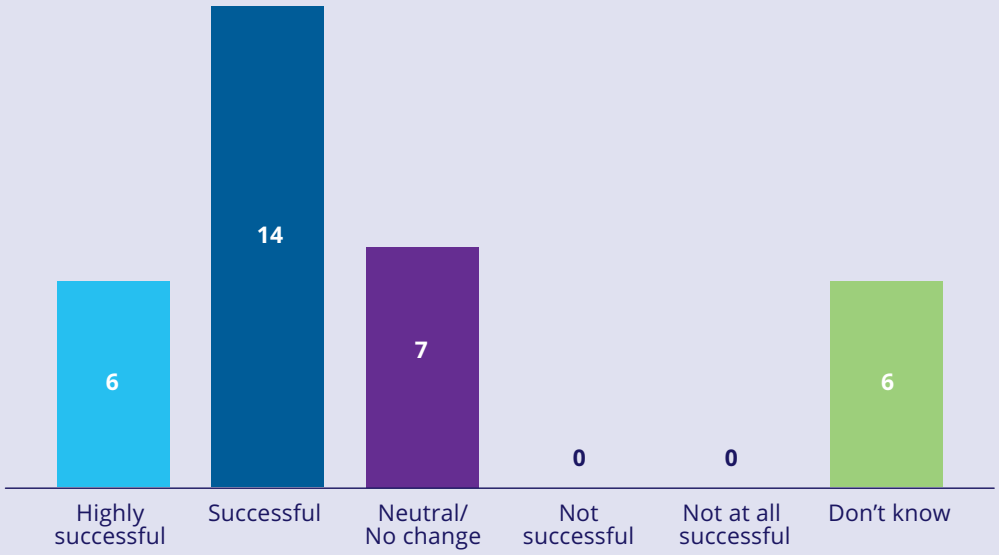
Implementation stakeholders discussed factors that hindered their work with routine and manual workers who smoke. Stakeholders reflected that service user personal motivation and self-efficacy acted as barriers to quit services. Others noted unique challenges faced by this group in terms of quitting such as high levels of nicotine addiction and limited social support. There was a lack of confidence in how to cater for these additional challenges.

Illegal cigarettes were also noted as impeding on tobacco control efforts due to low costs and an increased sophistication in supply chains to disadvantaged communities.

4.3.3 Pregnant women and their partners who smoke

Figure 8 presents the survey respondent views on the successes achieved in *Strategy* implementation relating to pregnant women and their partners who smoke.

Figure 8. How successful has the *Strategy* been in targeting pregnant women & their partners who smoke? ***n* = 33**



Survey participants perceived that the *Strategy* had been successful or quite successful in reducing smoking among pregnant woman and their partners.

A significant proportion of those who were neutral or didn't know. This may demonstrate an untapped potential of the *Strategy* to specifically target pregnant women and their partners who smoke moving forward.

Implementation stakeholders were asked in workshops and through the online survey what had supported their work in supporting smoking cessation among pregnant woman and their partners who smoke and what had hindered them. *Table 12* presents the factors identified as supportive and *Table 13* outlines factors identified as hindering their work.

Table 12. Factors identified as supportive by implementation stakeholders working with the priority group – pregnant women and their partners who smoke	
Developments in cessation services	• Qualified midwives who support pregnant women and their partners to address harms
Partnerships	• Regional partnership approach • Accessible and dedicated services
Carbon monoxide screening	• Roll out of standardised carbon monoxide monitoring • NICE guidance
Changing social norms	• Denormalising smoking in pregnancy

Partnership approaches were highly valued in the delivery model for smoking cessation among pregnant women. Both primary care and pharmacy services were identified as critical partners in the delivery of smoking cessation support. Services were perceived as accessible and there was confidence in the quality of the service provided.

Across all data received there was commentary provided on the experiences of delivering smoking cessation among pregnant women but scant commentary provided on the issue of smoking cessation for their partners, despite this group forming part of the named priority group.

Table 13. Factors identified as hindering by implementation stakeholders working with the priority group – pregnant women and their partners who smoke	
Family and social contexts	• Stigma and lack of disclosure • Lack of support to quit • Acceptability of smoking within social networks
Lack of awareness	• Balancing competing messages e.g. reluctance to use NRT in pregnancy
Access to under-served communities	• Service delivery to localised needs of rural communities • Working with partners during antenatal and postnatal care
Public awareness	• Information on smoking in pregnancy and where to access support

Implementation stakeholders reflected on the barriers that family and social contexts pose with regard to supporting pregnant women and their partners to quit smoking. Social stigma as well as acceptability of smoking within women's close social network posed barriers to women accessing quit services. Participants perceived a lack of awareness and some confusion from competing messages for women in the relative risks and benefits of using NRT and e-cigarettes in pregnancy.

Implementation stakeholders identified a gap in public awareness and information campaigns for pregnant women. Some reflected that perceptions of risk from smoking varied significantly among pregnant women. The development of a more nuanced pregnancy-focused information and engagement communication campaign was proposed.

4.4. Perspectives on the future

Stakeholders shared their views on the expected operating environment for the *Strategy* with a focus on factors likely to impact on future implementation.

Table 14 presents issues for the future operating environment for the Ten-Year Tobacco Control Strategy in Northern Ireland. The table presents the perceived salient issues named by participants in both the online survey and stakeholder engagement workshop.

Table 14. The future operating environment for tobacco control strategy in Northern Ireland – Opportunities and Challenges

Social and Demographic	• Ageing population • Growing cultural and ethnic diversity • Growing inequalities • Mental illness
Politics and Legislation	• Lack of NI Assembly • Brexit • Political divergence • New enforcement challenges
Retail Environment	• Innovation in e-cigarette offer/ market • Regulation for e-cigarettes • Illicit cigarette sales • Online sales and advertisements • Point-of-sale protection and control • Resurgence of tobacco industry interference
Stakeholder engagement	• Social media/ marketing approach for young people • Service user involvement • Localised engagement models

5 Summary of Public Health Agency Stakeholder Engagement Reports

Summary of Public Health Agency Stakeholder Engagement Reports

Insights from stakeholder engagement work undertaken by the PHA during the term of the Strategy are summarised in this section of the report.

The PHA engaged with the following stakeholders:

- Pharmacy 'Stop Smoking' service providers
- Smokers
- Ex-smokers

Table 15. Index of PHA Stakeholder Engagement Reports

Title	Year	Stakeholder group
5.1 Smoking campaign - evaluation results	2017	Smokers and ex-smokers
5.2 Promoting pharmacy based 'Stop Smoking' services	2018	Pharmacy 'Stop Smoking' service providers
5.3 Branding workshop - stop smoking services logo focus groups	2018	Smokers and ex-smokers
5.4 Quit Kit resources-snapshot reports	2013-2018	Smokers
5.5 A fieldwork exercise to explore the approaches favoured by smokers to discuss and support their quit attempts	2017	Smokers

5.1 Smoking Campaign January - March 2017 Evaluation Results

Aim

- To collect feedback in an evaluation of a recently launched stop smoking mass media campaigns including TV, radio, press, outdoor and digital advertisements.

Methods

- Survey instrument collected face-to-face in smoker and ex-smoker's homes using computer assisted personal interviewing (CAPI) on an electronic device and digital media were used to demonstrate campaign advertisements.
- Interviews were collected in person to evaluate a variety of TV, radio, press, outdoor and digital advertisements that ran from January - March 2017.

Sample size

- 906 (Smokers 598/ex-Smokers 307)

Findings

Stop Smoking Services

- Overall, smokers and ex-smokers in the sample had a high level of awareness of support services and products available to them to quit smoking.
- Ex-smokers showed a higher awareness of stop smoking support services and products with 86% of ex-smokers and 74.4% of current smokers.
- Nicotine replacement therapy products were the most commonly cited cessation method for both smokers and ex-smokers, followed by e-cigarettes and GP/Doctor.

Mass Media Campaigns

- Recall of the campaign advertisements was high for TV advertisements with an average of 80% of respondents. Radio was the second most recalled with 47.7% of respondents. Posters and newspapers were third at 33.3%. Online advertising on Facebook was last for this sample at 18.3%.

Impacts of Mass Media Campaigns

- Most smokers (67%) in the sample had not changed their behaviour after seeing or hearing campaign advertising.
- Of those who reported behaviour change (26.1%) the most common response was attempting to reduce the numbers of cigarettes smoked.
- Among ex-smokers, 46% reported that exposure to the advertising helped provide confidence and reassurance of their decision to remain smoke free.
- Those who did respond to the call to action in the advertisement, the most common action noted was speaking with a pharmacist. The second most popular action was visiting the 'want2stop' website.
- Ex-smokers (81.4%) were more likely to be in agreement with the following statement '1 in 2 smokers will die of tobacco' between current and ex-smokers, compared to current smokers (71.2%).

5.2 Promoting Pharmacy Based Stop Smoking Services

Aim

- To gather feedback from pharmacists regarding current and new ways to increase patient uptake of stop smoking services within their practice.

Methods

- Online survey; including quantitative and qualitative survey questions
- Pharmacists were asked questions relation to three themes for improving services:
  - Current recruitment and promotion methods
  - Views on current and future promotional materials
  - Ideas for improving the stop smoking services offered within their pharmacies.

Sample size

- 112 respondents (pharmacists)

Findings

Current recruitment and promotion

- The primary method pharmacists used to recruit new participants to the pharmacy based 'Stop Smoking' programme was through direct inquiry with patients (91%) and through referrals/word of mouth recommendations from previous clients (88%).

Promotion Methods

- Pharmacists reported that posters (88%) and staff engagement with customers on the service as well as leaflets were the top three promotional methods used for new client engagement.
- Most pharmacists (97%) are interested in receiving a marketing pack – the most popular material included posters (85%) and leaflets (80%) and window stickers (80%).

Ideas for improving the PHA stop smoking services offered within pharmacies

- Pharmacists suggested improvements that appealed to intrinsic/extrinsic motivators for smokers such as self-assessment options, calendars, and mobile applications that can be accessed virtually to further promote health behaviours.
- Improved referrals/recruitment channels from GPs and other healthcare professionals.

5.3 Branding Workshop: Stop Smoking Services Logo Focus Groups

Aim

- To gather feedback to support the marketing development of the stop smoking services logo and branding. The goal of the workshops were twofold:
  - To explore potential of developing the services logo for the 'want2stop' website
  - To gain insights to inform work to reduce smoking.

Methods

- Seven facilitated workshops were conducted over the course of eight days across various locations in Northern Ireland including: 1. Shaftesbury Healthy Living Centre (HLC) in South Belfast; 2. Top of the Rock HLC in West Belfast; 3. Southern Health and Social Care Trust- Craigavon Area Hospital; 4. Ardonye HLC in North Belfast; 5. Loughgiel HLC in Ballymena; 6. Derg Valley HLC in Castlederg; 7. Oak HLC in Lisnaskea.

Sample size

- 40 Participants who were comprised of individuals attempting to quit smoking and recent quitters.

Findings

Stop Smoking Services

- All participants had experience of using the 'Stop Smoking' services which included group based services at HLC and one to one services at HSCTs, pharmacies and GPs.
- Participants rated the services as generally positive and the benefits included the support system as well as free nicotine replacement medications.
- A downside of the service was the 12 week timeline as some felt this was not enough time for support.
- Other suggestions to improve services and provide support included: email support, group chats, text services, applications.

Promotion of Services

- Respondents referred to various promotions at their pharmacy or HLC, advertisements in local papers as well as word of mouth.

Reaction to Logo Designs

- Groups overwhelmingly preferred the stop smoking service red button logo. The red colour was reported as helping to reinforce the word stop. The phrase "Helping you to quit" was viewed by respondents as supportive of the quitting journey.

5.4 Quit Kit Resources-Snap Shot Reports 2013-2018

Aim

- To evaluate accessibility of Quit Kits including methods for ordering and distribution

Methods

- Data was collected and summarised on an annual basis via the Quit Kit website and helpline.
- Data was summarised in a short report summary documents published on an annual basis.
- IPH has summarised the data into tables below by variable including total Quit Kits ordered; request source; gender; and age.

Sample size					
Year	2013-14	2014-15	2015-16	2016-17	2017-18
Sample Size	8,021	6,078	4,065	3,576	2,324

Total quit kits ordered					
Year	2013-14	2014-15	2015-16	2016-17	2017-18
Sample Size	8,021	6,078	4,065	3,576	2,324

The average numbers of Quit Kits ordered have substantially declined over the years from 8,021 in 2013/14 to 2,324 in 2017/18.

Request Source					
Source	2013-14	2014-15	2015-16	2016-17	2017-18
Flyer	19.4%	16%	18%	14.9%	13.7%

The most popular method for ordering a Quick Kit was via the stop smoking website.

Gender					
Gender	2013-14	2014-15	2015-16	2016-17	2017-18
Male	45.8%	45.2%	44%	42.8%	42.9%
Female	54.2%	54.8%	56%	57.2%	57.1%

From 2013/14 women ordered Quit Kits more frequently than men.

Age					
Age	2013-14	2014-15	2015-16	2016-17	2017-18
Under 18	3.6%	4.7%	5.2%	4.2%	3.9%
18-24	22%	22.4%	19.6%	17.4%	21.2%
25-34	25.8%	26.2%	28.7%	27.9%	30.3%
35-44	21.4%	20.4%	20.6%	22.2%	18.2%
45-54	15.8%	15.1%	14.7%	17.2%	14.2%
55-64	7.6%	7.5%	7.6%	7.5%	7.9%
65+	3.8%	3.7%	3.6%	3.5%	4.3%

- Under 18s are ordering Quit Kits at around 4.3% on average from 2013-2017.
- 25-34 year olds are the most likely to order Quit Kits followed by the 35-44 year age groups.

5.5 A fieldwork exercise to explore the approaches favoured by smokers to discuss and support their quit attempts

Findings

Objective 1: Determine smokers previous approaches to quitting and the associated benefits or barriers

- 1 in 2 smokers had attempted to quit previously.
- The most common rationale for quitting was to improve health (50.7%) followed by the cost of cigarettes (36.8%).
- The most popular method for quitting was suddenly stopping (58.8%), followed by slowly cutting down (41.2%).
- The most common reasons for returning to smoke were cravings, stressful experiences, and a lack of will power.

Objective 2: Explore smokers attitudes to differing methods and styles of communication with regard to smoking and quitting

- Just under half of smokers reported that they would be open to receiving information and support when quitting (48.3%).
- The most commonly reported quit support methods were self-help pack in the mail (20.2%) and a stop smoking application (19.6%).
- Regarding specific support from health professionals, face to face support from the GP or pharmacist was the most preferred method.

Objective 3: Learn about what support smokers would welcome to aid their quit attempt

- 30.3% of smokers surveyed indicated that they did not want to quit smoking. The youngest and oldest age groups reported being less inclined to quit.
- The most beneficial quit supports indicated by participants were NRT, followed by support from a health professional and self-help/willpower.
- The most common time frame for duration of any type of quit support was 6-10 weeks.

Objective 4: Investigate smokers awareness of current services and explore perceived gaps in provision

- 1 in 5 smokers said they had used the stop smoking services.
- 2 in 5 smokers reported that they were aware of free nicotine replacement medications available to them in a quit attempt.
- The most commonly cited quit service or product was NRT (63.9%), followed by e-cigarettes (58.9%) and third being the Doctor or GP 51.5%.

6 Appendices

Appendices

6.1 Summary of objectives and strategic priorities from the Ten Year Tobacco Control Strategy for Northern Ireland 2012-2022

GOAL 1 **Fewer people start to smoke**	
Target Group	**Strategic Priority**
Children and Young People	• Preventing those under the legal age of sale from accessing tobacco products through legislative measures • Ensuring that educative establishments from primary to tertiary level are educating and or appropriately supporting awareness raising among children/ young people as to the harm caused by tobacco
General Population	• Further reducing the impact of tobacco marketing either through legislation or public information campaigns aimed at negating messages put out by the tobacco industry • Raising public awareness as to the harm caused by smoking through traditional methods as well as exploiting new media such as Facebook, Twitter etc. • Working with HM Revenue and Customs to combat illicit tobacco trade • Supporting UK government in measures aimed at reducing prevalence e.g. by tax increases

GOAL 2 **More smokers quitting**	
Target Group	**Strategic Priority**
General population	• Increasing the numbers of people accessing smoking cessation services • Effectively promoting cessation services, including consideration of a single brand for all Health and Social Care (HSC) Services • Ensuring effective referrals system across the HSC to smoking cessation services • Expansion of brief intervention training to other professions • Monitoring effectiveness of stop smoking schemes elsewhere for consideration in Northern Ireland • Updating existing framework for training services • Reviewing role for harm reduction to assist those who can't quit smoking
Children and young people	• Increasing awareness of specialist cessation services • Undertaking research to determine how to increase the uptake of cessation services by young people • Considering how to address particular needs of children in care and young offenders amongst whom smoking prevalence rates are higher
Disadvantaged adults	• Increasing cessation rates amongst manual workers and those with mental health issues taking into consideration in particular needs of these groups
Pregnant women and their partners who smoke	• Increased signposting to cessation services for pregnant women and their partners who smoke • Consideration of incentive schemes to encourage pregnant women to quit smoking • Improved postnatal support for pregnant women and their partner to help them stay off smoking after the birth of their baby

GOAL 3

Protecting people from second-hand smoke

Target Group	Strategic Priority
General population	• Further awareness raising around harm caused by exposure to second hand smoke in private areas not covered by smoke free legislation • Increased compliance with the ban on smoking in work vehicles legislation • Encouraging organisations to voluntarily expand their smoke-free areas
Children and young people	• Consideration of legislation banning smoking in cars

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