



Cancer Nurses Society of Australia Position Statement on Tobacco Control and Smoking Cessation

Background

The International Perspective

In 2004 the International Agency for Research on Cancer (IARC) convened a meeting of scientists to review the epidemiological evidence on the association between tobacco smoking and cancer. It concluded that there is sufficient evidence to establish a causal association between cigarette smoking and the cancers in the following sites: bladder, cervix, kidney, larynx, lung, oesophagus, oral cavity and pharynx, pancreas and stomach; and between cigarette smoking and acute myeloid leukaemia (Sasco, et al, 2004).

Even small amounts of exposure to tobacco smoke can be harmful to people's health. Passive smoking due to environmental or second-hand tobacco smoke is a cause of premature death and disease in children and in adults who do not smoke. Second-hand smoke contains several known carcinogens, nicotine and other toxins with some carcinogens present at higher concentrations by unit volume in side-stream smoke than in mainstream smoke. Lifelong non-smokers have a greatly increased risk of developing lung cancer when they are exposed to second-hand smoke in the home, workplace, public areas, bars and restaurants where smoking is permitted. As with smokers, the risk increases with the intensity and duration of the exposure (Sasco, et al, 2004). By 2010 tobacco is projected to kill 6 million people worldwide annually and drain \$500 billion from the global economy each year with more than 72 percent of deaths occurring in low and middle-resource countries (Eriksen, et al, 2009).

The World Health Organisation Framework Convention on Tobacco Control (WHO FCTC) is the first ever public health treaty on tobacco that outlines comprehensive tobacco control strategies. The objective of the convention is to protect present and future generations from the health, social, environmental and economic consequences of smoking and exposure to tobacco smoke. The Australian Government ratified the WHO FCTC in 2004 (The Cancer Council Australia, 2007).

To help countries fulfil the promise of the WHO FCTC, WHO has established the MPOWER package with the six most important and effective tobacco control policies, proven to reduce tobacco use. MPOWER policies are: **M**onitor tobacco use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn about the dangers of tobacco; **E**nforce bans on tobacco advertising, promotion and sponsorship; and **R**aise taxes on tobacco. The *WHO Report on the Global Tobacco Epidemic in 2008* called on governments around the world to take urgent action to implement the policies outlined in the MPOWER Package.

The Australian Story

Australia has been active in tobacco control measures that have contributed to a significant reduction in daily smoking rates over the past few decades down from 37 percent in 1974 to 19 percent in 2007 (Tobacco in Australia, 2008). These rates are amongst the lowest in the world and contribute to Australia achieving one of the highest average life expectancies of any country. It is also still the case though, that smoking remains the leading preventable cause of death and disease in Australia today. It is responsible for the greatest burden on the health of all Australians killing more than 15,500 Australians each year, more than are killed by breast cancer, AIDS, traffic and other accidents, murders and suicides combined (The Cancer Council Australia, 2007).

Cancer is the leading underlying cause of death in productive adult life with 50% more years of life lost before the age of 75 than for heart disease, and the incidence of cancer continues to rise (NSW Cancer Council, 1999). Lung cancer is the leading cause of cancer death in Australia and is the third leading cause of all deaths. More than 7,000 Australians die from lung cancer each year – almost 20 people every day (The Australian Lung Foundation, 2009).

Socially disadvantaged population groups in Australia bear a disproportionately high tobacco burden. Specific population groups have smoking rates significantly higher than average, including populations that are socio-economically disadvantaged such as: people suffering severe and disabling mental illness at 62 percent (Moeller-Saxone, 2008); Aboriginal and Torres Strait Islander peoples, 50 percent based on 2004-05 figures (Scollo & Winstanley, 2008); people who are institutionalised, including those in custodial settings; parents/carers and children living in disadvantaged areas; and male Australians born overseas in countries where the dangers of smoking were not well understood. Smoking in these groups contributes to increasing inequity in health status and the cycle of poverty and disadvantage (The Cancer Council Australia, 2007).

Cancer Nurses Society of Australia (CNSA) Beliefs

- Cancer nurses have a responsibility to regard tobacco dependence as a primary health problem. Patients who smoke are often blamed unfairly or feel guilt for causing a tobacco-related cancer, when in fact many became addicted to tobacco in childhood or adolescence. Nurses must actively engage in efforts to diminish this stigma.
- Action by nurses in all settings is essential in identifying patients with tobacco dependence issues and in initiating appropriate interventions to assist smoking cessation.
- The majority of nurses recognise their responsibility to counsel patients regarding smoking cessation but lack adequate knowledge and confidence regarding evidence-based interventions.
- Nurses should be provided with evidence-based education, training and resource materials to effectively deliver smoking cessation counselling to patients in all settings.
- Tobacco dependence, assessment and pharmacologic and behavioural smoking cessation interventions should be included in nursing curricula.
- Cancer nurses should become non-smoking role models, take an active role in reducing harm from smoking and tobacco use and support 'smokefree' messages in the workplace and all health care facilities.
- Cancer nurses should engage in research in tobacco control and tobacco dependence to contribute to the development of interventions for smokers including those with a cancer diagnosis.
- Cancer nurses have a responsibility to raise the awareness of the benefits of quitting smoking for patients with cancer and cancer survivors.

Rationale

Smoking cessation has major and immediate health benefits for men and women of all ages. Benefits have also been documented for patients already suffering from smoking-related cancers so, in addition to the prevention of tobacco use to reduce cancer risk, interventions are also 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 (ONS, 2008). Evidence shows that smoking cessation interventions delivered by health care professionals are effective (Cooley, et al, 2008; Mojica et al, 2004).

Tobacco control remains one of the best investments governments can make to enhance the health and economic well-being of all Australians. The Australian National Tobacco Strategy 2004-2009 sets out the collaborative interventions of federal, state and territory governments and non-government agencies on a long-term, comprehensive, evidence-based and coordinated national plan with the goal of significantly improving health and reducing the social costs and inequity caused by tobacco (The Cancer Council Australia, 2007). The objectives of the National Tobacco Strategy are to: prevent uptake of smoking; encourage and assist as many smokers as possible to quit as soon as possible; eliminate harmful exposure to tobacco smoke among non-smokers; and where feasible, reduce harm associated with continuing use of and dependence on tobacco and nicotine.

Areas of action identified by the National Tobacco Strategy include: regulation of tobacco; promotion of 'Quit' and 'Smokefree' messages; cessation services and treatment; community support and education; addressing social and cultural determinants of health; tailoring initiatives for disadvantaged groups; research, evaluation, monitoring and surveillance; and workforce development (The Cancer Council Australia, 2007).

One of the MPOWER strategies identified by the WHO FCTC is effective and appropriate training and awareness programmes on tobacco control for health workers. People working in tobacco control need to better understand the toxicology and epidemiology of tobacco use and the social, economic and legal aspects of tobacco control. Training for health professionals must also be addressed as part of a comprehensive policy to treat tobacco dependence (The Cancer Council Australia, 2007).

In 2004 The Australian Federal Government Department of Health and Ageing funded the development of '*The Smoking Cessation Guidelines for General Practice*' by a collaborative of academic, professional, government and

non-government agencies. Supporting resource material was also developed to provide information on smoking cessation and effective strategies that general practitioners and other practice staff can apply to identify smokers and assist them to stop smoking. The resource material uses the '5As' approach to smoking cessation – 'ask', 'assess', 'advise', 'assist' and 'arrange'.

The health burden of tobacco use and dependence and the need for control has been widely recognised internationally and nationally by governments and non-government organisations. A range of initiatives and activities undertaken and planned by peak bodies include: The International Society of Nurses in Cancer Care (ISNCC) calling for cancer nurses to meet the challenge of tobacco control by taking a leadership role in the prevention, cessation and control of tobacco use (Sarna, et al); the International Union Against Cancer (UICC) has particularly emphasised the importance of Article 14 of the FCTC (*Demand reduction measures concerning tobacco dependence and cessation*); and in Australia, the multidisciplinary group, the Clinical Oncology Society of Australia (COSA) is also focusing activities on lung cancers.

Nurses represent the largest group of health care professionals and have an enormous potential in terms of leadership in tobacco control. Nurses are in a unique position to influence their patients who smoke (Jenkins & Ahijevych, 2003). There is evidence that smoking cessation advice and counselling interventions by nurses with their patients can be effective in significantly increasing the odds of quitting (Smith, et al, 2002). Appropriate training must be provided for all nurses, including student nurses, to better understand the behavioural aspects, toxicology and epidemiology of tobacco use and the social and economic aspects of tobacco control. Education of nursing students and professional nurses regarding evidence-based practice in smoking cessation is essential (Jenkins & Ahijevych, 2003). Use of the 'Smoking Cessation Guidelines for Australian General Practice' could be expanded to form the basis of a national approach for all health care providers when addressing smoking cessation interventions.

The Position of the Cancer Nurses Society of Australia

It is the position of the CNSA that cancer nurses have a key role to play in cancer control and health promotion. As the peak national body representing Australian cancer nurses, the CNSA believes it should make a statement regarding its position on tobacco smoking and tobacco control in Australia and the role of cancer nurses. CNSA:

- Is committed to tobacco control and health promotion by nurses.
- Encourages and supports our members in their personal smoking cessation efforts.
- Believes that nurses should show leadership in joining in tobacco control initiatives and become role models for the public and fellow health care professionals by supporting smoking cessation attempts and maintaining a smoke-free workplace.
- Advocates and supports the development of policies and legislation by governments, non-government organisations and health care institutions that promote the prevention and treatment of tobacco use.
- Believes that training for nurses (and all health professionals), in undergraduate programs and the postgraduate setting about tobacco and nicotine dependence and cessation methods must be addressed as part of any comprehensive policy to treat tobacco dependence.
- Believes that employers of nurses should provide smoking cessation resources and services for all nurses who use tobacco.
- Promotes research by cancer nurses into the causes, prevention, and treatment of tobacco use and dependency and effective smoking cessation interventions.

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CNSA Mission

CNSA is committed to achieving and promoting excellence in cancer care through the professional contribution of nurses, through education, leadership, networking and professionalism.

Disclaimer

This statement is intended to reflect the position of the CNSA regarding the role of nurses in tobacco control and smoking cessation in Australia. While care has been taken to ensure that this statement reflects the current situation regarding tobacco control and smoking globally and within Australia as at the date of publication, the CNSA does not make any warranty or guarantee in respect to any of the contents or information contained in this statement nor accept any responsibility or liability for any errors or omissions in the statement.

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