

Cancer Care in Low Resource Areas

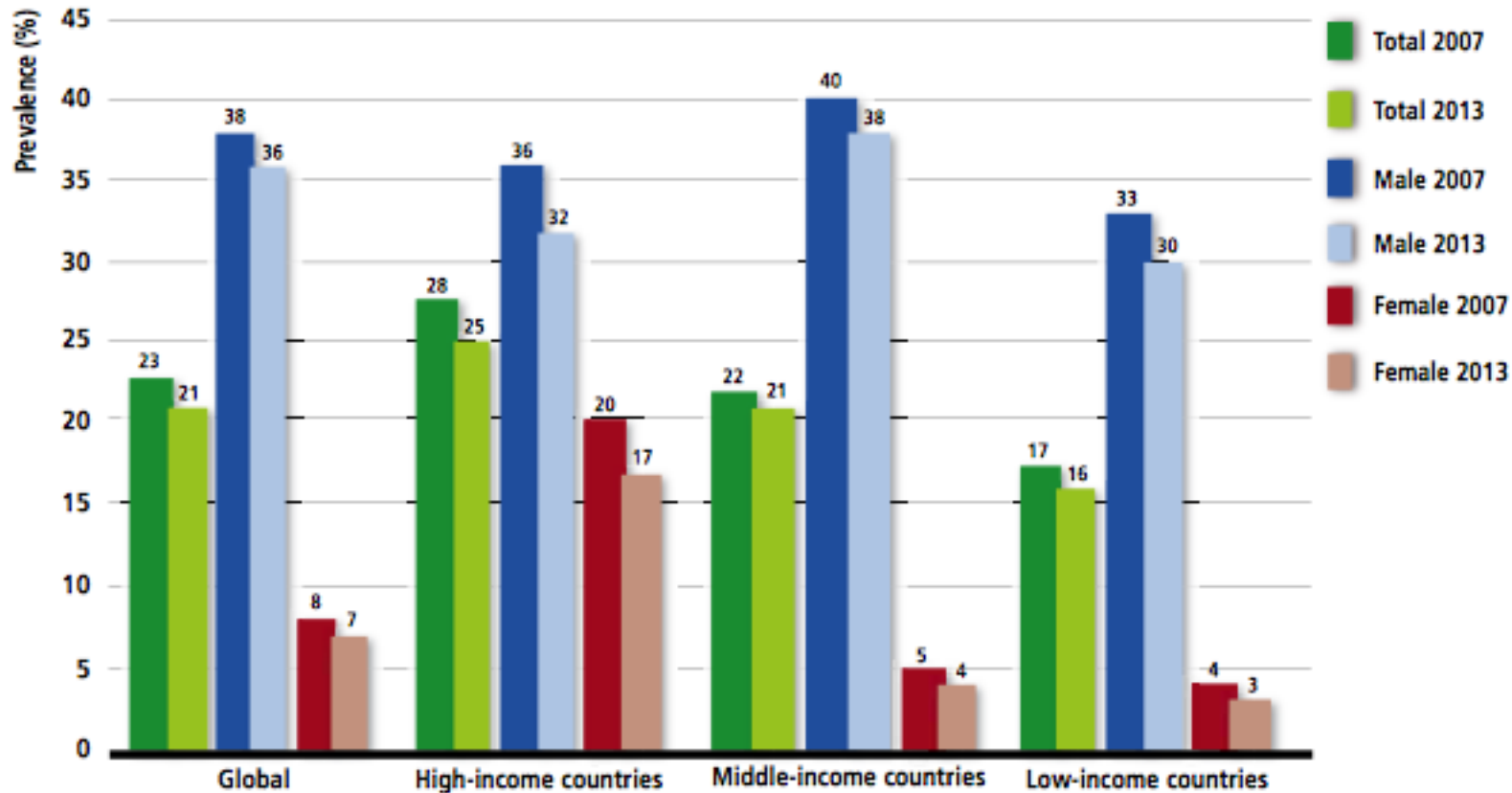
Cancer prevention—tobacco control

The National Cancer Policy Forum
Washington DC October 26-27, 2015

Stella Aguinaga Bialous, RN, DrPH, FAAN
University of California, San Francisco

WHO Report on the Global Tobacco Epidemic, 2015

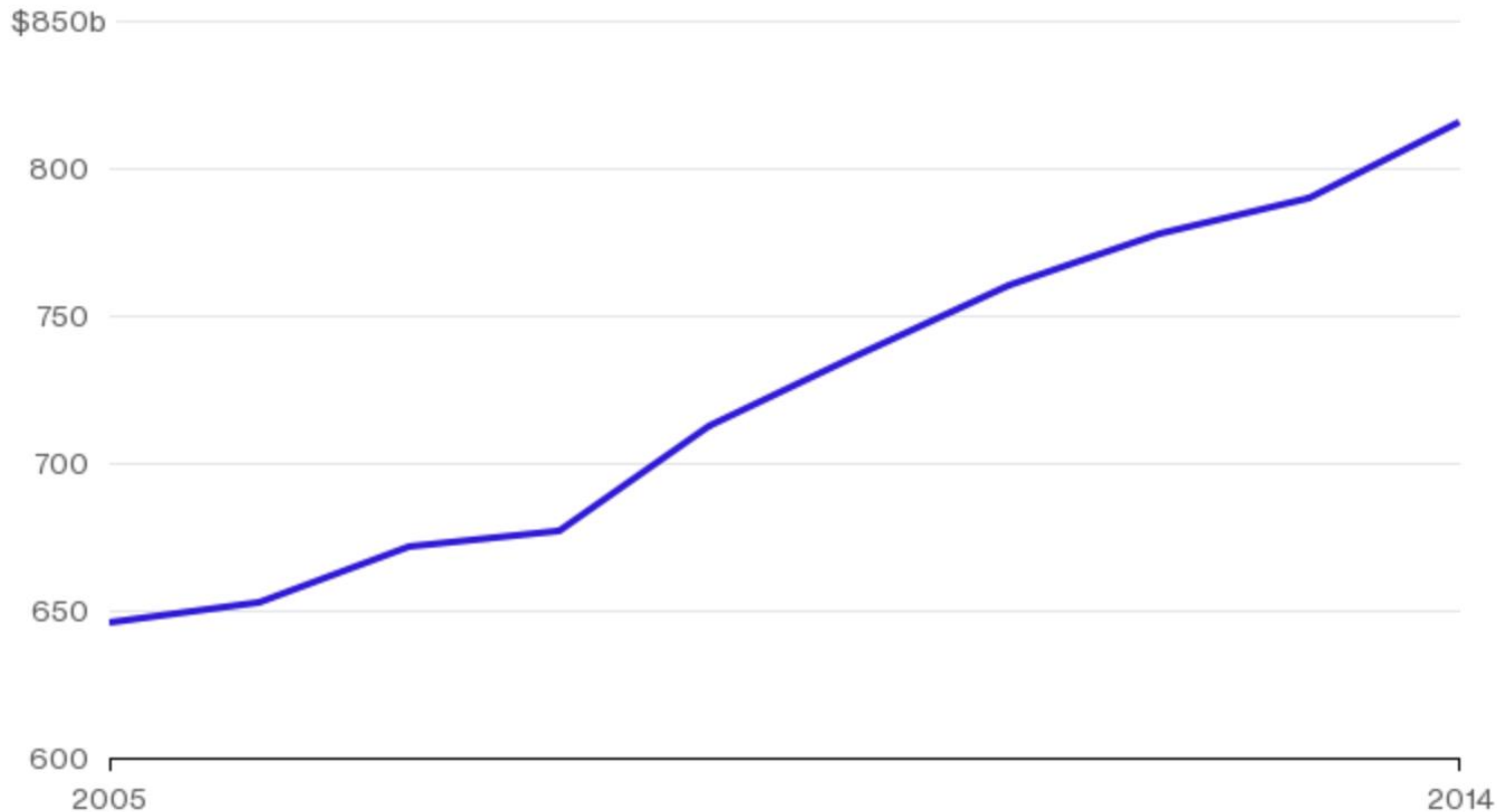
CURRENT ADULT TOBACCO SMOKING PREVALENCE, 2007–2013



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

Global Tobacco Sales Are Still Growing

Supplying smokers worldwide is still a growth business



Source: Euromonitor International, Bloomberg Intelligence

Bloomberg 

Source: <http://www.bloomberg.com/news/articles/2015-09-17/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

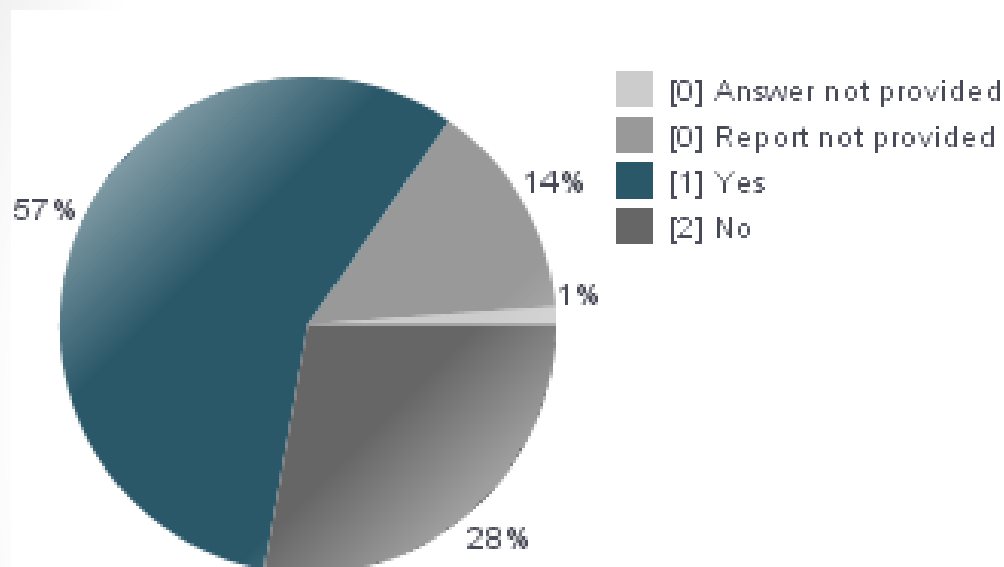
Principle 1: There is a fundamental and irreconcilable conflict between the tobacco industry's interests and public health policy interests

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

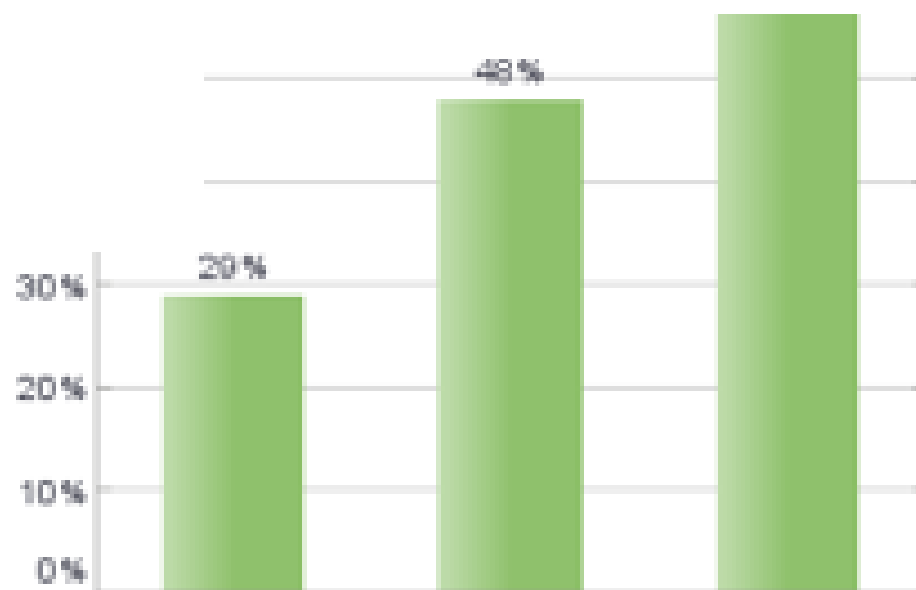
Principle 3: Parties should require the tobacco industry and those working to further its interests to operate and act in a manner that is accountable and transparent

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

Interference by the tobacco industry: Implemented measures to protect against tobacco industry interests?



Changes in “yes” answers



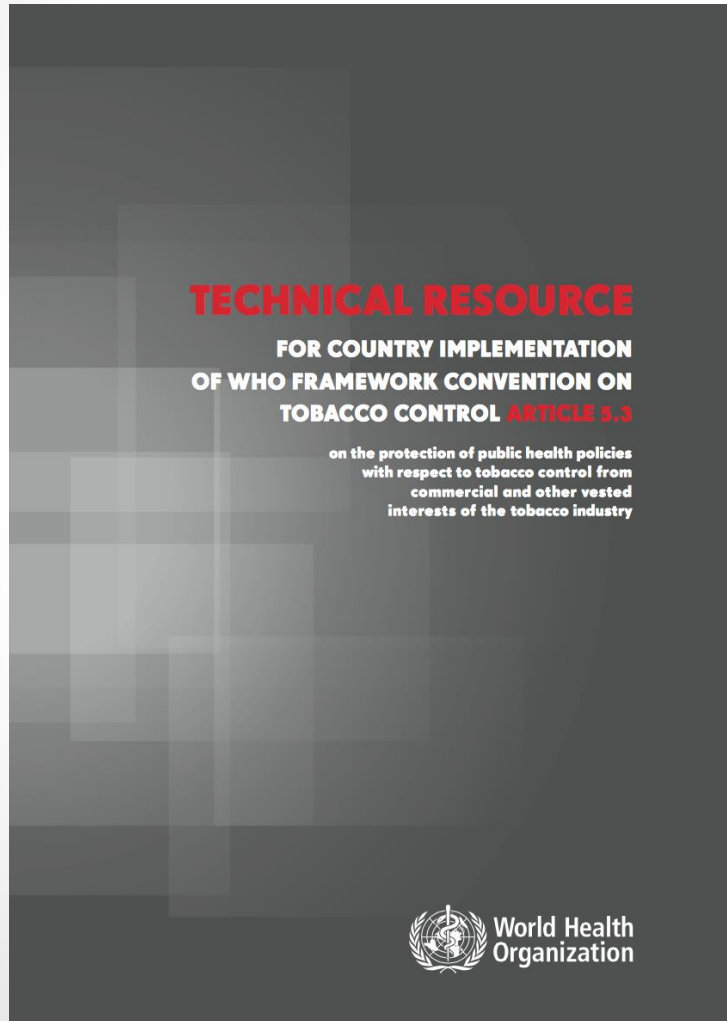
WHO FCTC Implementation Database

<http://apps.who.int/fctc/implementation/database/article/article->

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

Examples of best practices



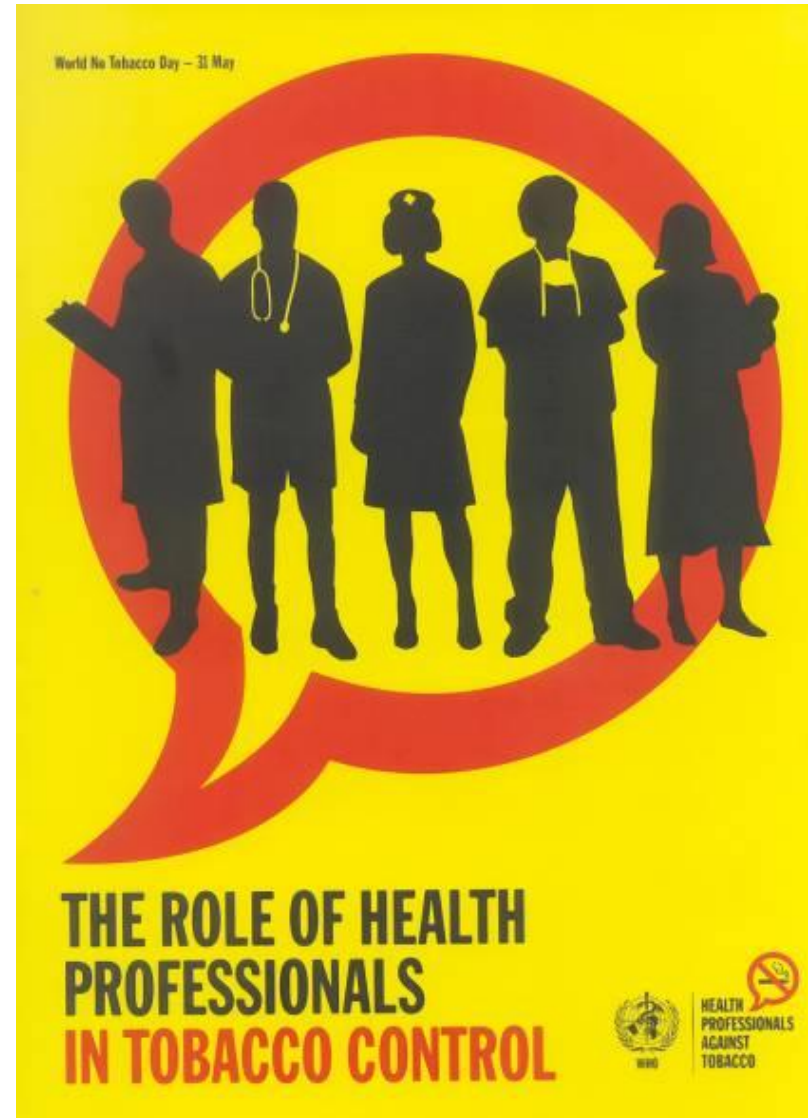
- Code of Conducts for Civil Service and or elected officials
- New legislation in Moldova and Uganda
- Ban of tobacco industry's Corporate Social Responsibility activities in Mauritius

http://www.who.int/tobacco/publications/industry/technical_resource_article_5_3/en/

Role of health professionals

- Individuals
- Health Professional Associations
- Cancer Societies

<http://www.who.int/tobacco/wntd/2005/en/>

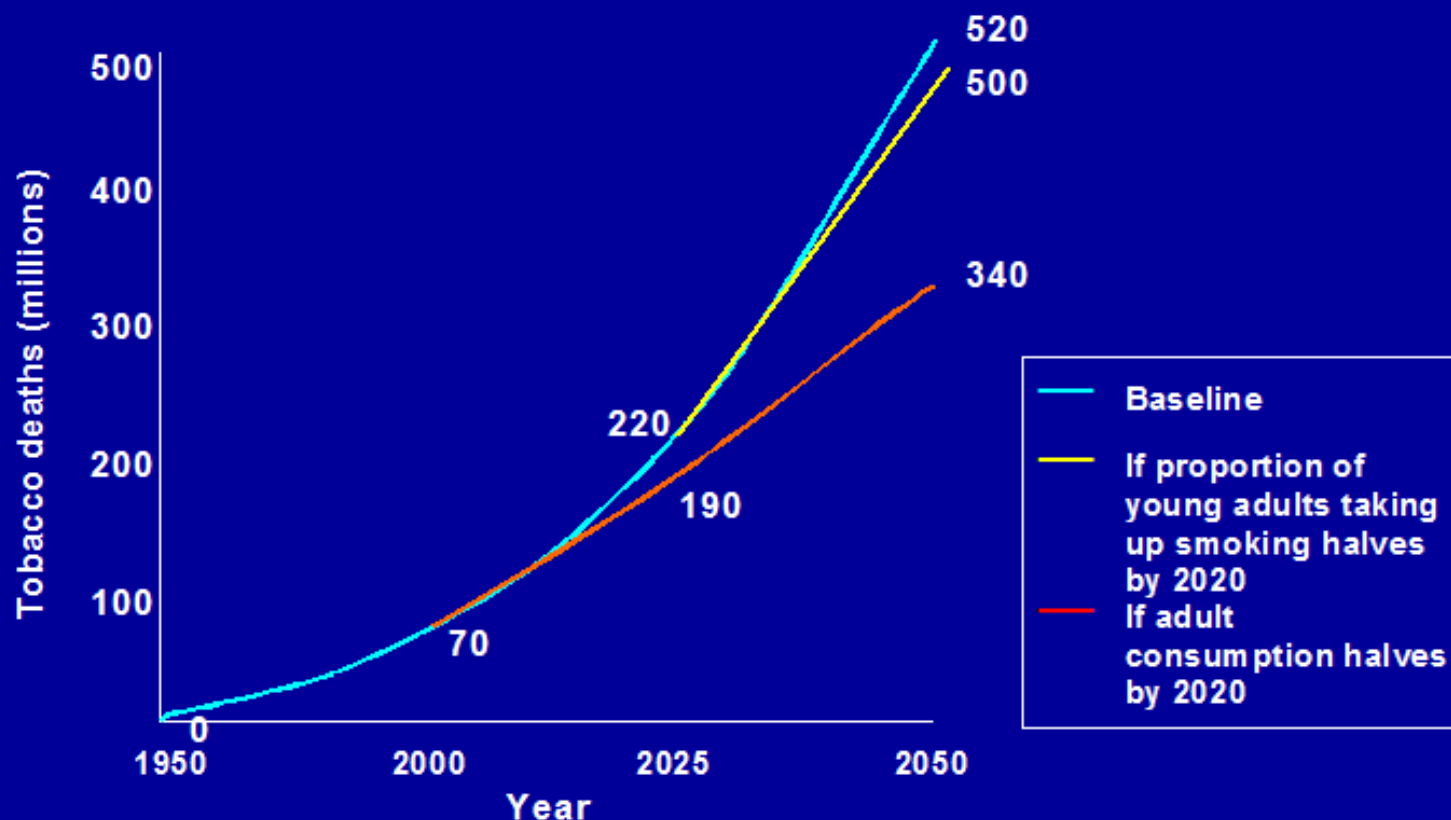


Why cessation as policy?

- 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



World Bank. *Curbing the epidemic: Governments and the economics of tobacco control*. World Bank Publications, 1999. p80.

treatobacco.net

Database & Educational Resource for Treatment of Tobacco Dependence



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)





Human
Resources
for Health
Observer

Issue n°12



Enhancing nursing and
midwifery capacity to
contribute to the prevention,
treatment and management
of noncommunicable
diseases



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)

Changes in nurses' practice 6 months post educational intervention

Nurses' intervention	OR (95% CI) P
Advise	1.42 (1.10, 1.85) 0.008
Assess	1.44 (1.20, 1.71) <00001
Assist	1.38 (1.16, 1.65) 0.0003
Arrange	1.56 (1.24, 1.96) 0.0002
Recommend smoke-free home	1.90 (1.57, 2.31) <00001

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!

