

NURSES' ROLE IN SMOKING CESSATION

PROVISION OF NRT TO PATIENTS AND THEIR WHĀNAU



Introduction

Nurses come across the health burden that tobacco use has on our community, in their daily work. Throughout the various work settings, from infant care through to palliative care, nurses witness the impact of exposure to tobacco smoke on people's health. Therefore nurses are in an ideal position to make a difference in smoking cessation and to improve the health of their patients.

Most people who smoke want to quit¹ and many can be helped with advice and support from health care professionals. Nurses are the largest health care workforce and are involved in nearly all levels of health care. A metaanalysis of clinical trials has found that advice and support from nursing staff can increase people's success in quitting smoking, especially in a hospital setting².

The challenge is to incorporate smoking behaviour monitoring and smoking cessation interventions as part of standard nursing practice so that all patients are asked about their tobacco use and those who smoke are given advice to quit along with reinforcement and follow-up.

Registered nurses provide "...interventions that require substantial scientific and professional knowledge and skills. This occurs in a range of settings in partnership with individuals, families, whānau and communities."³

The New Zealand Smoking Cessation Guidelines (2007) refer to the 'ABC' – an aidé memoire for evidence-based clinical practice. 'A' is for asking all people if they smoke; 'B' is for giving brief advice to stop smoking; and 'C' is for cessation support, which should be offered to all people who smoke.

The role of nurses in the 'ABC'

Nursing practice should incorporate the 'A' in all patient contacts and follow up with the 'B' and 'C', or referral to 'C', for all patients who smoke.

The chance of someone quitting smoking roughly doubles⁴ with the use of nicotine replacement therapy. Other pharmacotherapies (eg, varenicline, bupropion and nortriptyline) and behavioural support are also effective in helping someone to quit.

Although nurses may not be in the position to provide ongoing behavioural support for patients making a quit attempt, the provision of nicotine replacement therapy through the quit card scheme and referral for ongoing support sits easily within practice.

¹ 2008 New Zealand Tobacco Use Survey Quitting Results . Wellington: Ministry of Health.

² Rice VH, Stead LF. Nursing interventions for smoking cessation. *Cochrane Database of Systematic Reviews* 2007, Issue 4. Art. No.: CD001188. DOI: 10.1002/14651858.CD001188.pub3

³ Nursing Council of New Zealand [Competencies for registered nurses December 2008](http://www.nursingcouncil.org.nz) p4 Wellington

⁴ Stead LF, Perera R, Bullen C, Mant D, Lancaster T. Nicotine replacement therapy for smoking cessation. *Cochrane Database Syst Rev* 2008(1):CD000146.

Providing people with access to fully subsidised NRT

Nurses are able to provide people who smoke access to fully subsidised NRT (currently nicotine patches, gum and lozenge). The Government funded Quit Card Scheme provides registered Health Care Practitioners (HCP) without prescribing rights with the ability to offer subsidised NRT to anyone who smokes. The Quit Card is essentially a voucher provided by a HCP who is registered as a Quit Card Provider. The Quit Card is redeemed, for a co-payment of \$3, at a pharmacy. The pharmacist shares the responsibility for supplying the NRT.

The easiest way to register as a Quit Card provider is to complete the online e-learning tool - Smoking Cessation ABC, <https://smokingcessationabc.org.nz/> which provides the basics of ABC, and on completion, HCPs can register on-line to become Quit Card providers. The tool takes between 30 and 40 minutes to complete. DHB Smokefree Teams are also delivering ABC training across their health care workforces and are able to include Quit Card training for their registered HCPs into training sessions.

Nurses who are Quit Card providers are able to provide access to NRT not only to their individual patients, but also to others who smoke including parents, caregivers, and whānau. Nurses have a duty of care to encourage and support whānau to be smokefree.

Māori experience a greater health burden from tobacco exposure than the rest of the population. The Whānau Ora approach recognises the central role whānau have in achieving maximum health and wellbeing. Nurses can increase effectiveness of practice and optimise patient outcomes by including whānau in the process. This can be practically demonstrated through the provision of NRT through the use of the Quit Card scheme.

Children exposed to tobacco smoke are at risk, both in terms of the health consequences of tobacco smoke such as respiratory tract conditions as well as the modelling and normalisation of smoking tobacco. Parental smoking is a key risk factor for children and young people initiating smoking⁵. Supporting parents to be smokefree through the provision of Quit Cards and referring them to cessation support are key actions nurses can do to protect a child from tobacco harm and promote a healthier lifestyle within the family.

Patients / clients and their family / whānau need encouragement and support to make positive changes towards becoming smokefree. Nurses play a pivotal role in making this happen.

REFERENCES

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⁵ National Year 10 ASH Snapshot Survey 2008