Smokefree/Auahi Kore Position Statement

Nelson Marlborough Health (NMH) (Nelson Marlborough District Health Board):

- Recognises the extensive harm from tobacco use that is experienced by people within Nelson Marlborough and that the burden of this harm is carried disproportionately by some population groups.
- Acknowledges that tobacco use is a major risk factor for numerous health conditions and is a significant cost to the health system.
- Supports the Government's goal of achieving a Smokefree Aotearoa New Zealand by 2025.
- Aims to reduce the tobacco-related harm experienced by people within Nelson Marlborough by actively focusing on these outcomes:
  - protect children from exposure to tobacco;
  - reduce the demand for and supply of tobacco; and
  - increase successful quitting.
- Will implement the following strategies:
  - provide leadership and facilitate effective implementation of evidence-based strategies to support local populations to be smokefree;
  - support and prioritise initiatives that address health inequalities by reducing smoking prevalence in Maori communities, and other priority populations including: Pacific peoples, pregnant women and their whanau, children, mental health consumers, rural populations and economically disadvantaged people;
  - work towards achieving the health target 'Better Help for Smokers to Quit' in primary and secondary care by implementing the ABC Strategy[1] for Smoking Cessation;
  - be a smokefree role model in the community by reducing smoking initiation, supporting people to quit smoking and providing a Smokefree environment;
  - support the development of strong relationships with other community organisations to achieve the Smokefree Aotearoa 2025 goal; and
  - develop and implement local solutions to achieve these strategies through its Tobacco Control Plan.

[1] The New Zealand Smoking Cessation Guidelines (Ministry of Health 2007) recommend that all health care workers use the three step ABC tool. The first step is to Ask about smoking status, then give Brief advice to stop smoking and finally to provide evidence-based Cessation support or referral to a smoking cessation service.

This position statement is intended to be consistent with those of West Coast, Canterbury, South Canterbury, and Southern District Health Boards (DHBs). This position statement has been developed collaboratively by the South Island Public Health Units and represents the South Island DHBs working together to support the South Island to be a place where smokefree lifestyles are the norm and harm from and exposure to tobacco smoke is minimised.

The purpose of this statement is to describe the commitment of the NMDHB to the Government's goal of a Smokefree Aotearoa New Zealand by 2025 and the strategies to achieve this. This goal was determined at a national level in response to the 2011 Maori Affairs Select Committee inquiry into the tobacco industry and the effects of tobacco on Maori. This position statement is informed by the Smokefree Aotearoa/New Zealand 2025 logic model and aligns with the NMDHB Tobacco Control Plan.

BACKGROUND

The harmful effects of smoking on health are well documented. Smoking has been identified as a cause of a wide range of diseases and other adverse health effects. These include a range of cancers and cardiovascular diseases, respiratory diseases, fetal deaths and stillbirths, pregnancy complications and other reproductive effects, cataracts, peptic ulcer disease, low bone density and factures and diminished health status and morbidity.[1,2] In New Zealand smoking is a primary risk factor in one in four of all cancer deaths.[3] Quitting smoking has immediate and long tem benefits, even for those who quit late in life.[4]

Environmental tobacco smoke (passive smoking or second hand smoke) is also well established as having adverse health effects. It increases the risk and frequency of serious respiratory problems in children, such as asthma attacks, lower respiratory tract infections, and increases middle ear infections.[5] Inhaling second-hand smoke may cause lung cancer and coronary heart disease in non-smoking adults.[5] New Zealand studies of never smokers living with smokers showed that they had an excess risk of mortality from heart disease and cerebrovascular disease.[6] According to the Smokefree Coalition around 350 New Zealanders die from the effects of others' smoking each year.[3] Exposure to second hand smoke is a public health hazard that can be prevented by making homes, workplaces, vehicles and public places completely smokefree.[5]

SUMMARY OF EVIDENCE

Smoking in New Zealand

In 2009 smoking data in New Zealand showed that one in five (21%) adults aged 15-64 years were current smokers, with 19.2% of adults smoking daily.[7] A current smoker is someone who has smoked more than 100 cigarettes in their lifetime and at the time of the survey was smoking at least once a month.[8]

Smoking rates in New Zealand continue to decline. The age-standardised prevalence of current smoking in 15-64 year olds fell significantly between 2006 (24.4%) and 2009 (21.8%).[7] There was no difference in the age-standardised prevalence of current smoking between males and females.[7]

Table 1 shows that the prevalence of regular smokers in the South Island DHBs' area is highest in the West Coast DHB and lowest in the Canterbury DHB area[2].

Table 1 Smoking prevalence by South Island District Health Board area[3 9]

					SDHB area		
	NMDHB area (%)	WCDHB area (%)	CDHB area (%)	SCDHB area (%)	SDHB – Otago (%)	SDHB – Southland (%)	NZ total (%)
Prevalence of regular smokers	19.3	25.7	18.8	19.8	19.4	23.8	18.9

[2] Anecdotal evidence suggests that smoking rates may have increased in Canterbury following the earthquakes.
[3] These figures were taken from the 2006 census at which time Otago and Southland DHBs were separate entities

Smoking related disparity and health outcomes

Maori in all age groups had higher smoking prevalence than non-Maori.[10] Ethnicity data in Table 2 show that the prevalence of smoking amongst Maori is double that of the rest of the population.[7]

Table 2 Prevalence of current smokers by ethnicity and sex, 15-64 years[7]

	Male (%)	Female (%)
Maori	40.2	49.3
Pacific	32.3	28.5
European/other	20.6	18.9
Asian	16.3	4.4

Smoking related disease is a major cause of health inequality. Health outcomes include a higher incidence of cancer, cardiovascular and respiratory disease and lower life expectancy for Maori compared to the rest of the population.[11,12]

The burden of tobacco related harm is experienced disproportionately by some population groups within Nelson Marlborough. Smoking prevalence is higher for Maori, Pacific and those living in more deprived areas.[7] These priority populations have higher rates of smoking during pregnancy, which poses various health risks to the developing foetus, infant and mother.[13]

Smoking cessation

The Ministry of Health is committed to a Smokefree New Zealand and has developed the ABC strategy for smoking cessation which is being rolled out in all DHBs. This strategy is supported by the setting of a national health target, 'Better help for smokers to quit'. The 2012/13 target is 95% of patients who smoke and are seen by a health practitioner in a public hospital and 90% of patients who smoke and are seen by a health practitioner in a primary care are offered brief advice and support to quit smoking.[14] Within the target a specialised identified group will include progress towards 90% of pregnant women who identify as smoking at the time of confirmation of pregnancy in general practice or booking with a Lead Maternity Carer are offered advice and support to quit.[14]

Evidence suggests that providing brief advice, particularly by a doctor, significantly increases the rate of quitting[15] and long term quitting success.[14] The proportion of successful quit attempts is increased by the provision of effective cessation support, such as medications including Nicotine Replacement Therapy (NRT), and multi-session support including telephone or face-to-face support.[14,16]

Research shows that one in every 40 smokers will make a quit attempt simply as a result of receiving brief advice.[17]

Table 3 shows South Island DHBs' secondary care results for the last quarter.

Table 3 Quarter Four (April-June 2012) results for 'Better help for smokers to quit' health target by DHB for secondary care (Ministry of Health 2012)

	SCDHB	NMDHB	WCDHB	SDHB	CDHB
% of hospitalised smokers given advice to quit	96	96	90	96	90
Ranking (out of 20 DHBs)	9	8	18	7	16

Smokefree workplaces

Workplace smokefree policies reduce business costs associated with tobacco consumption. These include absenteeism, lost productivity, time spent on breaks, increased building, health and life insurance costs, potential legal costs and cleaning and maintenance costs.[18] Introducing workplace smokefree policies reduces tobacco consumption and smoking prevalence within the affected workforce.[19] For instance, smokers have fewer opportunities to smoke, which reduces levels of consumption and encourages quit attempts.[18] Cessation support should be provided to support employees who smoke to quit.

Usually within a few months of implementing smokefree policies compliance is high and in most places policies become self-enforcing.[18] Evidence suggests that compliance may be enhanced by media advocacy and public education campaigns that strengthen social norms before and during policy implementation.[5,20]

In 2005, the tangible costs of smoking to the New Zealand economy were NZ$1.7 billion. Major components included lost production due to premature mortality or lost production due to smoking-caused morbidity.[21]

A New Zealand cross-sectional survey conducted in 2006 found strong support for smokefree workplaces. Of 2413 people surveyed 94.3% agreed that people have the right to work in a smokefree environment and 93.9% agreed that people who work in a non-office environment also have the right to work in a smokefree environment.[22]

Smokefree role modelling

Role modelling is an important factor in smoking behaviour.[23] For example, health professionals who don't smoke may be role models for patients in regards to healthy behaviour. However, medical professionals who smoke may increase public scepticism about the importance of quitting.[24]

Smokefree environments

The Smoke-free Environments Act 1990 is designed to protect non-smokers against the detrimental effects of other people's smoking. Other aims of the legislation include smokefree role modelling and promoting a smokefree lifestyle as the norm.[25,26]

There has been an increasing focus on smokefree outdoor areas, with a large number (see Table 4 for South Island policies) of councils within New Zealand adopting smokefree outdoor area policies.

There is some evidence showing that second hand smoke in outdoor areas is harmful. A recent New Zealand study has found that smoking in outdoor areas does increase particulate levels to a level that could potentially cause health hazards.[27] Evidence also suggests that smoking has a role modelling effect on teenagers: those who smoke are

more likely to have been exposed to smoking than those who don't smoke (and exposure is likely to have been from outdoor places).[28] Therefore, the focus should be on "role modelling and making smokefree normal".[3]

The rationale for smokefree outdoor areas is to reduce the visibility of smoking, especially to children, in order to reduce the uptake of smoking. It also has benefits of decreased litter.[29,30] Table 4 shows how DHBs have engaged with local authorities to develop smokefree policies within their communities.

Table 4 South Island councils and Smokefree Outdoor Area Policies

Council	Description	Date adopted
Nelson Marlborough DHB		
Marlborough District Council	All council-owned parks, playgrounds & sports fields and council-run public events Currently in discussion for expansion to a more over-arching policy	
Nelson City Council	All council-owned parks, playgrounds & sports fields and council-run public events Public consultation on a more over-arching policy is imminent	
Tasman District Council	All council-owned parks, playgrounds & sports fields and council-run public events Currently in discussion for expansion to a more over-arching policy	
West Coast DHB		
Buller District Council	All council-owned parks, playgrounds and sports fields	2011
Grey District Council	All council-owned parks, playgrounds and sports fields	2011
Westland District Council	All council-owned parks, playgrounds and sports fields	2011
Canterbury DHB		
Christchurch City Council	All playgrounds, skate parks, stadiums and courts, sports fields and public events	2009
Hurunui District Council	All council-owned reserves including playgrounds and sports grounds	2012
Waimakariri District Council	All council-owned playgrounds	2012
Selwyn District Council	All playgrounds, parks, sports grounds and council-run or sponsored events	2011
Ashburton District Council	All playgrounds Sports fields in council-owned parks Skate park	2007 2009 2011
South Canterbury DHB		
Waimate District Council	All playgrounds	2009
Timaru District Council	All playgrounds	2012
Mackenzie District Council	All playgrounds	To be adopted in

		2012
Southern DHB		
Dunedin City Council	All playgrounds	To be adopted in 2012
Clutha District Council	All playgrounds, sports fields and council-run family events	2012
Queenstown Lakes District Council	All playgrounds and swimming pools	2006
Invercargill City Council	All playgrounds All sports fields, Queens Park aviary and animal reserve	2008 2010
Gore District Council	All playgrounds and parks	Currently under development

International evidence indicates that the public are generally in favour of restrictions on smoking in "various outdoor settings" and there has been a gradual increase in support for smokefree public places over time.[31,32] Locally, the New Zealand public are supportive of smokefree outdoor areas. For example, three quarters (76.4%) of New Zealand adults believed that it was 'not at all' acceptable to smoke at children's outdoor playgrounds.[33] In another study evaluating Upper Hutt's smokefree parks policy, 83% of adult park users thought having a smokefree parks policy was a good idea[34] and similarly a Dunedin study found that 73% of those surveyed were supportive of making playgrounds smokefree.[35] People who smoke are generally supportive of smokefree playgrounds.[31] Community support for smokefree outdoor areas is an important factor in getting councils to endorse outdoor policies.[30]

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