



Tobacco Control Plan 2016 – 2019

Wairarapa DHB, Hutt Valley DHB & Capital & Coast DHB

Contents

1. Purpose	3
2. Tobacco Control Plan	3
<i>Tobacco Control Services Operating Environment</i>	4
<i>Tobacco Control Services Operating Environment Principles</i>	4
<i>National, regional and local integration</i>	4
3DHB Context	4
Smokefree Aotearoa 2025	5
3. 3DHB Smoking Profile: Summary	6
4. Tobacco Control	8
Health Targets	8
ABC smoking cessation support and training	8
5. Stop Smoking Services	9
Background	9
Service Definition	9
Key Messages regarding Stop Smoking Services	10
Wellington Regional Stop Smoking Service	10
Achieving Smokefree Aotearoa by 2025	11
6. Intervention Logic	15
7. 3DHB Tobacco Control Structure	20
Appendix 1: Needs Assessment	24
Appendix 2: Health Target Performance	39
Appendix 3: Other Indicators	45
Appendix 4: E-Cigarettes	49

1. Purpose

In New Zealand, approximately 15.5% of adults aged over 15 years smoke daily. Māori and Pacific people are more likely to smoke (37% and 23% respectively)¹. Smoking during pregnancy affects the health of the baby and increase the risk of miscarriage or stillbirth. Following birth, health problems such as a low birth weight, pneumonia, asthma and glue ear can affect the baby. Smoking during pregnancy can also increase rates of Sudden Unexpected Death of an Infant (SUDI), high blood pressure in the child and respiratory diseases.

2. Tobacco Control Plan²

District Health Board (DHB) tobacco control investments are designed to lead, coordinate and develop tobacco control activities within each district. DHBs utilise tobacco control plans to outline local objectives, actions and outcome indicators.

Integrating the various parts of the health sector is an important Government priority. Achieving health targets, such as *Better help for smokers to quit*, requires a whole-of-sector commitment. Each DHB Tobacco Control Contract supports achievement of the health target and contributes to strengthening integration, relationships and better ways of working between communities, primary and secondary care.

Māori, Pacific people and pregnant women are priority groups for all tobacco control work, due to the higher prevalence and/or higher impact of smoking in these groups. Mental health clients are also high users of tobacco products and are also considered a priority group.

Service Objectives

The overarching aims of the tobacco control investments are to:

- Reduce tobacco-related morbidity and mortality;
- Decrease tobacco related disparity, particularly as regarding Māori, Pacific people and pregnant women and their children;
- Contribute towards the Government's Smokefree Aotearoa 2025 goal.

In particular, the tobacco control investments support the DHBs to:

- Develop, implement, and report against the DHB tobacco control plan (TCP);
- Achieve the *Better help for smokers to quit* health target in hospitals, general practice and maternity care services;
- Contribute to national outcomes including reducing smoking initiation and increasing smokefree environments.

¹ MoH New Zealand Health Survey 2013/14

² CFA Tobacco Control

Tobacco Control Services Operating Environment

Tobacco control services are expected to deliver high value and high performance across an integrated and cohesive tobacco control system. Good integration will be vital to achieve the Government's Smokefree Aotearoa 2025 goal.

Tobacco Control Services Operating Environment Principles

- High quality
- Value for money
- Consistent
- Standardised
- Health equity
- Customer centric
- Responsive
- Outcomes focused
- National, regional and local integration

National, regional and local integration

All tobacco control services must work in an integrated and collaborative manner with national, regional and local stakeholders. Services must be aligned with the Ministry of Health's tobacco control programme, policies and objectives including other relevant tobacco control functions and services. These include health promotion, health protection, health assessment and surveillance, capacity and capability building, preventative interventions and leadership (including clinical leadership).

3DHB Context

The 3DHBs employ the Health, Quality & Safety Commission's Triple Aim for quality improvement (Figure 1). Across the three DHBs, a sub-regional strategy has been developed. The sub-regional vision is Healthy People, Families and Communities which will be achieved through:

- preventative health and empowered self-care;
- provision of relevant services close to home;
- quality hospital care and complex care for those who need it.



Figure 1: Triple Aim Quality Improvement Framework

Across the districts, and in support of the Government's Better, Sooner, More Convenient Health Services (BSMC) approach, the DHBs have dedicated significant resources and focus to a partnership approach between each DHB's hospital services and primary care. This partnership allows for the improved delivery of and access to specialist services.

Note

Wairarapa, Hutt Valley and Capital & Coast District Health Boards may be transitioning to developing individual Tobacco Control Plans for each DHB in the 2016-17 year.

Smokefree Aotearoa 2025

In March 2011, the New Zealand Government adopted the Smokefree 2025³ goal for New Zealand. This was in response to the recommendations of a landmark Parliamentary inquiry by the Māori Affairs select committee.

The Māori Affairs Committee's report was clear that the term 'smokefree' was intended to communicate an aspirational goal and not a commitment to the banning of smoking altogether by 2025. On that basis, the Government agreed with the goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.

To achieve the long-term smokefree 2025 goal, by 2018:

- the daily smoking prevalence must fall to 10 percent;
- smoking rates amongst Maori and Pacific should have halved from 2011 levels.

The New Zealand tobacco control sector is committed to the goal of a [smokefree Aotearoa](http://www.smokefree.org.nz/) by 2025. Achieving smokefree Aotearoa by 2025 means:

- that our children and grandchildren will be free from tobacco and enjoy tobacco free lives;
- that almost no-one will smoke (less than 5% of the population will be current smokers);
- it will be very difficult to sell or supply tobacco.

The work of the tobacco sector is focused on three action streams to support a reduction in smoking rates to below 5% (adult daily smoking):

- cessation;
- regulation and legislation;
- public support.

Responsibility and accountability for achieving smokefree Aotearoa 2025 goal is shared between:

- the New Zealand Government;
- health services;
- the tobacco control sector;
- communities.

All tobacco control services must work in an integrated and collaborative manner with national, regional and local stakeholders. Services must be aligned with the Ministry's tobacco control programme, policies and objectives including other relevant tobacco control functions and services including: health promotion, health protection, health assessment and surveillance, capacity and capability building, preventative interventions and leadership (including clinical leadership). If New Zealand is to reach the goal of a Smokefree Aotearoa 2025, cessation efforts will need to increase.

³ <http://www.smokefree.org.nz/>

3. 3DHB Smoking Profile: Summary

For a more detailed analysis of smoking prevalence and distribution in the 3DHB area, refer to Appendix 1.

Geographic

- Between the 2006 and 2013 New Zealand censuses, the proportion of the population who are regular smokers dropped in all three DHBs.
- In the sub-region, Wairarapa DHB has the highest overall smoking rate (18%), followed by Hutt Valley DHB (17%), and Capital & Coast DHB (12%).
- Within each DHB there are particular areas which have high smoking rates.

Strategic implications:

- To achieve the Smokefree Aotearoa by 2025 we are working with our Alliance Leadership Teams and Māori providers to encourage and support clinical leadership in general practices.
- These efforts aim to achieve the health target and will lead to more people supported to quit smoking, and more attempts to quit smoking.
- There is a need to maintain and build relationships with stakeholders and cessation services across DHBs and localities.

Age

- Nationally, 15% of people over the age of 15 are regular smokers.
- Nationally and sub-regionally, the smoking rate is highest in the 20-29 year age group.
- In Wairarapa DHB, smoking rates for people younger than 64 years of age are higher than national levels. In Hutt Valley DHB, smoking rates for people younger than 40 years are higher than national. In Capital & Coast DHB, smoking rates are lower than national for all age groups.
- Over the last 15 years, the rate of smoking among year 10 students across the 3DHBs has decreased.

Strategic implications:

- The greatest rate of initiation to habitual smoking occurs as young people move from school to tertiary education and into employment. During this time, earning potential and spending power is increased and independent access to licenced premises selling tobacco products is gained.
- There is increased exposure to smokers in social situations and recreational environments, for example bars and restaurants with outside seating areas or doorways where smoking is permitted.
- There is a need to promote and support bars, cafes and restaurants to become totally smokefree including outside areas, perhaps with a Smokefree bar/café/restaurant award included annual quality awards.

Ethnicity

- Maori and Pacific have higher rates of smoking compared to other ethnicities.
- Nationally, 33% of Māori are regular smokers. Māori living in Wairarapa and Hutt Valley DHBs have higher smoking rates (36% and 34%, respectively), while Capital & Coast DHB has a lower smoking rate (26%).
- Nationally, 22% of Pacific are regular smokers. In comparison, Pacific living in our sub-region have higher rates: 23% in Wairarapa DHB, 24% in Hutt Valley DHB, and 24% in Capital & Coast DHB.

Strategic implications:

- If these smoking rates continue, inequities in smoking and related diseases will increase.
- Health and cessation support services need to continue to build partnerships and strategies with Māori and Pacific people and communities to reduce smoking rates in those populations.

Maternal smoking rates

- The smoking rate in mothers is lower than the smoking rate in the general population.
- Māori and Pacific mothers are more likely to smoke than mothers of other ethnicities.
- Smoking rates amongst Māori women who are pregnant (40%-50%) are well above the general population prevalence of 17%

Strategic implications:

- There is a need to develop and maintain relationships and partnerships with Māori, Pacific and other communities to identify practical and effective approaches to reducing the incidence of smoking among girls and women of pre-child –bearing, and child –bearing age.

Mental Health Services

- The prevalence of smoking amongst inpatients in Capital & Coast DHB mental health services is 42% compared to the general ward rate of 13%.

Strategic implications:

- More work is required to address smoking issues in community mental health services
- Maintaining smokefree environments in acute and forensic mental health services continues to be challenging including the risk of violence towards staff members.

4. Tobacco Control

Health Targets

Health targets are a set of national performance measures specifically designed to improve the performance of health services that reflect significant public and government priorities. They provide a focus for action. The impact they make can be measured to see how they are improving health for all New Zealanders.

There are three targets related to the *Better help for smokers to quit* health target:

- 95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking;
- 90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months;
- 90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

The new Stop Smoking Guidelines are centred on the ABC method. The definitions of A, B, and C have been updated to reflect the importance of offering cessation support or referring people to a service that can provide it. The revised ABC pathway follows:

- **Ask** about and document every person's smoking status;
- Give **brief advice** to quit smoking for every person who smokes;
- Strongly encourage every person who smokes to use **cessation support** (a combination of behavioural support and stop-smoking medicine works best) and offer to help them access it. Provide or refer to cessation support for every person who accepts this offer;

Every patient's smoking information (including A, B and C) needs to be documented accurately within the patient care record.

There is strong evidence that brief advice is effective at prompting quit attempts and long-term quit success. An offer of treatment is even more likely to prompt a quit attempt than brief advice alone.

The hospital component of the *Better help for smokers to quit* health target has been achieved nationally since quarter two 2012/13. DHBs will ensure that this target continues to be achieved throughout 2016/19.

ABC smoking cessation support and training

The following ABC training and support is offered in the 3DHB area:

Wairarapa DHB

Compass Health Wairarapa is funded to provide ABC training and support to Wairarapa primary health care services in partnership with Wairarapa DHB and Regional Public Health (RPH). RPH also provides ABC training support to Wairarapa Hospital.

Hutt Valley DHB

Te Awakairangi Health Network is funded to provide ABC training and support to Hutt Valley primary health care services in partnership with Hutt Valley DHB and RPH. RPH also provides ABC training support to Hutt Hospital.

Kokiri Marae Keriana Olsen Trust is funded to work with young pregnant Māori women to support and motivate them to stop smoking through stop smoking intervention

Capital & Coast DHB

Ora Toa PHO is funded to provide ABC training and support to CCDHB primary and hospital health care services in partnership with CCDHB and other PHOs.

Between July 1st 2014 and 30 June 2016, a total of 307 people have completed the ABC e-Learning module.

Ora Toa PHO is funded to work with young pregnant Māori women to support and motivate them to stop smoking through stop smoking intervention.

Compass Health is funded to provide clinical leadership, advice and peer support to primary care clinicians (doctors and nurses) on smoking cessation activities.

5. Stop Smoking Services

Background

Stop smoking services (SSS) play an important role in reducing tobacco-related morbidity and mortality and decrease tobacco-related disparities. These services contribute to achieving the primary aims of the tobacco control programme.

Service providers are expected to use *The New Zealand Guidelines for Helping People to Stop Smoking*⁴ (The Guidelines). The Guidelines provide guidance for all healthcare workers on how they can provide better support to people who smoke. The Guidelines recommend that people who smoke are strongly encouraged to use a stop smoking service; including behavioural support and appropriate medication to help them stop smoking.

Service Definition

SSS deliver evidence-based interventions to help people stop smoking. These interventions should include multi-session behavioural support (this may be delivered in various ways including telephone, online, and face to face, individually or group based) and help people access and use

⁴ [The New Zealand Guidelines for Helping People to Stop Smoking. June 2014. Ministry of Health.](#)

smoking cessation medicines (NRT, bupropion, nortriptyline, varenicline). The behavioural support component should integrate the behaviour change techniques for helping people stop smoking, as outlined in the Guidelines.

Key Messages regarding Stop Smoking Services

New Goals

Goals have been set, with the new stop smoking services aiming to enrol at least five per cent of regular smokers in the local population and to achieve validated quit rates of 50% at 4-week follow-up. Helping people to stop smoking remains a health priority and good quality services will help save lives. It is expected that the new stop smoking services will reach out to more people who want help to quit and to help a greater proportion achieve success.

Service model

The Ministry has not specified a service model to be used. Instead, SSS are expected to:

- a) provide a face-to-face service that evidence based in accordance with the New Zealand guidelines for helping people to stop smoking;
- b) meet the needs to the people that the service is trying to help.

The Tier 3 Stop Smoking Service Specifications notes that the evidence suggests people need at least four follow-up contacts to have their best chance of stopping smoking. Flexibility may be required and the number of sessions should be based on client need.

Monitoring

The Ministry has asked services to report on 4-week, Carbon Monoxide (CO) validated quit rates (i.e. the proportion of people who set a quit date and are abstinent from smoking 4-weeks later). The reasons for measuring success at this time point are:

- a) it is generally easier to follow-up people in the early stages of treatment (those lost to follow-up are considered to be smoking);
- b) long-term (1-year) quit rates can be estimated from these short-term quit rates;
- c) this time point allows comparison with other services, including international services.

Note that this monitoring time point (4-weeks after the quit date) does not mean that services cannot provide longer-term support. The Ministry encourages services to provide the support that best meets the need of clients. It is good practice to measure quit rates at the longest follow-up points.

Wellington Regional Stop Smoking Service

Service Coverage (DHB) Area

Hutt, Wairarapa and Capital and Coast

Lead Stop Smoking Service Provider

Takiri Mai te Ata Whanau Ora Collective

Stop Smoking Service Partners

- Whaiora Whanui Trust,

- Tu Kotahi Maori Asthma Trust,
- Naku Enei Tamariki Inc (Maori Section),
- Mana Wahine Inc,
- Whai Oranga o te Iwi Health Centre,
- Kokiri Marae Maori Womens Refuge,
- Kokiri Marae Keriana Olsen Trust

Achieving Smokefree Aotearoa by 2025

Table 1 shows the number of smokers per time period needed to have successfully quit smoking in order for each DHB to have no enrolled smokers by the end of 2025. 14 people per week need to quit and stay quit in Wairarapa, 37 in Hutt Valley, and 62 in Capital & Coast DHBs.

Approximately half of these quitters need to be 'high need' (Māori, Pacific, or living in deprived (quintile 5) areas), as these groups currently have higher smoking rates.

Table 1: The number of smokers required to quit by 2025 to reach the Smokefree Aotearoa 2025 target.⁵⁶

- The total current smokers is sourced from the latest IPIF available (Q3 15/16).
- Total enrolled population is sourced from PHO Enrolment data supplied by MOH.

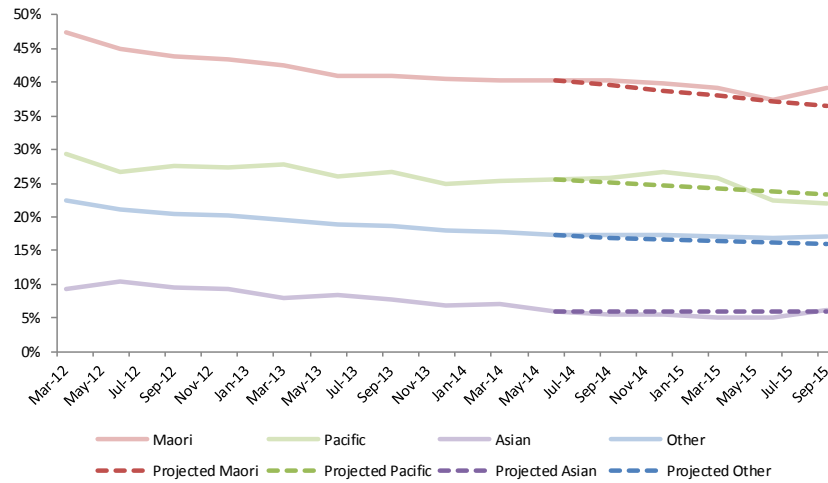
	Quarter ending 31/03/2016	Current smokers	Total enrolled	Prevalence	Quitters/ quarter	Quitters/ month	Quitters/ week
Wairarapa	Compass Health	6,675	42,342	16%	179	60	13.7
Hutt Valley	Hutt Valley DHB	18,135	136,632	13%	486	162	37.2
	Ropata (Cosine)	1,406	19,328	7%	38	13	2.9
	Te Awakairangi	16,729	117,304	14%	448	149	34.4
Capital & Coast	Capital & Coast	30,326	313,595	10%	812	271	62.3
	Well Health	2,757	13,298	21%	74	25	5.7
	Compass Health	23,810	252,547	9%	638	213	48.9
	Ora Toa PHO	2,918	12,884	23%	78	26	6.0
	Cosine PHO	2,247	33,746	7%	60	20	4.6
	Karori (Cosine)	841	14,418	6%	23	8	1.7

The following figures demonstrate the historic performance of the 3DHB's performance against projected reductions necessary in the proportion of enrolled smokers to achieve the Smokefree Aotearoa target. Based on these trends greater efforts were required to achieve Smokefree Aotearoa 2025.

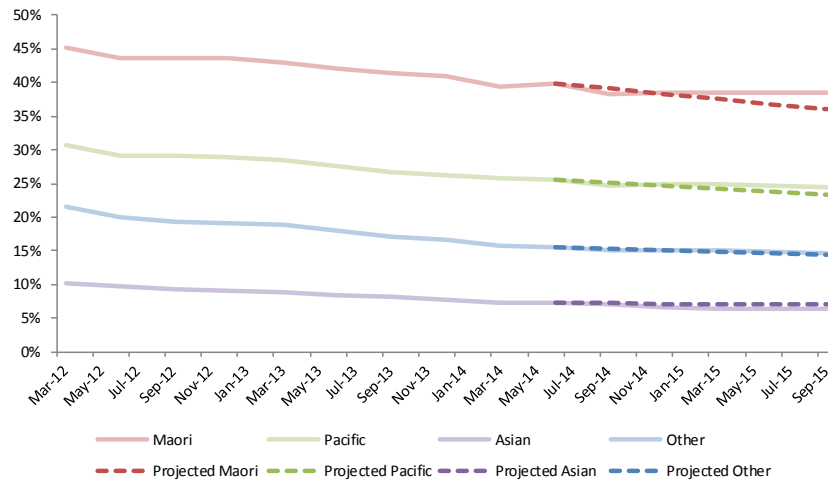
⁵ 'Quitters' refers to people who quit and stay quit by 2025

⁶ These calculations do not factor in new smokers.

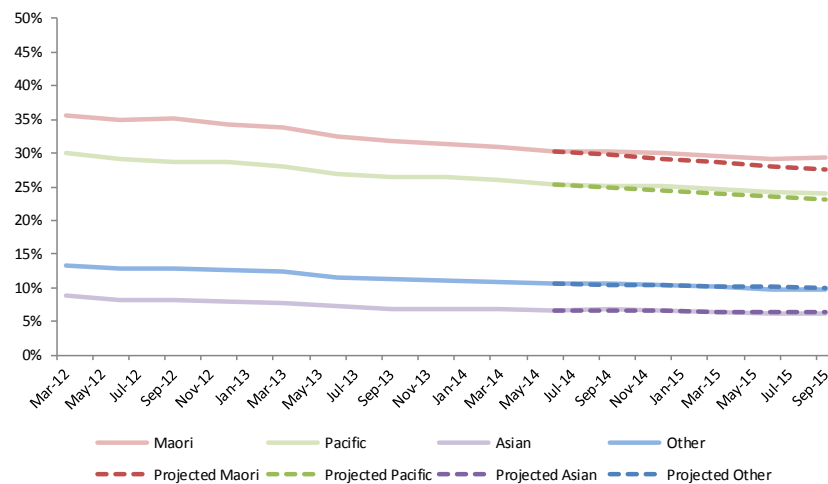
Performance of Wairarapa PHOs towards reaching the Smokefree Aotearoa 2025 target, proportion of enrolled smokers and projected proportion of quitters



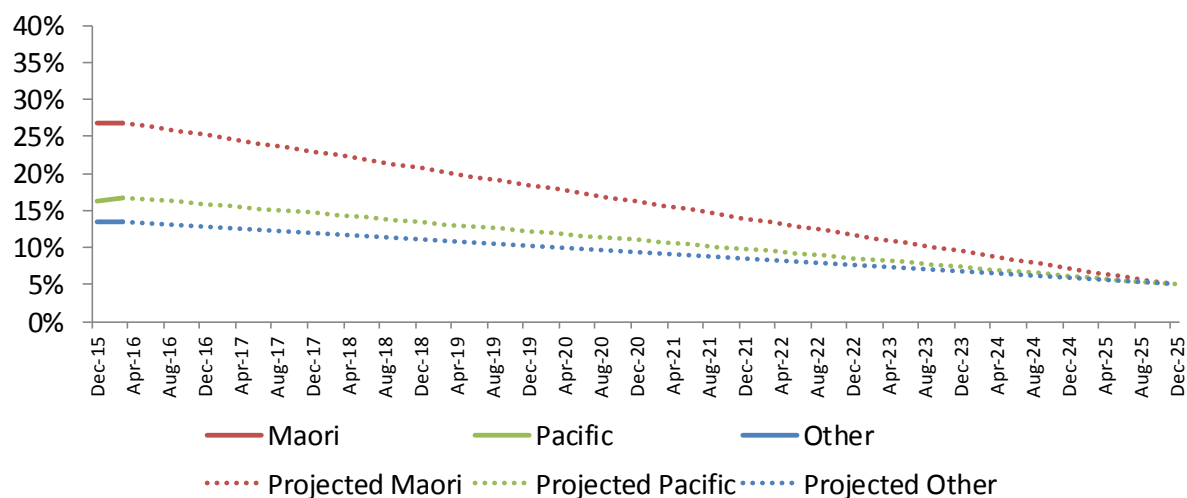
Performance of Hutt Valley PHOs towards reaching the Smokefree Aotearoa 2025 target, proportion of enrolled smokers and projected proportion of quitters



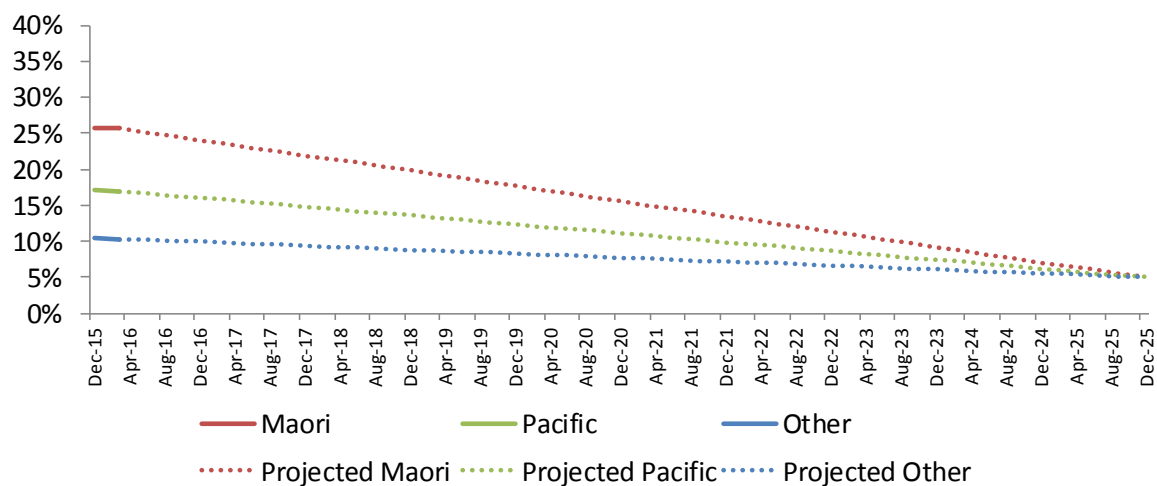
Performance of Capital & Coast PHOs towards reaching the Smokefree Aotearoa 2025 target, proportion of enrolled smokers and projected proportion of quitters



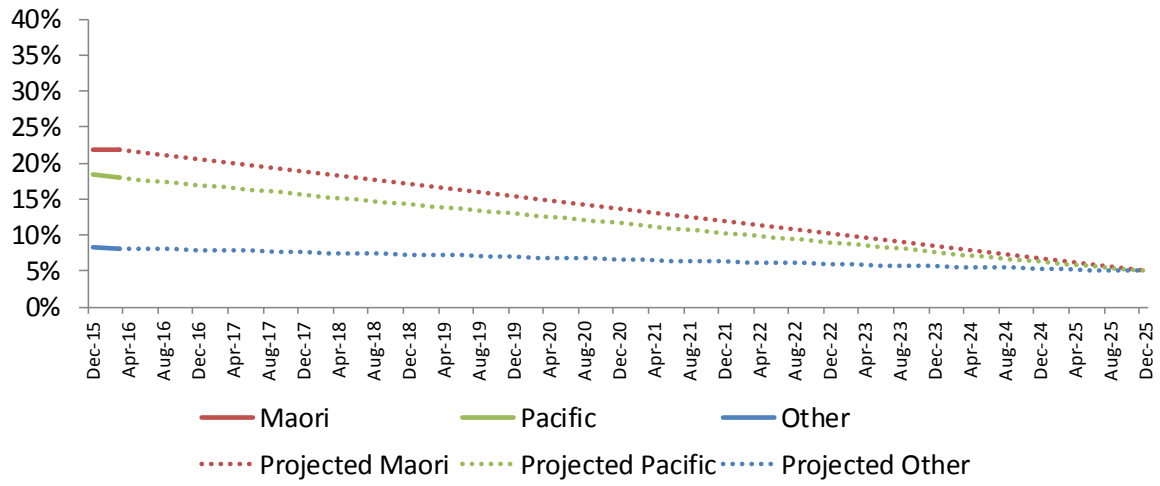
Proportion of enrolled smokers in Wairarapa PHOs, and projected proportion per quarter required to reach 2025 target



Proportion of enrolled smokers in Hutt Valley PHOs, and projected proportion per quarter required to reach 2025 target



Proportion of enrolled smokers in Capital & Coast PHOs, and projected proportion per quarter required to reach 2025 target



6. Intervention Logic



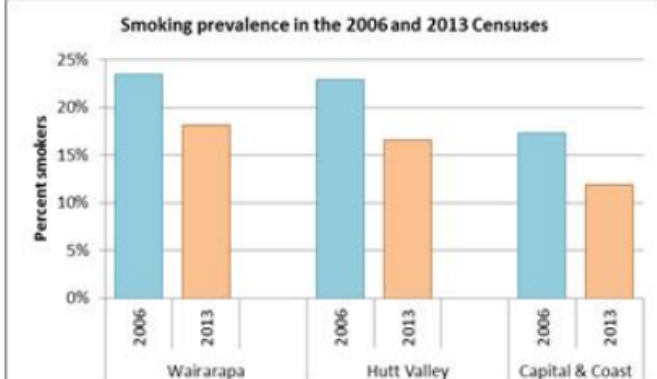
3DHB Tobacco Control Outcomes Logic

The 3 DHBs are committed to achieving the Government's Smokefree 2025 goal

Assumptions

At present, tobacco smoking places a significant burden on the health of New Zealanders and on the New Zealand health system. Tobacco smoking is related to a number of life-threatening diseases, including cardiovascular disease, chronic obstructive pulmonary disease and lung cancer. It also increases pregnant smokers' risk of miscarriage, premature birth and low birth weight, as well as their children's risk of Asthma and Sudden Unexplained Death in Infants (SUDI).

Prevalence



Resources

Capital & Coast DHB Tobacco Control

Hutt Valley DHB Tobacco Control

Wairarapa DHB Tobacco Control

RPH - Tobacco Control

Process

Tobacco control and smoking cessation activity are imbedded within all health service activity

Collaborative planning with primary care sector and Stop Smoking Services

Effective use and sharing of information

Seamless Services

Improved Integration and regionalisation

High Level Outcomes

Achieve the 'Better help for smokers to quit' health target in hospitals, general practice and maternity care services

Contribution to national outcomes including reducing smoking initiation and increasing smokefree environments.

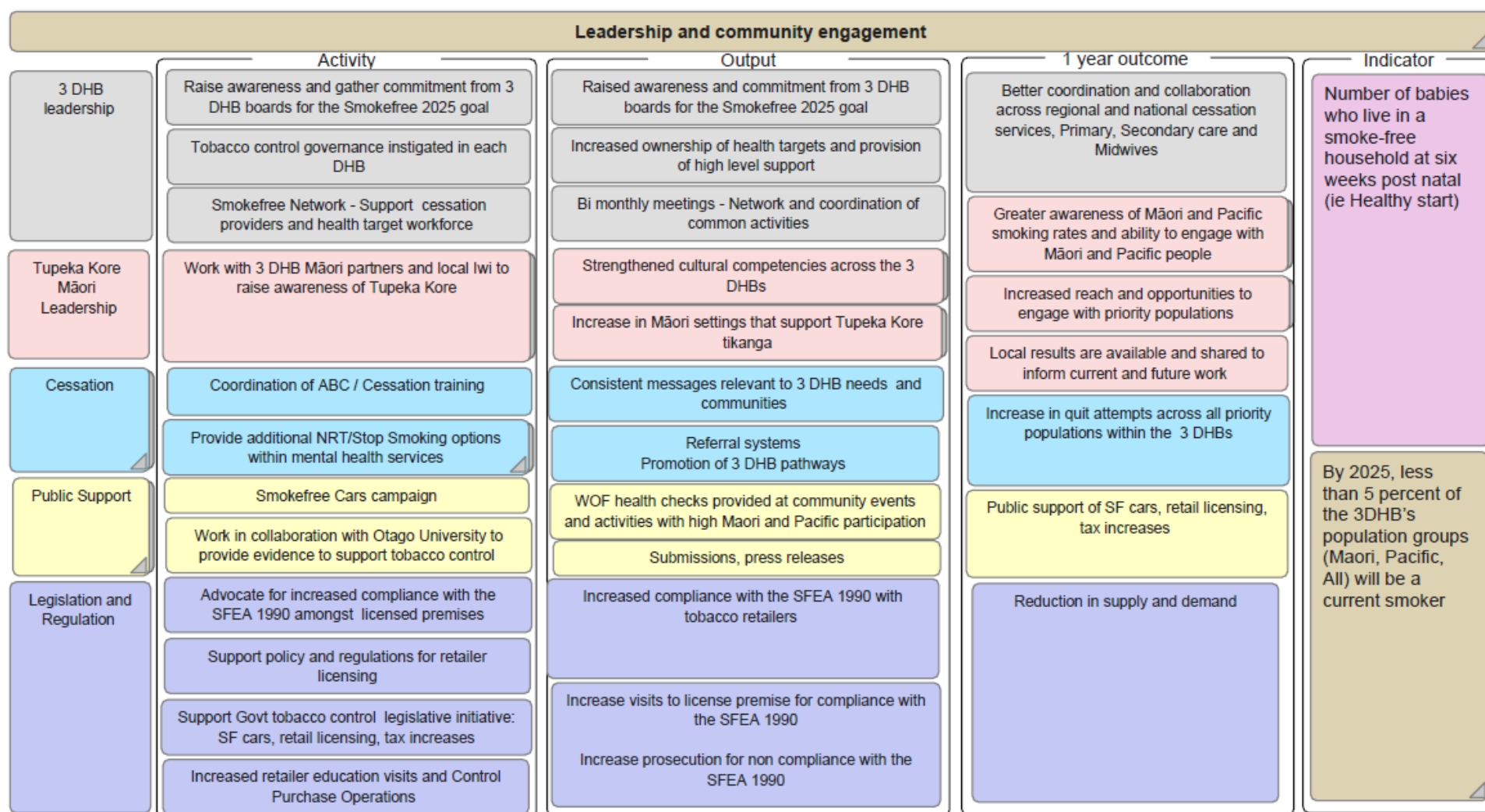
By 2025, less than 5 percent of the DHB's population will be a current smoker

Overarching aims

Reduced tobacco-related morbidity and mortality

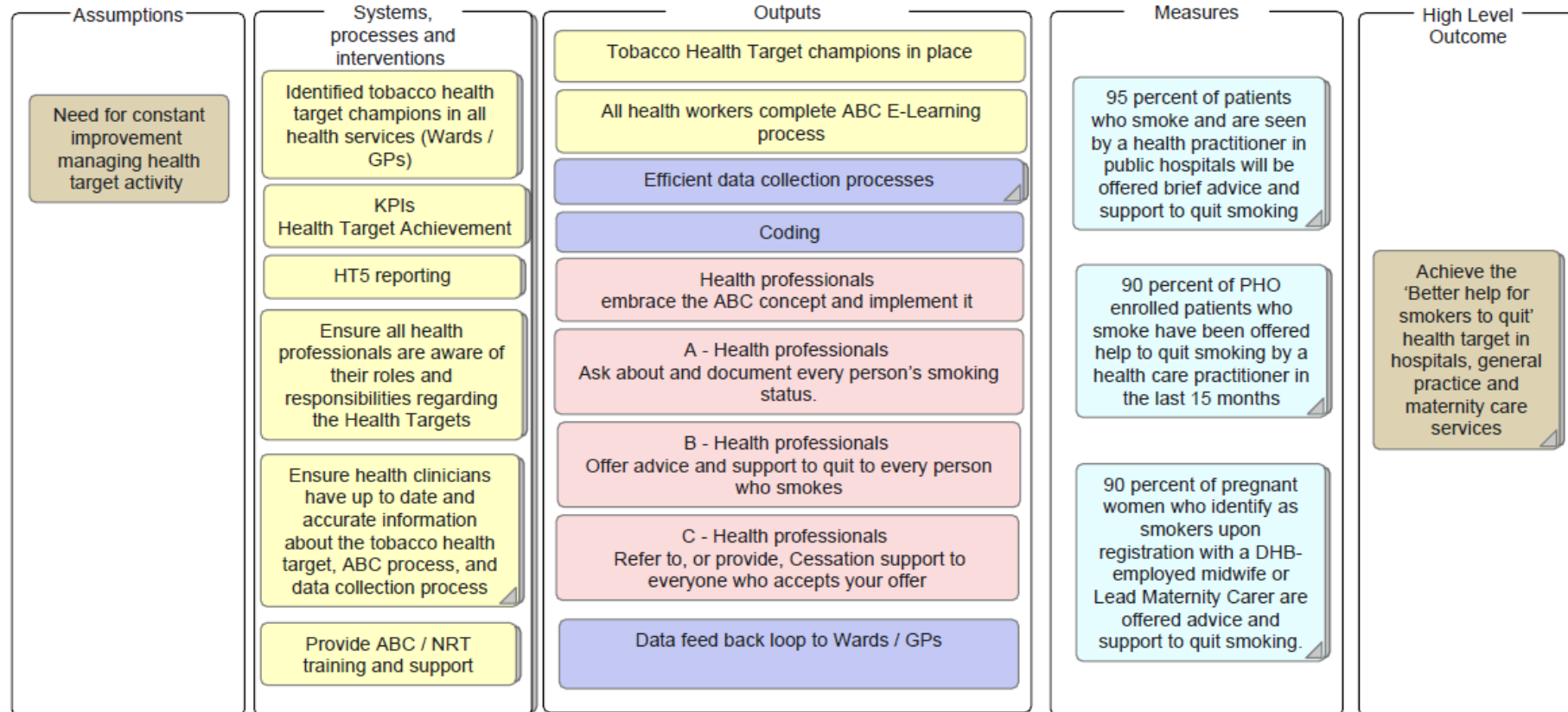
Decreased tobacco related disparity

Achievement of the Government's Smokefree Aotearoa 2025 goal

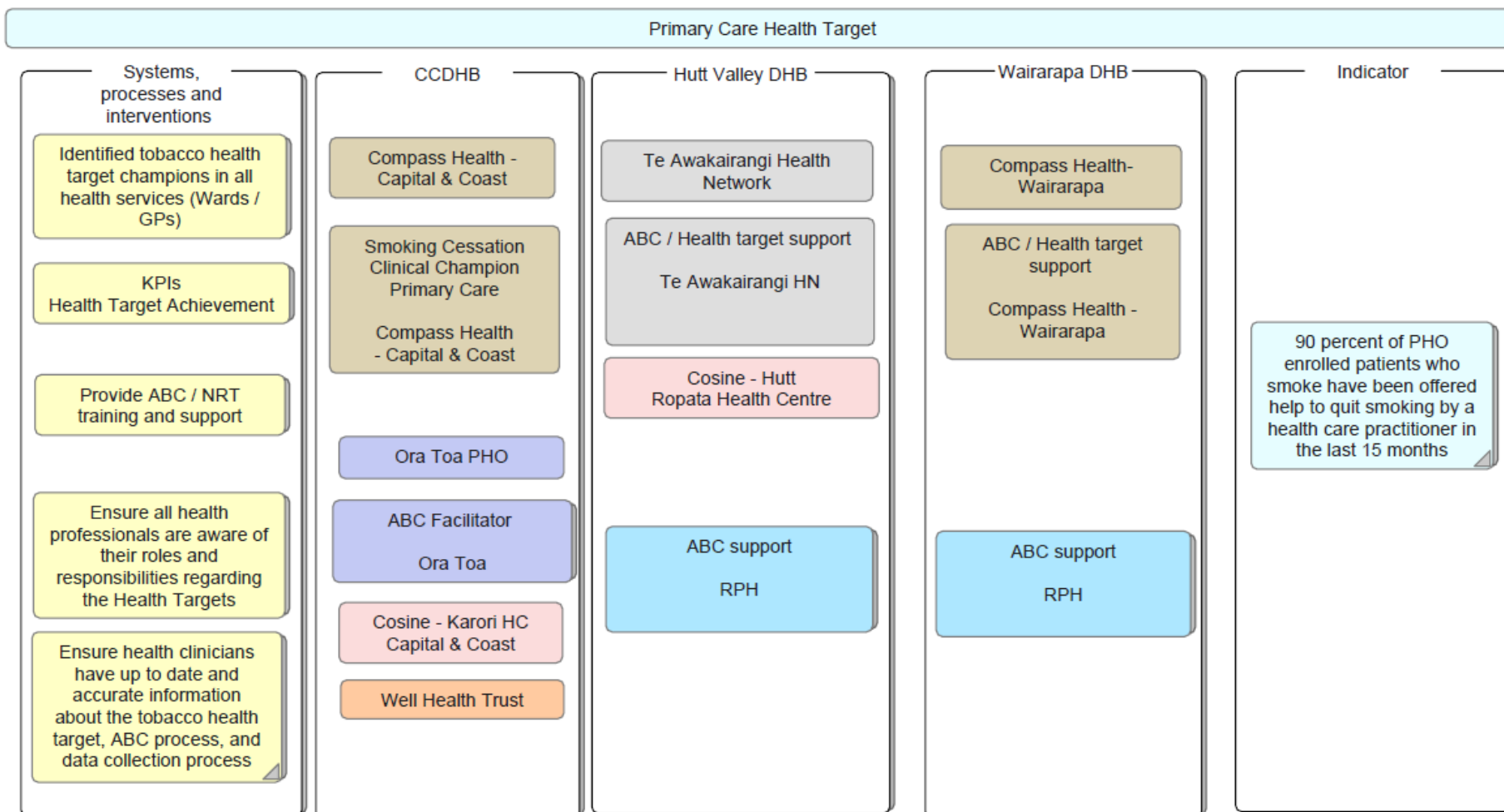


Health Target: Better Help for Smokers to Quit

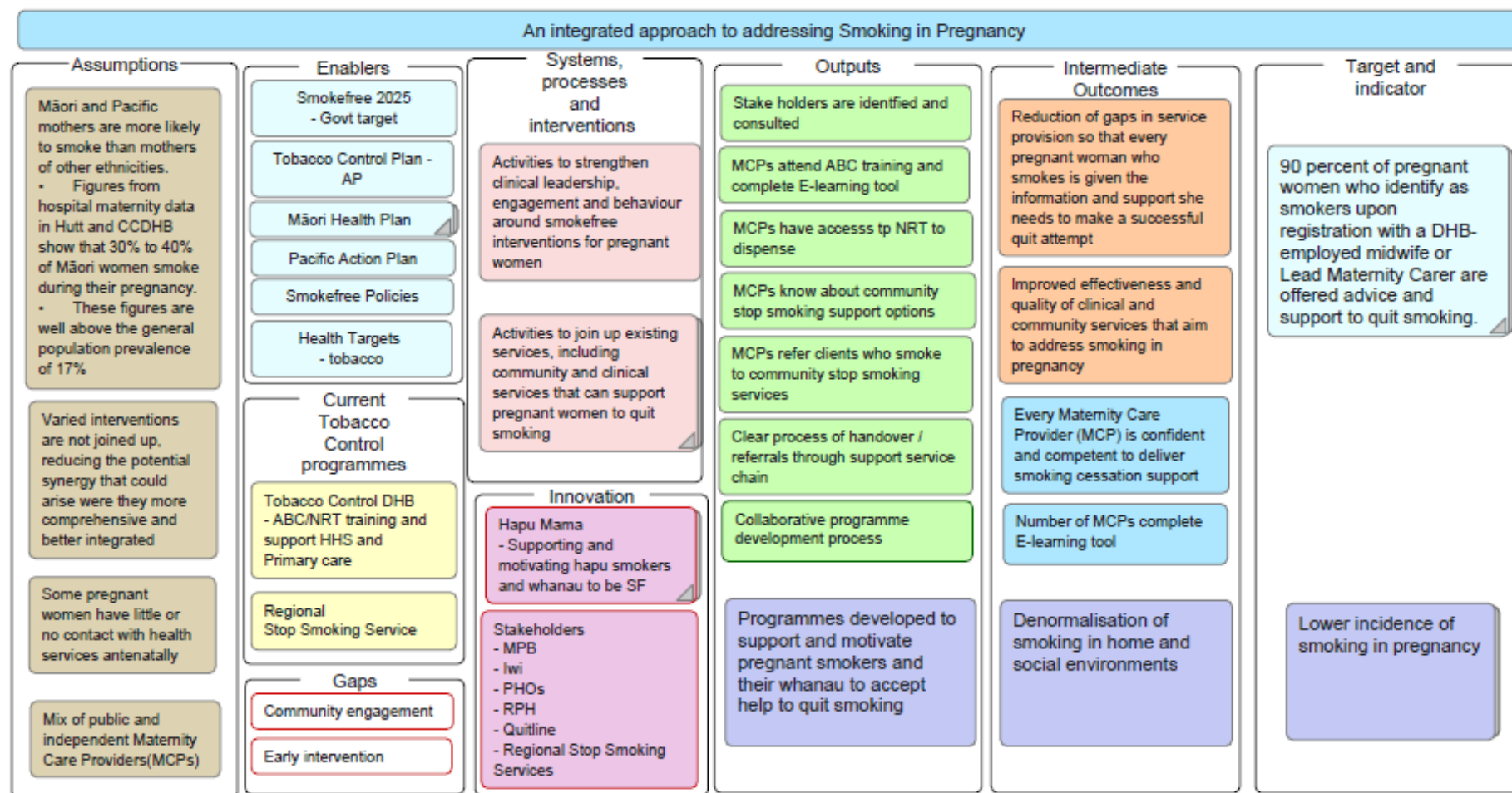
This target is designed to prompt clinicians to routinely ask about smoking status as a clinical 'vital sign', and then to offer brief advice and quit support to current smokers



doview.com model



doview.com model



7. 3DHB Tobacco Control Structure

- 1) Leadership
 - a) Sponsorship (Board chair, CEOs);
 - b) Governance (Population Health / Wellness Group);
 - c) Links to Annual Plans, Maori Health Plans and Pacific Health Plans.
- 2) Influence
 - a) Community engagement;
 - (i) Health promotion activities, World Smokefree Day, Stoptober, etc
 - (iii) Social media promotion of help for smokers to quit.
 - b) Intersectoral collaboration;
 - (i) Supporting TLA initiatives to increase smokefree spaces.
 - c) DHB support and endorsement of evidence based tobacco control policy- eg; continued tax increases, plain packaging, smokefree environments and vehicles;
 - d) DHB endorsement and promotion of whole of Government activity to reduce smoking initiation by young people, Maori and Pacific in particular.
- 3) Policy development and implementation
 - a) DHB Tobacco/Smokefree policies;
 - b) Mental health service Tobacco/Smokefree policies.
- 4) Budgeted application of funding.
 - a) Funding allocation and FTE.
- 5) Defined roles and responsibilities
 - a) Contractual expectations developed for provider arm and community based services to support the opportunistic cessation support to smokers across all health services;
 - b) Reporting requirements;
 - i) Monthly HT5 reports from PHOs
 - (1) # practice HT5 Champs
 - (2) Referrals to Stop Smoking Services
 - ii) Monthly HT5 reports from Hospitals
 - (1) Focus on ED
 - iii) Quarterly HT5 reports
 - iv) Six month Tobacco Control Plan reports
 - c) Feedback to reports.
- 6) Helping People to Stop Smoking
Systemic development

- a) ABC processes;
- i) ABC training may continue to be delivered locally. However anyone involved in delivering training related to tobacco, including ABC facilitators/trainers, will need to become a member of a new National Training Alliance being established by the National Training Service. Further information about this will follow in due course.
 - ii) The emphasis of the new guideline is that NRT provision on its own has not been shown to be effective so it is important to combine giving brief advice to smokers to quit and offering support to quit by providing NRT or pharmaceuticals along with counselling support and encouragement while they are in hospital and offering to refer them to the Wellington Regional Stop Smoking Service on discharge. It needs to be emphasised that patients should only be referred with their consent if they want further support to quit.
 - iii) Changes to the quit card scheme – key messages
 - The evidence regarding the effectiveness of NRT without support is weak.
 - The Ministry wants to ensure that people accessing subsidised NRT are getting the best level of care (i.e. getting good advice on NRT and using it with multi-session support where possible).
 - The Ministry expects that the realignment of tobacco control services, including improvements to Quitline and establishment of new face-to-face regional/local stop smoking services, will result in improved access and support to quit.
 - The Ministry is currently investigating how pharmacists could provide subsidised NRT. Further information about this will follow in due course.
 - Homecare Medical is currently investigating the use of electronic Quit cards for the Quitline service. Further information about this will follow in due course.
 - Quit cards will eventually be phased out once other mechanisms are in place to ensure ready access to subsidised NRT. Until then Quit cards will continue to be used.
 - The following groups will be able to register as Quit card providers after completing the Ministry of Health's Helping people to stop smoking e-learning:
 - Health professionals regulated under the Health Practitioners Competence Assurance Act 2003
 - Medical students (3rd year and above)
 - Nursing students (3rd year and above)
 - Anyone working within the stop smoking services will be trained⁷, or in a process of being trained, and so will be able to issue NRT directly or via quit cards.
 - iii) The CCDHB Smokefree Nicotine Replacement Therapy training (face to face and eLearning) is now compulsory for nurses and midwives. This is a once only requirement, however staff are welcome to re-attend training and repeat the eLearning as a refresher

⁷ This training is the Stop Smoking Practitioners Programme (National Certificate in Health, Disability and Aged Support: Core Competencies - Level 3), administered by the National Training Service. For more information see <http://inspiring.org.nz/courses/>

if they wish. The ABC Facilitator will continue to deliver the face- to- face part of the training at ward changeover and staff are then required to complete the eLearning component on Connect Me within 4 weeks if possible.

b) Data collection

- (1) Update hospital data collection systems and reports to reflect the current hospital health target definition; 95% of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
- (2) Monitor NRT usage
- (3) Emphasis on offering smokers pharmaceutical along with behavioural support to stop smoking and documenting the offer in patient health records to enable correct coding.
- (4) Review Discharge Summary processes.

c) Stop Smoking Support and Referral pathways

- (1) Supporting more quits in primary and secondary health care

Recruiting for smoking cessation

For clinical staff:

- a) Offer cessation support
- b) Looking for clinical opportunities
- c) Expecting smokers want to quit
- d) Setting up quit plans eg Target Quit Dates (TQD)

For practices supported by PHOs:

- a) Texting smokers not just those overdue
- b) Setting up supported quits for mental health patients
- c) Incentives for quits
- d) Peer and auntie recruitment
- e) Linking with other activities
- f) Cost effective and efficiency issues important

Matching smokers with best option for cessation

For clinicians:

- a) Check NRT history especially appropriate use
- b) Use NRT if prior inadequate use
- c) Offer Bupropion or Varenicline if prior adequate NRT use unsuccessful
- d) Ensure good medication counselling
- e) Ensure early follow up to pre-empt problems
- f) Active follow up needed

Ensuring behavioural support

Practices and PHOs:

- a) Ensure access to behavioural support
- b) Option 1: Informal cessation – pharmacotherapy only

- This is where the clinician prescribes NRT or other pharmacotherapy with minimal follow up. This activity increases quit rates slightly. It works best for patients who are highly motivated to quit or where an opportunity is taken that might otherwise be missed.

Option 2: Formal cessation – pharmacotherapy and referred behavioural support

- GP initiated pharmacotherapy and referral to regional Stop Smoking Service or national Quitline
- This is the preferred option where no in-practice programme exists. It is associated with increased quit rates and works best if there is feedback from the referred service and some ongoing contact from the practice.

Option 3: Formal cessation – pharmacotherapy and in-practice behavioural support

- GP initiated pharmacotherapy and behavioural support within a practice programme. The programme may be ongoing GP management, a nurse clinic or a designated quit coach clinic. It is associated with increased quit rates and allows active follow up and relapse prevention.

Clinical staff:

- Early or initial follow up referral
- Match to individual needs

(2) Supporting children in paediatric wards

- Offering children's parents who smoke NRT to help them refrain from smoking while visiting and showing them how to use the product correctly.
- The NRT distributed to the Parents could be a 7day packet of NRT and 7 blister packs of lozenge. At the end of that time the nurse could give them a quit card and they can purchase further NRT from a community pharmacy.

(3) Hapu Mama - The primary focus for this service is to work with young Māori women to support them to stop smoking through accepting smoking cessation intervention.

7) Feedback mechanisms from Stop Smoking Services to client's GPs.

8) Health Target reporting

- Reorient to reflect the patient journey approach for people who smoke (or are at risk of initiation) Māori, Pacific, pregnant women referrals and service uptake analysed. Includes the principals of:
 - Access –
 - Quality -
 - Equity –

9) E-Cigarettes (Refer Appendix 4)

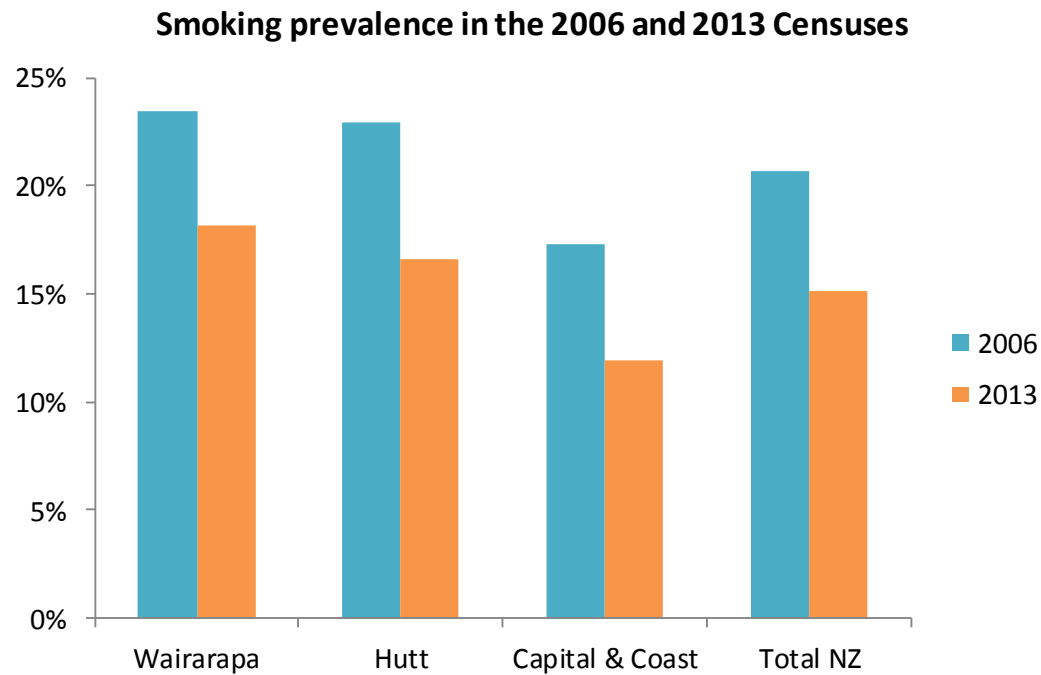
There is not enough evidence to be able to recommend e-cigarettes as an aid to quit smoking. The Ministry of Health will be assessing new evidence as it arises, but in the meantime smokers should continue to use approved smoking cessation aids, such as patches, lozenges and gum, to help them quit smoking.

Appendix 1: Needs Assessment

Geographic distribution

In the sub-region, Wairarapa DHB has the highest overall smoking rate (18%), followed by Hutt Valley (17%), and Capital & Coast (12%). Smoking rates in Wairarapa and Hutt Valley are higher than the national average, while smoking rates in Capital & Coast are lower than the national average. Within each DHB there are pockets with high smoking rates (Figures 2 & 3)

Figure 1: 3DHB Smoking prevalence



Proportion of population with smoking status ever recorded who has been identified as a current smoker

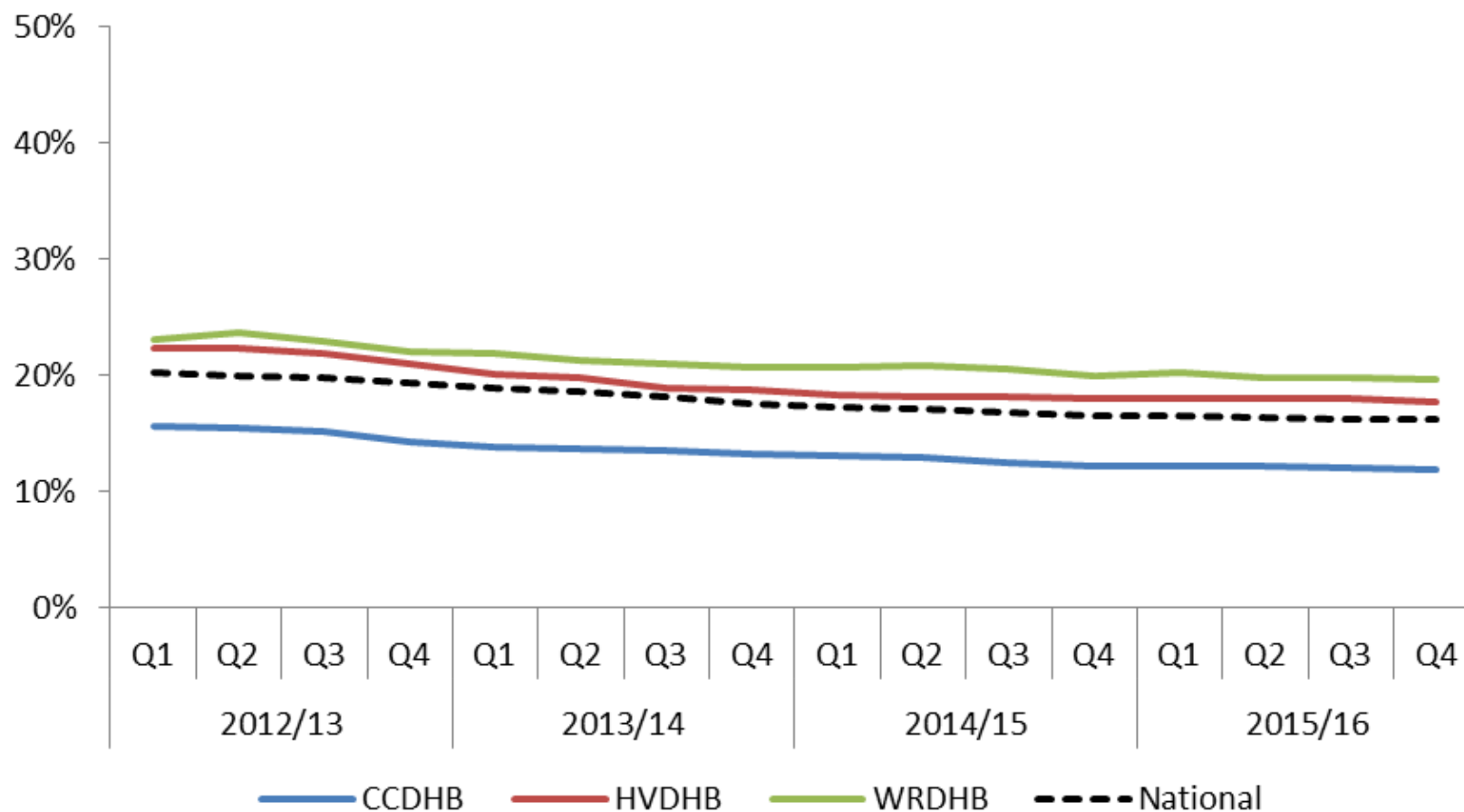


Figure 2: Regular smoking rates across the sub-region at the 2013 Census. The areas with the highest proportion of smokers include Masterton in Wairarapa, Naenae, Taita, and Wainuiomata in Hutt Valley, and Cannons Creek, Waitangirua, and Porirua East in Porirua in Capital & Coast. In the following figures, the denominator is *everyone who responded to the smoking question*.

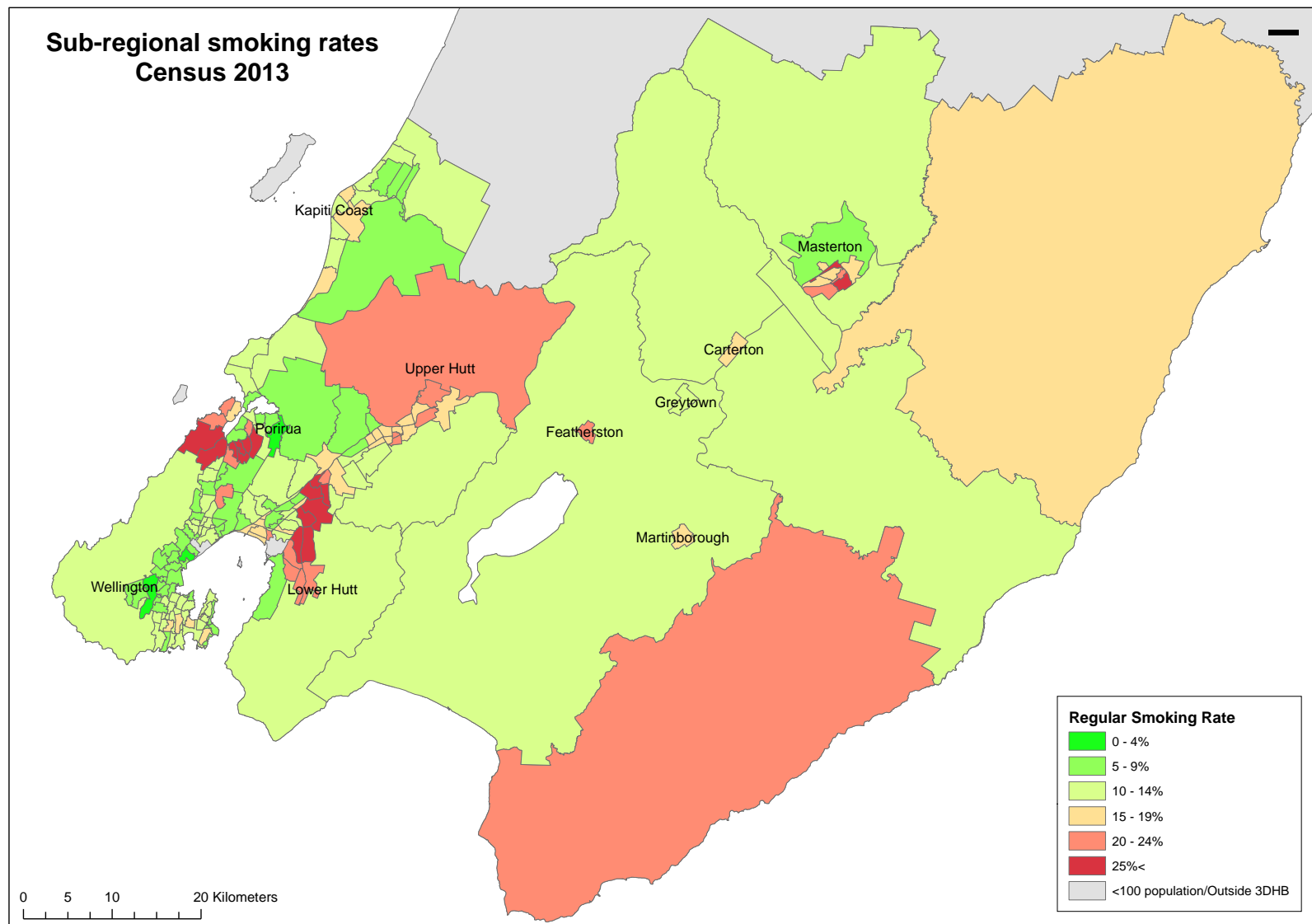
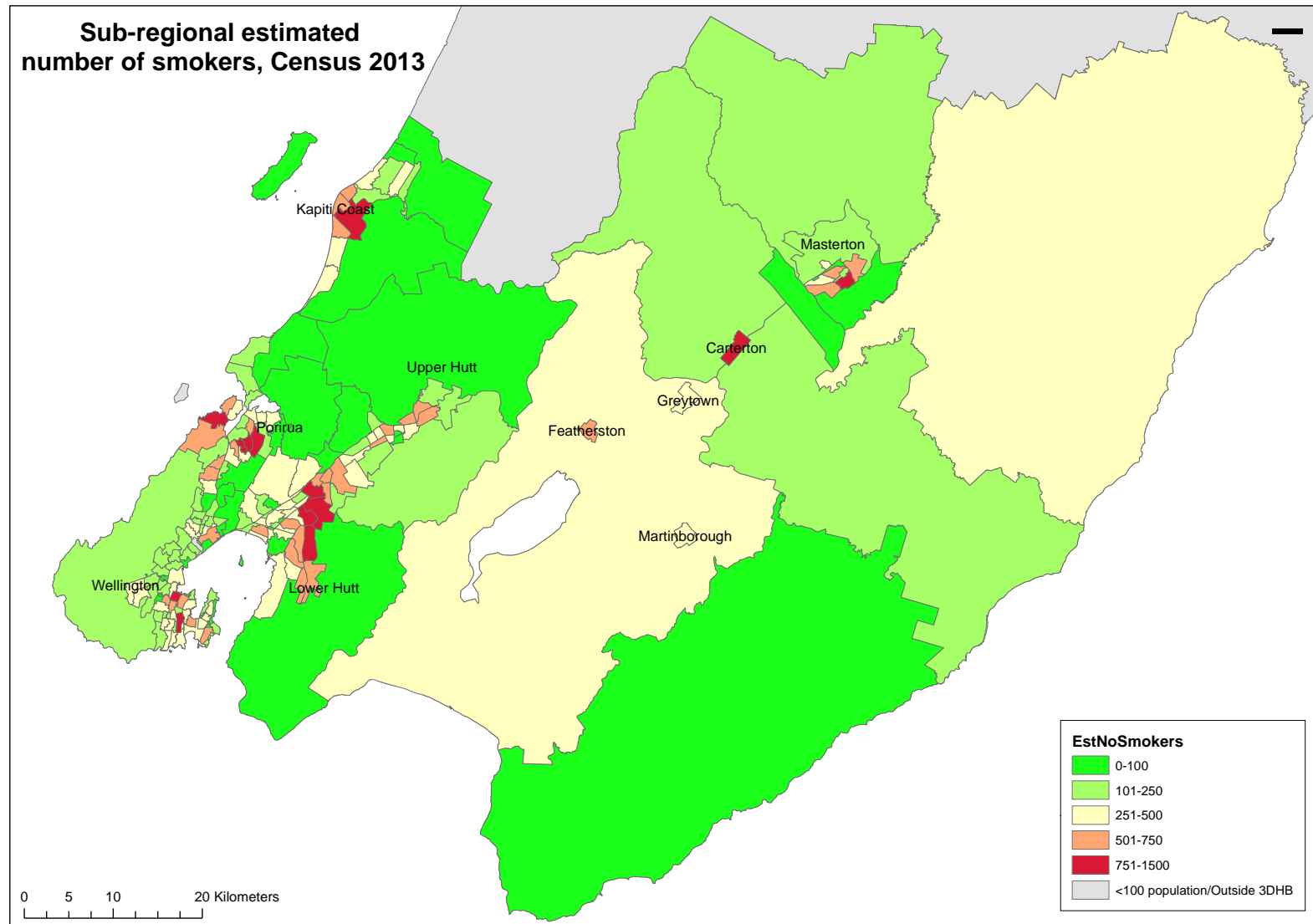
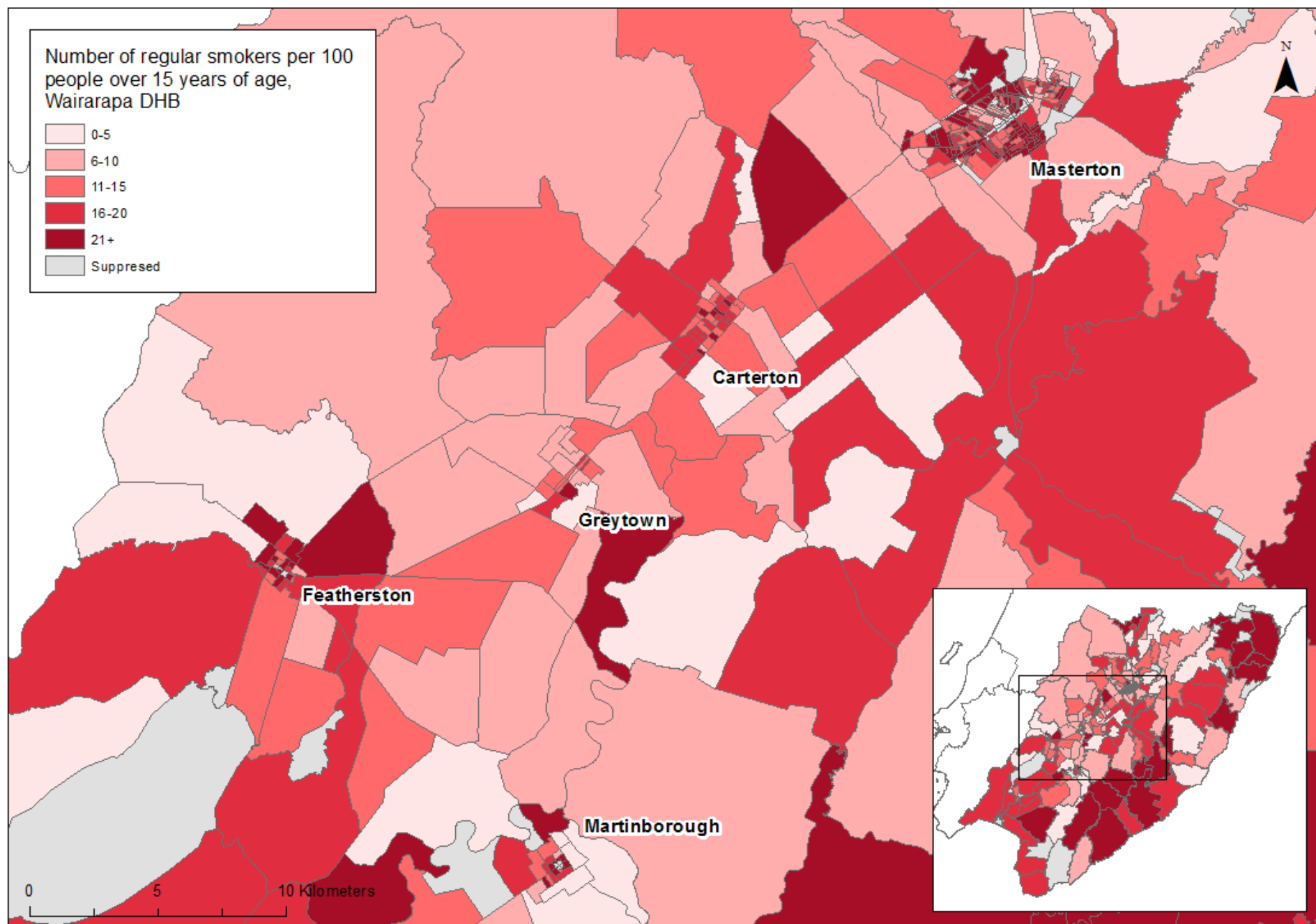
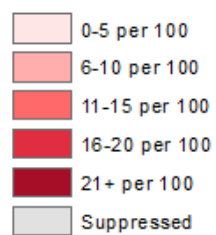


Figure 3: Estimated number of regular smokers across the sub-region at the 2013 Census (calculated from the smoking rates above and the estimated resident population 2013). The areas with the greatest number of smokers are Paraparaumu, Waitangirua, Naenae, Taita, Masterton East, Carterton, and Willis St/Cambridge Terrace.

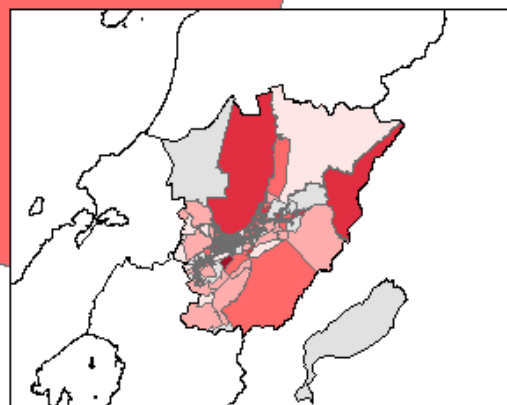


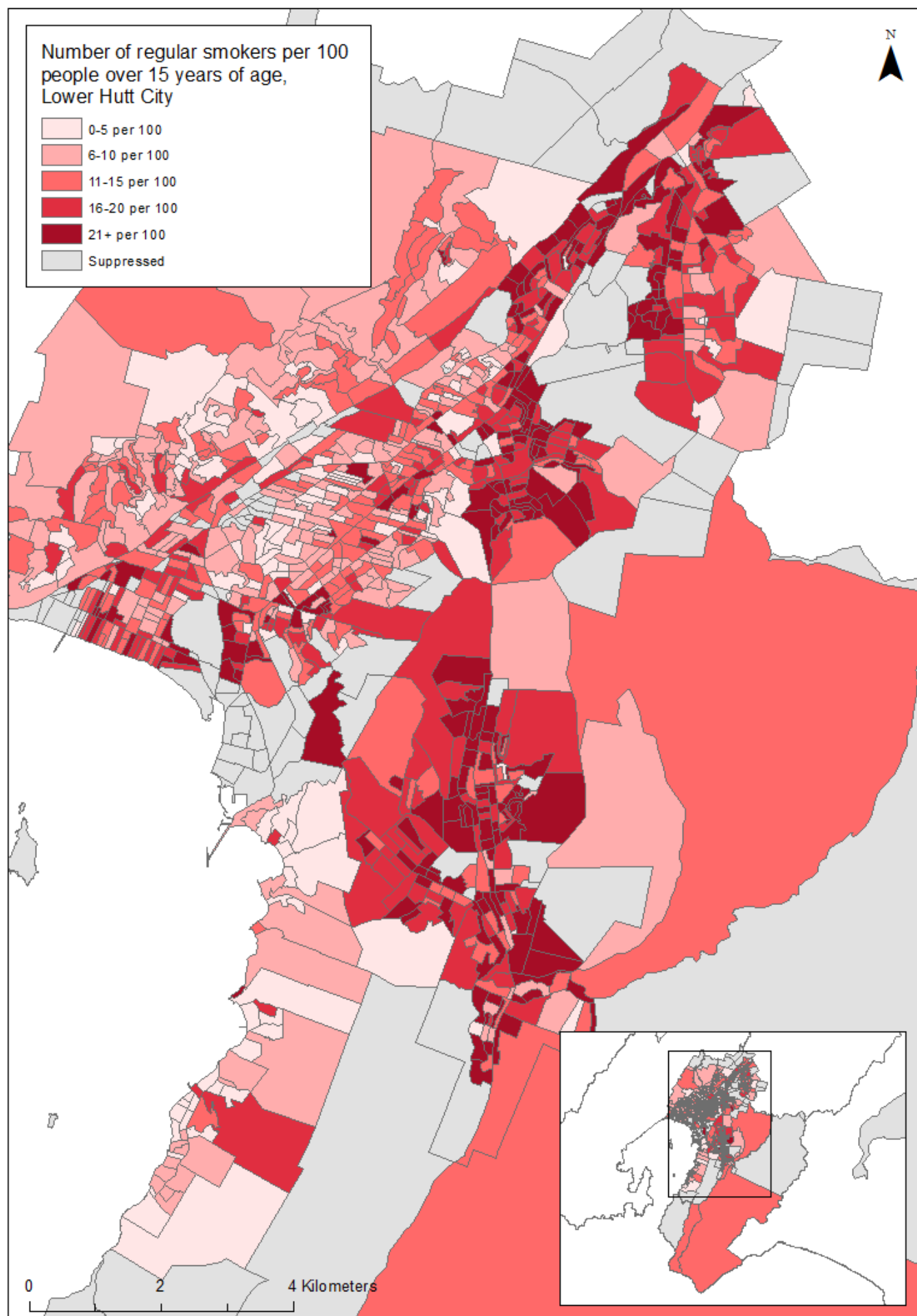


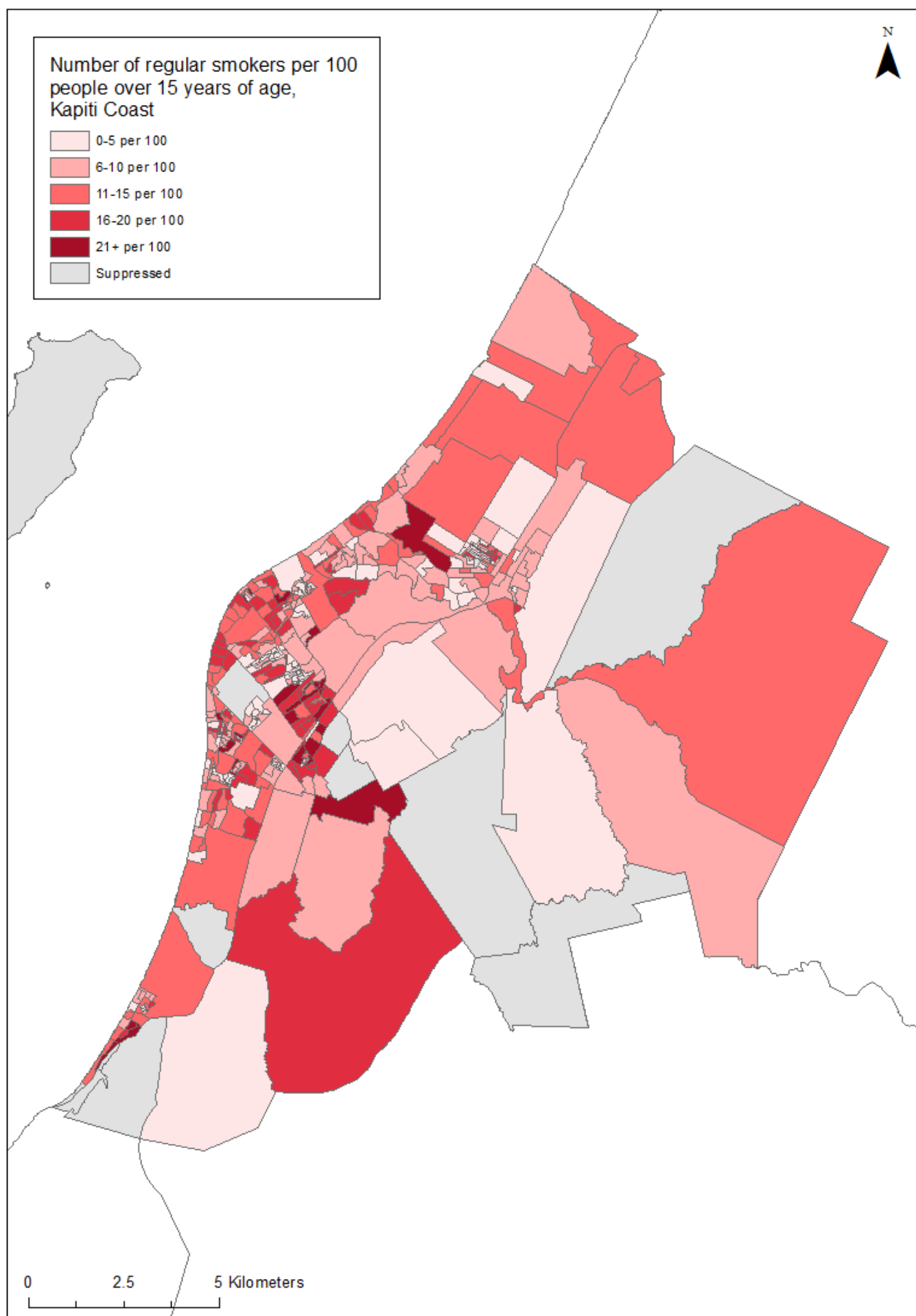
Number of regular smokers per 100
people over 15 years of age,
Upper Hutt City



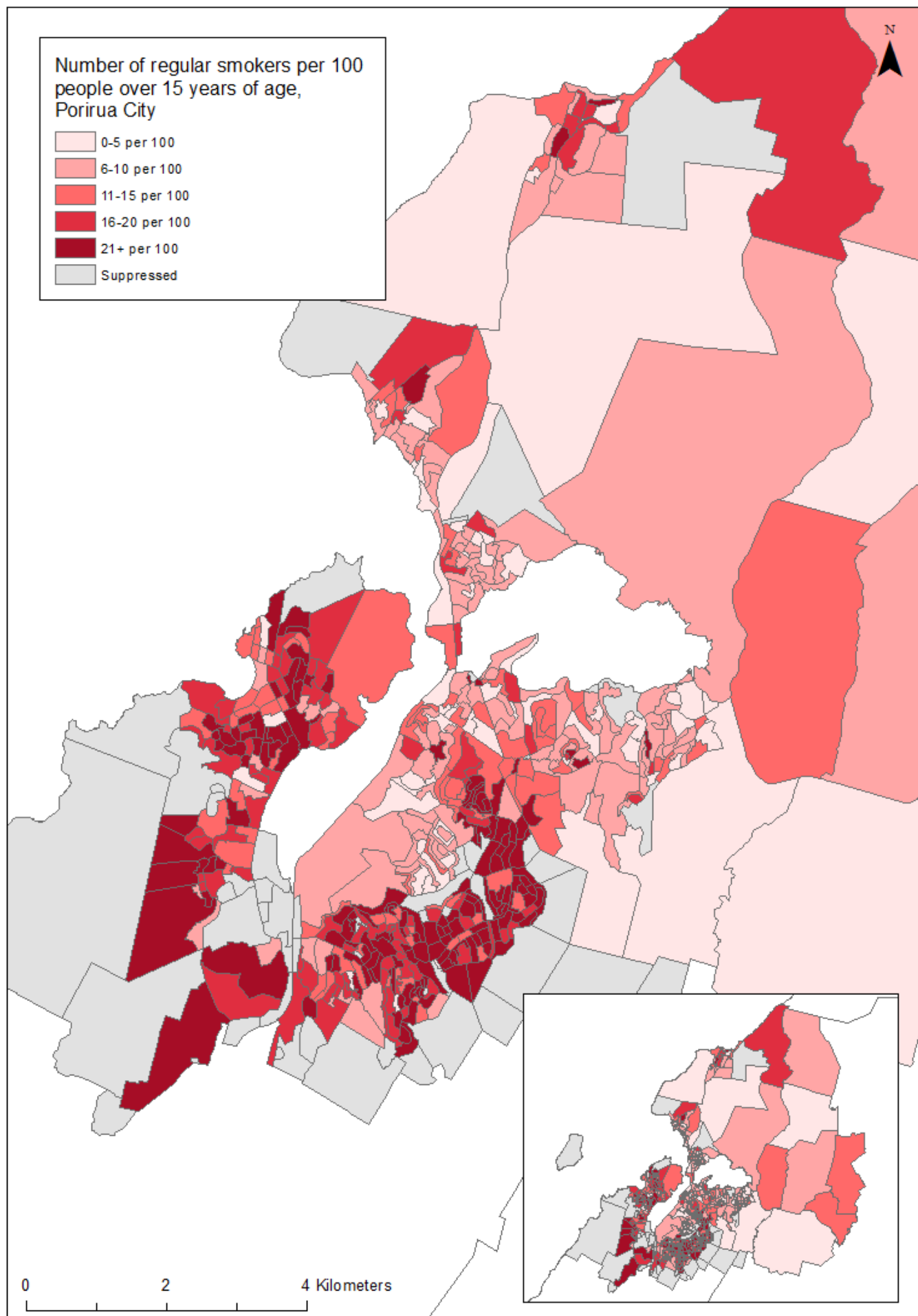
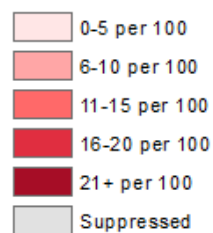
0 3 6 Kilometers



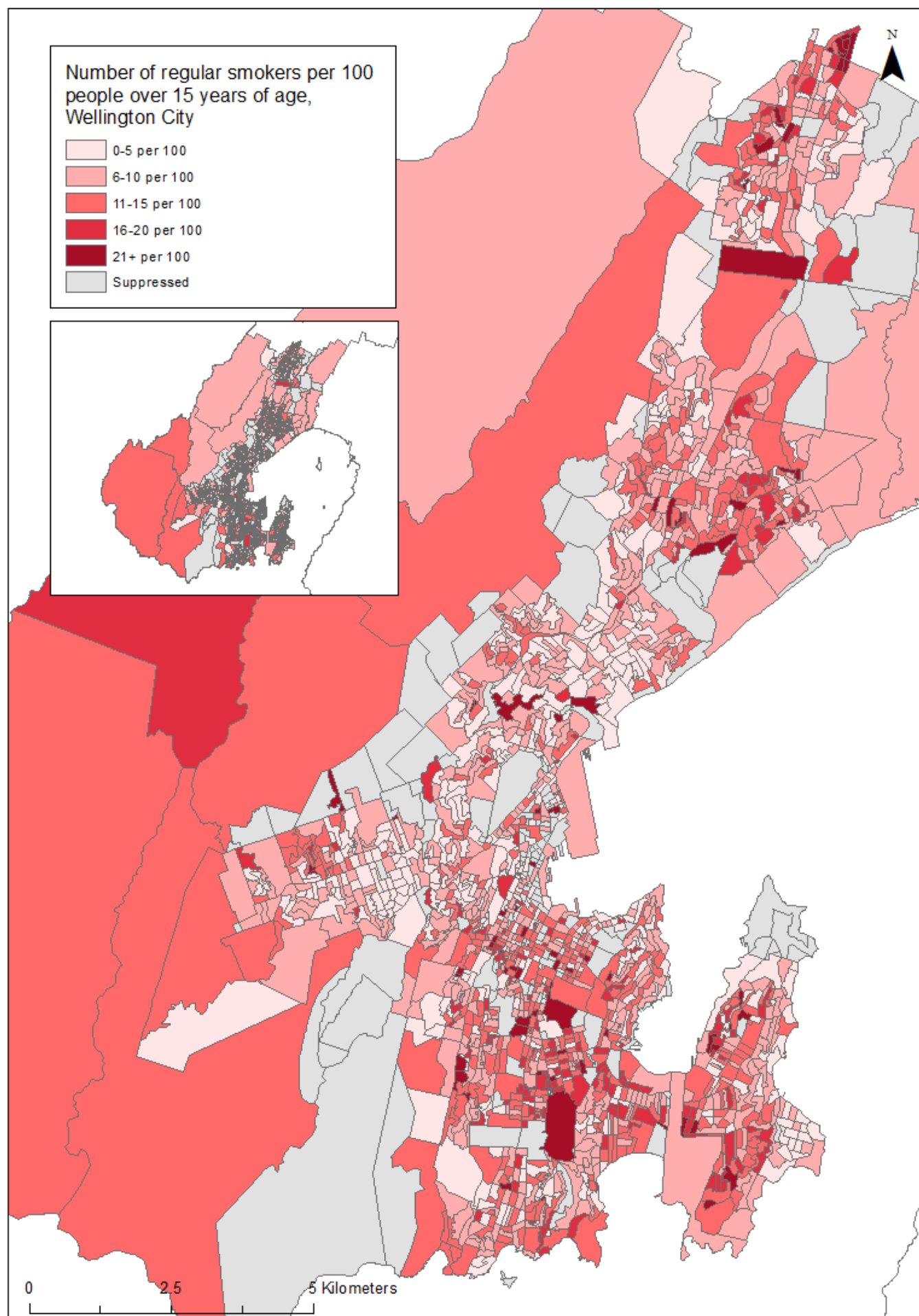
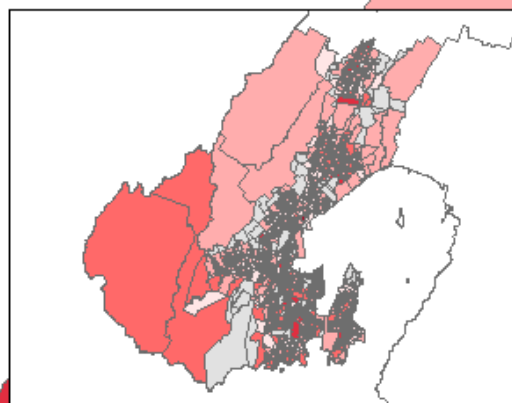
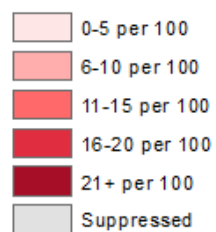




Number of regular smokers per 100
people over 15 years of age,
Porirua City



Number of regular smokers per 100
people over 15 years of age,
Wellington City

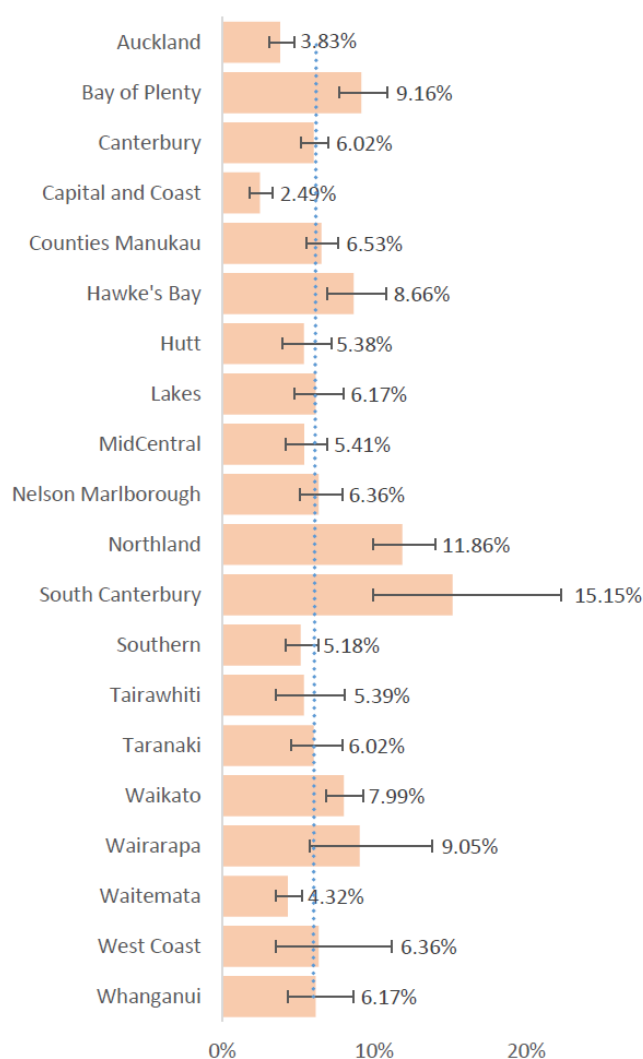


Age

The Action on Smoking and Health (ASH) New Zealand's Year 10 Snapshot Survey indicates that the number of year 10 students who are regular smokers has been dropping. Regular smokers include daily smokers as well as students who reported smoking weekly or monthly. Between 2013 and 2014, there has been a continued decrease in the number of year 10 students who are regular smokers. Capital and Coast DHB was below the national average of 6.05%.

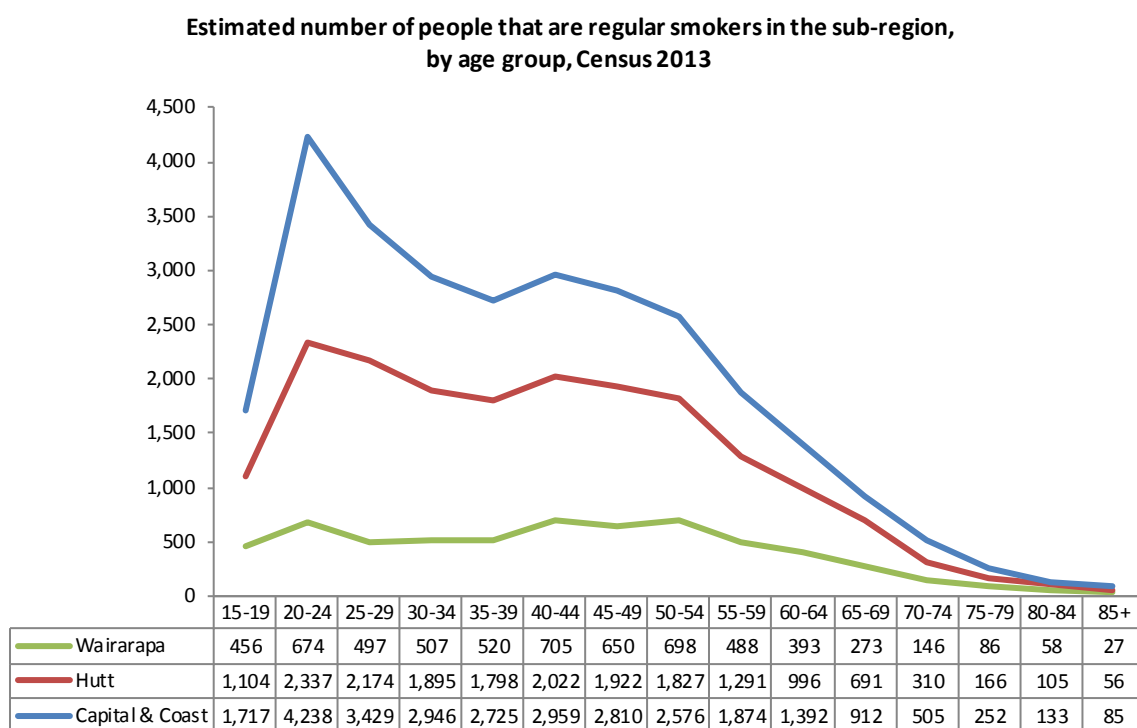
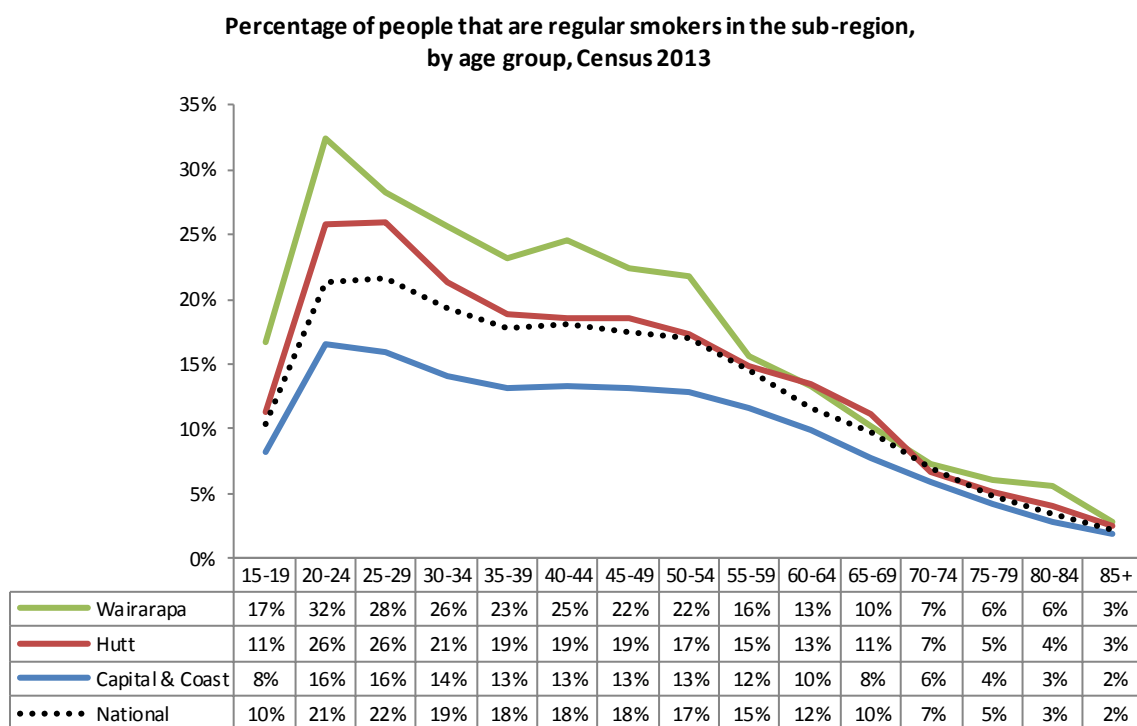
DHB	2012	2013	2014	2013/14 change
Wairarapa DHB	13.4%	11.85%	9.05%	2.80%
Hutt Valley	8.8%	6.49%	5.38%	1.11%
Capital & Coast	6.5%	5.14%	2.49%	2.65%
National	-	-	6.05%	-

Figure _: Percentage breakdown by DHB of ASH Year 10 Snapshot Survey students who were regular smokers, 2014



Both nationally and sub-regionally, the smoking rate is highest in the 20-29 age group. In Wairarapa, smoking rates for people younger 55 years are higher than national. In Hutt Valley, smoking rates for people younger than 40 years are higher than national. In Capital & Coast, smoking rates are lower than national for all age groups.

Figure 4: The percentage (top graph) and estimated number (bottom graph) of smokers in the sub-region (Census 2013 and Estimated Resident Population 2013).



Ethnicity

At the 2013 Census, 15% of people over the age of 15 in New Zealand were regular smokers. In comparison, Wairarapa and Hutt Valley residents have higher rates (18% and 17%, respectively), while CCDHB has a lower rate (12%).

Maori and Pacific have higher rates of smoking than other ethnicities at the 2013 Census:

- Nationally, 33% of Maori are regular smokers. In comparison, Maori living in Wairarapa and Hutt Valley have higher rates (36% and 34%, respectively), while Capital & Coast has a lower rate (26%).
- Nationally, 22% of Pacific are regular smokers. In comparison, Pacific living in our sub-region have higher rates: 23% in Wairarapa, 24% in Hutt Valley, and 24% in Capital & Coast.

Figure 5: Smoking rate by ethnicity for the Wairarapa PHO-enrolled population (PPP reports).

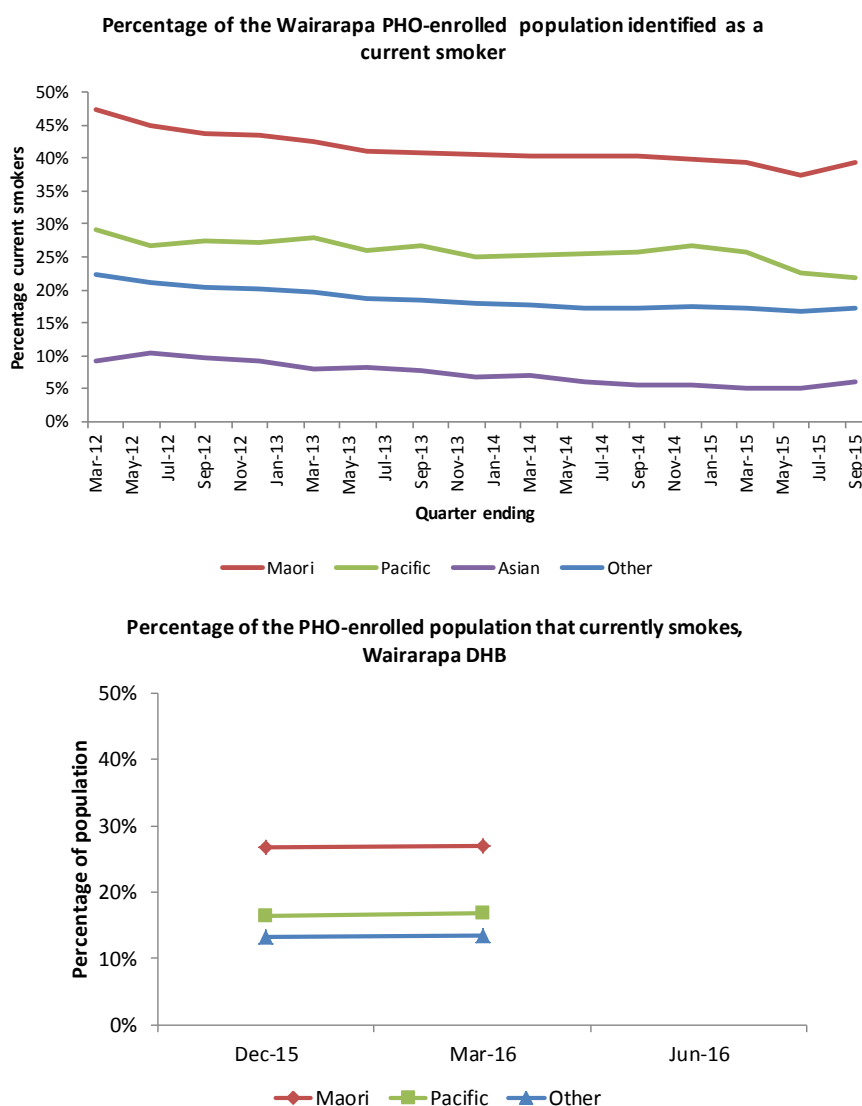


Figure 6: Smoking rate by ethnicity for the Hutt Valley PHO-enrolled population (PPP reports).

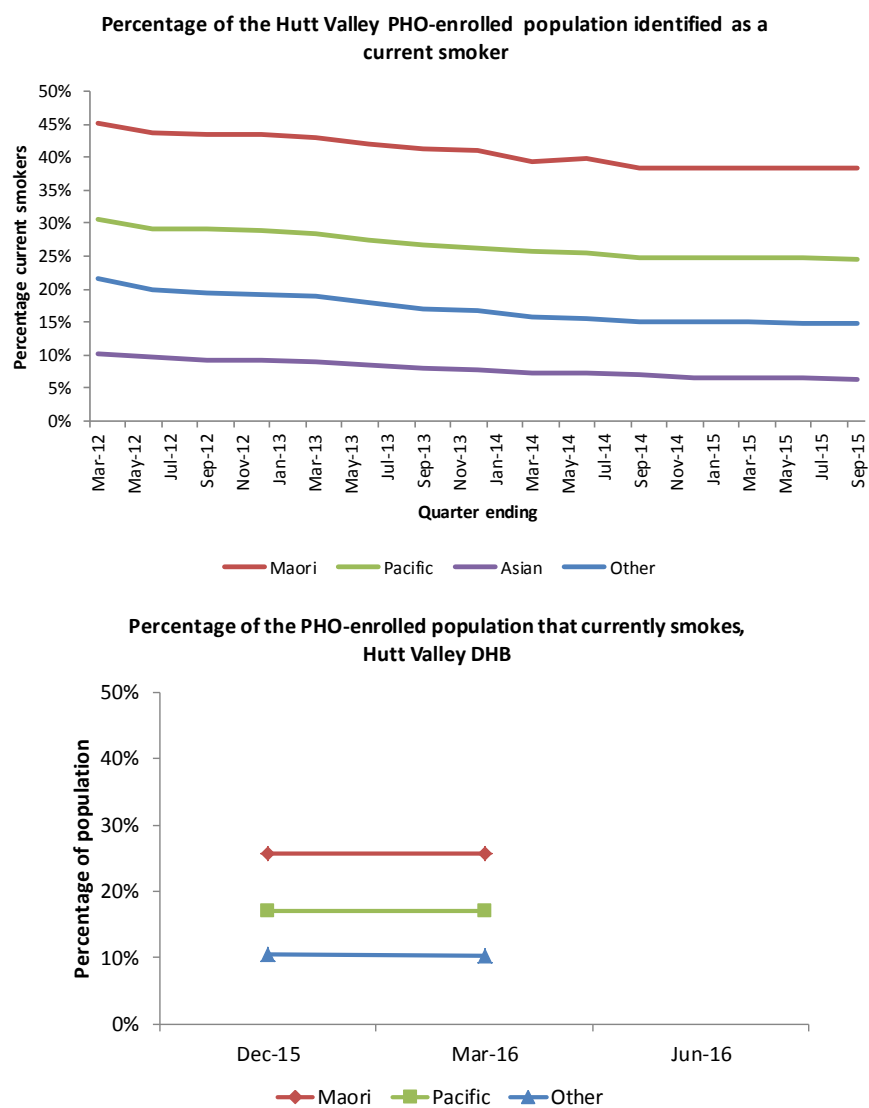
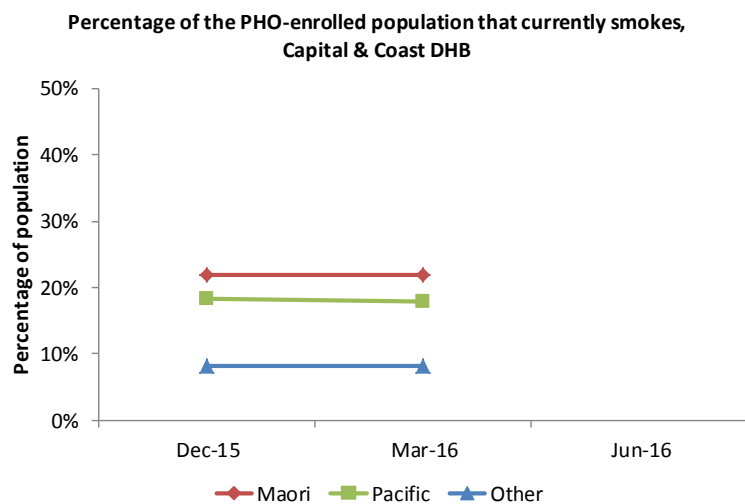
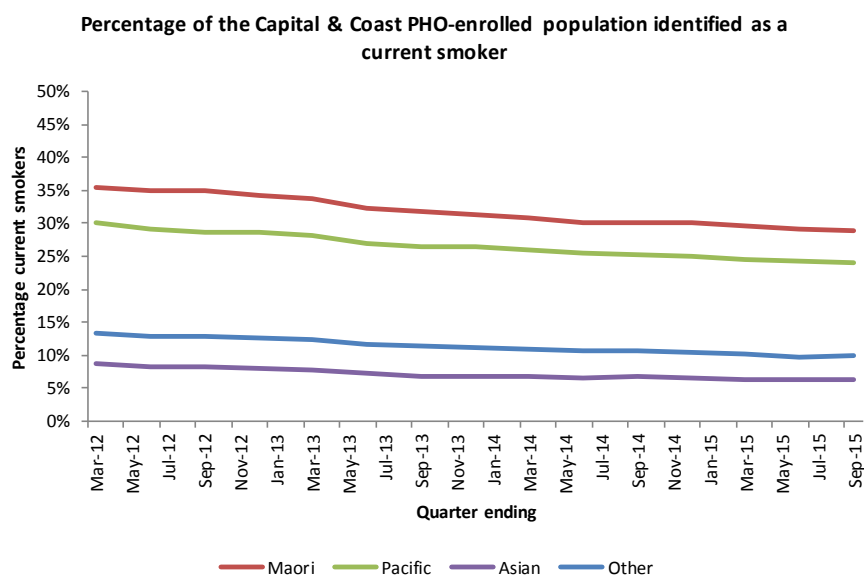


Figure 7: Smoking rate by ethnicity for the Capital & Coast PHO-enrolled population (PPP reports).

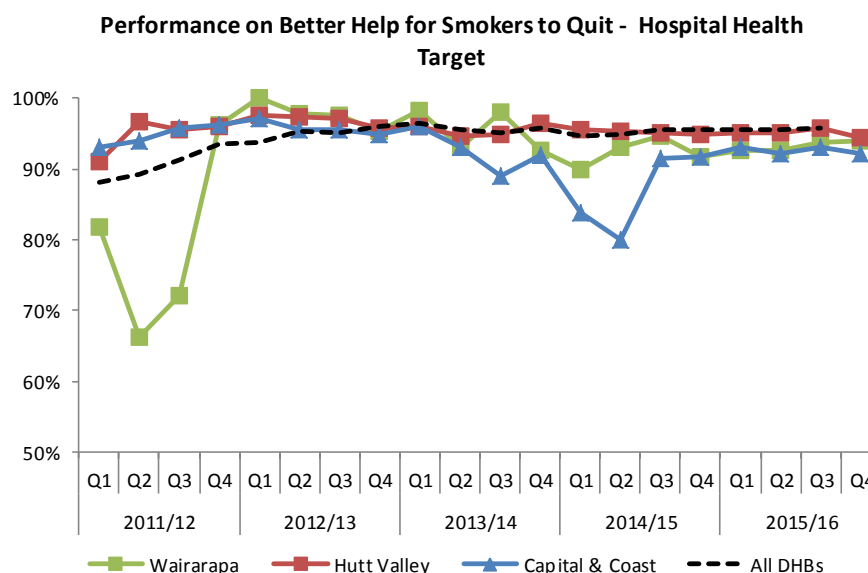


Appendix 2: Health Target Performance

Health Target: Better help for smokers to quit – Hospital

95 percent of hospitalised patients who smoke and are seen by a health practitioner in public hospitals are offered brief advice and support to quit smoking.

Figure 1



Health Target: Better help for smokers to quit – Primary Care

- The target is defined as '90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.'
- The emphasis of the tobacco health target along with efforts to achieve the Government goal Smokefree Aotearoa 2025 is now on provision of wrap around cessation support to smokers including behavioural support and stop-smoking medication in combination.
- Efforts by PHOs to encourage practices to update processes and IT systems to make it easier for health practitioners to note and record health target related data, and the identification of 'target champions' appear to be the most effective strategies to improving performance.
- Lack of buy-in from a small number of GPs could be undermining the efforts of PHOs to achieve and maintain target performance.

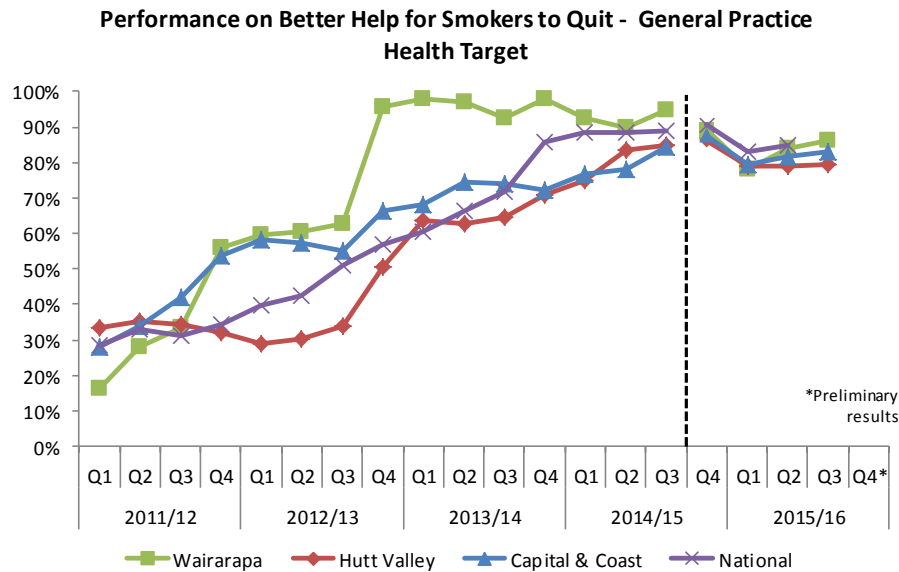
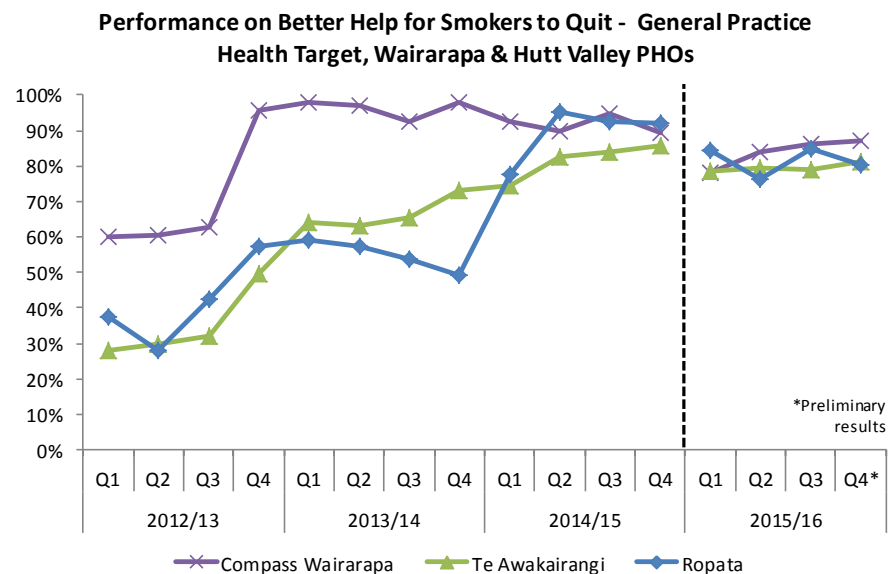


Figure20: Brief Advice to Quit in Primary Care by PHO – Hutt Valley and Wairarapa



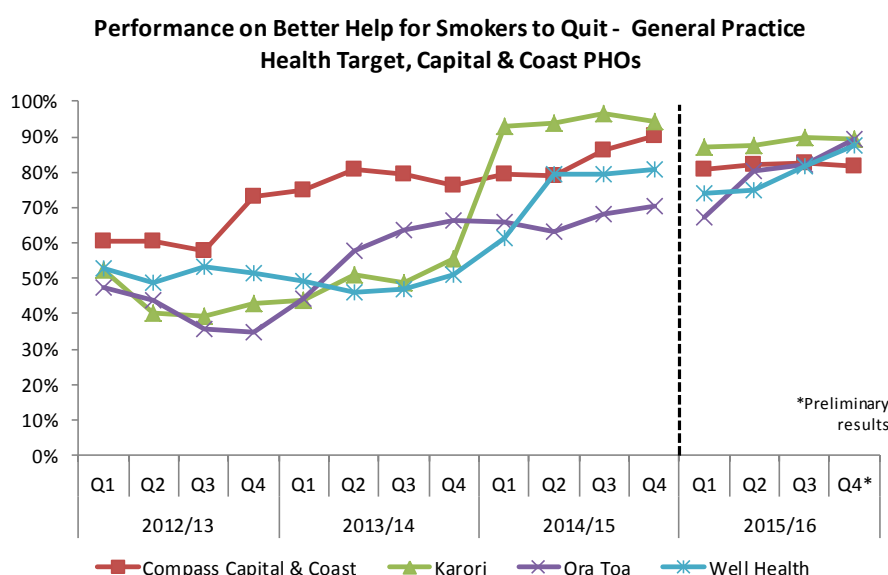
Wairarapa DHB

- At 31 March 2015, Compass Health (Wairarapa DHB) had achieved 94.7% of smokers seen receiving advice with 14.9% receiving support to quit. Wairarapa DHB is the 7th highest performing DHB.
- Compass Health IT in Wellington provides weekly statistics to all practices so that they can monitor their own progress. Each practice can access their patient lists showing those requiring contact for brief advice and cessation via the Compass Health Provider Portal. Data is refreshed weekly so that practices can track their progress.

Hutt Valley DHB

- At 31 March 2015 Hutt Valley DHB PHOs had achieved 84.6% of smokers seen receiving advice with 1.1% receiving support to quit, and is the 17th highest performing DHB with Te Awakairangi Health Network achieving 83.9% and Cosine Primary Care Network (Ropata) achieving 92.5% advice received.
- Nominated practice staff in at least one third of Te Awakairangi HN practices monitor and lead the smoking ABC work. This has resulted in these practices becoming more self-sufficient, and more successful in achieving their smoking ABC indicator target.
- Ropata Medical Centre has a dedicated healthcare assistant to lead on this area, and report that they would not be able to reach current performance without this role; GPs find it difficult within consultations if patients are having longer appointments and multiple problems when seeing the GP.

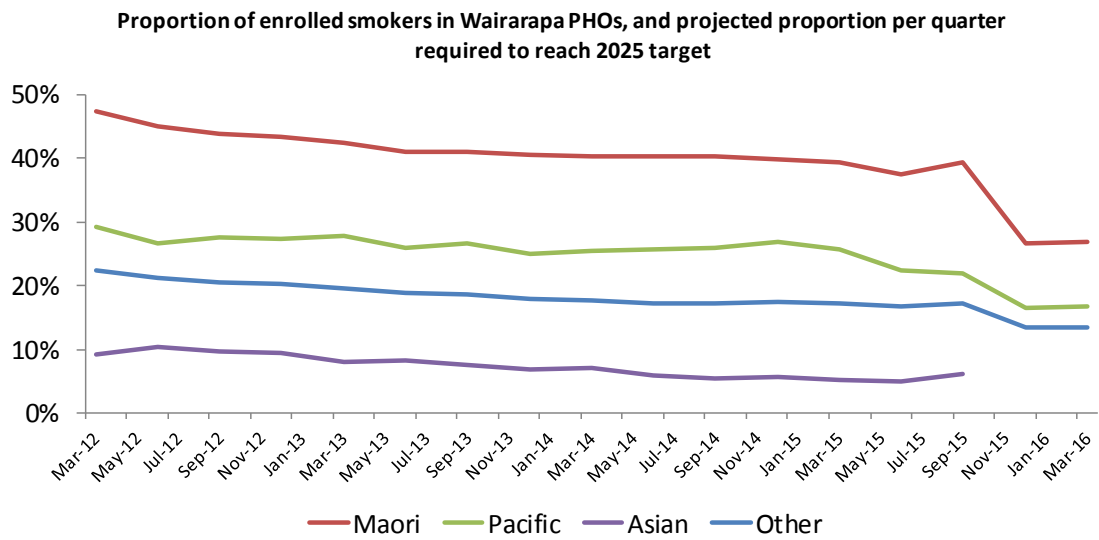
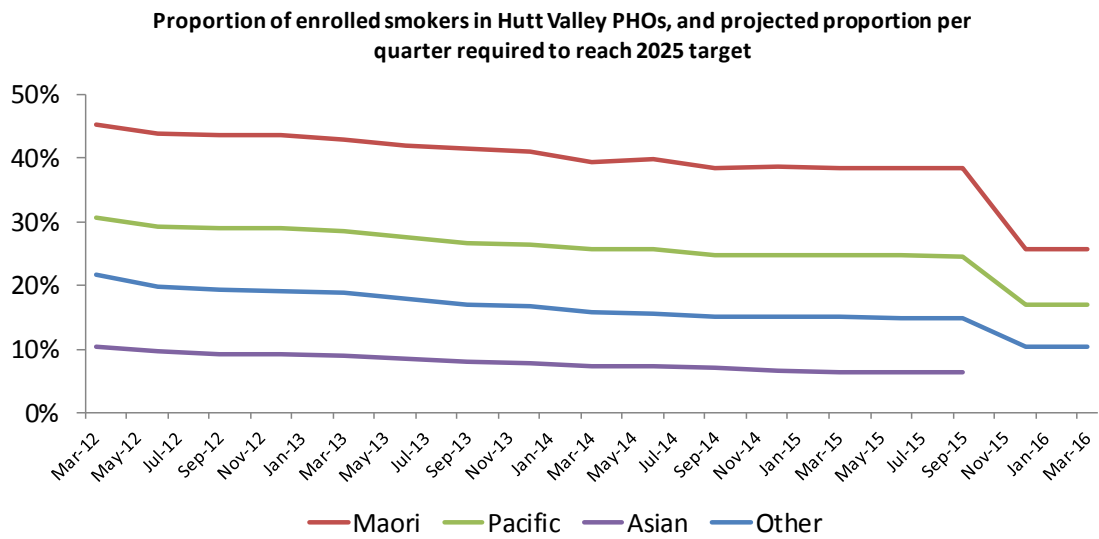
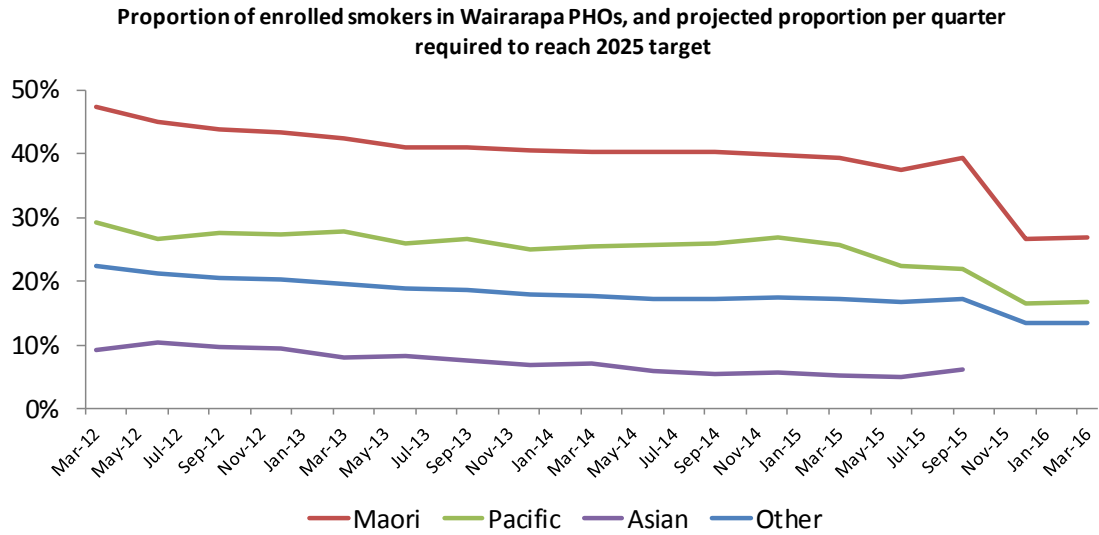
Figure 21: Brief Advice to Quit in Primary Care by PHO – CCDHB



Capital and Coast DHB

- At 31 March 2015 CCDHB PHOs had achieved 84.3% of smokers seen receiving advice with 1.5% receiving support to quit, and is the 18th highest performing DHB with Compass Health (CCDHB) achieving 86.3%, Cosine Primary Care Network (Karori) achieving 92.5%, Ora Toa PHO achieving 68.2%, and Well Health Trust achieving 79.3% advice received.
- Quarterly reports will be submitted to the ICC Long Term Conditions Service Level Alliance (SLA) which will provide clinical oversight and leadership across primary and secondary health services within CCDHB.

Note that introduction of the new definition of the Better help for smokers to quit Health Target, there was a substantial change in the proportion of enrolled smokers within each DHB. The following figures show the difference in the proportion of enrolled smokers in each DHB.



Health target: Maternal smoking rates

The smoking rate in mothers is lower than the smoking rate in the general population. Maori and Pacific mothers are more likely to smoke than mothers of other ethnicities. 40 to 50 percent of Maori women of child bearing age smoke.

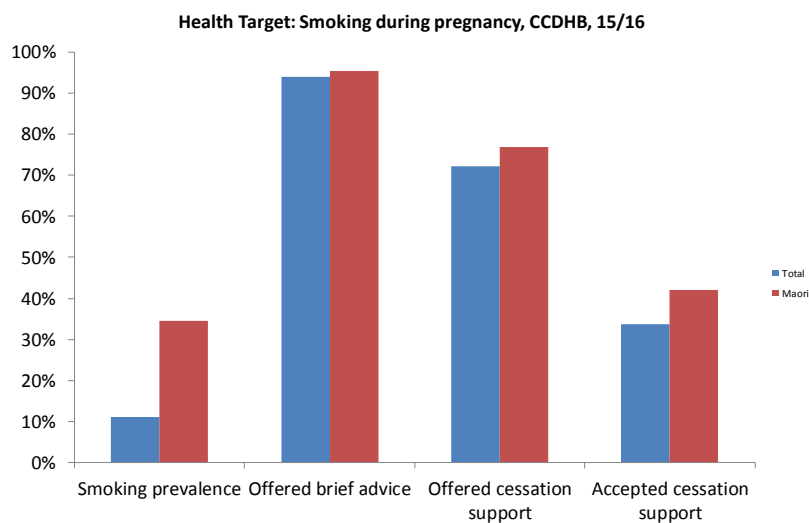
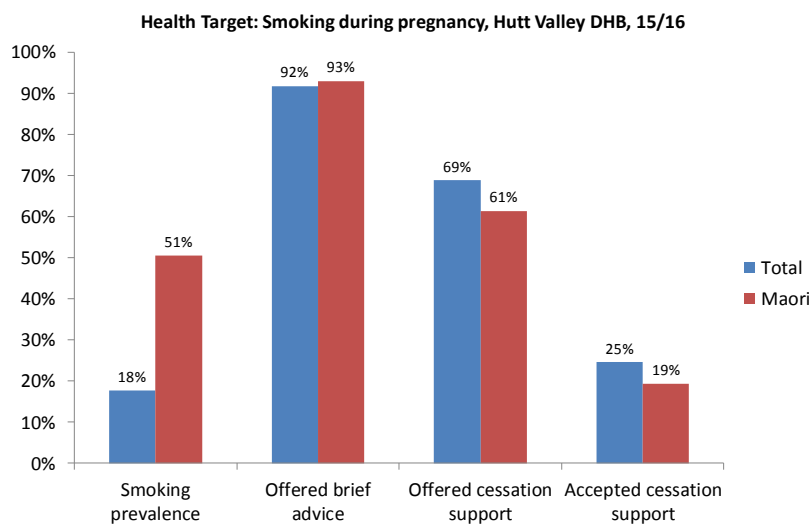
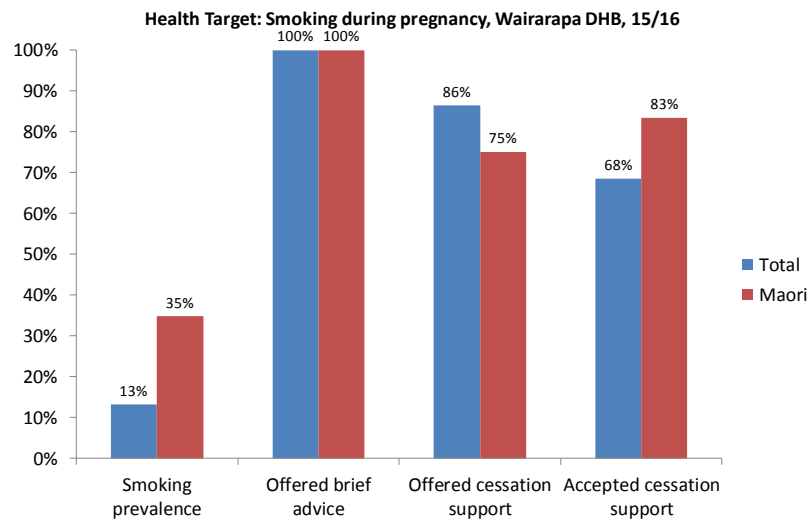


Table: Health Target- Better help for smokers to quit –Maternity 2015-16: Pregnant women who are aged 15 and over, and are identified as a current smoker upon registration with a DHB-employed midwife or Lead Maternity Carer⁸

		Q1		Q2		Q3		Q4		2015/16 TOTAL	
		Total	Maori	Total	Maori	Total	Maori	Total	Maori	Total	Maori
Wairarapa	Events	46	5	35	4	40	6	46	8	167	23
	Smoking prevalence	8	2	4	1	3	0	7	5	22	8
	Proportion of smoking	17%	40%	11%	25%	8%	0%	15%	63%	13%	35%
	Offered brief advice	8	2	4	1	3	0	7	5	22	8
	Proportion offered brief advice	100%	100%	100%	100%	100%	0%	100%	100%	100%	100%
	Offered cessation support	8	2	2	0	3	0	6	4	19	6
	Proportion offered cessation support	100%	100%	50%	0%	100%	0%	86%	80%	86%	75%
	Accepted cessation support	8	2	1	0	1	0	3	3	13	5
	Proportion accepted cessation support	100%	100%	50%	0%	33%	0%	50%	75%	68%	83%
Hutt Valley	Events	290	56	258	47	244	54	239	43	1031	200
	Smoking prevalence	38	24	49	30	54	28	42	19	183	101
	Proportion of smoking	13%	43%	19%	64%	22%	52%	18%	44%	18%	51%
	Offered brief advice	35	21	43	26	51	28	39	19	168	94
	Proportion offered brief advice	92%	88%	88%	87%	94%	100%	93%	100%	92%	93%
	Offered cessation support	31	16	32	18	38	17	25	11	126	62
	Proportion offered cessation support	82%	67%	65%	60%	70%	61%	60%	58%	69%	61%
	Accepted cessation support	4	1	5	2	12	6	10	3	31	12
	Proportion accepted cessation support	13%	6%	16%	11%	32%	35%	40%	27%	25%	19%
Capital & Coast	Events	392	48	375	55	402	49	329	36	1498	188
	Smoking prevalence	43	14	48	15	39	18	35	18	165	65
	Proportion of smoking	11%	29%	13%	27%	10%	37%	11%	50%	11%	35%
	Offered brief advice	40	13	45	15	36	16	34	18	155	62
	Proportion offered brief advice	93%	93%	94%	100%	92%	89%	97%	100%	94%	95%
	Offered cessation support	26	9	41	14	29	13	23	14	119	50
	Proportion offered cessation support	60%	64%	85%	93%	74%	72%	66%	78%	72%	77%
	Accepted cessation support	7	2	13	6	12	6	8	7	40	21
	Proportion accepted cessation support	27%	22%	32%	43%	41%	46%	35%	50%	34%	42%

⁸ Maternity target data – supplied to the ministry by Midwifery and Maternity Provider Organisation (MMPO), LM Services and DHBs

Appendix 3: Other Indicators

Maternal Clinical Indicators

The New Zealand Maternity Clinical Indicators present comparative maternity interventions and outcomes data for pregnant women and their babies by maternity facility and district health board region. These indicators are the result of collaboration between the Ministry of Health and maternity stakeholders representing consumer, midwifery and obstetric, general practice, pediatric and anesthetic perspectives. In 2011 an expert working group established a set of 12 maternity clinical indicators that could be measured using the available data collections at that time; indicator 16 measures maternal tobacco use during postnatal period

Indicator 16: Rationale and purpose

Smoking during pregnancy leads to increased carbon monoxide concentration in the blood of both the mother and her baby, resulting in reduced oxygen and nourishment available to the baby. This increases the risk of babies being born with a low birth weight and increases the risk of neonatal mortality, sudden and unexpected death in infancy and long-term respiratory problems for the child (The Quit Group 2004).

This indicator monitors tobacco use at two weeks postnatal, which potentially identifies the number of women who have continued to smoke during pregnancy and following the birth as well as those who have re-commenced smoking following the birth. This indicator can be used to identify support needs of women and families in terms of support to stop smoking.

Improving this indicator will require providers to ensure they offer coordinated tobacco cessation support during pregnancy and into the postnatal period that meets the needs of local populations. It will require tobacco cessation services to work closely with LMCs and DHB maternity services. .

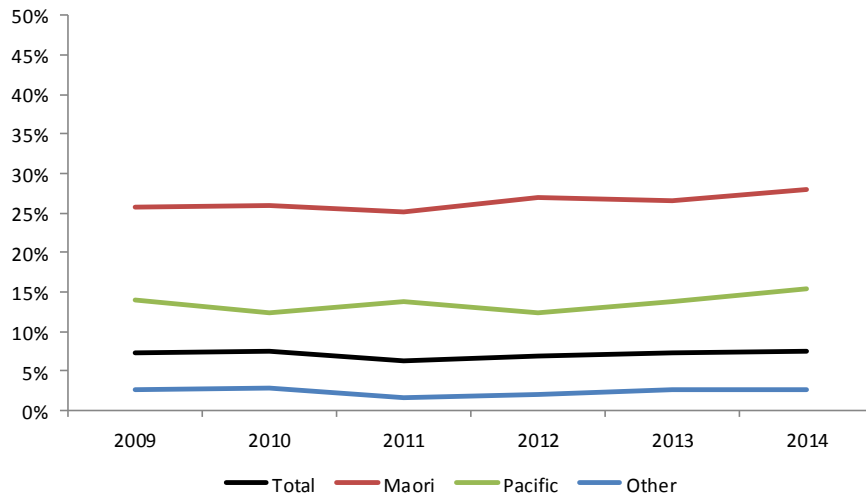
Notes on 2014 data

This indicator currently presents tobacco use information from women registered with an LMC or a DHB primary maternity service.

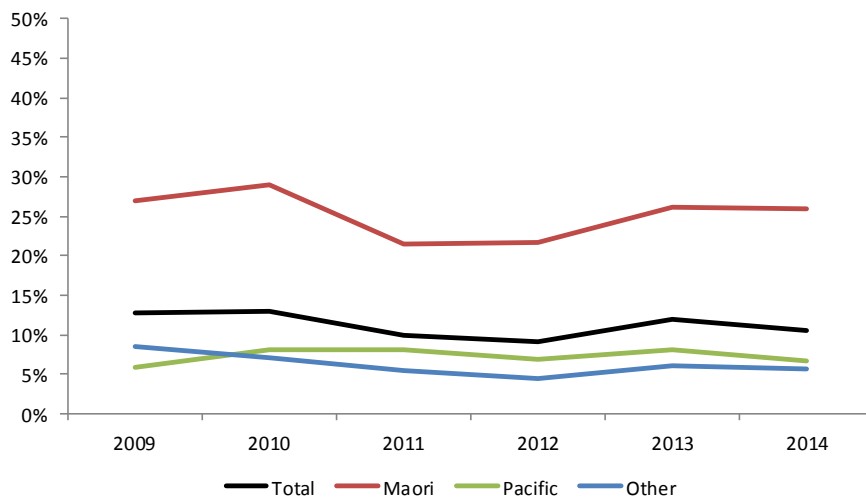
Numerator: Total number of women identified as smokers at 2 weeks after birth

Denominator: Total number of women with smoking status at 2 weeks after birth reported

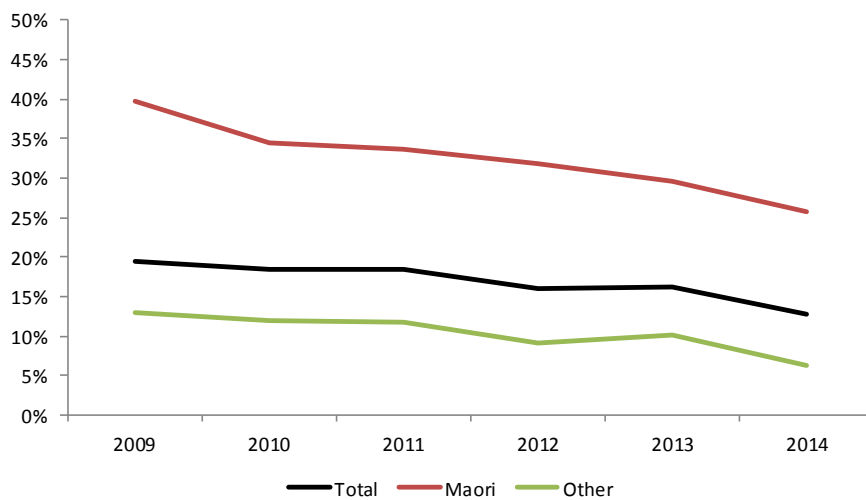
Percentage of women identified as smokers during postnatal period (2 weeks after birth), Capital & Coast DHB, 2009-2014



Percentage of women identified as smokers during postnatal period (2 weeks after birth), Hutt Valley DHB, 2009-2014



Percentage of women identified as smokers during postnatal period (2 weeks after birth), Wairarapa DHB, 2009-2014



WCTO Quality Improvement Framework

Well Child / Tamariki Ora (WCTO) is a free health service offered to all New Zealand children from birth to five years. Its aim is to support families/whānau to maximise their child's developmental potential and health status, establishing a strong foundation for ongoing healthy development.

The WCTO Quality Improvement Framework has three high-level aims, which focus on family/whānau experience, population health, and best value for the health system's resources. The Framework and quality indicators provide a mechanism to drive improvement in the delivery of WCTO services. Ultimately, they aim to support the WCTO programme to ensure all children and their families/whānau achieve their health and wellbeing potential.

The aim of the quality indicators is to monitor and promote quality improvement across WCTO providers without creating an additional reporting burden. As such, the quality indicators are a subset of potential measures drawn from existing data collections and reporting mechanisms.

Indicator19: Mothers are smokefree at two weeks postnatal.

Target by June 2016: 95%

Table 7: Percentage of mothers smokefree at two weeks postnatal in the sub-region (Jan-Jun 2013, Health Quality Safety Commission)

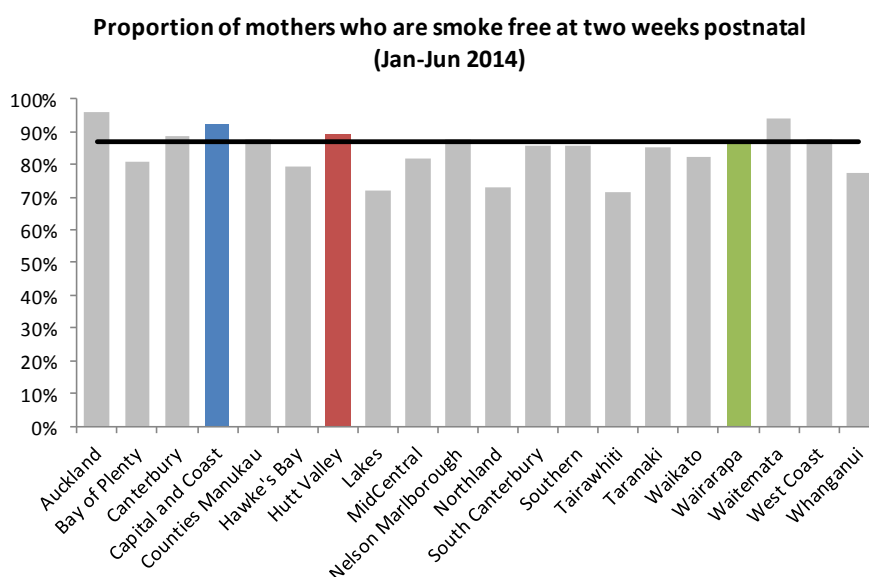
DHB	Total Population	Maori	Pacific	Q5 (all ethn)
Wairarapa	86%	73%	100%	84%
Hutt	89%	72%	95%	80%
Capital & Coast	92%	74%	83%	83%

Notes on 2014 data

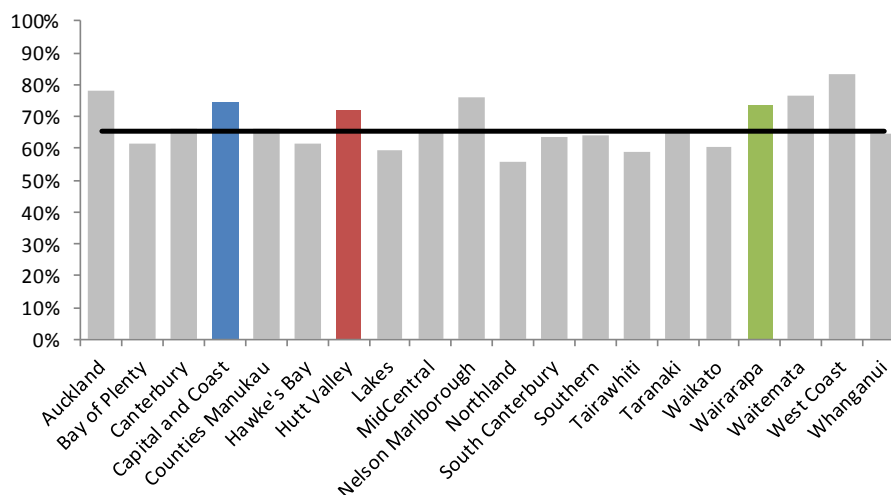
This indicator measures maternal tobacco use (two weeks) of births between January 2014 and June 2014. Data excludes overseas DHBs and undefined DHBs.

Numerator: maternal tobacco use (two weeks) = Yes (source: MAT).

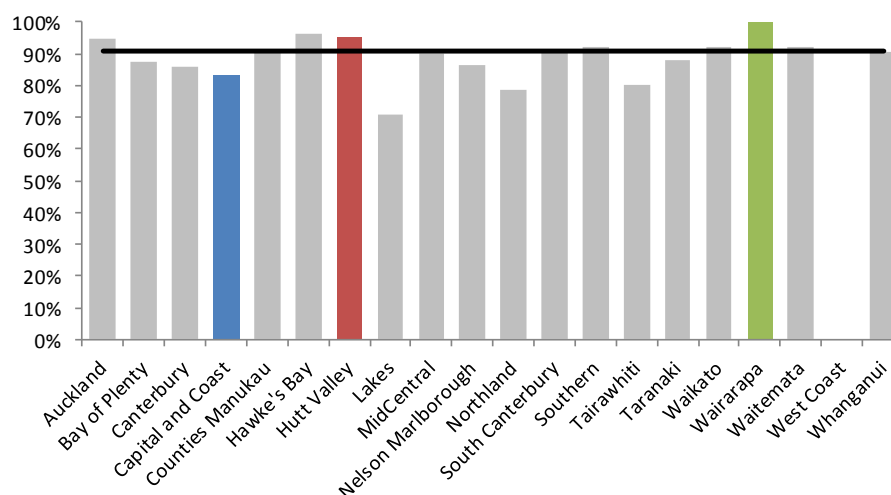
Denominator: maternal tobacco use (two weeks) = Yes or No (source: MAT).



Proportion of mothers who are smoke free at two weeks postnatal, Maori, (Jan-Jun 2014)



Proportion of mothers who are smoke free at two weeks postnatal, Pacific, (Jan-Jun 2014)



Appendix 4: E-Cigarettes

There is not enough evidence to be able to recommend e-cigarettes as an aid to quit smoking. The Ministry of Health will be assessing new evidence as it arises, but in the meantime smokers should continue to use approved smoking cessation aids, such as patches, lozenges and gum, to help them quit smoking.

[Electronic Nicotine Delivery Systems \(ENDS\), including E-cigarettes | Ministry of Health NZ](#)

How healthcare workers may want to respond to questions from patients about electronic cigarettes (e-cigarettes)

Are there health benefits in switching from tobacco cigarettes to e-cigarettes?

The expert opinion is that e-cigarettes are safer than smoking tobacco [1] and there is some evidence to show that using e-cigarettes in place of smoking tobacco cigarettes is a good choice. Stopping smoking reduces the risk of many illnesses.

Why are e-cigarettes not available like nicotine gum, lozenges and patches?

Nicotine gum, lozenges and patches are medicines, which have been assessed and approved by Medsafe for sale to help people stop smoking. Manufacturers of e-cigarettes could, if they wanted, apply to Medsafe for an assessment of their e-cigarettes as medicines, but they have not so far.

I've heard that toxic substances have been found in the e-cigarette vapour. Is this true?

A number of toxicants have been found in e-cigarette vapour. However, when e-cigarettes are used within normal operating levels (e.g. not overheated), these toxicants are at very low levels, many times less than tobacco smoke [1].

Is second hand vapour dangerous?

There is no current evidence that second hand vapour is dangerous. However you should be respectful when using e-cigarettes around others.

Some studies have found traces of toxicants in second hand vapour but at such low levels they do not pose a health risk. Second hand tobacco smoke on the other hand is associated with an increased risk to health.

Can I use e-cigarettes in places where I cannot smoke?

There is currently no legislation around this. Some organisations do not allow vaping (the use of e-cigarette) in their places (e.g. on aeroplanes, in hospitals); be respectful and ask first.

Is it OK to smoke and vape at the same time?

There is no current evidence to suggest that smoking cigarettes and vaping at the same time increase health risks. However the greatest health benefits are seen when people stop smoking completely, so this should be the goal.

Some people manage to switch completely to vaping quickly, whilst others take a little time. You may have to try a number of different e-cigarettes and e-liquids before you find the one that enables you to stop smoking completely.

Can I buy e-cigarettes in New Zealand?

Although it is illegal to sell e-cigarettes or solutions containing nicotine in New Zealand, you can purchase nicotine-containing e-cigarettes from overseas websites for your own personal use to stop smoking.

Which e-cigarette should I start with?

This is very much a personal choice. The refillable tank system electronic cigarettes generally deliver more nicotine than the e-cigarettes that look like cigarettes [2].

How do I choose a flavour?

This again is a personal choice. Many people start with tobacco flavour, or menthol flavour if you smoke mentholated cigarettes. People usually try a few different flavours until they find the one that suits them.

Does the Ministry of Health recommend e-cigarettes as a smoking cessation aid?

The Ministry does not consider the evidence strong enough to recommend e-cigs as smoking cessation aids [3]. Until more conclusive evidence is available, the Ministry's advice to people is to use approved stop smoking medicines such as nicotine gum, patches and lozenges or bupropion, nortriptyline and varenicline. The chances of quitting are greater if you use these medicines in combination with support available from the Quitline or local smoking cessation service. No e-cigarette has yet been approved as a stop smoking medicine.

Need more information?

See the Ministry of Health's website *advice on the use of e-cigarettes*: <http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/advice-use-e-cigarettes>

Here are some overseas links and documents. Note that legislation in the United Kingdom is different from here in New Zealand.

- NHS Website – [information on electronic cigarettes](#)
- ASK UK – [Fact Sheet on electronic cigarettes](#)
- UK National Centre for Smoking Cessation and Training– [Electronic Cigarette Briefing](#).
- [Electronic cigarettes: review of use, content, safety, effects on smokers and potential for harm and benefit - Hajek - 2014 - Addiction - Wiley Online Library](#)