Statement from the Spanish Oncology Nursing Society to the WHO Public Hearings on the FCTC

The Spanish Oncology Nursing Society (SEEO; www.seeo.org) was founded in 1985 and has 325 members. The SEEO is full member of the European Oncology Nursing Society and the International Society of Nurses in Cancer Care. Membership fees, conference revenues, special grants and donations by members, foundations and the pharmaceutical industry fund SEEO activities. SEEO’s main objectives are to provide a forum for networking and communication among nurses involved at all levels of the cancer care continuum throughout the world and to improve the quality of cancer care through prevention, education and research.

The SEEO strongly supports the Framework Convention for Tobacco Control (FCTC) as the solution to fight the worldwide tobacco epidemic. Nurses in many places of the world seem to be particularly vulnerable to the lures of the tobacco industry, either due to nursing being predominantly a female profession in many countries and/or due to the low socio-economic and cultural status many nurses have in their place of work, particularly in developing countries. Targeting women, those from lower socio-economic strata and the people in developing countries are well-know tobacco industry strategies to increase its profits with complete disregard for people’s health.

The FCTC will provide a unique opportunity for public health groups to organize for global action and to start curbing the tobacco epidemic. The tobacco industry has long approached the world is its marketplace, and plans its promotion and marketing strategies accordingly. There have been no international measures to force the tobacco industry to change its behavior. The FCTC will fill this gap.

The SEEO believes that tobacco control activities must be integral to health care. Tobacco use and exposure to second-hand smoke increase the occurrence of cancer as well as other serious diseases, leading to increased morbidity and mortality. For patients with cancer, tobacco use has been associated with an increase in side effects and decreased survival. Use of tobacco and exposure to second-hand smoke are targets for preventive strategies to improve the health of men and women, and children around the world. Nurses are in a unique position to be involved in these strategies.

Prevention of tobacco use and support for smoking cessation are valuable approaches for nurses in order to decrease tobacco-related diseases. Nurses need to be prepared to participate in tobacco control activities at local, national, regional and international levels and that nurses take an active role in initiating and supporting national and international tobacco control policy and legislation.

As a member of the International Society of Nurses in Cancer Care, the Spanish Oncology Nursing Society endorses ISNCC and INGCAT’s statement to the WHO Public Hearing on the FCTC and urges the working group to develop a Framework Convention strong enough to put an end to the suffering caused by the tobacco industry.

Statement from INGCAT to the WHO Public Hearings on the FCTC

INGCAT, the International Non Governmental Coalition Against Tobacco, founded by the International Union Against Cancer, the International Union Against Tuberculosis and
Lung Disease and the World Heart Federation, was established to promote anti-tobacco activities in and among international, regional and national non-governmental organisations (NGOs). INGCAT is an independent, non-political, non-sectarian association whose objectives are to promote health and prevent diseases through collaborative tobacco control activities between its members and other interested parties. INGCAT's funding comes from its members, other NGOs, international agencies, government aid agencies and the pharmaceutical industry.

In our collaborative work as an international coalition against tobacco, we have come to see the vast array of problems created by tobacco products and perpetrated by their manufacturers. If there is any solution to the mass destruction caused by tobacco it is through changing the behaviour of the tobacco industries and creating an environment that strongly disapproves of smoking. The tobacco company tactics are encouraged by the international vacuum that currently exists on regulations concerning tobacco industry behaviour. Our response is to work for a strong international treaty, a strong Framework Convention on Tobacco Control.

The tobacco epidemic is one of the major public health problems of our times. Unparalleled expansion of tobacco production and aggressive marketing throughout the world, particularly in low income areas, means that individuals and their nations are losing lives and resources in staggering numbers. Tobacco use causes at least 14 fatal diseases (1) and is expected to become over the next three decades the greatest cause of death in the world (2). This means millions of people who will be deprived of longer lives in better health. For it is not just a question of length of life: quality of life studies have shown that life-long smokers have greatly reduced quality of life before they die at younger ages than non-smokers (3).

Governments are surrounded by competing interests and may be reluctant to introduce strong legislation and allocate resources for tobacco control programmes. Whatever the legislation or policies put in place, transborder activities have sabotaged nations’ tobacco programmes, and will continue to do so in the absence of an international treaty dealing with these issues. Activities such as untaxed tobacco sales, smuggling and unregulated promotions by satellite go unabated as health and social costs of tobacco-caused diseases strain the resources of governments around the world. The money and power behind tobacco investments can corrode public health initiatives and the ensuing tobacco marketing tactics exploit children, limit choice and disregard consumer rights. Tobacco use drains resources from poor countries. In most parts of the world, the effect of addiction on users is underestimated and little is provided for the users who need help to stop smoking or other forms of tobacco use.

The general public may not yet fully realise the vast amount of disease and premature death due to tobacco use or the extent of the deception that has constantly been demonstrated by the multinational tobacco industries towards governments, towards the non-smokers they attract into smoking and towards their own customers. Severely limiting the marketing tactics of the tobacco industry would give greater opportunity for free choice by governments and individuals, greater potential for public health and opportunities to stop smoking.

The tobacco industry is saying today that 1) it would like to be seen as a responsible corporate citizen, 2) that it does not attempt to recruit young people and 3) that its
practices concern consenting adults in the full exercise of their free choice. To these three points, one can point out the following:

1. Responsible corporations should not object to the principle of “polluter pays”. This would of course mean that the loyal smokers who choose to smoke should be reimbursed their expenses if they are unlucky enough to contract any of the 25 diseases linked to tobacco use. Medical and associated payments should no longer be the responsibility and the burden of public health care systems or smokers’ families. This should apply as well to the victims of exposure to secondhand smoke.

2. Responsible corporations that do not wish to see young people smoke should not object to stopping all marketing practices that attract non-smokers into smoking, including all advertising and sponsorship and any other activities which attribute positive values to the act of smoking. In a similar vein, profits of sales to the “unwanted” child and adolescent smokers should be returned to the appropriate bodies for immediate action to aid these young smokers.

3. Because addiction is clearly a violation of free choice, responsible corporate tobacco producers should immediately remove the addictive components of their products, so that adult use can be realistically defined as “free choice”.

We do not expect that any of the manufacturers within the tobacco industry are willing to assume these signs of responsible corporate behaviour. For this reason, a Framework Convention should provide the strongest possible international regulations of their behaviour.

One of the greatest supports for stopping smoking in a population is an environment that encourages stopping. The processes before, during and after adoption of the Framework Convention could lead to the creation of such an environment throughout the world, for the FCTC would be the visible evidence that tobacco control is a serious, international issue. To further encourage this effect and to fight for the strongest possible convention, we encourage the inclusion of NGOs speaking for those affected by the epidemic into the negotiating process.

In conclusion, the NGO community that is represented by INGCAT urges the negotiating bodies to formulate a strong treaty that will allow national governments to make decisions in favour of public health and enable their citizens to be protected from the devastating health, social and economic effects of the disease and death caused by the products of an industry that has long enjoyed unrestricted profit-making and shows no sincere signs of stopping its incessant and carefully targeted search for new users around the world. To allow such behaviour to continue in this century is unconscionable. To allow the problems resulting from tobacco use to continue to be imported to the poorest areas in the world is unforgiveable. We look to the Framework Convention to put a stop to such practices.

The International Society of Nurses in Cancer Care (ISNCC) endorses INGCAT’s statement for the WHO Public Hearing.

INGCAT requests the opportunity to speak at the hearings.

References:
