
MEMO

To: Board Members
From: Andrew Goodger, Sector Relationships & Contract Manager, Strategy Primary & Community
Date: 23 January 2019
Subject: **UPDATE – SMOKEFREE INITIATIVES**

Status

This report contains:

✓ For decision

Update

Regular report

For information

Background

In March 2011 the Government adopted the Smokefree 2025 goal for New Zealand. The aim is to have less than 5% smoking rates in New Zealand by 2025. At the last Census the smoking rates in Nelson Marlborough were 13.9% for the population, with 30.3% of Māori identifying as regular smokers.

There are several key components to Nelson Marlborough Health's response to Smokefree 2025. These can be covered in four broad areas:

1. Stop Smoking Services
2. Smokefree Coordination and the ABC Process
3. Health Promotion
4. Regulatory Activity

1. Stop Smoking Services

Structure of the Nelson Marlborough Service

After agreement to an approach for Stop Smoking Services by the Top of the South Health Alliance, a new Stop Smoking Service was established across Nelson Marlborough, effectively becoming fully operational in July 2017. The service is funded by a Ministry of Health contract which has the following challenging expectations designed to support the Smokefree 2025 aim:

- Enroll 5% of the local population of smokers each year (214 per quarter)
- Focus on priority populations
- Have 4-week CO validated abstinence rates of 50%.

The Nelson Marlborough Stop Smoking Service has the following characteristics:

- A Community based quit service with Te Piki Oranga and Nelson Marlborough Health Public Health working in partnership, with some shared administration and management
- A programme that can cater for multiple contacts for clients across a range of modalities (one on one, group, text, phone etc) and in a range of venues
- A weighting of funding towards cessation support for Māori in excess of the percentage of smokers who are Māori to achieve gains towards equity
- Practitioners trained to national standards
- The establishment of Pēpi First (a pregnancy incentives programme funded by the DHB)
- Supported delivery of the ABC approach in General Practice through continued funding of the Smokefree Practitioners
- An Operational Leadership Group incorporating the PHOs, DHB and TPO that actively review and change the service and allied services to meet need and contract

expectations

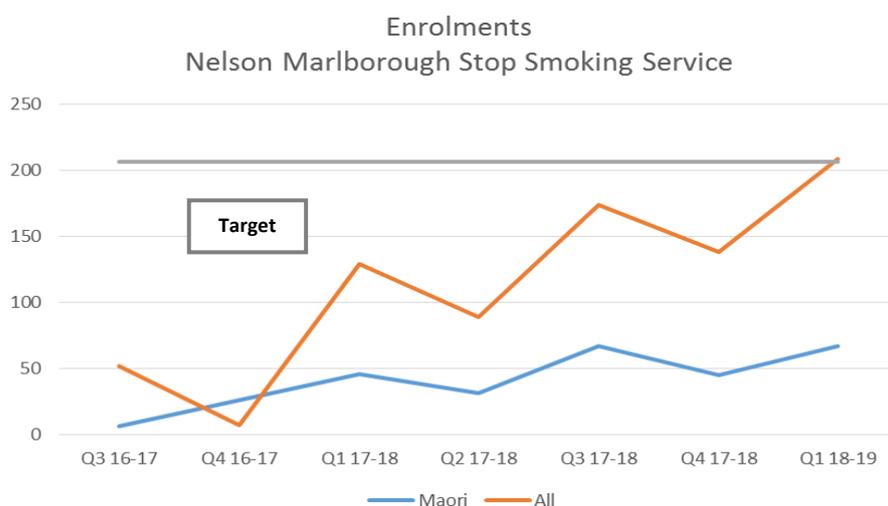
- Links with Health Promotion, particularly around organising group quits
- Supporting referrals from Pharmacies.

Stop Smoking Service Results

The Service has an expectation of enrolling 214 people per quarter. As seen in the figure below, the service achieved this for the first time in Q1 2018-19 – one of only five DHB areas to have achieved this despite this service having started 2–3 quarters after most other areas. A key change to how the service operates recently has been the utilisation of Health Promoters to organise group cessation at workplaces and within communities. This has seen enrolment rates increase.

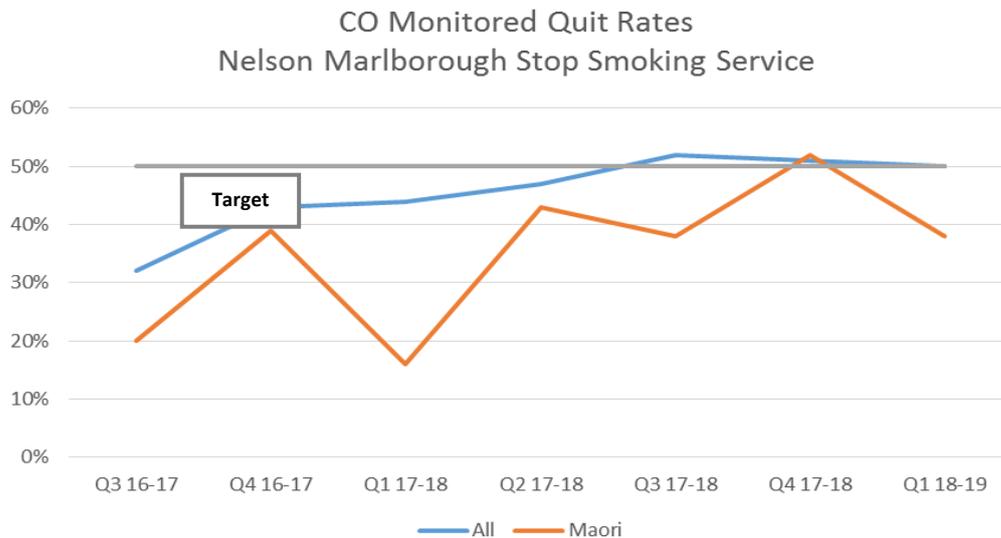
Another key change that occurred in October 2018 was to cease funding for cessation activity in General Practices. The General Practice services were achieving between 22% and 30% quit rates (self-reported at any follow up) with Māori under-represented, which was significantly less than being achieved by the Stop Smoking Service. Funding has been redirected to increasing the number of trained Stop Smoking Practitioners in the service to support increasing referrals.

It is pleasing to see the investment strategy is working for Māori, with over 33% of enrolments being for Māori. Māori currently make up 15.3% of those who smoke.



A challenging quit rate of 50% has been set. Previous achievement for MoH contracted services prior to 2017 were only 35%. As seen in the following figure, the Nelson Marlborough Service has been achieving over 50% for several quarters, although the quit rate for Māori engaged in the service is more variable and generally lower.

The service piloted incentivising quit achievement with a \$50 voucher, but this did not appear to have an impact on Māori, or overall, quit rates and was ceased.



Because the service is achieving highly in several measures, including conversion of referrals to enrolments and rates of those setting a quit date, the Nelson Marlborough service is one of the top performing 2 or 3 services in the country.

The following table shows the results of the Pēpi First programme which incentivises pregnant women to quit through the course of their pregnancy and into the post-natal period. The programme has been generally very successful, with a full evaluation currently being undertaken. Referral rates are the one area that the programme is keen to boost. Work is currently underway to elicit referrals from sonographers undertaking pregnancy ultrasounds and further work to encourage referrals from LMCs is underway.

Table 1. Pepi First Results

Measure	Achievement	Target set at programme initiation
Referral rate	≈38% of pregnant women who smoke	50%
Enrolment rate	70% of those referred	70%
Quit Date set	75% of those enrolled	76%
CO Validated quit rate	47%	50%
Participation of Māori pregnant women who smoke	47% of those enrolled	>38%

2. Smokefree Coordination / ABC Process

The ABC approach (**A**sk about smoking, give **B**rief advice and refer to **C**essation services) has been shown to be an important intervention to increase quit attempts.

There are four key areas where Nelson Marlborough Health is active in this area:

1. PHOs are funded to support the ABC approach in General Practice. They use this funding to have Smokefree Coordinators working with General Practice to support this and to develop systems and processes to support the practices. As at Quarter 1, 2018-19 the GPs contracted to Nelson Bays Primary Health were completing the ABC process with 88% of enrolled patients who smoke, while for Marlborough Primary Health it was 78%.

2. A Smokefree Coordinator is employed by Nelson Marlborough Health to support the ABC approach in DHB services. Current achievement was 98% of patients who smoke being offered support to quit.
3. DHB encourages LMCs to undertake the ABC approach. Current achievement was 67% of women being offered support to quit.
4. All DHB health contracts have an expectation not only of services to be smokefree, but that the ABC approach is in place for all their services.

3. Health Promotion

The Smokefree Health Promoters have been very active throughout a range of Nelson, Marlborough and Tasman settings in 2018. A total of 299 organisations have been approached with 12 group programmes delivered to a total of 86 referred participants. The overall number of individual referrals received through a direct referral from Health Promoters in 2018 was 153 with 31 identifying as Māori. Te Piki Oranga have been a key partnership supporting the success of the Smokefree Service, delivering four of the group sessions.

Two workplaces in Tahunanui are highlights from the year::

- One workplace achieving a 100% success rate with one of the two programmes run and a total of 16 referrals made to the Stop Smoking Service. The group session also lead to participants enabling other whānau and community members to quit
- One workplace had 13 out of 14 group members successfully quit as a result of the programme with two more additional referrals from partners of participants.

Additional referrals and quit smoking attempts from whānau and community members highlight the effectiveness of the workplace as a setting for Health Promotion. Support and accountability of the group setting was noted by participants as key to their success and ongoing commitment to remaining smoke free. Both businesses have expressed interest in the WorkWell programme after valuing the impact of the Stop Smoking Service and potential opportunities available through the Health Promotion Team.

The Smokefree Team have also worked alongside the Māori Health Team through their Hauora Direct and Hapū Wānanga programmes. This has involved cross-collaboration of health services working in a number of community settings including Franklin Village in Nelson, an employer in Motueka, Victory and Tahunanui Community Health Centres. Other key areas the Smokefree Health Promoters have supported include Cancer Pathways and Relay for Life.

There has been pressure on the service to cope with the number of referrals received which has impacted on the capacity to promote and generate workplace groups at times. The appointment of a new Group Quit Coach at the end of 2018 will enable greater promotion to continue in this area in 2019.

4. Regulatory Activity

Regulatory activity is undertaken by Nelson Marlborough Health Public Health Service through designated Smokefree Enforcement Officers (SFEO).

SFEO provide advice in response to enquiries and complaints from the public and other stakeholders in relation to the Smokefree Environments Act 1990 (SFE) and its subsequent amendments. Complaints and enquiries may relate to underage sales (tobacco, herbal smoking products, toy tobacco products), workplace smoking, tobacco display and restocking, open and internal smoking areas, tobacco advertising, sale of single cigarettes, cigars – when some tobacco products are sold as cigars but are not.

The Public Health Service may receive complaints/enquiries in other areas e.g. home grown tobacco, electronic cigarettes, and herbal smoking products. In recent years one retailer was prosecuted twice following complaints relating to their tobacco advertising.

An up to date database is maintained of tobacco retailers in the region. This database is updated after visits to retailers and when new retailers are identified in the community. Currently there are 138 known tobacco retailers in the Nelson Marlborough area. Retail premises are risk rated. Factors which are considered when determining whether a premises is 'high risk' are whether previous complaints have been received, whether previous warnings have been given, the location of the premises to schools, the level of deprivation of the location and the time elapsed since the last inspection.

All known tobacco sellers must be visited at least once within a five-year period for a compliance/education audit. In 2017/18 education visits were made to 70 retailers.

A Controlled Purchase Operation (CPO) is defined as a planned operation designed to monitor and enforce the provisions in the SFE Act relating to the sale of tobacco and herbal smoking products to minors. Sixty-six retailers were visited during CPOs in 2017/18 and of these three retailers were noncompliant and were reported to the Ministry of Health for prosecution.

The Ministry of Health are looking at legislation to place controls on vaping products and SFEO will be required to enforce the requirements.

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RECOMMENDATIONS:

THAT THE BOARD NOTE THE UPDATE ON SMOKEFREE INITIATIVES.