

Tobacco Free Nurses Fact Sheet

How Licensed Practical/Vocational Nurses can make a difference

- Nurses make a difference in smoking cessation, increasing quitting success rates in both hospital and non-hospital settings.¹
- Smoking cessation interventions delivered by a variety of providers markedly increase cessation rates.² Licensed Practical/Vocational Nurses (LP/VNs), as integral parts of the healthcare team, can have a tremendous positive impact in achieving the healthy goal of cessation.
- Incorporating smoking cessation brief intervention into LP/VN practice fits with the Practice Standard Code³ of upholding highest standard of quality, being part of the healthcare team, and participating in the development of health policies.
- At a minimum, all LP/VNs can:
 - ASK their patients about their smoking status;
 - ADVISE tobacco users to quit, saying that quitting tobacco is the most important thing a person can do for his or her own health;
 - ASSESS if the person is willing to quit.
 - If yes, ASSIST in identifying resources such as quitlines
 - If no, PROVIDE resources
 - REFER to smoking cessation teams in your hospital, tobacco dependence counselors, community resources, or the free, national telephone quitline: 1-800-QUIT NOW. Quitlines are an effective cessation support system, and free:

available to insured and uninsured patients.

- Before nurses can fully realize their cessation intervention potential, tobacco cessation content and clinical skills in schools of nursing must be enhanced. Tobacco use and cessation must be included in basic curriculum at all nursing programs and part of professional organizations' priorities. The partnership between the Tobacco Free Nurses Initiative and the National Federation of Licensed Practical Nurses is a model to advance the health agenda.
- Resources and materials for all nurses to use with patients in a variety of settings are available at www.tobaccofreenurses.org.

LP/VNs WHO SMOKE

- 28% of LP/VNs smoke (approximately 200,000 LP/VNs).⁴ This is higher than the smoking prevalence of other health care professionals and the general U.S. population and more than double the Healthy People 2010 goal of 12% sought for the general population.
- As in the general population, tobacco use among nurses varies by educational and socioeconomic background. Smoking is more prevalent in lower income strata and among those with fewer years of formal education.⁵
- Nursing programs can and should provide assistance for LP/VN students who want to quit.

Fact: In 2004, 20.9% of adults in the United States smoked.⁵

Fact: Smoking among adolescents remains high, with more than 4,000 children and adolescents becoming regular users of tobacco every day.¹⁴

Fact: If 100,000 clinicians were to help 10% of their patients who smoke to stop each year, the number of smokers in the United States would drop by an additional 2 million people annually.³

Fact: 14.6 million people a year make a serious quit attempt.⁵ If half of the current working population of 3 million nurses (LPNs + RNs) were to assist one patient per week to make a quit attempt, the number of quit attempts in the U.S. would increase by more than 75 million per year.

Fact: Tobacco Free Nurses is the first national initiative to help nurses stop smoking and to empower them to engage in tobacco use prevention and cessation. The National Federation of Licensed Practical Nurses is one of the partner organizations in this effort.

Where can you get more information?

To get information on cessation resources for nurses and patients, including the pocket guide for nurses and community-based resources, visit www.tobaccofreenurses.org.



NURSES AND SMOKING CESSATION

- Efforts focused on assisting nurses with their own cessation have been limited.
- Studies indicate that lack of support from coworkers has been associated with fewer quit attempts.⁶⁻⁹ Conversely, strong support for quitting has a positive impact.¹⁰
- Free help for LP/VNs wanting to quit is available on the Internet through Nurses QuitNet[®], accessible through www.tobaccofreenurses.org.

NURSES AND SMOKING: IT'S A UNION ISSUE

- Smoking and exposure to second-hand smoke are occupational health and safety issues that are important to unions and their members. Tobacco smoke causes numerous health effects, including heart disease, cancer, COPD and stroke.¹¹ Thus, reducing exposure at the worksite is critical for worker health. There is a nationwide trend toward smokefree worksites, especially in the venues where nurses work.
 - Nurses' unions are at the forefront of efforts to improve workers' health and lessen or end major
- sources of job-related hazards and stress for nurses. Under demanding working conditions, it is not surprising that nurses who smoke often describe trying to quit as stressful. Smoking cessation is a part of the broader health and safety efforts of nurses' unions.
- Smoking is a workplace issue.¹² Through efforts on smoking cessation and worksite issues related to smoking, nurses' unions can enhance their efforts to ensure a healthy workforce in a healthy workplace. Unions can work to emphasize that all nurses, smokers and nonsmokers, get their breaks during work shifts.
 - As more worksites become smoke-free, nurses' unions can collectively bargain for member access to smoking cessation treatment and coverage. Ideally, this should include coverage for pharmacotherapy (for instance, "the patch" and bupropion) and counseling.¹³
 - Unions are trusted sources of information for their members. Nurses' unions can provide their members information on cessation resources, such as the Tobacco Free Nurses website, national and state quitlines, and other cessation resources.

RESOURCES

Tobacco Free Nurses

<http://www.tobaccofreenurses.org>

National Quitline

1-800-QUITNOW (1-800-784-8669)

Smoking Cessation Leadership Center

<http://smokingcessationleadership.ucsf.edu>

National Federation of Licensed Practical Nurses

<http://www.nflpn.org>

1 Rice, V. H., & Stead, L. F. (2004). Nursing interventions for smoking cessation. (*Cochrane Review*). In: *The Cochrane Library*, Issue 1. Chichester, UK: John Wiley and Sons.

2 Fiore, M. C., W. C. Bailey, et al. (2000). *Treating tobacco use and dependence. Clinical Practice Guideline*. Rockville, MD, U.S. Department of Health and Human Services, Public Health Service.

3 Nursing Practice Standards for the Licensed Practical/Vocational Nurse <http://www.nflpn.org/practice-standards4web.pdf>

4 2001-2002 Current Population Survey (CPS) Tobacco Use Supplement.

5 CDC. Cigarette smoking among adults—United States, 2004 <http://www.cdc.gov/mmwr/PDF/wk/mm5444.pdf>. *Morbidity and Mortality Weekly Report* 2005;54(44):1121-1124.

6 Berman, B., L. Read, et al. (1992). Nurses enrolled in a stop smoking program. The role of occupational stress. *J Womens Health* 1(1): 41-6.

7 Bramadat, I., K. Chalmers, et al. (1999). Closeup: a resource for nurses who smoke. *Can Nurse* 95(8): 31-4

8 Gritz, E., A. Marcus, et al. (1988). Evaluation of a worksite self-help smoking cessation program for registered nurses. *Am J Health Promot* 3(2): 26-35.

9 Rowe, K. and J. Clark (1999). Evaluating the effectiveness of a smoking cessation intervention designed for nurses. *Int J Nurs Stud* 36(4): 301-11.

10 Kitajima, T., T. Ohida, et al. (2002). Smoking behavior, initiating and cessation factors among Japanese nurses: a cohort study. *Public Health* 116(6): 347-52.

11 The Health Consequences of Smoking: A Report of the Surgeon General. [Atlanta, Ga.]: Dept. of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health; Washington, D.C.: For sale by the Supt. of Docs., U.S. G.P.O., 2004.

12 Sarna, L., Bialous, S. A., Wewers, M. E., Froelicher, E. S., & Danao, L. 2005. "Nurses, smoking, and the workplace." *Res Nurs Health*, 28(1), 79-90.

13 Centers for Disease Control and Prevention: Coverage for Tobacco Use Cessation Treatments, http://www.cdc.gov/tobacco/educational_materials/cessation/index.html

14 Substance Abuse and Mental Health Services Administration. Summary of findings from the 2001 National Household Survey on Drug Abuse: Volume II. Technical appendices and selected data tables. Rockville, Maryland: U.S. Department of Health and Human Services, 2002; NHSDA Series H-18; DHHS publication no. (SMA) 02-3759.