

Position Statement on Tobacco

Endorsed Annual Conference 2016

Note: This position statement should be read in conjunction with the NSW Nurses and Midwives' Association Policy on *Drug and Alcohol Issues*.

The NSW Nurses and Midwives' Association recognises that:

- Tobacco and its associated problems present a significant burden for NSW. Smoking is responsible for around 44,000 hospital admissions every year and causes the deaths of over 5,200 people in this state each year¹.
- Smoking rates remain unacceptably high, particularly among Aboriginal people and those from low socioeconomic, disadvantaged and other specific groups^{2,3}. Between 2006-2009, 33.9 per cent of Aboriginal people aged 16 years and over in NSW were current smokers (33.5 per cent of Aboriginal males and 34.2 per cent of Aboriginal females)⁴. In the general population, more males than females are current smokers (18.1 per cent compared to 13.5 per cent). Since 2009, there has been an increase in current smoking rates among males and females aged 16-24 years².

The NSW Nurses and Midwives' Association adopts the position that:

1. Nurses should act in a way that is consistent with the New South Wales Tobacco Strategy 2012-2017⁵.
2. Recommends all health care premises and their immediate surroundings be smoke-free, i.e. within four metres of a pedestrian entrance to or exit from the building⁶.
3. Nurses use the Guide for the Management of Nicotine Dependent Inpatients⁷ produced by NSW Health as an evidence-based protocol for the treatment of nicotine dependent patients.
4. Nurses can provide brief cessation advice opportunistically as a minimal clinical intervention during routine consultations with smokers, whether or not they are seeking help with stopping smoking.
5. The purpose of brief intervention for smoking cessation is to increase the motivation to quit.
6. To assess patients level of nicotine dependence the use of the Fagerstrom Test for Nicotine Dependence⁸ be utilised.
7. Assessment, information, education, support, nicotine replacement therapy and referral should be offered to all nicotine dependent patients whether they intend to continue smoking on discharge or not.

References:

1. Centre for Epidemiology and Research (2010) The Health of the people of NSW: Report of the Chief Health Officer, Summary Report 2010. Sydney: NSW Department of Health.
2. Centre for Epidemiology and Research (2010) NSW Population Health Survey: 2010 Report on Adult Health. Sydney: NSW Department of Health.



3. National Preventative Health Taskforce (2009) *Australia the Healthiest Country by 2020 - A discussion paper by the National Preventative Health Strategy*. Commonwealth of Australia 2008, ISBN 1-74186-727-4.
4. Centre for Epidemiology and Research (2010) *2006-2009 Report on Adult Aboriginal Health from the NSW Population Health Survey*. Sydney: NSW Department of Health.
5. NSW Ministry of Health (2012) *New South Wales Tobacco Strategy 2012-2017*. Sydney: NSW Department of Health.
6. New South Wales Government (2014) *Smoke-free Environment Act 2000 latest Version*. Sydney: NSW Parliamentary Counsel's Office.
7. NSW Department of Health (2002) *Guide for the Management of Nicotine Dependent Inpatients*. Sydney: NSW Department of Health.
8. Heatherton TF, Kozlowski LT, Frecher RC & Fagerstrom KO (1991) The Fagerstrom Test for Nicotine Dependence: a revision of the Fagerstrom Tolerance Questionnaire, *British Journal of Addiction*, Vol. 86, pp 1119-1127.