

21st September 2018

Dr Lynette Cusack RN, Chair
Nursing and Midwifery Board
G.P.O. Box 9958
Melbourne VIC 3001

Dear Dr Cusack,

Quit Victoria ("Quit") welcomes the opportunity to make a submission to the Nursing and Midwifery Board of Australia's *Registration standard: Endorsement for scheduled medicines for registered nurses prescribing in partnership* and *Guidelines for registered nurses prescribing in partnership*.

Quit is a program of Cancer Council Victoria. Our vision is for a tobacco-free Victoria, and Quit has identified five priority areas key to achieving this vision:

- Prevent new nicotine addictions
- Help smokers become tobacco-free
- Create a tobacco-free environment
- Enhance and tailor efforts for priority populations
- Lead and facilitate Victoria's efforts to end the tobacco toll

Quit broadly supports the proposed registration standard and guidelines for registered nurses to prescribe scheduled medicines in partnership. However, Quit would like to take this opportunity to highlight a gap in registered nurses (RNs) prescribing *unscheduled* medicines – specifically, nicotine replacement therapy (NRT).

[NRT is a safe and effective treatment for tobacco use disorder](#)

Smoking tobacco is the leading cause of preventable death and disease in Australia. Australia's principal public health effort has been to prevent uptake of smoking and encourage people who smoke to quit. There are growing international and national efforts to ensure health professionals employ proven models of care to encourage tobacco users to quit smoking and thus prevent the onset or progression of associated morbidities.

Tobacco use disorder is defined in the 5th edition of the Diagnostic and Statistical Manual of Mental Disorders (DSM-V) as "*a problematic pattern of tobacco use leading to clinically significant impairment or distress...*". It is characterised by features of dependence, cravings and withdrawal (1).

NRT products are particularly effective in treating tobacco use disorder when used in conjunction with behavioural interventions (for example, as delivered by Quitline, the State-funded telephone-based clinical service staffed by Quit Specialists). There is evidence NRT can increase rates of quitting by 50 to 60% (2). NRT can also be used to effectively manage symptoms of nicotine withdrawal for patients who are admitted and unable to smoke (see below) but do not wish to quit.

NRT replaces the nicotine that smokers otherwise obtain from smoking tobacco, with the aim of maintaining or gradually lowering nicotine levels while avoiding exposure to the toxic and carcinogenic chemicals found in tobacco. In Australia, NRT is available in several forms: transdermal patches and intermittent forms of NRT including a mouth spray, oral lozenge, gum and inhalator.

Combination NRT is most effective in supporting a quit attempt, which involves use of a transdermal patch to provide a baseline level of nicotine and an intermittent product to manage cravings (3).

NRT has proven safety and efficacy data, and as such all forms of NRT in Australia are *unscheduled* and can be purchased from a variety of locations including supermarkets and other retail outlets. NRT patches are listed on the Pharmaceutical Benefits Scheme (PBS) – and therefore patients who purchase patches on prescription from a medical practitioner, rather than over the counter, can do so at reduced cost. To receive the subsidy, the PBS sets the following criteria:

“The patient must be undergoing concurrent counselling for smoking cessation through a comprehensive support and counselling program or is about to enter such a program at the time PBS-subsidised treatment is initiated.”

A ‘comprehensive support and counselling program’ could include Quitline or face-to-face counselling.¹

The role of nurses in treating tobacco use disorder

Encounters with the health system provide an ideal opportunity or “teachable moment” for smokers. Health professionals, including RNs, are ideally placed to provide effective treatment and support to these patients (4). Smokers expect to be asked about their smoking status and believe it is acceptable and understandable for a health professional to enquire about smoking status (5).

These patients are well positioned to receive smoking cessation advice and help to quit, in the form of a behavioural intervention (e.g. through referral to Quitline) and provision of NRT. For many patients, the advice and support may be more focused on the temporary management of nicotine withdrawal symptoms during an inpatient admission.

The Nursing and Midwifery Board of Australia’s *Registered nurse standards for practice* consists of seven standards that RNs should uphold in their current practice (6). Activity to enable RNs to prescribe NRT aligns with several of these standards including:

- 2.4: Provides support and directs people to resources to optimise health-related decisions
- 4.3: Work in partnership to determine factors that affect, or potentially affect, the health and wellbeing of people and populations to determine priorities for action and/or for referral

Importance of managing nicotine withdrawal in inpatients

For inpatients, best practice management of nicotine withdrawal should be a component of routine clinical care, in much the same way that health services utilise clinical pathways and protocols for managing alcohol withdrawal or even pain management. As nicotine withdrawal can be easily predicted, prevented and managed, no patient need experience the uncomfortable and distressing symptoms of the condition, which can include irritability, anxiety, depressed mood and insomnia (1). If these symptoms are not managed appropriately through the provision of adequate NRT, there is an increased risk of behavioural issues, aggression and violence that negatively impact the health and wellbeing of other patients and of staff (7).

For NRT, as a group of unscheduled medicines with proven safety and efficacy, extending the ability of RNs to prescribe evidence-based NRT can enhance patient comfort and minimise the risk of occupational violence resulting from nicotine withdrawal.

¹ Some Victorian health services provide face-to-face counselling for treatment of tobacco use disorder

Current challenges

There is significant inconsistency in the ability of RNs to prescribe NRT to inpatients. This is dependent on prescribing protocols developed internally within specific health services, and in many cases limits nurse prescribing to limited formulations or durations e.g. a stat dose of *intermittent* NRT. Conversely, many Victorian health services do not have a nurse prescribing protocol for NRT and there is no widespread adoption across the state of an evidence-based clinical pathway for tobacco use disorder.

In the outpatient setting, the ability of RNs to prescribe NRT is also of potential benefit. However, this would require nurse prescribing of NRT (in conjunction with an authorised prescriber) to be recognised by the PBS to enable patients to be eligible for the PBS subsidy. Nurse prescribing of NRT in an outpatient setting would be of benefit in contexts where another authorised prescriber such as a medical or nurse practitioner may not be readily available, or in settings or services that may be predominantly nurse-led (for example, diabetes education clinics).

Proposed solutions

Facilitating RNs to prescribe NRT, as per a clearly defined clinical pathway that includes an NRT prescribing protocol, can result in the timely and effective management of nicotine withdrawal, an increase in patient comfort, and the support of quit attempts. This need not be time consuming, and an explicit and well-structured clinical pathway will support RNs to manage smokers appropriately while meeting the other multiple competing priorities they encounter in daily clinical practice.

A clinical pathway should be consistent across Victorian health services and should include:

- A prompt to ask all patients about smoking status and to record this in the medical record
- An assessment of nicotine dependence via the use of validated clinical tools such as the Fagerstrom Test for Nicotine Dependence² (8)
- If deemed dependent, the prescription of NRT as per a prescribing protocol, to manage either the acute symptoms of nicotine withdrawal or to support a quit attempt (in which case the patient should also be offered referral to a behavioural intervention such as Quitline, as this combination has been demonstrated as the most effective way to quit (9))
- Communication of smoking status in discharge documentation, and the outline of a clear plan for follow up

NRT prescribing protocols should consist of a logical and clear algorithm to ensure RNs are confident in prescribing NRT for their patients who smoke. This algorithm should include explicit guidance on:

- Which combination of NRT products are most appropriate (depending on the outcome of the nicotine dependence assessment - in most cases this will involve the combination of a transdermal patch and an intermittent form of NRT administered PRN)
- Explicit instructions regarding dosage, duration of use, and instructions for use
- Contraindications to NRT or precautions in specific patient groups (e.g. in pregnant or breastfeeding women, recent cardiovascular event), with an accompanying recommendation to seek medical advice as appropriate

In summary, Quit supports the NMBA's proposed registration standard that would enable RNs to prescribe scheduled medicines within their scope of practice in conjunction with another authorised health practitioner. However, there remains a grey area regarding the ability of RNs to prescribe NRT

² The Fagerstrom Test includes asking a patient how soon after waking they smoke their first cigarette, and the average number of cigarettes smoked per day.

which has proven safety and efficacy data. RNs are ideally placed to manage patients through nicotine withdrawal and to provide support to quit, and the ability to prescribe NRT (including beyond a stat dose of intermittent NRT) is pivotal to this.

One way to address this may be through the development and implementation of a consistent, State-based clinical pathway across Victorian health services for the treatment of tobacco use disorder. This should include an embedded NRT prescribing protocol to support RNs to adequately treat nicotine dependence and withdrawal.

Should you require any further information, please do not hesitate to contact Dr Jasmine Just, Health Systems Project Lead at Quit Victoria on [REDACTED]
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Dr Sarah White
Director
Quit Victoria

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