FROM THE EDITOR

EDITOR ELLEN CARR, RN, MSN, AOCN

Targeting Nicotine Addiction

Smoking cessation remains a high priority in oncology nursing practice. That priority gained additional visibility in 2014 when the Oncology Nursing Society (ONS) endorsed the tobacco position statement of the International Society of Nurses in Cancer Care, emphasizing the potential for nurses to reduce adult and youth tobacco use (ONS, 2014).

To help a person quit smoking, or never start, is a daunting task. The Centers for Disease Control and Prevention (CDC) reported that, as of 2016, almost 38 million adults in the United States were smokers. Fortunately, smoking rates are in decline because of many years of collective work, determination, and strategic intent. In 2005, about 21% of adults smoked; in 2016, the rate declined to 15.5% (CDC, 2018). Additional smoking cessation initiatives have been enacted that focus on reducing the number of tobacco users and, therefore, lowering cancer prevalence.

In March 2018, the U.S. Food and Drug Administration (FDA) proposed new regulations that would drastically reduce the amount of nicotine content in tobacco products. The FDA’s proposal was fueled in part by a 2015 study published in the New England Journal of Medicine showing that reduced nicotine in cigarettes lowers nicotine exposure, dependence, and the number of cigarettes smoked (Donny et al., 2015). The FDA’s proposal limits the level of nicotine to 0.4 milligrams of nicotine per gram of tobacco—an almost 97% reduction from current nicotine levels in cigarettes (FDA, 2018b). This proposal is a bold step that starts a long process toward possible regulatory changes in tobacco products’ nicotine levels. If enacted, such regulated reductions may prevent an estimated 20 million premature deaths among current cigarette smokers (Fiore & Baker, 2015).

In April 2018, the FDA cited 40 retailers who violated rules preventing the sale of the Juul brand of electronic nicotine delivery systems (ENDS), or e-cigarettes, to minors (FDA, 2018a). The month-long blitz—targeting retailers selling the Juul brand—is an attempt by the FDA to disrupt the sale of vaping products marketed toward youth. With the FDA taking on Juul, a major ENDS supplier and violator of marketing regulations (Campaign for Tobacco-Free Kids, 2018), marketing to minors is disrupted. However, e-cigarettes are a menacing threat, buoyed by an international, online, youth-driven addiction business. By 2024, the global market for e-cigarettes is expected to reach $45 billion (Hexa Research, 2017).

More healthcare providers, including nurses, physicians, dentists, pharmacists, and public and mental health professionals, are being certified as tobacco treatment specialists (designated as TTS or CTTS, when certified). According to Audrey Darville, PhD, APRN, CTTS, FAANP, president of the Association for the Treatment of Tobacco Use and Dependence, 19 programs are now accredited to certify TTTSs. In 2017, there were 1,888 certified TTTSs (Council for Tobacco Treatment Training Programs, 2018).

According to Darville, “Tobacco use is more than just a habit; it is the leading cause of preventable death and disease, and use can negatively impact cancer treatment outcomes. Nicotine in tobacco products is highly addictive and only about 5 in 100 people can quit on their own without help” (A. Darville, personal communication, April 30, 2018).

There is nothing like the laser focus of an oncology nurse in support of those who want or need to quit their tobacco addiction. In this issue’s Advanced Practice column, Susan Bruce, MSN, RN, AOCNS®, CTTS, writes about tackling smoking cessation in her healthcare system with the effective Quit at Duke program (Bruce, 2018).

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Bruce’s example demonstrates that nurses can disseminate the latest expertise about smoking cessation, exude credibility with patients, and apply up-to-date strategies that change smokers’ behavior. Nurses can once again make a difference in a game-changing way by diminishing the impact of tobacco addiction on vulnerable lives tracking toward a cancer diagnosis.

REFERENCE


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