American Society of Preventive Oncology Position Statement on Tobacco and Nicotine Dependence

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The American Society of Preventive Oncology recognizes that tobacco use and nicotine dependence constitute the major cause of preventable cancer in the United States and in many other parts of the world.

Each year over 430,000 Americans die as a result of smoking. Over 135,000 of these deaths are due to smoking-related cancers: 106,000 to lung cancer and 31,600 to other cancers. In adult men, smoking accounts for approximately 90% of all deaths from cancer of the lung, 92% of deaths from cancer of the oral cavity and pharynx, 78% of deaths from esophageal cancer, 48% of deaths from cancer of the kidney, 47% of deaths from bladder cancer, 29% of deaths from pancreatic cancer, and 17% of deaths from stomach cancer (1). Among women, smoking is associated with higher rates of cancer of the uterine cervix, and lung cancer has surpassed breast cancer as the leading cause of cancer death among women in the United States. Use of smokeless tobacco products, particularly oral snuff, is strongly associated with oral cancer. Smoking also presents a danger to the women in the United States. Use of smokeless tobacco of deaths from stomach cancer (1). Among women, smoking is associated with higher rates of cancer of the uterine cervix, and lung cancer has surpassed breast cancer as the leading cause of cancer death among women in the United States. Use of smokeless tobacco products, particularly oral snuff, is strongly associated with oral cancer. Smoking also presents a danger to the women in the United States.

Smoking cessation has long been shown to have beneficial side effects on health and longevity. The most recent report of the Surgeon General makes it clear that smoking cessation has major and immediate health benefits for men and women of all ages. The risk of heart attack drops sharply within 2 years of cessation, and the risks of smoking-related cancers decrease progressively over a period of years. Benefits have also been documented for patients already suffering from smoking-related cancers, challenging previously held notions that smoking should be left untreated among smokers with a diagnosed cancer.

In view of the aforementioned statements, and in accordance with the avowed purposes of the Society, the American Society of Preventive Oncology advocates and supports the development of policies and programs which promote the prevention and treatment of tobacco use and nicotine dependence. These include, but are not limited to, the following:

1. Control of the availability of tobacco products to children through:
   a) establishment of a national standard that it is illegal to sell or distribute tobacco products to anyone under age 21;
   b) prohibition of the sale of tobacco products through vending machines; and
   c) state laws which require that all tobacco outlets be licensed, that the license fees be sufficient to pay for monitoring merchant compliance with the age of sale laws, and that a license be suspended or revoked if a merchant is found to be providing tobacco to children.

2. Additional changes in governmental policies regarding tobacco, including:
   a) Food and Drug Administration or Consumer Product Safety Commission regulation of tobacco-containing products intended for human consumption;
   b) elimination of subsidies and all other forms of governmental assistance which encourage the production of tobacco and tobacco products;
   c) substantial increases in state and federal taxes on tobacco products as a deterrent to their use;
   d) strengthening the warning labels on tobacco products so that the likelihood of addiction and the probability of premature death are explicitly described, and requiring full disclosure of all contents and additives of tobacco products;
   e) urging state legislatures to enact laws prohibiting state public pension funds and health insurance carriers and any public or government institution or organization from investing in tobacco companies;
   f) establishing new laws and strengthening existing laws to restrict minors’ access to tobacco products including a total ban on vending machine sales of tobacco products and on the free distribution of tobacco products;
   g) control of tobacco advertising and promotion by encouraging states and cities to prohibit advertising on public property, including sports facilities, and to eliminate all billboard advertising of products illegal to children;
   h) supporting and expanding restrictions on smoking in all public places and governmental facilities;
   i) active support for governmental policies similarly...
restricting the sale and use of tobacco products in developing countries; and
j) elimination of Governmental Trade Action, including use of GATT provisions to force other countries to open markets to U.S. Tobacco products.

3. Enhancement of public education programs on smoking through:
a) development and implementation of education programs for elementary and middle school children;
b) countermarketing measures, including public service announcements and paid marketing programs, designed to counter the seduction of tobacco advertising imagery and to continue to educate the public about the hazards of tobacco and about methods of quitting or not starting tobacco use; and
c) special efforts to reach and tailor messages to defined high-risk groups, including racial and ethnic minorities and low-income groups.

4. Increased emphasis on research, professional education, and clinical expertise in the areas of tobacco use and dependence, to include:
a) promoting research by federal and state governments, universities, and other institutions into the causes, prevention, and treatment of tobacco use and dependency;
b) training health professionals in all medical settings (primary care, public health, hospital) to regard and treat tobacco dependence as a primary medical problem;
c) teaching about tobacco and nicotine dependence and about cessation methods in professional education programs and postgraduate courses;
d) teaching that tobacco dependence should be diagnosed and treated along with other serious medical problems and drug dependencies; and
e) exploring mechanisms for third-party reimbursement for the treatment of nicotine dependence by qualified health professionals using clinically recognized methods.

5. Development of smoke-free policies by all health care facilities and insistence that all medical and cancer centers divest their endowment and pension funds of all tobacco company holdings.

6. Development of a liaison network with other professional societies on issues of mutual interest related to tobacco use, dependence, prevention, and cessation.

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References
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