

Doctors and Tobacco

Tobacco Control Resource Centre

Enhancing the nurse's role in tobacco control

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Introduction

As a new Millennium begins, it seems almost impossible to remain ignorant of the dangers associated with tobacco use. Habitual use of tobacco causes lung cancer, emphysema and heart disease. Smoking causes fatal illness and can shorten life expectancy by more than 20 years ([1]). Pregnant women who smoke are at higher risk of having low birth weight infants.

The International Council of Nurses believes that nurses are ideally placed to promote smoking cessation and have unique knowledge and experience that enables them to encourage others not to begin using tobacco ([2]). This factsheet sets out how the role of nurses in tobacco control can be enhanced.

Our responsibilities as nurses

As nurses we have a duty to:

- ? **acknowledge** our personal responsibility as health care providers and in preventing children and adolescents from taking up smoking
- ? **promote** smoking cessation among patients and the general public
- ? **act** as nonsmoking role models
- ? **use** our influence to encourage legislation banning tobacco advertising and the sale of tobacco to minors

The risks of smoking among children and adolescents

Among adults who are regular smokers, the overwhelming majority begin their habit during adolescence. Indeed, it has been estimated that 80-90% of adult smokers began smoking during their teenage years ([3]). Among these young smokers, the average age of beginning smoking is 14.5 years. Sadly, most of these young people will go on to become regular daily smokers by age 18.

The World Health Organisation predicts that some 200-300 million children and adolescents currently alive will eventually be killed by tobacco products. The most alarming rise in young smokers is seen among female adolescents. Of course, the health effects of tobacco use among young girls extend into adulthood, and to their future offspring.

The younger a person begins to smoke, the greater their risk of smoking-induced diseases such as cancer or heart disease. In the short term, smoking reduces lung function and physical fitness even in the young.

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For those who use smokeless tobacco, the short-term effects include leucoplakia (oral soft-tissue lesions) and receding gums.

The challenge for nurses is to firstly acknowledge the very real problem of addictiveness: even when an individual wants to stop smoking, they cannot easily do so. Nicotine is highly addictive and withdrawal can be both difficult and unpleasant. The result is that many smokers find themselves unable to stop.

Preventing tobacco use in children and adolescents

In tackling the worldwide health crisis that is tobacco, nurses must first adopt the principle that prevention is better than cure. One approach is to actively discourage young people from starting to use tobacco. Adolescence is a high-risk period for beginning smoking: research in the United States of America demonstrates that if young people do not start smoking during adolescence, they are unlikely ever to do so ([4]).

Nurses can encourage peer-led prevention programmes for young people in which peers teach the social consequences of smoking ([5]). Films and videos which portray the short-term effects of tobacco use such as bad breath, smelly clothing, decreased athletic ability, and which detail the financial cost of smoking, are also a useful teaching medium for this group. Materials highlighting the long-term dangers of smoking such as cancer and other diseases may not seem relevant to younger people, but can be effective with adults.

Nurses can also use their influence as health promoters to encourage smoking bans in schools, colleges and universities.

Such bans discourage students from beginning, promote a tobacco-free environment as a social norm, and reinforce the perception that tobacco use is dangerous to health.

The five As

A simple set of guidelines has been developed which can be adopted by any nurse working with teenagers to promote a tobacco-free lifestyle ([6]). The method can also be used with adults, and can be summarised as 'the five As'

1. Anticipate

Be aware of the factors that may increase the likelihood of smoking, such as advertising, number of peers who smoke and personal beliefs about smoking. The professional who is aware of these factors can provide accurate and specific information relevant to the particular group or individual.

2. Ask

Elicit information about tobacco use among the group, as well as investigating the behaviours of the group that may be affected by tobacco use (for example, what do members of the group normally do in their social time?)

3. Advise

Congratulate the adolescent who does not smoke. Encourage and support the adolescent who does smoke to stop while it is still relatively easy.

4. Assist

Involve the young person in developing a workable personal plan and set personal goals for stopping.

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5. Arrange followup

Regular follow up to maintain encouragement and to track progress is vital in a successful programme.

Tobacco advertising

Nurses must acknowledge the role that advertising plays in tobacco use and, in particular, the tobacco industry's targeting of the vulnerable young. As a report from the Surgeon General of the USA (3) clearly stated, 'without new young smokers to replace those adult smokers who quit or die, the industry 's future is in jeopardy'.

With this knowledge in mind, the multi-million dollar tobacco industry purposely appeals to the ideals of young people by portraying tobacco use as athletic, sophisticated and enjoyable. This is particularly cynical, as adolescence is a time of risk-taking, increased feelings of invincibility, and decreased ability to contemplate the long-term effects of behaviours.

Smoking is consistently correlated with poverty and low school performance, and the young smoker is most unlikely to have considered the implications of the considerable cost of this habit.

In 1999, the European Commission published a directive to ban or restrict the tobacco promotion and advertising in the member states of the European Union. Besides banning billboard and print advertising, tobacco sponsorship of most sports and of the arts will be banned from 2003, and of Formula 1 motor racing from 2006. In the interests of protecting children and young people, bans on tobacco advertising and promotion should be encouraged worldwide.

Individual nurses and their professional bodies have the responsibility to ensure their own government knows of their disapproval of tobacco advertising. Worldwide, nurses make up a formidable workforce and their voice must be heard.

Nurses as role models

Nurses are regarded by the public as important health role models. It is important to tackle smoking among nurses for two reasons: firstly, to safeguard the nurse's own health, and secondly, because nurses who smoke perceive the health risks related to smoking to be lower than they actually are. These misconceptions are dangerous both for the individual nurse and for all her or his subsequent patients ([7]).

Those involved in recruitment and education of nurses must lead by example. Nurses should be encouraged not to use tobacco, thereby promoting a nonsmoking example to all their patients and clients. Nurse educators have a responsibility to help any novice nurse who smokes to stop, by providing smoking cessation schemes. The most successful schemes appear to be those that offer regular individualised support ([8]). Such smoking cessation schemes could also be extended to other health personnel.

So as to assist their patients to stop smoking, nurses themselves require education and training in how to provide effective ongoing smoking cessation care ([9]). Smoking cessation schemes for patients may initially include the use of treatments for tobacco dependency, for example, nicotine replacement therapies such as patches and gums.

The time for proactive help in smoking cessation is long over due. Wherever there is tobacco use and dependence, a support service should be available to help people break the addiction. Sarna ([10])

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advocates that tobacco dependency treatments must be as readily accessible and available around the world as tobacco itself.

Conclusion

Tobacco remains the only product that, when used as intended by the manufacturer, will kill half of all regular consumers!

Every day, 10 000 people worldwide die prematurely because of tobacco use. It is estimated that unless this trend is halted, tobacco will be the leading cause of death and disability in the world by the year 2020, killing more than 10 million people annually and resulting in more deaths worldwide than HIV, tuberculosis, maternal mortality, car accidents, suicide and homicide combined ([11]).

In most countries, nurses are the largest group of health care workers, and so have a vital role to play on the front lines of any health promotion initiative. They also have a formidable voice when they are encouraged to use it!

Nurses have an enormous contribution to make in halting the growing epidemic of smoking-induced diseases and reversing the trend of tobacco use. This reversal should start with nurses themselves. Nurses must be encouraged to promote a nonsmoking role model to their patients and to children and adolescents. They must use their knowledge and skills to become involved in campaigns to help smokers to stop and to prevent children and adolescents from starting.

Finally, nurses have a duty to become more assertive and encourage their own governments to recognise the central role that they can play in health promotion as well as in health care. The time for action against tobacco use is now!

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