Cancer Care in Low Resource Areas
Cancer prevention—tobacco control

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CURRENT ADULT TOBACCO SMOKING PREVALENCE, 2007–2013

Source: WHO prevalence estimates. Please refer to Appendix X (online) for more information.

(http://www.who.int/tobacco/global_report/2015/en/)
Most of the world's smokers have no plans to quit.
Countering the Tobacco Industry interference with tobacco control

WHO Framework Convention on Tobacco Control Article 5.3

“In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law.”
WHO FCTC Article 5.3: Guiding Principles

**Principle 1:** There is a fundamental and irreconcilable conflict between the tobacco industry’s interests and public health policy interests

**Principle 2:** Parties, when dealing with the tobacco industry or those working to further its interests, should be accountable and transparent

**Principle 3:** Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent

**Principle 4:** Because their products are lethal, the tobacco industry should not be granted incentives to establish or run their businesses

http://www.who.int/fctc/guidelines/adopted/article_5_3/en/
Interference by the tobacco industry: Implemented measures to protect against tobacco industry interests?

Changes in “yes” answers

WHO FCTC Implementation Database
http://apps.who.int/fctc/implementation/database/article/article-54/index_en.html
Details on the protection of public health policies

- Enforcement training
- Sponsorship ban
- Press conferences
- Other legislation (e.g. smokefree)
- Workshops
- Some mention of code of ethics
- Overall, some progress since 2010

http://apps.who.int/fctc/implementation/database/article/article-5/indicators/5790/reports
Examples of best practices

- Code of Conducts for Civil Service and or elected officials
- New legislation in Moldova and Uganda
- Ban of tobacco industry’s Corporate Social Responsibility activities in Mauritius

http://www.who.int/tobacco/publications/industry/technical_resource_article_5_3/en/
Role of health professionals

- Individuals
- Heath Professional Associations
- Cancer Societies

Why cessation as policy?

• It is evidence based
• It saves lives
• It is cost-effective
• We can’t neglect those who are already addicted or sick
  • Dobson Amato et al (July 2015): increased survival for lung cancer patients who quit.
Unless Current Smokers Quit, Tobacco Deaths will Rise Dramatically in the Next 50 years

Estimated cumulative tobacco deaths 1950-2050 with different intervention strategies

Minimum policy points: Article 14 of the WHO FCTC

• Education of health care professionals
• Cessation incorporated into primary health-care services;
• Easily accessible and free quit lines;
• Access to low-cost pharmacological therapy when needed.
Healthcare professionals and tobacco control: a perfect fit

- Policy involvement: many facets
  Is it your cup of tea?

- Brief tobacco cessation
  Interventions: MUST be EVERY health professional’s cup of tea
  (INCLUDING Oncology settings)
Suggested actions to enhance nursing and midwifery capacity to respond to NCDs in practice

- Policy and advocacy
- Research
- Education

19 million nurses and midwives worldwide
Health Professionals and Tobacco Control
Opening Doors: Tobacco Dependence Treatment

Educating Nurses to provide brief smoking cessation interventions

• United States (CA, IN, WV, KY, LA)
• China (Beijing and Hefei)
• Czech Republic and Poland
• Centre for Excellence in Nursing and Tobacco Control: Czech Republic (HQ), Hungary, Romania, Slovakia and Slovenia

www.tobaccofreenurses.org
Online education of nurses in China (1,386 nurses in Beijing and Hefei)

<table>
<thead>
<tr>
<th>Nurses’ intervention</th>
<th>OR (95% CI)</th>
<th>P</th>
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<tbody>
<tr>
<td>Advise</td>
<td>1.42 (1.10, 1.85)</td>
<td>0.008</td>
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<tr>
<td>Assess</td>
<td>1.44 (1.20, 1.71)</td>
<td>&lt;00001</td>
</tr>
<tr>
<td>Assist</td>
<td>1.38 (1.16, 1.65)</td>
<td>0.0003</td>
</tr>
<tr>
<td>Arrange</td>
<td>1.56 (1.24, 1.96)</td>
<td>0.0002</td>
</tr>
<tr>
<td>Recommend smoke-free home</td>
<td>1.90 (1.57, 2.31)</td>
<td>&lt;00001</td>
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Source: Sarna et al. JAN, 2015
Need to scale up cessation

“... the annual number of deaths in China that are caused by tobacco will rise from about 1 million in 2010 to 2 million in 2030 and 3 million in 2050, unless there is widespread cessation.”

(Chen et al. Lancet October 2015)

• Pivotal to mobilize the 1.6 million nurses in China to engage in supporting cessation efforts.
• Small percent changes are large public’s gains.
Filling the Glass
Policy and Research Opportunities

• Continue to monitor the tobacco industry and develop measures to counter its influence in policy making.
• Implement proven strategies to increase engagement of health professionals, including in oncology settings, and cancer societies
• Develop strategies to maximize potential from the inclusion of tobacco control within the agenda for non-communicable diseases and within the Sustainable Development goals.
THANK YOU!