

breathe easy

A growing network of nurses aims to help smokers quit for good. BY STACEY HALE

After smoking for 40 years, Don Costello's doctor told him he had to quit. The 64-year-old developed chronic obstructive pulmonary disease (COPD) and would soon need an oxygen tank to breathe.

"I realized this is not going to end nicely," says the retired electrician, whose wife Eleanor, 70, was also a smoker. They faced a tough choice, but knew it was time to quit.

The Kingston couple joined a stop smoking group organized by Nancy Melville, a public health nurse at Kingston, Frontenac, Lennox and Addington Public Health. Melville counselled the Costellos about nicotine withdrawal and its symptoms, including irritability, impatience, anxiety and depression. She explained how nicotine affects the brain and body by increasing the heart rate, blood flow to the heart, and blood pressure. The body will experience narrowing of the arteries, which means blood isn't able to carry as much oxygen as it once could. Melville also used her training to ease Don's worry when he put on 25 pounds (11.4 kilograms). She explained that weight gain is a common side effect.

"Nancy seemed to understand us. She knew what we were going through, and she led us through it," Don says. "We passed through all the hard times ... we are so free (from the addiction)."

The pair quit during their first support meeting, but felt they still needed help and continued to attend for a full year to work with Melville and the group. They've been smoke free for two years, and say they couldn't have done it without her help.

Freedom from tobacco addiction is what nurses want for all patients struggling to quit. That's why RNAO's *Smoking Cessation (SC) Initiative* has generated buzz among RNs. Research shows that nurses who initiate a three-minute conversation with patients about quitting smoking can make a big difference and play a key role in helping them butt out. Health Canada and the Heart and Stroke Foundation of Canada estimate smoking contributes to

more than 37,000 deaths across the country. And smoking is a risk factor for a number of deadly conditions including lung cancer, heart disease, stroke and chronic respiratory disease. Helping patients curb this addiction is a top priority.

"What good are we doing if we don't ask patients about their smoking?" wonders Justine Navarro, a nurse and program manager for RNAO's International Affairs and Best Practice Guidelines program. In December, Navarro wrapped up 18 workshops that were organized as part of a national *SC Initiative*. This cross-Canada tour was a direct result of the association's successful provincial *SC Initiative*, which started in 2007 and continues into 2011.

Navarro visited sites in Nunavut, the Yukon, Manitoba, Saskatchewan, New Brunswick, Quebec and Newfoundland and Labrador conducting workshops for fellow nurses and other health-care professionals. Each visit was to a site that delivered public health services, and was with nurses who had signed on as smoking cessation facilitators. These facilitators co-lead the workshops and were responsible for recruiting other nurses in their communities to become smoking cessation champions. Navarro was there to teach them how to use RNAO's best practice guideline (BPG), *Integrating Smoking Cessation into Daily Nursing Practice*.

More than 500 champions have been recruited across Canada. That's on top of the already 500 who work in Ontario. "You can just imagine the network of nurses and other health-care professionals across the county who are being educated on how to help their clients quit smoking for good," Navarro says.

The workshops focused on the importance of using the four As model (Ask, Advise, Assist, Arrange) during a three minute conversation. This approach helps nurses to determine their patient's tobacco use over the last six months, and to refer them to other smoking cessation resources or programs in their community.



Don and Eleanor Costello

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Nurses must also be able to identify their patient’s readiness to quit. “Quitting smoking is hard and clients need to be ready to hear what you have to say,” says Jennifer Tonn, a public health nurse at the Simcoe Muskoka District Health Unit. Tonn specializes in chronic disease prevention in the tobacco program, and says nurses in all specialties play a role in helping patients quit. RNs work in hospitals, clinics, family health teams, public health units, and in physicians’ offices; they’re well positioned and enjoy a high level of trust, she says, which means people will listen and be receptive.

Smoking is a sensitive issue, she adds, and nurses must determine if a patient is willing to open up about their addiction. If they are, a nurse can intervene and help change their behaviour. “Smoking might be what they’ve done to deal with stress and anxiety,” she says, adding that they resort to smoking because they haven’t learned other approaches to stress management.

But all the intervention in the world won’t work if a patient doesn’t want to quit.

If a patient says “I’m never going to quit. My grandfather smoked until he was 90 and never had a problem,” Tonn will explain that quitting smoking is the most important thing they can do to improve their health, but she knows that belabouring the point won’t help them quit.

For community health nurse Robin Manoll, the goal is to motivate – not irritate – her patients. Manoll, who provides primary care in Iqaluit, facilitated a workshop in September. She tries to focus her efforts on the youth in her city of nearly 7,000.

Every Tuesday afternoon, Manoll sets up a health café at the high school and talks to students about tobacco reduction, sexual health, nutrition and other health issues. She says children as young as eight will pick up cigarette butts around town and start smoking. And older kids (14 +) sell their cigarettes to younger

kids. If they have a full pack, they charge \$1/stick. When they’re down to half a pack they charge \$2/stick. “This is what we are up against,” she explains.

Iqaluit has the nation’s highest smoking rate at 53 per cent, according to Statistics Canada. The national rate is currently 18 per cent.

Simply put, if health officials don’t educate people – young and old – about the many health effects of smoking, they’re not likely to see the value in quitting. While working with cardiac patients attempting to quit, Margie Kvern, an RN for the population and public health program for the City of Winnipeg, was always surprised that patients didn’t see the connection between cardiac health and tobacco use. “That always floored me,” she says. “They see tobacco as causing respiratory problems, but not their coronary bypass.”

Kvern, who has worked in tobacco control for 10 years, warns that some nurses may fall back on the time crunch excuse, or may think they don’t have enough knowledge or skill to talk to people about smoking. She believes RNs have an obligation to ask about tobacco use because they have the power to raise awareness and provide support.

Support and positive feedback from a nurse is what made all the difference for Don and Eleanor. Two years after butting out, the couple is still congratulated when people find out they gave up cigarettes. Eleanor recalls the time she bumped into an old friend who asked her when she started wearing makeup, and complimented her healthy looking skin. “I don’t use makeup and never have,” she says with a smile. **RN**

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Visit www.tobaccofreernao.ca for more information or to get involved with the provincial *SC Initiative*.