

Impact of Tobacco-Control Legislation

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Oncology nurses should be aware of smoking-related public health legislation and tobacco use prevention resources as well as increase their knowledge of psycho-education materials, medications, and products available to aid smoking cessation. Smoking is the leading cause of preventable death; one out of five deaths in the United States is attributed to smoking. Each day, almost 4,000 Americans younger than age 18 try their first cigarette, and 1,000 of those youths will become regular smokers. In 2009, House Resolution 1256: The Family Smoking Prevention and Tobacco Control Act gave the U.S. Food and Drug Administration the authority to regulate tobacco products with emphasis placed on prevention of the use by youth through graphic health warnings. Most states and many countries have enacted bans on smoking in all enclosed public places; however, some still allow smoking in adult-specific venues, such as bars, and some have not enacted any general statewide ban on smoking in any nongovernment-owned spaces. Oncology nurses can be instrumental in advocating for tobacco control legislation as well as providing and supporting services focused on smoking cessation and the prevention of tobacco use.

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Health risks from cigarette smoking, tobacco products, and secondhand smoke are well documented (Centers for Disease Control and Prevention [CDC], 2008a). Tobacco use causes more than five million deaths annually worldwide and is predicted to cause more than eight million deaths annually by 2030 (CDC, 2008a). Smoking can cause disease in almost every organ of the body; toxins from cigarette smoke go everywhere that the blood flows (U.S. Department of Health and Human Services [USDHHS], 2010).

In 2009, President Obama signed into law House Resolution 1256 (HR 1256): The Family Smoking Prevention and Tobacco Control Act. HR 1256 gives the U.S. Food and Drug Administration (FDA) the authority to regulate tobacco products with an emphasis on preventing those younger than age 18 from using tobacco and, therefore, reducing the impact of tobacco on public health (FDA, 2010). FDA regulations include rules that limit the sale, distribution, and marketing of cigarettes and smokeless tobacco; provisions that prohibit the advertising or labeling of tobacco products with the descriptors “light,” “mild,” or “low,” or similar descriptors; and requirements that larger health warning labels for tobacco products begin to rotate on labels and advertising and begin to be displayed on smokeless tobacco packaging (FDA, 2010). HR 1256 led to the creation of

health warnings in English and Spanish, with graphic images that began to appear on cigarette packaging in September 2012 (FDA, 2012) (see Figure 1).

Background

Prevalence of Smoking

Smoking is the leading cause of preventable death; one out of five deaths in the United States is attributed to smoking (CDC, 2008a, 2008b) (see Figure 2). The current rate of smoking in the United States is about 19%, down dramatically from 42% in 1965 (CDC, 2013). However, each day, almost 4,000 Americans younger than age 18 try their first cigarette, and a quarter of that group will become regular smokers (Substance Abuse and Mental Health Services Administration, 2010).

Tobacco use causes many types of cancers as well as emphysema, bronchitis, and heart disease. Lung cancer is the leading cause of cancer death in the United States; 90% of lung cancer deaths in men and 80% in women are the result of smoking (CDC, 2012a, 2012c). Other types of cancer caused by smoking include esophageal, stomach, pancreatic, kidney, bladder, throat, mouth, and nasal, as well as acute myeloid leukemia (National Cancer Institute [NCI], 2009).