



# Regional Tobacco Strategy

for Hawke's Bay, 2015–2020

November 2015

## Mihi

Kia hiwa rā! Kia hiwa rā!  
Kia hiwa rā tēnei tuku.  
Kia hiwa rā tērā tuku.  
E ngā whānau, e te Iwi o Ngāti Kahungunu!  
Kia matatū! kia matatau.  
Kia hiwa ra!

Be watchful, be alert!  
Be alert in this terrace.  
Be alert in that yonder terrace.  
To families and people of Hawke's Bay!  
Stand firm, be aware.  
O, be watchful!

## Foreword

The people of Kahungunu, what does it mean to be smokefree? A happier whānau (family), a healthier and stronger tinana (body), an effervescent wairua (spirit), and a clear creative hinengaro (mind). Make a stand for you, your whānau and your tamariki to be smokefree.

We can do this together through the Regional Tobacco Smokefree Strategy 2015-2020.

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## Executive Summary

This document presents details of the regional Tobacco Strategy for Hawke's Bay 2015–2020. The Strategy was informed by feedback from consumers and stakeholders, and from key documents including HBDHB's *Needs and Gap Analysis for Tobacco Control Planning* and the 2014 *Health Equity in Hawke's Bay* report.

The 2015–2020 Strategy builds on the inaugural Hawke's Bay Smokefree Strategy, *Smokefree Hawke's Bay 2025: Ngā whāinga taro ake, First steps 2012–2015* and acknowledges Ngāti Kahungunu Iwi Incorporated's vision for a tobacco free iwi, articulated in their Strategy 'Ngāti Kahungunu Iwi Tobacco Free Strategy'.

The 2015–2020 Strategy identifies a framework for working together towards achieving the government goal of reducing smoking prevalence to less than five percent by 2025. The Strategy has been developed in the context of the re-alignment of smoking cessation and advocacy services, being undertaken by the Ministry of Health.

The currently changing environment for tobacco control services presents an opportunity to introduce a revised Strategy that includes input from key stakeholders and consumers, reflects a clear local approach, and highlights innovative solutions, especially for identified priority groups, to become a smokefree Hawke's Bay and New Zealand 2025.

### Smoking in Hawke's Bay

Just under one in five Hawke's Bay residents (18%) were regular smokers at the time of the 2013 Census, higher than the national average of 15%. Tobacco use and related disease is not equitably distributed across the population. Māori smoking rates (36%) are over double those of non-Māori non-Pacific (14%). Māori women aged 20–29 years have the highest smoking rate of all groups, at 49%. Smoking is most prevalent in high deprivation areas – almost half of the smoking population in Hawke's Bay (47%) lives in deprivation areas 9 and 10.

Projections indicate that 16,000 of the 22,660 people who smoke in Hawke's Bay will need to become smokefree in order to achieve the 2025 target. At the moment, approximately 468 people successfully quit smoking in the region each year. To reach the 2025 target, 1,337 smokers will need to quit each year (including 516 Māori), a gap of 869 from the current level. The number of Hawke's Bay people quitting smoking will need to nearly triple if we are to reach the 2025 Smokefree target.

While rates of smoking have declined over the years, the decrease for Māori in particular is not sufficient to achieve equity. Equally, the rate of decrease will not be enough to reach the national goal. National levers (including tax increases, mass media campaigns, standardised packaging, tobacco constituents, and regulated supply) will play a large role in further decreasing rates of smoking. However, locally responsive actions are required to maintain a focus on increasing and supporting quit attempts, reducing initiation, and creating smokefree environments.

### Strategy framework

The **goal** of the Strategy is: Communities in Hawke's Bay are smokefree/auahi kore – Hawke's Bay whānau enjoy a tobacco free life.

**Guiding values** were developed by stakeholders to provide an aspirational direction for the Strategy. They articulate the state of wellbeing of our communities and priority groups as we move towards becoming a smokefree Hawke’s Bay.

- Our whānau are flourishing, resilient, healthy and active
- Our babies are born and brought up in healthy, nurturing environments that are free of tobacco smoke
- We live, work and play in a safe and clean environment where everyone is smokefree
- We have pride in our community, in each other, and in ourselves
- We are financially secure and able to make positive lifestyle choices
- We have access to support, advice and services to help us beat the nicotine addiction

As illustrated by the values, this Strategy has a strong commitment to reducing the social and health inequities associated with tobacco use.

The following **objectives** are identified for the Tobacco Strategy 2015–2020:

1. Cessation - helping people to stop smoking.
2. Prevention - preventing smoking uptake by creating an environment where young people choose not to smoke.
3. Protection - creating smokefree environments.

These objectives form the basis for actions to work towards achieving the overarching goal of the Strategy. It is recognised, nationally and internationally, that these three strands are all important for achieving a smokefree vision. The three objectives incorporate a harm, demand and supply reduction approach. None of these will work in isolation; they are equally important for achieving long-lasting change.

The recent HBDHB Needs and Gap Analysis clearly identifies priority groups for this Strategy.<sup>1</sup> These include: Māori (particularly Māori women), young people, pregnant women (particularly Māori hapū Mama), mental health service consumers, and people who smoke and live in high deprivation areas. All of these groups are important across each of the identified objectives, which have a focus on the following:

Objective	Description
<b>1. Cessation – helping people to stop smoking</b>	<ul style="list-style-type: none"> <li>• Increase levels of self-efficacy</li> <li>• Increase quit attempts</li> <li>• Increase use of evidence-based cessation aids, support, and services</li> <li>• Encourage multiple quit attempts</li> <li>• Enable group quit attempts</li> </ul>
<b>2. Prevention – preventing smoking uptake</b>	<ul style="list-style-type: none"> <li>• Prevent young people (children, youth and young adults) from experimentation and starting to smoke</li> <li>• Reduce accessibility and availability of tobacco products through social supply and retailers</li> <li>• Encourage smokefree lifestyles</li> </ul>

<sup>1</sup> Hawke’s Bay District Health Board. June 2015. *Needs and Gap Analysis for Tobacco Control Planning. Hawke’s Bay District Health Board region.* HBDHB.

Objective	Description
<b>3. Protection – creating smokefree environments</b>	<ul style="list-style-type: none"> <li>• Protect babies and children from harm by reducing exposure to second and third hand smoke</li> <li>• Encourage quitting</li> <li>• Reduce negative role modelling of smoking around others</li> <li>• Encourage non-smokers to not start smoking and ex-smokers to stay quit</li> </ul>

The following **indicators** have been identified for measuring collective progress towards achievement of our population outcome/goal:

- Smoking prevalence (particularly for Māori)
- Smoking prevalence in pregnant women (particularly for Māori women)
- Lung cancer incidence
- Prevalence of Year 10 students who have never smoked (particularly Māori students)
- Prevalence of Year 10 students living with one or more parent who smokes (particularly Māori students)
- Number of tobacco free retailers

High level **actions** are identified for the purpose of informing activities in each of the three objective areas.

Becoming a smokefree Hawke's Bay cannot be achieved by any one agency or entity alone. While we are somewhat dependent on policy and legislative changes being made at the national level, local response nevertheless needs to continue in a coordinated fashion. **Partners** who have a role to play in collectively delivering on the goal are also identified in the Strategy.

It is proposed that implementation of this Strategy will be regularly monitored. In particular, progress towards the three objectives identified in the Strategy will be measured through monitoring of the six key indicators.

## Background and Context

**“Making New Zealand tobacco-free is probably the single most important activity to reduce inequalities in health.”<sup>2</sup>**

In March 2011 the Government adopted a Smokefree 2025 goal for New Zealand in response to recommendations from a Parliamentary inquiry by the Māori Affairs Select Committee.<sup>3</sup> The Māori Affairs

Select Committee’s report was clear that the term ‘smokefree’ was intended to communicate an aspirational goal and not a commitment to the banning of smoking altogether by 2025. On that basis, Government agreed to a goal of reducing smoking prevalence to less than five percent by 2025. A Smokefree 2025 will mean that Hawke’s Bay’s children and their children will be free from tobacco, they will enjoy smokefree lives and almost no-one will smoke.

Tobacco use is the single largest preventable cause of illness and early death. It is a major determinant of inequity in health. The recent *Health Equity in Hawke’s Bay* report notes that smoking is the biggest cause of inequity in Hawke’s Bay. The high rate of smoking amongst Māori women giving birth in Hawke’s Bay is a public health crisis given the effects this will have on the health of the next generation.<sup>4</sup>

The landscape of tobacco control is changing. In 2013 the Ministry of Health (the Ministry) commissioned a review of tobacco control services to determine whether changes were needed to achieve the Smokefree Aotearoa 2025 goal. The review indicated that it is unlikely the goal will be achieved if the ‘business as usual’ approach continued.<sup>5</sup> A further 2013 study, by University of Otago researchers, clearly highlighted that more needed to be done, particularly among priority populations, to meet the 2025 goal.<sup>6</sup>

The Ministry is currently in the process of seeking to realign cessation and advocacy services to ensure that they:<sup>7</sup>

- Make the most of their contribution to a comprehensive set of tobacco control measures designed to reduce smoking rates in order to achieve the 2025 goal
- Build on the findings and opportunities identified in the Review of Tobacco Control Services 2014
- Achieve the relevant expectations outlined in the New Zealand Guidelines for Helping People to Stop Smoking 2014.<sup>8</sup>

New services will commence from 1 July 2016 and will include health promotion/leadership and advocacy, along with smoking cessation treatment services. All face-to-face stop smoking services and all national health promotion and advocacy services for tobacco control, purchased by the Ministry, are part of the realignment process.

<sup>2</sup> Blakely T, Simmers D, Sharpe N. 2011. Inequities in health and the Marmot Symposia: time for a stocktake. *NZMJ* 124(1338): 7–14.

<sup>3</sup> Māori Affairs Select Committee. 2010. *Inquiry into the tobacco industry in Aotearoa and the consequences of tobacco use for Māori*. Wellington: NZ Parliament.

<sup>4</sup> McElnay C. 2014. *Health Equity in Hawke’s Bay*. Hawke’s Bay District Health Board.

<sup>5</sup> SHORE and Whariki Research Centre. 2014. Review of Tobacco Control Services Report. Wellington: Ministry of Health.

<sup>6</sup> Ikeda T, Cobiac L, Wilson N et al. 2013. What will it take to get to under 5% smoking prevalence by 2025? Modelling in a country with a smokefree goal. *Tob Control* Published online doi:10.1136/tobaccocontrol-2013-051196

<sup>7</sup> <http://www.health.govt.nz/our-work/preventative-health-wellness/tobacco-control/smokefree-2025/realignment-tobacco-control-services> Accessed 1 September 2015.

<sup>8</sup> Ministry of Health. 2014. The New Zealand Guidelines for Helping People to Stop Smoking. Wellington: Ministry of Health.

Current smoking patterns show that particular population groups are disproportionately impacted by tobacco. Reducing health inequities is therefore a key focus of this Strategy, with the explicit recognition that effective action to reduce smoking rates requires a focus on those communities at greatest risk of poorer health outcomes. While rates of smoking have continued to decline, the decrease for Māori in particular is not sufficient to achieve equity. Equally, the rate of decrease will not be enough to reach the national goal. National levers (including tax increases, mass media campaigns, standardised packaging, tobacco constituents, and regulated supply) will play a large role in further decreasing rates of smoking. However, locally responsive actions are required to maintain a focus on increasing and supporting quit attempts, reducing initiation, and creating smokefree environments.



## A Regional Tobacco Strategy

This document presents a regional Tobacco Strategy for Hawke's Bay 2015–2020. The Strategy provides direction for a regional approach to achieve a Smokefree Hawke's Bay.

Hawke's Bay has made some progress towards the 2025 target; between 2006 and 2013 smoking prevalence in Hawke's Bay declined from 25% to 18%. With ten years to go to 2025 much is still to be done. There is a particular need for key health partners<sup>9</sup>

to review approaches to further accelerate the decline in smoking prevalence. Support from other partners, such as local authorities, government departments, NGO's, and social service agencies will also be critical for achieving a smokefree Hawke's Bay 2025. This Strategy sets out an ambitious five-year programme requiring action not only from Hawke's Bay's health sector and partner agencies, but most importantly, it will require the commitment of individuals, whānau and communities if we are to achieve our vision of a tobacco-free generation.

This Strategy builds on the inaugural Hawke's Bay Smokefree Strategy developed in 2012, *Smokefree Hawke's Bay 2025: Ngā whāinga taro ake, First steps 2012–2015*.<sup>10</sup> That earlier Strategy was developed jointly with Ngāti Kahungunu Iwi Incorporated and Health Hawke's Bay. Its focus was on identifying elements that required a whole of community commitment to achieving the 2025 vision. Eight elements were highlighted in the document: leadership, whole of community approach, data monitoring and intelligence, DHB contracting, compliance and regulation, smoking cessation services, systems support for Smokefree ABC, and service/area specific strategies.

In 2010, Ngāti Kahungunu Iwi Incorporated (NKII), through a 'Hui-ā-Iwi' with whānau, developed a vision for a tobacco free iwi, articulated in their Strategy 'Ngāti Kahungunu Iwi Tobacco Free Strategy'. The aim of NKII's Strategy is to lead the iwi in reducing smoking prevalence and tobacco consumption rates within a ten year period prior to totally eliminating tobacco use within Ngāti Kahungunu.<sup>11</sup> The Strategy recognises that tobacco use is a major impediment to achieving the aspirations and vision identified in the Iwi's vision for 2026.

The Hawke's Bay District Health Board (HBDHB) recently prepared a Tobacco Plan 2015–2018, which was approved by the Ministry of Health as part of the DHB's 2015 planning cycle. This Strategy builds on and extends that plan. Both documents are also informed by HBDHB's recent analysis of tobacco use and availability in the region.<sup>12</sup>

Effective tobacco control is central to realising the highest attainable standard of health for everyone in our communities. It recognises that people deserve to live life free from the harms caused by tobacco, where people are able to choose to be smokefree and to enjoy longer, healthier lives. Smoking is associated with a range of illnesses and is the primary

<sup>9</sup> Key health partners include those providers contracted by the Ministry of Health to deliver tobacco control programmes and services in the Hawke's Bay, including: Hawke's Bay DHB, Health Hawke's Bay, Te Kupenga Hauora – Ahuriri, Te Taiwhenua o Heretaunga, Choices Health Services, and Heart Foundation. Other non-Ministry of Health funded services, roles and groups also have important roles in supporting achievement of the 2025 goal.

<sup>10</sup> Hawke's Bay District Health Board, Ngati Kahungunu Iwi Incorporated, Health Hawke's Bay. 2012. *Smokefree Hawke's Bay 2025*.

<sup>11</sup> Ngāti Kahungunu Iwi Incorporated. 2010. *The Ngāti Kahungunu Tobacco Strategy. A framework for action*.

<sup>12</sup> Hawke's Bay District Health Board. June 2015. *Needs and Gap Analysis for Tobacco Control Planning. Hawke's Bay District Health Board region*. Hawke's Bay District Health Board.

preventable cause of ill health and premature death.<sup>13</sup> Tobacco control activities remain central to achieving the objectives of the Hawke's Bay health system.

### The focus for Hawke's Bay, 2015–2020

This five-year strategy sets out a range of actions across the following themes:

- Prevention - preventing smoking uptake by creating an environment where young people choose not to smoke
- Cessation - helping people to stop smoking
- Protection - creating smokefree environments.

It is clear from the evidence, that a key factor important across each of these three themes is inequity. The vision of a smokefree Hawke's Bay will not be achieved without a focus on the socio-economic inequities in smoking rates. The actions set out in this Strategy therefore consider the impact on those most at risk of poorer health outcomes resulting from tobacco use.

Success will not be achieved through any one measure. This Strategy therefore presents a multi-faceted approach, balancing a range of actions that complement and reinforce each other. A number of multiple roles across Hawke's Bay will be important for building and maintaining progress towards a smokefree community. On the one hand, clear leadership will be required from the health system, NGO's and partners. On the other, interventions that are driven by and meet the needs of communities, individuals and whānau are equally as critical. Both are important components of a strong and successful tobacco control strategy. These components also reflect and support a wider approach to achieving sustainable health outcomes for the Hawke's Bay community. This requires a holistic and whole system approach, inter-sectoral working, and more emphasis on prevention, co-production, creating health and wellbeing, and reducing inequities.

The changing environment for tobacco control services presents an opportunity to prepare a revised Strategy that includes input from key stakeholders, including consumers, reflects a clear local approach, and highlights innovative solutions, especially for identified priority groups, to become a smokefree Hawke's Bay.

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<sup>13</sup> For details see: Hawke's Bay District Health Board. June 2015. *Needs and Gap Analysis for Tobacco Control Planning. Hawke's Bay District Health Board region.* Hawke's Bay District Health Board and McElroy C. 2014. *Health Equity in Hawke's Bay.* Hawke's Bay District Health Board.

## Stakeholder Input

### Stakeholders participated in a workshop to support the co-design of the Strategy.

Stakeholders were invited to participate in a workshop to support the co-design of the Strategy. The workshop used a Results Based Accountability (RBA) framework to map out objectives, associated indicators and high level actions for the Strategy. A population outcomes framework was agreed by participating stakeholders and further input was sought from those stakeholders who were unable to attend the workshop. The workshop was held on 18 September 2015. It was attended by 17 participants representing 12 organisations<sup>14</sup> and was facilitated by an independent contractor.

Stakeholders invited to the workshop included:

- Hawke's Bay Smokefree Coalition members<sup>15</sup>
- Managers and staff from Hawke's Bay's Ministry-contracted smoking cessation services<sup>16</sup>
- Representatives from HBDHB's Committees (Clinical Council, Health Consumer Council, Pasifika Leadership Group) and Boards (HBDHB Board and Māori Relationship Board)
- HBDHB staff working on smokefree activities, including Smokefree liaison nurses and cessation service staff, smokefree enforcement officers, and health promoters

Stakeholders who were unable to attend the workshop were provided with an opportunity to comment on a very early draft of the Strategy to ensure their views were also reflected in the document. Following the incorporation of these, all stakeholders (including workshop participants and those unable to attend) were provided with an opportunity to review and comment on the draft Strategy.

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<sup>14</sup> The list of workshop attendees is in Appendix A.

<sup>15</sup> Members of the Coalition include: Health Hawke's Bay PHO, Te Kupenga Hauora - Ahuriri, Te Taiwhenua o Heretaunga, Cancer Society, Heart Foundation, Ngati Kahungunu Iwi Incorporated, Asthma Society, Te Ora Hou (Camberley Community Group), Kahungunu Choices Health, Sport Hawke's Bay, Plunket, Directions Youth Health, YMCA Hastings, HBDHB, U-Turn Trust, and some community representatives.

<sup>16</sup> Te Kupenga Hauora - Ahuriri, Te Taiwhenua o Heretaunga, and Choices Health.

## Consumer Views

**Several discussion groups were held with consumers to seek their views on issues relating to a smokefree Hawke's Bay.**

In addition to the stakeholder workshop, consumer discussion groups were held to seek consumer views about smoking, becoming smokefree/ quitting smoking, and stop smoking services.

Four one hour discussion groups were held with the following:

- Year 9 students from Wairoa College
- Parents of children attending Napier YMCA's childcare centre
- Students at the Flaxmere Teen Parent Unit
- Trade and Commerce students

A total of 34 people participated in the discussion groups. Of these, 21 were female; 21 identified as Māori, 9 identified as Māori/NZ European and 2 as Māori/Samoan; and the majority were aged under 30 (32). Twenty-nine of them have ever smoked.

Most (31 of the 34 participants) lived with others who smoke, however most of their homes were smokefree inside. Thirteen of the participants who have ever smoked, started smoking between the ages of 10-12 years, with an additional 10 starting at 13-14 years. Very few (five) of those smoking had not tried to quit at some point.

The groups were facilitated by a member of HBDHB's Smokefree Team, following best practice protocols. The aim and format of the discussion group was explained to all participants and an information sheet distributed. Participants were asked to complete a consent form before taking part. Participants were assured that their information would remain confidential and that no identifying information would be included in any written report.

Participants were also asked if they consented to be video recorded sharing their thoughts about the effects of smoking. It was explained that, if they consented, their video recording may be viewed by a number of people.<sup>17</sup> Video recordings were collected for the purpose of 'telling the story' to key decision makers involved in signing off this Strategy.

Once consent was received, participants were invited to complete a short self-administered survey. Information on smoking behaviour, quitting behaviour, and smoke exposure in the home was collected along with demographic details.

The discussion groups sought to answer the following questions:

- Experience of others' smoking and influence on own behaviour
- Role models and influence on own behaviour
- Messages obtained from media about smoking
- What helps people quit and/or remain smokefree
- Awareness of stop smoking services
- Vision for a stop smoking service/s - What would it offer? What would it look like? Where would it be?

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<sup>17</sup> See Appendix B for the discussion group tools.

## Feedback from Consumers

Participants talked about the key role that parents and other family members play in them starting or stopping smoking. Many are surrounded by a whānau of smokers – including parents, grandparents and older siblings. Family members were also the most honest when talking about the impact of smoking and why they themselves either shouldn't start smoking or should stop smoking. For some, whose relatives are also smokers, this was seen as hypocritical.

All participants appeared to clearly understand the risks and dangers inherent in smoking, including the young students. Some of the older smokers have seen first-hand the impact that smoking has had on their own whānau, with some family members being so affected by smoking they have passed away from or been very affected by smoking related illnesses. For younger participants, the effects of smoking mentioned were more immediate, including the impacts on teeth, eyes, and asthma (many reflected the graphic warning messages on tobacco packs).

Young Mum's in particular, talked about the strong link between smoking and drinking alcohol.

*To be smokefree I have to stay away from smokers and people who smoke – so it is only when I drink and then I smoke. (Mother of young child)*

*I'm like a social smoker, so if I go out and someone's having a smoke I will but I don't smoke every day; I smoke when I'm drunk. (Teen Mum)*

The impact of smoking on family finances was also raised by many consumers. Participants commented that even when they are short on money they don't go without their cigarettes, although they recognise the impact smoking has on their ability to provide for their family.

*As long as my son has food I am happy with a coffee and cigarette. (Mother of young child)*

*I don't even enjoy smoking anymore...I buy a packet on Thursday in case I am not ready to quit and then I think I can't waste that money so I smoke it and it tastes like sh\*t. I could be spending this money on my children. (Mother of young child)*

Motivations for quitting were many and varied. Several participants (usually the older ones) commented that it came down to the person making a conscious decision to quit smoking. Many described smoking as something they have control over and that through the act of smoking, no one was telling them what to do. So quitting smoking needs to be an equally powerful act or experience for that person.

*Nothing you say or do would change anything whether you are ready or not – it is our choice. (Mother of young child)*

*You have to help yourself in order for someone else to help you. (Teen parent)*

Children are a key motivator for initiating a quit attempt. Knowing and understanding the real impact of smoking on their child would likely trigger more thoughts amongst people who smoke about making a quit attempt.

For younger smokers, price is an important motivator for quitting, along with fitness.

*If the price goes up – make it unaffordable. (Teen parent)*

*Gym and weights [would help me quit] but I can't afford it so I smoke. (Young person)*

Others (particularly young people) suggest having something as a distraction so they could quit, and the importance of not being around others who smoke.

*Stay away from your mates who smoke. (Year 9 student)*

Awareness of the Quitline service was high amongst many of the focus group participants, including young students. The Choices Kahungunu service was well known amongst mothers in particular who had heard that the service also provided free nappies to mums-to-be who stopped smoking.

Further ideas from participants for a service that would help people to stop smoking included:

- An incentive or rewards package including incremental rewards, customised to the client to encourage a quit attempt and maintain their smokefree lifestyle
- Group quitting programmes, also with an incentive/reward package on completion for becoming smokefree
- Ongoing support to prevent or get through a relapse; through group programmes or cessation services
- Tailored cessation support, customised to individual living circumstances and motivators
- Alternatives to nicotine patches, gum and lozenges – young people are particularly keen to be able to access affordable e-cigarettes and vapour liquids
- Providing alternative activities to smoking – exercise, replacing it with another activity, activities with children where there is no smoke.

*Just talking to someone does not work – needs to be more than that. (Mother of young child)*

Younger discussion group participants were particularly focused on higher level strategies, including increasing the price of tobacco, pictorial warnings on tobacco packs, e-cigarettes, and outright banning production of cigarettes and tobacco. They were also keen to have stop smoking services more available and accessible, including in supermarkets and dairies, in the library, and in the middle of shopping areas/town centres.

## Smoking in Hawke's Bay

**The number of Hawke's Bay people quitting smoking will need to nearly triple if we are to reach the 2025 Smokefree target.**

smoking rates (36%) are over double those of non-Māori non-Pacific (14%). Māori women aged 20–29 years have the highest smoking rate of all groups, at 49%. Smoking is most prevalent in high deprivation areas – almost half of the smoking population in Hawke's Bay (47%) lives in deprivation areas 9 and 10.

Second hand smoke exposure also has an impact on health, particularly for children. Smoking during pregnancy for example affects growth and development of the baby and increases the risk of miscarriage, stillbirth, premature birth, and low birth weight. Pregnant Māori women in Hawke's Bay have a smoking rate of 42% compared to 11% for non-Māori non-Pacific women.<sup>18</sup> Detailed information about tobacco use and smoking in Hawke's Bay can be found in HBDHB's *Needs and Gap Analysis for Tobacco Control Planning* and the 2014 *Health Equity in Hawke's Bay* report.

Projections indicate that 16,000 of the 22,660 people who smoke in Hawke's Bay will need to become smokefree in order to reach the 2025 target. At the moment, approximately 468 people successfully quit smoking each year. To reach the 2025 target, 1,337 smokers will need to quit each year (including 516 Māori), a gap of 869 from the current level.<sup>19</sup>

It is important to note that there is no evidence to indicate that the remaining pool of people who smoke are heavily dependent smokers who are difficult to help stop smoking. Information from the national ASPIRE 2025 research group and overseas indicates there is no evidence of 'hardening' in the remaining pool of smokers.<sup>20,21</sup> The hardening hypothesis infers that as the prevalence of smoking decreases in a population the remaining smokers form a subgroup of 'hardcore' smokers and that progress to reduce smoking prevalence slows.

Figure 1 highlights the rate of decline required to reach Smokefree 2025 in Hawke's Bay for all smokers.

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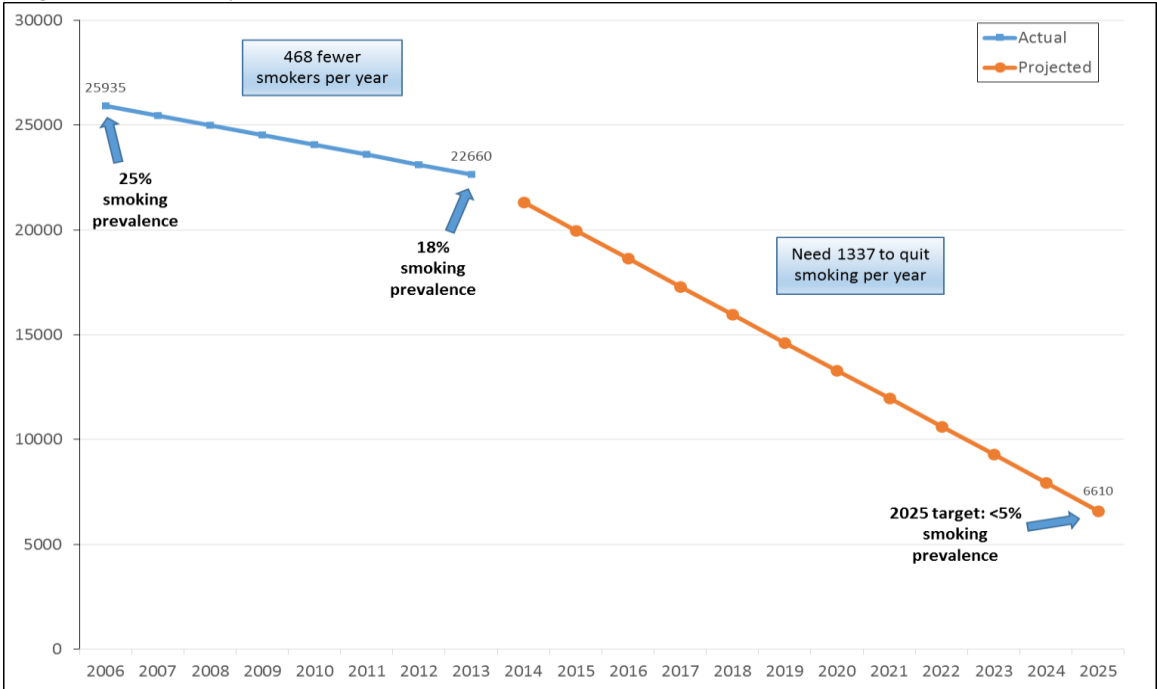
<sup>18</sup> Ibid.

<sup>19</sup> Hawke's Bay District Health Board. June 2015. *Needs and Gap Analysis for Tobacco Control Planning*. Hawke's Bay District Health Board region. Hawke's Bay District Health Board.

<sup>20</sup> Edwards R. 2015. *Progress to Smokefree 2025*. Paper presented at the 19<sup>th</sup> Public Health Summer School, University of Otago, 'Smokefree 2025 and Counting'. 9 February 2015.

<sup>21</sup> Fernandez E, Lugo A, Clancy L, et al. 2015. Smoking dependence in 18 European countries: Hard to maintain the hardening hypothesis. *Preventive Medicine* published online 9 October 2015 [doi:10.1016/j.ypmed.2015.09.023](https://doi.org/10.1016/j.ypmed.2015.09.023). Accessed 20 October 2015: <http://www.sciencedirect.com/science/article/pii/S0091743515003084>

Figure 1: Actual number of people who smoke, 2006–2013 and number projected to meet the 2025 target, Hawke’s Bay



Source: Statistics New Zealand and HBDHB

Key findings from HBDHB’s analysis of recent tobacco data are summarised in Table 1.

Table 1: Summary of findings from HBDHB Needs and Gap Analysis, 2015

Smoking patterns	Key findings
<b>Overall prevalence</b>	<ul style="list-style-type: none"> <li>18% of Hawke’s Bay residents smoke</li> <li>Smoking prevalence among Māori is 36%, and 23% in Pacific</li> <li>Rates of smoking in Hawke’s Bay are higher than the national average for all groups</li> </ul>
<b>Women and men</b>	<ul style="list-style-type: none"> <li>Females have higher smoking rates than males – four in every ten Māori women in Hawke’s Bay are current smokers (39%)</li> <li>Women in reproductive age groups have the highest smoking rates, particularly Māori women in these age groups where almost half (49%) smoke</li> <li>Māori women have higher smoking rates than Māori men overall and in all age groups. This differs from Pacific and European smoking patterns where men have higher rates of smoking for both ethnicities</li> </ul>
<b>High deprivation areas</b>	<ul style="list-style-type: none"> <li>High deprivation areas in Hawke’s Bay that are home to the largest number of smokers include: Wairoa (in Wairoa District), Marewa, Maraenui, and Onekawa South (in Napier City), and Akina (in Hastings)</li> </ul>
<b>Mental health service consumers</b>	<ul style="list-style-type: none"> <li>Smoking rates amongst community mental health and addiction consumers living in Hawke’s Bay (33%) are almost twice the general population</li> <li>Amongst mental health inpatients, the smoking rate is three times higher – 61% in 2014</li> </ul>
<b>Pregnant women</b>	<ul style="list-style-type: none"> <li>Smoking during pregnancy is four times higher among Māori women (42%) than non- Māori non-Pacific women (11%)</li> <li>Rates are particularly high in the 15–29 year age group</li> </ul>



Smoking patterns	Key findings
<b>Young people</b>	<ul style="list-style-type: none"> <li>Smoking rates among Year 10 students are lower now than 15 years ago but one in four young Māori girls of this age remain regular smokers</li> <li>Over 60% of Māori girls 14–15 years have used a tobacco product at some stage</li> <li>Social supply and retail purchase are the main sources of cigarettes and tobacco for young people</li> </ul>
Tobacco supply and Cessation services	Key findings
<b>Tobacco retailers</b>	<ul style="list-style-type: none"> <li>The ratio of tobacco retailers to smoker population is highest in Wairoa</li> <li>There are an estimated 193 tobacco retailers in Hawke's Bay, almost half of which are located in areas of high deprivation</li> <li>Four retailers are known to have made a decision not to sell tobacco products</li> </ul>
<b>Use of smoking cessation services</b>	<ul style="list-style-type: none"> <li>Hawke's Bay residents using local cessation services (three providers) number about 660 per year</li> <li>Residents using the Quitline number about 1,500 per year</li> <li>Combined, these services support approximately 466 residents to quit smoking per year</li> <li>Other residents will be stopping smoking without the use of cessation providers</li> </ul>

Priority areas were identified for development of HBDHB's 2015–2018 Tobacco Plan:

1. Māori who smoke - particularly women across all age groups: women of reproductive ages, pregnant women, girls and rangatahi.
2. Pregnant women who smoke - continued focus via greater support with cessation and incentivised quitting.
3. Certain geographic areas with high deprivation and large numbers of people who smoke - specifically Wairoa where there appears to be a need for more cessation support; and suburbs in Napier and Hastings.
4. Cessation/smokefree settings - workplaces, events involving large numbers of smokers, particularly Māori and Pacific; social services interacting with high deprivation communities (eg, budgetary service).
5. Supply - reducing the number of retailers; addressing social supply; continued emphasis on controlled purchase operations.
6. Mental health consumers - in the community and inpatient service users.
7. Alignment to work delivered via other plans and funding, particularly public health funding and community delivered services.

The combined focus on the 2025 target provides an opportunity for supporting more people to quit through a range of cost effective activities including mass quitting, more access to self-help, and targeting of those population groups where intensive support is most effective. The three critical strands to achieving a change in smoking levels are: increased cessation, reduced initiation including the supply of tobacco, and an increase in smokefree environments.

## Strategy Framework

This Strategy is presented in two main sections. This first outlines the Strategy's framework, including its goal, guiding values, and objectives. The second section presents more detailed information for the three objectives including the population-level indicators identified for each objective, a snapshot of where we are at, and high-level actions and key partners.

As outlined earlier, the Strategy was informed by:

- Input from stakeholders at a workshop hui and subsequent to the hui
- HBDHB's Health Inequity report<sup>22</sup>
- HBDHB's Needs and Gap Analysis for tobacco control planning<sup>23</sup>
- Views of consumers – including current smokers, recent smokers and never smokers

### Goal

The goal of this Strategy is:

**Communities in Hawke's Bay are smokefree/auahi kore - Hawke's Bay whānau enjoy a tobacco free life.**

### Guiding Values

The following values were identified by stakeholders to provide an aspirational direction for the Strategy. They aim to articulate the state of wellbeing our communities and priority populations are anticipated to experience as we move towards becoming a smokefree Hawke's Bay.

- Our whānau are flourishing, resilient, healthy and active
- Our babies are born and brought up in healthy, nurturing environments that are free of tobacco smoke
- We live, work and play in a safe and clean environment where everyone is smokefree
- We have pride in our community, in each other, and in ourselves
- We are financially secure and able to make positive lifestyle choices
- We have access to support, advice and services to help us beat the nicotine addiction

As illustrated by the guiding values, this Strategy has a strong commitment to reducing the social and health inequities associated with tobacco use.

### Objectives

The following objectives are identified for the Tobacco Strategy 2015–2020:

1. Cessation - helping people to stop smoking
2. Prevention - preventing smoking uptake by creating an environment where young people choose not to smoke
3. Protection - creating smokefree environments

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<sup>22</sup> McElroy C. 2014. *Health Equity in Hawke's Bay*. Hawke's Bay District Health Board.

<sup>23</sup> Hawke's Bay District Health Board. June 2015. *Needs and Gap Analysis for Tobacco Control Planning*. Hawke's Bay District Health Board region. HBDHB.

It is recognised, nationally and internationally, that these three strands are all important for achieving a smokefree vision. The three objectives incorporate a harm, demand and supply reduction approach. None of these will work in isolation; they are equally important for achieving long-lasting change.

The recent HBDHB Needs and Gap Analysis clearly identifies priority groups for this Strategy.<sup>24</sup> These include: Māori (particularly Māori women), young people, pregnant women (particularly Māori hapū mama), mental health service consumers, and people who smoke and live in high deprivation areas. It is important that all of these groups are targeted across each of the identified objectives.

An additional key focus is to encourage children and young people to choose to be smokefree. To achieve this a shift in social attitudes is required so that choosing a smokefree lifestyle becomes the norm no matter who you are or where you live. Continuing to reduce the attractiveness and accessibility of tobacco, particularly to young people, is an important part of this. Whilst the actions set out in this Strategy have a key focus on prevention, we are also committed as a sector to providing evidence based services and support to those who wish to stop smoking. And, while working to reduce smoking prevalence through prevention and cessation activities, an emphasis will be maintained on protecting people, especially children, from the harms caused by second- and third-hand smoke.

The three objectives have a particular focus on the following:

Objective	Description
<b>1. Cessation – helping people to stop smoking</b>	<ul style="list-style-type: none"> <li>• Increase levels of self-efficacy</li> <li>• Increase quit attempts</li> <li>• Increase use of evidence-based cessation aids, support, and services</li> <li>• Encourage multiple quit attempts</li> <li>• Enable group quit attempts</li> </ul>
<b>2. Prevention – preventing smoking uptake</b>	<ul style="list-style-type: none"> <li>• Prevent young people (children, youth and young adults) from experimenting and starting to smoke</li> <li>• Reduce accessibility and availability of tobacco products through social supply and retailers</li> <li>• Promote and encourage smokefree lifestyles</li> </ul>
<b>3. Protection – creating smokefree environments</b>	<ul style="list-style-type: none"> <li>• Protect babies and children from harm by reducing exposure to second and third hand smoke</li> <li>• Encourage quitting</li> <li>• Reduce negative role modelling of smoking around others</li> <li>• Support non-smokers to not start smoking and ex-smokers to stay quit</li> </ul>

These objectives form the basis for actions to work towards achieving the overarching goal of the Strategy “communities in Hawke’s Bay are smokefree/auahi kore”.

<sup>24</sup> Hawke’s Bay District Health Board. June 2015. *Needs and Gap Analysis for Tobacco Control Planning. Hawke’s Bay District Health Board region.* HBDHB.

## Objectives, Indicators and Actions

This section presents the indicators selected to monitor progress towards the three objectives. It also presents high-level actions to inform activities in each of the three objective areas, along with the partners who have a role to play in collectively delivering on our overall goal.

### Indicator Information

In some instances identified indicators apply to one or more objectives. In these cases, information is located alongside the most relevant objective, while recognising the importance across one or more of the objectives.

It is also important to note that the Strategy does not focus on an exhaustive list of indicators. The six indicators identified in the co-design workshop with stakeholders were selected as proxy measures to reflect that these indicators represent a range of influencing factors. Baseline indicator data is presented below, and explained in more depth in HBDHB's Needs and Gap Analysis document.

Indicators were identified for the purpose of measuring collective progress towards achievement of our population outcome/goal; they are not performance measures. They were identified and prioritised using the following criteria:

- Communication power – does the indicator communicate to a broad range of audiences?
- Proxy power – does the indicator say something of central importance and represent a number of other sub-indicators?
- Data power – is quality and timely data available?

It is recognised that activities implemented at a national level (eg, tobacco tax increases, standardised packaging, retailer licensing, and expansion of smokefree restrictions such as smokefree cars) will have a significant role to play in moving towards a smokefree Hawke's Bay. These activities however are outside the scope of this Strategy.

### Action Information

Actions were selected based on the following criteria: evidence-based, feasible and affordable, specific, and consistent with the guiding values.

As noted above, in some instances actions identified in the co-design workshop apply to more than one objective and/or indicator. In these cases, the actions are presented under the objective where the most impact is likely to occur, while also recognising the link to other areas.

High level actions were identified for the purpose of this Strategy document. Organisation and sector operational plans should further articulate activities, timeframes, and relevant performance measures.

### Partner Information

Becoming a smokefree Hawke's Bay cannot be achieved by any one agency or entity alone. While we are somewhat dependent on policy and legislative changes being made at the national level, coordinated local response nevertheless needs to continue to achieve the 2025 goal.

The actions identified in this Strategy build on the strong and enduring partnerships that exist between various agencies in Hawke's Bay, including those represented on the Hawke's Bay Smokefree Coalition, a group that has existed since 2008.

Under this Strategy, organisations and entities will further strengthen these relationships, identify and form new partnerships in order to extend opportunities within a range of settings, and build the capacity of the workforce in multiple settings to implement the tobacco control actions.

### Objective 1: Helping people to stop smoking

Stopping smoking is the biggest single thing that someone can do to improve their health. Evidence-based smoking cessation support is recognised as one of the most cost-effective interventions to the health system. There is good evidence that the combination of pharmacotherapy and structured behavioural support by trained staff increases the chance of stopping smoking by up to four times, compared to trying to quit smoking without help. Smoking during pregnancy requires a particular focus. Smoking while pregnant is the largest single preventable cause of disease and death to the foetus and infants, accounting for a third of perinatal deaths. Reducing the number of women smoking during and after pregnancy is key to impacting positively on the lives of both mother and baby, both during pregnancy and in baby's early years.

#### Indicator 1a: Smoking prevalence (particularly Māori)

#### Indicator 1b: Smoking prevalence in pregnant women (particularly Māori women)

#### Indicator 1c: Lung cancer incidence

#### What the data shows

As at the 2013 Census just under one in five Hawke's Bay residents were regular smokers (18%) – nearly 20,000 people. This is higher than the New Zealand average of 15%. Smoking prevalence rates decreased between 2006 and 2013 across all age groups however despite this, Māori rates remain two-and-a-half times higher than those of non-Māori, with 36% being regular smokers compared to 14% of Europeans. The smoking rate for Pacific people is 23%.

In terms of the numbers, there are 10,545 European people who smoke in Hawke's Bay, 7,695 Māori, and 636 Pacific people.

Māori females aged 20–34 have the highest smoking prevalence of all age groups. In particular, almost half of Māori females aged 20–29 are daily smokers (49%). These are the key child bearing ages which contribute to the high smoking rates in Māori pregnant women.

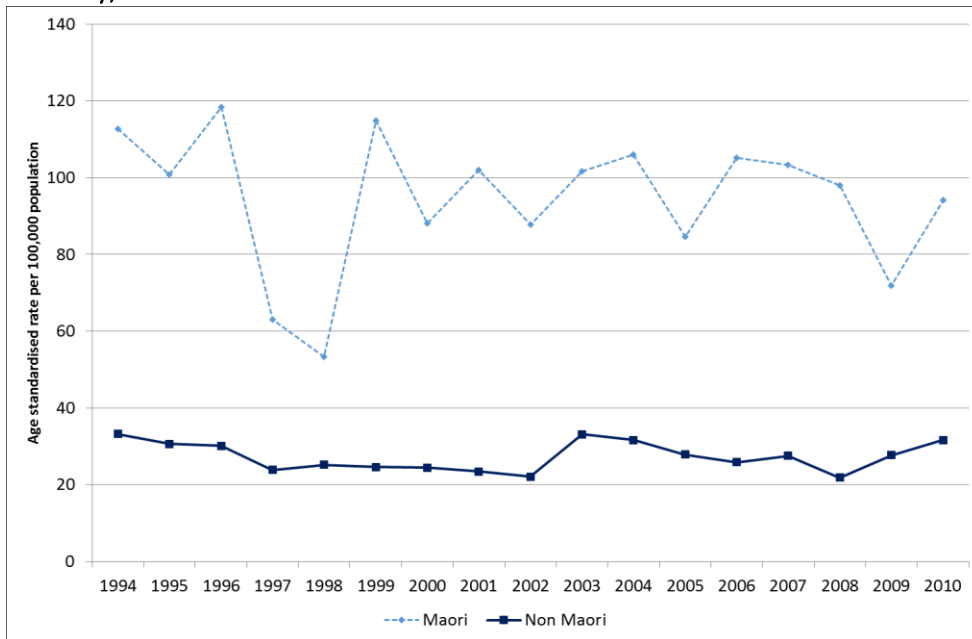
While smoking rates of Māori women delivering at Hawke's Bay DHB facilities have declined from a peak of 53% in 2010 to 42% in 2014, they remain 3.8 times higher than the rate of other women in Hawke's Bay.

Smoking is most prevalent in high deprivation areas in Hawke's Bay. Almost half of the smoking population in Hawke's Bay (47%) live in deprivation areas 9 or 10. This increases to 64% of the smoking population living in the three most deprived deciles (8, 9, and 10).

Smoking prevalence in community mental health and addiction service clients aged 15 years and over was 33% in early 2015 (40% among Māori clients). Amongst inpatients of the DHB's Mental Health Service, smoking prevalence measured 61% in 2014, and 78% in Māori inpatients.

Rates of lung cancer incidence (includes trachea and bronchus cancers) are around three times higher in Māori than non-Māori living in Hawke's Bay and this has been the case for some time (Figure 2).

Figure 2: Trachea, bronchus and lung cancer age standardised registration (incidence) rates by ethnicity, 1994–2010



Source: New Zealand Cancer Registry, Ministry of Health

### Helping people to stop smoking

#### Current situation

- The inequity in health outcomes between Māori and non-Māori is largely explained by the inequity in smoking rates between the two groups – smoking rates are not declining as fast for Māori
- ABC screening levels have increased in secondary and primary care, but this activity is not translating into sustained cessation at the population level
- The cost of tobacco is proven to have the greatest impact on decreasing smoking prevalence<sup>25</sup>
- Good general awareness and knowledge about the harms of smoking amongst those who smoke
- Access to additional cessation support products (pharmacotherapies) has improved over the years
- New and innovative cessation programmes have also had some impact
- It is estimated that tobacco smoking is linked to approximately 90% of lung cancer cases<sup>26</sup>
- Māori pregnant women are less likely to be supported by smokefree whānau

<sup>25</sup> World Bank. 1999. *Curbing the Epidemic: Governments and the Economics of Tobacco Control*. Washington, DC: The World Bank. And Wilson N. 2007. *Review of the Evidence for Major Population-Level Tobacco Control Interventions*. Prepared for the New Zealand Ministry of Health.

<sup>26</sup> [http://www.cdc.gov/cancer/lung/basic\\_info/risk\\_factors.htm](http://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm) Accessed 21 September 2015.

## Helping people to stop smoking

	<ul style="list-style-type: none"> <li>• Pregnant women are sometimes less motivated due to stress, hormonal issues, and often overwhelming life changes associated with being pregnant</li> <li>• Pregnant women crave nicotine more due to an increased metabolism</li> <li>• Māori (and Pacific) birth rates are projected to increase considerably in the coming years</li> <li>• Increased awareness of and access to electronic cigarettes</li> </ul>
<p><b>Priority actions</b></p>	<ul style="list-style-type: none"> <li>• Improve use of systems and education to increase effective screening and referral, in health care and other settings, to close the gap between screening and engaging with support</li> <li>• Seek buy in and commitment from all stakeholders – develop joint position statement on Smokefree Hawke’s Bay and invest in training and development of key leaders</li> <li>• Increase visibility of smokefree messaging and Hawke’s Bay vision, inform the community, whānau and priority populations, including where to go and what to do</li> <li>• Support and invest in high quality, person-centred, evidence-based cessation support services</li> <li>• Encourage local tailoring of cessation services to meet specific needs of Hawke’s Bay communities</li> <li>• Actively promote evidence-based cessation support options, and provide these in settings more accessible to groups and individuals where they live, work, and play eg, establish community-based cessation clinics for sign ups and follow ups</li> <li>• Reduce the number of tobacco retailers in high deprivation areas</li> <li>• Develop and identify smokefree ambassadors – youth, sports stars, artists/musicians, etc</li> <li>• Identify and develop opportunities to integrate smokefree messages linking and integrating with other important messages, spaces and places eg, build on strategies that utilise ‘teachable moments’</li> <li>• Invest in highly targeted cessation programmes through for example incentivising and/or competitions</li> <li>• Invest in regular training and upskilling of health and cessation providers to ensure consistent messaging including tailored advice for pregnant women, increased smokefree messaging in ante natal contacts/classes</li> <li>• Fully utilise all communication channels eg, social media, in promoting smokefree messages to priority audiences</li> <li>• Further develop the Increasing Smokefree Pregnancies Programme (ISPP) by implementing review recommendations including more promotion of the Programme. Align ISPP with incentives for healthy lifestyle programmes with other providers to encourage cessation – eg. water aerobics for pregnant women, pregnancy Pilates (provide resources and support to enable participation)</li> <li>• Work with Ngā Maia Māori regional midwifery group to ensure strong links with Māori pregnant women with a holistic focus on wellbeing, not just smokefree in isolation</li> <li>• Investigate opportunity to fund and provide alternative NRTs to highly targeted priority groups (eg, pregnant women, high deprivation areas with access issues)</li> <li>• Promote national Ministry of Health guidelines about the use of electronic cigarettes</li> </ul>

## Helping people to stop smoking

### Key partners

- Māori and hauora providers
- HBDHB and PHO clinical staff
- Midwives, LMCs, Plunket, Tamariki ora providers
- Ngā Maia Māori regional midwifery group
- Public Health Nurses
- Education providers – schools, kura kaupapa, kohanga reo, ECEs, teen parent units
- Business community/workplaces/employers
- Territorial authorities
- Retailers
- Media
- NKII, marae
- Whānau and communities
- NGOs
- HB Smokefree Coalition
- Health Promotion Agency
- MSD and other government departments
- Sport Hawke's Bay and sports clubs
- Māori wardens, Māori women's welfare league, kuia and kaumatua

## Objective 2: Preventing smoking uptake

If we are to achieve our vision of a smokefree community, we must create an environment where future generations of young people choose not to smoke. Evidence shows that the younger an individual starts to smoke, the more likely they are to be an adult smoker, the heavier they are likely to smoke during adulthood, and the more likely they are to fall ill and die early as a result of smoking. Evidence suggests there are three levels of influence associated with a young person starting smoking – individual, society and environmental - and that effective smoking prevention approaches should address all of these. It is also acknowledged that actions to support young people to negotiate decisions about tobacco must take into account the potential interactions between smoking and other health damaging behaviours.

### Indicator 2a: Prevalence of Year 10 students who have never smoked (particularly Māori students)

### Indicator 2b: Prevalence of Year 10 students living with one or more parent who smokes (particularly Māori students)

#### What the data shows

Year 10 students are much less likely to smoke now than 15 years ago, but smoking rates amongst young Māori girls remain high with one in four regularly smoking. Female Māori Year 10 smoking prevalence in 2013 was 24% compared to 12% for Pacific, and 7% for European/Other girls.

While the rate of Year 10 students never smoking continues to increase, over 60% of Māori girls aged 14-15 years have used a tobacco product at some stage in their life. The rates of European females who have *never smoked* are twice those of Māori female students.



The main source of cigarettes for Year 10 students who reported currently smoking was friends and peers (38% in 2013). A further 9% sourced them from parents/caregivers; 8% from older siblings, and 7% buying from friends/peers. In total, 68% of young people currently smoking in 2013 accessed their cigarettes through social supply – from friends, family, caregivers and/or peers.

The proportion of Year 10 students with parents who smoke is higher in Hawke’s Bay than nationally and this rate increased slightly from 39% in 2012 to 42% in 2013. This rate is higher amongst Māori, with 62% of Māori Year 10 students living with parents who smoke, compared to 34% of non-Māori.

The higher density of retailers in high deprivation areas enables easier access to tobacco for young people living in these areas. The combination of this easy access and the greater likelihood of having a smoking parent means Māori rangatahi have the greatest access to tobacco of all young people living in Hawke’s Bay.

Preventing smoking uptake	
<b>Current situation</b>	<ul style="list-style-type: none"> <li>• Youth experimentation with smoking and smoking rates are high in Hawke’s Bay, particularly among Māori rangatahi</li> <li>• Cessation services are not customised to young people</li> <li>• Peer pressure and social supply are two important issues</li> <li>• The impact of role modelling cannot be underestimated in this group, along with the intergenerational impact of smoking – for many young people, being around smokers and smoking is the norm</li> <li>• There is anecdotal evidence that some parents/whānau members use tobacco as an incentive to get young people to do things</li> </ul>
<b>Priority actions</b>	<ul style="list-style-type: none"> <li>• Early intervention and prevention – approach education providers to:               <ul style="list-style-type: none"> <li>○ introduce ABC approach into high need secondary schools</li> <li>○ provide smokefree clinics onsite including group sessions</li> <li>○ take carbon monoxide readings</li> <li>○ offer smoking cessation education to school staff (including SWIS workers, school-based nurses, resource teachers of learning and behaviour).</li> </ul> </li> <li>• Seek views and input from local authority Youth Councils and other youth groups about what’s needed for a smokefree youth culture</li> <li>• Identify smokefree motivational champions/leaders for young people</li> <li>• Promote use of social media, including mobile apps (eg, selfies aging app), that appeal to young people</li> <li>• Promote and advocate for smokefree events and spaces in Hawke’s Bay, especially those attracting children, rangatahi and young adults</li> <li>• Promote smokefree cars, especially when travelling with children and young people</li> <li>• Further promote and invest in incentivised cessation activities – eg, WERO, Increasing Smokefree Pregnancies Programme, youth-specific programme</li> <li>• Develop a whānau approach for limiting access to tobacco (social supply)</li> <li>• Work with budgeting agencies to emphasise to clients the value of not smoking</li> </ul>

## Preventing smoking uptake

### Key partners

- Education providers – including schools, kohanga reo, ECE, Alternative education providers, Teen Parent Units, EIT; staff who smoke also important
- HBDHB – school-based nurses, health promotion, smokefree
- Māori and hauora providers
- NKII
- Territorial authorities
- Housing NZ
- Other government agencies – WINZ, MSD, CYFS, DHB
- PHO and GP practices
- NGOs - budgeting service, Directions Youth Health, Dove Hawke's Bay
- Community groups - sport and recreation, church groups, marae, youth groups
- Whānau, parents, community

## Objective 3: Creating smokefree environments

Growing up in a smokefree environment is critical to children having the best start in life. Cars and homes are significant sources of second- and third-hand<sup>27</sup> smoke, particularly for infants and children who have less control over their environment. In addition to a focus on stopping smoking before or during pregnancy, supporting new parents to create a smokefree home for their children and whānau is key. In addition, availability and accessibility of tobacco products is important for supporting those who have stopped smoking, are attempting to stop smoking, or are thinking about stopping smoking.

### Indicator 3a: Number of tobacco free retailers

**Also refer to Indicator 2b: Prevalence of Year 10 students living with one or more parent who smokes.**

#### What the data shows

The proportion of Year 10 students with parents who smoke is higher in Hawke's Bay than nationally and this rate increased slightly from 39% in 2012 to 42% in 2013. This rate is higher amongst Māori, with 62% of Māori Year 10 students living with parents who smoke, compared to 34% of non-Māori.

In relation to tobacco retailers, during the last 1-2 years it is understood that three retailers have stopped selling tobacco for various reasons. An estimated 193 retailers remain selling tobacco in the Hawke's Bay area at the beginning of 2015. Per head of smoker population, Wairoa District has the highest density of retailers (13 per 1,000 smokers) of all districts in Hawke's Bay.

A 2012 study of tobacco retailers across New Zealand found that in Hawke's Bay, the majority of retailers were convenience stores (eg, dairies; 42%), followed by service stations

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<sup>27</sup> Third-hand smoke is tobacco smoke contamination that remains for hours or sometimes days after a cigarette has been extinguished, for example in furnishings, carpet, curtains, clothes, and upholstery.

(20%) and supermarkets (14%).<sup>28</sup> One third of retailers (33%) also had a licence to sell alcohol; similar to the national average of 32%.

The majority of tobacco retailers in the Hawke’s Bay were found to be concentrated in areas of high socioeconomic deprivation – 46% of retailers were located in highly deprived areas; 44% in areas of medium deprivation, and 10% in areas of low deprivation. This was consistent with the national pattern. Of the 25 secondary schools in the Hawke’s Bay region, 32% had a tobacco retailer located within 500m walking distance of the school. Almost three quarters (72%) had a retailer within 1000m walking distance of the school.

Hawke’s Bay DHB visits all retailers, sometimes more than once per annum. 247 visits were made in the 2013/14 year. The purpose of the visits is to remind retailers about the requirements of the legislation, encourage a smokefree policy and check compliance. Any compliance issues are referred onto the DHB’s Smokefree Officer to follow up. Educational visits are viewed as an effective way of working with retailers to remind them of the requirement to check identification in particular.

The Controlled Purchase Operations (CPO) sale rate in Hawke’s Bay over the years has been low. In the last 18 months, four retailers sold to a CPO-appointed minor and were issued a \$500 fine each by the Ministry of Health.

Creating smokefree environments	
<b>Current situation</b>	<ul style="list-style-type: none"> <li>• There is a high retailer density in the most deprived areas of Hawke’s Bay and a large proportion of retailers are located in close proximity to schools</li> <li>• NKII has a specific strategy to reduce the number of retailers in the rohe</li> <li>• The demand for tobacco products is gradually reducing as prevalence declines</li> <li>• A focus on tobacco free retailers not only helps with preventing youth uptake, but also supports people making a quit attempt and prevents ex-smokers from relapsing</li> <li>• Need to appeal to the business focus of retailers</li> <li>• Need to prioritise locally owned and operated retailers, not national chains (eg, petrol stations, supermarkets)</li> </ul>
<b>Priority actions</b>	<ul style="list-style-type: none"> <li>• Implement and promote tobacco free retailers project in Hawke’s Bay with aim of encouraging retailers to stop selling tobacco</li> <li>• Further develop the Increasing Smokefree Pregnancies Programme (ISPP) by implementing review recommendations including more promotion of the Programme</li> <li>• Further raise awareness of the harms to infants and children associated with smoking inside cars and third-hand smoke exposure</li> <li>• Continue to promote smokefree homes</li> <li>• Continue and increase national and local advocacy (including with local MPs) around retailer licensing and location, standardised packaging, tax increases</li> <li>• Empower community leadership for encouraging retailers to stop selling tobacco – identify local advocates and champions</li> <li>• Identify and target key engagement settings for community-level leadership and advocacy</li> <li>• Support identified NGO provider(s) to play key coordinating role with advocacy and community mobilisation</li> <li>• Further build relationship with and seek support from Police and those</li> </ul>

<sup>28</sup> Marsh L, Doscher C, & Robertson LA. 2013. Characteristics of tobacco retailers in New Zealand. *Health & Place* 23:165–70.

## Creating smokefree environments

	<p>working with young people to share activities and information</p> <ul style="list-style-type: none"><li>• Raise profile of Iwi's aims, seek support and share activities</li><li>• Engage stakeholders in smokefree environment information and planning sessions eg, SF Councils Forum</li></ul>
<b>Key partners</b>	<ul style="list-style-type: none"><li>• Retailers, especially tobacco free retailers</li><li>• Local communities (ie, consumer pressure)</li><li>• HBDHB – smokefree enforcement officers, health promotion</li><li>• HB Smokefree Coalition, including NGOs</li><li>• NKII</li><li>• Police</li><li>• Territorial authorities</li><li>• Community settings – general practices, health providers, schools, ECEs, libraries, Māori wardens, etc</li><li>• Sport Hawke's Bay</li><li>• Media</li><li>• Northland DHB (Tobacco Free Retailers toolkit)</li></ul>

## Monitoring Progress

It is proposed that implementation of this Strategy will be regularly monitored.

In particular, progress towards the three objectives identified in the Strategy will be measured through monitoring of the six key indicators:

- Smoking prevalence (particularly Māori)
- Smoking prevalence in pregnant women (particularly Māori women)
- Lung cancer incidence
- Prevalence of Year 10 students who have never smoked (particularly Māori students)
- Prevalence of Year 10 students living with one or more parent who smokes (particularly Māori students)
- Number of tobacco free retailers

Our ability to monitor several of these indicators is dependent on the collection of smoking information through the New Zealand Census of Population and Dwellings (next planned for 2018) and the national ASH Year 10 Survey. The New Zealand Cancer Registry will provide information on lung cancer incidence rates. HBDHB collects information on the number of retailers selling, and not selling, tobacco.

It is recommended that a review of progress be undertaken in 2019 following release of Census data. Information from the review will be used to inform future direction and revision of the Tobacco Strategy and associated activities.

### Appendix A: Stakeholder workshop attendees

List of attendees:

- Hawke's Bay District Health Board
- Health Hawke's Bay PHO
- HBDHB Consumer Council
- Cancer Society Hawke's Bay
- Heart Foundation Hawke's Bay
- Directions Youth Health Centre
- Choices Kahungunu Health
- Aukati Kai Paipa, Te Kupenga Hauora – Ahuriri
- Te Ora Hou, Camberley
- YMCA Hastings

## Appendix B: Consumer discussion group tools

### Smoking and Quitting Smoking

#### Discussion Group Information Sheet

Thank you for your interest in this project. Please read this information before deciding whether or not to take part in the discussion group.

What is the purpose of the project?	To find out people's thoughts about smoking and quitting smoking so we can plan our tobacco services to make sure they are useful.
What will I be asked to do?	We're holding discussion groups with people who smoke or used to smoke, including Mums, parents, young people and others. The discussion will last about one hour. There are no right or wrong answers.
What types of questions will you ask?	We would like to hear your thoughts about smoking and quitting smoking, including why you smoke/quit, and what helped or would help people quit.
Why have you asked me to participate?	We are talking with a range of people living in the Hawke's Bay and Wairoa to find out their thoughts about smoking and quitting smoking, to help us develop services to help others like you.
Is my personal information confidential?	Yes. What you say in the group will be written down, and with your permission, recorded.  The information will be kept securely at the Hawke's Bay DHB office for up to two years, and then securely destroyed. Your information will not be given to anyone else. Your name and any other personal information will not appear in any report.
Can I change my mind and withdraw from the project?	You may withdraw from the discussion group at any time. You can also withdraw the information you have given up until the report is written. You do not need to give a reason to withdraw. There will be no impact on you of any kind.
Who is doing the discussion groups?	The groups are being done by Penny Thompson and Johanna Wilson, and a note taker may also be present.
What if I have any questions?	If you have any questions about this project, please contact Shari Tidswell – <a href="mailto:shari.tidswell@hbdhb.govt.nz">shari.tidswell@hbdhb.govt.nz</a> 06 8788109.

# Smoking and Quitting Smoking

## Discussion Group Consent Form

I (write name) \_\_\_\_\_

of (write address/organisation) \_\_\_\_\_

agree to take part in a discussion group about smoking and quitting smoking to inform planning of tobacco control services, as outlined in the information provided to me by Penny Thompson (of Hawke's Bay District Health Board).

I understand that:

- I do not have to take part in the discussion group.
- I can choose not to answer any questions I do not wish to answer (without saying why).
- I can withdraw from the discussion group at any time without saying why.
- Hawke's Bay DHB will keep my information confidential and I will not be named in the final report.
- I agree to the discussion group being recorded so the interviewer can refer to it afterwards.

I have read this consent form and have been given the opportunity to ask questions.

I give my consent to take part in this discussion group.

I agree to be video recorded sharing my thoughts about the effects of smoking. I understand the recording may be used to help develop a Tobacco Control Plan and it could be viewed by a number of people.

Yes       No

I agree to have my first name included on the video.

Yes       No

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Smoking and Quitting Smoking

### Tell Us a Little About Yourself

Thank you for coming along today to talk about smoking and quitting smoking. We would like to learn more about everyone we are talking to. Please fill in the quick questions below. All of your information will be kept confidential. Kia ora.

*Firstly some questions about you.*

1. Are you.....

- Male  
 Female

2. Which age group are you in?

- Under 15  
 15–19  
 20–29  
 30–39  
 40+

3. With ethnic group or groups do you belong to? *Please tick one or more groups*

- Māori  
 New Zealand European  
 Samoan  
 Cook Island Māori  
 Tongan  
 Niuean  
 Chinese  
 Indian  
 Other \_\_\_\_\_

4. Do you live with other people who smoke?

- Yes  
 No > **Go to Question 6**  
 Don't know > **Go to Question 6**

5. Do they smoke inside the house?

- Yes  
 No

Thinking now about smoking and quitting smoking.

6. Have you ever smoked cigarettes or tobacco, even just a few puffs?

Yes

No ➤ **That's the end of the questions - thank you for filling out this survey!**

7. How old were you when you started smoking? *Please write in*

years old

8. How often do you currently smoke?

At least once a day

At least once a week

Less often than once a week

Don't know/unsure

I don't smoke now ➤ **Go to Question 10**

9. How soon after you wake up do you have your first smoke?

Within 5 minutes

6-30 minutes

31-60 minutes

After 60 minutes

I don't smoke in the morning

10. Have you ever tried to stop/quit smoking?

Yes

No ➤ **That's the end of the questions - thank you for filling out this survey!**

11. What were your reasons for quitting? *Please write in*

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12. What encouraged or helped you to quit smoking and stay quit? *Please write in*

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**Thank you for doing this survey 😊**

**If you would like help to quit smoking, or help someone else to quit, please collect an information pack before you leave.**

## Discussion Guide for Consumer Focus Groups - Tobacco use

Start with a welcome as people arrive and ask them to complete the consent form and then the self-completion survey.

In the group thank them for being involved and outline what their information will be informing - Tobacco Strategy and supporting HB to be tobacco free.

Introductions - yourself and group members.

Explain the process – there will be questions designed to start conversations and to allow people to share their thoughts. We will record the session so that we don't miss anything and the note taker will provide an extra set of ears. "I will start recording now".

*Questions:*

- 1) What was your first experience of someone smoking? How did you feel about that? Did that moment influence how you feel about smoking or being smokefree?
- 2) Who are your role models? How have they influenced your behaviour?
- 3) What messages do you remember receiving about smoking? What messages do you remember from TV/radio/media in general?
- 4) If you smoke: What would help you quit? If you have quit: What helped you quit? or If you are Smokefree: What helps you be a non smoker?
- 5) What services are you aware of that help people stop smoking?
- 6) If you were going to design a service to help people to not smoke what would you have in it? *Prompts:* Where would it be? What would it offer people? – (you could use post-its or big sheets of paper for this one). If doing this in writing make sure people get to share their ideas.

Ask if anyone has any questions or further comments and address these best you can.

Thank them for sharing their ideas and thoughts.

Check in to see if anyone would like to share a video message about smoking for the people writing and delivering the plan (check if they have given consent, they may need to change their consent form). Ask: *What is the one thing they want to share about smoking?*

Give them a card and voucher and final individual thank you, and if needed support to engage quit services.

Record key thoughts about the process and information shared.  
(Thanks to the focus group facilitators from Shari)

## Acknowledgements

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- Stakeholder workshop participants
- Consumer discussion group participants, organisers and facilitators
- Sharon Shea, Shea Pita Associates Ltd.