



Position Statement Title: ISNCC Tobacco Position Statement

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Purpose

Tobacco control activities are integral to health care.

Background

Tobacco use and exposure to tobacco smoke are known human carcinogens and have contributed to a global epidemic and public health emergency. Tobacco continues to be a leading cause of preventable death and illness in the world.ⁱ At least one dozen different types of cancers are causally related to tobacco use,ⁱⁱ in addition to other chronic and acute illnesses. Six million tobacco-related deaths occur every year. If trends continue, by 2030 more than 8 million people will die annually because of tobacco use; 80% in developing countries.¹ Prevention of tobacco-related disease, disability, and death could be achieved through the promoting of tobacco control: preventing uptake, helping smokers quit, and preventing exposure to secondhand smoke.

Nurses can effectively deliver evidence-based interventions for tobacco dependence that significantly reduce tobacco use,ⁱⁱⁱ including to patients already diagnosed with cancer. Quitting smoking after a cancer diagnosis improves prognosis and treatment outcomes and decreases risk of a secondary cancer and death. At least one dozen different types of cancers are causally related to tobacco use.²

Nursing involvement in community action, helping patients quit, promoting an environment free of tobacco smoke, denormalising tobacco use and supporting effective tobacco control policies is essential to solve this problem.^{iv} Nurses must provide leadership in these efforts,^v along with other healthcare professionals.

To address the tobacco-related epidemic, WHO initiated the first international, legally binding treaty focusing on a public health problem: the WHO Framework Convention on Tobacco Control (FCTC).^{vi} The treaty calls for implementation of a series of policy measures with proven effectiveness in reducing the burden of tobacco use on the population and nations. Nurses worldwide have been involved in efforts to ensure that these policies are adopted, but further efforts are needed.



Patients who smoke often are blamed unfairly or blame themselves for causing a tobacco-related cancer. In fact, many became addicted to nicotine in their adolescence or youth by an industry that spends billions of dollars to promote a product that, if used as directed, kills up to 50% of its users. Nurses must actively engage in efforts to diminish this stigma. Tobacco dependence is a chronic relapsing condition that requires ongoing treatment.² The tobacco industry has been found guilty of hiding evidence from the public and obfuscating science and scientists,^{1,2} and calls have been made for professional organizations and academic centers to refuse to accept tobacco industry funding for research or services.

The past decade has seen an increase in the marketing and availability of electronic nicotine delivery devices (ENDS), also known as electronic cigarettes, electronic hookahs, etc., particularly in Upper Income Countries. Regulatory frameworks to address these new products are emerging, and there are no data available to support these products' safety or their effectiveness as adjuncts in tobacco dependence treatment. WHO has advised consumers to not use these products until data are available.^{vii}

Nursing research in the area of tobacco control and tobacco dependence treatment can contribute significantly to developing interventions for all persons who smoke, including people with a cancer diagnosis,² but more efforts and support are needed to enhance the science in this area.

Many health care organisations have identified position statements or endorsed position statements in relation to tobacco, smoking, and health. These organisations include: The World Health Organisation, Oncology Nursing Society (USA), Royal College of Nursing (United Kingdom) and International Council of Nurses. All these statements advocate control of tobacco use and endorsing anti-smoking policies.

Position

The International Society of Nurses in Cancer Care (ISNCC) believes that prevention of tobacco use, prevention of exposure to second hand smoke, assessment of nicotine dependency and support for smoking cessation are valuable approaches for nurses in order to decrease tobacco-related health problems. Furthermore, ISNCC is committed to maximizing the potential that nurses, the largest group of healthcare professionals, have in reducing adult and youth tobacco use, promoting cessation, actively protecting all people against exposure to secondhand tobacco smoke, and helping to increase access to tobacco use prevention and cessation services. In addition to the prevention of tobacco use to reduce cancer risk, intervention is needed to support the cessation efforts of patients with cancer and cancer survivors who are at increased risk for side effects of treatment, a second tobacco-related cancer, increased morbidity, decreased survival, and diminished quality of life. Furthermore, nurses who support smoking cessation in patients thereby support patient families by potentially reducing the number of future familial smokers.



ISNCC recommends that:

- 1) Nurses must be fully educated about the effects of tobacco products.
 - a) Nursing curricula should include information about the health effects of tobacco use and exposure to secondhand smoke, prevention of tobacco use, and science-based strategies for tobacco dependence treatment, as well as clinical practice opportunities, to ensure that all nurses are competent in tobacco control and providing evidence-based cessation interventions.
 - b) Practicing nurses should be provided with educational opportunities and continuing professional education regarding tobacco control and delivery of evidence-based cessation interventions.
 - c) Tobacco control is included in the agenda of scientific and educational nursing programs.
 - d) Benefits of cessation of tobacco use in all clinical contexts (e.g. sex, age, type of disease) must be recognized and articulated as part of a nursing plan of care.
- 2) Nurses must support the implementation of the WHO FCTC.
- 3) Nurses must be prepared to lead in tobacco control activities at local, national, regional and international levels, including participation in World No Tobacco Day celebrations (May 31 of every year).
- 4) Nurses must take an active role in initiating and supporting local, national and international tobacco control policy and legislation.
- 5) Nurses must ensure that tobacco use assessment, documentation and dependence treatment is an expected part of care in all cancer inpatient and outpatient treatment programs and protocols, including addressing the stigma faced by many patients affected by a tobacco-related cancer and specifically highlighting the benefits of smoking cessation in the context of a cancer diagnosis.
- 6) Nurses must be prepared to discuss exposure to second hand smoke at home and workplaces with patients and families, including strategies to create tobacco-free environments.
- 7) Nurses and those entering the profession should become non-smoking role models for their own health and the health of their patients.
- 8) Nursing organizations should encourage and support cessation attempts by nurses and maintain or advocate for a tobacco-free workplace.



9) Nurses should collaborate with other healthcare organizations, public health, and tobacco-control groups to strengthen and fund tobacco control at all levels, including by increasing and supporting nursing research on tobacco use, prevention, cessation interventions, and reduction of exposure to secondhand smoke in people with and at risk for cancer.

Furthermore, ISNCC declares that all society meetings, scientific and social activities, be tobacco-free. ISNCC recommends to all organisations the endorsement of the no-tobacco policy at scientific meetings and other health related events.

References:

ⁱ World Health Organization (2013). *WHO report on the global tobacco epidemic, 2013: enforcing bans on tobacco advertising, promotion and sponsorship*. Available at http://www.who.int/tobacco/global_report/2013/en/

ⁱⁱ U.S. Department of Health and Human Services. *The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General*. Atlanta, GA: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2014. Available at <http://www.surgeongeneral.gov/library/reports/50-years-of-progress/index.html>

ⁱⁱⁱ Rice, VH, Hartmann-Boyce, J, Stead, LF. (2013) Nursing interventions for smoking cessation. *Cochrane Tobacco Addiction Group*. Published Online: 12 August 2013. DOI: 10.1002/14651858.CD001188.pub4

^{iv} Sarna L, Bialous SA; Tobacco Control Sub-group and Health Behavior Expert Panel, American Academy of Nursing. Nursing scholarship and leadership in tobacco control. *Nurs Outlook*. 2013 May-Jun;61(3):181-2.

^v World Health Organization. *Enhancing nursing and midwifery capacity to contribute to the prevention, treatment and management of noncommunicable diseases*. Human Resources for Health Observer No. 12. Geneva: World Health Organization; 2012. Available at <http://www.who.int/hrh/resources/observer12.pdf>.

^{vi} WHO Framework Convention on Tobacco Control: <http://www.who.int/fctc/en/>

^{vii} World Health Organization. *Questions and answers on electronic cigarettes (e-cigarettes) or electronic nicotine delivery systems (ENDS)*. Statement. 9 July 2013. Available at http://www.who.int/tobacco/communications/statements/electronic_cigarettes/en/