

## **Public Health Services Handbook Service Specification for Tobacco Control**

BACKGROUND NOTE: The Ministry of Health's 'Public Health Services Handbook' is a guide to how it funds public health services. Part Three outlines Service Specifications which form the basis of funding agreements with providers. The following extract covers the Ministry's approach to tobacco control.

### **8 Tobacco Control**

#### ***Health Goal***

To promote a social and physical environment which improves and protects people's health by reducing the harm from tobacco use and exposure to environmental tobacco smoke.

#### ***Rationale and Key Issues***

Tobacco smoking is the greatest single preventable cause of premature death in New Zealand.

Each year an estimated 4500 New Zealanders die from cancers, cardiovascular disease, chronic obstructive pulmonary disease and other diseases attributable to their habit.

Smoking can also cause substantial disability including emphysema and blindness.

There is increasing evidence of harm to adults and children from exposure to environmental tobacco smoke in homes, workplaces and enclosed public places. It has been estimated that 400 non-smokers die each year from exposure to environmental tobacco smoke. Smoking during pregnancy often affects the health of foetuses and babies. Over half of all Sudden Infant Death Syndrome (SIDS) deaths can be attributed to parental smoking. Exposure to tobacco smoke has also been identified as a risk factor in the development of glue ear, croup, pneumonia and asthma in young children.

Tobacco smoking kills one in two smokers who die on average 14 years earlier than non-smokers.

In 2001, 25% of New Zealanders were smoking on a regular basis. The prevalence of smoking is significantly higher in Maori and Pacific Island communities. 50% of Maori smoke resulting in 25% of all Maori dying early from smoking - placing the continuity of the whakapapa at risk. Approximately 30% of Pacific Island people smoke - making smoking a significant health issue for Pacific people. In addition

smoking is more prevalent among lower socio economic groups. Action on tobacco control is therefore a significant activity in reducing inequalities in health.

It has been estimated that the cost of smoking to the New Zealand health service alone was \$222 million in 2000 dollars. The impact of smoking also places a large burden on individuals, whanau, families the community and when these and other social costs are taken into account the costs to New Zealand are many times higher.

While the rate of smoking has reduced from around 35% in 1976, the rate of decline has plateaued since 1990 at 25-26% and for some vulnerable groups such as young women aged 15 to 24 the rate is increasing. Smoking uptake in youth is of particular concern for tobacco control programmes. Overall around three-quarters of all 'ever smokers', including 'current' and 'ex' smokers report that they started to smoke regularly between the ages of 15 and 18 years. A further one in five of these said they started to smoke before age 15 years.

### **Service Objectives**

- 1 To prevent the uptake of smoking.
- 2 To encourage and facilitate smokers to quit smoking.
  - 3 To prevent harm to the foetus and children.
  - 4 To reduce the public health risks of environmental tobacco smoke.

See also the Health Promoting Schools/Healthy Schools Service, Well Child and Asthma Prevention specifications.

Components of Service	Service Description/Activities
1 Promote the adoption of smokefree policies	<ol style="list-style-type: none"> <li>1 Provide advice and expertise to facilitate the implementation of the Smokefree Environments Act 1990 (SEA 1990) and any amendments to the legislation. Advocate, promote and provide advice and assistance for the development, review of, and implementation of smokefree policies within the health sector, education sector, workplaces, community settings and public places.</li> <li>2 Make submissions to contribute to smokefree policy development.</li> <li>3 Advocate for legislative reform to reduce tobacco-related harm.</li> </ol>
2 Promote smokefree environments.	<ol style="list-style-type: none"> <li>1 Provide advice and expertise to facilitate smokefree environments beyond the scope of the Smokefree Environments Act 1990 (SEA 1990) with a focus on families and within public environments, e.g. homes, cars, stadiums, sports fields.</li> <li>2 Raise awareness of the risks of smoking, provide community education, and training for trainers.</li> <li>3 Support the implementation and maintenance of smokefree policies and environments in schools and preschools.</li> <li>4 Support/provide smokefree information and resources for schools.</li> </ol>

Components of Service	Service Description/Activities
	<p>5 Raise awareness and level of knowledge in the community of the health effects of tobacco consumption and the benefits of quitting.</p> <p>6 Strengthen community awareness and action to address retail sales and supply of tobacco to minors.</p> <p>7 Support retailers not to sell tobacco to minors.</p> <p>8 Develop tobacco control health education resources to support the health promotion programmes.</p> <p>9 Develop a smokefree grants programme to support schools or community programmes to implement innovative smokefree programmes.</p>

<p><b>3 Facilitate the implementation of the Smokefree Environments Act 1990</b></p>	<p>1 Provide regulatory services in accordance with the Public Health Regulatory Service Specification as detailed in this Handbook</p> <p>1a Investigate complaints in relation to the SEA 1990 according to the Smokefree Enforcement Manual issued by the MoH.</p> <p>2 Routinely monitor organisations/premises with responsibilities under Part I of the SEA 1990 and investigate breaches and take enforcement action where necessary.</p> <p>3 Provide advice and assistance to organisations/ premises on their obligations under Part I of the SEA 1990.</p> <p>4 Provide a tobacco retailer smokefree education and surveillance programme including ensuring that tobacco retailers are aware of their responsibilities and obligations under Part II of the SEA 1990.</p> <p>5 Carry out controlled purchase operations in accordance with the MoH Smokefree Enforcement Manual on a minimum of 2.5% of tobacco retailers quarterly. (10% annually)</p> <p>6 Investigate breaches of Part II of the SEA 1990, prepare prosecution files to the 'not guilty standard' and if required by the MoH brief Crown Counsel and appear as a witness in Court.</p> <p>7 Maintain effective relationships between regulatory agencies.</p>
<p><b>4 Maintain the capacity to deal with incidents that contravene the SEA 1990</b></p>	<p>1 Ensure the workforce is trained in the enforcement of the SEA 1990.</p> <p>2 Maintain a critical mass of trained smokefree workers within available resources.</p>
<p><b>5 Strengthen and increase the level of community action to reduce the uptake of smoking</b></p>	<p>1 Develop or provide support to programmes in the community, which aim to encourage young people, especially Maori, Pacific people and other priority groups, not to start smoking.</p> <p>2 Strengthen communities by working to assist them to develop their own capacity to take action to reduce smoking uptake among young people.</p> <p>3 Develop issue-related health promotion/public health</p>

	<p>programmes to reduce specific health risks eg, SIDS prevention, asthma, hearing loss, and pregnancy. (Where appropriate such programmes will need to be cross-referenced to the Well Child and Asthma Prevention specifications).</p> <p>4 Provide advice, resources, and input to the development/ implementation of issue-related health promotion/public health programmes.</p> <p>5 Implement and support public education, media and social marketing campaigns to raise public awareness and promote smokefree lifestyles.</p> <p>6 Support and promote World Smokefree Day.</p>
<b>6 Strengthen and increase the level of community action to encourage smokers to quit</b>	<p>1 Support programmes in the community (including in workplaces), which aim to encourage and assist smokers, especially Maori, Pacific people, pregnant women and other priority groups to quit smoking.</p> <p>2 Promote the national 0800 smoking cessation Quitline to assist smokers to quit.</p> <p>3 Implement public education/media campaigns to encourage/promote quitting.</p> <p>4 Develop and disseminate health education resources to support smokers to quit.</p> <p>5 Advocate for legislation which supports smokers to quit smoking.</p> <p>6 Deliver smoking cessation programmes which include subsidised nicotine replacement therapy (NRT) and counselling.</p> <p>7 Encourage and facilitate communities to run smoking cessation quit contests.</p>
<b>7 Strengthen strategic alliances and interagency networks to optimise impact of smokefree initiatives</b>	<p>1 Contribute to interagency networks/coalitions to ensure integration and mutual support of smokefree strategies via liaison and coordination of planning and operations.</p> <p>2 Support the Health Sponsorship Council's promotion of the 'Smokefree' brand.</p> <p>3 Promote the Quit Campaign.</p>
<b>8 Strengthen skills and knowledge of the health sector and other change agents to promote tobacco control</b>	<p>1 Deliver training to encourage the dissemination of appropriate information on tobacco-related harm and tobacco control by health workers and other key agents for tobacco change.</p> <p>2 Deliver training for health professionals in the use of the Guidelines for Smoking Cessation.</p> <p>3 Provide information/advice/resources to personal health providers for the provision of effective smoking cessation services within primary and secondary care.</p>
<b>9 Monitor and assess the effectiveness of tobacco control programmes through surveillance and evaluation</b>	<p>1 Maintain a database of tobacco retailers, including details of compliance with tobacco product advertising legislation, data on controlled purchase operations.</p> <p>2 Maintain databases of tobacco information including data on smoking in pregnancy and smoking amongst young people</p> <p>3 Conduct evaluations of new and existing tobacco control programmes in particular the schools smokefree grants</p>

	programme.
4	Conduct standardised school-based and other surveys of tobacco consumption.

### **References and Supporting Documents**

- King, Annette, Minister of Health, 2000. The New Zealand Health Strategy, Wellington, Ministry of Health
- Ministry of Health, 1998, National Drug Policy: a National Drug Policy for New Zealand 1998 – 2003, Wellington, Ministry of Health.
- *Ministry of Health, (in preparation) Tobacco Strategy (unpublished)*
- Ministry of Health, 2001 Tobacco Toolkit [www.moh.govt.nz](http://www.moh.govt.nz)
- *VicHealth, Blue Chip Investment*
- *WHO, Framework Convention on Tobacco Control*
- Ministry of Health, 2001. Inhaling Inequality – Tobacco’s contribution to health inequality in New Zealand, Wellington, Ministry of Health
- HFA. 1999. Toward a Tobacco Free New Zealand: A Five-Year Plan for HFA Funding for Tobacco Control (1999-2003). Wellington Office: Health Funding Authority.
- Laugensen M. 1996. The Big Kill Continues: The Human Cost of Smoking in the 1990s. Wellington: Cancer Society of New Zealand.
- Peto D, Lopez A, Boreham J et al. 1994. Mortality from Smoking in Developed Countries. Oxford: Oxford University Press.
- Wilson N. 1998. Evidence for Tobacco Control Activities Available to the HFA: Special Report 3. Wellington: Health Funding Authority.
- [www.ndp.govt.nz](http://www.ndp.govt.nz)

### ***Providing Feedback /Comment***

If you have any feedback or comments regarding the Tobacco Control Service Specification please list these below and return to:

- Jo Muschamp by e-mail at ([jo\\_muschamp@moh.govt.nz](mailto:jo_muschamp@moh.govt.nz))
- Or by send it to the Ministry by post.

Jo Muschamp  
Analyst  
Ministry of Health  
PO Box 5013  
WELLINGTON

**Tobacco Control Service Specification Comments:**