

## Advice re Nurses Becoming Quit Card Providers

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NZNO and the Nursing Council of New Zealand (NCNZ) support major health initiatives to reduce smoking in Aotearoa New Zealand, and NZNO is a signatory to the Smokefree Coalition. The two organisations also believe nurses have a key role in leading smoking cessation initiatives, such as Quit Cards.

Both NZNO and NCNZ agree that nurses who are Quit Card providers are supplying a voucher, which allows a patient to procure subsidised nicotine replacement therapy (NRT). They are **not** prescribing or dispensing medication. The following brief provides information for nurses who intend to become Quit Card providers.

This document should be read in conjunction with the *NZNO Guidelines for Nurses on the Administration of Medicines* (NZNO, 2014) and *The New Zealand Guidelines for Helping People to Stop Smoking* (Ministry of Health, 2014).

### I. BACKGROUND INFORMATION

NRT has been available for more than 30 years and its safety profile is well documented. Nicotine is not the substance in tobacco smoke that is responsible for smoking-related diseases. Rather, these are caused by the many other toxins found in tobacco smoke.

NRT provides some of the nicotine a smoker would have otherwise received from their tobacco but without the harmful toxins contained in tobacco smoke. NRT is effective and safe. It approximately doubles the chance of quitting long term (Ministry of Health, 2014). Combining the patch with a faster-acting NRT product can further increase long-term abstinence by one to six per cent (West et al., 2013).

NRT is classified as a general sales medicine that can be sold at any retail outlet. Therefore, it is an over-the-counter medicine (OTC) (see more information on OTC in the appendix). It does not require a prescription. Nurses can give people who smoke access to fully subsidised NRT, if the nurses are registered as Quit Card providers.

### II. NRT IS AN OTC MEDICINE. WHAT RESPONSIBILITIES DO NURSES HAVE WHEN RECOMMENDING NRT?

Nurses need to practise within their scope of practice.

The registered nurse (RN) scope states

*“Registered nurses utilise nursing knowledge and complex nursing judgment to assess health needs, provide care, and to advise and support people to manage their health. They provide comprehensive assessments to develop, implement and evaluate an integrated plan of health care, and provide interventions that require substantial scientific and professional knowledge, skills and clinical decision making.*

*Registered nurses are accountable for ensuring that all health services they provide are consistent with their education and assessed competence, meet legislative requirements and are supported by appropriate standards”.*

The enrolled nurse (EN) scope states

*“Enrolled nurses practise under the direction and delegation of a registered nurse or nurse practitioner to deliver nursing care and health education across the life span to health consumers in community, residential or hospital settings. Enrolled nurses assist health consumers with the activities of daily living, observe changes in health consumers’ conditions and report these to the registered nurse, administer medicines and undertake other nursing care responsibilities appropriate to their assessed competence.*

*Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience. They work in partnership with health consumers, families/whānau and multidisciplinary teams.”*

To ensure nurses work within their scope of practice, they need to think through the following factors, before recommending NRT:

- *Does your employer and multidisciplinary team support this practice?*  
All district health boards (DHBs) have smoke-free teams that can provide education and support, and most primary health organisations (PHOs) will have staff responsible coordinating smoke-free activities.
- *Are there policies or guidelines on this issue?*  
Most DHBs will have smoke-free policies, and nicotine replacement policies that reinforce the provision of NRT through various avenues, including Quit Cards. For example, some DHBs have introduced systems whereby parents of hospitalised children, when staying with their child in hospital, are supported to be smoke free, through provision of NRT via the Quit Card scheme. *The New Zealand Guidelines for Helping People to Stop Smoking* (Ministry of Health, 2014) also provide guidance to health-care professionals on helping their patients who smoke.
- *Are there adequate education and resources to support it?*  
There are a number of avenues for education and guidance on smoking cessation and the use of NRT. These include:
  - a) An e-learning tool which can be completed online at [www.learnonline.health.nz](http://www.learnonline.health.nz)
  - b) DHB smoke-free coordinators who can advise on available local education initiatives
  - c) *The New Zealand Guidelines for Helping People to Stop Smoking* (Ministry of Health 2014)
  - d) The group, Smokefree Nurses Aotearoa
  - e) The Heart Foundation of New Zealand
- The RN scope of practice states that *nurses should have “substantive scientific and professional knowledge, skills and clinical decision making”*. It is vital to be up to date on NRT and its contraindications, its side effects and potential medicine interactions. Completing education and training ensures RNs have such “substantive scientific and professional knowledge, skills and clinical decision making”.

- The EN scope of practice states that “*Enrolled nurses are accountable for their nursing actions and practise competently in accordance with legislation, to their level of knowledge and experience.* The completion of education and training ensures ENs are able to practise “to their level of knowledge and experience”. This practice must be under the direction and delegation of a RN or registered health practitioner, with the RN or registered health practitioner (such as a doctor) maintaining overall responsibility.

### III. WHAT ADVICE DOES NZNO AND NCNZ GIVE TO NURSES ISSUING NRT AS QUIT CARD PROVIDERS?

NZNO and NCNZ encourage all RNs and ENs to become Quit Card providers. They also encourage all third-year bachelor degree nursing students to become Quit Card providers in preparation for their RN role. To become a Quit Card provider, nurses must complete an online education programme. In addition to this programme, NZNO and NCNZ advise the following:

a. Child consent

Before providing a Quit Card to a person aged under 16, the nurse must understand the principles of child consent outlined in the Ministry of Health guideline (Consent in Child and Youth Health: Information for Practitioners). The guideline states “*before providing medical treatment for someone under the age of 16, the practitioner must determine whether the child has the understanding and maturity to form a balanced judgement about the proposed treatment*” (1998, p.12).

b. Therapeutic relationship with the client in the clinical setting.

It is important the nurse establish a therapeutic relationship with the client. The RN and EN competency 3.1 states “*establishes, maintains and concludes therapeutic interpersonal relationships with client*” (NCNZ. 2009, 2012). Quit Cards are issued by nurses not only to their individual clients, but also to others who smoke, including parents, caregivers, and whānau.

c. Documentation and communication processes

Questions for nurses and the multidisciplinary team to consider:

- *How will issuing Quit Cards be communicated to the multidisciplinary team in your service?*

- *If a person is taking other medicines, how will the client’s (and other family members or whānau) general practitioner (GP) and or lead maternity carer be informed?*

There are no drug interactions with NRT. However, because of the impact of tobacco smoke on the liver’s metabolism, the doses of some medicines (eg, some psychiatric medicines) may need to be adjusted when people stop smoking. Clients who are offered NRT (whether by prescription, Quit Card, standing order) should also be offered follow-up with a smoking cessation service. Health providers should provide updates to the client’s health professional(s), including GP.

- *Would a hospital-wide policy prescription form (such as those used for acute pain services) or standing orders be more appropriate for the specific clinical setting, as opposed to individual nurses issuing vouchers?*

A number of hospitals have standing orders that allow nurses to initiate NRT for inpatients. However, on discharge or in outpatient and community settings, the Quit Card provides an appropriate way for clients to

access the subsidised products.

#### **IV ARE NURSES WHO ARE QUIT CARD PROVIDERS PRESCRIBING NRT?**

Nurses have sought clarification about the ministry document *Guide to Prescribing Nicotine Replacement Therapy* (June 2014). The footnote states “the patch, gum and lozenges are subsidised, if supplied on prescription or via the Quit Card Programme.” There is **no** requirement for a prescription when NRT is supplied through the Quit Card Programme.

NRT products currently available are

Patches, gum, lozenges	Available from pharmacy with a <b>Quit Card voucher</b> OR Available from pharmacy with a prescription, from a registered prescriber	Subsidised
Inhalator, mouth spray	Available over-the-counter from supermarkets or pharmacies	Unsubsidised

The approved smoking cessation medicines in New Zealand are:

Bupropion Nortriptyline Varenicline	Available from pharmacy with a prescription, from a registered prescriber	Fully funded (some must have Special Authority)
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To summarise, both NZNO and NCNZ agree that nurses who are Quit Card providers are supplying a voucher which allows a patient to procure subsidised NRT. They are **not** prescribing or dispensing medication. Being a Quit Card provider improves access to health care and reduces costs for clients.

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#### **REFERENCES**

Ministry of Health (1998). *Consent in Child and Youth Health: Information for Practitioners* Wellington: Author.

Ministry of Health (2014). *The New Zealand Guidelines for Helping People to Stop Smoking*. Wellington: Ministry of Health.

<http://www.health.govt.nz/system/files/documents/publications/nz-guidelines-helping-people-stop-smoking-jun14.pdf>

Ministry of Health (2014). *Guide to Prescribing Nicotine Replacement Therapy*. Wellington: Ministry of Health.

<http://www.health.govt.nz/system/files/documents/publications/guide-to-prescribing->

[nicotine-replacement-therapy-nrtv2.pdf](http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses)

Nursing Council of New Zealand (2009). *Competencies for the Registered Nurse*.  
<http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>

Nursing Council of New Zealand (2012). *Competencies for the Enrolled Nurse*.  
<http://www.nursingcouncil.org.nz/Publications/Standards-and-guidelines-for-nurses>

West R, Raw M, McNeill A, et al. 2013. *Tools to promote implementation of FCTC Article 14 on tobacco cessation: Effectiveness and Affordability Review (EAR) key messages*. London, UKCTAS. Woolf KJ, Zabad MN, Post JM, et al. 2012. Effect of nicotine replacement therapy on cardiovascular outcomes after acute coronary syndromes. *American Journal of Cardiology* 110(7): 968–70.

## APPENDIX

### How is OTC medicine defined?

The MoH's Medsafe advisory body explains that OTC medicine is not a term defined in New Zealand legislation, but is in common use to mean any medicine available for sale without a prescription.

This term, therefore, includes the following classifications of medicines:

- Restricted medicines that can only be sold or supplied by a pharmacist
- Pharmacy – only medicines: a medicine that can be sold or supplied from a pharmacy only;
- General sales medicines that can be sold at any retail outlet

The MoH Medicines Classification Committee (MCC) uses the following definition of OTC medicines suitable for sale: “*Medical products which may be available without prescription shall show a substantive safety in use in the treatment of minor ailments or symptoms, usually capable of rapid and spontaneous relief, which are easily identifiable by users and do not justify a medical consultation*”

### How is a pharmacy-only and restricted medicine defined in the Medicines Act?

**pharmacy-only medicine** means a medicine that is declared by regulations made under this Act or by a notice given under [section 106](#) to be one that, except as may be permitted by the regulations, may be—

- 1..1.1.1 (a) **sold by retail only**—
- 1..1.1.2 (i) **in a pharmacy or hospital; or**
- 1..1.1.3 (ii) **in any shop described in [section 51\(2\)](#) and in accordance with a licence issued under [Part 3](#); or**
- 1..1.1.4 (b) **supplied in circumstances corresponding to retail sale only**—
- 1..1.1.5 (i) **in a pharmacy or hospital; or**
- 1..1.1.6 (ii) **in any shop described in [section 51\(2\)](#) and in accordance with a licence issued under [Part 3](#); or**
- 1..1.1.7 (iii) **in accordance with a standing order**

**restricted medicine** means a medicine that is declared by regulations made under this Act or by a notice given under [section 106](#) to be one that, except as may be permitted by the regulations, may be—

- 1..1.1.8 (a) **sold by retail only by a pharmacist in a pharmacy or hospital; or**

- 1.1.1.9 (b) *supplied in circumstances corresponding to retail sale only*—
- 1.1.1.10 (i) *by a pharmacist in a pharmacy or hospital; or*
- 1.1.1.11 (ii) *in accordance with a standing order.*

Reference:

Medicines Act (1981). Retrieved 30 March. 2016.  
<http://www.legislation.govt.nz/act/public/1981/0118/latest/whole.html#DLM54687>

Medsafe (2008). *Classification of Medicines Classification Process*  
[www.medsafe.govt.nz/profs/class/classificationprocess.asp](http://www.medsafe.govt.nz/profs/class/classificationprocess.asp). Retrieved 22/05/08.

## **OTHER STOP SMOKING SERVICES**

### **Quitline**

Telephone support, text support and/or online support. Referrals online, ph/fax, text or through Medtech patient management system.

<http://www.quit.org.nz/>

### **Aukatī KaiPaipa**

Face to face support for Māori in an individual, whānau, and group setting.

<http://www.aukatikaipaipa.co.nz/>

### **Pacific services**

Face-to-face support for Pacific people in an individual, fānau and group setting.

### **Pregnancy services**

Face to face support for pregnant women in an individual, family, whānau and partner setting.

### **Other services**

There may be other services in your area. These services will typically provide a combination of stop smoking medicines and face-to-face support in an individual or group setting.

(Ministry of Health, 2014)