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**Policy Title:** ISNCC Tobacco Position Statement  
**Date Drafted:** July 2009  
**Date Approved by Board of Directors:** October 2009

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## **Purpose**

Tobacco control activities must be 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<sup>i</sup>. Five 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<sup>ii</sup>. 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<sup>iii</sup>. 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<sup>iv</sup>. Nurses must provide leadership in these efforts<sup>v-vi</sup>, 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)<sup>vii</sup>. 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<sup>viii</sup>. The tobacco

industry has been found guilty of hiding evidence from the public and obfuscating science and scientists<sup>ix</sup>, and calls have been made for professional organizations and academic centers to refuse to accept tobacco industry funding for research or services.

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<sup>x, xi</sup>, 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 for 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 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, cancer recurrence, 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:**

- Ø Nurses must be fully educated about the effects of tobacco products.
  - § Nursing curricula should include information about the health effects of tobacco use, 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 cessation interventions.
  - § Practicing nurses are provided with educational workshops and professional education regarding tobacco control.
  - § Tobacco control is included in the agenda of scientific and educational nursing programs.
  - § Benefits of smoking cessation in all clinical contexts must be evidence based, recognized and articulated

- Ø Nurses must support the implementation of the WHO FCTC.
- Ø Nurses must be prepared to lead in tobacco control activities at local, national, regional and international levels, including participation in World No Tobacco Day (May 31 of every year).
- Ø Nurses must take an active role in initiating and supporting local, national and international tobacco control policy and legislation.
- Ø Nurses must ensure that tobacco use assessment, documentation and dependence treatment is an expected part of care in all cancer treatment programs, 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
- Ø Nurses should become non-smoking role models to provide support for cessation attempts by nurses and to maintain a smoke-free work place and where the workplace is not smoke-free lobby their work places to become smoke-free environments.
- Ø Nurses should collaborate with other healthcare organizations, public health, and tobacco-control groups to strengthen tobacco control at all levels, including research.
  - § Nursing research on tobacco use, prevention, cessation interventions, and reduction of exposure to secondhand smoke in people with and at risk for cancer is supported.
- Ø Nurses must be actively involved in efforts to increase funding for tobacco control and for tobacco-related research.

Furthermore,

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

## References

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- <sup>i</sup> World Health Organization. (2008a). WHO report on the global tobacco epidemic, 2008: The MPOWER package. Geneva, Switzerland
- <sup>ii</sup> World Health Organization. (2008a). WHO report on the global tobacco epidemic, 2008: The MPOWER package. Geneva, Switzerland
- <sup>iii</sup> Rice, V.H., Stead, L.F. (2008). Nursing interventions for smoking cessation. *Cochrane Database of Systematic Reviews*, 1, CD001188.
- <sup>iv</sup> Sarna, L., Bialous, S., Barbeau, E., & McLellan, D. (2006). Strategies to implement tobacco control policy and advocacy initiatives. *Critical Care Nursing Clinics of North America*, 18(1), 113–122.
- <sup>v</sup> Malone, R.E. (2006). Nursing's involvement in tobacco control: Historical perspective and vision for the future. *Nursing Research*, 55(4, Suppl), S51–S57.
- <sup>vi</sup> Sarna, L., & Bialous, S. (2005). Tobacco control in the 21st century: A critical issue for the nursing profession. *Research in Theory and Nursing Practice*, 19(1), 15–24.
- <sup>vii</sup> World Health Organization. (2008b). The WHO framework convention on tobacco control. Retrieved April 17, 2008, from <http://www.who.int/tobacco/en>
- <sup>viii</sup> Steinberg, M.B., Schmeizer, A.C., Richardson, D.L., & Foulds, J. (2008). The case for treating tobacco dependence as a chronic disease. *Annals of Internal Medicine*, 148(7), 554–556.
- <sup>ix</sup> U.S. District Court for the District of Columbia. (2006). *United States of America v. Philip Morris U.S.A., Inc.* Retrieved August 12, 2008, from [http://www.library.ucsf.edu/tobacco/litigation/usvpm/FinalOpinion\\_full\\_version.pdf](http://www.library.ucsf.edu/tobacco/litigation/usvpm/FinalOpinion_full_version.pdf)
- <sup>x</sup> Cooley, M.E., Sipples, R.L, Murphy, M., & Sarna, L. (2008). Smoking cessation and lung cancer: Oncology nurses can make a difference. *Seminars in Oncology Nursing*, 24(1), 6–26.
- <sup>xi</sup> Sarna, L., & Bialous, S.A. (2006). Strategic directions for nursing research in tobacco dependence. *Nursing Research*, 55(4, Suppl.), S1–S9.