Conference Special
Oceania Tobacco Control Conference
23-25 October 2013

The purpose of this newsletter is to give those of you who could not attend a taste of presentations that are relevant to nurses. There were many sessions only a few of which are reflected here.

OVERVIEW AND INTRODUCTION

Dr Jan Pearson - Oceania Conference Convenor; Head of Health Promotion, Cancer Society of New Zealand

It was a challenge and an honour to be Convenor of the Oceania Tobacco Control conference with over 450 attendees including a good number of nurses.

The conference presentations and resulting dialogue and energy demonstrated that the sector is focussed, committed and relentless in the desire to achieve the New Zealand, and now Pacific, goal of a smokefree 2025.

Over 220 abstracts were received, with over 100 of these focussed on cessation. With some creativity, involving 4 min quick fire presentations, the majority were able to present orally.

Key take home messages for me came from Professor Paul McDonald who highlighted the social connections and influences on smokers, and Dr Heather Gifford in her address entitled “Is sharing tobacco within the home really good Manaakitanga?” The other related issue of non-smokers buying tobacco as gifts for Whanau during Australian and Pacific Island travel as a risk to achieving the goal highlighted the need to change legislation.

Cessation is the area where nurses can make the most impact: by asking at every interaction with adults, and during child consultations. ABC questions for adults with referral, via Medtech if available, to Quitline or another effective cessation service and during child consultations also asking the parent or caregiver about smokefree household and car rules. This way nurses can continue to be the most influential group in the drive to bring down prevalence rates and reduce the impact of tobacco on current future generations of New Zealanders. Please make this your personal challenge for 2014!

SMOKING CESSATION

The caliber and variety of presenters in this session showcased both Australian and New Zealand approaches to increasing cessation in a wide range of settings.

Those presentations showcasing specific stop smoking programmes followed similar lines around the steps they took to take their concepts through to delivery – intensive consultation and feedback; methodical planning; key messages and focus; being language and audience specific (age, culture, setting); working with and involving, the wider family and community; networking and linking with likeminded programmes; and continually surveying and evaluating for improvement. Additionally, providing training and training workshops and the importance of supportive and supported Smokefree policy rounded out the approach.
Reporter - Lis Cowling, Smokefree Service Manager, Waitemata DHB

Alternative routes and products to Smokefree 2025 goal: Nicotine electronic cigarettes and denicotinized cigarettes

Gateway Meeting

E-Cigarettes – they’re coming but not yet.
The above was the opinion of the Ministry of Health and the many researchers who presented on this subject.

E-cigarettes (EC) are controlled under the Medicine Act 1981 if they contain nicotine or make a therapeutic claim. This means to be legally sold in New Zealand, they have to go through the Medsafe process to prove safety and efficacy, and none has done so far.

The ensuing debate centred around what could be done to bring these products to New Zealand in

order to support the Smokefree Aotearoa 2025 goal.

The research demonstrated that, *so far*,

- ECs do not re-normalise smoking amongst non-smokers: they are not a gateway to smoking for youth or adults who have never smoked.
- The impurities in ECs are markedly less than in cigarette smoke
- The adverse events associated with ECs are minimal
- Given a range of circumstances (mainly price differentials) current smokers would switch away from or substitute some of their tobacco smoking to (dual-use) ECs.

The general agreement was that

- the status quo (legal non-availability of ECs) was not an option:
- the 2025 goal is only achievable through some radical change in approach in which ECs can synergistically play a role
- when they did become available, advertising for these products had to be done within an accepted framework.

The Ministry of Health's Paul Badco (Tobacco Control Programme) said the research which was presented at the conference and that would continue to be published globally will inform how the government would legislate for ECs. Not today, not tomorrow, but as soon as was practicable. Watch this space!
Reporter - Lynn Stevenson, Smokefree Nurses

Changing smoking behavior: Considerations in moving towards Smokefree 2025

Dr Hayden McRobbie - Queen Mary University of London; Inspiring Ltd
Keynote speaker

This short to-the-point presentation was valuable for nurses. Key points relevant to nurses were that about 50% of smokers made quit attempts in 2012. Brief ABC interventions help to trigger more quit attempts. The evidence for whether the smokers who remain are highly dependent and find it harder to quit is mixed. Data from the UK show that there is more long term quitting when smokers are under 30 and in older age groups. Because this is not the case for people from lower socio-economic groups a new focus on younger smokers may be necessary.
Link to 11 minute video here

It takes a village to raze tobacco

Professor Paul McDonald - Pro-Chancellor College of Health, Massey Univeristy
Keynote speaker

Nurses will be interested in the evidence that friends of friends of smokers can be influential. The take-home message for nurses is the power of social networks for supporting smokers to quit. Maybe we can mention we know people who have quit or are quitting when talking to patitents.
Link to video here

Staying quit beyond release: A continuum of support for inmates and their families in the community

Katharina Karlippanon - Miwatj Health Aboriginal Corporation & Robyn Hopkins - Northern Territory Department of Correctional Services

The NZ holistic approach is mirrored in the Australian approach where they work with the physical, social and emotion of the whole community when they deliver services. The development of their supportive stop smoking programme for inmates was beyond release.

With 80% of inmates being Aboriginal and Torres Straight Islanders in the Northern Territories and 85% of all inmates smoking, this programme was delivered as part of a healthy lifestyles initiative.

Murri Places Smokefree Spaces: Increasing effective cessation within indigenous workplaces in an urban setting

Kim Gussy - Institute for Urban Indigenous Health

It was clear just how important it is to use language appropriate to your audience's age and understanding. "Deadly Choices" means "Good Choices" and "Healthy Choices" for Aboriginals and Torres Straight Islanders but had an entirely different connotation for the Kiwis attending!

Success in tackling tobacco for New South Wales Aboriginal Communities: Evaluation of the A-TRAC Program

Jasmine Sarin & Kerri Lucas - Aboriginal Health and Medical Research Council of NSW

In Australia, the variance in the smoking rates was marked from State to State and whether it was urban or rural communities in question. Rates for Indigenous populations ranged from 60% to well over 80% in some remote areas. The Aboriginal Health and Medical Research Council have many projects to address these inequalities and these were outlined by Jasmine. She also shared the link to their successful of the Tobacco Resistance Toolkit, which can be found here. Their website is well worth a visit!

Reporter - Lis Cowling, Smokefree Service Manager, Waitemata DHB

REDUCING YOUTH INITIATION

Exploring an oxymoron: "Informed adult choice" at the time of smoking uptake

Rebecca Gray - University of Otago; Health Promotion Agency

On the issue of smoking as an "informed choice", the presenter findings of her study highlighting factors which impede informed choice when young people take up smoking are:

- overestimate their ability to stop smoking ("I don't have an addictive personality"),
- lack understanding of health risks, or
- don't take them seriously.

The study identified that while young people choose to start smoking what is not chosen is a 'long term habit'.

Reporter - Evelyn Hikuroa, Nursing, MIT

Australia's young people exposed to advertising of tobacco products on the internet

Sally Dunlop, Domma Perez, James Kite, Anne Grunseit, Chris Rissel, Anita Dessaix, Adrian Bauman, David Currow.

Cancer Institute NSW; University of Sydney.

Findings from an Australian study looked at the exposure of young people to tobacco advertising, cigarette brands, tobacco company logos and people smoking on the internet. Young people are high users of the internet and social networking. The study identified a number of interactive technologies the tobacco industry is exploiting to access and influence youth.

Reporter - Evelyn Hikuroa, Nursing, MIT

PREGNANCY

Prioritising cessation support for pregnant women

Dr Marewa Glover - Centre for Tobacco Control Research, Auckland University

Keynote speaker

The focus of smoking cessation interventions should be on the health of the baby via a healthy pregnancy for the Mum. Dr Glover stated that the continued use of stages of change for quitting smoking in pregnancy is not appropriate as the baby's welfare is paramount. Health professionals need to see every young woman as a prospective target of the tobacco industry. They must intervene early by giving clear and sound information about the dangers of starting smoking by personalising the conversation. How smoking cessation is about protecting our children, and how the tobacco industry, pedalling an addictive poison to our most vulnerable people is our enemy and deserving of our community's animosity.

Brief ABC interventions and the offer of evidence-based support (nicotine replacement therapy) are critical every time a nurse or other health professional sees a pregnant woman.

Link to video here

Reporter – Mary Carthew, Associate Director of Nursing: Primary Health Care, Manaia PHO

Pregnancy Workshop

There were over 60,000 births in New Zealand in 2012. One third were "smoke exposed." If pregnant women become Smokefree by 15 weeks, then the risk of pre-term birth is the same as it is for someone does not smoke. Quitting can be difficult – it is a normal behaviour for women who smoke and some pregnant women cannot remember a time they did not smoke. Young Mums expect to be asked about smoking – don't

be shy about asking. Some pregnant women conceal smoking. One question suggested was: "Are you a smoker?" Extra questions suggested in the workshop were:

- "Can you tell me about smoking in your family?"
- "Is the home or Whānau environment for this pregnancy Smokefree?"

Quitline has a new programme designed for pregnant women.
Reporter - Grace Wong, Smokefree Nurses; AUT

Stop smoking in its tracks: Supporting Pregnant Aboriginal women to quit smoking

Megan Passy - University Centre for Rural Health, Rob Sanson-Fisher - University of Sydney and Janelle Stirling - University of Newcastle

Outlined their approach to addressing smoking in pregnancy where they build on existing services delivered by the Outreach Aboriginal Workers. The programme encouraged pregnant women via social support, free NRT, financial rewards (via a voucher system) and frequent and supportive follow up.

Can incentives increase abstinence from smoking among pregnant Māori women?

Dr Marewa Glover - Centre for Tobacco Control Research, Auckland University

The offer of financial rewards for encouraging pregnant women to quit, the presenter found from her recent NZ feasibility study. The study had great merit although the numbers recruited were relatively small. The study also looked at the preference between offering vouchers that could be exchanged for a particular number of items or a gift pack – both dependent upon the number of weeks that the woman was Smokefree.

In comparison with the general population, more Australian and New Zealand Indigenous Infants die or are hospitalised as a result of effects of second hand smoke. Natalie Walker presented a randomised trial which spanned both countries over time comparing women and their newborns who received an intervention compared with those who received usual care.
Reporter - Lis Cowling, Smokefree Service Manager, Waitemata DHB

MENTAL HEALTH

These presentations highlight the need for more resources in this sector.

Priority actions for mental health

Mental Health Workshop

General discussion focused on those issues that made an integrated approach challenging. Access to smokers was often restrictive, tick box reporting e.g. for health targets could perpetuate ambivalence and gaps in knowledge and workforce development delayed any opportunity to incorporate cohesion between roles and services. Of particular concern was the fact that MH is not mentioned in the 2025 vision.

Sharon Lawn reported that people in a New South Wales Forensic community could not have quit unless the facilities had been totally Smokefree and post discharge community support was in place.

The top priorities were identified as

- leadership and commitment to rally advocacy and consensus in key messages
- adherence to total bans
- issue of smoking and mental illness gets elevated
- skilled staff with systems and processes in place to ensure quality of care
- integrated approach between hospital and community
- Better monitoring of the sectors performance in supporting service users who want to quit

The workshop also emphasised the importance of a stronger mental health voice and presence at Tobacco Control forums such as Oceania and for improved funding avenues from governments that better target mental health.
Reporters - Georgina Darkens,Smokefree Coordinator WDHB & Tio Sewell, Smokefree Nurses, Mental Health

Too - hard basket or health for all? Getting to know New Zealand smokers with mental health issues

Stella McGough - Department of Public Health, University of Otago and Sharon Lawn - Department of Psychiatry, Flinders University

With higher rates of smoking also experienced by Mental Health Service Users. This presenter identifies the need to establish a better baseline of data to better address the problem of smoking for this population.

Addressing smoking in Mental Health and Addictions Services

Leanne Kirton - Northern Regional Alliance

This approach of embedding systems to win hearts and minds by assisting the NGO providers to adopt Smokefree Homes and Cars including assist staff to quit.

Evidence of change: Increasing nicotine dependence treatment in mental health hospitals

Karen Gillham, Paula Wye, Jenny Bowman **-** University of Newcastle & Hunter New England Local Health District, and Jude Constable – University of Newcastle

This intervention was designed to increase adoption of guidelines in 7 Mental Health inpatient units. This included creating a comprehensive policy, systematic change, leadership consensus, education, training and support, audit and feedback processes.

Post intervention, Brief Advice increased from 22% to 78% and the offer of NRT from 28% to 72% on average. This highlighted the need to address smoking as a matter of urgency.

Community Mental Health Services and smoking cessation care: An unrealised potential

Jenny Bowman, Kate Bartlem, Kathleen McElwaine Paula Wye, and John Wiggers - University of Newcastle & Hunter New England Local Health District, Megan Freund and Jenny Knight - Hunter New England Local Health District

The presentation is an outline of the Survey they carried out in Community Mental Health, also in NSW. The findings were that there was a huge potential to address unmet need to ask and offer help to quit reducing smoking rates. More importantly this view was shared by the Service Users.

The status quo is untenable: Is there a case for regulation in mental health settings?

Patsi Davis – AUT University

The presenter gave us a timely reminder that in Mental Health Services, if we do not address all issues then we are encouraging the retention of smoking areas, creating environments which support smoking, discouraging quitting, keeping tobacco supplies, keeping a log of incidents to prove that Smokefree policy doesn't work, ignoring whistle blowers, ignoring the evidence and just retaining status quo?

Reporter - Lis Cowling, Smokefree Service Manager, Waitemata DHB

TOWARDS A SMOKFREE NEW ZEALAND AND PACIFIC BY 2025

The New Zealand situation

Hon. Tariana Turia, Associate Minister of Health Opening keynote

The Hon Tariana Turia summarised achievements in Tobacco Control activity in New Zealand. She indicated plain packaging which could be expected in the next year but was less optimistic about progression of Smokefree cars policy.

Paula Snowden (Director, NZ Quitline) asserted that the government's 2025 vision for a Smokefree Aotearoa was dependent on achieving Smokefree indigenous women. She reiterated the importance of maintaining a focus on smoking as an addiction and cautioned about the risk of blaming people for their smoking.

Reporter - Evelyn Hikuroa, Nursing, MIT

National Māori Tobacco Control leadership service - Te Ara Hā Ora – launch

This is a new initiative lead by Hapai Hauora in association with ASH. The service is led by Zoe Martin - Hawke of Ngāti Paoa, Ngāti Hako.

For more information visit www.tearahaora.co.nz

Tobacco free Pacific 2025

Dr Temo Waqanivalu, WHO Representative Office in the South Pacific, Suva, Fiji Opening keynote

The Pacific encompasses all Melanesia, Micronesia and Polynesia islands. They are connected by the Pacific Ocean.

The non-communicable disease (NCD) crisis in the Pacific means it is important to consider the impact Tobacco Control and other lifestyle issues have on health. The health system is crippled. Increasing women working and less time at home with school children, is one of many issues that have had an impact on the burden of disease. In addition, the environmental changes and vulnerability of islands to withstand the forces of nature adds to the disease burden on health. Culture is central to health. Ethnic rates of smoking vary and little is known for the extremely high rates, such as that in Kiribati (70% approx).

The 10th Pacific Health Ministers meeting in Samoa in July 2013 discuss the issues of NCD crisis and Why? Support was obtained at this meeting, for the FCTC (Framework Convention for Tobacco Control) for countries to work together to address the issues of tobacco that is impacting on the health of the people. This includes legislation and national policy, support and develops health promotion and prevention of uptake, decreasing smoking rates and cessation services to address the tobacco and health problem at hand.

Is Tobacco Free Pacific 2025 possible? Indeed it is. Champions of change are necessary at all levels - policy makers, advocates, health providers and key workers at the grassroots.

Dreams can be turned into reality (Quote M.L. King). A Pacific analogy of the journey across the ocean; each Island group contributed to the process: building of the canoe, resourcing the material to build the canoe, and navigation experts to provide direction.

Each Island nation has to do their part, however, *TOGETHER WE WILL GET THERE. Impossible … is nothing!*

Priority actions for Pacific peoples

Pacific Workshop

Smokefree nurses shared their Pacific Strategy - to develop and support the Pacific Nurses Section, NZNO to reduce smoking rates among PNS and affiliated members, and to ensure that all PNS nurses are trained in ABC Brief Intervention. Other Pacific country representatives shared their initiatives and ideas in the Pacific. Niue has low smoking rates; are they in a position to model first country to go Smokefree? An advisory group was formed. It is led by Dr Temo Waqanivalu (Melanesia) along with Pacific representatives from Polynesia, Micronesia, and New Zealand.

Reporter – Linda Tasi, Pacific Nursing,Whitireia

The politicians' views

Kevin Hague (Green Party) presented his party's views on Tobacco Control:

Tobacco Free Aotearoa 2025 is achievable;

- The State exists to protect the interests of the people; he wears the "nanny" badge with pride;
- Aggressive taxation, social marketing, regulation, retail licensing and smoke free environments are all key to reducing the poverty and the inequality in NZ;
- The government spends $5.9 billion on motorways but only $3.1 billion on the Health sector; this is a good example of the current Government's priorities;
- The State Sector Act has created an environment where it becomes difficult to work together across the different sectors in government;
- A Coordinating Committee is needed across the different sectors of government to work together, possibly by providing incentives, towards a Tobacco Free NZ by 2025;
- The Government's ideological model – and view of health - is based on the principle that it is up to individuals to make their own "choices"; this suggests that:

- Tobacco cessation has more scope than improving the environment within which individuals make those choices.
- It is unlikely that smoking in cars will be high on the agenda.

Hone Harawira (Mana Party) raised the key points on: The Tobacco Industry is a major enemy, and in the spirit of the ANZAC tradition, Australia and NZ need to work jointly in the battle to get the Industry out of the Pacific, and to honour our obligations to future generations;

- The Maori Affairs Select Committee (MASC) Enquiry into the impact of the Tobacco Industry on Maori health, is of relevance o all NZers;
- A strong commitment to the agreed goal (Tobacco Free Aotearoa 2025) across all parties is needed, together with a clear understanding, and agreement, as to the strategies required to meet the goal;
- The Trans Pacific Partnership (TPPA) will potentially increase the ability of Big Tobacco (the Tobacco Industry) to sue the NZ Government, and potentially represents a major loss of sovereignity as to how we make decisions about the health of New Zealanders;
- The MASC Enquiry needs urgent updating to reflect progress; all strategies required to meet the 2025 Goal are outlined in the Enquiry's findings.

Paul Hutchison (National Party) acknowledged the remarkable progress over the last 25 years which are:

- 1990 Smokefree legislation
- 2002-03 Smoke free Environments Act
- 2008 and onwards – various Governments have embraced evolution towards legislation and regulation;
- 2013 - the Government is embracing the idea of Plain Packaging and will move forward in this area in the New Year.

Reporter - Emeritus Professor Ruth Bonita

Looking ahead to 2025

Emeritus Professor Robert Beaglehole
Closing keynote

Professor Beaglehole proposed advancing action towards achieving the 2025 goal as follows:

- Personalise the issue – reflect on what each of us can do to address tobacco-caused harm.
- Celebrate our successes – we have already made a difference.
- Recognise that business as usual in Australia and NZ will reduce smoking slowly –but we must do better for vulnerable populations
- Visualise a Smokefree Australia, NZ and Pacific in 2025: No visible smokers; supply of tobacco products severely curtailed; alternative products for tourists; no duty free tobacco; plain packaging; no local tobacco industry activity; no pressure on youth to start smoking
- If prevalence is 5% there will still be 150,000 smokers – who will they be?
- Focus on three main messages to achieve the goal:
  - Increase Tobacco Control
  - Better cessation support
  - Smarter media advertising
- Planning and implementation must be bottom up and top down.
- A greater proportion of tobacco tax must be used to achieve the goal.
- Take control of the language. Not "smoking cessation" but "tobacco industry cessation". "If one of us smokes, we all smoke".
- We only have to be tenacious for 12 more years to create a legacy for our children, our grandchildren and the world.

Reporter - Grace Wong, Smokefree Nurses; AUT

THE FINAL WORD

As a first time attender to a conference dedicated to Tobacco Control which I was both overwhelmed and impressed with the amount of work, research, ideas, challenges – but mostly it was the passion of the people attending the conference that made the biggest impression.

I have attended many Nursing conferences over the years, but bringing the whole of the sector at this conference i.e. policy, regulation, health, social and the community, it gave a significant message of collaboration and integration on a really big scale.

Smokers deserve our support and compassion and as we are nurses who have a responsibility to provide this in whatever way we can. But mostly we need to listen for and act on the 'language of change' when we engage with people who smoke – they will often give us cues that they want to change, and as nurses we need to hone our skills of empathetic listening, reflective talk and gently guide them with the premise 'if I say it I am more likely to do it.'

Lack of time is often the reason for not addressing smoking in primary health care, but as Smokefree Nurses challenged - would nurses say they do not have time to take a blood pressure? Brief advice is given in as little time as 30 seconds, and we all have a professional responsibility. In fact, a duty of care is to support people to quit smoking at every opportunity.

Reporter - Mary Carthew, Associate Director of Nursing: Primary Health Care, Manaia PHO