Why tobacco policy matters for cancer and for cancer nursing

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Objectives

• Describe the link between changes in tobacco use, cancer and policy

• Discuss how policies about tobacco dependence treatment and exposure to secondhand smoke can impact oncology nursing practice

• Discuss the importance of oncology nursing intervention in tobacco policy on local, national, and international level
Lung cancer has been the index cancer for smoking: rare cancer at the start of the 20th century

Many other cancers caused by tobacco use

* Head & neck cancers (mouth, lips, nasal cavity, sinuses, larynx, pharynx)
* Kidney & urinary bladder
* Colon/rectum
* Esophagus
* Pancreas
* Stomach
* Uterus, cervix
* Acute myeloid leukemia

http://www.cdc.gov/tobacco/campaign/tips/diseases/cancer.html
Other tobacco-related health conditions can impact cancer survival and health status

- Doubles risk of heart attack
- Increases risk of peripheral vascular disease
- 90% of COPD linked to smoking
- Increases risk of Type 2 Diabetes
- Other: gastrointestinal ulcers, osteoporosis, cataracts

Carton from Singapore
Reducing tobacco use and exposure to secondhand smoke is critical to reducing cancer deaths and misery worldwide.

- 100 million deaths in 20th century
- 7 million annual deaths
- 1 Billion deaths projected for the 21st century
  - 80% in developing countries
  - 100,000 youth become addicted each day

Critical for the projected 70% increase in cancer over the next two decades.
Tobacco Facts

• 1.1 billion smokers aged 15 and older

• Globally
  – 40% of men smoke
  – 9% of women

• 890,000 deaths from secondhand smoke
  • 1⁄2 among women

http://www.who.int/mediacentre/factsheets/fs339/en/
Prevalence of # of cigarettes smoked per person varies around the world

China and Eastern and Southern Europe consume the most cigarettes per person. This is not only because of the high smoking prevalence (see Smoking Among Men and Smoking Among Women) but also high smoking intensity – the large number of cigarettes smoked by average smoker per day.

Project locations:
- USA
- Central & Eastern Europe
- China
- Portugal

Over 50 years of science linking tobacco use and health

Legal product that kills when used as intended
## Noncommunicable Diseases

4 Diseases, 4 Modifiable Shared Risk Factors

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<th>Tobacco Use</th>
<th>Unhealthy diets</th>
<th>Physical Inactivity</th>
<th>Harmful Use of Alcohol</th>
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Why did smoking decline in the US?

Virginia Slims Campaign
Policy changes affecting tobacco use in the US

- 1967 Fairness doctrine requiring equal advertisements
- 1971: Ban on cigarette advertisements on tv & radio
- 1998: Master Settlement agreement expanded bans on advertisements
- 2006: Courts prohibit “low tar” and “Light cigarettes”

Policy Changes, 2009: Family Smoking Prevention and Tobacco Control Act

- Banned use of vending machines, product sampling (except in adult-only facilities)
- Restricted sale of tobacco between retailers and consumers
- Expanded limits on tobacco sponsorships & branding of non-tobacco items

Policy impacting global tobacco control:
WHO Framework Convention on Tobacco Control, 2003

- First United Nations Treaty focused on a public health issue
- 180 countries are a Party to the Convention
- Focus on multi-sector policies, demand and supply
- First time a UN treaty alerted countries to protect against “commercial and other vested interests” of an industry: the tobacco industry
• Prevention of tobacco use, 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
ISNCC Position Statement

• Nurses must be fully educated about the effects of tobacco products
  – Nursing curricula should ensure that nurses are competent in tobacco prevention & cessation
  – Practicing nurses should receive education about tobacco control and cessation
Education for nurses about Tobacco Dependence Treatment in Many Languages

www.tobaccofreenurses.org

Media Award, American Academy of Nursing, 2005
ISNCC Position Statement

• Tobacco control should be included as a topic in nursing meetings
  – 1999……ICN, London,””Agenda for Nursing Leadership in Tobacco Control. Lack of attendance led to funding for Tobacco Free Nurses by the RWJF
• 2008, ISNCC plenary session!
ISNCC Position Statement

- Tobacco cessation should be part of a nursing care plan
  - Tobacco dependence should be part of cancer care and treatment programs
Tobacco Dependence Treatment Guideline
since 1996

Ask about tobacco use at every visit.

Implement a system in your clinic that ensures tobacco-use status is obtained and recorded at every patient visit.

The 5 A’s

1. Ask
2. Advise
3. Assess
4. Assist
5. Arrange

Last update 2008

5As in Electronic Health Records
Changing Patient Care & Work Flow

May have talking points

Learner readiness, method, response

Education Materials for download
Telephone quitlines can provide support:
counseling & access to resources
ISNCC Position Statement

• Nurses should support the implementation of the WHO-FCTC

Article 14 focuses on expanding capacity for cessation programs
ISNCC Position Statement

• Nurses should be prepared to lead in local, national and global tobacco control activities

• Nurses should play an active role in the implementation of tobacco control policy & legislation
Philip Morris said it best (1988)

• Nurses…..”At all levels they could easily be formidable opponents of the tobacco industry”
ISNCC Position Statement

• Nurses should be prepared to address health risk of exposure to secondhand smoke

1993, declared a class A carcinogen
Smoke-free hospital environments
Tobacco Free Universities
UCLA: A nurse-led effort affecting over 75,000 people
ISNCC Position Statement

- Nurses should be non-smoking role models for their health and that of their patients
- Nursing organizations should support quit efforts of nurses
Smoking among nurses is a barrier to nursing involvement in tobacco control

Nurses smoking in 1947
Nurses have contributed to our knowledge of the devastation of tobacco use on women: Nurses’ Health Study

Figure 1. 1976-2000 Mortality rates by never, former, and current smokers: NHS

Tobacco Free Nurses: 2003

- Enhance nurses’ role in tobacco control
  - Campaign reached > 2 million nurses in the US
- Increase
  - Education & resources
  - Nursing research
  - Nursing leadership
- Decrease smoking among nurses
  - > 2000 nurses registered for support from an online program
  - >500,000 nursing students urged to quit

Sarna, Froelicher, Danao, Wewers & Bialous

Funder: Robert Wood Johnson Foundation & the Smoking Cessation Leadership Center
Tobacco Free Nurses

Selected by WHO as an *exemplar* for healthcare organizations for *World No Tobacco Day*, 2005

Selected as an Edge Runner
American Academy of Nursing, 2017
Oral Comments on Behalf of the Oncology Nursing Society to the Healthy People 2010 Tobacco Policy Workgroup, November, 2002 (Sarna & Bialous)

Recommendation 1: TO INCREASE THE INVOLVEMENT OF NURSES, AS THE LARGEST GROUP OF HEALTH CARE PROFESSIONALS, IN ALL TOBACCO PREVENTION AND CESSATION EFFORTS WITHIN HEALTH CARE SETTINGS

“ONS strongly urges that nurses be included in the listing of groups of health care professionals who should be involved in tobacco prevention and cessation by amending Guideline 3-10 to add “nurses” along with physicians and dentists”
ISNCC Position Statement

• Nurses should collaborate with other groups to:
  – Increase tobacco-related research to prevent tobacco use, increase tobacco dependence treatment and reduce exposure to secondhand smoke
    • Changes in the inclusion of tobacco use in NCI-funded clinical trials
      – Increase nursing research: Abstracts at ISNCC!

Gritz et al. (2005) “Smoking the missing drug interaction in clinical trial”: Cooley et al., 2009: Sarna & Lillington, 2002
Collaboration with WHO on Nurses & NCD monograph: Addresses nurses’ role in tobacco control

“Nursing leadership in policy and advocacy is imperative for changing practice and expanding capacity to address NCDs....”

S Bialous, M Nkowane, J Oulton, L Sarna

http://www.who.int/hrh/resources/observer12/en/
Tobacco policy & nursing organizations: American Nurses Association, 1985

- Resolutions passed with overwhelming support by the House of Delegates to the ANA in 1984
  - “…ANA engage in the formulation of policies and use its political power to influence policy makers toward smoking control efforts..”
  - “…Support activities directed toward reducing smoking among nurses”

*New York State Journal of Medicine, 1985*
Examples of Tobacco Resolutions & Policies in Nursing Organizations

- WHO Global Forum Statement on NCDs for Government Chief Nurses, 2012
- ICN, Tobacco Policy
- UICC: nurses’ role in tobacco control
- ONS Position on Nursing Leadership in Global and Domestic Tobacco Control
  - International Society for Nurses in Cancer Care
- AONS, CANO, EONS ISNCC, ONS Joint statement on WNTD, 2015
- Resolution for holding AAN meetings in states with smoke-free policies
- Resolutions for smoke-free schools of nursing
  - AAN
  - American Association of Colleges of Nursing
Through the ISNCC Tobacco Position Statement, oncology nurses have the framework to make changes in the world and protect the public’s health:

Think Global & Act Local

Tobacco prevention is cancer prevention

Beck, Bialous & Ben-Gal, 2016