

Canterbury District Health Board

Tobacco Control Plan 2009

This document is a living document that the CDHB Smokefree Manager uses to guide and coordinate CDHB smokefree activity and to work collaboratively with other tobacco control stakeholders towards the goal of a smokefree Canterbury. This plan will be updated and submitted to the Ministry of Health annually.

A. Rationale

- **Smoking is the leading single cause of mortality and morbidity for the Canterbury population.** In addition to the high public health costs of treating tobacco related diseases, the World Health Organization has identified that tobacco use is responsible for killing people at the height of their productivity and depriving families of breadwinners. Tobacco and poverty are inextricably linked. In some communities, a sizeable proportion of household expenditure is spent on tobacco, resulting in less money being available for families for basic items such as food, education and health. Most importantly, tobacco control remains the foremost opportunity to rapidly reduce inequalities and improve Maori health.
- The Ministry of Health is committed to reducing smoking rates:-
 - Tobacco Smoking features in the **New Zealand Health Strategy** as one of the 13 priority areas. In addition, it significantly influences seven of the other 12 priorities.
 - Reducing the harm caused by tobacco is one of the **10 Health Targets**, the Ministry of Health require DHBs to achieve in 2008-09.
 - A Ministry of Health publication on Health Targets states that “*DHBs are required to make tobacco control a priority. Activities to reduce uptake and increase quitting are the focus of the health sector role. DHBs are required to deliver a tobacco control plan for their region, working closely with the Ministry of Health.*”

B. District priorities regarding tobacco control

- The **Canterbury DHB Strategic Plan 2006-2010** identifies reducing the prevalence of smoking, through continued work around smokefree environments and improved access to smoking cessation services as a priority health issue for the region.
- The **Canterbury DHB District Annual Plan 2008-9** promotes smokefree lifestyles, (including continued support for smokefree environments and the promotion / provision of smoking cessation programmes), as crucial components to reducing the risk of developing respiratory diseases, cancer, cardiovascular disease and stroke, diabetes and many other health problems. The plan also details five priorities for health gain (child and youth health, older people's health, Maori health, primary health services and disease prevention and management) and four disease priorities (cancer, cardiovascular disease, diabetes and respiratory disease). Smoking has a substantial impact on all these health gain and disease priorities.
- The last **Canterbury DHB Health Needs Analysis** was carried out in 2004. Below is an extract from that analysis regarding tobacco control
"In 2004 the Canterbury DHB agreed its Tobacco Control Strategic Action Plan. The main goal of the plan is "reducing the number of people smoking in Canterbury to 15% or less by 2010."" The plan listed five strategic tobacco control priority areas in Canterbury which are based on **Clearing the Smoke**, the Ministry of Health's 2004 -2009 five year plan for tobacco control in New Zealand. These are:
 - preventing smoking initiation
 - preventing harm to non-smokers from second-hand smoke
 - smoking cessation
 - improving support for monitoring surveillance and evaluation
 - improving infrastructure support and coordination for Tobacco control strategies.

Previous tobacco control activities in Canterbury have followed the above priorities and actions, but have lacked dedicated leadership, evaluation and resourcing and efforts have not been integrated. Although gains have been made, to date progress has been slow and the goal stated in 2004 is not now achievable. Tobacco control is now a priority health target for DHB's, new resourcing is now available for leadership and other roles to facilitate implementation of the ABC Strategy (Ask, Brief Advice, Cessation), and access to NRT(Nicotine Replacement Therapy) has now been improved. These developments should make the reduction of smoking rates to 15% by 2012 a more realistic target.

- **Canterbury DHB's Health Services Planning project** identifies services for a range of diseases on a continuum from prevention to palliative care. Smoking cessation is highlighted as a key intervention across this continuum.
- **Daily smoking rates** in adults aged 15+ years in Canterbury have declined from 20.2% in 1996 to 17.7% in 2006 (census data). The NZ Health Survey 06-07 found Canterbury daily smoking rates were 18.3%.

C. Targeting Inequalities

Deprivation and ethnicity are major risk factors for tobacco smoking.

- The New Zealand Health Survey 06–07 found smoking prevalence increases as deprivation increases with the most deprived NZDep quintile almost three times more likely to be current smokers than the least deprived quintile (33.2% vs 11.8%). In addition, children from the most deprived NZDep quintile are over four times more likely to be exposed to second hand smoke in their homes than the least deprived quintile (18.8% vs 3.8%).
- Despite recent decreases, tobacco smoking among Maori remains significantly higher than among other ethnicities. The New Zealand Health Survey 06-07 found that 42.2% of Maori smoked compared with 26.9% of Pacific and 18.6% of European/other. Moreover, Maori children are almost two times (1.91 for boys and 2.06 for girls) more likely to be exposed to second hand smoke exposure in their own homes compared with all children. 42.6% of Maori women in the Canterbury area are regular smokers (Census 2006).

Tobacco control efforts in Canterbury must target populations of greater deprivation and our Maori (and Pacific) people. This will require both geographical and settings-based approaches. (e.g. the Hornby smokefree project, smokefree marae).

D. Priority Groups

To achieve the outputs and outcomes of the Tobacco Control Plan 2009, an appropriate blend of national and local priorities need to be implemented.

The following priority populations are proposed

- Maori
- Pacific
- Pregnant women
- People accessing primary and secondary health care
- Parents, children and young people (families which include smokers)
- Mental health consumers.

The following priority environments are proposed

- Primary health care
- Secondary and tertiary health services, including mental health services
- Settings – homes, cars, marae, communities, workplaces, education settings.

E. Intended Outputs and Outcomes

Output 1	Enhanced provision of and improved access to cessation support in Canterbury
Outcome 1	More smokers making more quit attempts and using NRT more often
Output 2	Further development of effective systems for documenting smoking status (A), brief advice (B) and referral to / provision of cessation programmes and treatments (C) in primary and secondary care
Outcome 2	Consistent documentation of client smoking status, provision of appropriate brief advice and implementation of referral processes by hospitals and general practice teams.
Output 3	CDHB and PHO clinicians and managers provide sustained involvement in tobacco control in Canterbury
Outcome 3	Strong inclusive leadership across sectors, adequate resourcing, well co-ordinated and integrated systems and a collaborative approach support implementation of this plan
Output 4	Reduced smoking initiation
Outcome 4	2% annual increase in the number of never smokers among 14 & 15 year olds
Output 5	Increased number of smokefree settings
Outcome 5	Increase in the proportion of homes, which contain one or more smokers and one or more children that have a smoke-free policy

F. Quality Indicators

Ultimately, changes in smoking prevalence and tobacco sales will be used to measure the success of tobacco control efforts in Canterbury, however there are a number of intermediate measures which will mark progress. Quality indicators include:

- New calls to Quitline from Canterbury people
- PEGS programme (cessation programme delivered in primary care) enrolments
- Aukati Kai Paipa programme (cessation programme for Maori women and whanau) enrolments
- Pacific cessation clinic enrolments
- Enrolments in Hornby Smokefree Project cessation clinic
- Smokechange (cessation programme for pregnant women and their partners) enrolments
- Comprehensiveness of recording smoking status in primary care
- Comprehensiveness of recording ABC in secondary care
- NRT utilisation for inpatients in CDHB hospitals
- Engagement of health professionals in implementing the ABC Strategy
- Increases in the proportion of never smokers in the ASH Year 10 survey
- Increases in smokefree pregnancies
- Increases in the proportion of smokefree homes
- Increases in the proportion of smokefree cars.
- Increases in the proportion of smokefree marae

Intervention 1: Develop sustained and effective leadership for Smokefree Activity in Canterbury

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • CDHB management • CDHB clinicians • PHO management • Primary care practitioners (GP teams, dentists, pharmacists etc) 	<ul style="list-style-type: none"> • Senior Management sustainable involvement in smokefree initiative development to raise the profile and positive results of smokefree work • Clinical leaders act as champions of smokefree and the ABC Strategy for Smoking Cessation (Ask, Brief advice, Cessation) • Smokefree policies are strengthened and promoted • CDHB is visible as a smokefree role model • Effective and consistent secondary-primary care referral pathways are developed 	<ul style="list-style-type: none"> • Establish and maintain an advisory group or similar that includes key decision makers (including primary care and public health) to advise on strategic issues and champion smokefree initiatives widely • Appoint secondary care and primary care clinical leaders • Clinical leaders elevate the importance of the CDHB Smokefree policy and the ABC Strategy for Smoking Cessation • Clinical Leaders provide strategic & operational advice • Review current smokefree policies and develop promotion plan • Revise and expand smokefree signage • Develop an integrated system for implementation of the ABC Strategy 	<ul style="list-style-type: none"> • CDHB Management • CDHB Smokefree Manager • PHOs • Smokefree Canterbury • CDHB Advisory Group

Intervention 2: Canterbury Smokefree Providers Coordination

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • Providers of smokefree services in Canterbury • Agencies and organisations with an interest in smokefree 	<ul style="list-style-type: none"> • Collaboration between smokefree providers to obtain synergy and critical mass to achieve improved smokefree results • Coordinated, comprehensive and collaborative planning of tobacco control initiatives • Effective dissemination of information relevant to smokefree • Oversight and support of Hornby Smokefree project and other community initiatives • Oversight and support for Smokefree parks initiative 	<ul style="list-style-type: none"> • Play a strategic leadership role related to tobacco control in the CDHB area • Ensure information sharing, networking and co-ordination • Organise and support joint provider projects 	<ul style="list-style-type: none"> • Smokefree Canterbury • CDHB (Community and Public Health) • CDHB Smokefree Manager • Smokefree South Co-ordinator • PHOs

Intervention 3: Development of District Cessation Service Plan

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> Cessation providers 	<ul style="list-style-type: none"> Synergy around priority / pressure areas for district cessation services Integrated and consistent approach to smoking cessation regionally 	<ul style="list-style-type: none"> Develop a collaborative plan Consult with cessation providers on development and implementation of plan Identify and promote integration of systems CDHB Advisory Group formed 	<ul style="list-style-type: none"> PHOs CDHB Smokefree Manager

Intervention 4: Enhance smokefree systems in Primary Care

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • Canterbury PHOs • Primary Care Management • Midwives • Public Health Nurses • Health Professionals in primary and community care 	<ul style="list-style-type: none"> • Effective and integrated smokefree systems in primary health services in Canterbury • Efficient mechanisms for promoting and enhancing the implementation of the ABC Strategy in PHOs • All pregnancies are smokefree • Consistent delivery of the ABC Strategy (identification of smoking status, provision of brief advice and cessation referral or support) 	<ul style="list-style-type: none"> • Develop individual PHO plans • Develop and strengthen linkages and referral pathways (primary, secondary and community) 	<ul style="list-style-type: none"> • Clinical Leaders • Smokefree Manager • Smokechange

Intervention 5: To develop and implement ABC systems in Secondary Care

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • Medical staff • Nursing staff • Allied health professionals • Administration staff 	<ul style="list-style-type: none"> • Implement the ABC Strategy consistently throughout the CDHB • Be able to monitor / analyse percentage of clients who smoke or are smoke exposed • Achieve a sustained increase in the number of referrals to cessation support • CDHB policy is implemented and buildings, grounds and cars are smokefree • Specific Mental Health issues are addressed and Specialist Mental Health Services become smokefree 	<ul style="list-style-type: none"> • Establish hospital steering committees for each hospital • Revise and establish user-friendly hospital systems to: <ul style="list-style-type: none"> - enable the smokefree status of all DHB patients / clients to be established - ensure that all smokers are advised to quit and offered NRT to manage nicotine dependence while hospitalised - enable referral to appropriate cessation providers - enable implementation of the CDHB Smokefree policy - include tobacco control measures in quality indicators • Establish and implement a process for Specialist mental Health Services to be smokefree by 2011 (including working with relevant community mental health agencies) 	<ul style="list-style-type: none"> • Clinical Leaders • CDHB Smokefree Manager • CDHB Hospital Committees • CDHB Hospital Smokefree Co-ordinator • CDHB Co-ordinator – Mental Health • CDHB Service Managers

Intervention 6: Championing Smokefree awareness and intervention for Maori

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • Maori • Maori women including pregnant women, their partners and whānau 	<ul style="list-style-type: none"> • Sustained decrease in the number of Māori smoking in Canterbury • Increase in number of Māori accessing Aukati Kai Paipa • Increase in number of Maori accessing other cessation programmes • Increase in Maori smokefree pregnancies 	<ul style="list-style-type: none"> • Provision of equitable access to appropriate and effective cessation approaches for Maori wanting to quit • Provision of Aukati Kai Paipa programme • Promotion of Aukati Kai Paipa Service • Auahi Kore activity • Establishing smokefree marae • Strengthen referral pathways between AKP and Smokechange 	<ul style="list-style-type: none"> • CDHB (Community and Public Health) • PHOs • Smokechange • Public Health Nurses

Intervention 7: Reducing smoking initiation

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • Parents / carers • Youth • Primary Care Practitioners • Home visitors 	<ul style="list-style-type: none"> • Maximisation of relationships to gain traction with strategies to prevent initiation • Increased cessation among families/whanau • Parental role in initiation used as motivator to engage quitting 	<ul style="list-style-type: none"> • Developing / maintaining relationships with key stakeholders in targeted schools (eg Hornby) and Kohanga Reo • Upskilling primary health and social service providers in ABC Strategy • Media / marketing campaign planned and implemented 	<ul style="list-style-type: none"> • CDHB (Community and Public Health) • PHOs • ABC Educator • Public Health Nurses
<ul style="list-style-type: none"> • General community • Workplaces • Statutory organisations • NGOs 	<ul style="list-style-type: none"> • Smokefree policies are developed and implemented in a range of organisations 	<ul style="list-style-type: none"> • Work with Christchurch City Council on development and implementation of Smokefree public places policy. • Develop and implement Smokefree policy with other organisations as appropriate 	<ul style="list-style-type: none"> • CDHB (Community and Public Health) • PHOs
<ul style="list-style-type: none"> • Teachers • School Communities • Youth 	<ul style="list-style-type: none"> • Develop a comprehensive approach towards Smokefree across the education sector 	<ul style="list-style-type: none"> • Work with Hornby High, Fruit in Schools schools, other selected low decile schools and targeted settings to promote smokefree messages and strategies and promote cessation 	<ul style="list-style-type: none"> • CDHB (Community and Public Health) • Public Health Nurses

Intervention 8: Address smokefree training needs of provider workforce

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> • Secondary Care medical and nursing staff • General Practice teams • Hospital and community based Health Professionals • Pharmacists • District nurses • Midwives • Public Health Nurses 	<ul style="list-style-type: none"> • Workforce upskilled to have enhanced understanding of the importance of smoking cessation and other smokefree issues • Workforce able to identify appropriate role in the delivery of the ABC strategy • Workforce able to implement the ABC Strategy competently and confidently 	<ul style="list-style-type: none"> • Provide ABC Strategy training as appropriate to various health practitioner groups • Promote the utilisation of national training opportunities eg. E- learning tool, cessation training • Provide or arrange other smokefree training as appropriate eg standing orders 	<ul style="list-style-type: none"> • Hospital Smokefree Committees • CDHB Smokefree Educator • CDHB Advisory Group

Intervention 9: Compliance with Smokefree Legislation

Target Audience	Objective	Activity	Responsibility
<ul style="list-style-type: none"> Retailers 	<ul style="list-style-type: none"> Increase compliance with Smokefree Environments Act 1990 	<ul style="list-style-type: none"> Conduct Control Purchasing Operations and associated promotional activities 	<ul style="list-style-type: none"> C DHB (Community and Public Health)
<ul style="list-style-type: none"> Workplaces 	<ul style="list-style-type: none"> Reduction in exposure to second-hand smoke 	<ul style="list-style-type: none"> Follow-up complaints / promotional activities 	<ul style="list-style-type: none"> C DHB (Community and Public Health)
<ul style="list-style-type: none"> Hospitality Venues 	<ul style="list-style-type: none"> Reduction in exposure to second-hand smoke Denormalise smoking 	<ul style="list-style-type: none"> Follow-up complaints / promotional activities 	<ul style="list-style-type: none"> C DHB(Community and Public Health)