

REDUCING THE USE OF TOBACCO PRODUCTS

CNA POSITION

Reducing the use of tobacco products is a high priority health issue in Canada and the world. A comprehensive strategy focusing on the following goals is critical to success:

- Prevention (helping to keep non-smokers from starting);
- Cessation (helping people who now smoke to quit and preventing relapse); and
- Protection (protecting non-smokers from second-hand smoke and other harmful effects of tobacco).

Activities in all three areas have overlapping effects. Successful intervention in any one area assists in achieving the overall goal. However, activities aimed at preventing non-smokers in high-risk groups – such as the youth and Aboriginal Peoples of Canada – from starting to use tobacco are the most important elements of a comprehensive strategy.

Educating Canadians about the tactics, marketing strategies and impact on society of the tobacco industry is critical to success in achieving any of these goals. Given the devastating effects of tobacco use on health and society, the public should not accept the use of tobacco products as a normal part of life.

Reducing the use of tobacco products in Canada and around the world is a responsibility shared among governments, non-government organizations, professional health groups, individuals and academic institutions. Government agencies at all levels and across sectors have a particularly strong role to play. This includes enacting effective legislation, for example, increasing cigarette taxes and restricting smoking areas; allocating funding for research; and building capacity of individuals, health professionals and communities to take action. The government of Canada has key international responsibilities, including discouraging the export of tobacco products.

Registered nurses, as the largest group of health professionals in Canada and as a Canadian presence abroad, are in a powerful position to help reduce tobacco product use in Canada and globally. Nurses¹ have opportunities both through their individual practices and as a strong united voice in advocacy. It is important for nurses to integrate tobacco use assessment, counseling and interventions into their practices and to lead in conducting research. It is equally important for nurses to be involved in influencing public policy in such areas as tobacco sales to minors; media portrayal of smoking; tobacco marketing and advertising; taxation; workplace policies; and the restriction of smoking areas.²

¹ The term *nurses* refers to *registered nurses*.

² CNA. (1997). *Guidelines for registered nurses: Working with Canadians affected by tobacco*.



BACKGROUND

The deaths of 45,000 Canadians each year are attributable to the use of tobacco products. Many others will suffer from years of reduced quality of life. Smoking is a major cause of heart disease, stroke and diseases of the blood vessels, and is responsible for many cancers, including those of the lung, oral cavity, urinary tract and cervix.³

The burden of illness from smoking costs Canadian society approximately \$11 billion every year, of which \$3 billion is for direct health care and the remaining \$8 billion is due to lost productivity, including lost household income.⁴ The effects of second-hand smoke on the health of non-smokers, including children raised in smoking environments, are tragic.

Survey⁵ information reports that 30 per cent of Canadian men and 25 per cent of women aged 12 and over are daily or occasional smokers. However, there are specific populations, including young women, lower income groups and the Francophone population, for which smoking rates remain significantly higher. Aboriginal Peoples report the highest rates of smoking in Canada.⁶ The prevalence of smoking among 15-19-year-olds is increasing.⁷ Most daily smokers want to quit.⁸

Reducing the use of tobacco products is recognized by the World Health Organization (WHO) to be a world-wide high priority issue. WHO estimates that by 2020, 10 million people per year will die of tobacco-related illness, 70 per cent of whom will be from developing countries.⁹

The tobacco manufacturing industry continues to use tactics that make tobacco use look normal and even glamorous. Marketing tactics used by the tobacco industry are clearly aimed at recruiting new smokers. There are powerful ethical issues involved in tobacco companies advertising in developing countries. Recent advertisements, for example, explicitly target females in countries where males are the main smokers.

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³ National Strategy to Reduce Tobacco Use in Canada in partnership with the Advisory Committee on Population Health. (1999). *New directions for tobacco control in Canada: A national strategy*, pp. 5-6.

⁴ Ibid.

⁵ National Population Health Survey. (1996/97).

⁶ First Nations and Inuit Regional Health Surveys (1997) reported smoking rates at 62% for the First Nations and 72% for the Inuit.

⁷ Health Canada. (1995). *Survey on smoking in Canada*. Ottawa: Health Canada.

⁸ Health Canada. (1995). *Survey on smoking in Canada*. Ottawa: Health Canada.

⁹ World Health Organization. (1999). *Making a difference: World health report*. Geneva, Switzerland: Author

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Also see:

Joint Statement on Tobacco: The Role of Health Professionals in Smoking Cessation. (2001). CNA, Canadian Medical Association, Canadian Dental Association, Canadian Pharmacists Association, Canadian Association of Social Workers, Canadian Physiotherapy Association, Canadian Association of Occupational Therapists, Canadian Psychological Association, and Canadian Association of Respiratory Therapists.

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