



## Increased use of nicotine replacement therapy at Christchurch Hospital

The article by Stephen Vega and Iwona Stolarek<sup>1</sup> reporting increased usage of nicotine replacement therapy (NRT) at Hutt Hospital referred to an earlier editorial published in the *New Zealand Medical Journal*<sup>2</sup> which reported low use of NRT in Christchurch Hospital during the 2005–6 financial year.

NRT use in Christchurch Hospital has increased since 2005 and in the year July 2009 to June 2010 \$16,685 was spent on NRT—more than triple that spent in 2005. Across all Canterbury District Health Board (CDHB) services, \$34,966 was spent on NRT in the 2009–10 year. Provision of NRT to inpatients forms part of the ABC Strategy for Smoking Cessation and is one intervention that can be provided to meet Health Target 5: Better Help for Smokers to Quit.<sup>3</sup>

On this target, Christchurch Hospital has improved from 15% of hospitalised smokers in September 2009 provided with advice and help to quit to 67% in June 2010. Elsewhere in the CDHB, the Specialist Mental Health Services are now fully smokefree, and the Burwood Spinal Unit is working towards being smokefree by January next year.

Tobacco control in the wider CDHB region continues, and there are now 10 smokefree marae in the CDHB region. Smoking cessation has been promoted assiduously by CDHB Community and Public Health Division staff in education, workplace, and community settings and the first ABC Kohanga Reo smoking cessation group was held in Christchurch in May 2010. The CDHB is also working with Smokefree Canterbury on the adoption and evaluation of the Christchurch City Council Smokefree Public Places Policy.

Community and Public Health staff prepared a submission from the CDHB to the Māori Affairs Select Committee, and a group led by Hector Matthews (CDHB Executive Director, Māori and Pacific Health) presented to the Select Committee. The focus of the presentation was on the challenges of enforcing current legislation and the challenges of cessation. CPH staff also coordinated a CDHB submission on Tobacco Displays.

CPH smokefree officers have worked proactively with tobacco retailers, and achieved 94% compliance with selling tobacco only to those over the age of 18. Accessibility of tobacco products is a risk factor for smoking initiation, and there is evidence that restricting sales to minors through enforcement of legislation can reduce youth tobacco use.<sup>4</sup>

Based on evidence about the effectiveness of tobacco control interventions<sup>4–6</sup> these initiatives are very likely to have contributed to the continued reduction in the prevalence of smoking in the CDHB region, with CDHB having the fourth lowest prevalence of regular smokers of all DHB regions in the 2006 Census.<sup>7</sup>

The latest ASH Year 10 Survey<sup>8</sup> found that the CDHB region also has one of the lowest percentages of regular 14–15 year old smokers. Parental smoking and exposure to smoking in the home as reported by students have also decreased significantly in the CDHB ( $p < 0.05$ ).<sup>8</sup>

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