



West Coast Region Tobacco Control

Introduction

The West Coast DHB continues to be committed to the Smokefree Aotearoa 2025 vision of reducing the prevalence of smoking in New Zealand to less than 5% of the population. While progress has been made to reduce the prevalence of smoking both nationally and regionally, there are still population groups that are not keeping up with the rate of decline shown by the population as a whole.

Needs Analysis

1. Current state

Understanding our smoking population

The Information Team at Community & Public Health has prepared a report summarising recently published data¹ regarding the prevalence of smoking in different population groups in both New Zealand and the West Coast Region.

Some consistent themes emerged from the data. There are 4794 regular smokers on the Coast according to Census 2013 data giving a smoking prevalence of 20.5% (34.3% Maori, 25.8% Pacific). In brief, smoking prevalence:

- has decreased in all age groups between 1999 and 2014, accompanied by a corresponding increase in the prevalence of ex- and never smoking
- is consistently higher for Māori and Pacific ethnic groups
- increases with increasing neighbourhood deprivation in the WCDHB region, but only to a point: the prevalence decreases in neighbourhoods with the highest deprivation scores
- increases rapidly in late adolescence and peaks in those aged 20-29. From here, there is a steady decline over the lifespan, and
- tends to be higher in the WCDHB region than in New Zealand as a whole.

Prevalence of regular smoking in West Coast DHB region and NZ by ethnicity (2013)



Figure 1.

¹ As recommended by Statistics New Zealand, the data presented relates to prevalence in the usually resident population aged 15 years or older and total response ethnicity is used for ethnicity breakdown.



This recent evidence illustrates that progress has been made in decreasing the prevalence of smoking in the WCDHB region. However, there remain a significant number of smokers and specific population groups (including Māori, Pacific and young people) who continue to experience persistent smoking-related inequities.

Further analysis by each of the three major territories of the West Coast region (Westland, Grey and Buller Districts) shows that the highest prevalence of smokers is in the Buller region by percentage (true for total population and Maori ethnicity). However, the greatest volume of smokers is in the Grey district but the greatest number of Maori smokers is in the Buller region.

The prevalence of Maori smokers in Buller has decreased since 2006, however the actual volume is slightly higher. This fits with the overall increase in Maori population figures in the Buller but is of particular concern given the population increase is mostly in the 20-29 years age range, suggesting a potential increase in smokers in this subset.

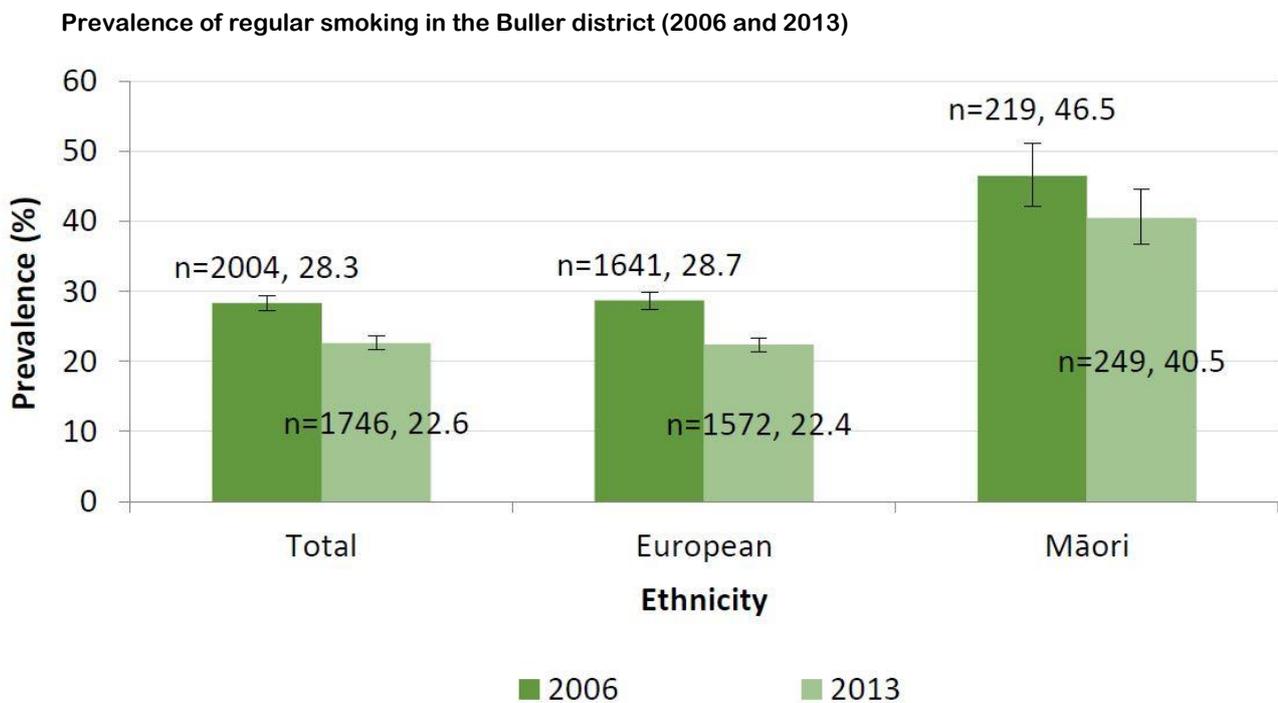


Figure 2.



Prevalence of regular smoking in the Grey district (2006 and 2013)

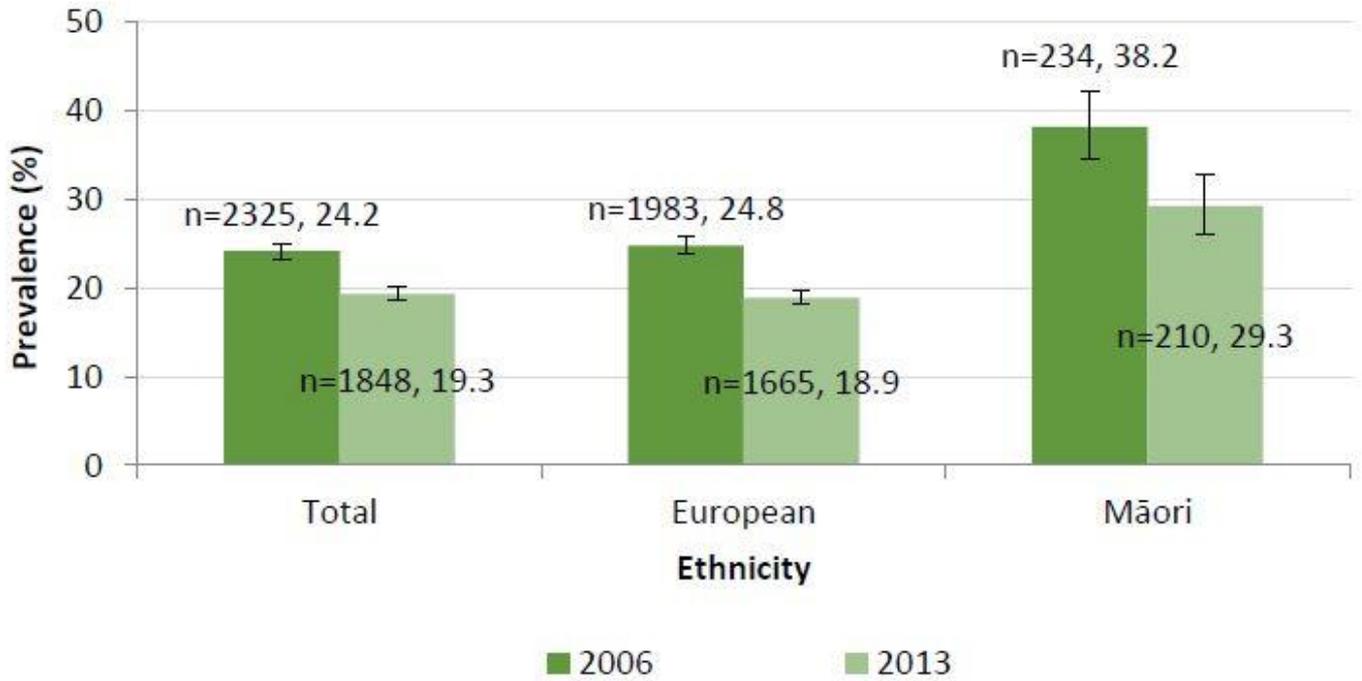


Figure 3.

Prevalence of regular smoking in the Westland district (2006 and 2013)

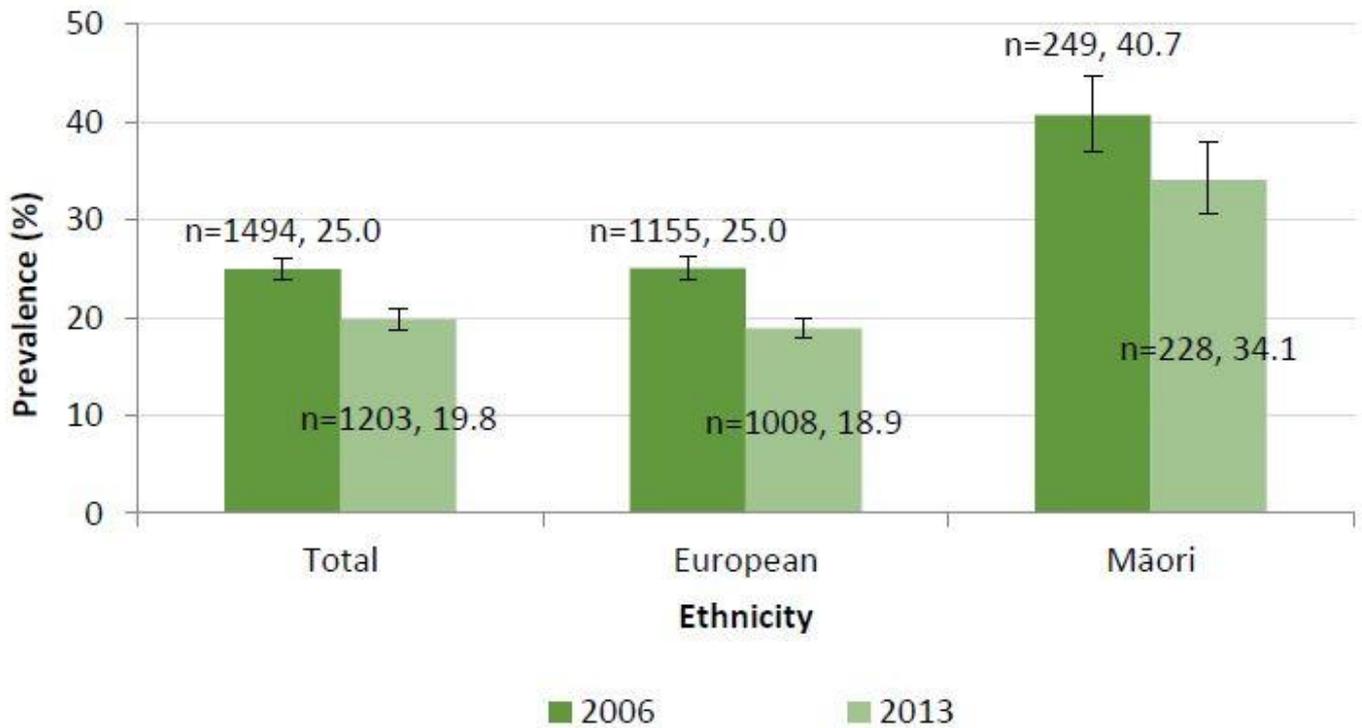


Figure 4.



Further work is needed to understand the proportion of West Coast smokers who have been identified with a co-existing mental health condition; however, a recent review of long term community mental health services clients (clients engaged with CMHS for 2 or more years) found a worrying high smoking prevalence of 49%.

Data relating to smoking in pregnancy is limited for the Coast since the majority of midwives are hospital employed rather than self-employed as is the national norm. The information used nationally to report smoking prevalence in pregnancy is therefore reporting for a small minority of pregnancies for the West Coast. However, a manual audit of booking forms was completed in September 2014 and found a smoking prevalence of 25% and the actual prevalence is likely to be somewhat higher due to the likelihood in this group of some under-reporting.

Understand the existing services²

Smokers in the West Coast region have access to four providers of Cessation support.

Aukati KaiPaipa

Aukati KaiPaipa (AKP) is delivered through 1FTE Smoking Cessation Practitioner who is based in Greymouth and the MoH funded contract for AKP is held by Community & Public Health, the public health unit for the West Coast. The service is available to smokers Coast wide, though the practicalities of delivering face to face support to the more remote areas are difficult. The AKP practitioner reports that his caseload is almost at capacity but has good links with primary care and has begun working with individual practices to identify Maori smokers on their register who either have no smoking status recorded or are not up-to-date for receiving brief advice and the offer of cessation support. In the process of updating this information the AKP Practitioner makes direct contact with smokers to encourage engagement with the programme or other Cessation Supports as appropriate.

The AKP programme reports a Quit Rate of 44.6% at 3 months (Jan – Dec 2014).

Coast Quit

Coast Quit is a PHO-funded programme delivered across the West Coast by clinicians (GPs or Practice Nurses) in all eight primary care centres (GPs or Practice Nurses) and by three of the four community pharmacies on the Coast. Smokers are enrolled in the programme, which allows them access to an extended face-to-face initial assessment with an extended first follow-up and 3 further follow-ups as well as subsidised NRT or other smoking cessation medication (e.g. varenicline/Champix). Visits to the practices are either free or very low cost to patients enrolled on the programme.

Clients of the programme are contacted by the Smokefree Services Coordinator, and for the 12 months Jan-Dec 2014 the 3 month Quit Rates were 33.3% quit rate for 441 'intention to treat' patients; 39.7% quit rate for 370 contacted clients.

The funding for this programme underwent a review in June 2014 and as a result funds were able to be released to initiate the Smokefree Pregnancy Incentives Programme.

Smokefree Pregnancy Incentives Programme

The Smokefree Pregnancy Incentives Programme (SPIP) was rolled out on the Coast in November 2014 and is available to all pregnant women who identify as smokers and they are eligible to enrol for incentive payments

² Quit rates for all services are for a 12 month period but, due to low numbers on the Coast, are particularly susceptible to fluctuations. All services consistently perform with rates over 25%.



(grocery or fuel vouchers) up to their 28th week of pregnancy. Referral to the programme is via either LMC or self referral.

The women are provided with ongoing support by one of three Smoking Cessation Practitioners covering the Greymouth, Hokitika and Westport areas (practitioners from AKP and DHB Cessation Service). Smokefree status is validated through CO readings for 12 weeks and vouchers provided for successful abstinence. A “bonus” voucher is available to women who remain smokefree 2 weeks post delivery of their baby.

This service is still too new to be able to evaluate outcomes and referral numbers are expected to be relatively low (estimate of 80-100 pregnant women identifying as smokers per year). The Smokefree Services Coordinator will complete a preliminary evaluation of outcomes in mid-2015.

DHB Smoking Cessation Service

The DHB employs two Smoking Cessation Nurses based in Greymouth (0.8FTE) and Westport (0.5FTE) but also providing support for the Reefton and Westland areas. Referrals to the service come from secondary services but also from primary care where more support is required beyond the capacity of Coast Quit to provide. Smokers are also able to self refer and the Nurses also support DHB employees who wish to become smokefree.

This service establishes a supportive no pressure conversation with the client and opens the door for future support if now is not the time. Numbers of contacts have been steadily increasing year on year since the service was established six years ago and costs associated with the provision of NRT have similarly increased.

The DHB programme is open-ended and therefore quit rates are not easily calculated (clients may relapse but remain enrolled and engaged; they are therefore not reported as a new client with a new quit date). Data that is available does not allow for 100% accuracy but reports a 4-week Quit Rate of 38.8%, decreasing to 27.7% at 3 months (Jan – Dec 2014).

Quitline

For the calendar year 2014, 231 quit attempts via the Quitline Service were reported (by Quitline) for the West Coast DHB area.

Service	Capacity (FTE)	Usage (12 month Jan-Dec 2014)	Outcomes (3 month Quit Rate)
Aukati KaiPaipa	1.0	121	44.6%
DHB Cessation Service	1.3	385	≈ 27.7%
Coast Quit	3 Community Pharmacies plus 8 General Practices	549	33.3% ³
Quitline	National call centre	231	Not reported

³ Intention to treat³ patients



Health Promotion

Smokefree Health Promotion on the West Coast is delivered through two main channels which complement national campaigns. There are Health Promoters employed by Community & Public Health and the West Coast PHO, both of whom have Smokefree as part of their roles.

The PHO Health Promoter works closely with West Coast primary practices and community pharmacies to provide campaigns and promotional activities in the practices. Smokefree messaging is linked to other campaigns where appropriate, for example during Heart Health week and Diabetes Awareness week.

The C&PH Health Promoter works with retailers, local businesses and the local Territorial Authorities to promote Smokefree environments and ensure Smokefree legislation is understood. The role works closely with the Smokefree Enforcement Officer to ensure tobacco retailers are trained appropriately and awareness is high especially prior to Controlled Purchase Operations (CPOs).

Both Health Promoters are key members of the West Coast Tobacco Free Coalition and work to ensure Smokefree messaging is included at all local events, e.g. Waitangi Day Picnic, Children’s Day and Relay for Life. Under the banner of the West Coast Tobacco Free Coalition, the Health Promoters work together with other organisations including the cessation providers, to locally roll out promotion for national campaigns such as WERO, World Smokefree Day, and Stoptober.

Smokefree Compliance

The Community & Public Health unit employs a 0.2 FTE Smokefree Enforcement Officer who works with the C&PH Health Promoter to ensure tobacco retailers operate within the legislation. C&PH carry out a minimum of three controlled purchase operations per year. Four retailers on the Coast have stopped selling tobacco in the last two years with a further store only stocking a smaller range and lesser amounts as a step towards ceasing sales.

2. Needs Analysis

The Estimated Resident Population (ERP) has been projected forward based on the Population Projections provided by the Ministry of Health. These projections quantify the growth in the overall population over the next ten years. A straight line trajectory was applied from our current smoking rate in the current ERP aged 15+ years, to 5% prevalence within the ERP for 2025. Note that the projected prevalence for 2018 is 14.4%, which is higher than the interim 12% goal for 2018.

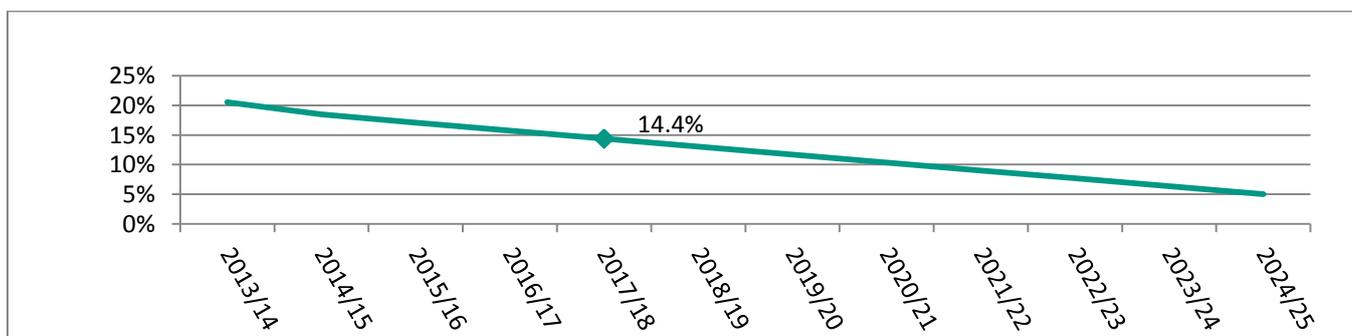


Figure 3.



Based on the current number of smokers and the projected population figures for 2025 we can estimate that a further 3422 smokers need to successfully quit in order to reach the 5% prevalence target in the next ten years.

Assuming a 12 month success rate of 14% (in line with most recent audit of Coast Quit clients at 12 months), this figure equates to 23,954 supported quit attempts by 2025 or 2395 per year. However, this does not take into account the proportion of smokers who will quit over that period without the assistance of a cessation service. It is difficult to quantify how many smokers will make a successful unsupported quit attempt (albeit with a much lower success rate) during that time, motivated by factors such as increased taxation, plain packaging and ongoing widespread health promotion.

The above figure also makes no attempt to factor in new smokers over the next 10 years and again, in the context of local and national public health measures it is difficult to predict the number of new recruits to smoking over that time.

Finally, the hypothesis that “hardening” will progressively affect the expected successful quit rate as smoking prevalence approaches the 5% target needs to be considered. “Hardening” is the phenomenon whereby the most heavily dependant smokers are the most likely to need alternatives to NRT, intensive longer-term support and may in fact need long term nicotine replacements. This is again difficult to model and quantify.

The total number of referrals to Cessation Services over the last two years has been around 1200 though this is not necessarily unique individuals. Should this number remain stable over the next three years, and working on the same assumed 14% long term quit rate as above, the West Coast region can expect to reduce the number of smokers by 500. The impact of further regional and nation-wide tobacco control measures, along with increased promotion of West Coast cessation services, would be likely to increase the number of ex-smokers over that period.

While there are difficulties in quantifying the need exactly, it is clear that there is a need to continue to provide accessible cessation services and subsidised NRT. There is also support for extending subsidies to cover other medications currently available e.g. products such as the NRT Inhalator, Nicorette Quick Mist sprays, and increasing access to courses of varenicline (Champix).

Both the AKP and DHB Smoking Cessation practitioners report working with full caseloads and the Coast Quit programme (funded for 500 referrals per year) regularly delivers against expected volumes. These services should continue to be supported and an increase in FTE for both AKP and DHB would allow for an increased caseload and therefore more successful quit attempts.

The collaborative work recently initiated between the AKP practitioner and primary care is showing some encouraging results in engaging Maori smokers. Anecdotally the AKP practitioner reports that many of the people being contacted have previously been enrolled in AKP and are willing to re-enrol and set a new quit date. Another key factor in successful engagement has been the good relationships that exist with local iwi, hapu and whanau. Again, strategies to build on iwi leadership will be invaluable to continuing success in this population.

Given the rise in numbers of Maori smokers in the Buller region, a service or strategy targeting this sub-group will be useful in accelerating the rate of decline in smoking prevalence and there is already an action plan in place to specifically increase the number of Maori smokers engaging in cessation services. As above, it is likely that Maori rangitahi are over-represented in the Buller region. Previously there has been a Smokefree Youth Coordinator for this area; however the (multi-agency) funding for this role was discontinued. There would be support for re-implementing this role with the specific aim of targeting youth.



As above, the prevalence of smoking in pregnancy on the West Coast continues to be a concern, with this group and young women in general (and especially young Maori women) over-represented in smoking statistics. There is ongoing support locally to continue the trial of the Smokefree Pregnancy Incentives Programme but this will need to be complemented by ongoing work to engage LMCs in targeted Smokefree-ABC training both on commencement with the DHB and ongoing refreshers.

The West Coast Smokefree Services Coordinator has had successes working with large employers on the Coast implementing Smokefree Policies in workplaces. There is a need to continue to look for opportunities with employers to implement these policies and provide support for their staff as they transition. Again, these initiatives have built on the foundation of strong cessation support services and the ability to link in to subsidised NRT. Much of this work was completed by the Coordinator as this role has the most flexibility to respond to the needs of the workplaces concerned. This flexibility and availability to provide ongoing support will be needed if other workplaces are to be encouraged to become Smokefree.

Clearly from the above rates for co-existing mental health conditions with smoking, much work is needed in this area to encourage and provide specialist support for quit attempts. While research is available that demonstrates the positive benefits for mental well-being in particular from quitting smoking, this would not yet be as commonly understood as the health messaging around smoking in pregnancy for example. There is a need here for some strong messaging for both clinicians and service users. A targeted approach to training for both community (including NGO) and primary care mental health workers is needed and there may be a need to upskill current practitioners to better support clients with complex issues.

There needs to be flexibility within the Smokefree services to act on innovative ideas locally. Current structures and funding provides limited opportunity to trial new ideas. Expanding strategies into the social media space and making use of new technologies will come at a cost and there is currently little scope within funding to achieve this.

There is a need to extend the responsibility for achieving the 2025 vision to areas and services beyond health. Cross sector relationships with agencies such as Early Childhood Education Centres, Work and Income and local councils are areas where ground could be made in spreading the Smokefree messages and engaging individuals, whanau and wider communities in supporting the broader goal. Campaigns that build on community spirit and pride (Pure NZ, Biggest Little Country – competing on the world stage, winning the Smokefree battle) have the potential to increase the numbers of smokers making their first quit attempt as well as continuing to make subsequent attempts if unsuccessful.

It should be noted that the above needs are echoed at a national level and are not unique to the Coast. Strategies to target the groups identified here will mirror and, in instances, enhance national strategies including the following: increasing tax on tobacco products, a move to plain packaging, policy responses to Electronic Nicotine Delivery Systems (ENDS), increasing restrictions to limit tobacco supply, expansion of Smokefree environments and increasing community awareness of the Smokefree Aotearoa 2025 vision and what that means at a community level.

National health promotion campaigns such as “Not Our Future” and “Stop Before You Start” are valuable in providing the quit message; however, there needs to be further development of how these campaigns are received by the target groups nationally. There is a need to carefully balance the messaging so that while smokers are encouraged to quit, communities do not isolate and/or stigmatize them. There is also a need to develop campaigns and advertising that is relevant to rural populations or to support modification and adaptation of resources to better meet needs regionally.



3. Next Steps

The Government has set an ambitious but achievable goal of a Smokefree Aotearoa by 2025. In 2025, smoking will not become illegal, but tobacco will be harder to purchase, environments will mostly be smokefree and smoking rates will be down to 5%. This prevalence rate will be achieved by both increasing cessation rates and reducing initiation rates.

The national plan for achieving this goal has three objectives based on the following areas: cessation, legislation and regulation, and public support. These objectives are all important and they impact across each other in various and complex ways, which enable effective progress towards the goal. The Healthy West Coast workstream (of the West Coast Alliance) members support activity in each of these three paths, either jointly or as individual organisations. This workstream has membership from the DHB, Community & Public Health Unit, PHO and Poutini Waiora as the only Maori Health provider on the Coast. This group also has strong links to the West Coast Tobacco Free Coalition which includes other government agencies such as the Corrections Service and NGOs such as the Cancer Society, PACT, and Plunket.

Increase Effective Cessation

Purpose	Actions	Initiatives	Measures
Increase successful cessation by West Coasters, and especially those who are most disadvantaged and face the biggest barriers.	Maintain high levels of health promotion messaging to encourage smokers to make a quit attempt.	<p>Year One</p> <ul style="list-style-type: none"> Continue to identify West Coast events that can be promoted as smokefree and work with organisers to plan for this. Continue to develop health promotion locally in relation to national and international events including: Smokefree May, World Smokefree Day, Heart Month, Relay for Life, Stoptober and the WERO challenge. <p>Years Two and Three</p> <ul style="list-style-type: none"> Work with key consumer groups to develop new promotion campaigns to support and increase quit attempts. 	<ul style="list-style-type: none"> Stories about successful quitters are featured in local media alongside advice regarding cessation support services. Local promotion of national campaigns is evident in the media. Alternatives to media promotion are developed e.g. youth performances at Waka Ama Festival, social networking.
	Maintain high rates of ABC interventions in primary and secondary care	<p>Year One</p> <ul style="list-style-type: none"> Maintain performance against the secondary smokefree health target by continuing to monitor every patient admission and visibly report performance. Maintain performance against the primary smokefree health target and work towards increasing the proportion of smokers accepting a referral to a cessation service. Continue to provide mandatory smokefree training to new employees 	<ul style="list-style-type: none"> The Health Target for hospitalised smokers is met and individual “missed” events are followed up at ward level. The Health Target for smokers in primary care is met and number of smokers accepting cessation support increases.



		<p>across the West Coast Health System to ensure ABC interventions are consistently used and recorded.</p> <ul style="list-style-type: none"> Build on the competencies of key Health System employees to increase the number of brief interventions resulting in a cessation referral including those working for Poutini Waiora (Maori Health Provider), Maternity, and Mental Health services. <p>Years Two and Three</p> <ul style="list-style-type: none"> Develop media promotion campaigns regarding any changes to services and/or providers beyond June 2016. 	<ul style="list-style-type: none"> Smokefree training is delivered to new staff in the DHB, PHO and Poutini Waiora through their orientation programme. Health staff working with patients within the target groups have ongoing refresher training to maintain knowledge and understanding of the best practice approaches for those groups (e.g. midwives, Maori Kaimahi, Community Mental Health Teams, Public Health Nurses)
	<p>Increase cross sector access to cessation services</p>	<p>Year One</p> <ul style="list-style-type: none"> Work with key community agencies such Work and Income and CYFS to increase awareness of the ABC intervention and its effectiveness. Promote and support the implementation of Smokefree Champions within non-health services to increase the opportunities for smokers to get advice and support to quit. <p>Years Two and Three</p> <ul style="list-style-type: none"> Work with key community agencies such Work and Income and CYFS to implement an ABC style intervention for smokers accessing services such as budgeting advice, benefits advice and whanau support. 	<ul style="list-style-type: none"> The Smokefree Services Coordinator delivers smokefree training to ≥2 community agencies during 15/16.
	<p>Increase public awareness of cessation options</p>	<p>Year One</p> <ul style="list-style-type: none"> Increase promotion of services available to Coasters through the media most appropriate to each target group (Maori, pregnant women, mental health clients and youth). <p>Years Two and Three</p> <ul style="list-style-type: none"> Develop media promotion campaigns regarding any changes to services and/or providers beyond June 2016. 	<ul style="list-style-type: none"> Consumers from target groups are consulted regarding promotion of cessation services through groups such as the DHB Consumer Council and Poutini Waiora's Mana Tamariki-Mokopuna group.



	<p>Deliver cessation services tailored to the community need</p>	<p>Year One</p> <ul style="list-style-type: none"> • Continue to drive referrals to existing services through ABC initiatives in both primary and secondary care. • Utilise demographic data about smokers available through databases (including PHO register, Badgernet, and hospital patient management system) to monitor the targeting of smoking cessation services. • Continue to support cessation programmes specific to population groups such as the Smokefree Pregnancy Incentives Programme and Aukati KaiPaipa. • Work with cessation providers and consumer groups to discuss service gaps and how best to design future services. <p>Years Two and Three</p> <ul style="list-style-type: none"> • Work with key consumer groups to develop new initiatives to support cessation for youth and mental health clients. 	<ul style="list-style-type: none"> • Referral rates to services are reported by ethnicity. • Referral rates for community mental health team clients are reported. • Consumer representatives of the target groups are given the opportunity to discuss cessation service models.
	<p>Deliver effective cessation services</p>	<p>Year One</p> <ul style="list-style-type: none"> • Support clinicians providing cessation support to maintain their knowledge and skills through ongoing professional development including uptake of the National <i>Stop Smoking Practitioners Certificate</i>. • Continue to provide Smokefree Services Coordination as clinical support to cessation practitioners and to develop and maintain smokefree systems. • Promote the use of Quitline services where appropriate to complement face-to-face support provided through existing services. This will include access to the online and text services. • Continue to review the evidence and guidelines for the use of NRT and other cessation medicines to ensure product availability is in line with best practice. • Continue to review the evidence and guidelines for the use of ENDS to understand how these might be used 	<ul style="list-style-type: none"> • Smoking Cessation practitioners are supported to undertake the <i>Stop Smoking Practitioners Certificate</i>. • The Smokefree Service Coordinator is in place to provide professional support to cessation practitioners. • Number of referrals to Quitline services increases.



		<p>to facilitate effective cessation.</p> <p>Years Two and Three</p> <ul style="list-style-type: none"> Develop the skills and knowledge of cessation practitioners as well as other clinicians across the West Coast Health System to support any changes to cessation services and/or providers beyond June 2016. 	
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Support Effective Legislation and Regulation

Purpose	Actions	Initiatives	Measures
Support the progression of tobacco control policies to limit the harm caused by tobacco products.	Reduce tobacco sales, especially to minors on the West Coast	<p>Year One</p> <ul style="list-style-type: none"> Continue to provide education/compliance checks to retailers regarding current legislation as well as prior to any law changes relating to Plain Packaging and tax increases. Continue to monitor retailer compliance with legislation through controlled purchase operations. Continue to support, and celebrate publicly, retailers who choose to cease tobacco sales and encourage others to also cease. <p>Years Two and Three</p> <ul style="list-style-type: none"> Continue to monitor developments relating to the control of tobacco product content and support retailers with information and education as necessary. This may include supporting local sector consultation on further supply restrictions such as elimination of duty-free tobacco sales and enhanced enforcement of point of sale and age limits. 	<ul style="list-style-type: none"> % retailers inspected. ≥3 Controlled Purchase Operations are carried out during 15/16. Number of retailers ceasing tobacco sales.

Increase Public Support

Purpose	Actions	Initiatives	Measures
Increase public support for tobacco control policies and	Support continued maintenance and expansion of Smokefree	<p>Year One</p> <ul style="list-style-type: none"> Continue to respond to public complaints relating to smokefree areas to ensure these are adequately 	<ul style="list-style-type: none"> Number of public complaints responded to regarding breaches in smokefree areas.



increasingly eliminate smoking as a normal activity on the West Coast

<p>environments</p>	<p>enforced.</p> <ul style="list-style-type: none"> • Advocate for the expansion of Smokefree environments with local Territorial Authorities. • Develop and implement a health promotion campaign through Early Childhood Education Centres, similar to the Dunedin “Little Lungs-Pūkahukahu Iti” programme to promote smokefree homes and cars. • Continue to offer support to employers on the West Coast who express an interest in becoming a smokefree workplace. This will include the provision of information as well as practical support through the Smokefree Services Coordinator. <p>Years Two and Three</p> <ul style="list-style-type: none"> • Monitor the expansion of smokefree environments in other regions to build support for expansion on the West Coast. 	<ul style="list-style-type: none"> • Number of submissions made to Territorial Authorities to expand Smokefree environments. • Health promotion campaign in place at Early Childhood Education Centres on the West Coast. • Number of workplaces enquiring about and being supported to become smokefree.
<p>Raise public awareness of the Smokefree 2025 vision</p>	<p>Year One</p> <ul style="list-style-type: none"> • Develop and implement a communications plan to raise awareness across the West Coast Health System about the 2025 vision, how it relates to daily clinical practice, and the strategies in place to get there. • Build on national campaigns aimed at raising public awareness of the 2025 vision and ensure messaging is relevant to the West Coast. <p>Years Two and Three</p> <ul style="list-style-type: none"> • Monitor the progress of campaigns internationally which focus on the conduct of the tobacco industry with a view to supporting similar campaigns nationally and locally. 	<ul style="list-style-type: none"> • Communications plan developed detailing how to raise awareness of the 2025 vision and relate the importance to daily clinical practice. • Local promotion of national campaigns is evident in the media.
<p>Increase public awareness of smoking as an addiction</p>	<p>Year One</p> <ul style="list-style-type: none"> • Develop and implement a communications plan to raise awareness across West Coast communities of the addictive nature of nicotine and the support needed for those attempting to quit. • Continue to publicise success stories 	<ul style="list-style-type: none"> • Communications plan developed includes building support for smokers as addicts. • Local media stories celebrating successful quit



		<p>in West Coast media relating to successful quit attempts with a focus on beating an addiction.</p> <p>Years Two and Three</p> <ul style="list-style-type: none">• Work with key consumer groups to develop new promotion campaigns to support and increase quit attempts.	<p>attempts focus on beating an addiction.</p>
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