

Tobacco Control Plan: 2009 - 2011

Introduction

Smoking is known to be the leading preventable cause of death and disease in New Zealand, where there is an estimated 5000 deaths per annum from smoking and smoke exposure. Efforts to curb the number of smokers through cessation programmes, health promotion initiatives and legislation, over the last seven to eight years, have produced only modest gains. Overall smoking prevalence has fallen from 25% to 23.5% (MoH 2006).

Smoking contributes a significant burden to health inequalities. Estimates suggest the as much as twenty five percent of all cancers and eighty-five percent of all chronic obstructive pulmonary disease (COPD) are attributable to smoking, and smoking is a major contributor to all pulmonary and heart disease.

Better help for smokers to quit

The Ministry of Health has signalled its continued commitment to reducing the harms and inequalities caused by smoking in the recent publication Health Targets Selected for 2009/11. The target 'better help for smokers to quit' is considered an important area where there are still significant gains to be made in the health and well being of the New Zealand population.

The areas of work that support this target are:

- The establishment and maintenance of Smokefree DHBs
- The routine delivery of cessation support to patients that come into contact with Primary and Secondary Care services
- The building of work of all clinicians and health professionals in routinely using the ABC approach within the New Zealand Smoking Cessation Guidelines
- The establishment and maintenance of linkages with NGOs, PHOs, primary care providers, national tobacco control groups, national smoking cessation providers, and other smoking cessation providers delivering services in the Capital & Coast region to achieve maximum service effectiveness by reducing duplication of services

To support DHBs in their efforts to integrate smoking cessation into the everyday practice of all health professionals, the Ministry of Health has published Implementing the ABC Approach for Smoking Cessation (2009). This document describes the goal of the ABC approach, as well as outlining a programme for achieving that goal.

Through the aforementioned tactics, DHBs can work to achieve the wider public health goals of reducing health inequities for population groups most at risk, supporting the development of healthy communities and reducing the incidence and impact of chronic conditions. DHBs are also committed to making tobacco control a priority with a view to increasing quitting among pregnant women and their partners, as well as Maori and Pacific smokers.

This target will be assessed on:

- 80 percent of hospitalised smokers will be provided with advice and help to quit by July 2010; 90 percent by July 2011; 95 percent by July 2012.
- Similar target for primary care will be introduced from July 2010 or earlier, through the PHO Performance Programme.

National Smoking prevalence by ethnicity

Prevalence for Māori smoking remains very high. Fifty percent of Māori women are still smoking and the overall prevalence rate for the Māori population is forty-six percent (MoH 2006). Tobacco smoking is therefore a major contributor to the health inequalities suffered by Māori.

The number of smokers among Pacific peoples is also much higher than that of the European population.

Table 1: National population smoking prevalence by ethnicity 2006

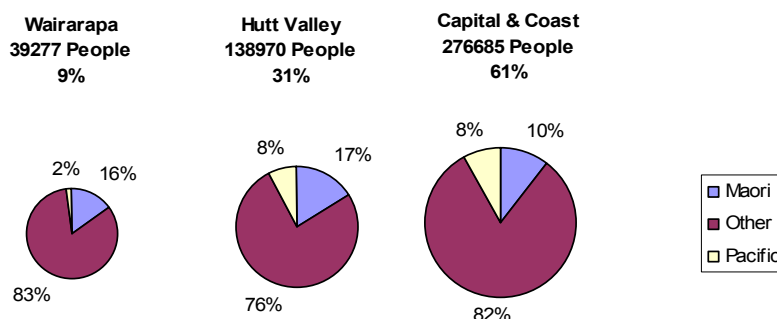
	European/Other	Māori	Pacific	Asian	Total
Female	20.0	50.0	33.8	4.7	23.3
Male	21.3	40.0	41.3	18.6	24.6
Total	20.6	45.2	37.4	12.3	24.0

Regional Characteristics

The Capital and Coast District is served by two hospitals and 7 PHOs. Regional Public Health (managed by Hutt Valley District Health Board) provides public health services across the greater Wellington region encompassing Capital & Coast District Health Board (C&C DHB), Hutt Valley District Health Board (HVDHB) and Wairarapa District Health Board (WDHB). To this extent, health promotion services tend to be centrally planned and provided across the district in a relatively cohesive manner.

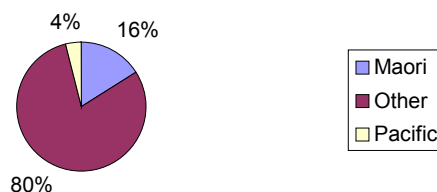
According to the projected figures,¹ the 2006 resident population of the greater Wellington region was 454,932, an estimated change of 4.7 percent from the actual figures obtained in 2001. This region has the third highest population nationally. Ethnic distribution throughout the three DHBs and nationally (2006) are as follows:

Ethnic Distribution per DHB



¹ Statistics New Zealand – Projected figures for year 2006 as obtained from the 2001 statistic figures

New Zealand Ethnic Distribution



Key population points noted between the three DHBs:

- C&C DHB and HVDHBs have noticeably higher proportions of Pacific people than the national average.
- The proportion of non-Māori non-Pacific is similar to the national average in C&C DHB and WDHBs.

Between 2001 and 2021, C&C DHB can expect population growth of 14%. In contrast, HVDHB and WDHB can expect small declines in their populations.

The distribution of smoking prevalence for DHB regions according to census statistics is reported in table 2 below.

Table 2: Prevalence of regular smokers, by gender and DHB

DHB	Females	Males	Total
Auckland	13.7%	19.5%	16.5%
Bay of Plenty	22.4%	22.3%	22.3%
Canterbury	17.4%	20.2%	18.8%
Capital and Coast	16.2%	18.6%	17.3%
Counties Manukau	20.4%	24.0%	22.1%
Hawke's Bay	24.6%	25.0%	24.8%
Hutt Valley	22.5%	23.4%	22.9%
Lakes	28.0%	26.4%	27.2%
Midcentral	22.2%	23.2%	22.7%
Nelson Marlborough	17.9%	20.9%	19.3%
Northland	25.6%	25.7%	25.7%
Otago	18.2%	20.8%	19.4%
South Canterbury	20.4%	22.0%	21.2%
Southland	22.9%	24.6%	23.8%
Tairāwhiti	30.4%	28.9%	29.7%
Taranaki	21.9%	22.9%	22.4%
Waikato	22.1%	23.3%	22.6%
Wairarapa	23.0%	24.0%	23.5%
Waitemata	15.7%	19.3%	17.4%
West Coast	25.2%	26.2%	25.7%
Whanganui	25.9%	26.7%	26.3%
New Zealand	19.5%	21.9%	20.7%

Source: Statistics New Zealand

Capital & Coast DHB has lower smoking prevalence rates than the national average and the other two DHBs in our region.

Evidence suggests that areas of low socio-economic status and higher deprivation correlate to higher rates of smoking and greater health inequalities (MoH 2004, Clearing the Smoke).

Despite pockets of deprivation within the Capital and Coast District, overall our district's population enjoys higher socio-economic status and lower levels of deprivation resulting in the better the average results. That said, smoking within our lower socio-economic pockets remains a significant issue and demands a highly focused strategy in respect to reducing the prevalence of smoking.

Capital & Coast DHB's current Smokefree activity

DHB

- Hospital & Health Services, Smoking Cessation Coordinator (C&C DHB)

PHO and primary care

- Respiratory Coordinator (Compass Health Wellington – servicing Capital PHO, Tumai PHO and Kapiti PHO)
- Some General Practices offer smoking cessation through their Practice Nurses
- Health Promotion Advisors (Capital PHO, Tumai PHO and Kapiti PHO)
- Pacific Smoking Cessation (Pacific Health Service, Porirua & Wellington)

NGOs

- Can Quit Support Programme (Cancer Society Wellington Division)
- 146 Quit Card providers

Regional services

- Aukati KaiPaipa (Kokiri Marae)
- Health Promotion Advisors (RPH)
- Two regulatory Smokefree officers (RPH)

National services

- Quitline (The Quit Group)

The DHB has improved the Smokefree Policy, using the best practice recommendation of the New Zealand Guidelines for Smoking Cessation, so that clinical staff engage with the process of providing advice and support to smokers under their care, including parents (of admitted children) that smoke. Engaging the clinical staff in the process of helping smokers is a significant step that will help the Capital & Coast DHB to:

- Reach target populations in the Capital & Coast district, particularly Māori and pregnant women
- Encourage quit attempts
- Encourage smokefree homes (reducing up-take)
- Protect patients from contra-indicating treatment by going outside to smoke

Capital & Coast DHB has also introduced Nicotine Treatment Guidelines, a Smoking Dependence & Cessation referral Record and Standing Orders for Nicotine Replacement Therapy.

Health Needs Assessment 2008

Smoking – current daily smokers

The prevalence of current daily smokers in Capital & Coast DHB was significantly lower (by approximately a third) than the national prevalence, adjusted for age.

Table 3: Age-standardised prevalence rates (percent, with 95% confidence intervals) of current daily smokers, 15+ years, by ethnicity, 2006/07 NZHS

		Māori	Pacific	Asian	European/Other	Total
Capital & Coast DHB	Female	29.3 (25.5–33.4)	13.7 (9.4–19.0)	2.8 (0.8–7.0)	11.4 (8.9–14.2)	11.9 (9.5–14.6)
	Male	25.4 (21.0–30.1)	21.2 (15.8–27.3)	10.5 (6.8–15.3)	12.5 (10.0–15.3)	13.5 (11.1–16.3)
	Total	27.5 (24.4–30.8)	17.2 (13.5–21.5)	6.4 (3.8–9.9)	11.9 (9.6–14.5)	12.7 (10.6–15.1)
New Zealand	Female	44.2 (40.8–47.6)	20.6 (16.6–25.1)	4.2 (2.6–6.5)	17.1 (15.5–18.9)	17.9 (16.4–19.5)
	Male	38.3 (34.3–42.4)	31.9 (26.7–37.4)	15.8 (12.4–19.7)	18.8 (17.1–20.6)	20.4 (18.8–22.0)
	Total	41.5 (39.0–44.0)	26.0 (22.7–29.5)	9.6 (7.7–11.9)	17.9 (16.5–19.4)	19.1 (18.1–20.1)

Current and Future Direction

Capital & Coast DHB has reviewed and updated its Smokefree Policy using the best practice recommendation of the New Zealand Guidelines for Smoking Cessation to enable all clinical staff and health professionals to provide cessation support to smokers including parents of admitted children to DHB facilities. Engaging with all clinical staff and health professionals in by promoting smoking cessation training is a significant step that will help C&C DHB to:

- Encourage and support all target populations' quit attempts, particularly in Māori, Pacific and pregnant women
- Enable all health professionals within secondary care to be able to prescribe Nicotine Replacement Therapy (NRT) so that hospitalised patients do not need to leave the hospital
- Work towards the larger implementation of smoking cessation within primary care services of C&C DHB

Capital & Coast DHB has many linkages to others in smoking cessation and, where appropriate, refers patients and service users to Aukati KaiPaipa, Pacific Smoking Cessation and the Quitline.

As mentioned above, Capital & Coast DHB seeks to effectively consolidate and enhance the existing Smokefree work it undertakes by broadening its scope to work collaboratively with primary care. Capital & Coast DHB plans to develop a suite of

services, which will be offered to PHOs and others in primary care such as dentists and oral hygienists, physiotherapists, optometrists, midwives, occupational therapists and mental health workers. This will enable them to enhance the existing service they deliver to patients that smoke. These services will include:

- Policy and system support
- Training in the ABCs of smoking cessation and the use of NRT
- Referrals and expert advice
- Monitoring and evaluation

The aim of this service is to increase the use of NRT by primary providers, including practice nurses, midwives and community health providers, to encourage more quit attempts more often.

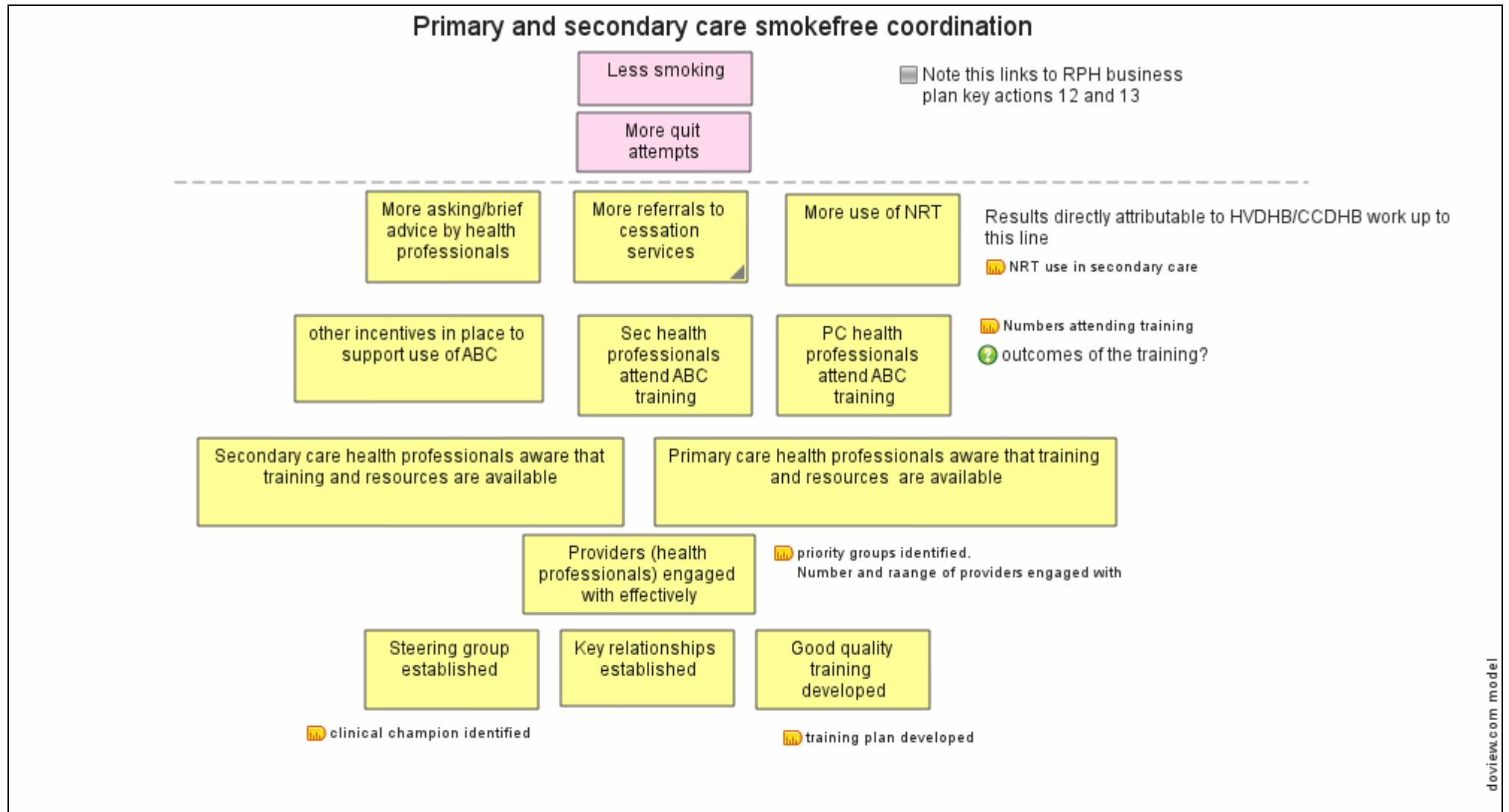
Capital & Coast DHB plans to work collaboratively with Hutt Valley DHB and to keep each DHB abreast of activities and developments affecting the roll out of the ABC approach to primary and secondary care. Regular meetings will occur with Smokefree DHB coordinators, Smokefree advisors, and Clinical Champions for smoking cessation.

Strategy	June 2009-2010	June 2010-2011
1. Increase access to NRT	<p>Hospital Health Services</p> <ul style="list-style-type: none"> • Introduction of the Smoking Dependence & Cessation Referral record to all departments by July 2009. • Increase access to Quit Cards with all smokers on discharge receiving two cards for combined NRT – e.g., Patch, Lozenge / Patch, gum. • Standing Orders introduced for the HHS. <p>Primary Care</p> <ul style="list-style-type: none"> • Cessation Referral piloted at Primary Care practices from August 2009. • NRT available on script by August 2009. • Continue to roll out ABC E-learning to practice nurses. 	<p>Hospital Health Services</p> <ul style="list-style-type: none"> • Evaluate efficiency of form and modifications (if needed) in June 2010. Form to be part of the Electronic Medical Record. <p>Primary Care</p> <ul style="list-style-type: none"> • Cessation Referral in place from all Primary Care providers • NRT lozenges available in Health Professional settings.
2. Ensure the C&C DHB smoking cessation activities compliment the activities of other local and national NGOs in addressing smoking cessation needs in our local population	<p>Hospital Health Services</p> <p>Relationship building with cessation providers</p> <ul style="list-style-type: none"> • Involved in DHB Pilot with Quitline from hospital departments. • Linking patients from the HHS to local cessation providers Aukati KaiPaipa and Pacific Smoking Cessation 	<p>Hospital Health Services</p> <p>Referral system across settings established</p>

<p>3. Increase the number of quit attempts in the adult population</p>	<p>Hospital Health Services</p> <ul style="list-style-type: none"> • Introduction of the Smoking Dependence & Cessation Referral record to all departments by July 2009. • Increase access to Quit Cards with all smokers on discharge receiving two cards for combined NRT – e.g., Patch, Lozenge / Patch, gum • Standing Orders introduced for the HHS • NRT available on script by August 2009. <p>Primary Care</p> <ul style="list-style-type: none"> • Cessation Referral piloted at Newtown Union, Evolve and Ora Toa practices from July 2009. Pilot for 4 months. • NRT available on script by August 2009. • Continue to roll out ABC E-learning to practice nurses. 	<p>Hospital Health Services Ongoing</p> <p>Primary Care Ongoing</p>
<p>4. Work in collaboration with other government departments (particularly Work and Income and Housing New Zealand) to increase referrals to quit services in the district.</p>		<p>Work with the Cancer Society Wellington and Regional Public Health with programs into practice. Link with the referral system the DHB has put into place.</p>
<p>5. Increase the proportion of never smokers in the population.</p>	<p>Links with RPH Keeping Well Strategy</p>	<p>Links with RPH Keeping Well Strategy</p>

<p>6. Demonstrate leadership as a smokefree organisation involved in all aspects of health.</p>	<p>Hospital Health Services</p> <ul style="list-style-type: none"> • Clinical Champion appointed to advocate the ABCs. • Smoking Cessation Drop in Clinic organised for staff. • Smokefree policy amended, Clinical guidelines on NRT introduced and NRT Standing orders in place by July 2009. <p>Primary Care</p> <ul style="list-style-type: none"> • Develop Champions to advocate ABC. • Roll out training on ABC. 	<p>Hospital Health Services Ongoing</p> <p>Primary Care Ongoing</p>
<p>7. Promote smoking cessation and the smokefree/auahi-kore message among Maori and Pacific in the local community.</p>	<p>Hospital Health Services</p> <ul style="list-style-type: none"> • Run every 2nd month Smokefree stalls at Wellington & Kenepuru Hospitals. <p>Primary Care</p> <ul style="list-style-type: none"> • Attending events that will enable Pacific & Maori involvement e.g. Creekfest, • Support Aukati KaiPaipa and Pacific Health Service with their Smokefree activities. • Work with local Maori and Pacific Healthcare providers to deliver appropriate ABC training for healthcare workers and develop appropriate systems. 	<p>Primary Care</p> <ul style="list-style-type: none"> • Attending events that will enable Pacific & Maori involvement e.g. Creekfest, • Support Aukati KaiPaipa and Pacific Health Service with their Smokefree activities. • Work through the contracts of our providers to make sure we have updated information regarding Smokefree and the ABCs.
<p>8. Advocate and support changes to the built environment that de-normalise smoking.</p>	<p>Work with Regional Public Health working with Wellington City Council and Porirua City Council in making more Smokefree areas.</p>	<ul style="list-style-type: none"> • Porirua City Council to adopt a Smokefree Policy and Smokefree Public Places policy. • Wellington City Council to adopt a Smokefree Public Places policy
<p>9. Advocate and support changes to the social environment that de-normalise smoking.</p>	<p>Working with Regional Public Health</p>	<p>Ongoing</p>

Outcomes Hierarchy Based on the Tobacco Plan and the Keeping Well 'Smokefree Living' Strategy



Smokefree Living from “Keeping Well 2008-12”

Smokefree living

