Co-design Partners in Care case study

Smoke-free Phillipstown (The Pharmacy@ Phillipstown)

Introduction

The challenges of becoming free from tobacco dependency amongst those who have endured the poverty and enslavement of long-term entrenched cigarette smoking cannot be overstated. This co-design project has looked at ways The Pharmacy @ Phillipstown and consumers in the community can work together to increase the ability of our consumers to give up smoking, and ways to increase resilience within the community so that our community can become smoke-free and drug-free.

Background and baseline data

The Pharmacy @ Phillipstown

The Pharmacy @ Phillipstown is part of a group of pharmacies in Christchurch (The Pharmacy @ pharmacies). It services approximately 2500 patients in the Phillipstown area and also has a charitable trust arm from which the current smoking cessation service is run.

Phil Berry, pharmacy owner and sponsor, is a visionary leader with a heart for the Phillipstown community. His support in providing funding for hours worked in the pharmacy and encouragement for this project has been fundamental to its success.

The Smoker Cessation Motivation and Referral Service

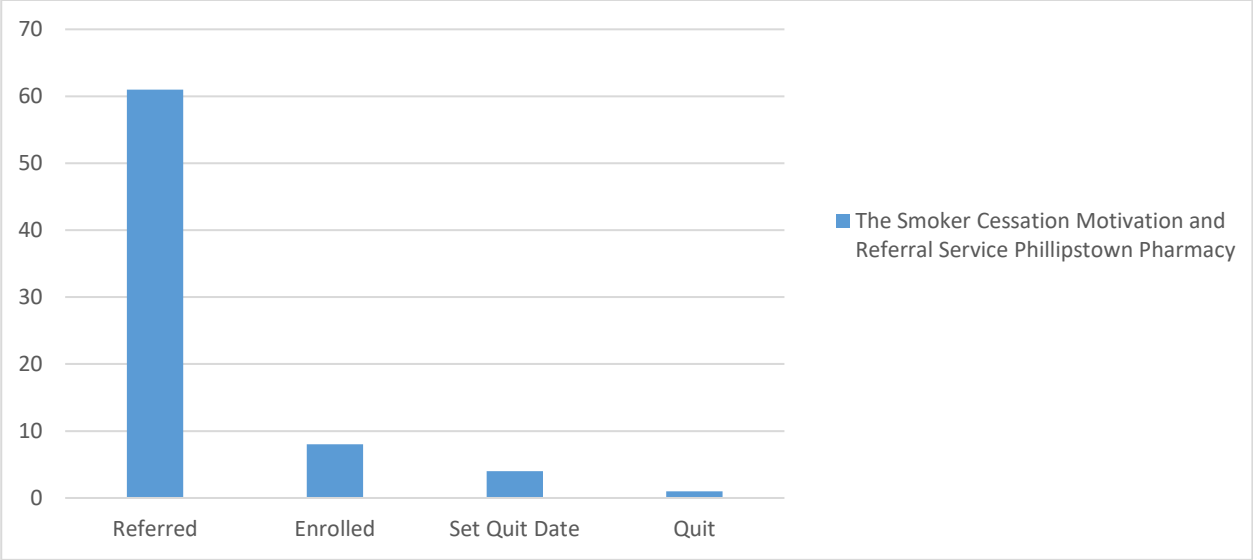
In 2017 the Christchurch District Health Board (CDHB) contracted the Canterbury Community Pharmacy Group to deliver a Smoker Cessation Motivation and Referral Service (SCMRS) within selected Canterbury pharmacies. The Pharmacy @ Phillipstown was one of 19 pharmacies in Canterbury that applied for and was selected to deliver this service. Essentially the service involved motivating customers who smoked within the pharmacy's client base to consider smoking cessation, and then referring them to Te Hā – Waitaha, Stop Smoking Canterbury (CDHB) for cessation and behavioural support in quitting smoking. A small payment was received by pharmacies with each referral sent.

The project was underway by October 2017 and by the end of the financial year (30 June 2018) the 19 pharmacies had created 608 referrals to Te Hā – Waitaha.

The conversion rates, however, were low, as is typical with referrals from primary care. Approximately 17.7 percent of the people referred from pharmacies enrolled in the programme, 14 percent of those referred set a quit date, and just 7.2 percent of those referred were smoke-free at 4 weeks (carbon monoxide verified).

The results were particularly challenging for us at The Pharmacy @ Phillipstown. We were the smallest community pharmacy in the project in terms of staffing and population served but generated a high number of referrals (61, which was 10 percent of all referrals from the 19 pharmacies). Yet our conversion rates from customers being referred to Te Hā – Waitaha were extremely low – just 8 enrolled of the 61 (7.6 percent), 4 set a quit date (6.6 percent) and 1 was smoke-free at 4 weeks (1.6 percent).

Figure 1: Smoker cessation motivation and referral service



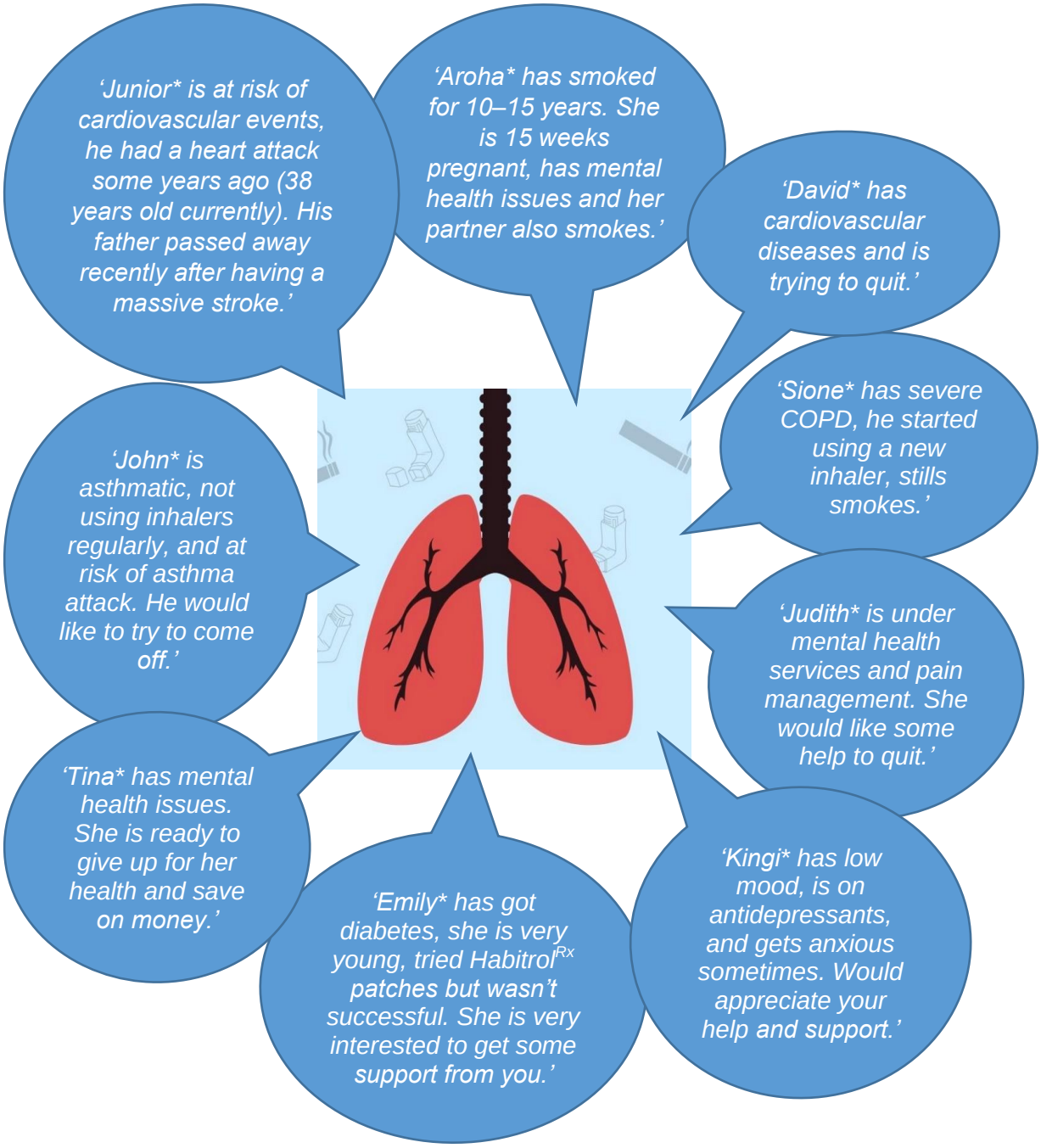
Subsequent to this time we know that 3 of those referred to the hub at Te Hā – Waitaha at this time have since become smoke-free (4.9 percent of those referred confirmed smoke-free).

Nevertheless, the results were underwhelming. Of particular concern was the huge drop-off between referral and enrolment (which is defined as the person being seen at least once). Fifty-three people were deemed motivated to quit smoking by pharmacy staff but did not enrol in the Te Hā – Waitaha stop smoking programme.

The human and health costs to low enrolment rates is significant considering how smoking is causative to or exacerbates most health conditions.

Some indication of the harms created with these people not enrolling and continuing to smoke can be seen by comments made at the referral point by pharmacy staff (*Figure 2*). These comments pertain to people who to our knowledge have not yet become smoke-free.

Figure 2: Comments made at the referral point by staff at The Pharmacy @ Phillipstown. (names have been changed)*



Context

Te Hā – Waitaha

Te Hā – Waitaha is a hub and spoke model. Referrals for smoking cessation come into the hub from hospital, midwives, general practitioner (GP) surgeries, pharmacies and other providers. People are then either seen by smoking cessation practitioners at the hub (Community and Public Health – CDHB), or by smoking cessation practitioners at partner organisations. These include He Waka Tapu, Te Puawaitanga, Purupuruwhetu, Etu Pasifica and Rural Health Canterbury.

Although not funded by Te Hā – Waitaha, The Pharmacy @ Phillipstown has a collaborative relationship with this service and now accepts referrals as well from the hub in the Phillipstown area.

Collaboration with Te Hā – Waitaha has also been fundamental to our project in their provision of mentoring and training, peer support, nicotine replacement therapy (NRT) and endorsement of our service. This is highly appreciated.

He Waka Eke Noa/pharmacy workforce

Robyn Harris is a pharmacist and smoking cessation practitioner who started working at The Pharmacy @ Phillipstown one day a week in August 2018, having been already employed by The Pharmacy @ Group within a charitable trust the pharmacy had set up. She applied for this co-design project.

Robyn is passionate about smoking cessation, having seen the significant health, financial and social costs of people smoking. She runs the smoking cessation clinic on Fridays at The Pharmacy @ Phillipstown, seeing people individually, liaising with health professionals and community organisations, and also helping with our group.

Ruby Willing is a full-time dispensary technician and kaiāwhina (advocate) at The Pharmacy @ Phillipstown. She is also passionate about smoking cessation and has referred many clients to either Te Hā – Waitaha as part of the SCMRS contract or directly to our clinic at Phillipstown as part of this quality improvement project.

Ruby is the driving force of our smoking cessation support group held at The Phillipstown Hub, using the values of Te Whare Tapa Whā.

Phillipstown – opportunities, challenges and demographics

Phillipstown is an inner-city suburb in Christchurch that has traditionally been recognised as a lower socio-economic area. Through working in the pharmacy at Phillipstown we have noticed a number of our customers who are ‘falling through the gaps’ in the health system.

Many people in Phillipstown haven’t known how to get free of smoking, drugs and alcohol and are not fully aware of what support is available to them. The prevalence of drug use in Phillipstown is also likely to have been a driver for a high crime rate. Police figures show the Phillipstown area had the highest rate of burglaries in 2018 throughout Canterbury.

Ethnicity

Our locality is ethnically diverse, with high numbers of Māori and Pacific peoples compared to the general population in Canterbury. This is significant, as Māori, for example, are 2.6 times more likely to be smokers than non-Māori.[1]

[1] www.smokefree.org.nz/smoking-its-effects/facts-figures

- Māori people represent 15.3 percent of our population. Across the whole Pegasus Health primary health organisation (PHO), Māori people represent 8.5 percent.
- Pacific peoples represent 7.3 percent of our population. Across the whole Pegasus Health PHO, Pacific peoples represent 2.7 percent.
- The percentage of Asian peoples within our population and the whole Pegasus PHO is similar, at 11.9 percent and 9.4 percent respectively.
- The percentage of European people within our population is 63.6 percent, compared to 77.8 percent across the whole Pegasus PHO.

Deprivation

Phillipstown is a high deprivation area. Of the 8313 people in our population identified by Pegasus Health PHO Q3 2019 data from the Phillipstown/Woolston area, 7829 (94 percent) are listed in the highest deprivation quintiles 4 and 5.

Smoking is more prevalent in high deprivation areas and is also a driver for further poverty and inequity. Statistics New Zealand has shown that in the last quarter (January to March 2019) in Māori households, cigarettes and tobacco make up approximately 4.8 percent of spending, as opposed to 2.5 percent for all households. Cigarettes and tobacco also make up about 4.1 percent of all spending for beneficiaries – that is, Māori and low-income earners are disproportionately affected by cigarette excise tax increases. Phillipstown, having a relatively high population of Māori and being a high deprivation area, is also disproportionally affected by these taxes.

The effect of excise tax increases on tobacco, both in terms of increasing motivation to quit and the unintended social harms of cost increases, was one of the things that we were seeking to understand from our consumers in this co-design project.

Deprivation also has an effect on mental health. Prevalence of psychological distress is 3.1 times higher in adults living in the most deprived neighbourhoods than in the least deprived neighbourhoods.[2]

Mental health

Looking at our prescription data, of the 61 people that The Pharmacy @ Phillipstown referred to Te Hā – Waitaha as part of the SCMRS, 29 people (48 percent) had a history of being dispensed medications from the Pharmacy @ Phillipstown that are used to treat or manage drug addiction (apart from tobacco) and/or mental health disorders.

This figure does not cover those who pick up medications from other pharmacies, those with untreated mental health disorders, those who still consider themselves addicts (illicit drugs/alcohol) without needing current treatment, and those that are using friends' and family's medication for mental health disorders. Therefore, this figure is under-reported.

In our cohort of people enrolled into our Smoke-free Phillipstown service there were also 29 people (48 percent of those referred) who had a history of being dispensed medications from our pharmacy used to treat or manage drug addiction and/or a mental health disorder. However, through our consultations with these people a further nine people identified as having addiction/mental health disorders (62 percent of those referred).

These figures indicate that we have high rates of mental health conditions and/or drug addiction issues within our community.

Mental health is relevant to smoking cessation as people with serious mental illness and/or addictions are up to three times more likely to smoke than other members of the general

[2] www.health.govt.nz/publication/annual-update-key-results-2015-16-new-zealand-health-survey

population. Smoking is also the single most important cause of premature death in people with serious mental illness, reducing life expectancy by up to 30 years.[3]

People who have a serious mental illness and/or addiction are also less likely to be able to give up smoking.

In this co-design project we have sought to understand from our consumers how mental health issues affect people's ability to becoming smoke-free and what things can help.

Aim

- To better understand our population with regard to:
  - What proportion of our consumers have never smoked, are ex-smokers or are currently smoking?
  - How do our consumers who smoke feel about their smoking?
  - How do ethnicity, cost pressures and mental health conditions affect people's smoking in Phillipstown?
  - How motivated to quit are our consumers who smoke?
  - What has worked in quitting smoking for those who are ex-smokers, and what were their motivations?
- To co-develop a service, in conjunction with consumers and Te Hā – Waitaha, that enables people who smoke in Phillipstown to become smoke-free.
- To engage with and encourage tangata whaiora (people who have a mental health condition) to become smoke-free.
- To increase our smoking cessation rates of those people who are motivated to quit smoking and want support in quitting from 1.6 percent to at least 20 percent.
- To co-develop a broad range of options to encourage smoking cessation within this group of people.
- To co-design a way to navigate people who struggle with other health concerns or issues in their lives to other support services (eg, those dealing in drug addiction).
- To connect people (tangata whenua and manuhiri) to their Māori (or other) heritage through discussion about whakapapa, introducing ourselves through a pepeha and embracing the principles of Te Whare Tapa Whā.

Engaging our consumers

Our co-design project expression of interest was accepted in late August 2018. On 7 September 2018 we participated with our consumers in a master class on how to achieve co-design. It was critical for us to connect with consumers, both in our core co-design team and in our focus groups, who represented the demographic of Phillipstown.

The people in our core co-design team were:

- Robyn Harris (stop smoking practitioner and pharmacist)
- Ruby Willing (kaiāwhina and dispensary technician)
- Jason Bell (kaiāwhina and consumer)
- Lisa Shaw (consumer)

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[3] Peckham EJ, Bradshaw T, Brabyn S, et al. 2015. Exploring why people with SMI smoke and why they may want to quit: baseline data from the SCIMITAR RCT. *Journal of Psychiatric and Mental Health Nursing* 23(5): 282–9. DOI: 10.1111/jpm.12241.

- consumer (not wanting name published).

Our core group of consumers in our co-design team are all people who have received pharmaceutical services from our pharmacy (picking up medications daily or weekly), live close by in Phillipstown and have represented the demographic of Phillipstown.

- Two were people who smoked.
- Two were people who have had other addiction issues in their life.
- All had experienced financial deprivation and pressures within their lifetimes.
- Two are Māori and one is New Zealand European.
- All had insight and expertise into the drivers of smoking and other drug addiction issues in Phillipstown.
- One consumer has spent a number of years moving from unmanaged addiction to now being in full-time employment as a support worker.
- Two consumers who were smoking for many years have since quit.

Figure 3: The co-design team

Robyn, having just started at the pharmacy, met two of our consumers through medication use reviews and/or other medication discussions.

The third was a person who had been coming to the pharmacy for a number of years and was well known by Ruby and the pharmacy owner, Phil Berry, who had encouraged them to move from being a recipient of addiction services and opioid recovery medication to being qualified to support others in this area. Ruby engaged this consumer, who was happy to join our project.

We invited our consumers to join our team.

Together we formed He Waka Eke Noa. The name of our team is taken from the whakataukī (Māori proverb) meaning ‘A canoe which we are all in with no exception’, or more simply, ‘We are all in this together’.

Together at the master class, we developed our elevator statement to reflect the wairua (spirit) of our project. Our consumers were particularly passionate about using inclusive and non-judgemental language without condescension towards our community.

Elevator statement

We want to support our community in Phillipstown to have good hauora hinengaro (healthy minds) and to become smoke-free and drug-free and stay that way. We are doing this for today's generation and for future generations in Phillipstown.

We want to work with whānau who are facing these challenges to better understand how He Waka Eke Noa can help. Throughout the project our continued focus will use the principles of the Māori health model Te Whare Tapa Whā – taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health), and taha hinengaro (mental health).

Figure 4: The co-design team

Engaging with the community

This has been a collaborative project that has required us to engage with not only Te Hā – Waitaha but a number of other different people and organisations within the community.

Our core co-design team has provided the direction and impetus for our engagement with other stakeholders within the community.

As a team we made the decision to create a weekly support group that also served as a continuous focus and co-design group to help us understand experiences and identify ideas about how we could help improve smoking cessation rates in Phillipstown.

Before this initial focus group, our core group of consumers co-developed a survey. The aim of this survey and discussion was to get an initial understanding of what led people to start smoking, what things would motivate them to want to give up, what barriers they had in giving up smoking and what issues concerned them in Phillipstown.

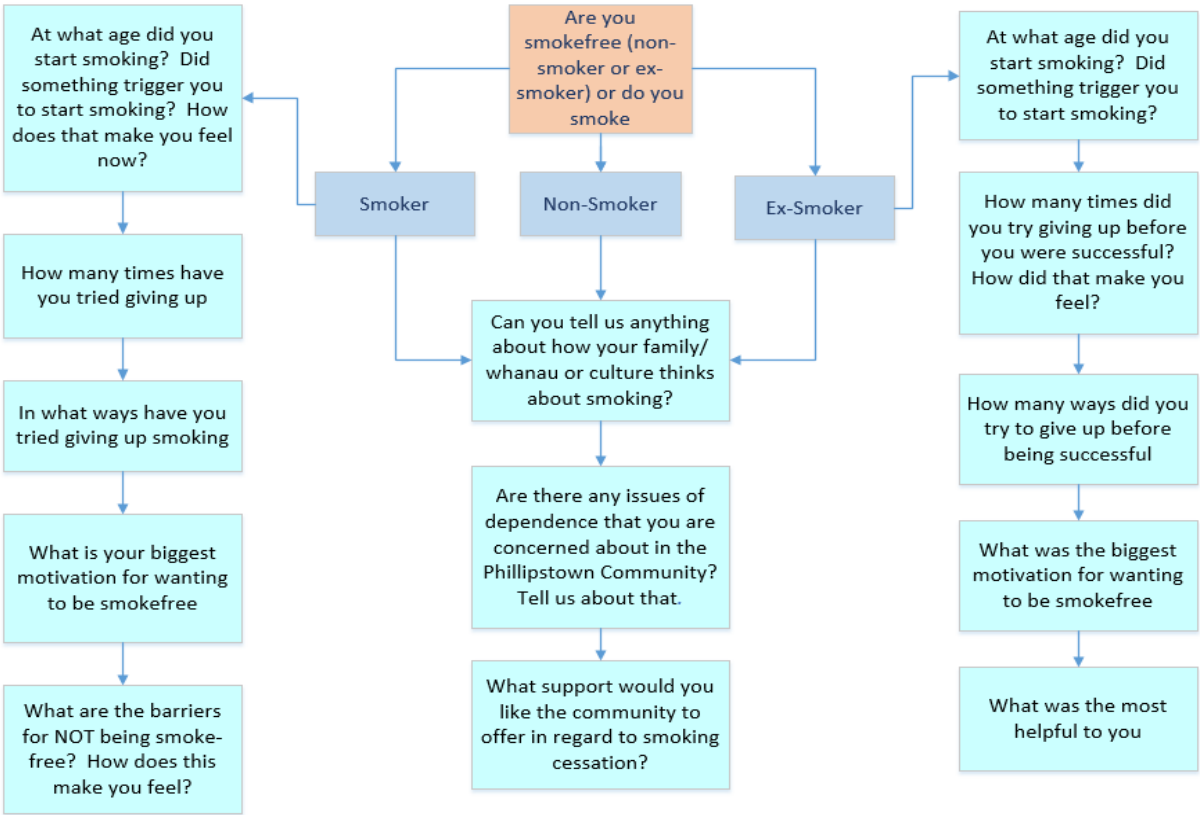
Capture: Initial focus group and survey

Figure 5: Our initial focus roopu (group)

We had the initial focus group of eight consumers who discussed and answered 12 questions from this survey. Four other people also individually responded to the same questions.

Most filled out the written survey (n=9). We collated further comments from these people or from others who were unable to write their own answers. We also had a recorded verbal interview with on of these people. Not everyone filled out every question.

The following questions were asked:



Capture: Results from the first survey

This initial focus group gave the following insights:

1. It was very important to our consumers that there was a clear separation between the work that we were doing with smoking cessation and the dispensary work in the pharmacy. Consumers did not feel safe to share information about their smoke-free and potentially drug-free journey if these things were documented on pharmacy software and/or shared with other pharmacy staff. This was particularly important to people who were involved with the Christchurch Opioid Recovery Service (CORS) and were being dispensed methadone/suboxone through The Pharmacy @ Phillipstown. Therefore, before we started this survey we discussed confidentiality of any such information and the separation of pharmaceutical work within our pharmacy.

2. All of our consumers started smoking at a very young age (10-20 years old). Their decision to smoke at this age was influenced by family and peers (ie, someone related to them or their peers smoked).

   'I started smoking at 14 years. I started smoking with my mates at school 'cause it was the trend back then. I really regret starting and wish I didn't try it at all 'cause it has affected my health.' (Smoker, age 49)

   'I was 10, at my nana's house.' (Smoker, age 43)

   'Started about 17, through peer pressure, played cricket, everyone smoked.' (Just became smoke-free, age 82)

   'They (family/whānau) all smoked, most of them anyway.' (Smoker)

3. There were examples where an extreme event sabotaged previous quit attempts (this became a common theme as we continued with our focus groups).

   'I had one (quit attempt) at 17, started again at 18 when Dad shot himself [and died]. Four years ago I gave up cold turkey but started again with stress with a cousin [alcoholic]. Ten years ago I had a heart attack. Two years ago I had another heart attack when on [nicotine] patches.' (Ex-smoker, age 55, recently stopped using vaping)

   'Before the big earthquake I tried Habitrol^{Rx} patches and quit a whole year. The big earthquake threw me out of bed, then there were a lot more. All people left the flats. I felt alone, isolated, it made me cry. I was moved to the racecourse and stayed there for a while. I started smoking there. There were a lot of people smoking there at that time. It helped me, calmed me down. I was in town on the day of the February earthquake. Almost got hit by bricks. The second earthquake influenced me to smoke more. Every time I started smoking again I ended up smoking more.' (Ex-smoker, aged 69, recently stopped using nortriptyline)

Figure 6: Peter - smoke-free

4. Health, money and family/whānau were the main reasons for people wanting to give up smoking.

5. People used a variety of methods and had various experiences in giving up smoking. Vaping emerged as a tool that some people had used to quit smoking and others were wanting education about.

'Vaping, holding it is like a comfort. I don't get the same anxiety I had when I was trying to ration my cigarettes.'

6. When asked about what were the major barriers to giving up smoking, most people (71 percent) mentioned stress.

   'Stress, life, my brain having to notice how I'm feeling and what I'm thinking.'

7. People who had smoked had tried giving up many times. Comments included *'Many', 'Three proper times', 'Gave up counting', 'About 12'*, and *'About 10 times'.* Of those that had tried and failed to give up smoking, NRT patches, gum and lozenges was by far the most common tool used.

8. Comments made to our question 'Are there any issues of dependence that you are concerned about in the Phillipstown community? Tell us about that' were particularly telling.

   'Methamphetamine, leading to violence, crime, children/family members suffer with alcohol and drug abuse.'

   'Drugs, alcohol, smoking.'

   'P, synthetics, the loss and loneliness in children and people.'

   'Synthetic cannabis is a big problem.'

   'Opioids.'

   'Domestic violence.'

   'Homelessness.'

   'Coming down from meth/synthetics, worse than opioids [for aggression].'

9. In answer to our question 'What support would you like the community to offer in regard to smoking cessation?', peer support, free medicine (but interestingly not necessarily subsidised e-cigarettes) and education came up strongly.

   'Education with being listened to. Power with, not power over. Main thing is to see the pain [this is why people use].'

Understanding: First survey

This initial focus group spoke of a group of consumers who were very concerned not only with their own personal journey of wellbeing but also with the prevalence of synthetic cannabis shops in the community and the effects of drugs, smoking and alcohol on their community. Some wanted to move out of the area. Others wanted to help change the community.

With respect to smoking cessation in those who smoked, people recognised it as an addiction but almost universally saw stress as a barrier to giving up – that is, they were not sure how to get through stressful events or the stress of life in general without cigarettes.

People who had not managed to give up smoking had tried quitting many times using NRT and had largely found this not effective. This spoke to the need for other smoking cessation tools to be offered as an alternative or in addition to NRT.

Autonomy – that is, the ability to decide for oneself what to do – also came through very strongly. People wanted education about smoke-free/drug-free options (eg, vaping) but they needed to feel that they were not pushed into any course of action. Critically, they did not want people in their

community to lose their place on the CORS programme because they had slipped up with taking illicit drugs. Having a separate place to meet for the group (individual appointments were seen as less problematic) and having the pharmacy opioid dispensing workforce separate to this project was seen as crucial.

Further discussion revealed that many people felt disconnected from their families and/or whakapapa, and this added to feelings of stress in their lives.

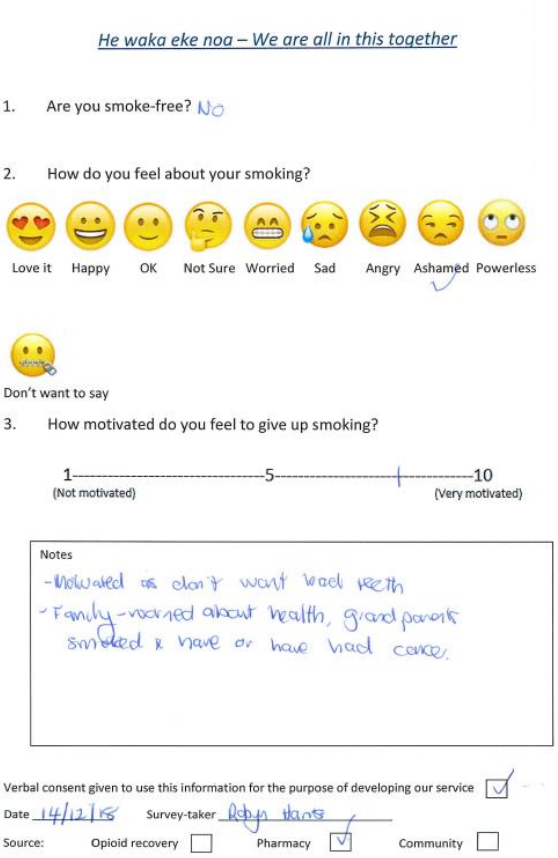
Capture: Results from 100 short surveys

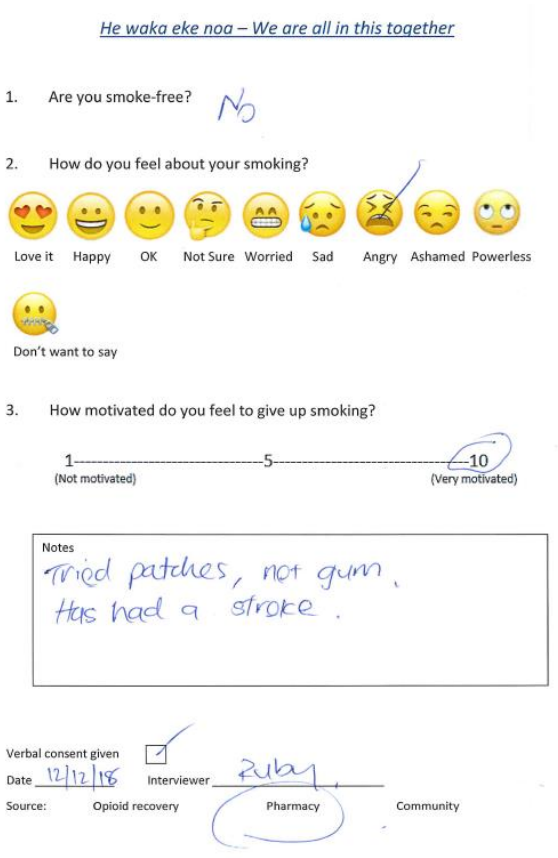
The initial 12-question survey yielded a range of useful information and also resulted in some gaps that we wanted to explore further, so we developed a short survey with three specific questions and an opportunity for 'free text' (Figure 5).

When there was time in the pharmacy we asked every customer who walked in if they would be happy to complete the survey.

Overall, this survey provided significant learning about how people feel about smoking, how they feel about becoming smoke-free, and what methods have been most successful for people living in Phillipstown who have been able to quit. They also helped us understand some of our questions from the baseline SCMRS contract.

Figure 5: Two examples of the short survey.

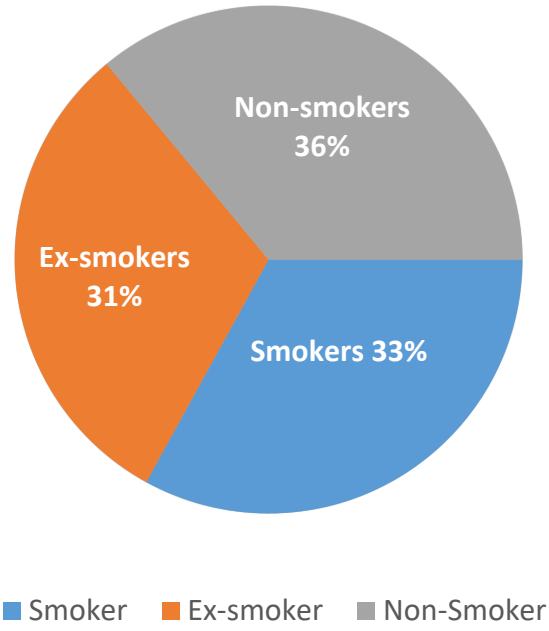




Key findings

1. We saw that we had very high rates of smoking amongst our customers in Phillipstown (over double the national average of 13 percent). There was consistency in this result in that each cohort we surveyed (including additional short surveys beyond the 100) returned approximately the same results – that is, approximately one-third of our customers smoked, one-third were ex-smokers, and one-third had never smoked.

Figure 8: Percentage of non-smokers, ex-smokers and smokers at the Pharmacy @ Phillipstown

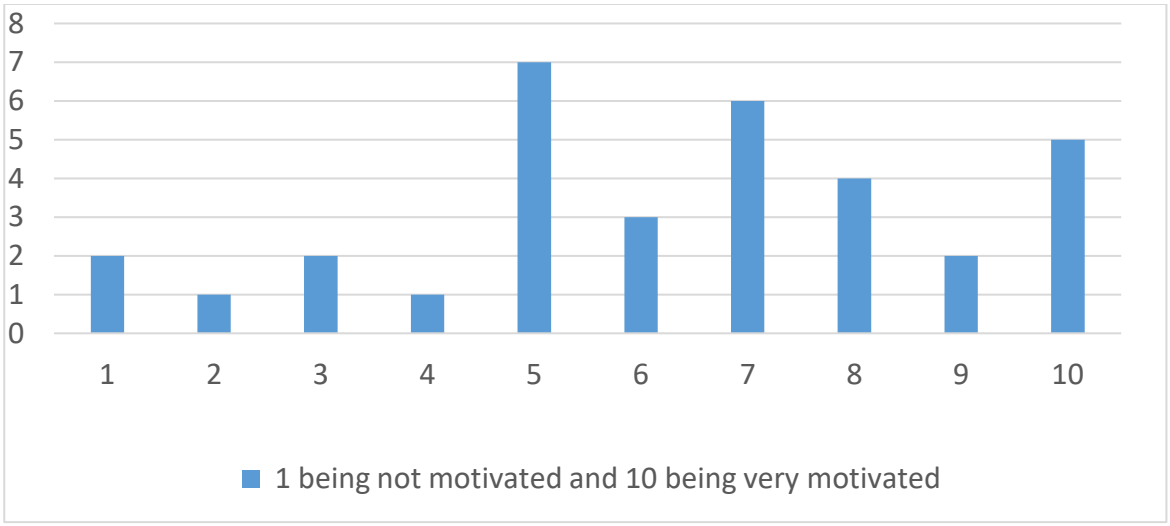


Of those who smoked and expressed emotions about their smoking, 54 percent had negative emotions ('powerless', 'angry', 'ashamed', 'worried', 'hate it'), 19 percent were 'ok' about smoking, 17 percent were positive emotions ('happy' or 'love it'), and 10 percent were 'not sure'.

Note: People were able to express more than one emotion (eg, 'I love it but I feel powerless to stop').

2. With regard to motivation to quit, it became clear that motivation was not the main issue in people not enrolling in cessation services, but rather there were other barriers. Of the 33 people who smoked, 20 (61 percent) scored themselves as 6 to 10 on the motivation scale (1 being not motivated to quit, 10 being fully motivated to quit), 7 people (21 percent) were ambivalent with a score of 5, and 6 people (18 percent) gave themselves a score of 1 to 4 (not very motivated to quit).

Figure 6: Motivation scale



3. Health featured highly on the reasons to quit, with 35 percent wanting to improve health and 18 percent already having significant health issues due to smoking. Cost was also an important factor (17 percent), as were pregnancy (12 percent) and friends and family (12 percent). Lastly, it smells bad (6 percent).

4. With our ex-smokers (36), 21 percent gave up smoking 'cold turkey', 21 percent gave up through NRT, 21 percent gave up through vaping, 19 percent used smoking cessation services, 13 percent used varenicline (Champix^{Rx}), and 5 percent gave up through bupropion (Zyban^{Rx}).

How our ex-smokers stopped is interesting. NRT is by far the most readily available and cheapest option for quitting smoking and is also free of charge through Te Hā – Waitaha and by extension through our clinic, so the fact that just 21 percent of people were successful on these products points to their low efficacy for people in our community, although it is still helpful to many people.

In contrast, considering nicotine-containing vapes have only been legal since June 2018 and these surveys were predominantly done in late 2018, 21 percent of people already having quit through vaping is high.

Varenicline continues to be in our minds, as it is a very underutilised medication. It has high efficacy, being the most effective stop smoking medication on the market (tripling the rate of successful quit attempts), yet being a prescription medicine is not as accessible. Varenicline accounted for just 13 percent of methods by which people quit.

In summary, we had high numbers of smokers and ex-smokers in Phillipstown. Sixty-four percent of people surveyed had either smoked (and therefore were potentially vulnerable to start smoking again) or were still smoking. However, of those people that smoked, most didn't like the fact that they smoked, and perhaps more importantly, most people were motivated to quit.

This is reinforced by the next question about motivation to quit. Most people were able to give an answer, the two top concerns being health and cost.

Test

Having done our initial capture and survey, we moved into the test phase of our project. From what we understood as a co-design team, we instigated or continued with:

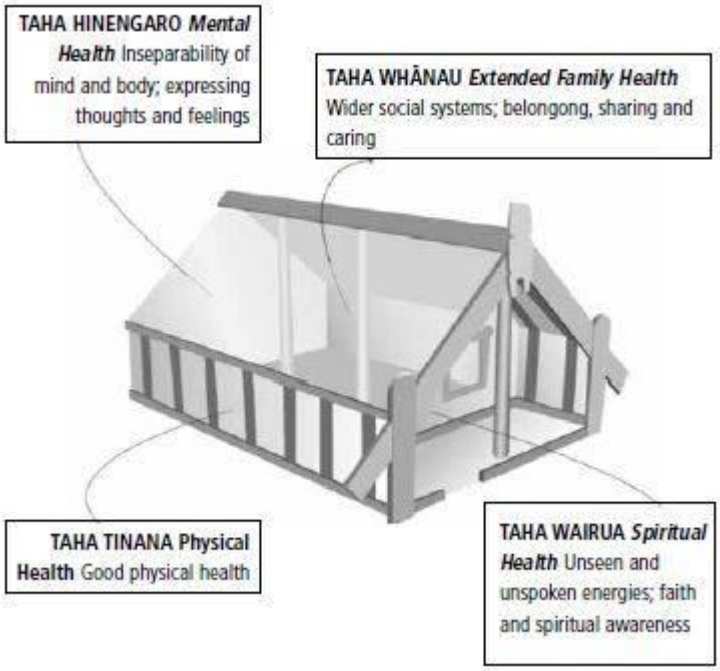
- individual smoking cessation appointments each Friday at The Pharmacy @ Phillipstown between 8.30 am and 5.30 pm (excluding the group time)
- an ongoing smoking cessation and wellbeing group using the principles of Te Whare Tapa Whā. The activities and discussions in this group also helped to inform this project (see more below)
- collaboration with the Vape Merchant to provide education, vouchers and resources around vaping
- investigation into pharmacist prescribing of varenicline
- collaboration with the Phillipstown Community Hub to advertise our service.

Te Whare Tapa Whā group sessions

In our Friday group we have been closely following the Māori Health model Te Whare Tapa Whā in becoming smoke-free. This model uses the analogy of a whare, looking at the four walls as the key elements of hauora: taha tinana (physical health), taha wairua (spiritual health), taha whānau (family health), and taha hinengaro (mental/emotional health).

Te Whare Tapa Whā suggests that if one wall of the whare is affected negatively, then all four walls are affected. Therefore, we encourage our group to aim to incorporate self-care to all sides of the whare every day. Each session, we begin with sharing with the group at least one way we have honoured ourselves using Te Whare Tapa Whā. Some of the activities we have done in the group include discussion on 'Who am I?' – understanding ourselves on a spiritual level (taha wairua). We have done a group walk to the Bridle Path (taha tinana), and we have done a gratitude exercise (taha hinengaro).

Figure 7: Te Whare Tapa Whā model of hauora

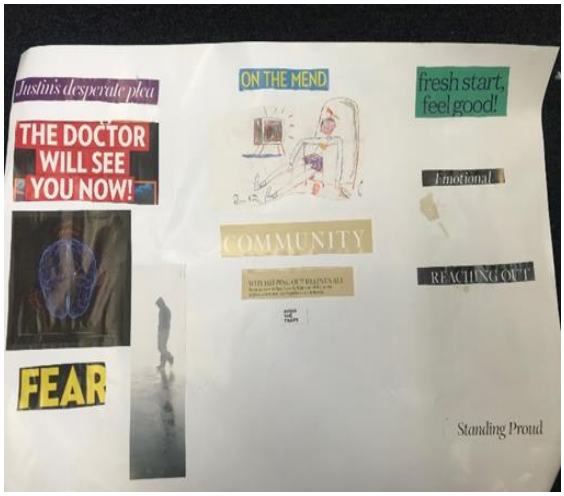


Te Whare Tapa Whā – hauora hinengaro (mental well-being)

Where I was, where I am, where I hope to be

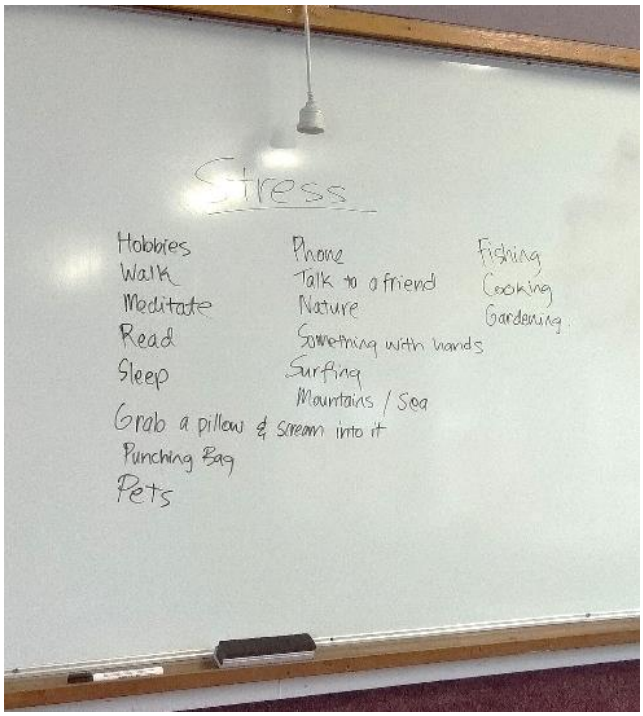
We have created posters to show where people have been, where they are at now and where they want to be. The kōrero around this has provided additional information to help understand people's situation and future aspirations.

Figure 8: Posters created by consumers in our Smoke-free Phillipstown peer support group



From our initial focus group many people say that they smoke because of stress, so we had a discussion on what ways we can handle our stress.

Figure 9: Exercise on dealing with stress in our peer support group



Te Whare Tapa Whā – tinana (physical health)

The Bridle Path

We did a group walk up the Bridle Path (to the Summit Road on the Port Hills). It was a first for two of our consumers, who both commented that they would never have been able to achieve this if they were still smoking. We have planned another trip to a hut and also aim to go on a walk once a month as part of our focus on tinana.

Figure 10: Walk up the Bridle Path with our peer support group

Te Whare Tapa Whā – wairua (spiritual health)

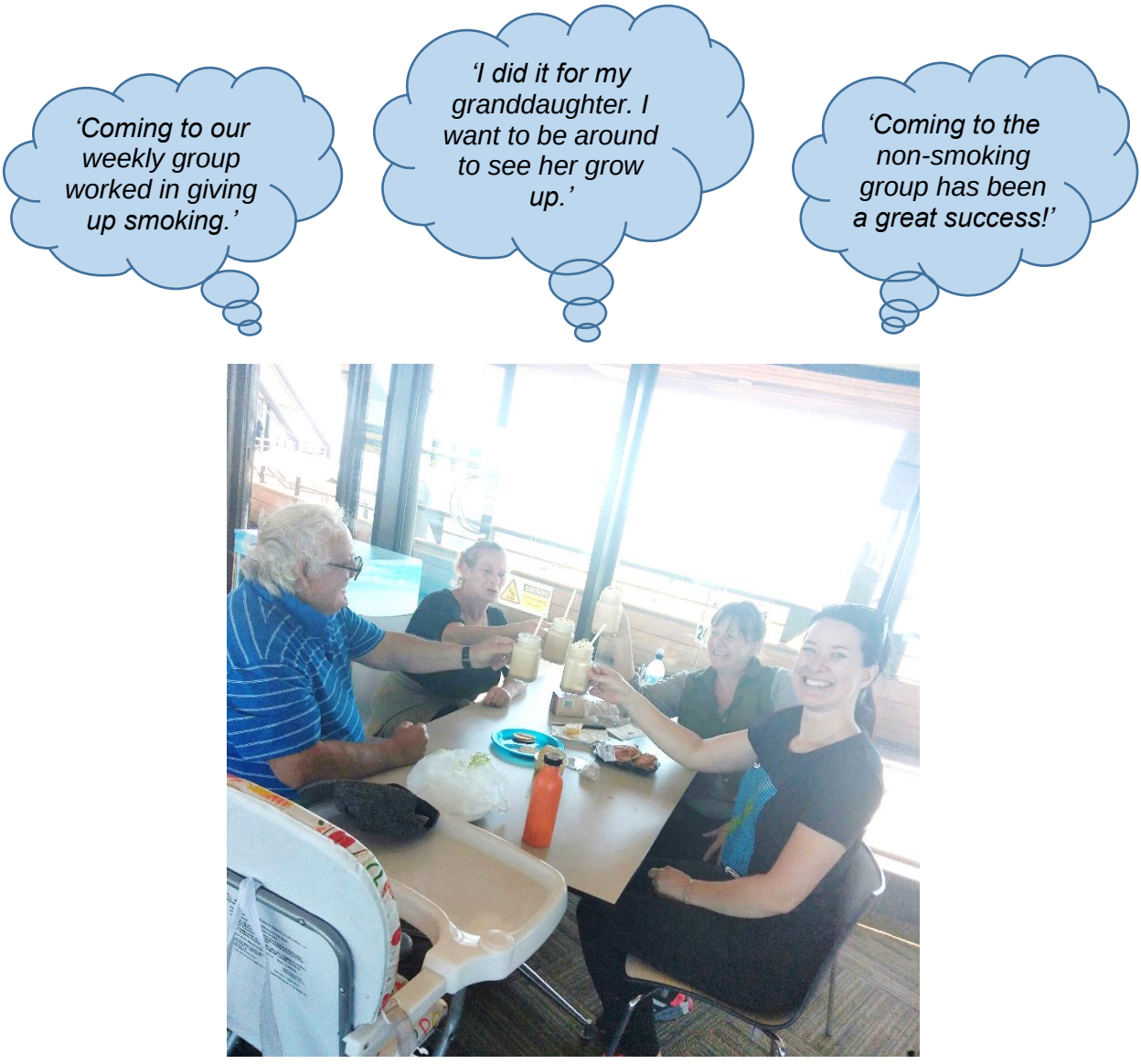
- Tapa wairua was used to help people understand how to live a life with meaning and purpose. One of the key themes we found with our surveys was that as a smoker, people can feel lonely. Giving up an addiction can seem too difficult by yourself. If you have something higher than yourself to believe in, you will have more self-belief that you can do anything.
- We did an exercise of 'Who am I?' Consumers wrote as many words as they could think of to describe themselves, then crossed out 30 percent of their words that they wanted to give up about themselves, until they had 10 percent remaining. This remaining 10 percent was the core essence of who they are.
- We also have done a gratitude exercise to share what we are most thankful for.

Figure 11: Gratitude exercise with our peer support group

Te Whare Tapa Whā – whānau (family health)

A lot of our consumers who attended the group on Friday were disconnected from their whānau in some way. We treated everyone in our group as whānau, so attending would often be used as an example of meeting their tapa whānau or social wellbeing.

Figure 12: Kotahitanga (connection together)



Understanding: Te Whare Tapa Whā

Te Whare Tapa Whā has been the foundation of our group. We have recognised that there is no point in trying to compel people to quit smoking or take their medication when there are far bigger issues going on (eg, no housing, justice issues) and people do not have the tools to compartmentalise these issues and think about their health at the same time.

Te Whare Tapa Whā has been the vehicle by which we have given people these tools. Each week we ask, 'What have you done this week to honour your [eg, tinana]?' By doing this, people start to think proactively about their health, even if there are other crises happening in their lives.

It has also been the vehicle by which we have encouraged peer support and collaboration with other people and organisations to help.

Engagement with support services

Throughout the process of supporting our clients to become smoke-free, we have engaged with other CDHB and non-governmental support organisations.

Our consumers have been instrumental in providing peer support in accessing these services.

These services have included He Waka Tapu and the Christchurch City Mission (for drug addiction), the Depression Support Network, the Crisis Resolution team (for mental health), Work and Income New Zealand, the Ministry of Social Development (for housing), The Pharmacy @ Phillipstown (for medication management), general practitioners, and the Hepatitis Clinic.

We have also engaged with the 'Greening the Rubble' initiative (a community group who focus on making great outdoor spaces for communities in need) and will discuss ideas in how we can work on a project to make a community space outside our pharmacy that is smoke-free and drug-free.

This was a result of a number of our consumers expressing a desire to improve the environment in Phillipstown.

Having started the group and after getting very clear feedback from our consumers about education and advice around vaping, our next step was to investigate the endorsement of vaping as a smoking cessation tool within our service.

Vaping – engagement with Vape Merchant

Traditional NRT (patches, gum and lozenges) were not working for most of our people. Of the 23 people who have become smoke-free, only three have remained smoke-free with the use of NRT (single product or combination).

When we did our final survey, which mapped many of our consumers' stages of the journey, the two things that were cited most commonly as being ineffective was trying to quit smoking 'cold turkey' and 'NRT'.

NRT does not provide an easy transition away from smoking and requires quite high self-efficacy – that is, the belief in one's ability to succeed – which many of our consumers did not have.

Very early in the process our core co-design team identified vaping as a useful and under-utilised tool in quitting smoking. As a result of our consumers' input, we engaged with Vape Merchant, which is our closest supplier, to work collaboratively around vaping as a smoking cessation tool where other NRT therapies have not been effective.

We approached this cautiously but did take the step of endorsing vaping in our clinic.

Endorsing vaping was with the understanding of the risks and benefits of vaping and the Ministry of Health's advice that vaping could be suggested by smoking cessation practitioners where other quit smoking therapies have failed.

Vaping – results and understanding

Introducing the use of vaping into our service was a game-changer. Although vaping is not suitable for everyone and there are some cautions around its use (eg, in those who have chronic obstructive pulmonary disease (COPD) where other cessation tools may be more appropriate), it has made a huge difference in many people's lives. People are able to transition relatively easily from smoking to vaping.

Of the 23 people who have become smoke-free within our service, 16 people have become smoke-free through the use of vaping. Vaping has been particularly useful for many mental health consumers for whom nothing else has worked or has been offered. Of the 16 people who gave up through the use of vaping, 12 people had a concurrent mental health condition.

Varenicline

One of the aims of this project was to widen the options people had through our smoking cessation clinic to quit smoking.

Concurrent with developing vaping as an option for quitting smoking within our clinic, we have also been exploring the option of the pharmacist prescribing varenicline.

Varenicline is a very useful prescription medication for quitting smoking, increasing the chances of a successful quit attempt three times over that of a placebo.

Three of our 23 people who have successfully quit have done so with the help of this medication. Another person is a few weeks away from quitting using this medication.

There are some barriers to access. Two of the four of our consumers who have quit/almost quit smoking by using varenicline have taken over six months to get a prescription from their GP, and even this has involved significant time from ourselves to expedite the process. We currently have another person who in over three months of deciding this was the right medication for herself has still not accessed this medication.

Barriers to patients include cost of seeing the doctor, transport, consumers not wanting to make the appointment, consumers not wanting to talk about their smoke-free journey with the doctor, and the doctor being reluctant to prescribe for people with a mental health or addiction issue due to neuropsychiatric concerns.

Currently we are working with a Service Integration Facilitator (CDHB) to investigate the possibility of the pharmacist prescribing varenicline, through standing orders, which would increase access to this medication for our consumers.

Data from our project

Both our baseline SCMRS and our He Waka Eke Noa Phillipstown service had 61 consumers referred. The timeframes for each service were also similar – eight months.

Enrolment rates:

- Of the 61 people that The Pharmacy @ Phillipstown referred into the SCMRS, 8 people enrolled (7.6 percent).
- Of the 61 people that The Pharmacy @ Phillipstown/Te Hā – Waitaha referred into He Waka Eke Noa, 58 people enrolled (95 percent). One person declined enrolment (referral from

secondary care through Te Hā – Waitaha), and two people didn't enrol but quit smoking after encouragement from pharmacy staff.

Our high enrolment figures are due to the fact that we know our customers well, have multiple opportunities to talk to them about smoking cessation, and can see them on site.

Quit dates:

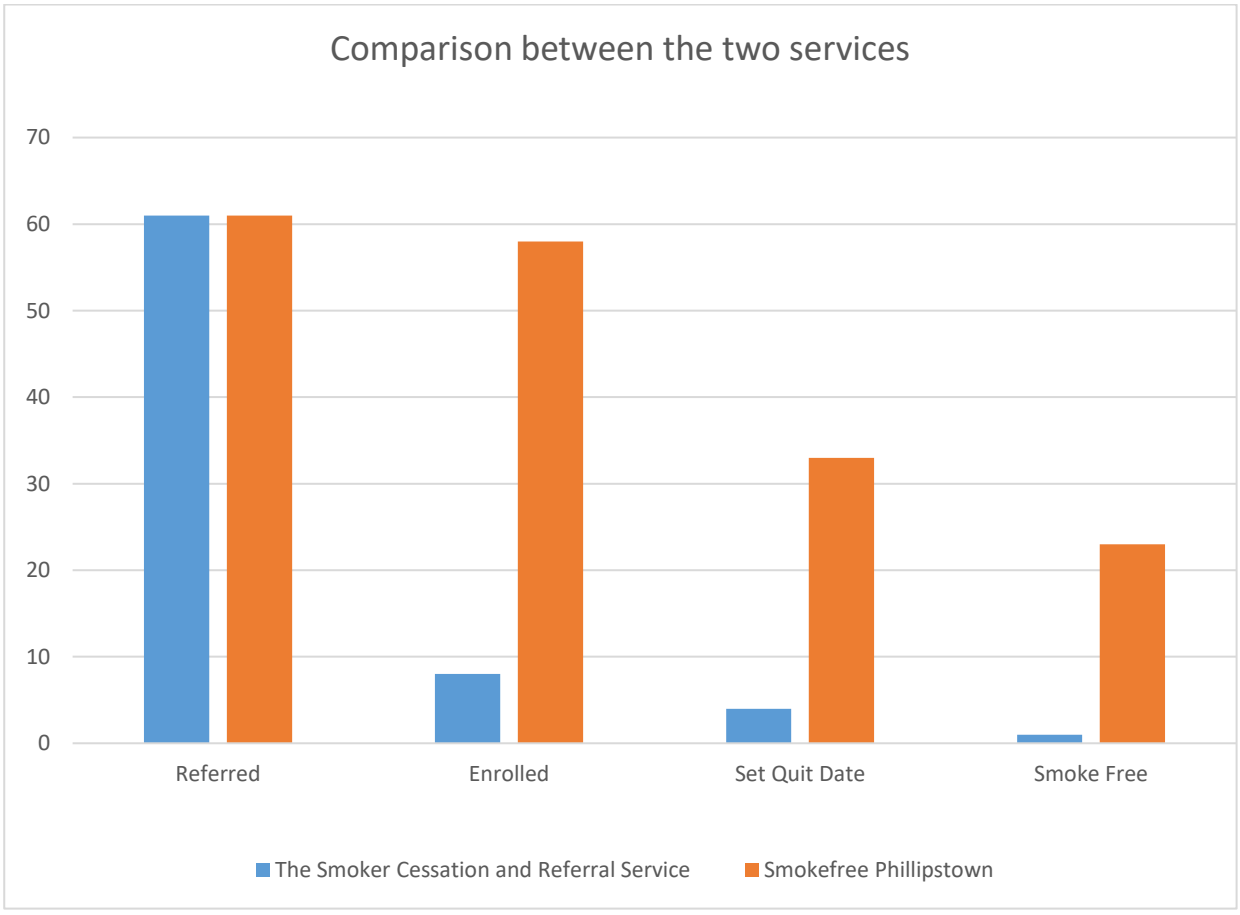
- Of those that enrolled into the SCMRS, 4 people (out of 8) set a quit date (50 percent).
- Of those that enrolled into He Waka Eke Noa, 33 people (out of 58) set a quit date (57 percent).

Quit rates:

- Of those that set a quit date in the SCMRS, 1 person (out of 4) became smoke-free (25 percent).
- Of those that set a quit date in He Waka Eke Noa, 23 people (out of 33) became smoke-free (70 percent).

These results show that we have more than exceeded our aim from the start of our project, which was to increase our quit rates compared to referral rates from 1.6 percent to at least 20 percent. Our quit rates have increased to 38 percent to date.

Figure 13: Comparison between the Smoker Cessation Motivation and Referral Service and the Smoke-free Phillipstown Service



Significantly, of the 58 people that are or had enrolled in the Smoke-free Phillipstown service we are still liaising with or supporting 47 people (81 percent) – that is, many of these people are still on their smoking cessation journey and expect to quit.

This data represents real people whose lives have changed hugely through being empowered to stop smoking, and this in turn has been through the insights of our consumers within this co-design project.

Capture leading to understanding

Stages of the journey

To finish off our project, our co-design team co-developed a final survey around stages of people's smoking cessation journeys to understand the impact of people stopping smoking. This also provides some feedback for us on how our service is viewed by our consumers.

We have mapped 12 journeys to date.

We have used the Smoking Cessation Framework of Prochaska and DiClemente to map our people's journeys through our service – pre-contemplation, contemplation, preparation, action and maintenance. This was suggested by our consumer Jason Bell.

To map our consumers' responses, we have used post-it notes on coloured paper tracking the journey in the shape of a koru (Figure 14).

Figure 14: Our Stages of the Journey Koru

Many of our consumers cite loneliness as a reason to keep smoking. Their smoke-free journey starts on the outside of the koru, and as they progress and other services are wrapped around them (eg, housing, medication support, depression support, crisis resolution, hepatitis support) they come into a place of feeling nurtured and encouraged in who they are. This is represented by the green area of the koru.

Some examples of the questions we asked and comments that people have made can be seen below.

Looking at the commonalities in each stage of the journey, we saw the following.

Pre-contemplation: Can you describe the time when you could not think of giving up? What was happening in your life then?

Our consumers highlighted the absolute dependence they had on smoking.

'All the time, almost on a daily basis, I thought I couldn't quit. I wanted to give up but the addiction wouldn't let me. It had control over me. Also, I liked smoking as it took my stress away.'

'I smoked at least 25 a day. I was always smoking. Subconsciously I was always smoking. I would roll a smoke and start smoking it without even thinking about it.'

'Couldn't do anything without having smokes with me, always got to have the smokes.'

Pre-contemplation: How did that make you feel?

Many consumers expressed emotions such as sadness, shame and guilt.

'Loneliness is the hardest, I felt despondent and sombre, sadness knowing it is killing me but I haven't got the willpower to stop.'

Pre-contemplation: What led you to this place that makes you feel you can't/couldn't quit?

Background and complex current situations made people feel that they couldn't quit.

'My stepfather always told me, you are not going to be much, you are going to be nothing, you are going to be a bum your whole life.'

'I was always told giving up smoking was harder than giving up heroin. I am on the methadone programme so I never wanted to try giving up.'

Contemplation: What made you seriously think about stopping smoking?

Lack of money/poverty as well as health issues were common themes that brought people to a place of wanting to quit smoking.

'I was getting loans from Cash Convertors to buy my cigarettes. It was getting me financial in the shit. I thought, "Should I buy tobacco, or get a vape?"'

'I was sick of all the bullshit, sick of being broke, having to re-offend to get the stuff and end up in jail. We were grabbing any drug available, up to six bags a day.'

'I was really worried about my health, I thought I would die, it was taking years off my life.'

'I ended up in hospital from an asthma attack, I watched my partner's mother die of emphysema, my friend died of an asthma attack at 40 and I was scared I was going to die.'

Contemplation: Were there any positive triggers that led you to quit?

Vaping came through as a theme.

'My wife had a voucher to go to the vape shop, you gave it to us. As soon as I got the vape I thought I would never have a cigarette again.'

'Using a vape to give up rather than Habitrol^{Rx}, it wasn't easy but I could see it would work.'

Preparation and action

Common themes involved getting support, minimising triggers for smoking and accessing tools such as vaping or varenicline.

'Ready to take a plunge with support. A different way than what I had done before. A bit more accountable.'

'I liked the group, I found the information that we were getting was really helpful, I was learning lots of stuff, like stuff I didn't think was possible. It was like, wow.'

'Vaping makes it easier. Now I want a vape instead of a cigarette.'

'Eventually I went to the doctor to get varenicline. I was adamant and you [Robyn] were in my head, I wanted to give up this year. This was the goal. Had to do it. Tried everything else.'

Maintenance – What things can you do now that you couldn't when you smoked?

'Believe it or not we went shopping before our next pay day … amazing, great feeling, never thought that was possible.'

'So good, I don't smell anymore.'

'I have my own place, I don't cough as much, my teeth are cleaner, my breathing is better and my voice is different.'

'The kids have found I have more time. Before I would go to do something, hang on a minute … which turned into 15 minutes as I would be having a smoke.'

Maintenance – How do you feel about being a non-smoker/non-user

Stopping smoking has had dramatic effects on people's lives.

'I will never smoke again, I know that now, amazing for me to do this, like running a marathon.'

'We used to have heaps of people say, "Can I have a smoke?" When we say we don't smoke, they don't believe it, everyone knows we used to smoke like chimneys.'

'We completely came off all drugs and cigarettes. I had my 50th birthday, no drugs or alcohol. I enjoyed my birthday clean.'

Summary

This co-design project has been about listening to our community. It started out as a smoking cessation service and has ended up as a holistic service not owned by ourselves but owned by our consumers in the community.

The more that we have engaged with our consumers, the more that we have understood the value of listening to and being led by their ideas. We have embraced the concept that having endured the poverty and entrapment of long-term entrenched cigarette smoking, they are experts in what they need to become smoke-free. Having gone through the ravages of drug addiction and the associated harms, they know what their community needs to become drug-free. Having spent lifetimes of being disempowered, what is most important to them is being given choices to make their own decisions about their health care.

Our consumers are people who are inherently untrusting of traditional health services. They are people whom the health system describes as falling through the gaps.

However, we have seen from our surveys that our people generally want to stop smoking and they feel motivated to quit, but the stresses around their lives make it seem too hard.

Some of the keys therefore are to work to decrease the external stresses while at the same time increasing internal resilience and options for smoking cessation.

In conclusion

This has been a huge but deeply satisfying project. Our group has drawn from the expertise of all our consumers. Although our focus has not been on the figures, but rather the individual people, we have ended up well exceeding our initial expectations in helping people to quit smoking.

Beyond this we can see many more opportunities in the future for working with our consumers in Phillipstown in the wairua of kotahitanga (togetherness).

He Waka Eke Noa – We are all in this together

Working toward a smoke-free and drug-free Phillipstown

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