

INFORMATION  
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DIRECTORATE



# Health Survey (NI) First Results 2024/25



Department of  
**Health**

An Roinn Sláinte

Mánnystrie O Poustie

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# Health Survey (NI): First Results 2024/25

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This publication is a summary of the main topics included in the 2024/25 Health Survey. Further bulletins and tables will be made available on the Health Survey page on the Departmental website.

[Health survey Northern Ireland | Department of Health](#)

*Any statistics used must be acknowledged and sourced to the Health Survey Northern Ireland, Department of Health.*

# Health Survey Northern Ireland 2024/25

## Things users need to know

All face-to-face household interviews were suspended in the middle of March 2020 due to the coronavirus (COVID-19) pandemic. In the survey years 2020/21, 2021/22 and 2022/23 all interviews carried out on the Health Survey were conducted by telephone. Face-to-face interviewing was reinstated alongside telephone interviewing in June 2023, thus the survey adopted a mixed mode methodology for 2023/24 and 2024/25.

There are a number of factors which users should take into consideration when interpreting the 2024/25 results and care should be taken when comparing these with previously published findings.

1. The dual modality of the survey necessitated changes to how some questions were asked or presented as well as the response categories associated with them. This may have implications for how people responded to the survey.
2. The achieved response rate on the survey for 2024/25 was 49% which is a lower response compared to the normal achieved response rate of 55% in face-to-face mode pre-pandemic; the final achieved sample was 3,243 individuals.
3. The precision of the survey estimates should be taken into consideration especially when broken down by sub-groups of the population; the accompanying trend tables outline the survey estimates and the respective confidence intervals.
4. The demographic profile of the achieved sample has an under-representation of people aged 16 to 34 so the results are based on information that has been weighted by age-group and sex in order to better reflect the composition of the general population of Northern Ireland. In addition, the profile of respondents for telephone and face-to-face interviews was substantially different thus it was decided that the two groups should be weighted separately. Whilst the weighting should reduce bias in the results, they cannot eliminate all forms of bias which may be present in the data.

Any changes within the 2024/25 data compared with previous years should be considered in the context of all of the above and caution should be exercised when drawing conclusions from the findings.

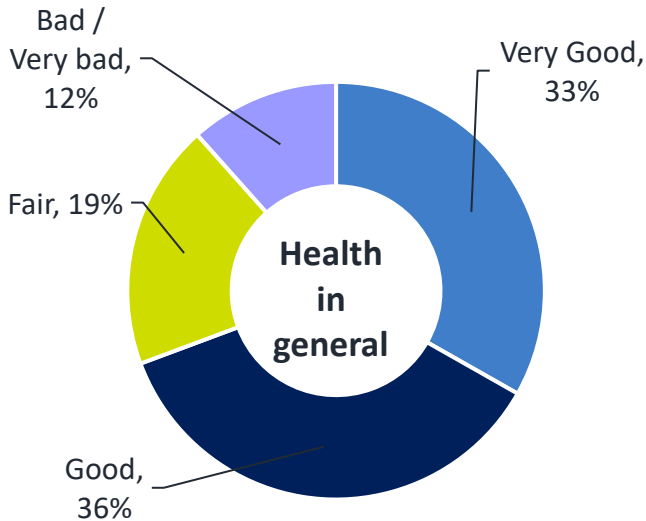
Given the various changes in the survey methodology and wider society since the pandemic, it may be advisable to monitor any apparent changes noted in these results in the future to see if there is further evidence that these changes are indeed indicative of a permanent change.

## General Health

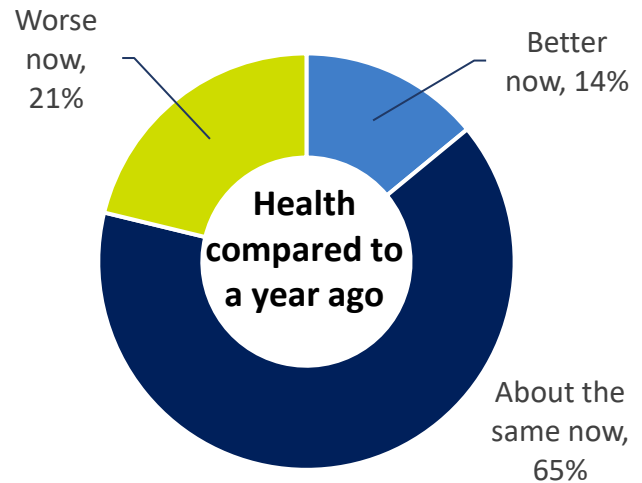
In 2024/25, over two-thirds of respondents (69%) rated their general health as very good or good, while a tenth of respondents (12%) rated their general health as bad or very bad, similar to findings in 2023/24. Around a fifth (21%) of respondents said that their health was worse than a year ago, while 14% said it was better.



### How is your health in general?



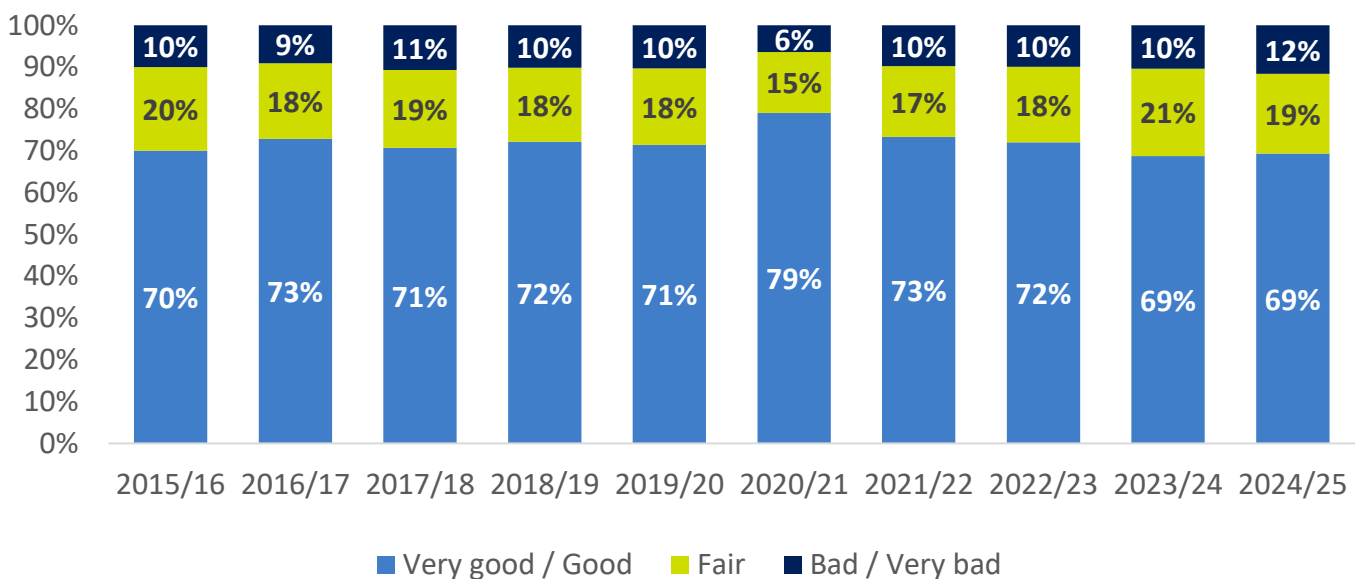
### Health compared to one year ago



## General health trends

Overall good general health has remained relatively stable over the last ten years with the exception of 2020/21 which saw the rate rise to 79%; in more recent years, the rate of self-assessed good general health has returned to pre-pandemic levels. Moreover, bad general health had remained at a similar rate over the last ten years except in 2020/21 when it was significantly lower at 6%.

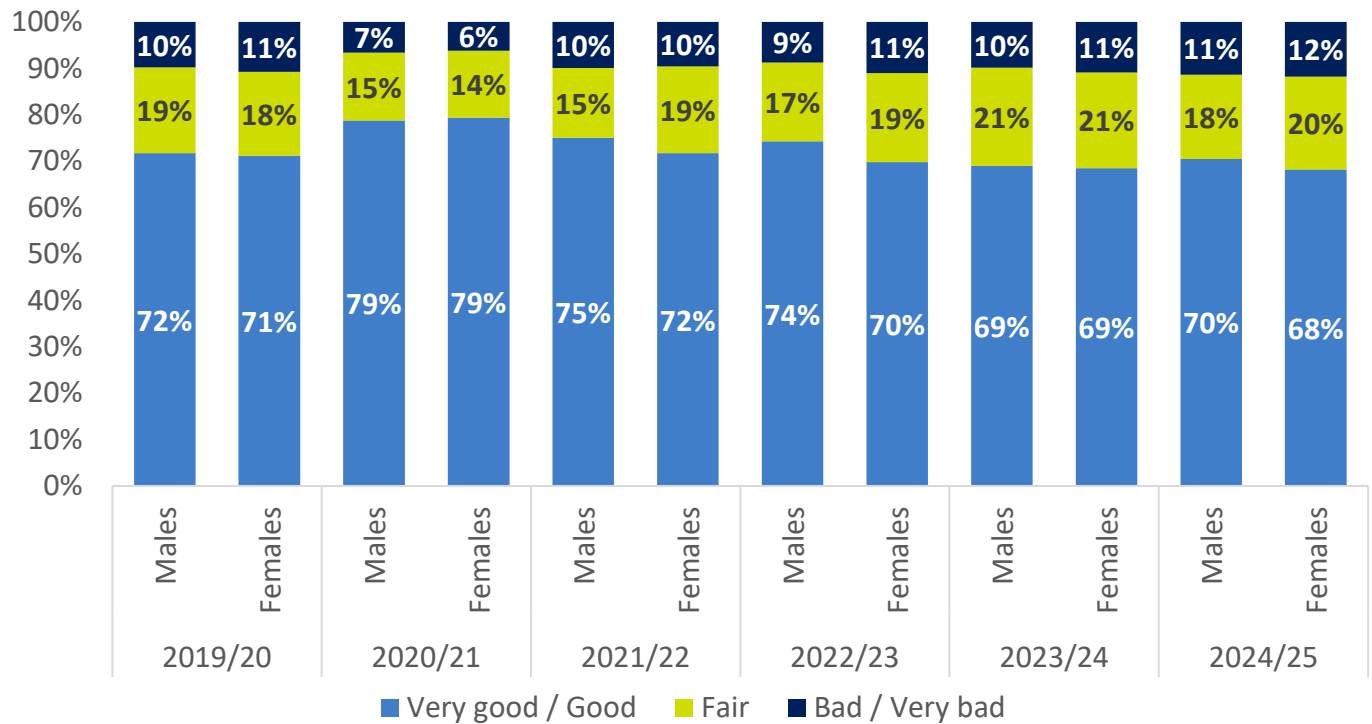
### Health in general by year



## General health by Sex

Males and females have largely followed a similar pattern when reporting self-assessed general health over the past six years, with the exception of the two Post-Pandemic years (2021/22 and 2022/23) when males were more likely report very good or good general health than females.

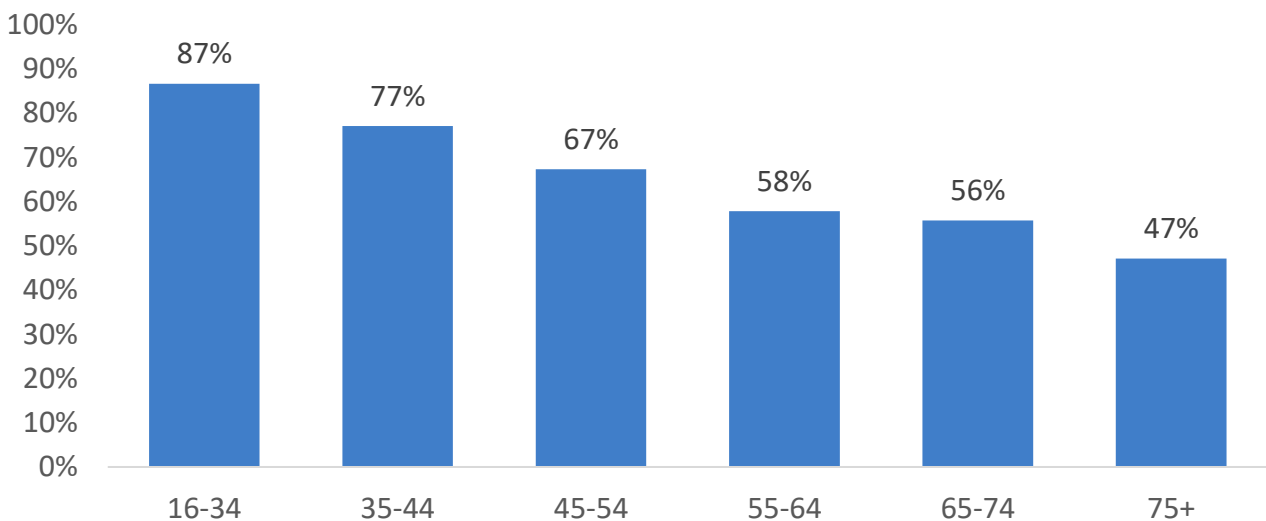
### Health in general by sex and year



## General health by Age

Very good or good self-assessed general health declined with age from 87% of 16-34 year olds to around half (47%) of those aged 75+.

### Very good / good general health by age

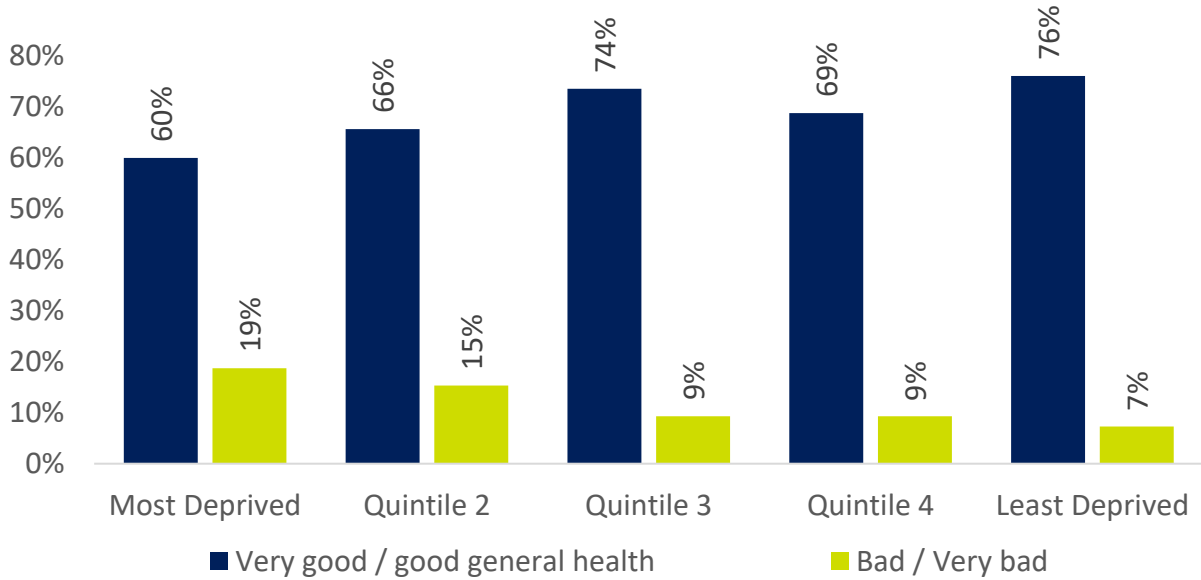


Around a quarter of those aged 55-74 and over a third (36%) of those aged 75 and over said that their health was worse now compared to one year ago.

### General health by Deprivation Classification

Respondents living in the most deprived areas (60%) were less likely to rate their health as good or very good than those living in the least deprived areas (76%). Those living in the most deprived areas (19%) were almost three times as likely to rate their general health as bad or very bad compared with those living in the least deprived areas (7%).

#### General health by Deprivation Classification

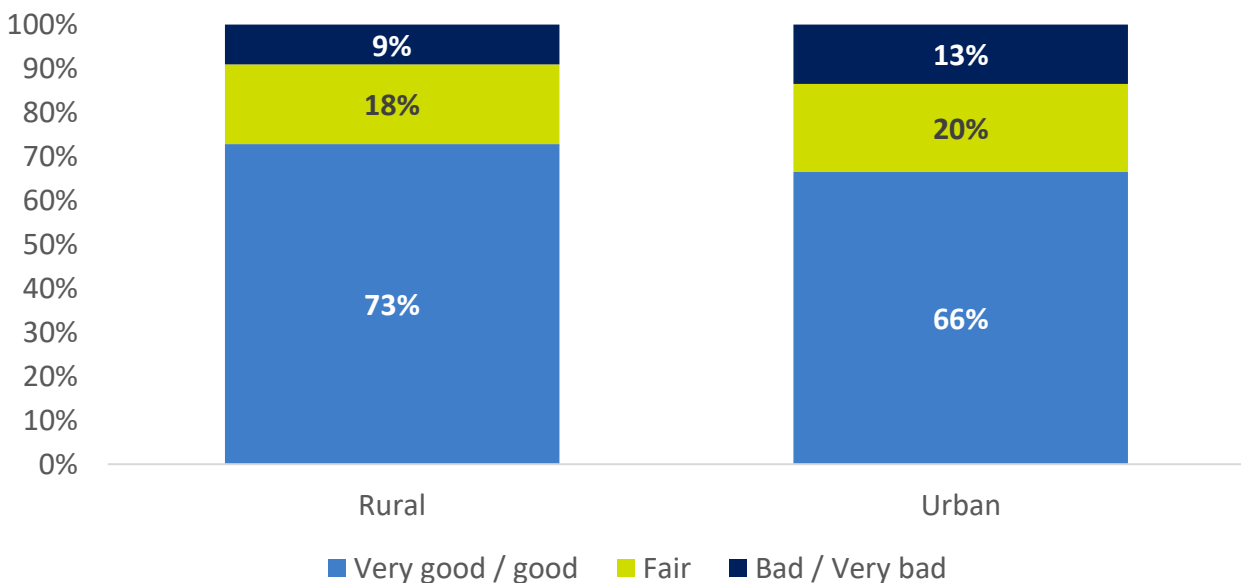


Those living in the most deprived areas (27%) were more likely to say that their general health was worse now than a year ago compared with those living in the least deprived areas (19%).

### General health by Urban-Rural Classification

Almost three-quarters (73%) of those living in rural areas rated their health as good or very good, higher than those living in urban areas (66%).

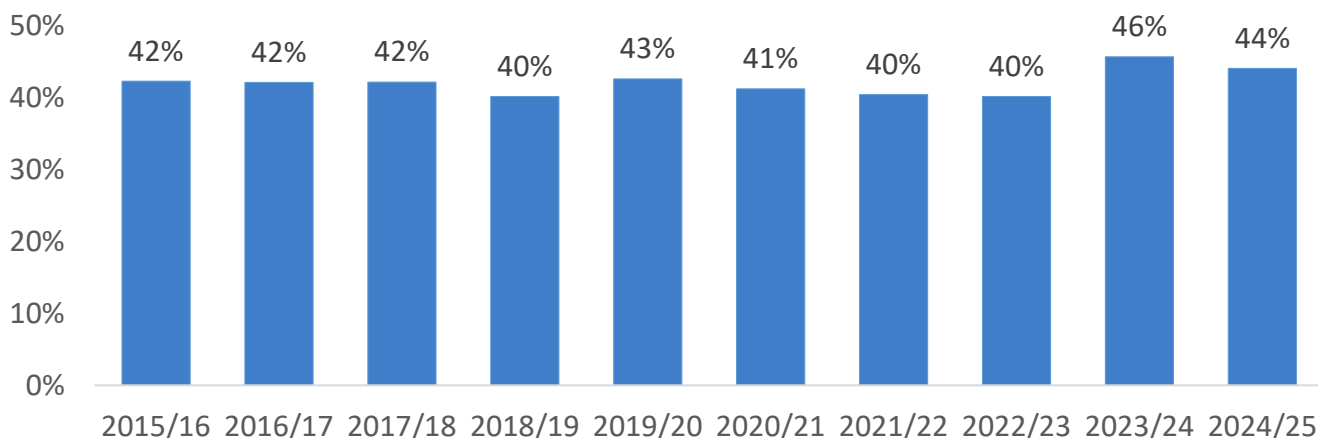
#### General health by Urban-Rural Classification



## Long-term conditions

The proportion of respondents reporting a physical or mental health condition or illness expected to last 12 months or more has been between 40% and 46% over the last ten years and was 44% in 2024/25. Reporting a long-term condition increased with age from around a quarter (26% of those aged 16-34 to two-thirds (69%) of those aged 75 and over.

### *Long-term conditions by year*

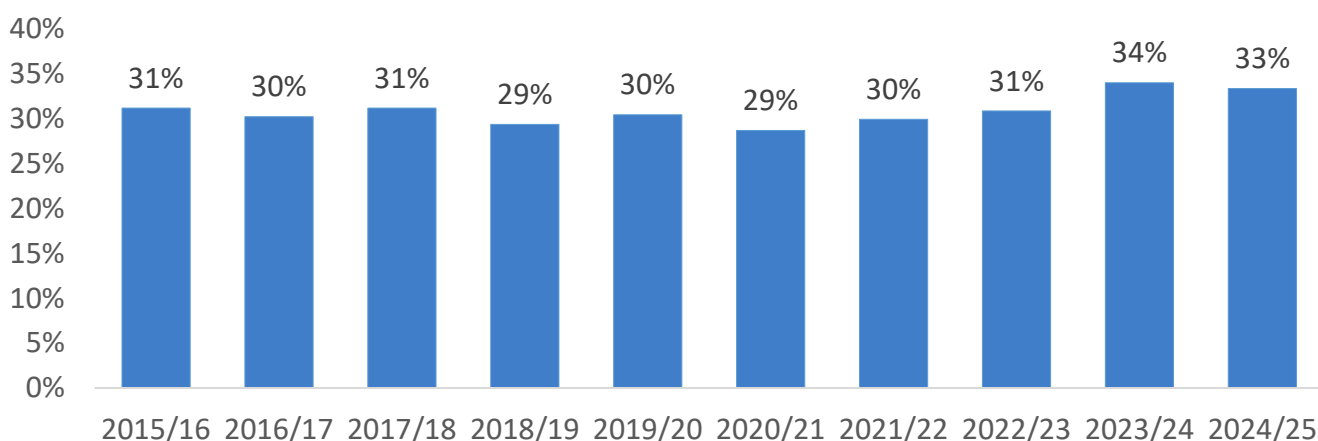


Half (50%) of those living in the most deprived areas reported a long-term condition, higher than those in the least deprived areas (43%).

## Limiting long-term conditions

A third (33%) of respondents have a long-standing illness that reduces their ability to carry out day-to-day activities (similar to 2023/24).

### *Limiting long-term conditions by year*



A higher proportion of females (36%) reported a limiting long-term condition than males (31%).

Prevalence generally increased with age with a fifth (19%) of those aged 16-34 reporting a limiting long-term condition compared with 56% of those aged 75 and over.

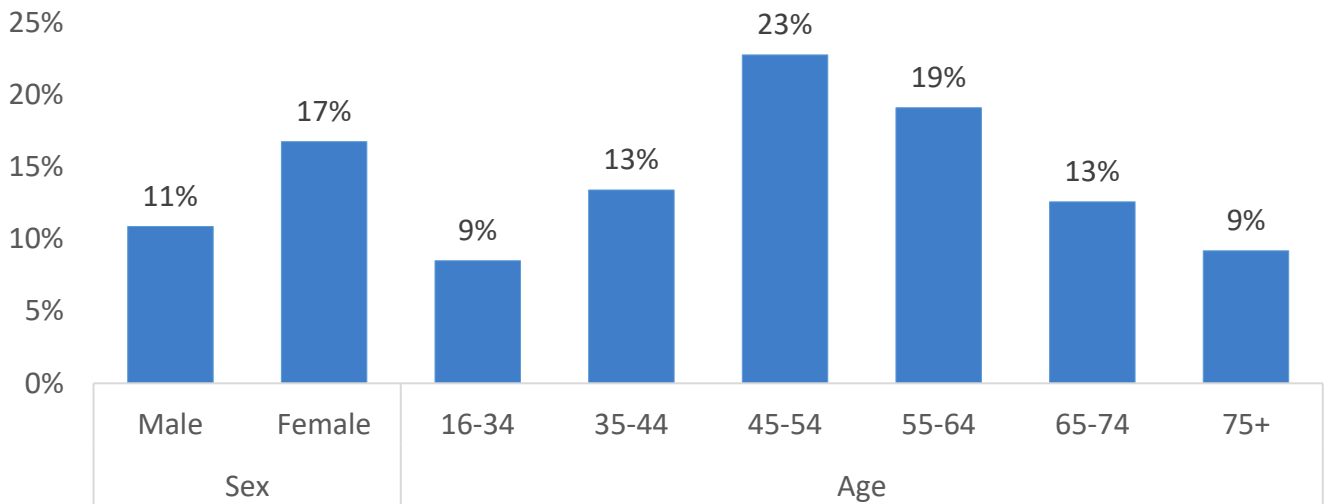
Most of those (92%) with limiting long-term conditions reported their ability to carry out day-to-day activities had been reduced for 12 months or more.

## Caring responsibility

More than a tenth (14%) of respondents looked after another person who is sick, disabled or elderly for an hour or more each week. Females (17%) remained more likely than males (11%) to have caring responsibility. Around a quarter of those aged 45-54 (23%) and a fifth of those aged 55-64 (19%) had caring responsibility for someone.



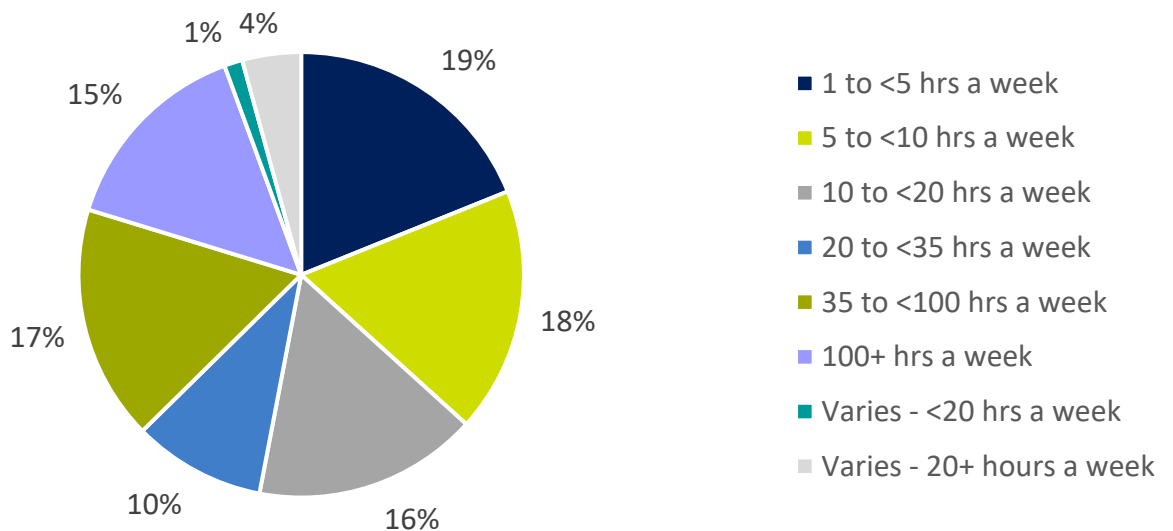
### *Caring responsibility by sex and by age*



### **Hours providing care**

More than half (54%) of those with caring responsibility provided care for under twenty hours per week.

### *Hours providing care*

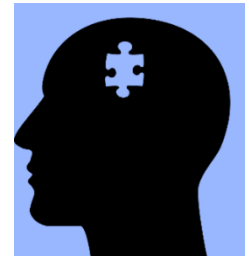


### **Effects of providing care on own health**

Almost two-thirds (64%) of carers reported some ill-effects on their own health in the last three months due to providing care. The most common effects were feeling tired (51%), a general feeling of stress (47%) and disturbed sleep (33%).

## Mental Health

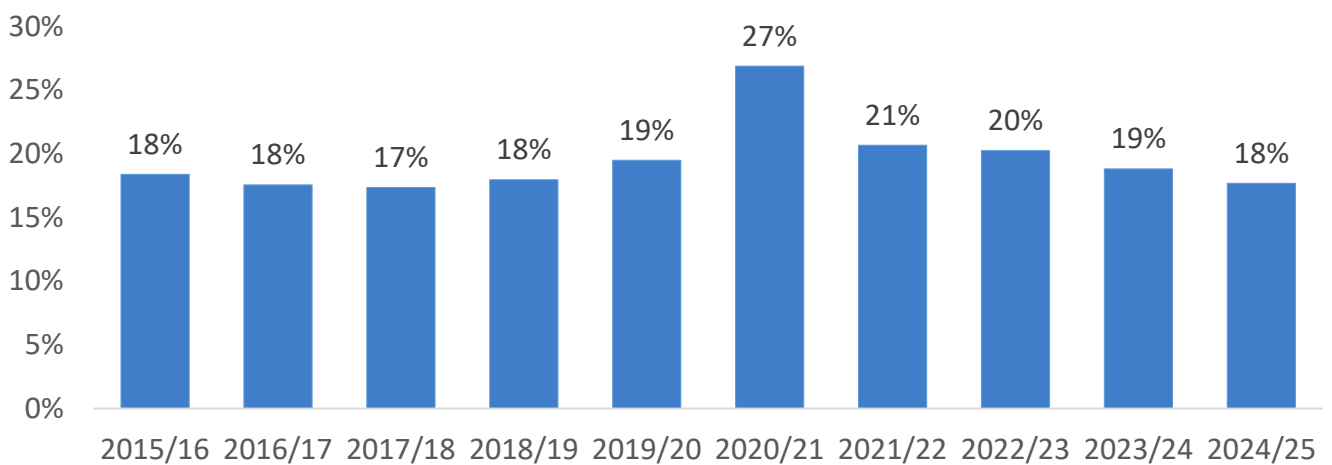
A number of different measures of mental health and wellbeing have been captured in the health survey; each measure has its own definitions, scoring and cut-off points. The different measures allow monitoring of trends over time and help build a picture of the broad area of mental health. To note, the findings presented here are not based on clinical assessment.



### GHQ12

Under a fifth (18%) of respondents had a high GHQ12 score, which could indicate a mental health problem. This is similar to 2023/24 (19%).

#### *High GHQ12 score by year*

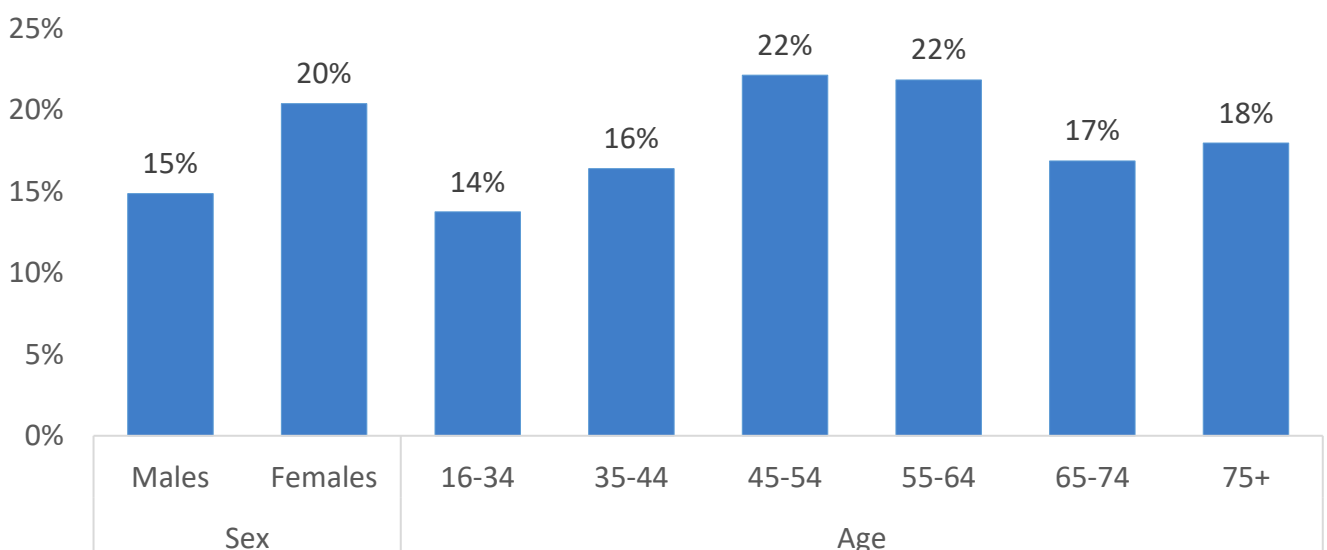


#### *High GHQ12 by sex and age*

Females (20%) were more likely than males (15%) to have a high GHQ12 score.

Those aged 45-64 (22%) were more likely to score highly on the GHQ12 than those aged 16-34 (14%), 35-44 (16%) and 65-74 (17%).

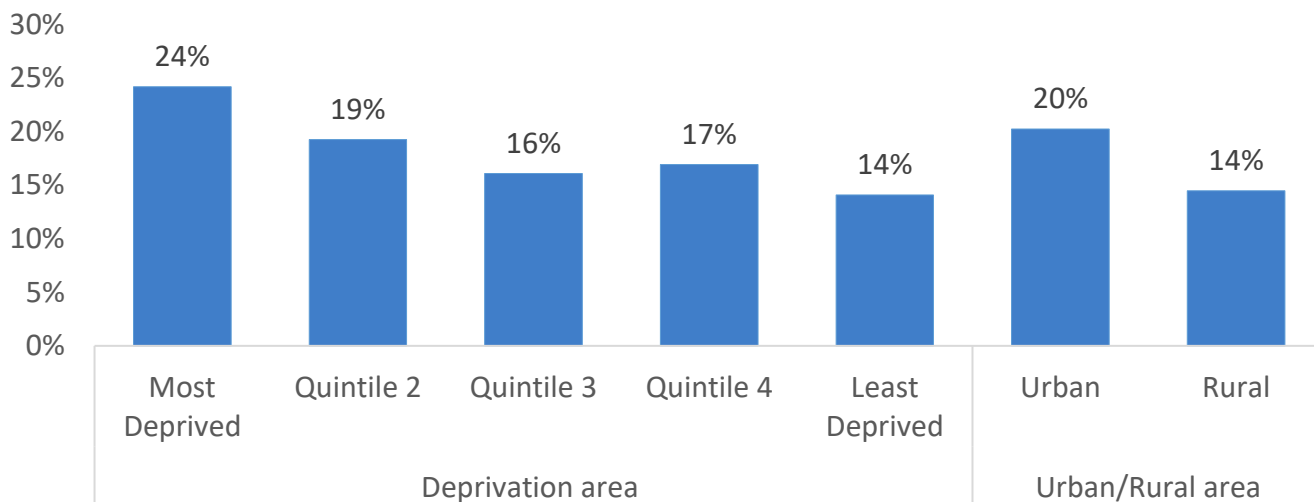
#### *High GHQ12 score by sex and age*



## High GHQ12 by deprivation and urban/rural areas

Around a quarter (24%) of those in the most deprived areas had a high GHQ12 score, higher than that of those living in the least deprived areas (14%). A fifth (20%) of those living in urban areas had a high GHQ12 score compared with 14% of those living in rural areas.

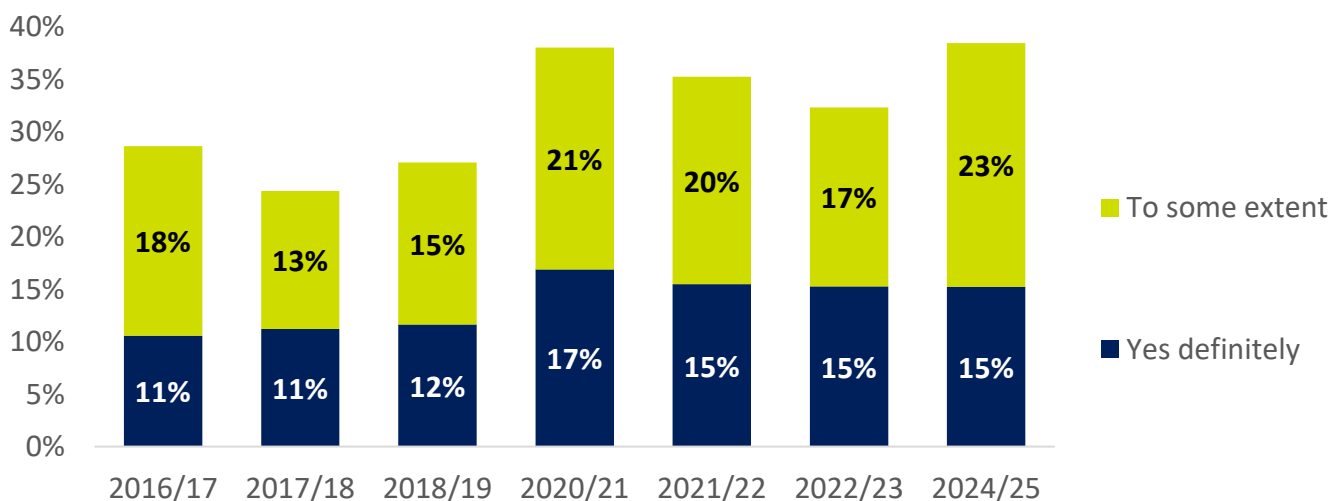
### High GHQ12 score by deprivation and urban/rural classification



## Concerns about own mental health

In 2024/25, around two-fifths (38%) of respondents reported having concerns about their own mental health in the past year. This was higher than in 2022/23 (32% overall).

### Concerns about own mental health by year

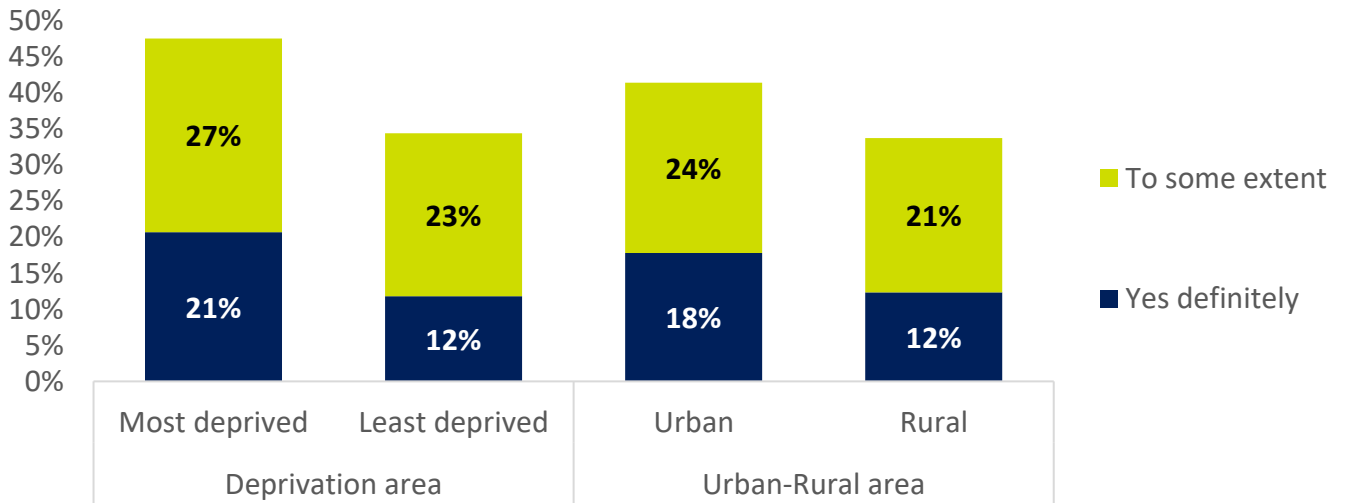


### Concerns about own mental health by deprivation and urban-rural location

Almost half (48%) of those living in the most deprived areas had concerns about their own mental health in the past year (21% definitely; 27% to some extent), compared with a third (34%) of those living in the least deprived areas (12% definitely; 23% to some extent).

Two-fifths (41%) of those living in urban areas had concerns about their own mental health in the past year (18% definitely; 24% to some extent), compared with a third (34%) of those living in rural areas (12% definitely; 21% to some extent).

*Concerns about own mental health by deprivation and urban-rural location*

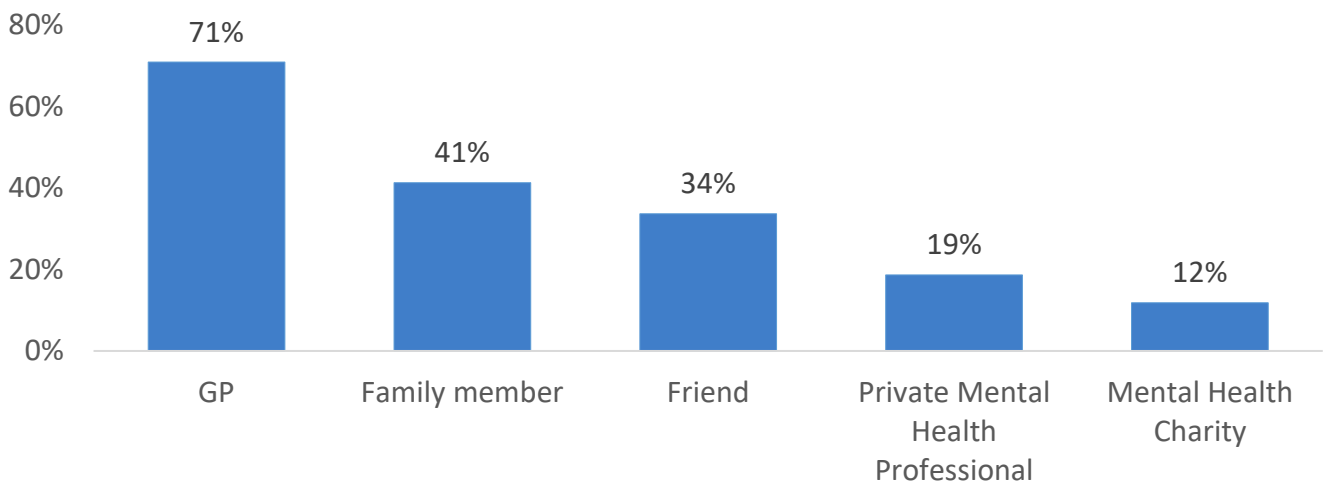


Seeking help for concerns about own mental health

Around half (53%) of those who had concerns for their mental health (both definitely and to some extent) in the past year had sought help from someone (down from 66% in 2022/23). Females (57%) were more likely than males (49%) to have sought help.

Of those who sought help, around three-quarters (71%) talked to their General Practitioner, while 41% sought help from a family member and 34% sought help from a friend.

*From whom help was sought for concerns about own mental health*



The most common reason given by those who did not seek help for concerns for their own mental health was “I could handle things on my own” (stated by 70% of those who did not seek help).

Mental health over last twelve months

Around three-quarters (73%) of respondents felt that their mental health had stayed the same over the last twelve months, while 16% thought that it had got better and 11% thought it had got worse.

## Loneliness

In 2024/25, a quarter of respondents (25%) exhibited signs of loneliness by scoring highly on the UCLA loneliness scale.



### **UCLA loneliness scale**

How often do you feel that you lack companionship?

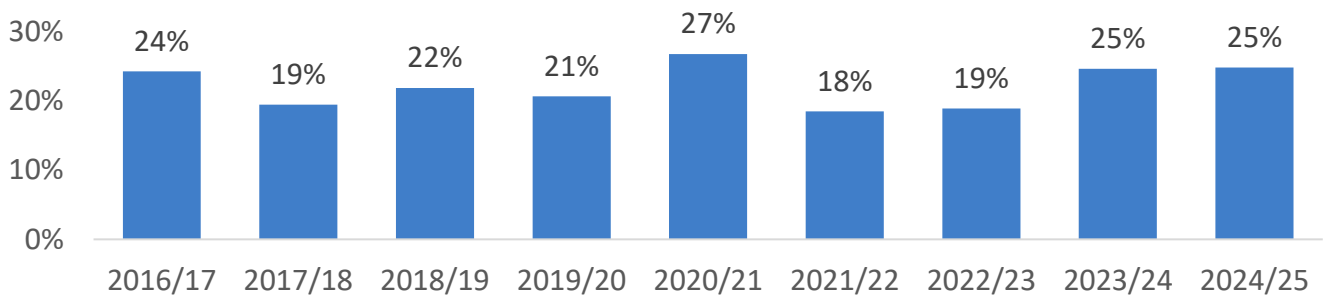
How often do you feel left out?

How often do you feel isolated from others?

Answer options (Score) - Hardly ever or never (1), Some of the time (2) or Often (3) with a score of six or more denoting showing signs of loneliness

This was the same as in 2023/24.

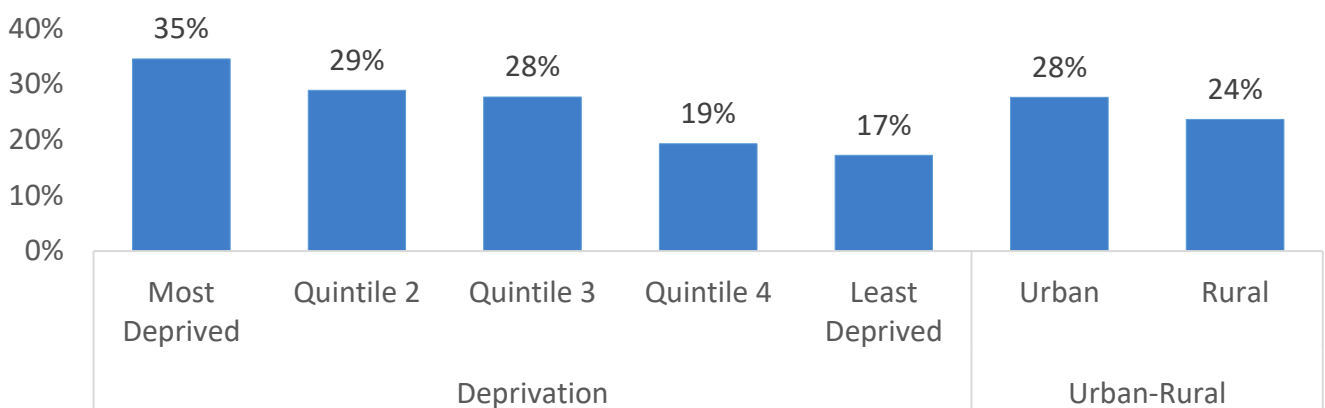
### *Respondents showing signs of loneliness by year*



Females (27%) were more likely than males (22%) to exhibit signs of loneliness. There was no discernible trend by age.

Those living in the most deprived areas (35%) were twice as likely to show signs of loneliness than those living in the least deprived areas (17%). There was no difference between those living in urban areas and those living in rural areas.

### *Respondents showing signs of loneliness by urban-rural and deprivation quintile*



## Support from family or friends

Three-quarters (76%) of respondents said that it was certainly true that there were people among their family or friends who could be relied on no matter what happens. Around a fifth (22%) of respondents felt they had more support from people over the last twelve months, with a small proportion (6%) reporting less support.

## Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS)

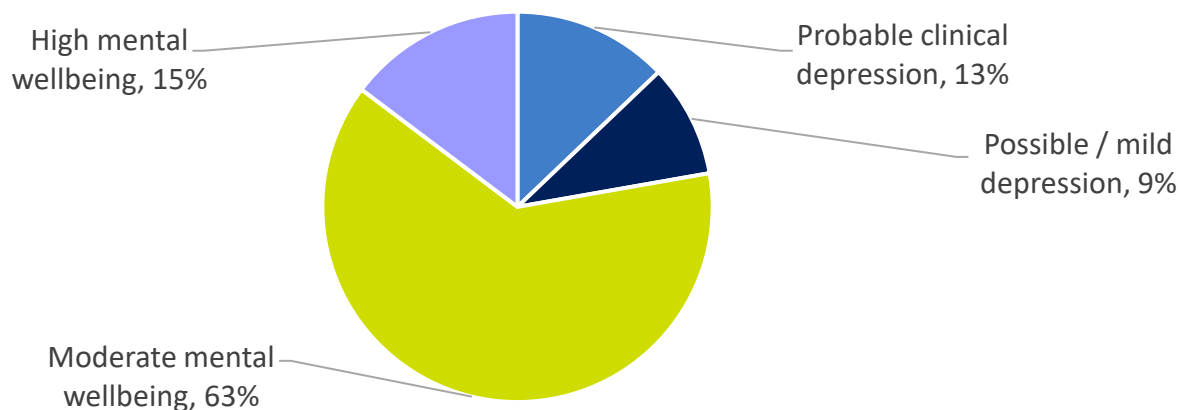
The Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS) was developed to enable the measuring of mental wellbeing in the general population and the evaluation of projects, programmes and policies which aim to improve mental wellbeing. It is calculated by totalling the scores for 14 statements (resulting in an individual score between 14 and 70). It is normally reported as a mean score by category, however cut-offs to categorise the scores have also been given with a score of less than 41 indicative of probable clinical depression, a score of 41-44 indicative of possible/ mild depression and a score of >60 indicative of high mental wellbeing.

In 2024/25 the overall Warwick-Edinburgh Mental Wellbeing mean score was 50.77 which was similar to 2023/24 (when the overall mean score was 50.74).

### Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs

In 2024/25, one in eight (13%) of respondents had a Warwick-Edinburgh Mental Wellbeing score of less than 41 indicating probable clinical depression and 9% had a score of 41 to 44 indicating possible / mild depression, while 15% had a score of over 60 indicating high mental wellbeing.

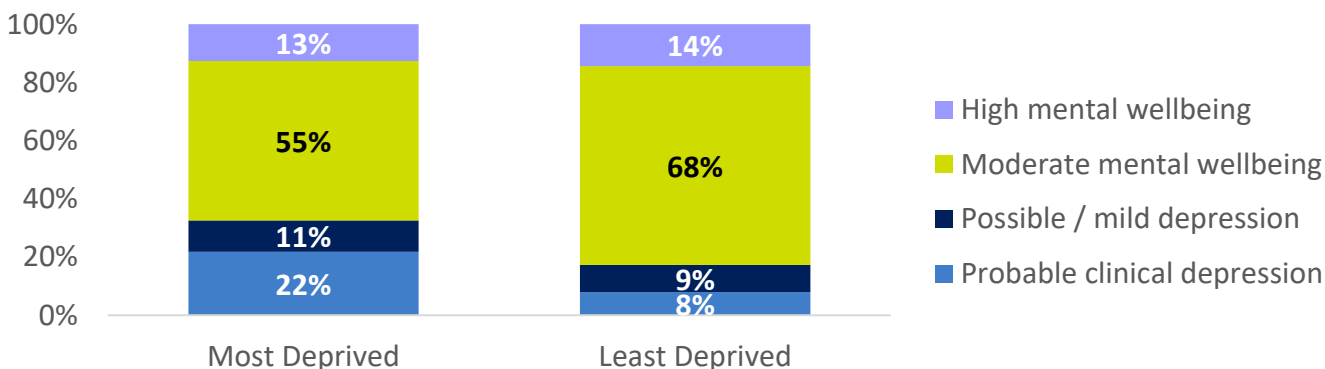
### Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs



### Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs by deprivation

Respondents living in the most deprived areas (22%) were almost three times as likely as respondents living in the least deprived areas (8%) to have a score indicating probable clinical depression.

### Warwick-Edinburgh Mental Wellbeing Scale Cut-Offs by Deprivation



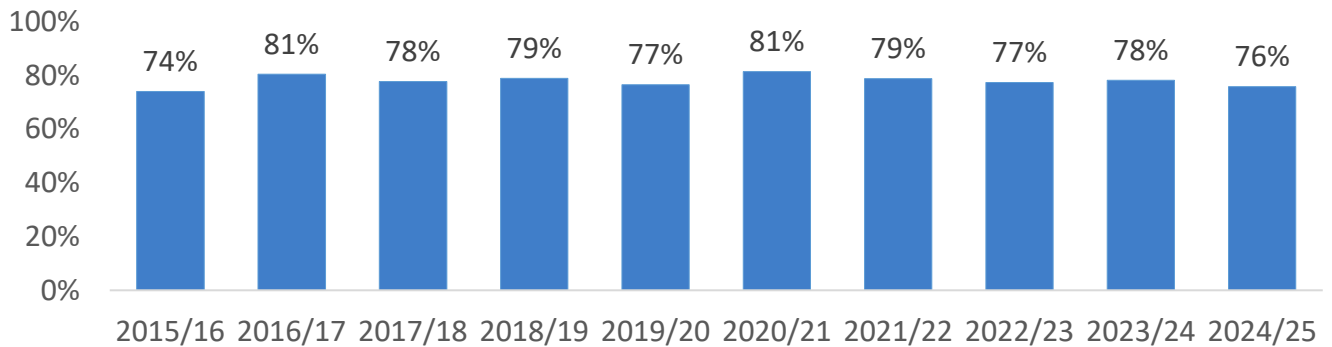
## Alcohol

### Drinking prevalence

In 2024/25, around three-quarters (76%) of adults aged 18 and over reported that they drank alcohol. This was down from 2023/24 (78%).

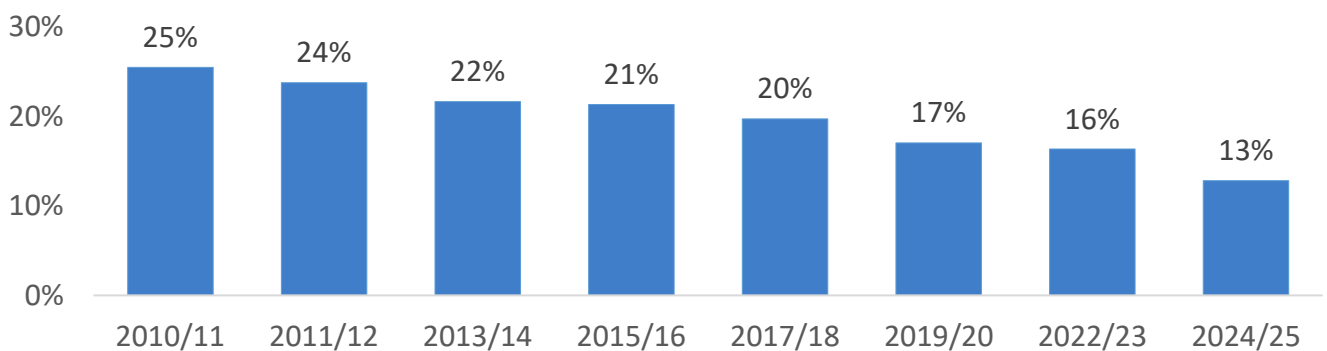


### Drinking prevalence by year



The proportion of adults aged 18 and over reporting drinking above weekly alcohol limits continued to fall - down to 13% of respondents, half that seen in 2010/11 (25%).

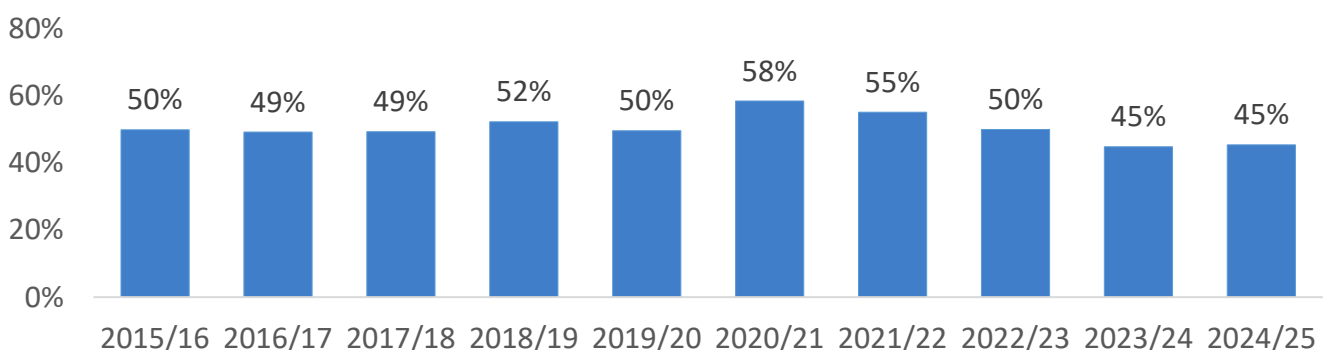
### Drinking above weekly alcohol limits by year



### Frequency and amount of drinking

Less than half (45%) of drinkers reported drinking at least once a week, the same as in 2023/24.

### Drinking alcohol at least once a week by year

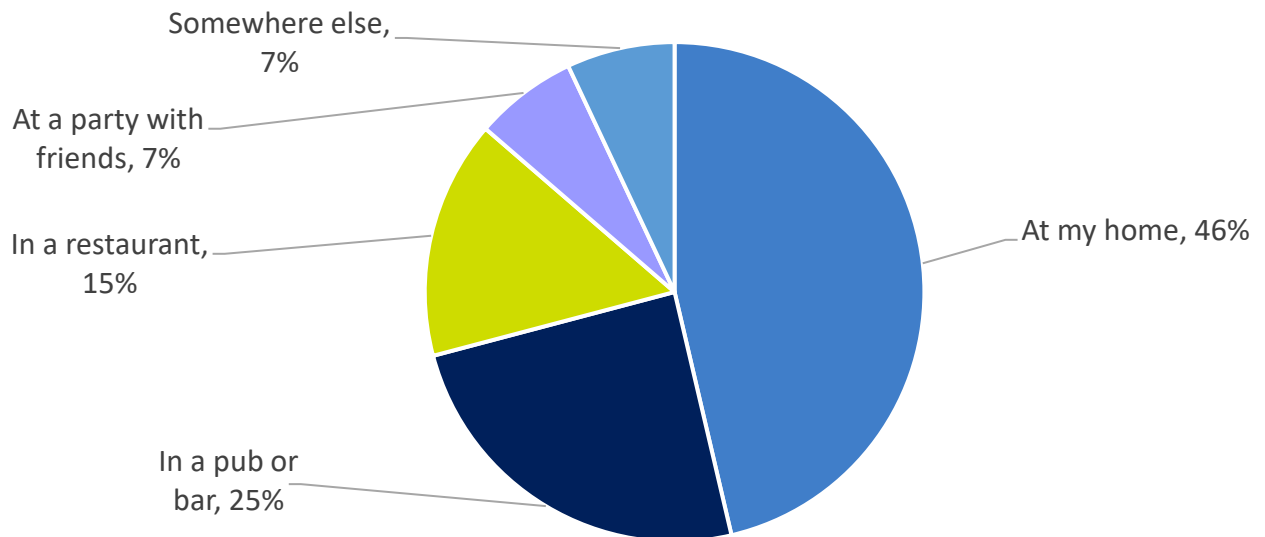


Half of drinkers (51%) reported that compared to 5 years ago they were drinking less nowadays, while around two-fifths (38%) reported they were drinking the same as before and 11% reported drinking more.

### Place where and who with drinkers drink their most amount of alcohol

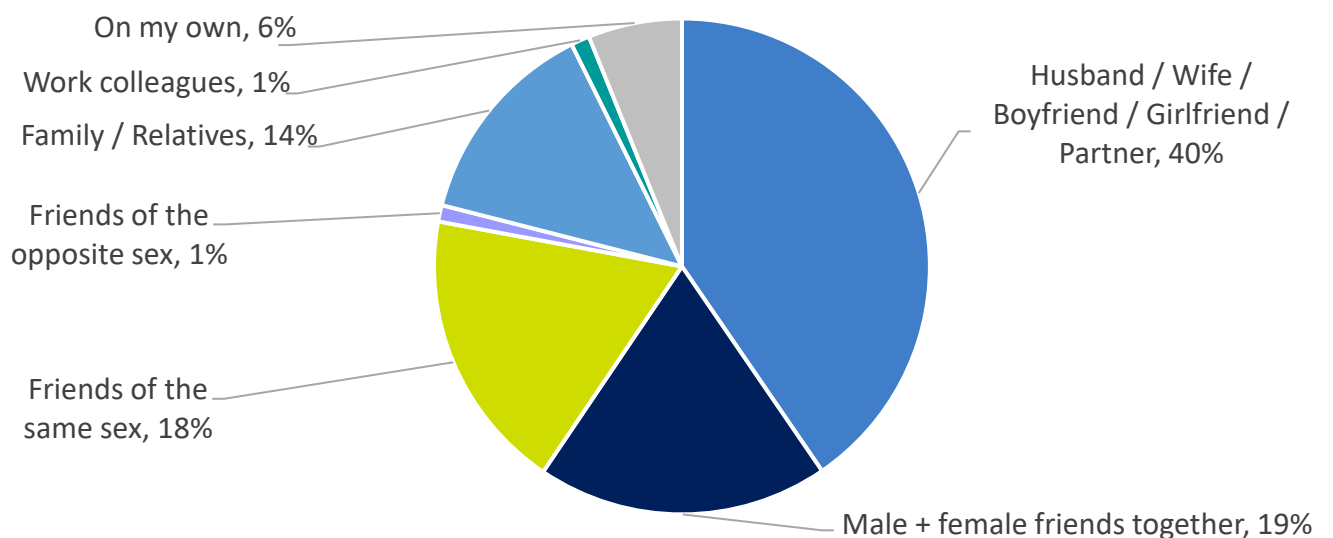
Almost half of drinkers (46%) drank the most alcohol at home, while a quarter drank the most alcohol in a pub or bar, with 15% drinking the most in a restaurant.

#### Place where drinkers drink their most amount of alcohol



Two-fifths of drinkers (40%) drank the most alcohol with their husband or wife, boyfriend or girlfriend or their partner, while around a fifth drank most alcohol with male and female friends together (19%) or with friends of the same sex (18%) with 14% drinking most alcohol with members of their family or relatives.

#### Who drinkers drink their most amount of alcohol with

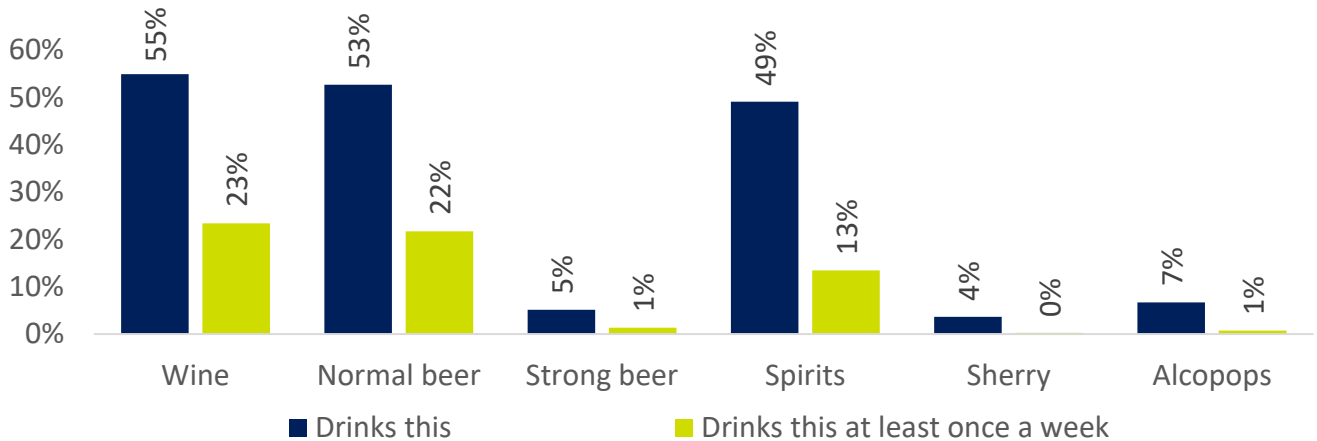


Two-thirds of those that drank the most alcohol with their husband or wife, boyfriend or girlfriend or their partner (66%) did so at their own home, while two-thirds of those that drank most alcohol with male friends (65%) did so in a pub or bar.

## Most popular drinks

The most popular drinks were wine (55%), normal strength beer (53%) and spirits (49% - down from 53% in 2022/23). Similar proportions of drinkers consumed wine (23%) and normal strength beer (22% - down from 26% in 2022/23) at least once a week, with 13% consuming spirits (down from 17% in 2022/23).

### Drinking prevalence by type of drink



## Risk from drinking

**No risk** - Non-drinker / Did not drink in last 12 months

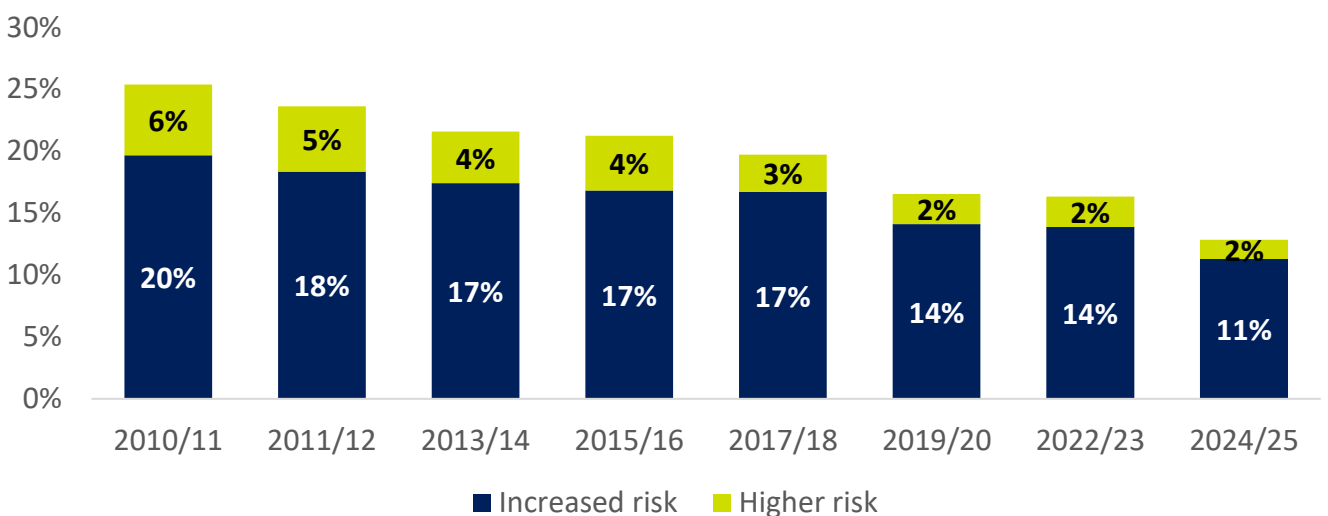
**Lower risk** - Drinks up to and including 14 units of alcohol per week

**Increased risk** - Drinks over 14 up to and including 35 units per week for females or over 14 up to and including 50 units per week for males

**Higher risk** - Drinks over 35 units per week for females or over 50 units per week for males

Around a quarter (26%) of respondents aged 18+ showed no risk from drinking as they had not drunk in the last 12 months, while three-fifths (60%) showed low risk from drinking consuming up to 14 units per week. The proportion of respondents aged 18+ with increased or higher risk from their drinking (13%) had fallen from 16% in 2022/23 and 25% in 2010/11.

### Increased and higher risk from drinking by year



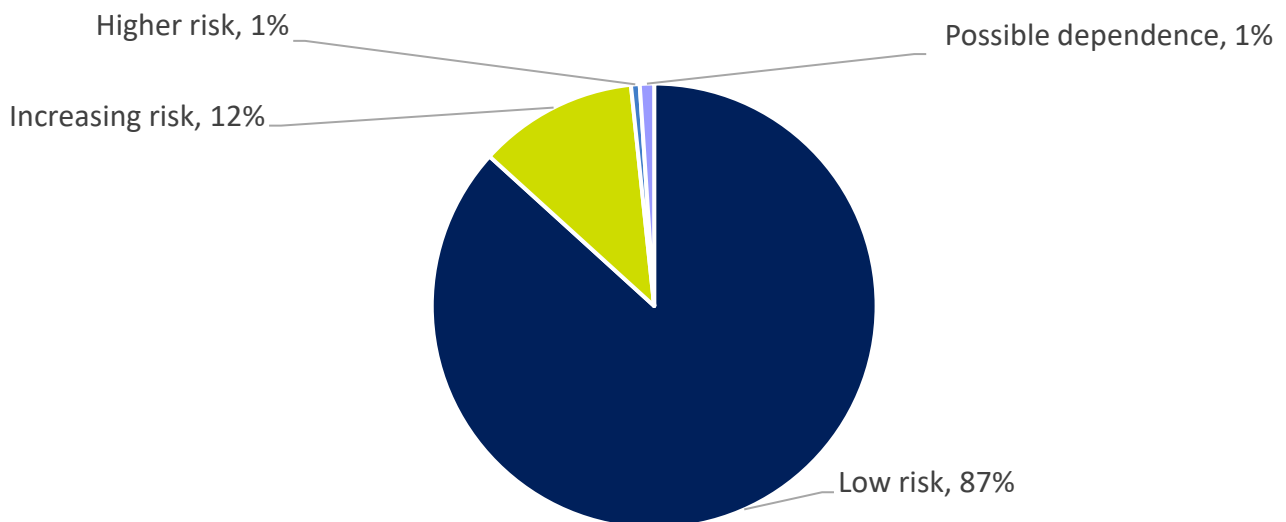
## Alcohol use disorders identification test (AUDIT)

AUDIT is a comprehensive 10 question alcohol harm screening tool. It was developed by the World Health Organisation (WHO) and modified for use in the UK and has been used in a variety of health and social care settings.

Risk	Score
Low risk	0 to 7 (including non-drinkers)
Increasing risk	8 to 15
Higher risk	16 to 19
Possible dependence	20 or more

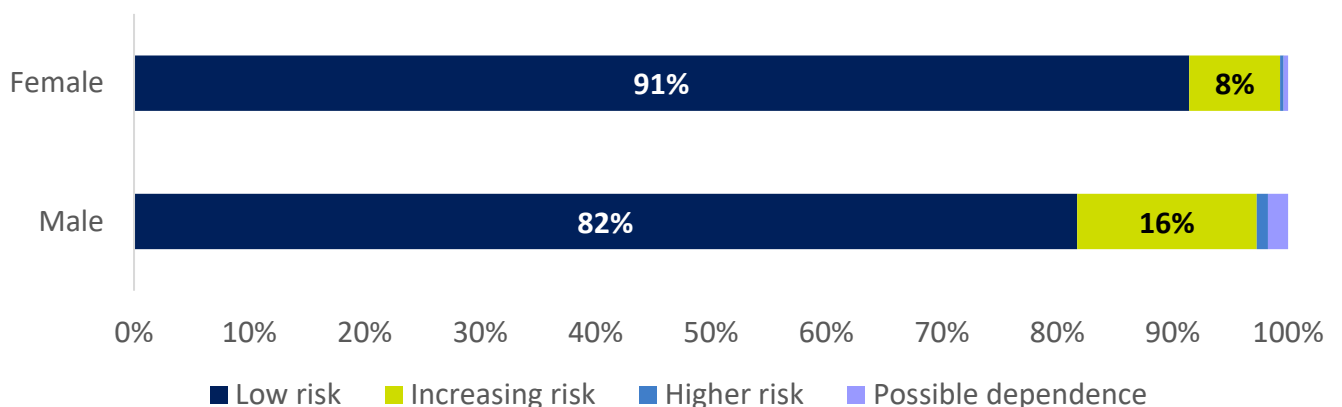
Using the AUDIT score to calculate risk, around one in eight (12%) of respondents aged 18+ showed signs of increasing risk from drinking, while 1% showed signs of higher risk and 1% showed signs of possible alcohol dependence.

### Risk from drinking using AUDIT



Male respondents aged 18+ (16%) were twice as likely as females (8%) to show signs of increasing risk from drinking. A further 1% of male respondents aged 18+ showed signs of higher risk, while 2% showed signs of alcohol dependence.

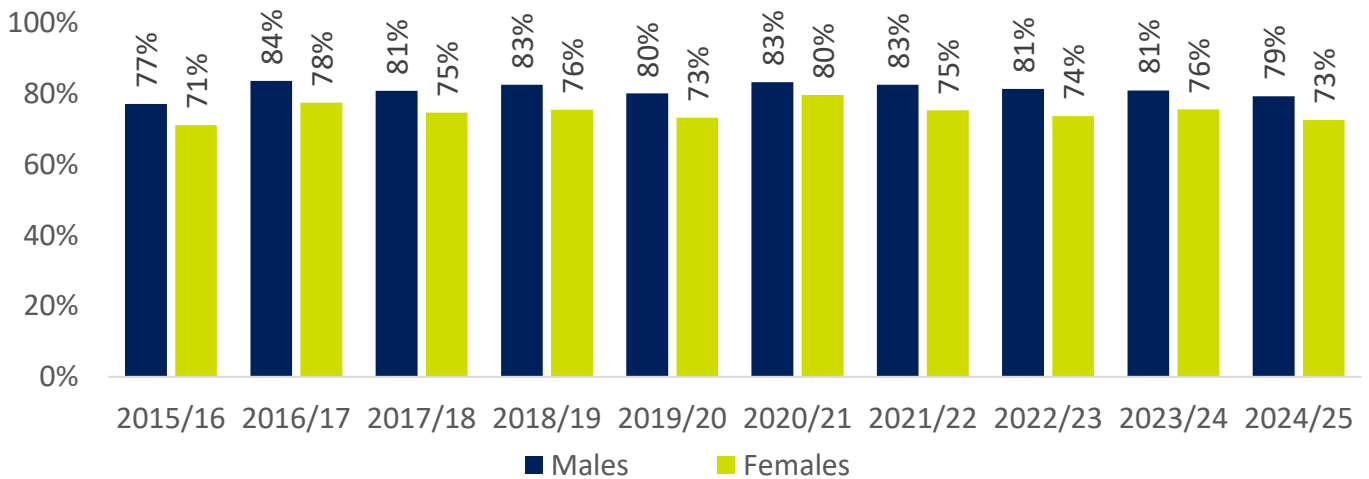
### Risk from drinking using AUDIT by sex



## Drinking by sex

In 2024/25, around four-fifths of males (79%) and three-quarters of females (73%) were drinkers. For males, this was similar to 2023/24, however it was down from 76% for females.

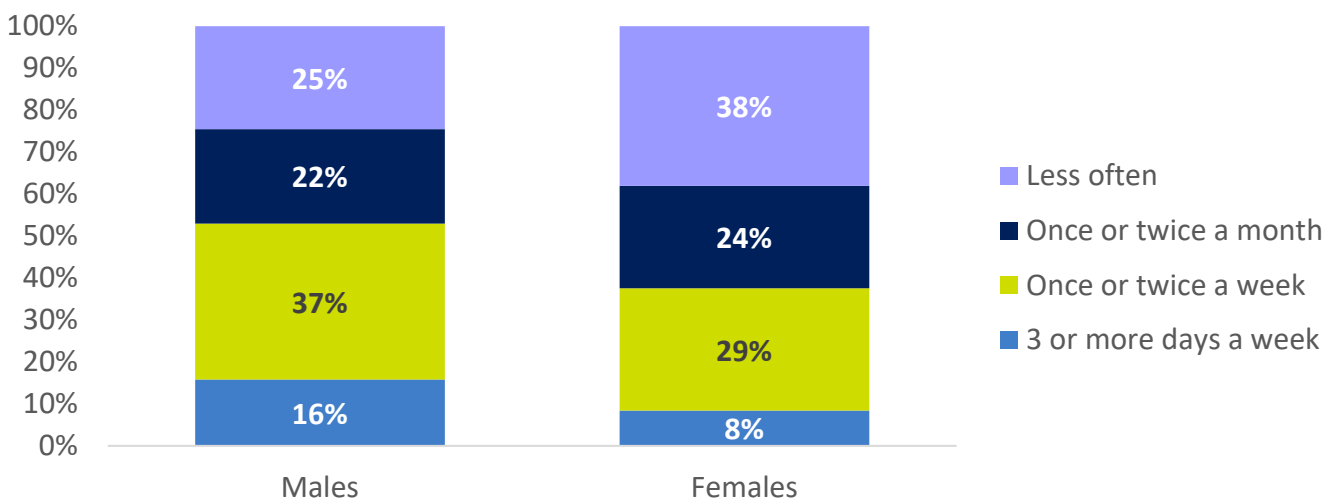
### Drinking prevalence by sex



## Frequency and amount of drinking by sex

Male drinkers (16%) were twice as likely as female drinkers (8%) to report drinking on three or more days per week. More than half (53%) of male drinkers drank at least once a week compared with 38% of female drinkers.

### Frequency of drinking by sex



When asked to describe the amount of alcohol they drank, three-quarters (74%) of female drinkers reported drinking a little or that they hardly drink at all compared with 58% of male drinkers. Male drinkers (6%) were more likely than female drinkers (1%) to report drinking quite a lot or drinking heavily.

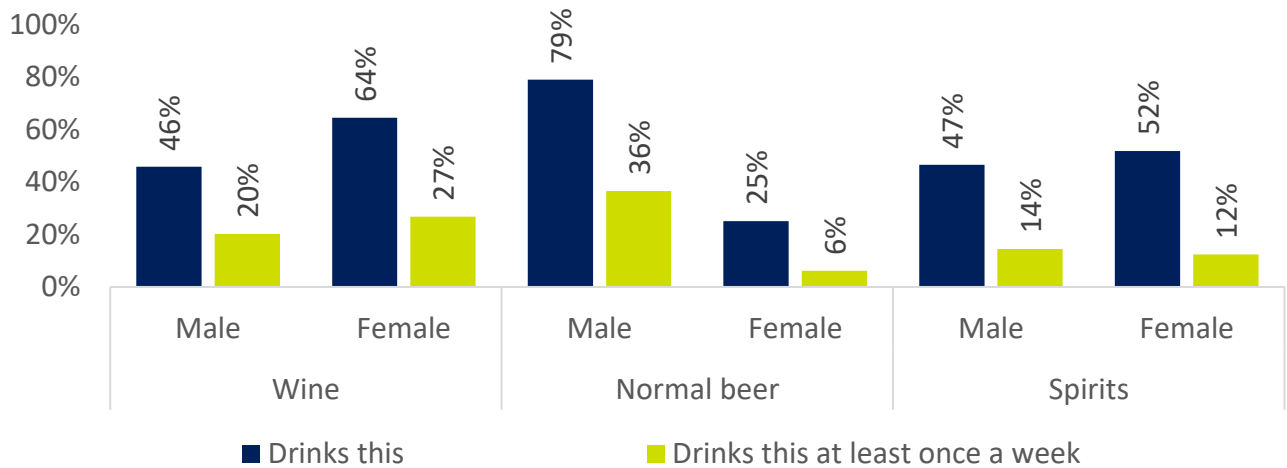
## Place where drinkers drink their most amount of alcohol by sex

Males (31%) were almost twice as likely as females (18%) to drink their most alcohol in a pub or bar, while females (21%) were twice as likely as males (10%) to drink their most alcohol in a restaurant.

### Most popular drinks by sex

Wine (64%) and spirits (52%) were more popular amongst females than males (46% and 47% respectively), while normal strength beer was three times as popular with males (79%) than females (25%). A quarter of females (27%) consumed wine at least once a week compared with a fifth of males, while a third of males (36%) consumed normal strength beer at least once a week compared with 6% of females.

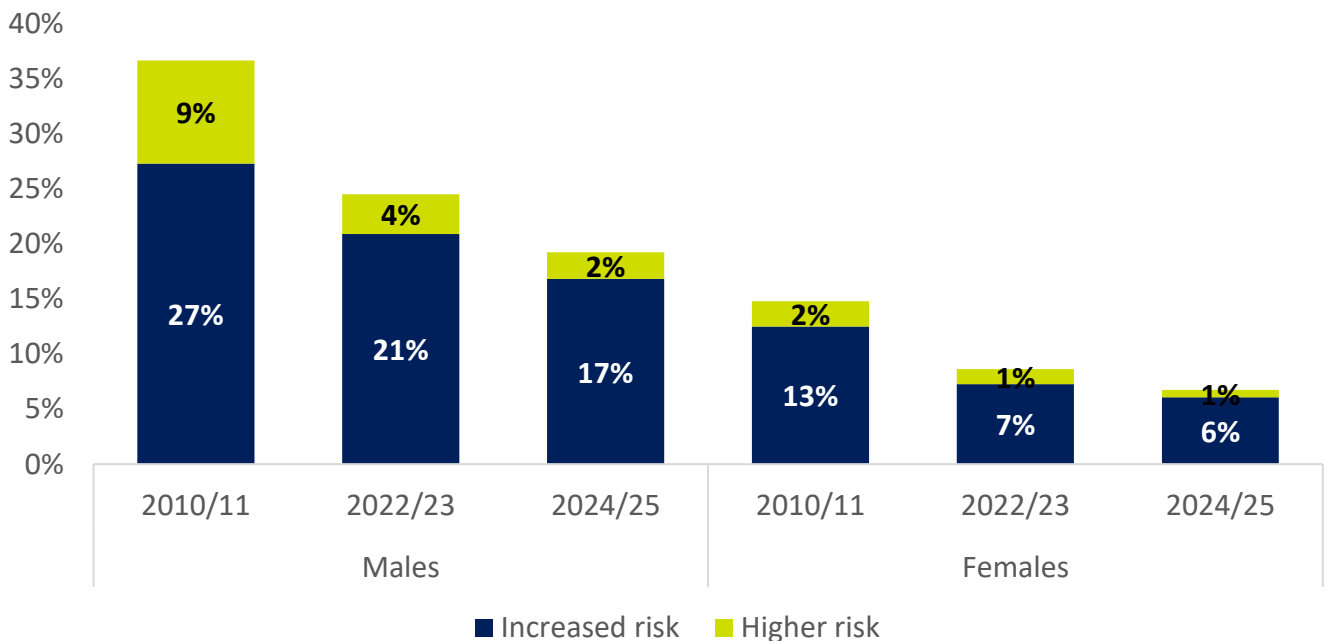
### Most popular drinks showing consumption at least once a week by sex



### Risk from drinking by sex

The proportion of male respondents aged 18+ showing increased or higher risk from their drinking halved from 37% in 2010/11 to 19% in 2024/25. The same was true for females (15% in 2010/11 and 7% in 2024/25).

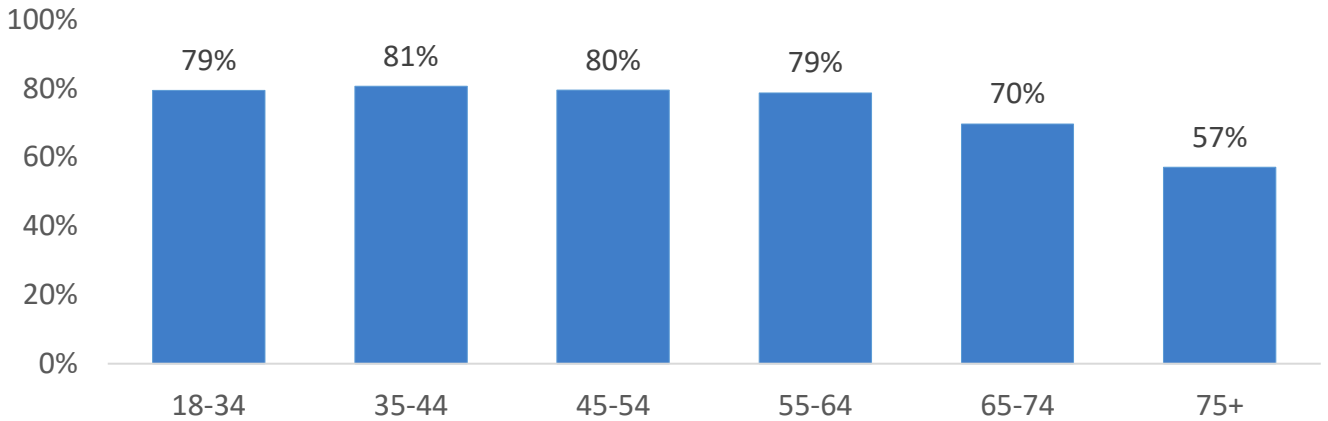
### Increased and higher risk from drinking by sex for selected years



## Drinking by Age

Drinking prevalence tends to decrease with age with around four-fifths of those aged 18 to 64 reporting drinking alcohol, while 70% of those aged 65 to 74 and around three-fifths of those aged 75+ do so. This was similar to 2023/24 for all age-groups except for 35-44 (85%).

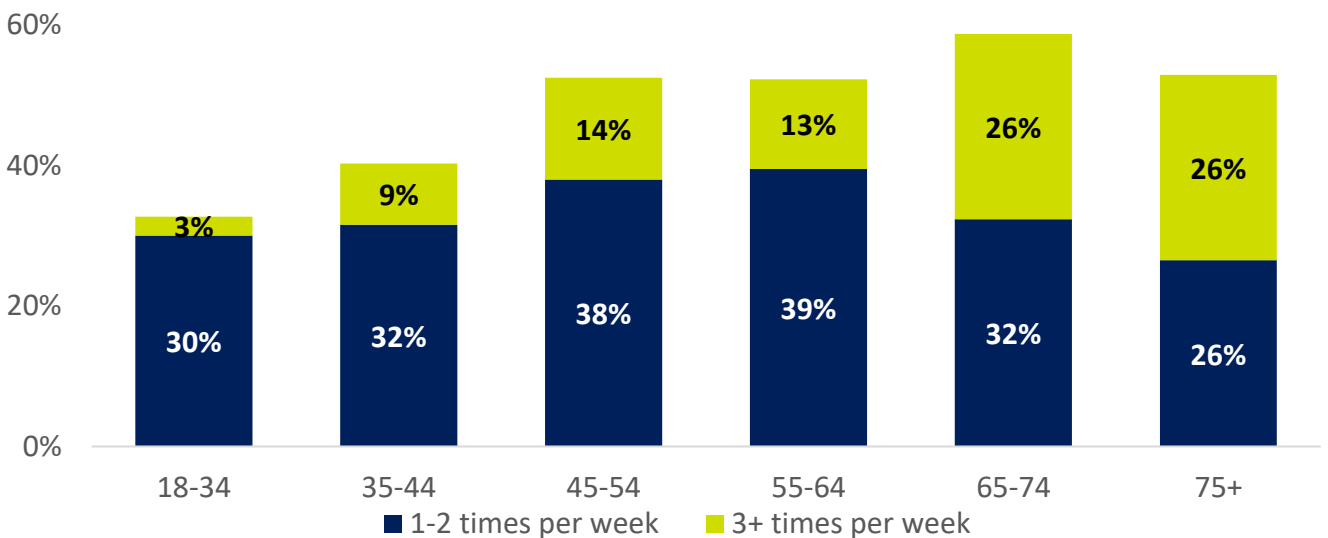
### Drinking prevalence by age



## Frequency and amount of drinking by age

The proportion of drinkers that drank at least once a week generally increased with age from a third (33%) of 18 to 34 year olds, up to around three-fifths (59%) of those aged 65 to 74. Similarly, those aged 65 and over were more likely to report drinking on three or more days a week than younger respondents.

### Frequency of drinking by age



Around a fifth (22%) of drinkers aged 18-34 reported drinking more than five years ago compared with 4-10% of other age groups. Almost two-fifths (56%) of drinkers aged 35-44 reporting drinking less compared with 43% of those aged 65-74.

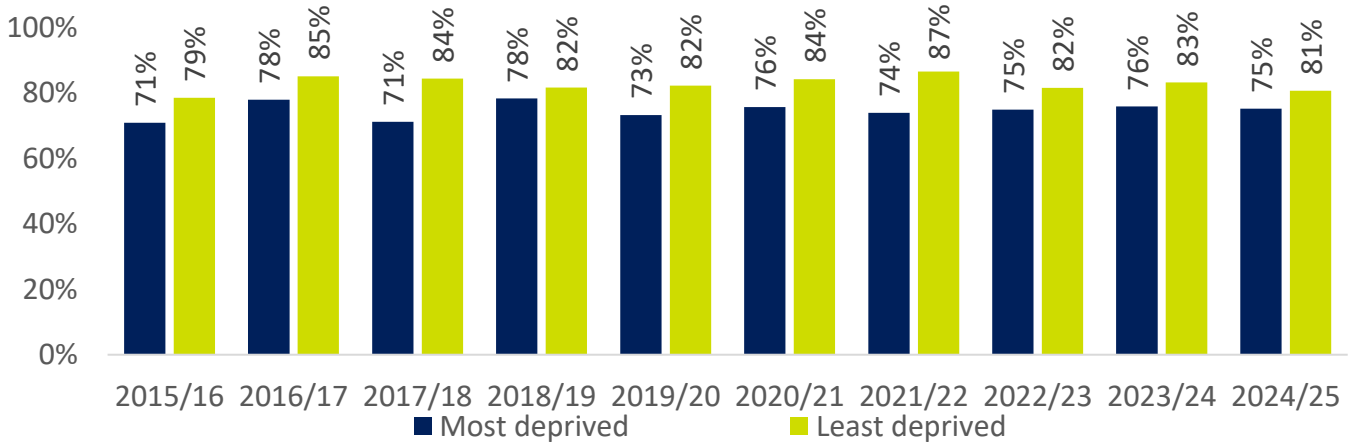
## Place where drinkers drink their most amount of alcohol by age

Younger drinkers (aged 18-34) were more likely than other age-groups to drink the most alcohol in a pub or bar or in a club or disco, while being less likely to drink the most alcohol at home or in a restaurant.

## Drinking by Deprivation

In 2024/25, four-fifths (81%) of those living in the least deprived areas were drinkers, while three-quarters (75%) of those living in the most deprived areas reported drinking alcohol (similar to 2023/24). This deprivation difference in drinking prevalence has been evident in most of the last ten years.

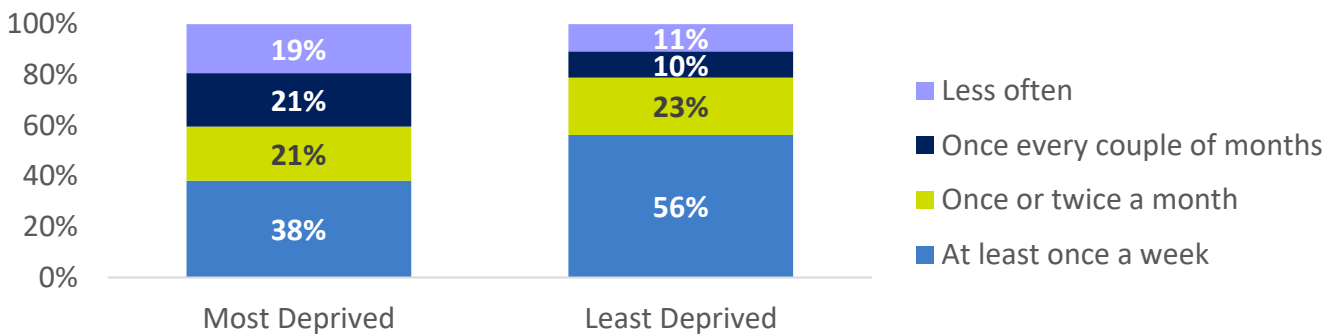
### *Drinking prevalence by deprivation quintile by year (most and least deprived areas compared)*



## Frequency and amount of drinking by Deprivation

In 2024/25, almost three-fifths (56%) of drinkers living in the least deprived areas drank alcohol at least once a week compared with around two-fifths (38%) of drinkers living in the most deprived areas (similar findings to 2023/24).

### *Frequency of drinking by deprivation quintile (most + least deprived areas compared)*



Drinkers aged 18+ in the least deprived areas (67%) were more likely than drinkers aged 18+ in the most deprived areas (37%) to drink wine, and almost three times as likely to do so on a weekly basis (35% in the least deprived areas compared with 13% in the most deprived areas).

## Place where and who with drinkers drink their most amount of alcohol by Deprivation

Over half of drinkers living in the least deprived areas (52%) drank the most alcohol at home compared with around two-fifths (38%) of drinkers living in the most deprived areas. Drinkers in the most deprived areas (29%) were more likely than drinkers in the least deprived areas to drink the most alcohol in a pub or bar.

Almost half of drinkers living in the least deprived areas (48%) drank the most alcohol with their husband/wife/boyfriend/girlfriend/partner compared with around 28% of drinkers living in the most deprived areas.

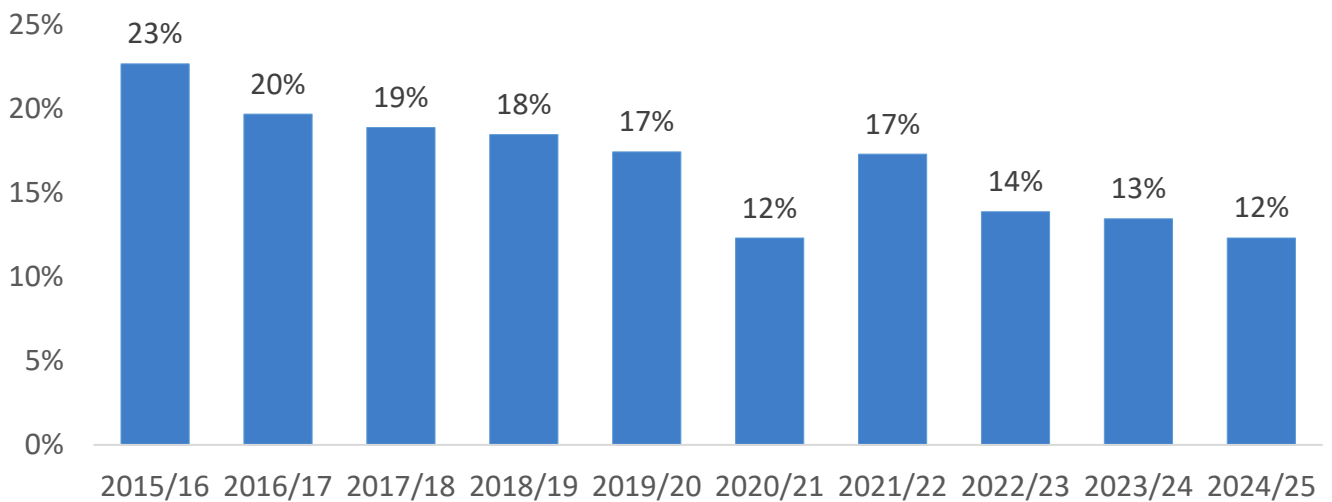
## Smoking

### Smoking prevalence

In 2024/25, 12% of adults smoked cigarettes; similar to the 2023/24 finding of 13%. Smoking prevalence has fallen fairly consistently over the last ten years, from 23% in 2015/16.



### Smoking prevalence by year



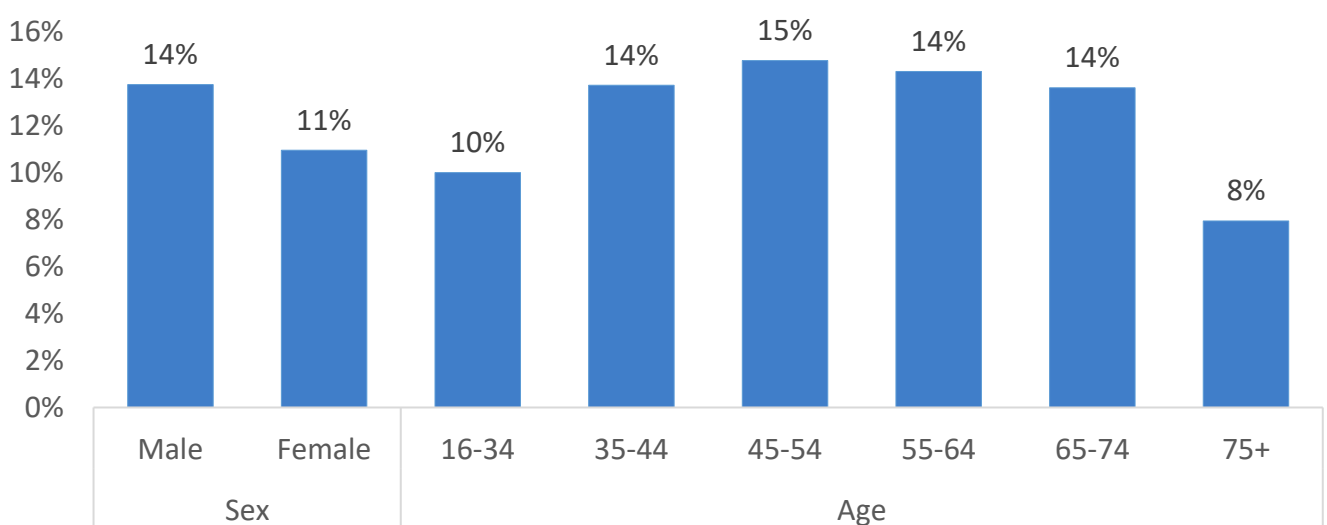
### Smoking by sex

Males (14%) were more likely than females (11%) to report smoking in 2024/25, with the rates for both remaining unchanged from the previous year.

### Smoking by age

Respondents aged 75+ reported a lower smoking rate than those aged 35-74.

### Smoking prevalence by sex and age



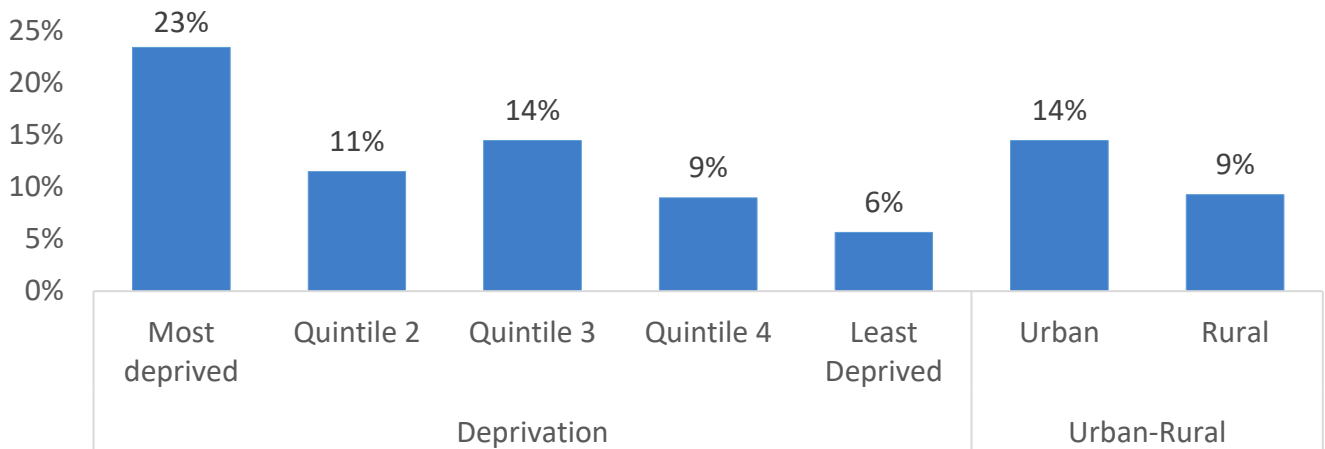
### Smoking by deprivation

Respondents living in the most deprived areas (23%, down from 36% in 2015/16) still remain more likely to be smokers than those living in the least deprived areas (6%, down from 14% in 2015/16).

## Smoking by urban-rural

The proportion of respondents in urban areas that smoke was 14% compared with 9% of those living in rural areas (similar to the rates in 2023/24).

### *Smoking prevalence by deprivation and urban-rural*



## Purchase of tobacco products / Packaged or hand-rolled cigarettes

Around three-quarters (74%) of smokers purchased tobacco products from their local shop, while 19% bought from the supermarket. Around three-fifths (61%) of smokers used packaged cigarettes (down from 69% in 2019/20), while 39% smoked hand-rolled cigarettes.

## Trying to quit smoking

Around four-fifths (78%) of smokers reported that they had tried to quit smoking. Around a tenth (9%) of smokers said that they really want to quit and intend to do so within the next three months, 18% report wanting to stop and hope to do so soon, while a further 34% want to quit but don't know when they will. Around two-fifths (38%) of smokers said either that they knew they should stop, but didn't really want to (22%) or simply that they did not want to stop (17%).

The main reasons for wanting to quit were the price of cigarettes (72%), concern for own personal health (71%) and setting an example for children (63%).

## Smoking inside the home and family car

The majority (89%) of respondents said that smoking was not allowed inside their home, while 6% said it was only allowed in certain places or on special occasions.

Similarly, 92% of respondents with a family car said that smoking was never allowed in it, while 2% said that smoking was not allowed while children were travelling in the car.

## Statements about smoking

Almost all respondents supported the ban on smoking in cars when children are present (98%).

Most (88%) respondents agreed that outdoor areas commonly used by children, such as playgrounds and beaches, should be smoke free.

## Other nicotine products

A very small proportion of respondents used oral nicotine pouches (0.5%) or oral tobacco products such as snus, paan or gutka (0.3%).

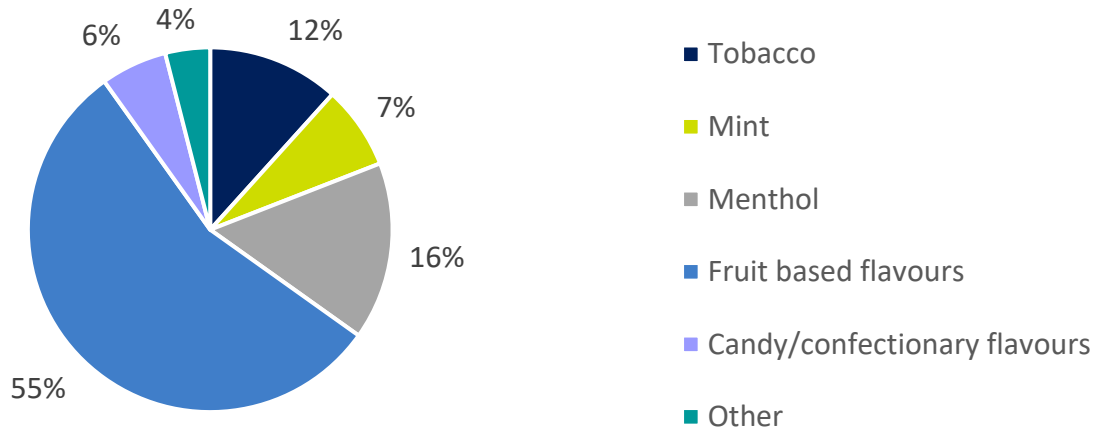
## e-cigarettes

In 2024/25, 9% of adults were using e-cigarettes or vaping devices, a similar rate to the 2023/24 finding but an increase from the 6% reported in 2015/16.

### Flavour of e-cigarette used

Over half (55%) of e-cigarette users chose fruit-based flavoured e-cigarettes or vaping devices, while 16% used menthol flavour and 12% used tobacco flavour.

#### *Flavour of e-cigarette used*



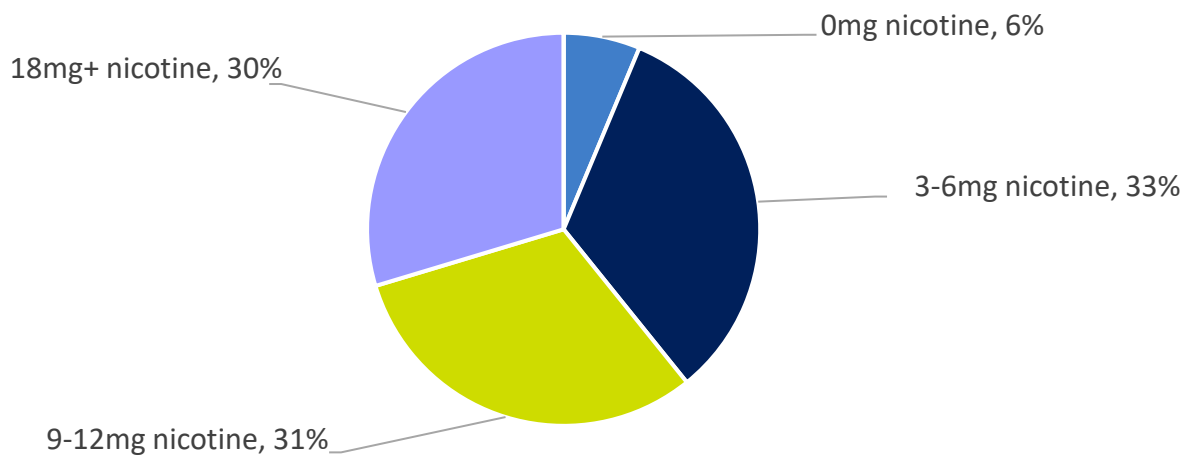
### Type of e-cigarette used

Two-thirds of current e-cigarette users used refillable devices while a third used disposable devices.

### Strength of cartridge

A third (33%) of e-cigarette users used lower strength nicotine cartridges (3-6mg nicotine) in their e-cigarettes or vaping devices, while 31% used medium strength nicotine cartridges (9-12mg nicotine) and 30% used high strength nicotine cartridges (18mg+ nicotine).

#### *Strength of cartridge used*



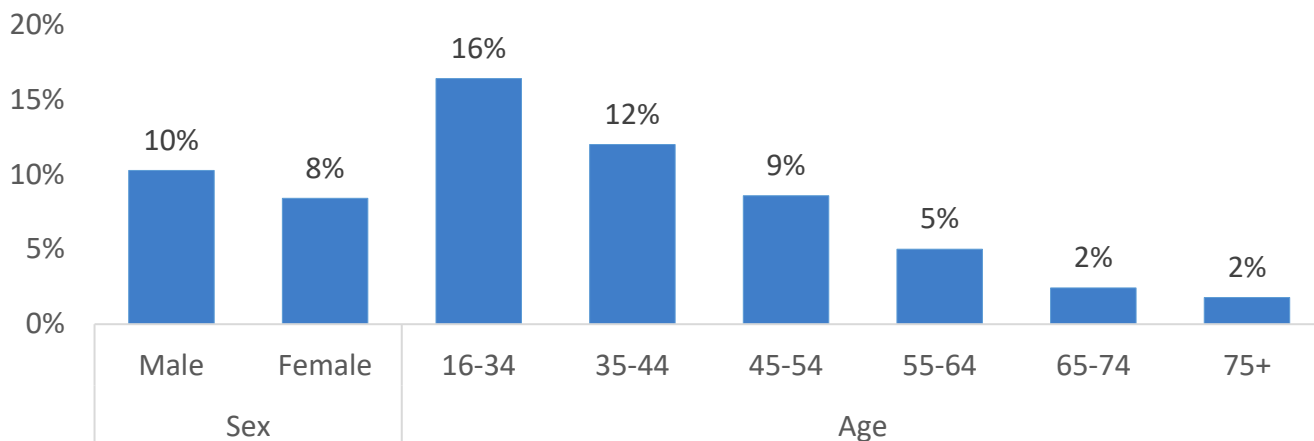
Around three-fifths (61%) of users said that the strength of cartridge they used had remained the same, while it had reduced in strength for more than a quarter (28%) of users and increased for 8%.

### e-cigarette use by sex and age

There was no significant difference in use of e-cigarettes or vaping devices between males and females.

Use of e-cigarettes decreased with age, ranging from 16% of those aged 16-34 to 2% of those aged 65 and over. This trend was evident for both males and females.

### e-cigarette use by sex and age



Although the number of respondents answering follow-up questions is low when split by sex and age, findings suggest females were more likely than males to use disposable e-cigarettes and younger e-cigarette users were more likely to use fruit-based flavours than older users.

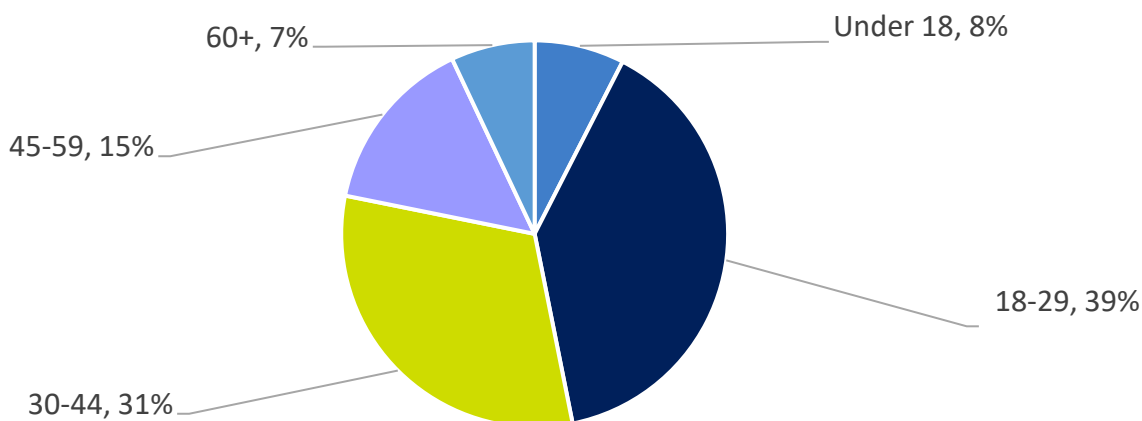
### e-cigarette use by deprivation and urban-rural area

Those living in the most deprived areas (15%) were almost twice as likely to use e-cigarettes than those in the least deprived areas (8%). Those living in urban areas (11%) were more likely to use e-cigarettes than those living in rural areas (8%).

### Age first started

Of those that had ever used e-cigarettes regularly, two-fifths (39%) had started aged 18-29, while a further third had started while aged 30-44. For 8% of respondents, their use of e-cigarettes had started while they were aged under 18.

### Age first started using e-cigarettes



## Years using e-cigarettes

Of those that had ever used e-cigarettes regularly, just under a third (30%) had been using them for one year or less, while a third (34%) had been using them for two to three years. The remaining third had been using them for four or more years.

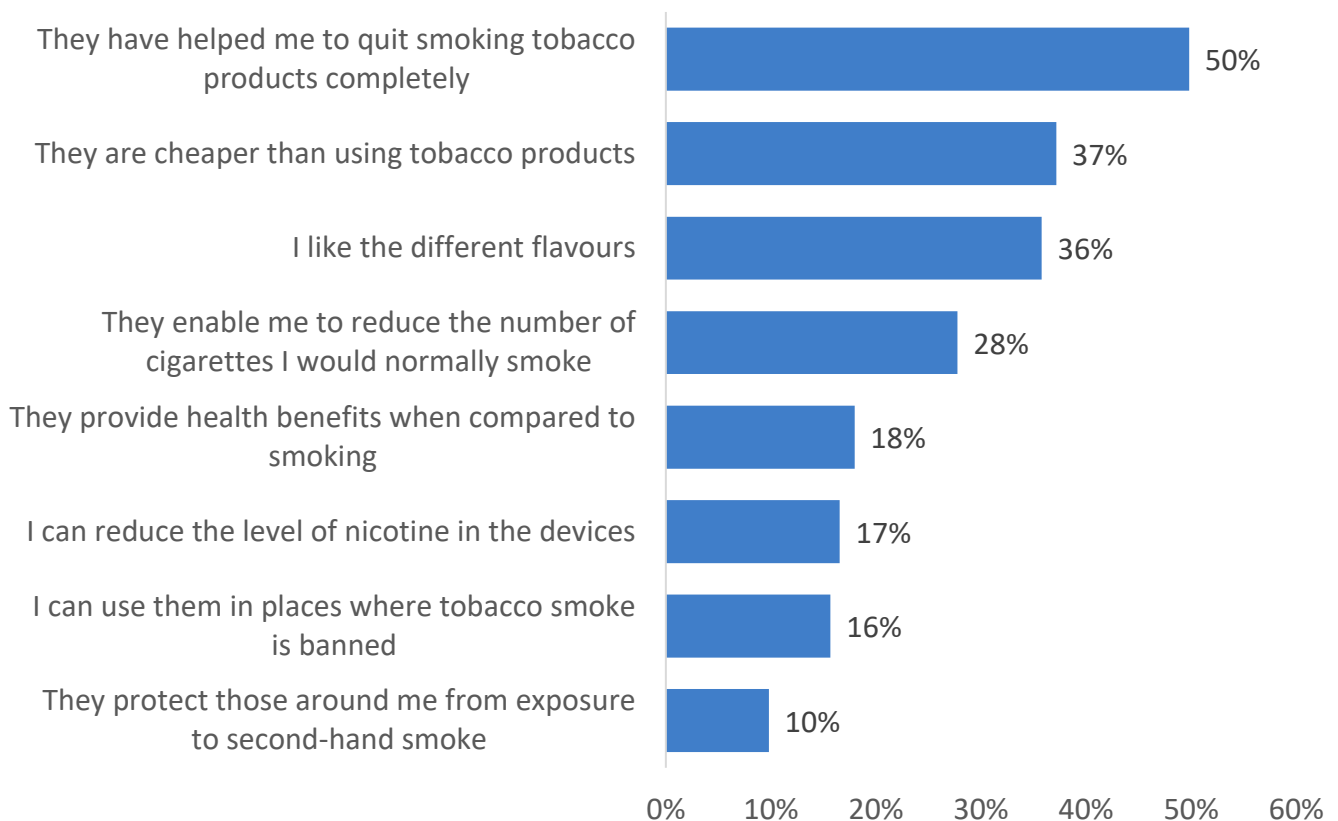
## Timing of starting e-cigarette use with starting smoking cigarettes

Those respondents who had ever smoked regularly and ever used e-cigarettes regularly were asked if they had started using e-cigarettes before, after or at the same time as smoking cigarettes. The majority of these (90%) had started using e-cigarettes after they had started smoking cigarettes, while 7% started using e-cigarettes at the same time as smoking cigarettes, with a small proportion (3%) starting to use e-cigarettes before smoking cigarettes.

## Reasons for using e-cigarettes or vaping devices given by current users and ex-users

When asked for reasons why they used e-cigarettes or vaping devices, half (50%) of current users and those that used to use them regularly said “They have helped me to quit smoking tobacco products completely”, while more than a third said “They are cheaper than using tobacco products” (37%) or “I like the different flavours” (36%) and over a quarter (28%) reported that they enabled them to reduce the number of cigarettes they would normally smoke.

### *Most popular reasons given for e-cigarette use*



When asked to indicate the main reason for use, almost half (45%) of current users and those that used to use them regularly was “They have helped me to quit smoking tobacco products completely”, while a further 15% said “They enable me to reduce the number of cigarettes I would normally smoke”.

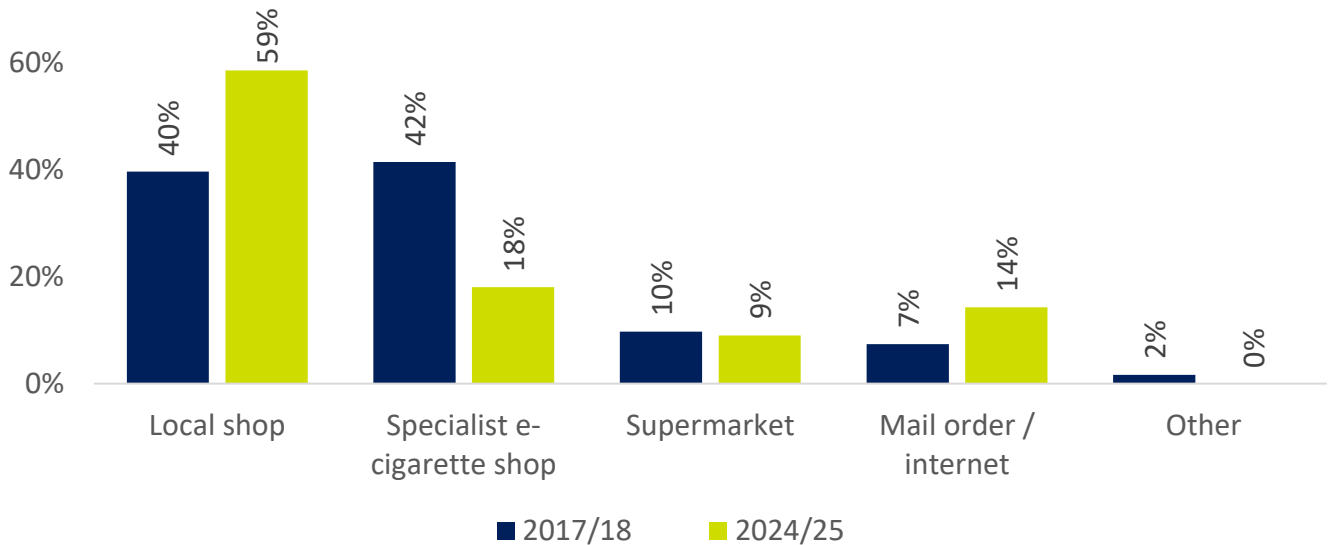
## Plans to stop using e-cigarettes or vaping devices

In 2024/25, a fifth (19%) of those that use e-cigarettes or vaping devices planned to stop using them within the next month or 6 months, while 32% were not planning to stop using them.

## Where e-cigarette users purchase their e-cigarettes

Almost three-fifths (59%) of current e-cigarette users buy their e-cigarettes from their local shop, while a fifth (18%) buy from a specialty shop, 14% by mail order / internet and 9% from the supermarket. Use of specialist e-cigarette shops has halved since 2017/18, while use of mail order or internet has doubled.

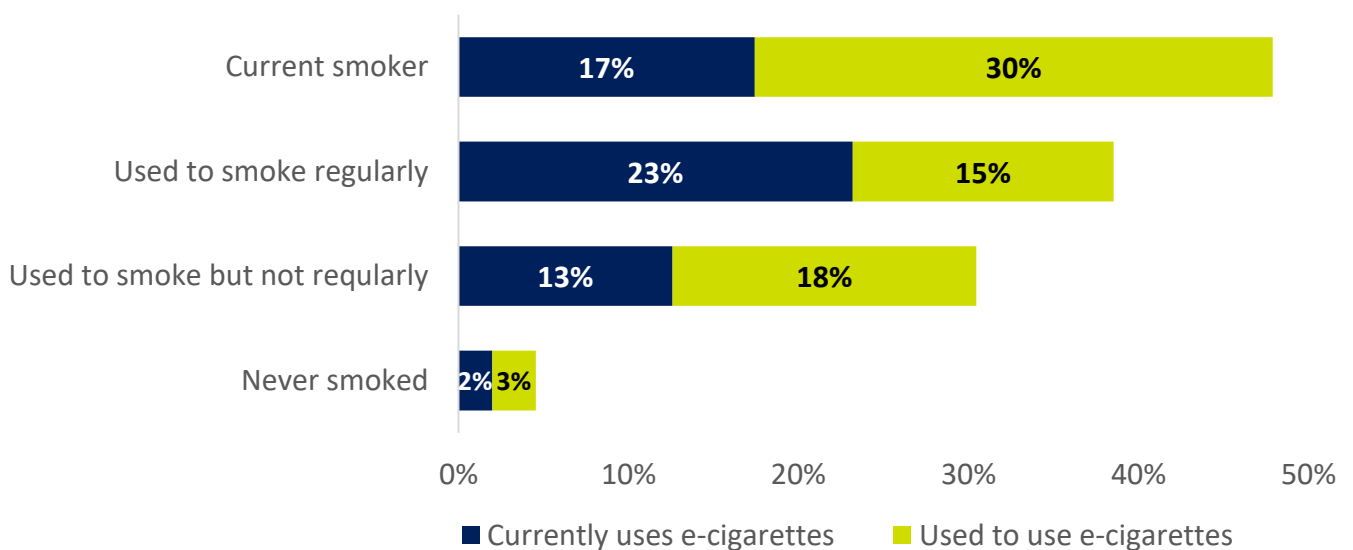
### Where e-cigarettes purchased (2017/18 and 2024/25 compared)



## e-cigarette use by smoking status

Around half (48%) of current smokers have ever used e-cigarettes with almost a fifth (17%) currently using them. Almost two-fifths (39%) of those that used to smoke regularly had ever used e-cigarettes with around a quarter (23%) currently using them.

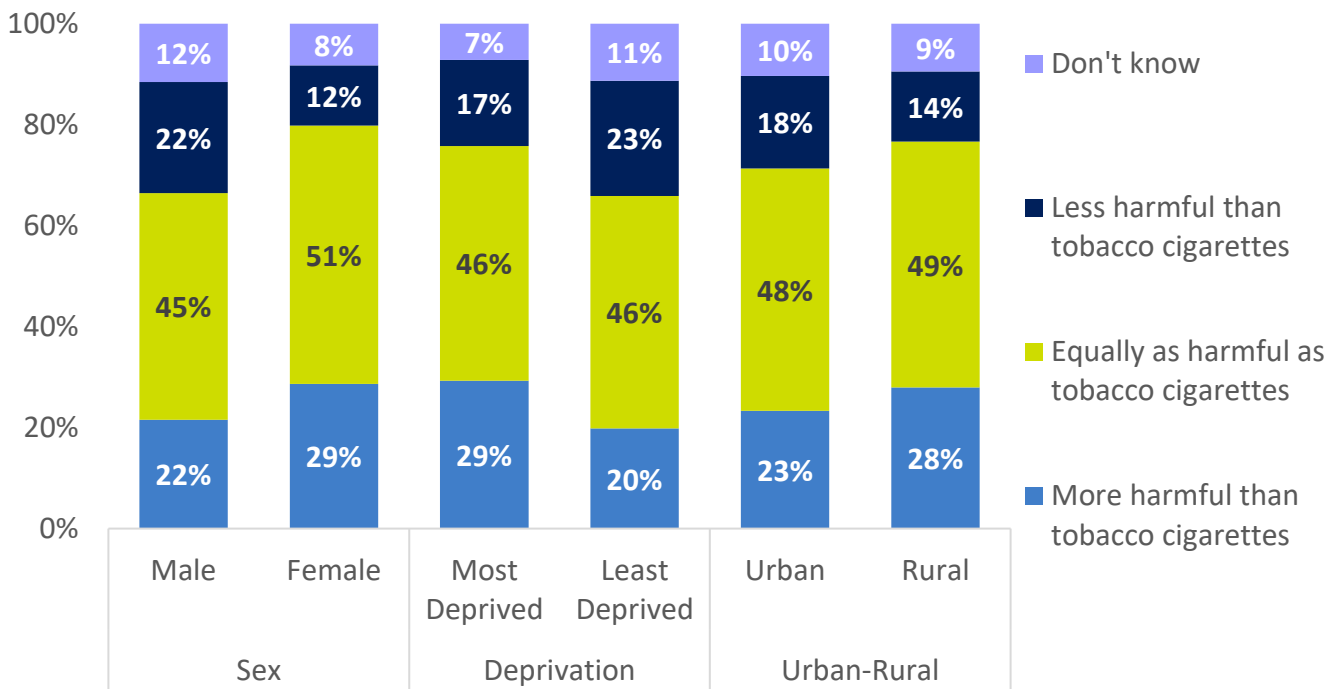
### e-cigarette use by smoking status



## Opinion on harm from using e-cigarettes or vaping devices (Asked of all respondents)

Males (22%) were more likely to say that e-cigarettes were less harmful than tobacco cigarettes than females (12%). This was also true for those living in urban areas (18%) compared with those living in rural areas (14%). Those living in the most deprived areas (29%) were more likely to say that e-cigarettes were more harmful than tobacco cigarettes than those living in the least deprived areas (20%).

### Opinion on harm from using e-cigarettes or vaping devices by sex, deprivation and urban-rural area



## Attitudes to e-cigarettes

The vast majority (99%) of respondents supported the ban on sales of e-cigarettes directly to, as well as adults buying on behalf of, under 18s.

## Health Literacy

### HLS19-Q12 measurement

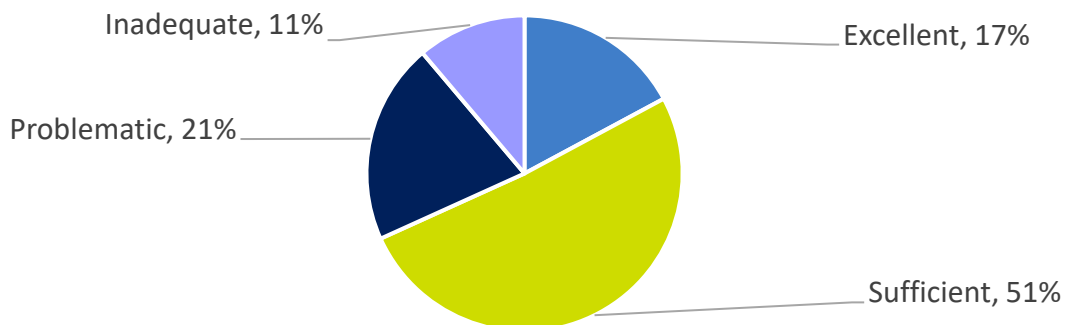
The HLS19-Q12 is an instrument consisting of twelve questions to measure General Health Literacy in the population and is calculated using the scoring system below.



<b>Inadequate</b>	Answers to six or more questions were given as “very difficult” or “difficult” <b>AND</b> answer to one question or less was given as “very easy”
<b>Problematic</b>	All respondents who are not in the groups “excellent”, “sufficient”, or “inadequate” after these categories have been calculated
<b>Sufficient</b>	Answers to ten or more questions were given as “very easy” or “easy” <b>AND</b> answers to two or less questions were given as “very difficult” or “difficult”
<b>Excellent</b>	Answers to six or more questions were given as “very easy” <b>AND</b> answer to one question or less was given as “very difficult” or “difficult”

Overall, around a fifth (17%) had excellent Health Literacy, while it was inadequate for 11%.

### HLS19-Q12 measurement

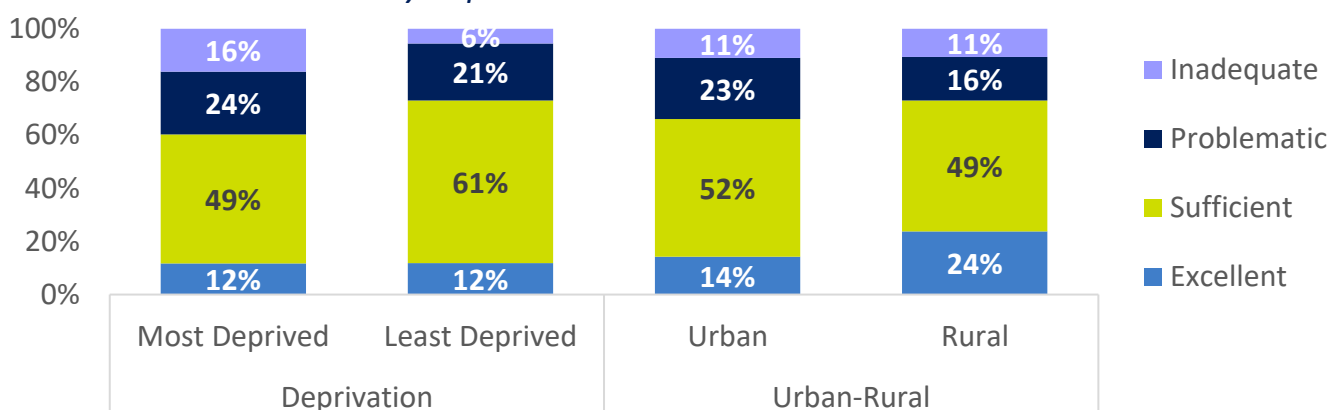


### HLS19-Q12 by deprivation and urban-rural areas

Similar proportions in the most and least deprived areas had excellent health literacy. Those living in the most deprived areas were more likely than those living in the least deprived areas to have inadequate health literacy, while those living in the least deprived areas were more likely than those living in the most deprived areas to have sufficient health literacy.

Those living in rural areas were more likely than those living in urban areas to have excellent health literacy, while those living in urban areas were more likely than those living in rural areas to have problematic health literacy.

### HLS19-Q12 measurement by deprivation and urban-rural areas



## Five-a-day

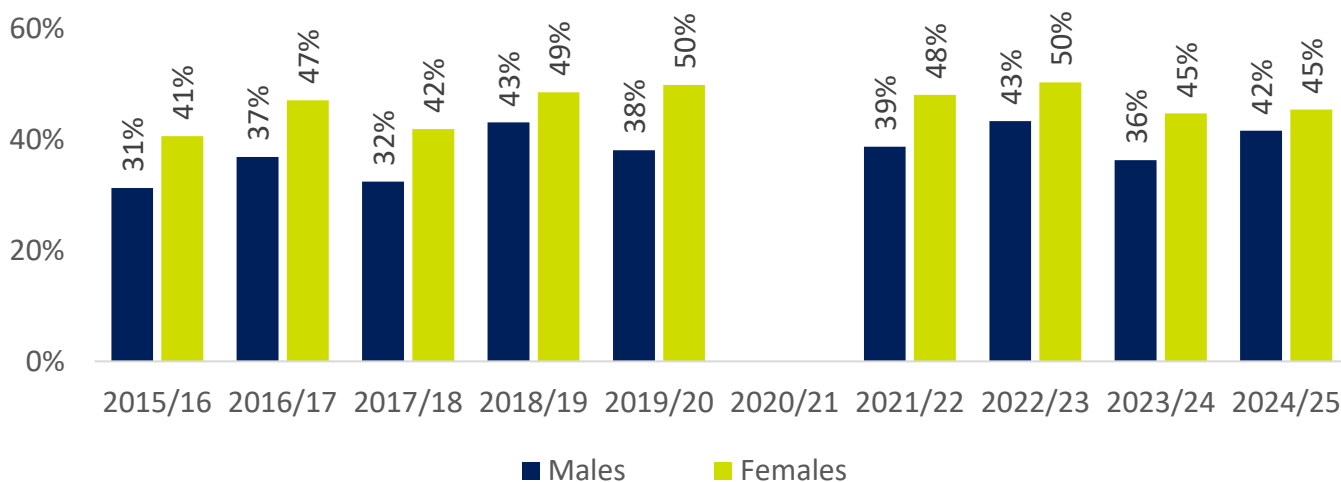
More than two-fifths (44%) of respondents reported that they consumed 5 or more portions of fruit and vegetables per day. This was similar to 2023/24.



### Five-a-day by sex and age

A similar proportion of males (42%) and females (45%) reported consuming 5 or more portions of fruit and vegetables per day; consumption rates are higher than they were a decade ago for both males and females.

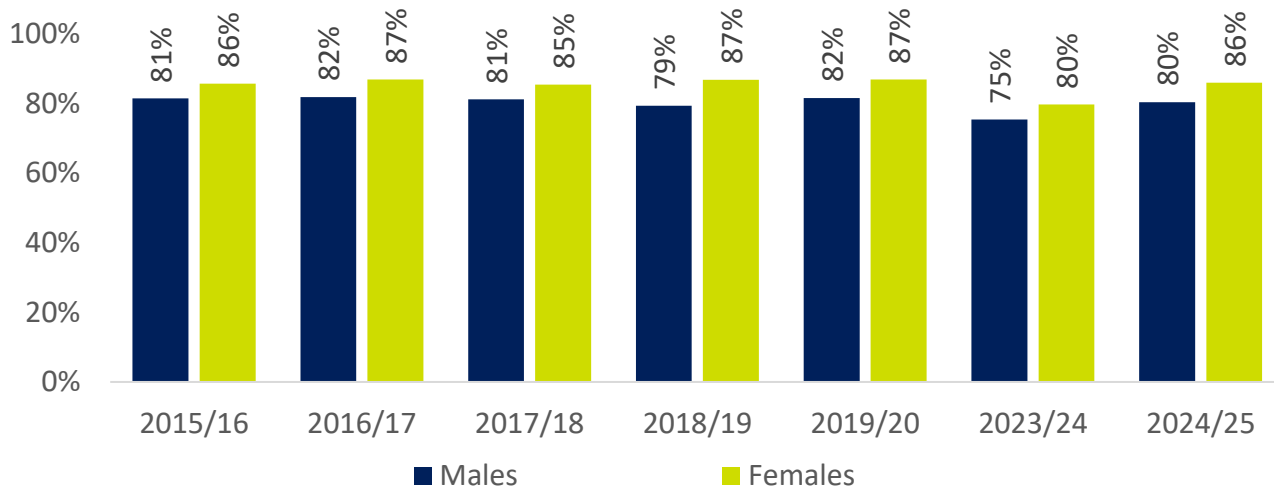
### Proportion of respondents consuming at least 5-a-day by sex



### Knowledge of Department of Health guidance on fruit and vegetables

In 2024/25, four-fifths (83%) of respondents knew the Department of Health recommends that everyone should consume at least 5 portions of fruit and vegetables a day (up from 78% in 2023/24). Females (86%) remained more likely to know about 5-a-day guidance than males (80%).

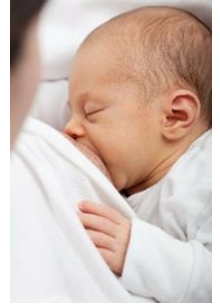
### Knowledge of Department of Health guidance on fruit and vegetables by sex



## Breastfeeding

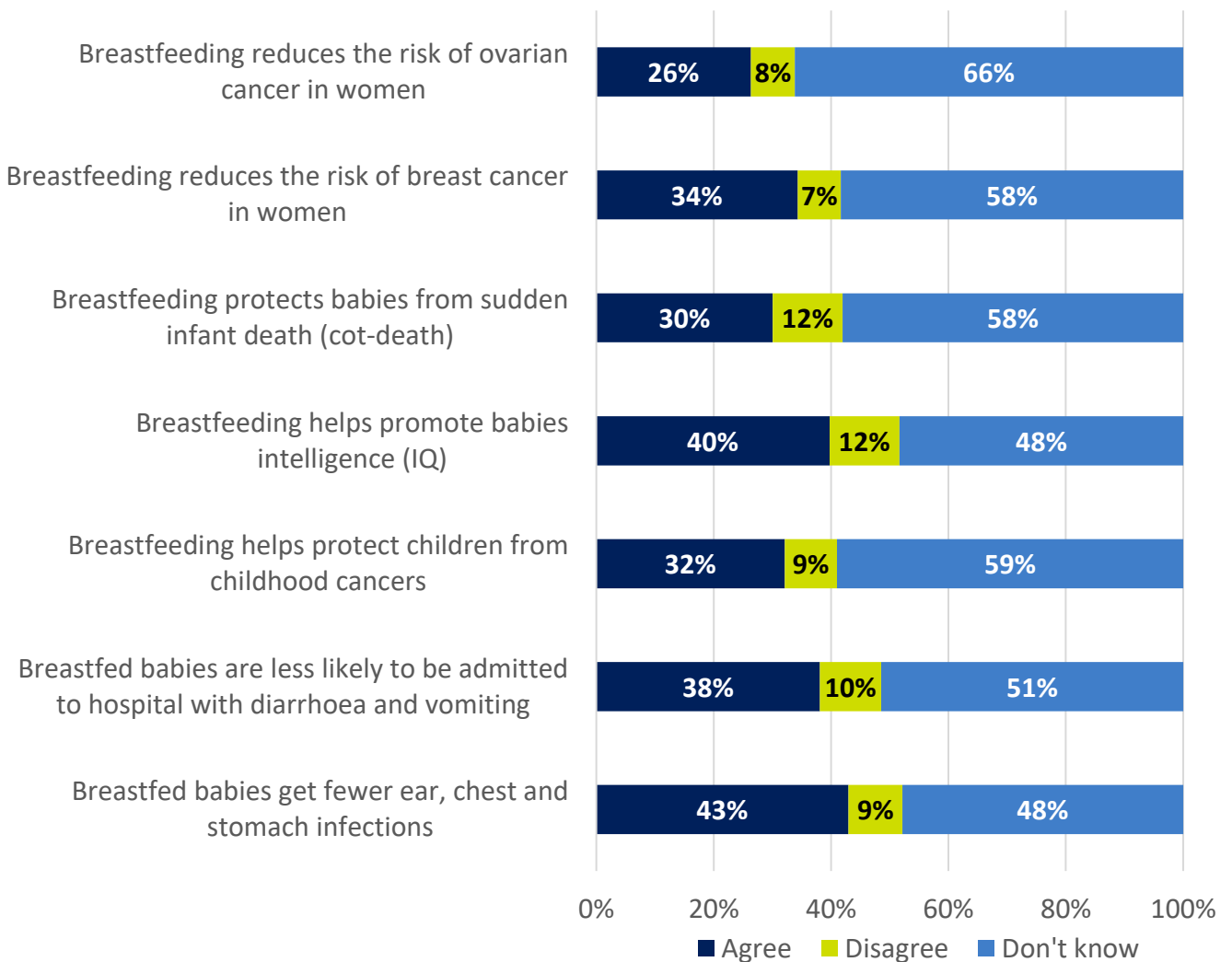
### Statements about benefits of breastfeeding

The findings across a range of statements show a significant proportion of respondents (48-66%) indicating they do not know when asked about the benefits of breastfeeding. Males (53-73%) were more likely than females (41-60%) to say that they do not know to the individual statements.



In 2024/25, around two-fifths of respondents agreed that “Breastfed babies get fewer ear, chest and stomach infections” (43%), “Breastfeeding helps promote babies intelligence (IQ)” (40%) and “Breastfed babies are less likely to be admitted to hospital with diarrhoea and vomiting” (38%).

### *Agreement with statements about benefits of breastfeeding*



## Statements about breastfeeding in public

In 2024/25, over four-fifths of respondents agreed with the statement that “Mums should feel free to breastfeed their babies in public” (83%), while around three-quarters agreed “I feel comfortable with someone breastfeeding close to me in public (i.e. cafe, playground, etc.)” (74%) and “I feel comfortable seeing breastfeeding on television, advertisement boards or in other forms of media” (72%). Females were more likely than males to agree to each of these statements.

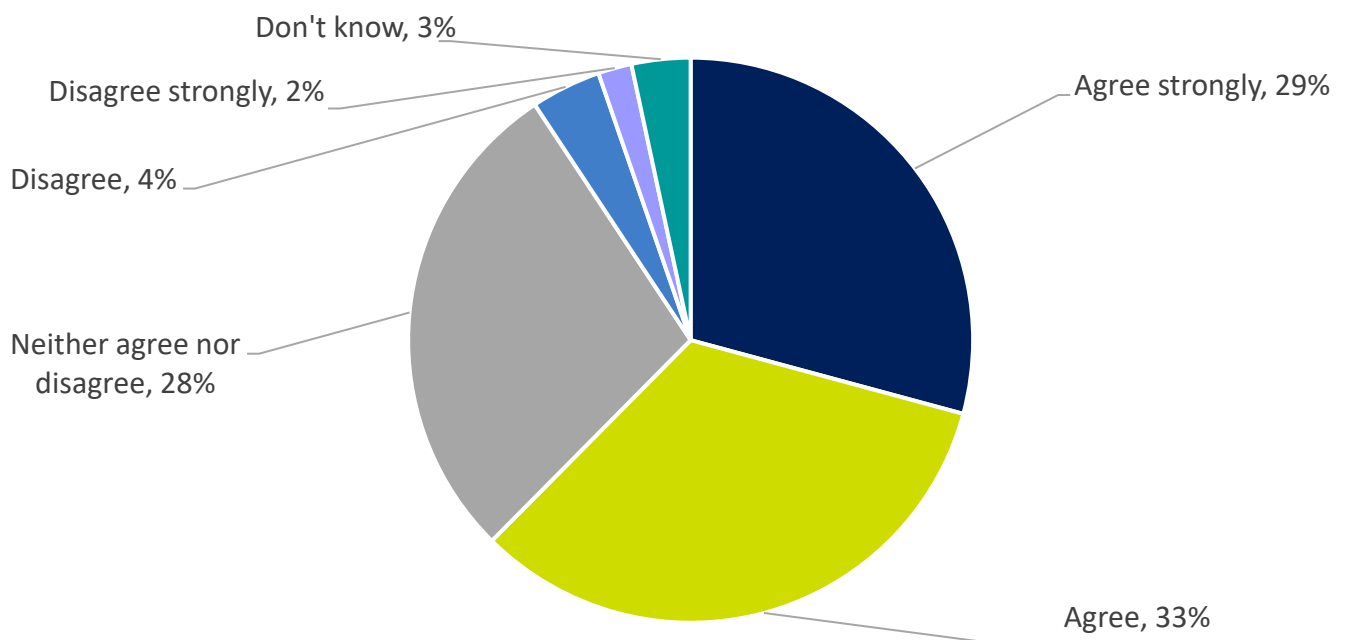
Three-quarters of respondents disagreed that “Women should only breastfeed their babies at home or in private” (75%), while two-thirds disagreed with the statement “I think that it is appropriate to ask someone who is breastfeeding in public to change location or to cover up” (69%).

Females (90%) were more likely than males (85%) to believe that women should be able to breastfeed everywhere, and agreement generally declined with age.

## Statements about healthiness of breastfeeding compared with formula

In 2024/25, around three-fifths (62%) of respondents agreed “Breast milk is healthier than formula for babies” (up from 59% in 2017/18). Similar proportions of males and females agreed to this statement. Those living in the least deprived quintile areas (66%) were more likely to agree than those living in the most deprived quintile areas (57%). Those living in urban areas (66%) were more likely to agree than those living in rural areas (58%).

### *Agreement with statement “Breast milk is healthier than formula for babies”*



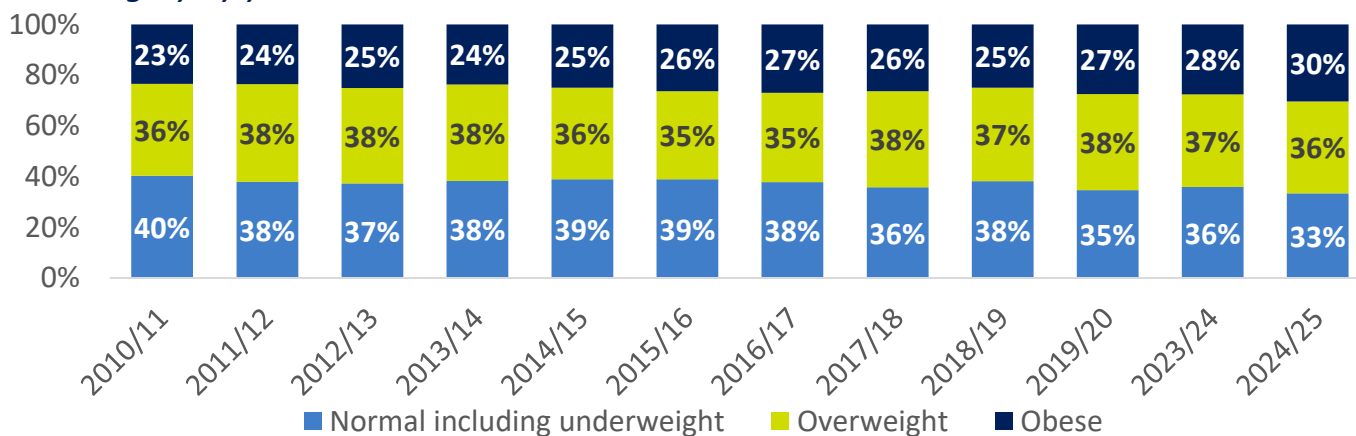
## BMI

In 2024/25, two-thirds (67%) of adults were either overweight (36%) or obese (30%), similar to findings in 2023/24.

Obesity has increased from 23% in 2010/11 to 30% in 2024/25.



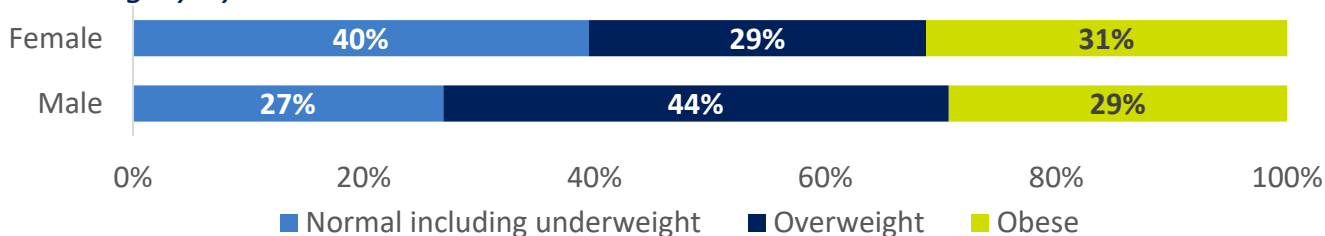
### BMI category by year



### BMI by sex

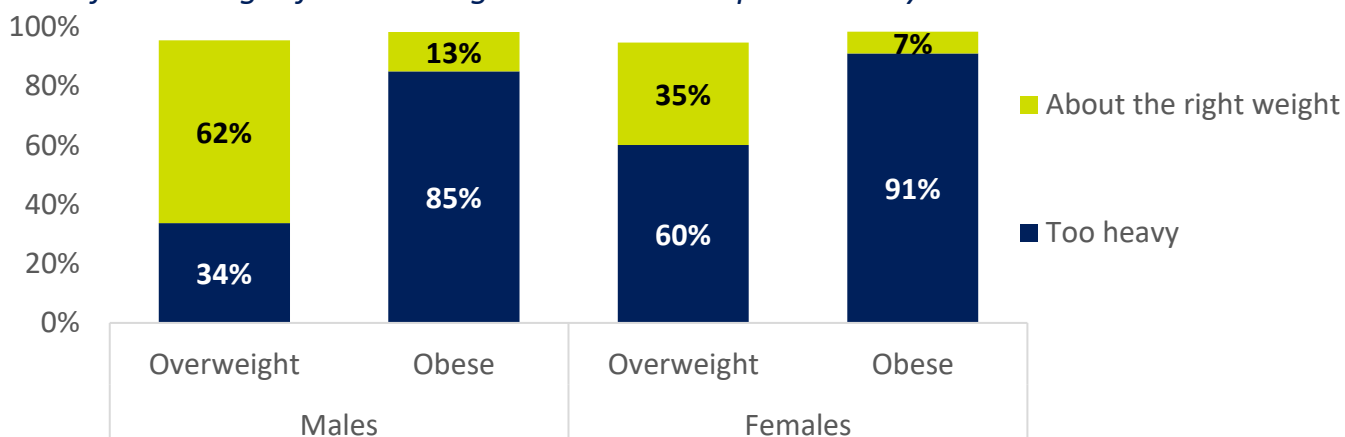
While similar proportions of males and females were obese, females (40%) were more likely to be normal including underweight than males (27%), while males (44%) were more likely to be overweight than females (29%).

### BMI category by sex



Three-fifths (62%) of overweight males thought they were about the right weight, while this was true for a third (35%) of overweight females. A third of overweight males were trying to lose weight compared with half of overweight females.

### View of own weight for overweight and obese respondents by sex



**Information Analysis Directorate (IAD)** sits within the **Department of Health (DoH)** and carries out various statistical work and research on behalf of the department. It comprises four statistical areas: Hospital Information, Community Information, Public Health Information & Research and Project Support Analysis.

IAD is responsible for compiling, processing, analysing, interpreting and disseminating a wide range of statistics covering health and social care.

The statisticians within IAD are outposted from the Northern Ireland Statistics & Research Agency (NISRA) and our statistics are produced in accordance with the principles and protocols set out in the UK Code of Practice for Official Statistics.

### **About Public Health Information and Research Branch**

The role of Public Health Information and Research Branch (PHIRB) is to support public health policy development through managing the public health survey function while also providing analysis and monitoring data. The head of the branch is the Principal Statistician, Mr. Bill Stewart.

In support of the public health survey function, PHIRB is involved in the commissioning, managing and publishing of results from departmental funded surveys, such as the Health Survey Northern Ireland, Young Persons Behaviour & Attitudes Survey, Patient Experience Surveys and the Adult Drinking Patterns Survey.

The branch also houses the NI Health and Social Care Inequalities Monitoring System which covers a range of different health inequality/equality-based projects conducted for both the region as well as for more localised area levels. In addition, PHIRB is responsible for the production of official life expectancy estimates for NI, and areas within the region.

PHIRB provides support to a range of key DoH NI strategies including Making Life Better, a 10-year cross-departmental public health strategic framework as well as a range of other departmental strategies such as those dealing with suicide, sexual health, breastfeeding, tobacco control and obesity prevention. It also has a key role in supporting the Departmental Substance Use Strategy, by maintaining and developing key departmental databases such as, the Substance Misuse Database, Impact Measurement Tool and the Census of Drug & Alcohol Treatment Services, which are all used to monitor drug misuse and treatments across Northern Ireland. In addition to Departmental functions, PHIRB also support the executive level Programme for Government and its strategic outcomes through a series of performance indicators.

All images were sourced from [www.pixabay.com](http://www.pixabay.com).

The variable for Urban-Rural is broken into 3 categories: Urban, Rural and Mixed Urban-Rural. Mixed Urban-Rural is not reported in this publication as it contained 319 individuals in 2024/25 (10% of respondents). Breakdowns by Mixed Urban-Rural can be found in the accompanying tables.