



South Canterbury District Tobacco Control Plan

To reduce initiation, increase quitting and reduce exposure to second hand smoke

2015-2016



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Introduction

One of the biggest public health challenges we face today is that of reducing smoking prevalence. Tobacco use and exposure to second hand smoke accounts for around 4,300 to 4,600 deaths in New Zealand every year, and smoking related diseases are a significant cost to the health sector. Tobacco use is the number one cause of preventative illness and premature death in New Zealand. Tobacco is the only consumer product that kills half its users when used as the manufacturer intends. (Ministry of Health, 2014). The harm caused by tobacco use extends to non-smokers through exposure to second-hand smoke with children and unborn babies being particularly vulnerable. Tobacco plays a significant role in contributing to health inequalities within New Zealand with higher smoking prevalence seen within Māori and Pacific peoples, those with lower socioeconomic status and those who experience poor mental health.

The overarching aims of tobacco control services are to:

- Reduce tobacco-related morbidity and mortality
- Decrease tobacco related disparity

The three key objectives of tobacco control activities being:

- To reduce smoking initiation
- To increase quitting
- To reduce exposure to second-hand smoke.



Internationally

The World Health Organisation recognises tobacco use as the leading cause of preventable deaths globally (WHO 2013). Since 2005 New Zealand has been a party to the WHO Framework Convention on Tobacco Control which was developed in response to the globalization of the tobacco epidemic and is an evidence-based treaty that reaffirms the right of all people to the highest standard of health. The WHO Framework Convention on Tobacco Control (WHO FCTC) is the first international treaty negotiated under the auspices of WHO. It has become one of the most rapidly and widely embraced treaties in United Nations history.

Nationally - Towards 2025

In March 2011 the New Zealand government adopted the goal of having a 'Smokefree New Zealand' by 2025. A 'Smokefree New Zealand' can be defined as a New Zealand where –

- Our children and grandchildren will be free from tobacco and enjoy tobacco free lives;
- Almost no-one will smoke (prevalence rate of <5% across all ethnicities); and
- It will be very difficult to sell or supply tobacco.



The three Key Strategies to achieving this vision are:

- Protecting children from exposure to smoking and tobacco marketing and promotion;
- Reducing the supply of and demand for tobacco; and
- Increasing successful quitting

In the MOH Statement of Intent 2013-2016 the government has committed to the following as their way of demonstrating success

Impacts	Measures and targets
1. The public is supported to make informed decisions about their own health and independence	<p>The Government has set a term goal of reducing smoking prevalence and tobacco availability to minimal levels, thereby making New Zealand essentially a smokefree nation by 2025.¹</p> <p>To achieve the long-term smokefree 2025 goal:</p> <ul style="list-style-type: none"> • daily smoking prevalence falls to 10% in 2018 • the Māori and Pacific rates halve from their 2011 levels.² <p>Results of burden of disease and health surveys are improved.</p>

How to achieve this goal

- Improving the reach and effectiveness of cessation support to increase the success of quit attempts;
- Interventions that increase quit attempts have the highest leverage; and
- Develop and work towards mid term targets.

Health Target



The burden of smoking-related deaths and diseases are a significant opportunity cost to the health sector. Most smokers want to quit, and there are simple effective interventions that can be routinely provided in both primary and secondary care. The Tobacco health target is designed to prompt providers to routinely **ask** and document smoking status as a clinical ‘vital sign’ and then to provide **brief** advice to stop to every person who smokes and strongly encourage every person who smokes to use **cessation** support and offer them help to access it. There is strong evidence that brief advice is effective at prompting quit attempts and long-term quit success. The quit rate is improved further by the provision of effective cessation therapies – pharmaceuticals, in particular nicotine replacement therapy (NRT), and telephone or face-to-face support. Within this health target Māori and pregnant women are a priority groups.

80% of smokers say they would not smoke if they had their time again.

60% of smokers have made a quit attempt in the past five years

1 in 40 people will quit for good after getting brief advice to stop from a health practitioner.

Behavioural support from a quit coach doubles your chance of quitting.

Demographics

South Canterbury is bounded by the Rangitata and Waitaki rivers in the north and south and the Southern alps in the west. South Canterbury has a resident population of 55,626 which is 1.3% of the national population. At 20.4% South Canterbury has the highest percentage of people aged 65 and over. South Canterbury has a very rural population, with approximately 50% of the population residing in rural areas (*Statistics NZ, 2013*).

At 7.9% (6.9% Māori and 1.0% Pacific), South Canterbury has the lowest Māori and Pacific population, compared to the national average of 21.1%.

¹ Government Response to the Report of the Māori Affairs Committee on its Inquiry into the Tobacco Industry in Aotearoa and the Consequences of Tobacco Use for Māori (Final Response), March 2011.

² In 2011/12 daily smoking prevalence was 16.5 percent for adults aged 15 and over. For Māori and Pacific peoples the rates were much higher, at 38.4 percent and 23.1 percent. (Source: New Zealand Health Survey).

Smoking prevalence

The 2013 Census indicates that 16.2% of the South Canterbury population aged 15+ years are regular smokers compared to 15.1% nationally. Nationally the 2013 Census (Dataset: Selected ethnic groups (total responses) and cigarette smoking behaviour by sex, for the census usually resident population count aged 15 years and over, 2006 and 2013 (RC, TA, AU)) indicates that the national prevalence rate for Māori is 32.7% with South Canterbury at 32.9% and the national rate for Pacific is 23.2% with South Canterbury at 22.9% (Census NZ: Dataset: Selected ethnic groups (total responses) and cigarette smoking behaviour by sex, for the census usually resident population count aged 15 years and over, 2006 and 2013 (RC, TA, AU)). Overall the percentage of regular smokers who are male is higher than regular smokers who are female in South Canterbury with 15.4% of females are regular smokers, compared to 17% males (Statistics New Zealand: For the census usually resident population count aged 15 years and over 2013 Census). However for Māori the trend is reversed with 34.7% Māori females being regular smokers compared to 30.9% of Māori males. During 2013 Inpatient hospital data identified a prevalence rate of 15.4% for all admissions, 39.9% for Māori admissions, 25.3% for Pacific admissions, 55.1 for Mental Health admissions and 19.1% for Maternity admissions.

Smoking prevalence is higher for the South Canterbury population than the national average across all age groups, with the exception of the 65 or over age group. The largest difference between national and South Canterbury prevalence rates is in the 20-24 years age group 28.3% (NZ 21.4%) and the 25-29 years 28.2% (NZ 21.7%) (Statistics NZ: For the census usually resident population count aged 15 years and over 2013 Census). Overall smoking prevalence in South Canterbury is gradually declining with a 5% reduction from 21.2% in 2006 to 16.2% in 2013 (Statistics NZ 2013: For the census usually resident population count aged 15 years and over 2013 Census).

Table 1: Prevalence of regular smokers by gender and age group, SCDHB region

(Source: Statistics New Zealand: By age group, sex, and district health board area. For the census usually resident population count aged 15 years and over 2006 and 2013 Censuses)

Regular smokers	Females		Males		Total	
	2006	2013	2006	2013	2006	2013
Age group						
15-19 years	23.0%	10.0%	21.4%	13.5%	22.2%	11.8%
20-24 years	40.3%	27.9%	38.9%	28.5%	39.6%	28.3%
25-29 years	30.4%	23.2%	37.9%	32.9%	34.1%	28.2%
30-39 years	28.9%	21.5%	32.5%	24.7%	30.6%	23.0%
40-49 years	24.4%	20.2%	24.4%	21.3%	24.4%	20.7%
50-59 years	18.9%	16.9%	18.6%	15.8%	18.8%	16.3%
60-64 years	14.6%	12.3%	16.3%	13.0%	15.4%	12.6%
65+ years	7.1%	6.5%	8.8%	7.0%	7.9%	6.7%

The prevalence of regular smoking by gender and age group is shown in table 1. In general males have a higher prevalence rates across all age groups with the exception of the 50-59 year age group where females have a higher prevalence of regular smoking than males. The prevalence of regular smoking is highest in the 20-39 year age groups.

Table 2 Percentage of the total current daily smokers who are male/female by ethnicity, South

Canterbury 2013 (Source: Statistics NZ: Dataset: Selected ethnic groups (total responses) and cigarette smoking behaviour by sex, for the census usually resident population count aged 15 years and over, 2006 and 2013 (RC, TA, AU))

	European	Māori	Pacific	Total
Females	49.9%	54.9%	37.5%	49.3%
Males	50.1%	45.1%	62.5%	50.7%

The New Zealand youth smoking rate dropped from 14 percent to 6 percent in the past five years. (Ministry of Health). The Action on Smoking and health (ASH) Year 10 smoking survey takes an annual

snapshot of the smoking behaviour of Kiwi teenagers aged 14-15 years. In 2013 it indicated that 70.83% of South Canterbury teenagers sampled had 'never smoked'.

The ASH Year 10 Survey (ASH 2013) found that the SCDHB region has relatively low regular smoking rates (5.0%).

Current Tobacco Control Services

South Canterbury DHB General

- Provides smoking cessation support to Primary, Secondary and Community based clients
- Provides ABC and Health Target training for all health professionals
- Role models systems within the District Health Board that support Smokefree / Auahi Kore lifestyles
- Provides support to all health providers to establish and maintain Smokefree Premises/Services
- Provides local leadership in tobacco control
- Provides NRT to patients (hospital and community) identified as requiring support through the Quitline Quit Card scheme
- Provides and audits referrals to local cessation providers
- Monitors SCDHB smokefree policy
- Monitors smokefree systems within the hospital that identify 'smokefree', 'household smoking' and 'support offered' status via the hospital PMS system
- Works collaboratively with Primary Care to support the development of smokefree systems
- Coordinates the development of the South Canterbury District Tobacco Control Plan
- Supports health promotion programmes that aim to reduce initiation, increase quitting and reduce exposure to second hand smoke

South Canterbury DHB Primary and Community Services

- Smokefree promotion and ABC provided by GPs and Practice Nurses
- Work initiated to capture smokefree status and household smoking status, brief advice and cessation support given on PMS system
- Smokefree training incorporated within education programme for Primary Care Practitioners
- Provide training in ABC to primary care practitioners
- Work initiated to establish systems to support smoking cessation guidelines

Community & Public Health

Tobacco Control (Regulation and Health Promotion / Smokefree / Auahi Kore)

Canterbury DHB's Public Health Unit, Community & Public Health is contracted to provide regulatory (Enforcement of the Smokefree Environments Act 1990) and health promotion services for tobacco control. Components of these services include:

- Promote the adoption of Smokefree / Auahi Kore policies
- Promote Smokefree / Auahi Kore environments including Smokefree / Auahi Kore Marae
- Facilitate the implementation of the Smokefree Environments Act 1990
- Respond to incidents that contravene the SEA 1990
- Strengthen and increase the level of community action to reduce smoking initiation
- Strengthen strategic alliances to optimise impact of Smokefree initiatives
- Strengthen skills and knowledge of the health sector and others to promote tobacco control
- Monitor retailer compliance with the sale and supply of tobacco in accordance with the Smokefree Environments legislation.

In South Canterbury Smokefree / Auahi Kore health promotion is largely focused around education settings, and is one of the health areas included in South Canterbury DHBs WAVE (Wellness & Vitality in Education) programme.

Aukati KaiPaipa

Aukati KaiPaipa is a kanohi ki te kanohi (face-to-face) service that is delivered locally to people who want help to quit. The service is available to people who smoke with Māori, Pacific and Pregnant women the priority groups. Services are delivered in a way that is appropriate to the needs of these priority groups and acknowledges and is aware of their cultural values and beliefs.

Aukati KaiPaipa is a mobile service that provides motivational counselling, ongoing support, and free nicotine patches, gum and/or lozenges (NRT). Advice, information and support is provided for other approved stop smoking medications.

The aim is to reduce the impact of smoking on people who smoke and their family or whanau. The programme also aims to increase the positive attitudes towards supporting the smokefree kaupapa- such as smokefree environments, particularly for tamariki.

NGOs (National Heart Foundation, Cancer Society)

- Promote smokefree environments
- Promote the adoption of smokefree policies in various settings
- Strengthen and increase the level of community action to reduce the uptake of smoking
- Strengthen strategic alliances to optimise impact of Smokefree initiatives
- Strengthen skills and knowledge of the health sector and others to promote tobacco control
- Strengthen community action to advocate for change to current tobacco policy and legislation
- Link people with smoking cessation providers in the community
- Advocate on Smokefree issues by co-ordinating an area specific response to national submission opportunities in a timely manner.

Outdoor areas - Cancer Society

Increasing smokefree outdoor areas is an important part of achieving the New Zealand Government's goal of a Smokefree 2025. Evidence tells us that the less young people see smoking the less likely they will start smoking. Smokefree outdoor areas also create a supportive environment for those trying to quit. There are many issues that councils will address when it comes to increasing smokefree environments to ensure they are in line with their vision and community outcomes. The key driver for the organisations working in this field (Cancer Society, Heart Foundation and CPH) is to assist all councils to adopt a smokefree outdoor areas policy to protect children against the exposure of smoking and to denormalise smoking as a behaviour to ensure the district remains healthy and vibrant.

Many District Councils have shown great leadership with implementing smokefree outdoor areas policy to some degree in every district council in the South Canterbury rohe. Now is an opportunity however to support them and challenge them to extend these policies from just green spaces i.e. parks and playgrounds - to cover more community spaces. i.e. main streets & outdoor dining.

The long term planning process is the key pathway for this as well as other local health promotion projects i.e. Cancer Society Smokefree Youth Ambassadors Project. This work will contribute towards the goal of an essentially smokefree New Zealand by 2025.

More currently, after some in depth research on business perceptions on smokefree outdoor areas locally and advocacy efforts from the Cancer Society and Heart Foundation & Smokefree Youth

Ambassadors, the Timaru District Council are considering recommendations for a smokefree main street pilot project which should be decided on early 2015. Whilst the Mackenzie District Council are interested in movements in Timaru as well as opportunities for smokefree areas in new developments in tourist towns i.e. Lake Tekapo Waterfront Development.

Coordination and intersectoral working

The Smokefree South Canterbury Committee undertakes collaborative work and provides strategic and operational advice and direction for the ongoing planning, implementation and monitoring of the South Canterbury Tobacco Control Plan.

The objectives of the committee is to oversee the development, implementation, monitoring and reporting of the SCDHB Annual Tobacco Control Action Plan

This is expected to include:

- contributing to local, regional and national tobacco control debates and promoting effective evidence-based solutions consistent with the SCDHB Smokefree/Auahi Kore Position Statement 2012³
- acting as a conduit for regional and national bodies on tobacco control, ensuring that local initiatives are consistent with regional and national priorities
- promoting tobacco control issues and smokefree South Canterbury to the public and key decision makers.
- acting as an expert group advising on key issues as required.

It is comprised of representatives from the following organisations,

South Canterbury District Health Board
Community & Public Health
Primary Care
Cancer Society
Heart Foundation
Fale Pasifika o Aoraki

The key accountabilities:

- The Committee is responsible to the South Canterbury Health Promotion Steering Group via the South Canterbury Team Leader, Community and Public Health, and members of the Committee are responsible to the organisation they are employed by.
- The Committee provides strategic and operational advice to the South Canterbury District Health Board through its Health Promotion Steering Group for the ongoing planning, implementation and monitoring of strategies designed to protect all from second hand smoke and to reduce smoking prevalence within South Canterbury, with a focus on reducing health inequalities and improving health outcomes for Maori.
- The Committee is responsible for developing and reporting on the Annual Tobacco Control Action Plan for the South Canterbury District as required by the Ministry of Health and which must be approved by the SCDHB and submitted to the Ministry of Health by the SCDHB.

Priority Areas

Reducing inequalities in health is one of the government and South Canterbury DHB priority areas. The following populations are key target groups to reduce initiation, increase quitting and reduce exposure to second-hand smoke:

³http://www.scdhb.health.nz/uploads/File/Key_documents/OtherKeyDocuments/18aSCDHBSmokefreepositionstatement27Nov12FinalVersion.pdf

- Māori
- Pregnant women & Parents
- Mental health clients
- Youth and Young Adults
- Persons with established 'long term health conditions'.
- Workplaces

Key Issues and areas of high need

The following recommended areas for intervention align with national and district priorities for tobacco control and incorporate the high need areas and gaps identified as part of the stock take on existing tobacco control services provided in South Canterbury.

1. **High prevalence of smoking amongst Māori:** Inequalities in smoking prevalence and in health outcomes are evident in South Canterbury. Nationally 33% percent of Māori smoke, compared to 15% of the total population. Nationally the 2012/13 New Zealand Health survey showed that Māori adults had the highest daily smoking rate with over a third of adults smoking daily (36.1%). The Aukati Kaipapa programme has been evaluated and found to be an effective intervention for Māori who prefer face-to-face quit advice
2. **Pregnancy:** Strong evidence shows that smoking cessation counselling for pregnant women is effective (*Ministry of Health, 2004*). The Ministry has made pregnant women a priority and is part of the Health Target 'Better help for smokers to quit'.
3. **Mental Health Service Users:** Consumers of mental health services have a proportionately higher smoking rate and are more likely to be highly nicotine dependent (*Ministry of Health, 2007*).
4. **Youth and Young Adults :** Improving youth health is an area where significant gains can be made. The area of youth smoking is important because most adults smokers became smokers in their youth. By identifying modifiable risk factors and developing appropriate preventative strategies there is the potential for reducing youth smoking initiation.

Young adults between 20-35 years is where there is a significant increase in initiation rates. As South Canterbury has low unemployment rates Initiatives planned to work to address this area are currently focussed on workplaces.

Secondhand smoke

Secondhand smoke (SHS) is the leading environmental cause of premature death and disease in New Zealand and affects both children and adults. SHS has been shown to cause coronary heart disease, lung cancer, eye and nasal irritation and nasal sinus cancer. Young children are especially vulnerable to SHS as they have a higher relative ventilation rate which in turn leads to higher internal exposure. The effects on children of exposure to SHS include:

- Greater chance of hospital care in their first year;
- More susceptible to coughs, cold and wheezes;
- Increased chances of becoming smokers themselves; and
- Greater risk of glue ear, chest infections, meningococcal disease and SIDS.

Among New Zealand children, secondhand smoke exposure causes more than 500 hospital admissions of children under two with chest infections; over 27 000 GP consultations for respiratory problems; 1000 cases of glue ear; 50 cases of meningococcal disease; 20 000 asthma

attacks and 50 deaths from Sudden Infant Death Syndrome (SIDS or cot death) (ASH New Zealand Website)

Children of nicotine-addicted parents are more likely to become heavy smokers and research findings suggest that to prevent the habitual smoking of the next generation it is critical that parental smoking cessation occurs early in their children's lives. The more years a child is exposed to a parent's nicotine dependant smoking the greater the risk that they would begin smoking as an adolescent. (Georgetown University Medical Centre, USA 2014).

5. **Primary care:** The Ministry of Health key national priority is "more smokers making more quit attempts and using NRT more often". To support this priority area, primary health care providers, including General Practitioners, Practice Nurses, Dentists, Pharmacists, Optometrists and Independent Midwives will require support around provision of NRT. Another area identified as an area of support for primary care is enhancing awareness of culturally appropriate referral pathways for smoking cessation.

There is strong evidence to suggest effectiveness of providing smoking cessation services in pharmacies. In international best practice guidelines released this year, NICE (2008) indicates that community pharmacies serve local communities and have the potential to reach and treat large numbers of people who use tobacco. Pharmacies are accessible to minority ethnic groups, disadvantaged groups and those who may have difficulty accessing other community services

6. **Workplace intervention:** South Canterbury has a high employment rate compared to the New Zealand average and a very high prevalence of smokers aged 20-29 years (*Statistics New Zealand Census 2013 DHB data*). This highlights opportunities in the workplace setting to promote and support smoking cessation in the workplace.

International studies indicate that workplace interventions may have the potential for higher participation rates than other settings, and also provide the opportunity to access smokers who would otherwise not be accessible. The literature also indicates that the workplace has several advantages as a setting for interventions: large numbers of people can be reached (including groups who may not normally consult health professionals, such as young males) (*NICE, 2007*).

Cessation Services

Helping people to stop smoking is a national health target and stopping smoking confers immediate benefits on those who already have smoking-related diseases and future health benefits on all smokers. Promoting and providing cessation support is key to supporting the strategic goal of 'daily smoking prevalence falls to 10% in 2018'.

South Canterbury has a number of tobacco control workers who focus on the area of smoking cessation.

Summary/Overview of Cessation support in South Canterbury

The **ABC** approach is used to encourage people to make a quit attempt and/ or access cessation services—**Ask** about and document every person's smoking status , Give **Brief advice** to stop to every person who smokes and strongly encourage every person who smokes to use **Cessation support**

Quitline is a national toll free phone service that provides support and can provide medication that will make quitting easier.

Aukati KaiPaipa is a programme that offers all people including the priority groups of Māori and their whanau, Pacific and pregnant women the opportunity to stop smoking through a range of services which includes free NRT, motivational counselling and ongoing support.

SCDHB provides smoking cessations service:

South Canterbury Smokefree Team

The South Canterbury Smokefree Team provide a free specialist smoking cessation service operating in the community and secondary services. They provide behavioural support and advice and use of approved stop-smoking medicines available in New Zealand. The service has a focus on priority groups which include Māori, Pacific, pregnant women, people with Mental Health illness and people with long term health conditions.

Services Offered:

- Provide hospitalised patients who want to quit 1:1 early cessation support whilst an inpatient.
- Group therapy programmes
- 1-on-1 support and advice
- Community based clinics
- Nicotine Replacement Therapy (NRT)
- Smoking cessation support and resources for general practice & community health agencies

The service works in collaboration with Quitline, Aukati KaiPaipa, GP Practices and other Quit Card providers of NRT to offer the above smoking cessation services to anyone wishing to become smokefree within the South Canterbury community.

Referrals to the South Canterbury Smokefree team are welcome from self, family/whanau, health professionals and general practice.

Primary Health provide smokefree promotion and ABC through GP's and practice nurses

NGOs (National Heart Foundation and Cancer Society) - refers any client who requests cessation support to the appropriate service.

General

This document has been prepared with input from member organisations of the South Canterbury Smokefree Committee. It includes an overview of the South Canterbury population, the geographical area and the current tobacco control/cessation services provided and gaps identified in South Canterbury. More detailed information is included in Appendix 1 – The South Canterbury DHB Tobacco Control Analysis. An action plan outlines proposed services to strengthen current services in South Canterbury and to prioritise tobacco control activities for South Canterbury. The implementation of the plan will be undertaken by a range of providers. The Health Promotion Steering Group will endorse and oversee the implementation of the South Canterbury District Tobacco Control Plan.

Action Plan - South Canterbury District Tobacco Plan 2015/16

South Canterbury DHB, Community & Public Health, Heart Foundation, Cancer Society

Area of focus	Key Planning Approaches	Actions to deliver improved performance	Measured by	High level systems outcomes	Area of responsibility
Achieve the Better Help for Smokers to Quit Health Target	Systems are in place to effectively record ABC actively enabling services to monitor data and ensure there is equitable provision of ABC activity across all population groups.	Plan and provide all core and generalist cessation activities across the SCDHB district based on need.	<p>Government expectation of :</p> <ul style="list-style-type: none"> • 95% of hospital patients who smoke are provided with advice and support to quit smoking. • 90% of GP enrolled patients who smoke have been offered help to quit smoking by a healthcare practitioner in the last 15 months.. • 90% of pregnant women who identify as smokers upon registration with a DHB – employed midwife or a lead maternity carer are offered advice and support to quit smoking. <p>Non-clinical areas are provided with Quit Packs.</p> <p>Identify smokers at time of booking for elective surgery to allow early cessation intervention to be provided.</p>	Providing brief advice to smokers increases the chance of smokers making a quit attempt. By encouraging more smokers to make quit attempts there will be an increase in successful quit attempts, leading to a reduction in smoking rates, a reduction in tobacco related morbidity and mortality and decreased tobacco-related disparity.	SCDHB
		Completion of ABC/Health Target training compulsory for all new DHB staff.	Process developed to ensure newly employed DHB staff receive 'ABC' training.		SCDHB
		Support the number of professional DHB/non-DHB staff trained in the ABC approach to smoking cessation. Community based training is to be delivered to private sector providers e.g. Bidwill Hospital and in workplaces, opportunistically and on request.	<p>50% of primary and all new secondary clinical staff that contribute to the achievement of the target have completed ABC training.</p> <p>Promotion of 'ABC' / E-Learning training as a refresher to primary care staff.</p> <p>All clinical orientation packages for secondary and primary care staff will contain information on the 'Learn on Line' E-learning ABC for Smoking Cessation training.</p> <p>E-learning / Quit card registers show that community based training is delivered as opportunities arise e.g. private sector providers such as Bidwill Hospital and in workplaces.</p>		SCDHB

Area of focus	Key Planning Approaches	Actions to deliver improved performance	Measured by	High level systems outcomes	Area of responsibility
		Maintain systems and processes to enable timely and accurate data collection and reporting to meet health target reporting requirements.	Monthly/quarterly reports (by DHB, ethnicity and department) for Secondary Services. Quarterly PHO performance programme data for Primary Care.		SCDHB
		Monitor/audit smokefree data on asking and providing brief advice for smokers to quit.	Monthly inpatient department reports to track individual areas progress. Monthly Primary Care Data by GP practice		SCDHB
		Implement quality and sustainable interventions with timely feedback loops.	There is active engagement (at least monthly) by Senior Managers and Clinical Leaders with staff about health target performance. Quarterly meetings between Managers, Clinical Champion and SF Team to review progress are held.		SCDHB
		Implementation of activities to increase better help for smokers to quit for priority populations, including Māori, Pacific and pregnant women and mental health clients.	Māori, Pacific and pregnant women are at least as likely to receive ABC as the general population in both the hospital and primary care setting.		SCDHB
			Support local Māori Health Provider with Marae based AKP clinics		
			All women confirmed as pregnant who identify as smokers and consent will be referred to the SCDHB smoking cessation team		
			Implement and monitor the 'ABC' model in DHB Community Mental Health Services		
			Weekly/fortnightly clinics held at 3 Mental Health NGO sites.		
		Young adults (20-35yrs) as well as youth are considered as a priority group to reduce smoking initiation and increase quit attempts.	Develop a model for the delivery, monitoring and recording of 'ABC' in youth settings e.g. youth health clinics, School Based Health Services, Alternative Education Settings.		
		Cessation service awareness is integrated into all ABC / Health Target training.	≥500 referrals are received by the DHB cessations services per year.		SCDHB
Provide training opportunities to Primary Care workers to enable	Number of Practice Nurses completed quit card training.	SCDHB			

Area of focus	Key Planning Approaches	Actions to deliver improved performance	Measured by	High level systems outcomes	Area of responsibility
		provision of NRT via Quit Card (group and onsite opportunities).	100% of GP Practices have a Practice Nurse who is Quit Card trained.		
		Primary Care Clinical Champion provides support, advice & feedback on the implementation of smoking cessation guidelines/ABC in primary care.	DHB/MoH target promoted at monthly GP communications. Number of trained ABC providers.		
<i>Evidence based interventions are provided to people who want help to quit smoking through smoking cessation services.</i>	Services are open and accessible to all people who smoke particularly pregnant women, Māori and Pacific people. Services are appropriate and responsive to the smokers needs.	Deliver and report cessation services in line with Tier 1 Smoking Cessation Service Specification so that relevant service information and quit outcome data can be collated nationally.	Service Users quit outcomes at four weeks and at three months – <ul style="list-style-type: none"> self reported 35%. carbon monoxide validated 25%. 	The provision of smoking cessation support and smoking cessation pharmacotherapies is shown to increase the chances of a quit attempt being successful. More successful quit attempts support the longer term goal of reducing smoking prevalence in New Zealand and support the promotion and protection of good health and independence.	SCDHB
		Provide specialist smoking cessation groups and clinics.	The range of services provided covers the needs of special groups e.g. pregnant women, mental health clients and those with co-existing problems, and are provided across the SCDHB area. 3-4 Group based therapy programmes per year are held.		SCDHB
		Provide a specialised smoking cessation service for pregnant women and their family/whānau working closely with the hospital, midwives, Ante Natal Clinic, Plunket and operating across primary and secondary care.	Health target reporting – 90% pregnant women who identify as smokers upon registration with a DHB –employed midwife or a lead maternity carer are offered advice and support to quit smoking. 100% Plunket Nurses completed ABC training and quit card trained.	SCDHB	
		Deliver Aukati KaiPaipa (AKP) as per contract	AKP delivered to 72-90 enrolled clients All referrals contacted within 3 working days <ul style="list-style-type: none"> Criteria as per service spec 	C&PH	
		Continue to promote appropriate referrals for Māori patients needing cessation support to AKP.	100% of Māori seeking specialist cessation services are offered referral to AKP services. General Practices with high levels of enrolled Māori clients are targeted for specialist support (AKP)	SCDHB	
		Promotion of Auahi Kore/Smokefree environments and cessation	3 events or settings where young people and Māori frequent are supported with a	C&PH	

Area of focus	Key Planning Approaches	Actions to deliver improved performance	Measured by	High level systems outcomes	Area of responsibility
		opportunities to Māori.	Smokefree / Auahi Kore message.		
		Publicise cessation services that are available in South Canterbury using a cross-section of media.	Communications Plan. Cross section of promotional channels used e.g. SCDHB website, publications, advertising media releases and campaigns.		SCDHB C&PH
		Deliver a service that is consumer focused and supports the consumer to achieve their goal.	Annual service user satisfaction survey – SCDHB – 50 clients surveyed per annum. AKP – 75% of those who enrol in the programme.		SCDHB/ C&PH
Community Support	Leadership related to Tobacco Control is provided within the DHB area	Services contracted by the DHB are supported to establish and / or maintain smokefree policies and environments	NGO's are provided with support for smokefree policy development, implementation and education as required.		SCDHB
Smokefree Compliance	Increase compliance with the Smokefree Environments Act	Provide education and information to workplaces and retail premises, including upcoming legislation changes. Feedback from mail-outs and education sessions recorded.	At least 2 mail-outs to every tobacco retailer in South Canterbury and at least 20 workplaces provided with educational information.	Tobacco products will be restricted and controlled in line with the harm they cause reducing the demand for and supply of tobacco products.	C&PH
		Undertake targeted surveys of retailers and outdoor areas of licensed premises to assess compliance with SFEA once requirements clarified by Ministry of Health Carry out promotional activities to support compliance with the SFEA Act 1990.	100% of retailers checked for compliance. Activities carried out as and when required		C&PH
		Carry out enforcement of the SFEA 1990 by responding to complaints and taking appropriate action, and carrying out Controlled Purchase Operations (CPOs).	100% of SFEA complaints processed in specified times. 3 CPOs completed with at least 90% compliance.		C&PH
Smoke free Environment	People are protected from exposure to	Liaise with national organisations to localise national campaigns such as World Smokefree Day.	Number of agencies and people involved in campaigns are measured and recorded.	Reduction in exposure to smoking / smoking lifestyle by all people especially children / tamariki,	C&PH

Area of focus	Key Planning Approaches	Actions to deliver improved performance	Measured by	High level systems outcomes	Area of responsibility
	tobacco	Support NGO's and regional, district and city councils to achieve a Smokefree Aotearoa by 2025 and the interim prevalence target of 10% by 2018.	Work with education and workplace settings to introduce comprehensive smokefree policies. At least 1 presentation held to communicate Smokefree 2025 to other key leaders/sectors/orgs	prioritising Māori and other communities in high need (reducing smoking initiation).	C&PH/SC DHB
	Youth/Rangatahi Children / Tamariki	Support and encourage education settings to create their own community action around tobacco related harm issues, using WAVE.	Smokefree reflected in 5 settings plans		CSNZ Heart Foundation
		Support CSNZ Youth Ambassadors to implement advocacy campaigns for extension of smokefree outdoor areas policy and central government advocacy campaigns as decided on i.e. smokefree cars/plain packs.	Support CSNZ Youth Ambassadors to implement advocacy campaigns for extension of smokefree outdoor areas policy and central government advocacy campaigns as decided on i.e. smokefree cars/plain packs.		CSNZ
Workplaces	Support more workplaces to undertake Smokefree initiatives.	Provide Smokefree support and advice to workplaces participating in any workplace programme who have identified smoking as a health issue for staff.	3 workplaces engaged in a health promotion process that include smokefree initiatives and other workplaces receive smokefree advice and support as requested. Heart Health presentations to workplaces include promotion of Smoking Cessation and SCDHB services	Increased life expectancy and reduced inequalities in health	C&PH Heart Foundation
General	Support the Government's goal for Tupeka Kore/Tobacco free Aotearoa/New Zealand by 2025	Support the South Island wide Initiative within the scope of current workplans and resources.	Relevant initiatives will be implemented as part of the WAVE framework and Workplace Wellness Accreditation.		C&PH
		Seek out and actively contribute to any advocacy opportunities via letters and submissions.	Minimum of 6 media articles/letters in relation to advocacy campaigns Support submissions to central / local government either through SFSCC or individual member organisations.		SCDHB/ C&PH/ Heart Foundation CSNZ
		Support the National Campaign for 'Stoptober'	Localise Stoptober campaign to support increased quit attempts throughout the district e.g. workplace challenge.		SCDHB/ C&PH/ Heart Foundation CSNZ

Area of focus	Key Planning Approaches	Actions to deliver improved performance	Measured by	High level systems outcomes	Area of responsibility
		Support World Smokefree Day (WSFD) activities to raise awareness in the community.	<p>One event supported / attended to promote WSFD. 2 media articles to support WSFD.</p> <p>Actively support initiatives for world smokefree day</p> <p>Heart health presentations to workplaces include the 2025 smokefree messages – 8 presentations per year</p> <p>Smokefree 2025 presentations to 2 TLA's and to other groups as opportunities arise through the Long Term planning submission process.</p>		<p>C&PH SCDHB Heart Foundation CSNZ</p> <p>Heart Foundation CSNZ</p> <p>Heart Foundation</p> <p>Heart Foundation CSNZ</p>

South Canterbury District Tobacco Control Communications Plan

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1. Introduction

Background

As a requirement of District Health Boards (DHBs) to meet the tobacco control health target, each DHB was instructed by the Ministry of Health to develop a District Tobacco Control Plan. The plan was to build on existing local tobacco control activities and complement national tobacco control initiatives. The South Canterbury District Tobacco Control Plan outlines the short to medium term priorities regarding tobacco control in response to the local health needs analysis, priorities identified in Annual Plans and the national strategic direction.

2. Objectives

To promote the key components of the South Canterbury District Tobacco Control Plan including:

- The continued roll out of national tobacco control programmes e.g. ABC cessation tool
- Awareness of local cessation services
- Support and increase the number of quit attempts
- Support national advertising campaigns e.g. Face the Facts, World Smokefree Day
- Promote National Health Target

3. Target Audiences

The key groups of people to communicate with are:

Internal	External
Smokefree South Canterbury Committee Includes representatives from - South Canterbury District Health Board Community & Public Health Primary Care Cancer Society Heart Foundation Fale Pasifika o Aoraki	<ul style="list-style-type: none">▪ SCDHB Staff, Board and Providers▪ Ministry of Health▪ NGO's including Plunket▪ TLA's▪ Occupational Health and Safety Network▪ Employers▪ Non-health care settings (e.g. WINZ, Budget advisory services)▪ Broader community, general public▪ People who smoke▪ Media

4. Key Messages

1. Give quitting a go.
2. Most smokers who try to quit do so without the aid of evidence-based smoking cessation treatments.

3. Free cessation support is available via national and regional programmes.
4. Using nicotine patches, gum and lozenges can double the chance of a person quitting.
5. Smoking is the biggest cause of preventable disease and early death in New Zealand and kills 4,500 New Zealanders each year
6. Eighty percent of New Zealand smokers said they regretted starting to smoke and if they had their time over again they would not smoke (Tobacco Use Survey Quitting Report, 2008).

5 Timeframes

The timeframe for the communications strategy applies only to the period of the Tobacco Control Plan.

6 Communication Methods/Tools/Actions

Strategies/Communications Methods/Channels/Actions (Some possible ideas)

- Pulse
- Healthbeat
- Articles in newsletters (e.g. WAVE, SCDHB Primary & Community Services)
- Media releases
- SCDHB website and Intraview notice board
- Healthbeat radio advertisements / radio slots
- Reports to Ministry of Health
- Board and Advisory committee reports
- Posters, flyers, 'face the facts' media releases and other resources provided by the national Smokefree Communications Advisor
- Posters, brochures or cards to advertise services

Abbreviations

ABC	Ask about and document every person's smoking status , Give Brief advice to stop to every person who smokes and strongly encourage every person who smokes to use Cessation support
AKP	Aukati KaiPaipa
C&PH	Community and Public Health
CPO	Controlled Purchase Operation
CSNZ	Cancer Society of New Zealand
DHB	District Health Board
EBI	Effective Brief Intervention
GP	General Practitioner
MoH	Ministry of Health
NGO	Non Government Organisation
NRT	Nicotine Replacement therapy
PHO	Primary Health Organisation
PMS	Patient Management System
SCDHB	South Canterbury District Health Board
SF	Smokefree
SFEA	Smokefree Environments Act
SFE	Smokefree Enforcer
SFSCC	Smokefree South Canterbury Committee
SIDS	Sudden Infant Death Syndrome
TLA	Territorial Local Authority
WAVE	Wellbeing and Vitality in Education
WSFD	World Smokefree Day

References

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2. ASH. 2013. National Year 10 ASH Snapshot Survey students aged 14-15 years.
3. SCDHB. 2014. Annual Plan 2014/15
4. Ministry of Health. 2014 Background and Recommendations of *The New Zealand Guidelines for Helping People to Stop Smoking*
5. Statistics NZ, NZ Census 2013. DHB Cigarette smoking behaviour, by age group, sex, and district health board area, 2006 and 2013 Censuses
6. Ministry of Health: New Zealand Health Survey – Annual update of key findings 2012/13
7. NICE. 2007. Workplace health promotion how – how to stop smoking.
8. Ministry of Health. *Statement of Intent*. 2013 to 2016

Appendix 1

South Canterbury DHB Tobacco Control Analysis



SCDHB Analysis
Tobacco May 2015.docx

Appendix 2

Smoking Prevalence in the South Canterbury District Health Board region



SmokingDataTrendsS
CDHBFinal1.50514.pdf