Smoking Cessation ABCD
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1 Care map information

Quick info:
Tobacco is the leading cause of preventable deaths in New Zealand and accounts for approximately 5,000 per year [1]. 18% of Hawke's Bay residents are regular smokers which is higher than the national average of 15%. Maori smoking rates are more than twice that of non-Maori with 36% regular smokers compared to 15% European. The highest rates of smoking by age group are among young people aged 20-24 years (32%) with the highest smoking rates in Maori women aged 20-29 years (49%). 46% of all Maori women giving birth were smokers compared to 11% of non Maori.

The ASH Year 10 2014 survey [2] has highlighted disparities in smoking rates amongst 14-15 year olds. The survey found Maori girls are more than three times more likely to be daily smokers than either girls or boys of other ethnicities. Of these, over 90% are from low and medium socio-economic areas. In Hawke's Bay 10.8% of Year 10 students are regular smokers - this is statistically higher than for New Zealand.

Most smokers want to quit, and the basis for The New Zealand Guidelines for Helping People to Stop Smoking continues to be the memory aid - ABC - that can be routinely provided in both primary and secondary care.

Smoking cessation is a Ministry of Health priority area. The ABC prompts health care workers to:

- Ask about and document every person's smoking status
- give Brief advice to stop to every person who smokes (every patient, every time)
- strongly encourage every person who smokes to use Cessation support (a combination of behavioural support and smoking cessation medicine works best) and offer them help to access it. Refer to, or provide, cessation support to everyone who accepts that offer.

Ministry of Health Target (July 2015):
95 percent of hospital patients who smoke and are seen by a health practitioner in a public hospital are offered brief advice and support to quit smoking.
90 percent of PHO enrolled patients who smoke have been offered help to quit smoking by a health care practitioner in the last 15 months.
90 percent of pregnant women who identify as smokers upon registration with a DHB-employed midwife or Lead Maternity Carer are offered brief advice and support to quit smoking.

Within the target, a specialised identified group includes:
- progress towards 90 percent of pregnant women who identify as smokers at the time of confirmation of pregnancy in general practice or booking with Lead Maternity Carer are offered advice and support to quit [4]

2 Information resources for patients and carers

Quick info:
Quitline resources:
The Quit Book to support them on their journey to becoming non-smokers
Beat the Smoking Addiction handout (Quitline)
Maori language resources
- Me Mutu Tatou - Let's all Quit (Quitline)
Samoan language resources
- O lou malosiaga lea e te sa’oloto mai ai i le ulaula (Your strength lies in freedom from smoking)
- E fa’aapefa le fa’aagogaina o fasi nikotini | E fa’aapefa le fa’aagogaina o pulu po o lole (How to use patches, gum and lozenges)
Tongan language resources
- Ko ho malohinga ‘oku ma’u ia ‘i ho’o ‘ata’ata mei he ifi tapaka’ (Your strength lies in freedom from smoking)
- Founga hono ngaue’aki ‘o e palasita nikotini’ | Founga hono ngaue’aki ‘o e pululole’ pe lole’ (How to use patches, gum or lozenges)
Other sources of information:
- why quit smoking?
- quit smoking - tips and tricks
- stopping smoking - tips from the Heart Foundation
3 Updates to this care map

Quick info:
Date of draft publication: October 2015.
This pathway will be updated by October 2016.

For further information on contributors and references please see the care map's Provenance.

4 Hauora Maori

Quick info:
Smoking is the biggest cause of inequity in death rates in Hawke's Bay - it is the single most important cause of preventable ill health and premature mortality [3]. As has been the case for many years, in 2012-13, Maori had the highest current smoking rate (41% smoke at least monthly), and around four in ten Maori adults (36%) were current smokers compared to 15% non Maori.

Smoking initiation and uptake: The mean age of smoking initiation (that is, when smokers tried their first cigarette) for current smokers aged 20 years and older was 14.8 years. The mean age of smoking initiation varied across the four main ethnic groups with Maori smokers being the youngest to start, at 14.1 years, and Asian smokers the oldest, at 18.4 years [4].

Second-hand smoke: Children's exposure to second-hand smoke (SHS) in the home and car were similar at 6% and 5%, respectively. Maori children were 2.6 times more likely to be exposed to SHS in the home and care compared to non-Maori children. Compared to children living in the least deprived neighbourhoods, children living in the most deprived neighbourhoods were 7.8 times more likely to be exposed to SHS in the home and 3.9 times more likely to be exposed to SHS in the car [4].

Maori are a diverse people and whilst there is no single Maori identity, it is vital practitioners offer culturally appropriate care when working with Maori whanau. It is important for practitioners to have a baseline understanding of the issues surrounding Maori health. This knowledge can be actualised by (not in any order of priority):

- clinicians acknowledging Te Whare Tapa Wha (Maori model of health) when working with Maori whanau
- asking Maori clients if they would like their whanau or significant others to be involved in assessment and treatment
- asking Maori clients about any particular cultural beliefs they or their whanau have that might impact on assessment and treatment of the particular health issues
- consider the importance of introductions and mihimihi ('whanaungatanga') - a process that enables the exchange of information to support interaction and meaningful connections. This means taking a little time to ask where this person is from or where they have significant connections to. This information is reciprocated; i.e. the health professional also shares where they are from
- knowledge of the Hawke's Bay health sector's strategies and initiatives for improving Maori health and wellbeing
- having a historical overview of legislation that has impacted on Maori wellbeing

Training is available through the Hawke's Bay District Health Board to assist you to better understand Maori culture and to better engage with Maori patients. Contact the coordinator (education@hbdhb.govt.nz) to request details of the next courses.

For more information on the regional and national Maori Health Strategies go to:

- Mai Maori Health Strategy 2014-2019 - Full file or Summary Diagram
- He Korowai Oranga: Maori Health Strategy - sets the Government's overarching framework to achieving the best health outcomes for Maori

Hawke's Bay DHB contracts Maori Providers to provide mobile nursing teams. A referral to one of these providers may assist Maori patients to feel more comfortable about receiving services.

Central Hawke's Bay:

- Central Health

Hastings:

- Te Taiwhenua o Heretaunga
5 Pacific Peoples

Quick info:
Pacific people value their culture, language, families, education and their health and wellbeing. Many Pacific families have a religious affiliation to a local church group. The Pacific people are a diverse and dynamic population:

- more than 22 nations represented in New Zealand
- each with their own unique culture, language, history, and health status
- share many similarities which we have shared with you here in order to help you work with Pacific patients more effectively
- for many families language, cost and access to care are barriers

Pacific ethnic groups in Hawke's Bay include Samoa, Cook Islands, Fiji, Tonga, Tokelau, Kiribati, and Tuvalu. Samoan and Cook Island groups are the largest and make up two thirds of the total Pacific population. There is a growing trend of inter-ethnic relationships and New Zealand born Pacific populations.

Acknowledge The FonoFale Model (Pacific model of health) when working with Pacific peoples and families.

General guidelines when working with Pacific peoples and families (information developed by Central PHO, Manawatu):

- cultural protocols and greetings
- building relationships with your Pacific patients
- involving family support and religion during assessments and in the hospital
- home visits

Hawke's Bay-based resources:

- HBDHB interpreting service
  - 06 878 8109 ext 5805 (no charge for hospital patients; charges apply for community-based translations)
- Tim Hutchins - Pacific Navigation Services Ltd - 0279 719 199
- Services to assist Pacific peoples to access healthcare (SIA)
- Improving the Health of Pacific People in Hawke's Bay - Pacific Health Action Plan

Ministry of Health resources:

- Ala Mo'ui - pathways to Pacific Health and Wellbeing 2014-2018
- Primary Care for Pacific People: A Pacific and health systems approach
- Health education resources in Pacific languages (links to a web page where you can download resources)

6 Staff training available for smoking cessation

Quick info:
Heart Foundation
The Heart Foundation offers fully-funded training opportunities for healthcare workers, both registered and unregistered. For further information please contact Jenny Ansley, Stop Smoking Training Coordinator:
- jennya@heartfoundation.org.nz
- Phone 03 366 2112

Inspiring Workforce Development and Training (Unregistered healthcare workers)
The first national training service qualification -- ‘The Stop Smoking Practitioners' Qualification’ National Certificate in Health, Disability and Aged Support: Core competencies (Level 3) on the NZQA framework. The Stop Smoking Practitioners training course is the first accredited course and is specifically designed for stop smoking practitioners to improve service quality by partnering inherent cultural strengths with clinical excellence.
Timeframe to complete the four modules is 8 months from start to finish. Email: nts@inspiring.org.nz

Ministry of Health (Registered healthcare workers)
Compulsory training for registered healthcare workers providing smoking cessation advice, this e-learning course covers the revised guidelines (2014). Register by logging in or creating an account and then searching for ‘smoking cessation’ in the course catalogue. Once registered, please download the copies of the New Zealand Guideline ‘Helping People to Stop Smoking’ and the ‘Guide to Prescribing Nicotine Replacement Therapy (NRT)’ before you start the e-learning course ‘Helping People to Stop Smoking’.

The e-learning course should be repeated every three years or when the Guidelines have been updated.

On-Going Professional Development (Registered and unregistered healthcare workers)
On line e-learning via Ko Awatea will allow you to access the NRT resources and information, the e-learning assessment, the feedback survey and finally to print off a Certificate of Achievement. The Four e-learning courses available on Ko Awatea are:

1. HBDB Standing Orders for Nicotine Replacement therapy
2. Smokefree Training for the Mental Health & Addiction workforce (Both registered and unregistered healthcare workers)
3. Optimising Nicotine Replacement Therapy in Clinical Practice (primary sector) For further information contact Cathy Moriarty, Smokefree Liaison Nurse (Hawke's Bay District Health Board) cathy.moriarty@hawkesbaydhb.govt.nz
4. Safe Sleep Principles: (Both registered and unregistered healthcare workers)

If you are new to Ko Awatea, please contact the Hawke's Bay administrator, Nicole Kerr, nicole.kerr@hawkesbaydhb.govt.nz for more information and user account generation.

Nurse Practice Portfolios (Registered healthcare workers)
To demonstrate continuing competence of individual nurses, Professional Development Recognition Programmes (PDRP) have been designed to develop and recognise the expertise of nurses in clinical practice. Practice Nurses can submit their portfolio to the Hawke's Bay District Health Board (HBDB) PDRP Programme or through the NZNO Primary Health Care Nurses Programme. The use of smokefree competency evidence can be used throughout the Domains, for example 2.1 – Provides planned nursing care to achieve identified outcomes. For example, planned nursing care follows the processes outlined in the HBDB Smokefree Service procedures.

These nursing cares include the interview assessment and evaluation of the patients understanding by asking for their feedback. Suggested supporting evidence could include a copy of clinical documentation which specifically identifies interventions, education etc or a copy of documented evidence of use of NRT such as a Quitcard, written case study or an exemplar/reflective with learnings and validated where possible.

Useful Websites

www.quit.co.nz
www.ash.org.nz
www.sfc.org.nz
www.cancernz.org.nz
www.tereomarama.co.nz
www.tehotumanawa.org.nz
www.aukatikaipaipa.co.nz

7 Clinical Presentation

Quick info: 

ASK about and document every person's smoking status [5].

Smoking status definitions:

- **non-smoker** has smoked fewer than 100 cigarettes in their lifetime
- **ex-smoker** has smoked more than 100 cigarettes in their lifetime, but has not smoked any tobacco in the last 28 days
- **current smoker** has smoked more than 100 cigarettes in their lifetime and has smoked tobacco in the last 28 days

**Hawke's Bay District Health Board staff**

Record 'ABC' on either one of the following two forms which needs to be completed for every baby/child seen by any health professional or any patient that presents who is 15 years and over and seen by any health professional.

- **Smokefree Baby/Child Screening and Intervention**
• **Smokefree Adult Screening and Intervention**

**Primary care staff**
Record ‘ABC’ in patient notes and complete Patient Dashboard and/or Smokefree People Advanced Form as this will automatically populate READ codes.

**ALWAYS document in the patient notes**

**Read Codes:**
- 1371 - never smoked
- 137R - current smoker
- 137S - ex-smoker

8 **Identified as a Current Smoker**

Quick info:
**Defined as someone who has smoked more than 100 cigarettes in their lifetime and has smoked tobacco in the last 28 days.**

At every admission to hospital, document their response in their clinical records by completing the appropriate Smokefree Screening forms (links in Clinical Presentation node).

General Practitioner/medical centres: update the patient Dashboard and/or the Smokefree People Advanced Form (every patient, every time).

**Read Code:**
- 137R - current smoker

9 **Identified as Ex-Smoker**

Quick info:
**Defined as someone who has smoked more than 100 cigarettes in their lifetime, but has not smoked any tobacco in the last 28 days:**

Provide:
- positive feedback to patient for doing well and identify relapse prevention strategies.
- appropriate written materials on the benefits of stopping smoking.
- options for additional support for example telephone calls, text messaging etc. to strengthen their new ex-smoker status

In hospital: document their response in their clinical records by completing the appropriate Smokefree Screening forms (links in Clinical Presentation node).

General Practitioner/medical centres: update the patient Dashboard and/or the Smokefree People Advanced Form (every patient, every time).

**Read Code:**
- 137S - Ex smoker

10 **Hospital Inpatient**

Quick info:
At every admission complete the appropriate Smokefree Screening and Intervention form (links in Clinical Presentation node).

Hospitalisation is an ideal time for people to become smokefree as the Hawkes Bay District Health Board has a Smokefree/Tobacco Free Auahi kore/Tupeka Kore Policy which requires a smokefree environment. Therefore, offering Nicotine Replacement Therapy (NRT) as a treatment option to manage nicotine withdrawal cravings from tobacco for short or long term symptom control increases the likelihood of a long term quit event.
11 Identified as Non-Smoker

Quick info:

At every admission to hospital, document their response in their clinical records by completing the appropriate Smokefree Screening forms (links in Clinical Presentation node)

General Practitioner/medical centres: update the patient Dashboard and/or the Smokefree People Advanced Form (every patient, every time).

Read Code:

• 1371 - never smoked

12 Provide brief advice

Quick info:

All doctors and health care workers should give brief advice to stop at every opportunity to every person they see who smokes [5].

You can give this advice in 30 seconds and, where possible, tailor your advice to the person in front of you. Advice could be health or financially related.

Pregnant women: a key population of concern for Hawke's Bay

All health care workers who have contact with pregnant women who smoke should give brief advice to stop and offer cessation support as early in the pregnancy as possible. Where pregnant women continue to smoke, health care workers should repeat the advice regularly throughout the pregnancy.

Try presenting it in such a way of protecting the unborn child, as this is a strong motivator for pregnant women to become smokefree. You can also present it as a way of protecting children and young people from exposure to second-hand smoke. Pregnant women need services that are appropriate and meaningful. Offering the partner and wider whanau referral to cessation support, for example Choices Kahununu Health Services, Phone 06 878 7616 will also help the pregnant woman to become smokefree.

At every admission to hospital, document their response in their clinical records by completing the appropriate Smokefree Screening forms (link in Clinical Presentation node).

General Practitioner/medical centres: update the patient Dashboard and/or the Smokefree People Advanced Form (every patient, every time).

Read Codes:

• @ZPSB.10 - brief advice given

13 Consider Nicotine Replacement Therapy (NRT)

Quick info:

Nicotine Replacement Therapy
Ministry Guide to Prescribing NRT

Read Codes:
14 Consider Pharmacological treatment

Quick info:

**Bupropion**
- adult start 1–2 weeks before target stop date, initially 150 mg daily for 3 days then 150 mg twice daily (maximum single dose 150 mg, maximum daily dose 300 mg; minimum 8 hours between doses).

**Nortriptyline**
- adult over 18 years start 10–28 days before target stop date, initially 25 mg daily, increased gradually (over 10 days to 5 weeks) to 75–100 mg for up to 3–6 months; taper dose slowly on discontinuation.

**Varenicline**
- adult starting usually 1–2 weeks before target stop date, initially 500 micrograms once daily for 3 days, increased to 500 micrograms twice daily for 4 days, then 1 mg twice daily for 11 weeks (reduce to 500 micrograms twice daily if not tolerated); 12-week course can be repeated in abstinent individuals to reduce risk of relapse.

** There are funding restrictions for the drug. To learn more go to the pharmaceutical schedule website.**

Download a [patient flyer](#) on these medicines.

Hospital patients: Document pharmacological treatment prescribed in patient clinical records and complete the ‘Comments’ section of the appropriate Smokefree Screening forms (links in Clinical Presentation node).

General Practitioner/medical centres: update the patient Dashboard and/or the Smokefree People Advanced Form (every patient, every time).

15 Refer to smoking cessation

Quick info:

**Offer cessation support [5]**
Strongly encourage every person who smokes to use cessation support (a combination of behavioural support and stop-smoking medicine works best) and offer to help them access it. Refer to, or provide, cessation support to everyone who accepts your offer.

Stop-smoking interventions for Maori need to be delivered in a way that is culturally appropriate and inclusive of whanau as much as possible. It is also important to give Maori who smoke a choice of different treatment options [6]. At a local level, be familiar with culturally appropriate cessation services, for example Aukati KaiPaipa Services, Choices Kahungunu Health Services for pregnant women and nationally to Quitline.

At every admission to hospital, document their response in their clinical records by completing the appropriate Smokefree Screening forms (links in Clinical Presentation node).

General Practitioner/medical centres: update the patient Dashboard and/or the Smokefree People Advanced form (every patient, every time).

Cessation services available in Hawke’s Bay
Cessation services available in Wairoa

**Read Codes:**
- @ZPSC.10 - referral provided

16 Aukati KaiPaipa

Quick info:
Aukati KaiPaipa - Smoking Cessation

Aukati KaiPaipa is a kanohi ki te kanohi (face-to-face) service that is delivered locally within most communities. The quitting programme of the Aukati KaiPaipa service offers Maori and their whanau the opportunity to stop smoking through a range of activities and products which includes free nicotine patches, gum and/or lozenges (NRT), motivational counselling and ongoing support.

The goal is to reduce the smoking prevalence and consumption amongst Maori. The programme also aims to increase the positive attitudes towards supporting the smokefree kaupapa - such as smokefree environments, particularly for tamariki.

Hawkes Bay Aukati KaiPaipa Services:
Te Kupenga Hauora Ahuriri
5 Sale St Napier
Phone: (06) 835-1840 Fax: (06) 835 2490
Region serviced: North of Tongio to Clive Napier Region

Te Taiwhenua o Heretaunga
821 Orchard Road Hastings
Phone: (06) 871-5350 Fax: (06) 871 5351
Region serviced: Hastings, Flaxmere and areas south to central Hawke's Bay

17 Quitline

Quick info:
The Quit Group (which operates as Quitline) is an incorporated charitable trust was established in 1999.
Quitline: 0800 778 778

Quitline Services at a Glance:
- Quitline Advisors offer free advice support to help people to quit smoking. Phone lines are open 8am-9.30pm weekdays and 10am-7.30pm Sundays
- Quit Blogs: people can join the blog community and get support from others who are also quitting smoking www.quit.org.nz/blog
- Quit Stats: People can see how much money they're saving with their very own real-time Quit Stats www.quit.org.nz
- Txt2Quit: People can join Txt2Quit and they will send them quitting tips and support straight to their mobile phone www.quit.org.nz
- Quit Plan: People can create their own Quit Plan to help them on their smokefree journey. They can follow the steps online or talk to an advisor on the phone www.quit.org.nz or 0800 778 778
- Nicotine Replacement Therapy (NRT): people can order subsidised NRT over the phone and online www.quit.org.nz or 0800 778 778

Patients can be referred to Quitline via myPractice PMS or via the Medtech PMS.

Hospital staff can refer patients directly to Quitline by completing the Referral Form or by referring the patient to the hospital Smokefree Service: Extension 2472 or complete and fax the Internal Smokefree Referral form on Nettie under Smokefree Resources

At every admission to hospital, document the patient's response in their clinical records by completing the appropriate Smokefree Screening forms (links in Clinical Presentation node).
General Practitioner/medical centres: update the patient Dashboard and or the Smokefree People Advanced Form (every patient, every time).

18 Consider practice nurse cessation support

Quick info:
Some GP Practices may choose to provide further cessation support through their own resources (follow-up phone calls, group-based treatment, walk-in clinics, additional face to face appointments etc).
This will vary from practice to practice.

19 Choices Kahungunu Health Services

Quick info:
Choices provides health and community services to Māori, Pacifica, and all other communities in Hawke’s Bay with the support, and on behalf of, the following organisations:

- Ministry of Health
- Hawke’s Bay District Health Board
- Health Hawkes Bay
- Ministry of Education

Choices delivers a Smoke-FREE Programme specialising in pregnancy. This service is a free service and specifically helps pregnant women, new mothers, their pepi and their whānau to give up smoking. Choices offers a wide range of motivational activities and support including:

- home and clinic appointments
- individual and group clinical assessments
- nicotine replacement therapy (NRT)
- one-on-one for on-going support
- smoke-free and breastfeeding support

**Nappy Incentive Programme**: for antenatal and postnatal women (babies up to 6 months old) and runs for three months and have agreed to receive cessation support and become smokefree. Nappies ($250 in total) are provided at 4 weeks, 8 weeks and 3 months with validation of being smokefree by breath carbon monoxide monitoring every 4 weeks. For more information:

- referrals to the Nappy Incentive Programme can be made by General Practitioners, Practice Nurses, Registered Nurses, Plunket Nurses, Midwives, and Self-referrals etc.
- to contact Angela Neil, Smoking Cessation Coordinator at Choices regarding the Nappy Incentive Programme: Phone: 06 878 7616, Fax: 06 878 7927 or email: angela@choices.maori.nz