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## **Supplementary Submission on the Maori Affairs Select Committee's Inquiry on the Tobacco Industry and the Consequences of Tobacco use for Maori**

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This supplementary submission outlines the contribution nurses can make to reduce the harm to Maori caused by the actions of the Tobacco Industry in Aotearoa. It specifically focuses on

- a. the impact of tobacco use on Maori development aspirations and opportunities
- b. policy and legislative measures that can support nurses to work effectively with patients who smoke.

The presenters are nurses and members of the Smokefree Nurses Aotearoa/New Zealand (SNANZ) expert advisory group and steering committee. SNANZ is funded by the Ministry of Health and AUT University. It is supported by voluntary work by nurses nationwide.

### **a. The impact of tobacco use on Maori development aspirations and opportunities**

Tobacco use has a significant impact on Maori nurses' development aspirations and opportunities. There are approximately 3,000 Maori nurses in the workforce currently. Thirty one percent of them smoke. This is a major barrier to enlisting the largest Maori health workforce to undertake professional development and to capitalise on their many opportunities to help patients and whanau to quit smoking. Unsurprisingly, those who smoke find it extremely difficult to advise patients who smoke to quit.

Research with Maori women about smoking cessation shows that being a healthy role model is important to them (Fernandez & Wilson, 2008). For Maori nurses this is doubly important because they carry their professional responsibilities into every part of their lives. "Walk the talk" is emphasised at

every Maori student nurse hui every year. Healthy lifestyles including quitting smoking are a priority. Indeed, the Maori nurse smoking rate (31%) (Statistics New Zealand, 2006) is below the overall Maori smoking rate (45%) and the Maori women smoking rate (50%) (Ministry of Health, 2009). Ninety percent of Maori nurses are women (Statistics New Zealand, 2006).

The fact that many Maori nurses smoke shows how addictive smoking is and how hard it is to quit. Maori nurses and student nurses are exposed to the same forces which motivate them to keep smoking and to relapse as other Maori. As Te Runanga o Aotearoa New Zealand Nurses Organisation said in their submission to this Select Committee, support for Maori nurses to quit is a priority.

We believe support for Maori nurses to quit is vital for three reasons. First, to protect the health of Maori nurses so they can continue with their work in their communities. Second, because Maori nurses are a large and well respected health workforce with the potential to support patients, whanua and hapu to quit. Third, because Maori nurses' grave concern about the harm of smoking to their people makes them leaders for all nurses.

#### **b. Policy and legislative measures that can support nurses to work effectively with patients who smoke**

Smokefree Nurses Aotearoa/New Zealand strongly supports the policy and legislative measures to reduce the harm of tobacco to Maori outlined in our main submission. In this supplementary submission we argue that the strength of the nursing workforce lies in our almost untapped potential to support cessation for the 600,000 New Zealanders who smoke. We seek support for nurses to carry out this work effectively.

The 41,000 strong nursing workforce is the largest health work-force in New Zealand. There is approximately one actively working nurse for every 14 smokers; nurses work with sick and healthy people; nurses work in homes, schools, prisons, workplaces, marae, community clinics, GP surgeries and hospitals ; and finally, nurses are trusted by the public.

Collectively, nurses have more opportunity than any other workforce to support individual and whanau cessation. They are an existing workforce who could deliver brief interventions on a face-to-face individual and family basis; give vouchers for nicotine replacement therapy (NRT); demystify NRT and other medications like Champix; deliver more intensive cessation treatment including kaupapa Maori, tangata Pasifika and for mental health service users; improve access to specialised services; explain and interpret the actions of the Select committee; and further promote smokefree environments including Maori tikanga approaches to removing tobacco from Maori environments.

We have no doubt that nurses can play a large part in helping people who smoke to quit. There is reasonable evidence to support this. A Cochrane systematic review on nursing interventions for smoking cessation examined the results of twenty studies investigating the effect of smoking cessation advice from a nurse compared to no intervention. This showed that nurse advice to stop smoking was likely to stop people from smoking for at least six months, with more intensive interventions having the greatest effect (Rice & Stead, 2008).

Yet not all nurses, like other health professionals, provide help. In New Zealand, in 2006, we found that 39% of nurses said they provide support for quitting. Only 6% were registered to give people who smoke Quit Cards to access nicotine replacement therapy (Wong et al., 2007). Why is this?

Internationally, nurses who smoke are less likely to deliver smoking cessation interventions (Slater, McElwee, Fleming, & McKenna, 2006; Svavarsdottir & Hallgrimsdottir, 2008). Fourteen percent of New Zealand nurses smoke. The areas of highest need are Maori (described above), mental health nurses (29% smoke) and Pacific Island nurses (17% smoke) (Edwards, Bowler, Atkinson, & Wilson, 2008; Statistics New Zealand, 2006). Fewer mental health nurses who smoke support smokefree interventions in the workplace in Aotearoa than nurses who do not smoke (Connolly, 2010). Smoking rates among mental health service users are high (32%). In addition the prevalence of mental health disorders among Maori is 50% and the smoking rate among this group is 58% (Oakley Browne, Wells, Scott, & eds, 2006).

As well as NZNO, Mark Jones, the former chief nurse, Annette Milligan, the chairperson of the Quit group and nurse, and representatives of national nursing associations including DHB Directors of Nursing, Te Ao Maramatanga, and Pacific Island nurses, prioritise quitting for nurses.

Other barriers for nurses, in New Zealand and overseas, include lack of time; lack of support in the workplace; little confidence in their knowledge to provide effective interventions; and misconceptions about effective interventions including pharmacotherapy and alternative treatments (Slater, McElwee, Fleming, & McKenna, 2006; Svavarsdottir & Hallgrimsdottir, 2008; Wong et al., 2007). Nurses, like others, have been misled by tobacco industry marketing that smoking is a personal choice and an individual right rather than a deadly addiction (Malone, 2006).

In spite of this, most NZ nurses are enthusiastic about helping patients quit. Most do not believe that asking patients about smoking would be detrimental to their relationships with patients. 90 % of New Zealand nurses feel it is part of their responsibility to advise clients to stop smoking. Nearly 90 % of nurses indicate they would spend an extra five minutes with each patient who smoked if they could effectively intervene. Three-quarters would like to learn more about how to help people who smoke to quit (Wong et al., 2007).

What is in place for more nurses to enhance to their practice and help people who smoke quit? The Ministry of Health now have easily accessible training for nurses. All nurses can learn to give effective brief smoking cessation treatment and how to give all smokers access to fully subsidised nicotine replacement therapy. This is a world first. Smokefree Nurses Aotearoa is working to increase the number of Schools of Nursing delivering the latest evidence-based smoking cessation method (ABC) from 57% to 100% (Stokes & Wong, 2010).

Many nurses are keen to do more than deliver a 30 second brief intervention. They want to know how to re-motivate smokers who relapse and to support smokers on their quitting journey. We are working to address this gap. Maori, Pacific Island and mental health nurses need specialised skills and knowledge of treatments that work. For Maori and Pacific Island nurses there is little evidence of the effectiveness of kaupapa Maori and tangata Pasifika interventions they can incorporate into their nursing practice. Therefore research and evaluation is needed to determine the effect of Maori and Pacific Island initiatives and to combine them with kaupapa Maori and tangata Pasifika nurse practice. This is beyond the scope of SNANZ's work at the moment.

Once nurses have these skills, they need time and support from their employers to put them into action. Wellington nurses trained for the Can Quit Practice general practice based smoking cessation programme identified inadequate funding for time, high workload, lack of autonomy, and limited practice wide commitment to smoking cessation as barriers to smoking cessation treatment delivery (Pullon, Cornford, McLeod, de Silva, & Simpson, 2005). There were similar findings among Heart Foundation trained nurses in 2008 (McRobbie et al., 2008).

We are aiming for a change in practice in 41,000 nurses. We believe the flow on effect of fully involving nurses in cessation on smoking rates will be significant. We believe it is economically sound and viable since nurses are already working in many environments where they meet people who smoke. In order to become the first western country in the world to engage its entire nursing workforce in cessation we advocate for the following:

- Commitment to ensuring health professionals do not smoke. A national programme to support quitting for the health workforce tailored for mainstream, Maori, Pacific Island and mental health nurses and other health professionals. Workplace support for quitting among health professionals who smoke.
- Incentives for employers to give nurses time to deliver smoking cessation support.
- Sufficient funding for Maori and Pacific Island tobacco and smokefree initiatives and Maori and Pacific Island nurse smokefree initiatives. Research to develop and evaluate these.
- Continuing support for Smokefree Nurses Aotearoa/New Zealand in their current work encouraging nurses to train and deliver smoking cessation treatment; promoting training in Schools of Nursing; promoting the inclusion of smoking cessation as a recognised nurse specialty area with the Nursing Council of New Zealand; delivering nurse focused continuing education; and research and evaluation.

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