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**West Coast DHB  
Tobacco Control Plan  
2008 to 2011**

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## **Introduction**

The West Coast has a higher percentage of smokers than the New Zealand average, with 25.7% of residents identified as regular smokers. The West Coast DHB has identified smoking cessation as a key priority to improve the health and well-being of its residents. The West Coast Smokefree DHB Programme is designed to provide leadership in tobacco control, implement systems and strategies that support and advocate smokefree lifestyles, and to support and encourage all health providers to establish and maintain smokefree premises and services.

This plan provides an outline of the West Coast environment, an overview of the current smoking rates and exposure of West Coast children to second hand smoke, a stock take of current smoking cessation services, the key issues, gaps and needs in the provision of smokefree services, people and environments, the key target groups for smoking cessation and an action plan for the West Coast Smokefree DHB Programme. Lastly, recommendations are outlined for the provision of smoking cessation services across the West Coast.

## **Demographic / Environment**

The West Coast covers the area between Karamea in the north and Haast in the south and extends east to Springs Junction. It is the most sparsely populated District Health Board (DHB) in New Zealand with a population density of 1.3 people per square kilometre. Although it occupies 8.5% of New Zealand's total land-mass, the West Coast is home to just 31,326 usually resident West Coasters (Census 2006). The West Coast also comprises the most socio-economically deprived population in the country. Approximately 35% of West Coasters live on approximately \$15,000 or less per annum and 32% have no qualifications, both of which are well below the national average.

Māori residents represent nearly 10% and Pacific Peoples 1% of the regional population. Māori residents have a longer life expectancy than the New Zealand population of Māori, although earn lower incomes and have lower levels of qualification attainment.

These geographic factors, accompanied by the high levels of deprivation and low socio-economic status and qualification attainment of West Coasters make the West Coast a challenging region in which to deliver health promotion and personal health services.

## **Smoking rates**

Smoking is one of the leading causes of mortality and morbidity for the West Coast population. The 2006 Census indicates that 25.7% of the West Coast population are regular smokers, compared to 20.7% nationally. Consistent with the national pattern of prevalence, smoking rates were higher among West Coast Maori (41%) and Pacific Peoples (36%) and lower amongst NZ European (26%) residents. Despite this, NZ European smoking rates are higher for West Coasters (26%) than the national rate of 19%. It is important to note that the smoking rates of West Coasters are higher than the national rate across every age group, apart from West Coast youth who have the second highest rate of smoking in New Zealand.

Smoking prevalence on the West Coast is reducing very slowly, with a 6.3% reduction from 27% in 1996 to 25.7% in 2006.

The ASH survey of Year 10 students has also charted a steady decrease in the number of 14-15 year olds on the West Coast who smoke daily and an increase in those who have never smoked.

## **Exposure to second hand smoke**

Exposure to cigarette smoke has a significant impact on child and adolescent health, contributing to increased rates of sudden infant death syndrome (SIDS), glue ear, and subsequent hearing loss, asthma and respiratory conditions. Exposure to smoke during pregnancy is also harmful to an unborn child, increasing the chance of SIDS and low birth weight.

Exposure to cigarette smoke from parental smoking is a major issue for West Coast children. Smoking prevalence is significantly higher among adults in NZ Dep. 9 and 10 areas, where a considerable proportion of West Coast children reside. Significantly, just 53% of West Coast year 10 students (aged 14 -15) indicated in the 2005 ASH survey that they live in smokefree homes.

### **Smoking Cessation Services (updated July 09)**

Cessation services are provided by a range of providers, throughout the West Coast District.

#### *Community & Public Health*

Aukati Kai Paipa is a 1.0 FTE community-based programme that specifically targets Maori smokers using a Maori cessation model. The service is Greymouth-based and covers the entire District. The service was provided to a total of 214 clients in the 2006/07 year. Referrals for 2008/09 were 101

#### *West Coast PHO*

Until August 2009 the West Coast PHO provided the PEGS (NRT plus counselling) programme through General Practices, rural clinics and pharmacies throughout the West Coast. A total of 180 funded places have been available per annum (282 clients were enrolled in the programme between April 2007 and November 2008). A revised programme – ‘Coast Quit’ – will be taking over from PEGS after August 2009.

#### *WCDHB*

Face-to-face hospital and community-based specialist cessation services are provided from Westport (0.4 FTE) and Greymouth (0.3) This service covers hospital inpatient and outpatient referrals and accepts self referrals. All positions filled by August 2008 with additional 0.3 FTE to provide ABC Training for clinical staff in WCDHB and Primary Care. Referrals 2008/09 were 212

#### *Quit line (Telephone support) 0800778778*

The national telephone support line is accessed by West Coast residents. In 2006 there were 281 calls made to Quit line from the West Coast, with the data for the first 3 quarters of 2007 (284) being slightly above the total calls for 2006.

In 2007 there were two Quit Card providers who are active on the West Coast: 1 Rural Nurse Specialist and 1 Practice Nurse. 80 Quit cards were given to their patients in Hari Hari and 15 in Greymouth. Referrals for July 08 to Jan 09 were 211.

### **Smokefree Health Promotion**

Smokefree health promotion activity is provided predominantly by Community and Public Health, with the West Coast PHO undertaking a small component of this.

#### *Community & Public Health*

C&PH provide smokefree health promotion services throughout the West Coast region. This is provided by a 0.25FTE smokefree health promoter, a 0.2 FTE health promotion component in the Aukati Kai Paipa position and a 0.5 FTE Youth Health promoter, who has a focus on reducing uptake of smoking among youth.

The objectives are:

- to increase the number of Smokefree environments in our communities, particularly for young people;
- to increase access and uptake of tobacco quit services;
- to provide mentoring and support to other smoking cessation providers;
- to increase awareness of the harmful effects of tobacco and second hand smoke and promote protective factors with a view to reducing smoking initiation.

### *West Coast PHO*

Smokefree health promotion activities are undertaken collaboratively with C&PH to arrange activities throughout the region in primary care practice and pharmacy settings leading up to World Smoke Free Day.

### **Smokefree Environments Act Enforcements**

Community & Public Health undertakes Smokefree Environments Act enforcement work throughout the region. This is carried out by a 0.25FTE position and includes responding to complaints and taking appropriate action, and carrying out controlled purchase operations. Further work includes promotional activities to support compliance with the SFE Act 1990, and providing education and information to workplaces and retail premises.

### **Key Issues, Gaps & Needs**

1. *Geographical constraints.* There are various issues and difficulties with providing accessible services for a small population across a large geographical area (population of 31,326 over 600 km). Some West Coast residents live in small and isolated communities and have limited resources. This is reflected in the low number of land lines and particularly low incomes of many West Coast residents. These characteristics make it more difficult for the community to access services or be contacted for follow-up.

2. *High smoking rates.* As indicated above, the West Coast has among the highest smoking rates in New Zealand, with the Buller District having the highest rate on the West Coast.

3. *Lack of coordination in service provision.* In the past, smoking cessation services provided on the West Coast have been limited and lacking coordination. There are three organisations, including the West Coast DHB, West Coast PHO and Community & Public Health that provide smoking cessation services to the district. Each organisation has only limited funds available to provide a Coast-wide service.

4. *Gaps in service provision.* Since 1999 there have been many changes to smoking cessation services that are provided on the West Coast. The most recent interruption in cessation services provided by the WCDHB has resulted in a period of time without access to services in the hospital setting, and a reduction in the level of access to smoking cessation services available in the community. There has also been a loss of trained and experienced staff, and confusion amongst clients, with reduced confidence in those wanting to access the services. (*A position in Greymouth & Buller were appointed in August 2008*)

5. *Gaps in training provision.* Until recently there has been no systematic training for staff of both primary and secondary care services to confidently provide brief advice on an ongoing basis and routinely administer NRT.

6. *Limited specialist smoking cessation services.* Currently there is 1.0 FTE Aukati Kai Paipa programme and the 0.7 FTE WCDHB hospital based service (*vacancy filled August 2008*). PEGS and Quit Line focus on a brief intervention model and NRT, which is less useful for target groups such as pregnant women and women in general. Mental health clients who would be seen as having a dual diagnosis of mental illness and nicotine addiction also require a more comprehensive approach to smoking cessation. Smoking cessation practitioners need enhanced skills and more time to have any chance of making a difference with these client groups. For pregnant women more work needs to be done with midwives as they currently lack resources and training and are therefore unable to support their client group to reduce smoking or to quit.

7. *High smoking prevalence among Maori.* Inequalities in smoking prevalence and in health outcomes are evident on the West Coast. 41% of Maori smoke compared to 25% of the total population, and 37% of Maori have never smoked compared to 50% of the total population. Hospitalisation rates for disease states compounded by smoking, including cancer

cardiovascular disease, COPD and diabetes, are significantly higher for Maori than Non-Maori. This indicates that reducing smoking prevalence for Maori remains a priority.

8. *Chronic Conditions.* The West Coast has high smoking prevalence amongst people with a diagnosed chronic condition. Given the compounding relationship that smoking has on these disease states this remains a priority area.

9. *Mental Health.* There is currently no targeting of specialist cessation service for this priority group.

10. *High rates of exposure to second hand smoke.* With high rates of smoking on the West Coast, and a significant number of adolescents reporting that they reside in smoke filled homes, reducing exposure to second hand smoke in homes is an area requiring further attention.

11. *Influence of parents smoking status.* Research indicates that adolescents whose parents smoke are more likely to smoke themselves. For a significant reduction in smoking prevalence to be seen on the West Coast we need to curb the uptake of smoking. ASH survey data indicates this has begun; however, with youth smoking rates on the West Coast being the second highest of the 21 DHBs this continues to be an area of priority.

### **Target Groups**

The West Coast DHB has identified the following populations as key target groups for focused smoking cessation services.

- Maori
- Pregnant women
- Mental health clients
- People with chronic illness
- Lower socio economic groups
- Parents

## **Key Planning Strategies**

### **Establishment and Sustaining Smokefree DHB**

A steering group that includes key decision makers to champion the Smokefree DHB messages will be developed. This group will include representatives from the West Coast DHB, West Coast PHO, Community & Public Health, mental health, maternity and Maori health providers and community health providers.

Senior management will actively champion Smokefree messages and the West Coast DHB will be a role model for smokefree environments.

The Smokefree Coordinator and senior management will advocate for and promote the introduction and/or strengthening of Smokefree in all services provided or funded by the West Coast DHB, aiming for Smokefree lifestyles to be the norm. This will include:

- All outdoor environments smokefree
- Smokefree workforce
- Smokefree status of patients/clients will be routinely monitored in a reliable and consistent manner in the hospital, community health, primary care and other health service provision settings
- Priority populations will be routinely monitored
- The WCDHB will identify and record those patients/clients who are smoke-exposed (i.e. someone in the household smokes).

### **Development of Brief Advice and Smoking Cessation Support**

The WCDHB will develop an environment where all DHB staff will provide brief advice to all smokers about the importance of quitting (as per the New Zealand Cessation Guidelines, 2007)

To improve smoking cessation services a review will be carried out to look at service provision, to better meet both the community and the targeted smoking populations. This will be carried out by developing working relationships and appropriate referral systems to local cessation providers in the first instance and a seamless referral between community based and hospital cessation services. Where face to face services are not accessible referrals will be made to Quitline.

The specialist cessation services will incorporate a training function, and improve workforce knowledge and skills among all health providers. ABC guidelines will be implemented in hospital and community health settings.

Specialist training will be implemented for staff working with priority populations, including:

- Maori
- Pregnant women
- Mental health consumers
- People with a chronic condition

### **Extension of Smokefree Systems**

The WCDHB Smokefree Coordinator will support all services contracted by the West Coast DHB to establish and/or maintain smokefree services. This will be done by:

- undertaking a stock-take of current services, identifying their smokefree status and support needs to establish or maintain Smokefree policies;
- providing support to organisations not currently smokefree to implement policies;
- ensuring that it is a contractual requirement of all West Coast DHB funded services to become Smokefree services.

The Smokefree Coordinator will work with 2 key organisations - the West Coast Primary Health Organisation and Community & Public Health - to develop and support the implementation of Smokefree systems.

This will be achieved by:

- developing a collaborative plan of implementation;
- providing guidance to ensure the adoption of a consistent regional approach;

- supporting linkages between primary care and local cessation providers.

### **Tobacco Networking and Leadership**

The Smokefree Coordinator will participate in local networks and develop collaborative initiatives around health promotion, and increase the profile of smoking cessation and smokefree within health, social service and local government agencies.

The Coordinator will also provide leadership related to tobacco control throughout the District. This will include:

- Working collaboratively with Community & Public Health on smokefree environments
- Undertaking gaps/needs analysis related to tobacco control
- Systematically ensuring tobacco control is included as a key activity in all DHB health documents
- Publication of local activities in local media and internal DHB communications
- Increasing the number of Smokefree environments in our communities, particularly for young people
- Advocating and supporting appropriate bodies to adopt Smokefree policies, e.g. LTAs and sports groups
- Working collaboratively to promote quit services through media and personal contact, including Aukati Kai Paipa, the PHO's Coast Quit programme, and the WCDHB.
- Ensuring access to and increased uptake of smoking cessation services throughout the West Coast
- Increasing the awareness of the harmful effects of tobacco and second-hand smoke
- Working collaboratively with the WCDHB, WCPHO and the Cancer Society. to localise national campaigns such as World Smokefree Day that focus on reducing smoking initiation in collaboration
- Providing education and information to workplaces and retail premises and carrying out promotional activities to support compliance with the SFE Act 1990
- Supporting C& PH to carry out enforcement of the SFEA 1990 by responding to complaints and taking appropriate action, and carrying out Controlled Purchase Operations. Smokefree health promotion will include SFEA enforcement.

### **Summary of Key points**

1. The West Coast Smokefree Strategy has been planned collaboratively and will be delivered across both primary and secondary care service settings and through Community and Public Health.
2. The present specialist smoking cessation services should be evaluated to better address target smoking populations for West Coast DHB.
3. Specialist smoking cessation services will be developed/reconfigured in consultation with the community, primary and secondary care services.
4. All health professionals having contact with patients/ clients on the West Coast should use that opportunity to give a smokefree message and support them to use cessation services.
5. All health professional having contact with pregnant women, parents or guardians on the West Coast should provide the Smokefree Household message.
6. All health providers should be encouraged to support any staff who smoke to become smoke free.
7. Future service provision contracts with the WCDHB should include a clause that would require implementation of a comprehensive Smoke Free policy by the provider.

- 8.** NRT Inhalers will be stocked by the WCDHB Pharmacy to help implement smokefree Mental Health Units.
- 9.** Implement the use of Smoke Check and Baby CO Monitors to encourage patients to stop smoking.
- 10.** The scope of hospital specialist cessation services will be expanded to include staff training and supervision.

## Appendix A

### Reducing the impact of tobacco requires a range of approaches: National & Local Tobacco Control Strategies

#### National Approaches

- Legislation and enforcement (smoke free work places, restricting advertising, sale and use of tobacco products)
- Taxation (increasing the price of tobacco products)
- Government funding around local smoke free initiatives.
- Providing national training in Smoking Cessation to Health Providers ( Heart Foundation, Smoke Change (Midwife Training) and Aukati Kai Paipa
- Quit Line (telephone smoking cessation service available to all) and media campaign
- Health Promotion activities from Health Sponsorship Council

#### Local Initiatives

- Health Promotion (encouraging changes in attitude and behavior through local campaigns and initiatives to reduce initiation and encourage quitting)
- Smoking Cessation Services (helping smokers to quit)

#### Health Provider Initiatives

##### Research supports the following strategies and interventions

- Asking and documenting patients smoking status
- Brief advice from all health professional
- Use of Nicotine Replacement
- Combining NRT, Counseling and behavior support for smoking cessation
- Increase community awareness of the Health Risk associated with smoking
- Antenatal counseling for smoking cessation
- Smoke free environments
- Advocacy regarding smokefree and cessation services

(See MOH DHB Toolkit 2001)

##### New MOH Initiatives 2007/2008

- Increase availability of subsidizes NRT
- Increasing the cooperation around health providers on Smokefree
- Targeted funding around priority groups i.e. Maori, Pacific People, parents, and pregnant women
- Getting Primary Care more active around MOH DHB Toolkit 2001
- Including smoke free environment and initiatives in DHB contracts with providers

#### Community and Public Health

- Policy in place to only employ smoke free staff

## Appendix B:

### Consultation list

Person	Position	Organisation
Marla Hill	PEGS Provider	Buller Medical Service
Jem Pupich	Smoke Free Enforcement Officer	Community and Public Health
Darcy Vaka	Aukati kai paipa provider ,	Community and Public Health
Sue Neilson	Smokefree Health Promoter	Community and Public Health
Julie Kilkelly	Pharmacist	Olsen's Pharmacy
Jude Bruce,	Maternity Services Manager/Midwife	West Coast DHB
Rae Smith	Respiratory Nurse Specialists	West Coast DHB
Wendy McNeish	Respiratory Nurse Specialists	West Coast DHB
Nicky Charge	Pharmacist	West Coast DHB
Patsy Sarah	Obstetric Nurse	West Coast DHB
Janettee Anderson Margot Van Mulligen	Physiotherapy Department	West Coast DHB
Jenny Robertson –	Manager Buller Health	West Coast DHB
Elaine Neesam –	District Manager Buller Community Mental Health	West Coast DHB
Jeanette Thomas -	Smoking Cessation Service - Buller	West Coast DHB
Toni Caldwell	Buller Medical Center Nurse Manager	West Coast DHB
Fiona Doolan-Noble	PHO Clinical Program Manager	West Coast PHO
Marta Dingle	Health promoter Previous Smoking Cessation Service - Greymouth	West Coast PHO West Coast DHB
Rehia McDonald	PHO Kaiawhina/Kaihautu	West Coast PHO

## Appendix C:

### Providers contracted by the West Coast DHB

Provider	Service Type
Access Home Health Limited	Home support services
Bonar Trust	Aged Care
Buller Health Trust	Dental Services
Buller Pharmacy	Pharmacy
Community and Public Health	Health Promotion & Health protection
Dixon House Trust Board (Inc)	Aged Care
Dr Anna Thornton Dyzel	Primary Care Provider
Dr Jeevaruthnum Devrajh Naidoo	Aged Care
Family Dental Centre	Dental Services
Garry Michael Rae	Dental Services
Greymouth Dental Centre Limited	Dental Services
Hokitika Dental Surgery Limited	Dental Services
Mason's Pharmacy Limited	Pharmacy
Molar Holdings Limited	Dental Services
PACT Group	Mental Health Residential
Rata Te Awhina Trust	Maori Health and Social Service Provider
The Coast Care Trust Incorporated	Mental Health Day activity programme
The O'Conor Institute Trust Board	Aged Care
Union Medical Benefits Society Limited	Aged Care
West Coast DHB Provider Arm Services	Primary, Community and Hospital level mental health, personal health and disability services
West Coast Independent Living Centre	Disability Information Services
West Coast PHO	Primary Care & Health Promotion
Westland Enterprises Limited	Dental Services
Westland Pharmacy (2005) Ltd	Pharmacy

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