
Prevention and Cessation of Tobacco and Other Nicotine Products

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Statement of ANA Position

The American Nurses Association (ANA) recognizes that smoke and smokeless tobacco product use directly contributes to the leading causes of preventable disease, disability, and death in the United States. (US DHHS, 2014) Furthermore, ANA recognizes that nicotine, the active ingredient in tobacco, is an extremely addictive substance that is at the center of behavioral-cognitive conditioning and habitual use of tobacco products that carry high potential for adverse health effects such as a myriad of cancers and disorders of the cardiovascular, respiratory, reproductive, urinary, and gastrointestinal systems. (Mishra et al., 2015; Vogel, 2016) Research shows that 90 percent of those addicted to tobacco products started using before they were 18 years of age, because the adolescent brain is particularly vulnerable to addiction. (US DHHS, 2019b)

Therefore, it is the position of ANA that:

- There should be no use of smoke or smokeless tobacco products.
- There should be no exposure to secondhand smoke.
- Nurses are committed to keeping tobacco products out of the hands of youth.
- There are no safe alternatives to smoking cigarettes.
- All pharmacies and drugstore retailers must stop selling all tobacco products.
- The United States Food and Drug Administration (FDA) and the Centers for Disease Control and Prevention (CDC) should collaborate in researching, informing the public, and preventing the harmful health effects of all tobacco products, including electronic nicotine delivery systems (ENDS).
- Only FDA-approved standard treatments should be used to help a person stop using smoke and smokeless tobacco products.

Purpose

Health care professionals are well acquainted with the known health risks of traditional smoke and smokeless tobacco products such as cigarettes, chewing tobacco, pipes, and cigars. Most are aware that tobacco use is the number one cause of preventable disease, disability, and death. (US DHHS, 2014) The

negative health effects of tobacco use (multiple cancers, diabetes, chronic obstructive pulmonary disease (COPD), rheumatoid arthritis, cardiac disease, and infertility, among others) are well researched and conclusive. Most are also aware of the risks of secondhand smoke, which causes over 41,000 deaths a year among adults in the United States. (CDC, 2018c) However, less well known are the environmental, individual, and population impacts nontraditional tobacco products such as ENDS (e-cigarettes, “vaping”), hookahs (water pipes), heated tobacco products, and dissolvables.

More recently, e-cigarettes, especially vaping, have come under review for the adverse health effects seen and surreptitious rise in use, especially in youth. The CDC has found that 99% of e-cigarettes contain nicotine, the addictive substance in other smoke and smokeless tobacco products. (CDC, 2019) Others have been found to contain tetrahydrocannabinol, THC, one of the cannabinoids identified in cannabis, along with other additives such as vitamin E acetate. (CDC, 2019) In 2019, vitamin E acetate was identified by the CDC as a chemical of concern among people with e-cigarette or vaping product use-associated lung injury (EVALI). There is not yet sufficient evidence to rule out a contribution from other chemicals of concern to EVALI. (CDC, 2019) The CDC is monitoring and tracking the widespread ill health effects and related deaths from EVALI reported in all 50 states, the District of Columbia, and two U.S. territories. (CDC, 2019)

Tobacco products, including novel nicotine delivery systems like ENDS, are frequently packaged in a style that appeals to youth, with harms concealed through desirable flavors and seeming popularity. Thus, what is not apparent to youth and others, is smokeless tobacco products can cause the same negative health impacts of smoke tobacco, such as cancers, chronic disease, infertility, cardiac conditions, and addiction. (US DHHS, 2014; US DHHS, 2018; Piano et al., 2010)

Hookah use continues to gain popularity with young people, especially now with new forms of electronic hookah smoking (including steam stones and hookah pens), despite the health risks of cancer, infections, cardiac disease, and pregnancy-related risks such as premature and low-birth-weight infants. (CDC, 2018) E-cigarette use is also showing significant growth among youth. (Agaku et al., 2014) CDC data shows that one in four high school students and one in 10 middle school students reported e-cigarette use in the past 30 days. (CDC, 2019c) The following are serious health, safety, and wellness concerns regarding e-cigarette use:

- Studies have found nicotine in e-cigarette products that were labeled “no nicotine” or not accurately labeled for nicotine amounts. (Truth Initiative, 2019b)
- Use is a possible “gateway” to the use of other tobacco products. (US DHHS, 2018)
- E-cigarette use promotes nicotine addiction in all age groups, which can have lasting impacts on attention, learning, and memory in youth, and nicotine addiction keeps people using harmful tobacco products. (FDA, 2019b)
- There has been an increase in accidental poisoning reports involving e-cigarettes. (Chatham-Stephens, 2014)
- Adverse reported events include nicotine addiction, mood disorders, permanent lowering of impulse control, hospitalization, and death. (US DHHS, 2019)
- E-cigarettes can contain toxic ingredients and other substances that have the potential to go deep into the lungs and pose a risk for diseases not usually seen in smokers. (FDA, 2019)
- Battery safety risks include overheating, fire, explosions, and other malfunctions, some of which have resulted in serious injury. (CDC, 2019b)

To date, there has been limited implementation of evidence-based and cost-effective smoking cessation interventions, i.e., the use of pharmacotherapy and behavioral counseling, by health care clinicians. Back in 2014, former Acting Surgeon General Boris D. Lushniak, MD, MPH, determined that all United States citizens needed to work together to end the tobacco use epidemic. (US DHHS, 2014) Nurses have an integral role in patient education, prevention, and harm reduction.

Nurses need to be at the forefront of this critical public health work and need to address the disparities in tobacco-induced disease and quit efforts across geographic locations, races/ethnicities, ages, health insurance status, and education. ANA stands ready to support nurses engaged in prevention and cessation strategies for all tobacco use. The updated policy statements below express ANA's positions on key public policies and approaches to practice.

ANA is publishing these updated policy statements to:

- Guide nurse engagement in tobacco use prevention and cessation;
- Expand nursing efforts in reducing exposure to secondhand smoke;
- Educate nurses and the public about the harmful effects of smoke and smokeless tobacco products available;
- Identify and eliminate tobacco-related disparities; and
- Join ANA's voice unequivocally with patients and partners across the country, asserting the public health imperative to prevent tobacco use in youth and related disease, disability, and death.

Policy and Practice Recommendations

Tobacco Use Prevention

Polymakers, payers, and systems of care

- Support smoke-free indoor workplaces and public places including parks and open-air recreational areas to not only reduce the prevalence of tobacco use but to protect nonsmokers from exposure to secondhand smoke.
- Support bans on tobacco and ENDS advertising, promotion, and sponsorship, especially in places accessible to adolescents, while increasing the hard-hitting media campaigns that promote the prevention of tobacco use.
- Prohibit the sale of tobacco in pharmacies and drugstore retailers.
- Petition the FDA to ensure correct, inclusive labels complete with safety and health warnings for all tobacco products and a full listing of all ingredients, risks, and age restrictions.
- Advocate for increased prices and taxation on tobacco products and paraphernalia.
- Support research on increased age restrictions on all tobacco products.

Practice

- Nurses should be tobacco-free role models to not only their patients but in their places of work, homes, and communities.
- Nurses should be educated about culturally appropriate and evidence-based tobacco use prevention strategies and assume leadership roles within systems of care to improve access to quality care that exemplifies appropriate care.
- As part of routine care, nurses should follow established guidelines to screen and counsel all patients concerning unsafe tobacco use and secondary exposure, and refer youth to appropriate, adolescent-centered follow-up care.
- Screening and education tools focused on adolescents and youth should be developed and tested.

- Nurses should facilitate the design and transformation of care delivery models that address the determinants of health that contribute to tobacco use and support evidence-based cessation programs that are culturally sensitive and appropriate.
- Nurses should act as patient navigators in assisting patients, families, and communities in accessing appropriate services.
- Nurses should engage in and advocate for further research and policies that address the safety, health effects, and environmental effects of all tobacco products, including for nonusers.

Rationale

Surveys show that when pharmacies stop selling tobacco products, tobacco use decreases in surrounding areas. With the increase of registered nurses and advanced practice registered nurses employed in pharmacies, it is essential to ensure that all health care facilities, including nontraditional places where patients access care, become tobacco-free campuses, including pharmacies and other drugstore retailers. In 2019, the American Pharmacists Association passed a policy to end the sale of tobacco in pharmacies, but many pharmacies across the country continue to ignore the recommendation. As part of the interdisciplinary team, nurses must align with other providers, including pharmacists, to end the sale of a product that kills more than a half-million people each year. (Truth Initiative, 2019)

ANA recommends that all pharmacies and drugstore retailers stop selling tobacco and e-cigarette products. Furthermore, ANA recommends that health care providers employed by pharmacies and drugstore retailers receive tobacco cessation education and training to support customers.

The 2009 Tobacco Control Act allows state and local governments to impose specific bans or restrictions on the time, place, and manner (but not content) of the advertising and promotion of tobacco products. However, there is no other federal government regulation limiting the sale of tobacco products in pharmacies. Therefore, localities can pass legislation regarding the sale of tobacco in pharmacies along with smoke-free places.

Tobacco Treatment and Successful Cessation

Policyholders, payers, and systems of care

- Systems of care should be accountable for providing high-quality, evidence-based, culturally appropriate tobacco cessation treatment, including that for any comorbidities associated with tobacco use, linkages to mental health care, other behavioral health interventions, and services addressing determinants of health.
- Systems of care should be prepared to deliver tobacco cessation services by telehealth as a standard of care.
- Systems of care should develop and subsequently expand telephone call centers (“quit lines”), mobile phone technologies, and Internet-based applications for effective population-based approaches to motivate quit attempts and increase smoking cessation.
- Payers should consistently and equitably reimburse for tobacco cessation counseling and treatment services provided by in-person visits and by telehealth.
- Payers should consistently and equitably reimburse for tobacco cessation counseling and treatment services provided by any licensed independent practitioner who is qualified to provide treatment for tobacco and other substance use disorders.

Practice

- Nurses should promote health by assessing and addressing tobacco use with every patient.

- Nurses should be familiar with and engage in the five A's (Ask, Advise, Assess, Assist, Arrange) as intervention steps with tobacco users.
- Cessation treatment plans should encompass a full spectrum of physical, social, emotional, and vocational services that are individualized to the care needs of each patient.
- Interventions should combine FDA-approved pharmacotherapy and behavioral support and counseling services, when appropriate.
- In coordination with the FDA, nurses should create more effective tobacco use prevention and cessation programs, including those for school-age children and older youth.
- Nurses must continue to research tobacco control and tobacco dependence treatments, advocating for continued funding and nurse-led research.

Rationale

Approximately 68 percent of adult smokers want to stop smoking and approximately 55 percent of smokers have attempted to quit. (Babb et al., 2017). Nurses must be ready to meet the patient when and where they are ready. Only FDA-approved standard treatments should be used to help a person stop using tobacco products. And only tobacco cessation products should be available in pharmacies and drugstore retailers. Moreover, it has been shown that behavioral counseling, combined with FDA-approved pharmacotherapy treatments, yields the greatest opportunity for long-term tobacco cessation. (Stead, 2016) Smoking cessation at any age can reduce the risks of many cancers, cardiovascular morbidity and mortality, and COPD, and it benefits the health of pregnant women and their fetuses and newborn babies.

Previous Position Statements

ANA has created a series of position statements guiding ANA policy relevant to the prevention of tobacco and nicotine use over the years. In 2008, ANA also endorsed the Nursing Leadership in Global and Domestic Tobacco Control position statement of the Oncology Nursing Society, which encouraged the U.S. government to ratify and implement the World Health Organization's Framework Convention on Tobacco Control, and that to end the global tobacco epidemic, there must be active involvement of nurses. This 2020 update, for the most part, retires older, out-of-date statements, while also updating those that remain relevant for policy purposes.

Retired Statements:

- Endorsement of Oncology Nursing Society's Nursing Leadership in Global and Domestic Tobacco Control
- Promoting Tobacco Cessation in Pharmacies

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