



New Zealand Nurses Organisation

Submission to the
Māori Affairs Select Committee

On the

**Inquiry into the Tobacco Industry in
Aotearoa and the Consequences of
Tobacco use for Māori**

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EXECUTIVE SUMMARY

1. The New Zealand Nurses Organisation (NZNO) welcomes the opportunity to comment on the Māori Affairs Select Committee inquiry into the tobacco industry in Aotearoa New Zealand, and the consequences of tobacco use for Māori.
2. NZNO wishes to acknowledge and applaud the committee members for undertaking this comprehensive review to address the effects of tobacco use amongst Māori; its impact on health of the Māori population; and wider economic, social, cultural and development impacts that arise from such health effects and tobacco use in general.
3. NZNO is the leading professional body of nurses and nursing union in Aotearoa New Zealand. Alongside our Te Tiriti o Waitangi partner, Te Runanga o Aotearoa, we represent over 44 000 nurses and health professionals, and have the largest Māori health workforce comprising of Registered Nurses, midwives, students and health care workers of 2,998 members¹.
4. We wish to extend our support for this inquiry and are very proud to be associated with the Smokefree Coalition Tupeke Kore Campaign that aims to ensure that future generations of New Zealand children will be free from exposure to tobacco and will enjoy smoke free lives.
5. We acknowledge that the Māori response to smoking cessation campaigns has not been as successful as non Māori and note that disparity is also reflected in our nursing workforce. Te Runanga acknowledges the high proportion of Māori nurses who smoke which is a cause for concern.

¹ New Zealand Nurses Organisation. 2010. *Te Runanga o Aotearoa, NZNO membership data, January 2010*. Wellington: New Zealand Nurses Organisation.

6. There is strong international evidence that nurses are very effective in reducing smoking rates. NZNO discusses the potential for Māori nurses to dramatically improve the quit rates amongst Māori. We advocate support for a programme aimed, in the first instance, at Māori nurses, which would then feed into the wider Māori community.
7. NZNO welcomes the opportunity to make an oral submission and advises that we will be represented by NZNO Kaiwhakahaere, Kerri Nuku, Ngāti Kahungunu and Ngai Tai and Policy Analyst Māori, Leanne Manson, Ngāti Tama ki te Tau Ihu and Te Atiawa ki te Tau Ihu .
8. NZNO's manifesto reiterates our commitment to health promotion, encouraging appropriate training, and supporting local and national initiatives that encourage healthy lifestyles². As health professionals, our members deal first hand with the consequences of tobacco use in their every day practice, and its effects on our patients' physical health, mental, social, economic and cultural wellbeing and its effects on their whānau.

ABOUT US

9. The New Zealand Nurses Organisation (NZNO) is the leading professional body of nurses and nursing union in Aotearoa New Zealand, representing over 44 000 nurses and health workers. Te Runanga o Aotearoa is the arm through which our Te Tiriti o Waitangi partnership is articulated. Our members include nurses, midwives, students, kaimahi hauora, health care workers and allied health professionals.
10. The NZNO vision is "Freed to care, Proud to nurse". Our members enhance the health and wellbeing of all people of Aotearoa New Zealand and are united in their professional and industrial aspirations.

² New Zealand Nurses Organisation. 2008. *New Zealand Nurses Organisation Manifesto 2008: Freed to Care Proud to Nurse*. Wellington: New Zealand Nurses Organisation.

CONSULTATION

11. NZNO has consulted its staff and members in the preparation of this submission, in particular Te Runanga o Aotearoa; Professional Nursing, Policy, Industrial and Research advisors; Board Members and members of our 23 specialist Colleges and Sections.

DISCUSSION

12. We support the recommendations of the Smokefree Coalition that address increasing Māori specific smoking cessation programmes, relating to advocacy, cessation, health promotion, research and workforce development and training.
13. We wish to draw attention to the following issues:
 - inequalities between Māori and non Māori in tobacco related health conditions;
 - the role of health professionals in smoking cessation; and
 - assistance to help health professionals stop smoking.

Inequalities in tobacco related health conditions

14. NZNO are well aware of the greater health burden that Māori experience from tobacco exposure than the rest of the New Zealand population, including major health conditions such as:
 - heart disease;
 - stroke;
 - chronic obstructive pulmonary disease (emphysema and chronic bronchitis);

- lung cancer; and
 - other cancers of the mouth, pharynx and oesophagus³.
15. We acknowledge the rights of Māori under the Tiriti o Waitangi to good health that encompasses wellness in its fullest sense and including the physical, spiritual and cultural wellbeing of Māori as individuals and collectively.⁴ Our members spend their working lives caring for and improving the health of all New Zealanders and ensuring that people have equitable access to the best possible healthcare wherever they live. We wish to ensure that specific health care delivery is appropriate, accessible and available to those with the greatest need. We therefore endorse solutions designed to address tobacco control issues and its impact on whānau, hapū and iwi which include representation and involvement from Māori communities.
16. We draw the committee's attention to recent submissions that have called for stronger measures than the government has seen fit to implement – we refer to the recent Review of Tobacco Displays in New Zealand.
17. In this context we also acknowledge the work of the recently established nursing advocacy group, Nurses for a smokefree Aotearoa, New Zealand (NSFANZ).
18. It is highly unacceptable that statistics still show disparities in smoking rates for Māori, especially those of Māori women who have the highest smoking prevalence rate of any ethnic group (49 percent)⁵. It is apparent that while mainstream cessation programmes have worked for non Māori they have not been successful for Māori. Whānau based quitting services, like Aukati Kaipapa which has a kanohi ki te kanohi programme have

³ Ministry of Health, & The Quit Group Roopu me mutu. 2009. *Māori Smoking and Tobacco Use*. Wellington: Ministry of Health.

⁴ Aparangi Tautoko Auahi Kore (ATAK). 2003. *National Māori Tobacco Control Strategy*. Wellington: Aparangi Tautoko Auahi Kore.

⁵ Wilson, D & Fernandez, C. 2008. *Māori women's views on smoking cessation initiatives*. Auckland: Nursing Praxis in New Zealand.

- been successful in increasing the proportion of Māori to quit (65 percent). However, the smoking rates of Māori women of childbearing age (15-39) continues to rise and is currently 61 percent⁶.
19. A shocking priority area for future research should specifically relate to the effects of tobacco use on Māori women and what influences/motivates Māori women to quit. We note that the Māori health workforce is a key factor in any long-term Ministry strategy⁷ to improve Māori health outcomes and requires dedicated development and resourcing.
 20. We therefore welcome the opportunity to be involved in further discussions and are willing to provide access to our members from around the country, who work in a variety of health care settings including primary, secondary and tertiary settings and studying at tertiary institutes to assist in future research aimed at reducing these inequalities.

Nurses as smokefree advocates

21. A recent smoking and nursing survey, conducted by Auckland University of Technology, indicates that 9 out of 10 nurses 'felt it was part of their responsibility to advise clients to stop smoking', and that nearly nine out ten said that they would be happy to spend an extra five minutes with each patient who smoked if they could effectively intervene⁸.
22. As credible and trusted health professionals, nurses have the potential to be the largest workforce in New Zealand to provide effective smoking cessation interventions, and to be powerful advocates for tobacco free

⁶ Ministry of Health. 2007 *New Zealand Smoking Cessation Guidelines*. Wellington: Ministry of Health.

⁷ Ministry of Health. 2006. *Raranga Tupuake – Māori Health Workforce Development Plan*. Wellington: Ministry of Health.

⁸ AUT University & ASH. 2007. *Smoking and Nurses in New Zealand ASH-KAN Aotearoa: Assessment of smoking history, knowledge and attitudes of nurses in New Zealand*. Auckland: AUT University & ASH.

- homes and communities⁹. Nurses make up approximately half the number of registered health professionals in District Health Boards, and in primary care, nurses comprise some 22 percent of the total paid primary health care workforce of approximately 29,000¹⁰. Recent studies have indicated that advice and support from nursing staff can increase people's success in quitting smoking, especially in hospital settings.¹¹
23. International research goes further, highlighting the duty of nurses to be more assertive in encouraging their own governments to recognise the central role that they play in health promotion as well as in health care.¹² It is clear that well supported nursing interventions maximise the effectiveness of quit programmes.
24. Nurses are well aware of the highly addictive nature of tobacco, that it causes more deaths in New Zealand than any other drug¹³, and is responsible for 5,000 New Zealanders deaths each year, (4,700 smokers and 300 from second-hand smoke), of which, 600 are Māori.¹⁴ Nurses have opportunities to engage with family members who smoke and offer support for them to quit, in order to improve their health as well as to protect the health of their families and whānau, and build a trusting relationship to provide follow up support.¹⁵

⁹ Auckland University Technology. 2007. *Smoking and Nurses in New Zealand. ASH-KAN Aotearoa: assessment of smoking history, knowledge and attitudes of nurses in New Zealand.* Auckland: ASH New Zealand.

¹⁰ Cook, L. 2009. *A Nurse Education and Training Board for New Zealand: Report to the Minister of Health: An evaluation of the need for a Nurse Education and Training Board for the oversight of nursing education and training in New Zealand.* Wellington: Ministry of Health.

¹¹ Rice, VH, Stead, LF. 2007. *Nursing interventions for smoking cessation.* Cochrane Database of Systematic Reviews, Issue 4. Art. No.: CD001188. DOI: 10. 1002/14651858.CD001188.pub3.

¹² Whyte, F & Kearney, N. 2003. *Enhancing the nurse's role in tobacco control. Tobacco Control Factsheet.* Glasgow: University of Glasgow.

¹³ The Drug Foundation website. 2009. *Tobacco Drug Information.* Wellington: The Drug Foundation.

¹⁴ Health Sponsorship Council website. 2009. *Tobacco Control Information.* Wellington: Health Sponsorship Council.

¹⁵ AUT University & ASH. 2007. *Smoking and Nurses in New Zealand ASH-KAN Aotearoa: Assessment of smoking history, knowledge and attitudes of nurses in New Zealand.* Auckland: AUT University & ASH.

25. We are also aware that health professionals require additional programmes to deliver smoking cessation interventions, and would recommend specific training being available for all health care professionals, especially post registration level for nurses.
26. Known barriers to nurse-led smoking cessation programmes include shortage of staff, time constraints, lack of autonomy, and limited practice wide commitment to smoking, which could be easily addressed if funding, for staff and resources were available. Further, international research suggests that nurses working in smoking cessation have limited access to education, skilled training and scholarships essential to their practice and require measures to address these barriers¹⁶.
27. NZNO also wish to remind the inquiry of current pay parity issues for Māori and Iwi providers working in Primary Health Care and request the urgent address of this issue¹⁷. This workforce is vital for the health and wellbeing of the Māori community health sector, and will be essential for the implementation of any whānau approach to Māori wellbeing and fundamental to improving health outcomes for Māori.

Assistance to help health professionals stop smoking

28. NZNO acknowledges that many of our members are smokers and that, as health professionals, they face stigma, and guilt for their addiction. Many would like to quit, but need supportive programmes that encourage them specifically to give up.
29. Other international research identifies specific organisations that have been set up to support nurses who smoke that establish a framework for engaging nurses in tobacco use prevention and cessation. NZNO

¹⁶ Sarna, L. 2005. Tobacco Control in the 21st Century: A Critical Issue for the Nursing Profession. *Research and Theory for Nursing Practice: An International Journal*, Vol 19, No. 1, 15-24.

¹⁷ New Zealand Nurses Organisation. 2009 *Te Rau Kōkiri Campaign*. Wellington: New Zealand Nurses Organisation.

- believes that this would be an effective way of encouraging health professionals who smoke to quit.
30. The recently established nursing advocacy group, NSFANZ, is aimed at supporting nurses to complete ABC smoking cessation intervention training and deliver interventions¹⁸. The group recent survey indicated that they had little participation from Māori nurses, and Te Runanga o Aotearoa want to extend their support to assist with future research with Māori nurses.
31. NZNO continue to support nurses who smoke in their efforts to quit and to build on the enthusiasm of the nurses to provide further education and include smokefree work in their day to day practice.
32. NZNO will support any legislation and strategies that aims to eliminate tobacco supply in Aotearoa New Zealand, and we strongly support the Smokefree Coalition recommendations to the Committee, in particular:
- the instigation of legislative and policy measures that aim to eliminate tobacco;
 - the appointment of a Ministerial Taskforce on Tobacco to review, seek and provide advice on eliminating tobacco from Aotearoa;
 - to increase funding and resourcing of the Māori Auahi Tupeka Kore sector as outlined in 'national Māori Tobacco Authority';
 - to establish a dedicated tax, with existing tobacco taxation revenue, to fund services or programmes to promote cessation and quit services, advocacy and research; with specific programmes designed for Māori;
 - to strictly enforce sale to minors with particularly emphasis placed in areas with educational facilities – primary, secondary schools;

¹⁸ Nurses for a smokefree Aotearoa, New Zealand 2009. *Nurses role in smoking cessation provision of NRT to patients and their whanau*. Wellington: Ministry of Health.

- the removal of all tobacco displays from point of sale with immediate effect; vending machines are prohibited with immediate effect; and
- a yearly increase in tobacco tax, including Harmonise tax on loose tobacco, in line with those recommendations from the World Health Organisation (WHO) framework convention on Tobacco Control.¹⁹

CONCLUSION

NZNO recommends that you:

- **Note** our support for this inquiry and our assistance with access to our members for future reducing inequalities research ;
- **Note** our request for support for health professionals' wanting to quit smoking;
- **Note our** support for the recommendations of the Smokefree Coalition;
- **Agree** that nurses have the potential to be the largest workforce to provide effective smoking cessation interventions;
- **Agree** to invest in a Māori nurse programme to quit;
- **Note** we welcome the opportunity to present an oral submission; and
- **Note that** we welcome the opportunity to be involved in further discussions about smoking cessation services.

Nāku noa, nā



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¹⁹ World Health Organisation. 2009. *Framework Convention on Tobacco Control*. World Health Organisation.