

MAKING A DIFFERENCE It's true, when one door closes, another opens. Facing possible redundancy in 2009, I suddenly found myself to be an ex-smoker on the first day in my new job as Smokefree Co-ordinator for the Waitemata DHB Mental Health Services Group, says Georgina Darkens RPN.



Paradoxically, this surprisingly sudden change of "habit" gave me credibility as systems and training were rolled out to primarily meet the Ministry's health target requirements. Since those early days, I am encouraged by way the entire MHSG has

supported the plan to address smoking related health inequalities experienced by service users after decades of tobacco use. I believe that it's the quiet persistence with key messages that will take us through this cultural change.

My role keeps Smokefree initiatives on the radar and although the Health Target requires data on people entering hospital, 95% of our clients receive community care. It makes sense that the entire sector is now engaged in completing the Smokefree assessment for every person entering and exiting our services. The aim is to eventually generate clinical data on our whole population.

It's a juggle out there keeping the various projects going but the personal stories by staff and clients alike make it worthwhile – truly the nuggets. There's so much change talk going on. My own tobacco recovery has not been without its dark moments. I struggled on gum alone initially so imagine my surprise when I first tried a patch! Nearly 3 years on I'm definitely unchained, healthier and have probably added a few good years to my time on the planet.

DISTINGUISHED VISITOR At the invitation of Smokefree Nurses and ASH NZ, Professor Ruth Malone visited New Zealand during May to further the government's goal of a Smokefree Aotearoa by 2025. She is Professor and Chairperson of the Department of Social and Behavioural Sciences and the Institute for Health Policy Studies, School of Nursing, University of California, San Francisco. She is also Editor-in-Chief of Tobacco Control, an Editorial Board member of the BMJ and reviewer for other high impact journals. Ruth, originally an emergency care nurse, combines academia with advocacy action to tackle a global powerhouse, the tobacco industry.



Ruth (2nd right) with her partner Terry, flanked by Kaikaranga Whia Helen Rawiri (MIT) and Evelyn Hikuroa (MIT) before entering Manurewa Marae for her powhiri.

She presented seminars in Auckland, Wellington and Christchurch the videos and slides from which can be seen [here](#). The subjects she covered included,

- : 10 things everyone should know about the tobacco industry
- : Tobacco Endgames, what they are and why they are needed
- : Preparing to publish your work in a journal and how editors think.

MY TRAVELS WITH JENNIFER PERCIVAL

Jennifer visited New Zealand in April delivering seminars and workshops throughout the country. Kate O'Brien (Hawkes Bay DHB), who accompanied her on part of her roadshow, reports:

I recently had the privilege of a week accompanying Jennifer Percival. Over the week, Jennifer delivered education sessions to health professionals, and attended meetings.

Jennifer is an RN, RM, HV and Tobacco Control Advisor to the Royal College of Nursing



Jennifer Percival, Kate O'Brien & Hayden McRobbie before workshop at AUT Manukau Campus, Auckland

The focus of Jennifer's training is on increasing the effectiveness of smokefree brief advice conversations that health professionals have with patients. Often nurses reveal that it's the 'not knowing what to say' which prevents them from doing ABC, or at least makes them reluctant to approach the topic with their patients. Jennifer teaches key communication skills which focus on boosting the client's motivation and efficiency. Using a combination of rapport building skills, reflective listening and reassurance, enables people to make their own shifts in thinking.

Jennifer stresses that 'the responsibility to change lies with the individual'. Our job as health professionals is to ask questions and have conversations which apply 'tensions' and create 'triggers' to shift a person's thinking along their smokefree journey – regardless of where they are currently at.

Jennifer said that patients may have a standard response that they use to deter the conversation with their health professional. For example they may say "I've cut down" or "I'll quit soon". The health professional may then congratulate and move off the topic. Jennifer advised it's important that we extend discussions beyond this. A great place to start is by asking questions about what has just been said to open up the conversation further.

.These promote the person to

- : think in a new way,
- : state out loud the risks/concerns themselves,
- : put the ball back into their court ("What do you plan on doing about it...?"),

thereby creating tensions and triggers and planting a seed for change.

Some of the questions which Jennifer demonstrated were:

- "Do you think anything could happen to you from smoking?"
- "So what would have to happen to make you change?"
- "What do you think might happen if you continue to smoke...?"

'30 Seconds' is an emotive new [video clip](#) from the UK which demonstrates the power and impact of providing brief advice to patients. It's well worth a look.

Materials from Jennifer's presentations can be found [here](#)

I am looking forward to incorporating some of my learning into the Smokefree ABC STEPS Workshops for health professionals. This year they focus on primary care. To find information about STEPS or to register interest in a workshop, please contact me at kate.obrien@hbdhb.govt.nz

AND FINALLY Smokefree Nurses will be at the College of Primary Health Care Nurses Conference 10-12 August. Kate O'Brien will be delivering a presentation and we will be sharing a stand with the MOH and STEPS. So, for those who will be attending this, please bring along the questions that you have about smoking cessation interventions and/or systems and we will answer them either at the presentation or from the stand.