



## HIFA project on **Substance use disorders: Tobacco**

Compilation 6 Dec 2022 – 3 Apr 2023

Below is the full discussion on the HIFA global health forum. For more information on this project see <https://www.hifa.org/projects/mental-health-meeting-information-needs-substance-use-disorders>

Acknowledgement: We are grateful for sponsorship from the Ulrich and Ruth Frank Foundation for International Health. To learn more about this organization, check out NextGenU.org, where you can access free courses on addiction, public health, medicine, and other health science topics.

### **Smoking (1) Article on cigarette filters and environmental pollution**

6 December, 2022

**CIGARETTE FILTERS:** a single-use plastic that pollutes the environment.

Plastic pollution is a significant environmental issue due to the rapidly increasing production of disposable plastic products that overwhelm the world's ability to manage them.

Globally, more than six trillion cigarettes are produced annually, each containing filters mainly composed of cellulose acetate fibers with a plasticizer: they are microplastics.

When cigarette butts are not properly disposed of, they get broken down by sunlight and moisture, releasing these microplastics and many other chemicals which impact mainly the marine environment. When ingested, they cause long-term mortality in marine life, including birds, fish and plants, and could also enter the food chain and produce serious human health impacts.

Cigarette filters are a form of non-biodegradable plastic waste that carries tobacco residue, toxic chemicals, and heavy metals and is one of the most

polluting single-use plastics on the planet. Cigarette filters are considered "single-use plastics" and are mentioned as such by UNEP publications.

They were designed to make smoking more comfortable and attractive and to suggest that they lessen harm, but this is not true. It was to deceive the smoker. Their removal may reduce the appeal of cigarettes and cause many smokers to quit.

UNEP convened the first (of five) Intergovernmental Negotiating Conference of the United Nations treaty to end plastics pollution, which was held in Punta del Este, Uruguay, from November 28 - December 22, 2022.

This treaty is an opportunity to get cigarette filters eliminated, improving health and the environment.

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Chair, WHF Tobacco Expert Group

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA project on Mental health: meeting information needs for substance use disorders. Email: [ebianco AT nextgenu.org](mailto:ebianco@nextgenu.org) <https://www.hifa.org/projects/mental-health-meeting-information-needs-su...> <https://www.hifa.org/support/members/eduardo>

## **Smoking (2) Public Health in the Arab World (PHAW) Listserv**

10 December, 2022

HIFA is working with NextGenU.org on a new HIFA project to explore information needs around smoking and other substance use disorders.

<https://www.hifa.org/news/hifa-launches-new-project-mental-health-meetin...>

With this in mind I am forwarding this announcement from the Public Health in the Arab World discussion forum. If anyone would like to participate and share your observations with us afterwards, this would be very welcome.

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Dear Colleagues

This is to invite you to the webinar organized by the Institute of Public Health, College of Medicine and Health Sciences, United Arab Emirates University

Title: "Public Health Aspect of smoking"

Date: Tuesday, 13th December 2022 at 7:00 pm UAE time.(3pm GMT)

The webinar will be delivered by Dr. Salma E. El Amin, MBBS, MD, MD-PhD (Tampere University in Finland) and moderated by Dr. Rami Al-Rifai ( Associate Professor in epidemiology at the IPH).

The IPH webinar is CME accredited (category 1), and a certificate will be issued to the participants.

Link to the webinar

<https://uae-u-ac-ae.zoom.us/j/89110169237>

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Neil Pakenham-Walsh, Global Coordinator HIFA, [www.hifa.org](http://www.hifa.org) [neil@hifa.org](mailto:neil@hifa.org)

Global Healthcare Information Network: Working in official relations with WHO

## **Smoking (3) Article on cigarette filters and environmental pollution (2)**

14 December, 2022

Following up on Dr. Bianco's post on cigarette filters - <https://www.hifa.org/dgroups-rss/smoking-1-article-cigarette-filters-and...> . We all know that climate change and environmental degradation have profound health implications. Bold collective action is vital if we want to avoid health calamities on a huge scale. Cigarette filters may seem like a small thing, but 4.5 trillion are littered into the environment annually; they are the biggest single source of plastic pollution. Given that cigarette filters serve no health purpose, are non-biodegradable, are toxic, and are attached to the world's leading cause of preventable death, they are the lowest hanging fruit at the UN plastic pollution negotiations. If we as a global society can't get rid of cigarette filters, what chance do we have to address other plastics that actually serve a purpose?

Please, if you collaborate with your government on health, make sure they know about this treaty process. Most governments are siloed, so it is only ministries of foreign affairs and environment that are represented at the plastics talks. We need health experts there, too. The next negotiation starts May 22, in Paris.

Chris Bostic, Policy Director  
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HIFA profile: Chris Bostic is Action on Smoking and Health's Policy Director. Since 2001, Chris has worked in tobacco policy at the local, state, national and international levels. Prior to joining ASH, he worked at the Campaign for Tobacco-Free Kids and the American Lung Association. He has also served as a public health law clinical instructor at the University of Maryland Francis King Carey School of Law and was a founding board member of the Human Rights and Tobacco Control Network (HRTCN). bosticc at ash.org

## **Smoking (4) The tobacco endgame: New Zealand is paving the way**

15 December, 2022  
Dear coordinators.

Please, consider this article.

Kind regards,  
Eduardo

\*The tobacco endgame: New Zealand is paving the way. \*

Tobacco products are the world's single largest cause of preventable death and disease, causing more than 8 million deaths each year.<sup>1</sup>

To address the globalization of the tobacco epidemic, WHO promoted the Framework Convention on Tobacco Control (FCTC), an international legally binding treaty that currently covers 90% of the world's population. This treaty lays out evidence-based demand and supply reduction strategies that resulted in measurable progress: global cigarette sales have been declining since 2012 despite overall population growth.

But progress is being slower than expected, due to the uneven application of FCTC provisions between countries and regions. Largely due to the great influence of the tobacco industry on decision-makers.

Based on the FCTC Article 2.1 that explicitly encourages countries to go beyond the measures outlined. Many tobacco control advocates, but also key opinion leaders, began to question why not evolve from a proposal of progressive reduction of tobacco consumption to another of ending the tobacco trade by a certain date. These proposals were called Tobacco Endgame strategies and policies.

A proposed definition of tobacco endgame is: "Initiatives designed to permanently change the structural, political, and social dynamics that sustain the commercial tobacco epidemic in order to end it within a specific time." This recognizes the need to shift from treating smoking as an individual behavior to a broader focus, including decreasing the availability of tobacco products, and establishing a Tobacco Free Generation (TFG) strategy, where sales of tobacco products are restricted to people born before a set year. Another one is: to eliminate tobacco product sales.

The concept of a tobacco endgame has some parallels with the eradication and elimination of communicable diseases.<sup>(6)</sup> Smallpox, a disease that killed 35% of those infected, has been eradicated thanks to coordinated global efforts.

Unlike infectious diseases, the tobacco epidemic is industrially-produced; the disease vector exists entirely for profit. The vector is observable and traceable, and its harms have been known for decades, but tobacco has remained widely available.

Although there is no history of the eradication of a non-infectious disease worldwide, there are examples of phasing out the sale of products that cause disease or environmental pollution, such as asbestos, lead, and naphtha. For example, 75 countries have declared 'war' on asbestos, a mineral that has multiple industrial uses.

Should global society not aspire to accomplish the same for an epidemic of a highly addictive product that kills more than half of its consumers?

Some jurisdictions have started to pass policy innovations aimed to endgame policies, making the tobacco endgame moves from aspirational and theoretical to a concrete and achievable goal.

Such is the case of New Zealand. In December 13, 2022, this country passed the Smoke-free Environments and Regulated Products (Smoked Tobacco) Amendment Bill, which will create an entire smoke-free generation. The three main dispositions included in the law : reducing the amount of nicotine in smoked tobacco products (to non-addictive levels) , decreasing the number of tobacco retailers (to a tenth) and the prohibition of selling tobacco to anyone born on or after 1 January 2009. This is really a huge step, from a nation, to put an end to the tobacco epidemic.

But New Zealand is not the only one. Last few years there are many other examples: In 2020, the Netherlands announced a policy plan to phase tobacco sales out of supermarkets. In January 2021 the U.S. state of California announced its endgame initiative(10) to reduce smoking prevalence to below 1.9% by 2035. Also, in January 2021, Beverly Hills and Manhattan Beach city councils go beyond the California resolution and implemented a complete tobacco sales bans, including e-cigarettes

\*References:\*

§ Bostic C, Bianco E, Hefler M. Progress, challenges and the need to set concrete goals in the global tobacco endgame. Rev Panam Salud Publica. 2022;46:e118. <https://doi.org/10.26633/RPSP.2022.118>

§ Cohen JE, Grilo G, Czaplicki L\*, et al.\* Low-income and middle-income countries leading the way with tobacco control policies \*BMJ Innovations \*2022;\*8:\*4-8 <https://innovations.bmj.com/content/8/1/4>

§ The official website of the New Zealand Government. <https://www.beehive.govt.nz/release/thousands-lives-and-billions-dollars...>

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<<http://world-heart-federation.org/our-committees/tobacco-expert-group/>>\*

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HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA project on Mental health: meeting information needs for substance use disorders. Email: ebianco AT nextgenu.org <https://www.hifa.org/projects/mental-health-meeting-information-needs-su...> <https://www.hifa.org/support/members/eduardo>

## **Tobacco (5) New article proposal- Help to quit smoking in Latin America: very far from target**

23 December, 2022

If we really want to reduce the burden of tobacco-related death and diseases, the most important action is to get current smokers to quit.

About 70% of current smokers want to quit, and 40-50% try annually. Most of them make an attempt without receiving any kind of help. The results are disappointing: only one in 10 succeed.

Quitting smoking is not easy. The main reason is that most smokers are tobacco-dependent, and that is a chronic relapsing condition.

Scientific evidence indicates that there are effective pharmacological and non-pharmacological interventions for smoking cessation that double, or even triple, the chances of success. And that combining different types of interventions increases these possibilities.

So, we know what to do, but we don't apply.

This is very true for Latin American countries, the vast majority of which are States Parties to the WHO-FCTC, and are committed, under Article 14, to promote and apply measures for smoking cessation and treatment.

Article 14 is one of the least applied WHO-FCTC provisions in the region, according to the 2022 Report on Tobacco Control of PAHO.

Even more worryingly, it indicates that in recent years there has been no progress in the region.

Most Latin American countries are far from meeting the Art. 14 "minimum standards", of having:

- accessible smoking cessation services
- at least one evidence-based medication, such as NRT.
- a national quitline.

Only three Latin American countries have implemented these standards: Brazil, El Salvador, and Mexico

Thus, we are far from the Art.14 objective of helping ALL smokers to quit

Why is this happening?

There are several reasons we can argue:

1. Lack of trained human resources in smoking cessation, which goes hand in hand with insufficient or non-existent financial resources allocated to tobacco control in general, and cessation in particular.
2. Great difficulties in the accessibility and affordability of effective medications for cessation in the vast majority of countries.

3. We could add that, in recent times, the Tobacco Industry is taking advantage of these gaps to promote its new products as valid resources for cessation, when there is no solid evidence to support this, and when at the same time it continues with its systematic lobbying, in all countries, to prevent or undermine any effective tobacco control measure implementation.

Regarding access to effective smoking cessation medications :

\*NRT\*- 23 of the 35 countries have NRT available, but only 12 of them include NRT in their national Essential Medicines lists, although WHO included NRT in its list of essential medicines many years ago.

\*Bupropion\*- is available in 27 countries (although in several of them only as an antidepressant medication)

\*Varenicline\*: available in only 18 countries.

To conclude, we want to emphasize that:

§ It is time for health authorities and decision-makers to understand that to improve Latin American population health, they must recognize the importance of smoking cessation and treatment interventions, and invest in them.

§ Smokers don't need lectures, THEY NEED HELP.

§ We have effective, evidence-based medications to help smokers to quit. The recent inclusion of bupropion and varenicline in the WHO Essential Medicines List is an excellent opportunity for countries to include them in their national lists. To achieve that, the MoH tobacco control focal points should work jointly with those responsible for the National Essential

Medicine List, and have the support of academia and civil society.

\*REFERENCES:\*

- Tobacco and Public Health: \*From theory to practice. \*PAHO Campus virtual course, 2016
- Smoking Cessation: A Report of the Surgeon General, 2020
- PAHO \*Report on Tobacco Control for the Region of the Americas 2022\*

- <https://www.who.int/news/item/05-11-2021-two-new-tobacco-cessation-medic...>

[https://www.canva.com/design/DAFGWrgplok/Yzg\\_h-Lf-fVounDwDTzq7Q/view](https://www.canva.com/design/DAFGWrgplok/Yzg_h-Lf-fVounDwDTzq7Q/view)

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HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA project on Mental health: meeting information needs for substance use disorders. Email: [ebianco AT nextgenu.org](mailto:ebianco@nextgenu.org) <https://www.hifa.org/projects/mental-health-meeting-information-needs-su...> <https://www.hifa.org/support/members/eduardo>

## **Tobacco (6) The tobacco endgame (2)**

33 January, 2023

Momentum on tobacco endgame is accelerating. In addition to California, there are endgame movements in New York, Minnesota, and Colorado, as well as dozens of cities and counties. India and the European Union have set up endgame advisory councils. Malaysia's parliament was considering a Tobacco-Free Generation bill when it was unexpectedly dissolved. Denmark

is reportedly drafting a bill, and Ireland and France have announced their determination to end the epidemic.

The promise of getting rid of tobacco has hit the mainstream press as well. Just in December, tobacco endgame was featured in the journal *Science* (1), U.S. National Public Radio, the *Wall Street Journal* (3) and Indian national television. This is vital to success; Tobacco use and the resulting death and disease have become so normalized that few can even contemplate a world without it.

Chris Bostic, Policy Director, Action on Smoking and Health

1. <https://www.science.org/content/article/final-puff-can-new-zealand-quit-...>
2. <https://www.npr.org/2022/12/15/1143191995/new-zealand-cracks-down-on-lig...>
3. <https://www.wsj.com/articles/antismoking-law-in-new-zealand-sets-new-fro...>
4. <https://sansadtv.nic.in/episode/the-global-debate-new-zealand-tobacco-la...>

HIFA profile: Chris Bostic is Action on Smoking and Health's Policy Director. Since 2001, Chris has worked in tobacco policy at the local, state, national and international levels. Prior to joining ASH, he worked at the Campaign for Tobacco-Free Kids and the American Lung Association. He has also served as a public health law clinical instructor at the University of Maryland Francis King Carey School of Law and was a founding board member of the Human Rights and Tobacco Control Network (HRTCN). bosticc at ash.org

## **Tobacco (7) New HIFA discussion: Meeting information needs for tobacco control**

5 January, 2023

Dear HIFA colleagues,

In February (date tbc) we shall be implementing an in-depth discussion (here on HIFA) on Tobacco, exploring the diverse information and learning needs of the public, health workers, and policymakers. This includes, for example, public awareness of the dangers of smoking, and knowledge among health workers about how to prevent smoking and help people to quit.

We are convening a formidable working group which includes two world experts on tobacco control. The group's role is to articulate the questions; publicise the discussion to all with an interest in tobacco control; and contribute as individuals to the forum discussions. The commitment is limited to two or three short virtual meetings plus group email comms.

If you would like to join the working group, please send me an email - [neil@hifa.org](mailto:neil@hifa.org) - with a brief description of why you would like to join.

More information about the project is available here:

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

Best wishes, Neil

Dr Neil Pakenham-Walsh, HIFA Coordinator

Healthcare Information For All

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## **Tobacco (8) Engaging young adults in conversations about smoking tobacco**

21 January, 2023

A UK team has launched a 4-part podcast play, Tobias and Syd, to engage young adults in conversations about tobacco smoking. The play is a high-quality produced drama by award winning writer Elspeth Penny, funded by the UK Arts Council with BBC sound engineers and editors. You can listen on podbeam or audible platforms for free here:

<https://www.audible.co.uk/pd/B0BS17QKTW>

<https://tobiasandsyd.podbean.com>

Synopsis of the Play: The audio play 'Tobias and Syd', features a time travelling woman, a doctoral anthropology student, 'Syd' being lured into an addictive relationship with the shape-shifting 'Tobias' as he unveils his new product at a conference. The drama challenges perceptions about tobacco, and looks at it from an unexpected viewpoint. Told through the 'voice' of

tobacco itself, the narrative spans several centuries and continents. During its time travel journey, the play looks at the uncomfortable relationship tobacco has with slavery and colonialism. Tobias and Syd also explores the notion of romance, from the seduction of smoking to the beginnings of an LGBTQ+ relationship. Four online events in January accompany the launch of the drama. These online events link to themes in the play and run to Tuesday 7th February. Meet the author, the actors and other talented speakers. Sign up, there are quite a few free places, so get there before they run out. <https://www.eventbrite.com/cc/tobias-and-syd-1452789>

We are interested in any other arts-based approaches to engaging young people about tobacco - do share!

Thanks  
Siân

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. [sian.health AT gmail.com](mailto:sian.health@gmail.com)

## **Tobacco (9) Lancet: Mexico bans smoking in public**

30 January, 2023

Dear HIFA colleagues,

On Monday 27 February we shall start an in-depth exploration on Tobacco, with a focus on the information needs of citizens, health workers and policymakers.

Access to information is one part of the solution but is not in itself sufficient. Governments need to introduce legislation to promote public health. Below are extracts from a Lancet article that appears to show countries in Latin America are leading the way. It will be important for these countries to keep the trust of the people - including current smokers - as they roll out these policies, and for their public health leaders to track health outcomes and share their experience with other countries.

We are fortunate to have Eduardo Blanco, a tobacco control expert from Uruguay, on the HIFA forum and project working group <https://www.hifa.org/support/members/eduardo>

We look forward to lots of sharing of experience and expertise worldwide.

CITATION: World report | volume 401, issue 10373, p258, january 28, 2023  
Mexico bans smoking in public  
Sharmila Devi. The Lancet 2023  
Published: January 28, 2023 DOI: [https://doi.org/10.1016/S0140-6736\(23\)00166-6](https://doi.org/10.1016/S0140-6736(23)00166-6)

New legislation to curb the harms of tobacco is among the strongest in the world. Sharmila Devi reports.

Public health experts have welcomed Mexico's ban on cigarette smoking in all public places, including hotels and beaches, after the introduction of new legislation on Jan 15, 2023...

Tedros Adhanom Ghebreyesus, WHO Director-General, praised Mexico on Jan 15, 2023, tweeting "Bravo #Mexico! WHO welcomes such a bold move on tobacco control. We call on all countries to strengthen #NoTobacco policies and help us prevent 8 million deaths every year."

Regulations around electronic cigarettes and vapes have also been tightened, and they cannot be imported, sold, or used in public places....

"Mexico now has some of the strictest laws in Latin America and hopefully our evaluation and evidence will help other countries in the region and low-income and middle-income countries outside the region", said Sanchez Romero. Costa Rica banned smoking in all public places last year while Brazil, El Salvador, and Chile are also considering tobacco control policies...

Best wishes, Neil

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<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

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# **Tobacco (10) Substance Use Disorders: Partnering to make a difference**

10 February, 2023

Read the new blog on the NextGenU.org

website: <https://nextgenu.org/substance-use-disorders-partnering-to-make-a-differ...>

'It is paramount to meet the information needs of stakeholders involved in addressing substance use and to ensure that people have the information they need to make informed healthcare decisions. To help bridge this gap, HIFA plans to run a series of thematic discussions over the next 12 months on the HIFA forums, where 20,000 members will explore and assess information and learning needs of the general public, health workers, and policymakers on, successively, 1. tobacco, 2. alcohol, and 3. opiate addiction...'

Our thanks to NextGenU and The Frank Foundation for their sponsorship of the HIFA project on Mental health: Meeting information needs for substance use disorders

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

We look forward to launching our first thematic discussion - Tobacco - on 27th February. Please forward this message widely to your contacts and networks and invite people to join us: [www.hifa.org/join](http://www.hifa.org/join)

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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# **Tobacco (11) Question re access to varenicline to aid tobacco cessation**

13 February, 2023

Dear all

How has unavailability of Champix, brand name of varenicline - now on the WHO Essential Medicines List - affected tobacco cessation in your country? Is generic varenicline available? It seems from a large US dataset that use has significantly reduced, and awareness of generic varenicline may be low. If so, this is a backwards step in supporting quit attempts. It would be good to share positive stories.

<https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2800998>

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## **Tobacco (12) HIFA launches a deep-dive discussion on Tobacco, 27 February - 3 April 2023**

19 February, 2023

Please forward this message to your contacts and encourage everyone to join us! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Retweet: [https://twitter.com/hifa\\_org/status/1626215685809479680](https://twitter.com/hifa_org/status/1626215685809479680)

Read online: <https://www.hifa.org/news/hifa-launches-deep-dive-discussion-tobacco-27-...>

Imagine a world where every child, every citizen, every health worker and every policymaker \*truly understood\* the devastating health, economic, social and environmental impact of tobacco. A world where every person had access to the information they need to protect their own health and the health of others.

Tobacco is the theme of our first thematic discussion on substance use disorders, starting 27 February (the 18th anniversary of the WHO Framework Convention on Tobacco Control) and running for 5 weeks. The World Health Organization notes that tobacco kills up to half of its users - more than 8 million deaths each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.

All stakeholder groups - citizens, health workers and policymakers - have a need for reliable information to prevent and manage tobacco addiction. We shall explore the information and learning needs of the general public, health workers and policymakers worldwide. What can be done to raise awareness among the public, and especially young people? How can professional education be improved to ensure health workers are adequately prepared (for example, what are health workers' knowledge and practice with regards to Very Brief Advice)? How can policymakers be supported to deliver evidence-informed policy and practice? What measures are currently working and how can they be strengthened?

We shall consider all forms of tobacco use, including not only cigarettes but also other products such as chewing tobacco which are prevalent in some countries. And we shall also consider vaping, a hot topic with a wide range of strongly held views.

The discussion will take place on the HIFA forums, a global health community of more than 20,000 professionals representing all parts of the global evidence ecosystem, interacting in four languages and working in official relations with WHO.

Here are the five guiding questions for the discussion (these questions are intended only as a guide - you are welcome to discuss other aspects of tobacco use)

1. Do people understand the health, socio-economic and environmental harms of using tobacco products? What matters to them? How can they be better informed?
2. Do health workers have adequate knowledge to prevent and treat tobacco addiction among their patients? What matters to them? How can they be better informed?
3. What is the role of the tobacco industry? What can be done to address misinformation from the tobacco industry?

4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? What are current national policies and what more can be done to fully implement those policies?

5. What are the pros and cons of electronic nicotine delivery systems (ENDS; vaping) (eg as an aid to stop smoking; as an addictive alternative to smoking among young people)?

To join the discussion, if you are not already a HIFA member, please join us! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

To contribute to the discussion, just send your comment by email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org) Once approved, your email will be distributed to HIFA's 20,000 members.

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Best wishes, Neil

Co-chair, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (13) Tobacco control in Indonesia**

23 February, 2023

Indonesia has various regulations regarding smoking. There are rules that prohibit people from smoking while riding a motorbike. Smoking is prohibited while in the Non-Smoking Area (health care facilities; teaching and learning process areas; children's play areas; places of worship; public transportation; workplaces; public places; and other designated places).

The press is also prohibited from publishing advertisements demonstrating the form of cigarettes and or the use of cigarettes. Broadcast commercial advertisements are also prohibited from carrying out cigarette promotions that demonstrate the appearance of cigarettes. Films which are the main elements of film activities and film business are prohibited from containing content that encourages the general public to use addictive substances.

The government also has regulations regarding the inclusion of health warnings and health information on cigarette product packaging. There are also rules governing the levels of nicotine and tar in cigarettes; requirements for the production and sale of cigarettes; and cigarette advertising and promotion requirements.

What is needed is monitoring of the implementation of these rules. In addition, efforts must be made to make these rules more useful. For example, by making rules about cigarette packs to be plain. Make rules that prohibit cigarette advertisements. Making cigarette excise rules that make cigarette prices difficult to reach.

Jum'atil Fajar

HIFA Profile: Jum'atil Fajar is Medical Care Manager at RSUD dr. H. Soemarno Sosroatmodjo Kuala Kapuas, Indonesia. Professional interests: Distributing electronic health information among doctors. jumatil AT gmail.com

## **Tobacco (14) Tobacco control in Indonesia (2) Knowledge about smoking and health**

23 February, 2023

Based on data from the 2019 Global Youth Tobacco Survey, as many as 72.9% of students think that people who smoke can harm them. As many as 89% of students agreed to ban smoking indoors.

Based on data from the 2021 Global Adult Tobacco Survey, as many as 85.7% of adults believe that smoking causes serious illness. As many as 80% of adults believe that inhaling secondhand smoke can cause serious illness in non-smokers.

This survey also shows that 63.4% of people who are currently smoking are planning or thinking about quitting smoking. This effort is supported by the existence of anti-smoking information on television or radio which is seen by 43% of adults. The government also provides free telephone consultation services for those who wish to quit smoking (Quit Line).

However, this is not supported by the large number of cigarette advertisements they see in shops selling cigarettes (45.9%) as well as cigarette advertisements they see in advertisements, promotions and sporting events sponsored by cigarettes (75.3%).

In an effort to support them to stop smoking, the government should be encouraged to make regulations so that cigarette packaging can be plain, properly implement smoke-free areas, prohibit cigarette advertising, promotion and sponsorship. As well as encouraging the government to ratify the WHO Framework Convention on Tobacco Control (FCTC).

Jum'atil Fajar

HIFA Profile: Jum'atil Fajar is Medical Care Manager at RSUD dr. H. Soemarno Sosroatmodjo Kuala Kapuas, Indonesia. Professional interests: Distributing electronic health information among doctors. jumatil AT gmail.com

## **Tobacco (15) Please forward this email!! HIFA launches a deep-dive discussion on Tobacco, 27 February - 3 April 2023**

24 February, 2023

Please forward this message to your contacts and networks, and invite everyone to join us! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Retweet: [https://twitter.com/hifa\\_org/status/1626215685809479680](https://twitter.com/hifa_org/status/1626215685809479680)

Point everyone to our landing page: <https://www.hifa.org/news/hifa-launches-deep-dive-discussion-tobacco-27-...>

Imagine a world where every child, every citizen, every health worker and every policymaker \*truly understood\* the devastating health, economic, social and environmental impact of tobacco. A world where every person had access to the information they need to protect their own health and the health of others.

Tobacco is the theme of our first thematic discussion on substance use disorders, starting 27 February (the 18th anniversary of the WHO Framework Convention on Tobacco Control) and running for 5 weeks. The World Health Organization notes that tobacco kills up to half of its users - more than 8 million deaths each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.

All stakeholder groups - citizens, health workers and policymakers - have a need for reliable information to prevent and manage tobacco addiction. We shall explore the information and learning needs of the general public, health workers and policymakers worldwide. What can be done to raise awareness among the public, and especially young people? How can professional education be improved to ensure health workers are adequately prepared (for example, what are health workers' knowledge and practice with regards to Very Brief Advice)? How can policymakers be supported to deliver evidence-informed policy and practice? What measures are currently working and how can they be strengthened?

We shall consider all forms of tobacco use, including not only cigarettes but also other products such as chewing tobacco which are prevalent in some countries. And we shall also consider vaping, a hot topic with a wide range of strongly held views.

The discussion will take place on the HIFA forums, a global health community of more than 20,000 professionals representing all parts of the global evidence ecosystem, interacting in four languages and working in official relations with WHO.

Here are the five guiding questions for the discussion (these questions are intended only as a guide - you are welcome to discuss other aspects of tobacco use)

1. Do people understand the health, socio-economic and environmental harms of using tobacco products? What matters to them? How can they be

better informed?

2. Do health workers have adequate knowledge to prevent and treat tobacco addiction among their patients? What matters to them? How can they be better informed?

3. What is the role of the tobacco industry? What can be done to address misinformation from the tobacco industry?

4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? What are current national policies and what more can be done to fully implement those policies?

5. What are the pros and cons of electronic nicotine delivery systems (ENDS; vaping) (eg as an aid to stop smoking; as an addictive alternative to smoking among young people)?

To join the discussion, if you are not already a HIFA member, please join us! [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

To contribute to the discussion, just send your comment by email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org) Once approved, your email will be distributed to HIFA's 20,000 members.

Note that we are also hosting parallel discussions on HIFA-French, HIFA-Portuguese and HIFA-Spanish, as well as our dedicated child health forum (CHIFA) in English. Please see our website for details: [www.hifa.org](http://www.hifa.org)

Acknowledgement: HIFA is grateful for sponsorship from NextGenU.org and the Ulrich and Ruth Frank Foundation for International Health. NextGenU.org and the Frank Foundation provide free health science certificate courses, and a free/low-cost Master's degree in Public Health to learners in every country through over 1,200 institutions. Institutions may adopt these courses and individual learners may access them for free.

Best wishes, Neil

Co-chair, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (16) Welcome to the HIFA deep-dive discussion on Tobacco!**

26 February, 2023

Dear HIFA colleagues,

We are delighted to open our deep-dive discussion on Tobacco, starting Monday 27 February for 5 weeks. We warmly welcome all new members who have joined us for this discussion. As usual, the main discussion will take place here on HIFA-English, in parallel with any other messages that may be exchanged. To contribute a message, email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

We shall explore the following questions (and more):

1. Do people understand the health, socio-economic and environmental harms of using tobacco products? What matters to them? How can they be better informed?
2. Do health workers have adequate knowledge to prevent and treat tobacco addiction among their patients? What matters to them? How can they be better informed?
3. What is the role of the tobacco industry? What can be done to address misinformation from the tobacco industry?
4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? What are current national policies and what more can be done to fully implement those policies?
5. What are the pros and cons of electronic nicotine delivery systems (ENDS; vaping) (eg as an aid to stop smoking; as an addictive alternative to smoking among young people)?

We are grateful to NextGenU and the Ulrich and Ruth Frank Foundation for International Health for their support for this discussion.

Meanwhile please share this URL with your contacts and networks, and encourage them to join us:

Further info: <https://www.hifa.org/news/hifa-launches-deep-dive-discussion-tobacco-27-...>

Any questions? Please feel free to contact me: [neil@hifa.org](mailto:neil@hifa.org)

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Ema

## **Tobacco (17) Do people understand the health, socio-economic and environmental harms of using tobacco products?**

26 February, 2023

Dear HIFA colleagues,

For the first week of our 5-week deep-dive discussion on Tobacco, I invite you to consider Question 1:

**DO PEOPLE UNDERSTAND THE HEALTH, SOCIO-ECONOMIC AND ENVIRONMENTAL HARMS OF USING TOBACCO PRODUCTS? WHAT MATTERS TO THEM? HOW CAN THEY BE BETTER INFORMED?**

Is it important that people understand the harms of tobacco? I think/hope everyone will agree this is a rhetorical question. It is clear that many smokers quit primarily because of concerns over their current health, or concerns about the increased risk of future disease such as lung cancer.

Do people understand the health risks? What about young people? Most people worldwide start using tobacco before the age of 18. In the USA and

Europe people typically start at the age of 15 or 16. I myself started smoking at the age of 15 (I quit many years later). I was aware that 'smoking causes lung cancer' but I had no clue about its impact on other areas of health. As a teenager, this health risk that would probably not emerge for decades was of little consequence to me. Teenagers tend not to worry about what might happen 20 years in the future. As part of this discussion, I invite you to consider the drivers and barriers to communicating the health risks of tobacco to young people.

I cannot claim to be fully aware of the health risks of tobacco. Very, very few people are. The UK NHS website notes that 'Smoking increases your risk of developing more than 50 serious health conditions'. Hardly anyone could recite these from memory.

I was also unaware until just a few weeks ago (at the age of 62, preparing for this discussion) about the full extent of the environmental harms of tobacco. Until I saw this 1-minute video from WHO:

<https://www.unep.org/technical-highlight/unep-who-partner-combat-tobacco...>

What matters to teenagers? They want to fit in with their peers who had already started smoking (why I and so many others started to smoke). They want money to spend with their friends (this has become an increasingly important deterrent in the 2020s as compared with the 1970s when a pack of 20 cigarettes cost 40 pence (in the UK). Many teenagers worldwide are becoming very aware about climate change and the environment. If they were to be fully aware of the environmental harms of tobacco, would this persuade them not to take up smoking, or even make smoking socially less acceptable?

I have introduced this discussion with a few random thoughts and personal experience about teenagers. I invite your own thoughts not only on teenagers, but also in relation to older persons. Do people fully understand the health, socio-economic and environmental harms of tobacco? What matters to them? How can they be better informed?

Best wishes, Neil

Co-chair, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates <https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (18) Do people understand the health, socio-economic and environmental harms of using tobacco products? (2)**

27 February, 2023

Dear Neil thanks for your question Do people understand the health, socio-economic and environmental harms of using tobacco products?

In our experience in terms of primary respiratory care, in many countries there is a strong awareness about tobacco smoking and lung cancer but less awareness about tobacco smoking and asthma (the most common chronic disease in childhood) or tobacco smoking and chronic obstructive lung disease (COPD), the third leading cause of death worldwide. Data suggest people with asthma are more not less likely to smoke tobacco than those without asthma, which suggests scope for more research about why. Eg from

South Korea

[https://mdpi-res.com/d\\_attachment/ijerph/ijerph-19-09633/article\\_deploy/...](https://mdpi-res.com/d_attachment/ijerph/ijerph-19-09633/article_deploy/...)

Meanwhile there is significant under reporting and under diagnosis of COPD.

<https://www.who.int/news-room/fact-sheets/detail/chronic-obstructive-pul...> (copd)

not all is caused by tobacco smoking but it is the most modifiable risk factor. Treating tobacco dependence is not only prevention but also first line treatment for COPD where tobacco smoking is the cause.

We still see high rates of tobacco smoking amongst medical students in some countries which suggests a lack of commitment to include tobacco as a

mandatory element of medical curricula. Our colleagues in North Macedonia are taking action on this presently.

The key message to HCPs must be that tobacco dependence is a treatable long term relapsing condition that often begins in childhood. That is, it is a health professional responsibility to diagnose and treat it.

The personal economic harm of tobacco smoking has been well explained by ASH UK but is probably underused:

<https://ash.org.uk/resources/view/ash-ready-reckoner> this seems a very teachable moment with global economic crises to explain this harm.

The health harms of other forms of tobacco eg shisha (and it's many other names) and chewed tobacco are less well known and less well regulated. Work is ongoing to establish the size of the problem and solutions

[https://eprints.whiterose.ac.uk/183164/1/Livingstone\\_Banks\\_et\\_al\\_2022\\_Co...](https://eprints.whiterose.ac.uk/183164/1/Livingstone_Banks_et_al_2022_Co...)

The knowledge of the environmental harms of tobacco are surely insufficiently known and deserve much more attention. This slide set from IPCRG's associate member Prof Nick Hopkinson backs up the points made in the WHO film with data.

<https://www.ipcrg.org/resources/search-resources/cigarette-smoking-an-as...>

Finally, for those who want to know more about primary care and framing tobacco use as a treatable dependency please see our resources here:

<https://www.ipcrg.org/themes/tobacco-dependence>

Thanks

--

Sian Williams +44 (0)7980 541664

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

# **Tobacco (19) Do people understand the health, socio-economic and environmental harms of using tobacco products? (3)**

27 February, 2023

I can speak mainly on my home country (U.S.), where spending on tobacco control is fairly abysmal - only two states meet the CDC minimum funding recommendations. Fortunately there are federal education programs that have been shown to be effective. In my work I've found that while everyone is aware smoking is dangerous, there are fundamental misconceptions about that danger. Most seem to think that, if you smoke, you simply drop dead when you are 70 rather than 80. They don't understand that for every death there are many people suffering for years with tobacco-related illnesses, or that the years lost come from the middle of life, not the end (i.e., people who smoke will decline with age more rapidly than non-smokers, on average).

We also need to update our facts. Nearly everyone in our field still says "smoking kills up to half of its long-term users," but more recent research shows that the key number is 2/3, not half. And for too many decades we focused on death and disease but not at all on addiction. Vaping has changed that slightly, but not enough. Kids think they will simply quit later.

But the biggest problem with tobacco education is that government, which provides most of the education, completely undermines its own message by allowing the sale of the world's most deadly consumer product nearly everywhere, while implying via policy that it magically becomes safe for anyone on their 21st birthday. After society learned that lead paint is deadly, what if instead of banning it we had spent billions urging people not to use it, but left it on the market completely unhindered? That would have been ludicrous.

We need to question the question itself. Knowledge of the dangers of tobacco is irrelevant in one important way: Most adults who smoke became addicted as children, and we don't trust children with making life-altering decisions such as whether to become addicted to a deadly substance. The vast majority of people who smoke want to quit, so mission accomplished from an education standpoint. But many cannot because they are addicted to nicotine.

Cigarettes are unreasonably dangerous. They should be removed from the market.

Chris Bostic, Policy Director  
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HIFA profile: Chris Bostic is Action on Smoking and Health's Policy Director. Since 2001, Chris has worked in tobacco policy at the local, state, national and international levels. Prior to joining ASH, he worked at the Campaign for Tobacco-Free Kids and the American Lung Association. He has also served as a public health law clinical instructor at the University of Maryland Francis King Carey School of Law and was a founding board member of the Human Rights and Tobacco Control Network (HRTCN). bosticc AT ash.org

## **Tobacco (20) Do people understand the health, socio-economic and environmental harms of using tobacco products? (4)**

27 February, 2023  
Dear HIFA colleagues,

I have never consumed tobacco and I think it is because I had little experiences with my peers to experience the peer pressure. Moreover, my parents were strongly against it. I know many of my mates who used to smoke quite a lot. Boys and girls alike. It was very fashionable when I was in secondary school around the 2000's.

My grandmother used to smoke tobacco in her pipe. I can recall how skillful she was about it ; removing the tobacco, a fine black powder in a well wrapped plastic paper which she took either from her purse or her dress. She will then Insert the powder in the hole and take fire from the fire side to ignite the combustion of tobacco. Inhaling and puffing thick smoke continuously until the red burning tobacco in her pipe got consumed. She also would sniff the powdered tobacco when she did not smoke it. It is great she completely stopped smoking tobacco after she feel sick and was asked by the physician she should stop and encouraged to do so also by my dad. I remember the strong smell her hut used to have and the color of her hands and fingers. My grandma is 96 years and has not smoked for more than 30 years now.

With respect to smoking and young people. There is something which has become more prominent in my context. The "open smoking" of young boys and women. When I was in secondary school my peers would smoke only in our youth events (parties, birth days etc) and will make sure adults are not aware. Today, things are different. it is not uncommon to see adolescent boys smoking as they walk in the streets. Youths and women smoke more and more and in public places.

I do not know if they had or have any idea of the health impacts of smoking. I myself, It is only when I engaged into health and biological studies that I clearly understood how detrimental smoking was. Parting from parental restrictions to really understand how and why smoking is harmful.

If active smoking is what is drawing lots of attention in my country passive smoking is not receiving the attention it deserves.

Each year during World no tobacco day the ministry of public health does some sensitization activities but there is no evidence to know if their intervention has been working or not. Apart from world no tobacco day I don't remember if there are other sensitisation activities about tobacco.

We need to talk about how tobacco is affecting us. I think if more non-smokers were sensitive to the impact of tobacco on (their) health even smokers will reconsider this noxious behaviour on their health. As many smokers still smoke freely publicly in taxis, bars, restaurants and other public places. I wonder if smokers understand the impact on non-smokers and if non-smokers question the act?

That is why I think this discussions on the health, socioeconomic and environmental impacts of tobacco product is very important for public health.

Best regards,

Didier Demassosso

HIFA profile: Didier Demassosso is a mental health practitioner, Consultant (WHO , MoPH Cameroon...), Mental health advocate , Youth advocate with 10 years experience in mental health development in Cameroon. He is also a health communicator and educationist. HIFA Country Representative For Cameroon/ HIFA Country Representative of the year 2014 / Regional Coordinator for Africa. He also currently volunteers for the Mental Health Innovation Network Africa as Knowledge Exchange Assistant. <http://www.hifa.org/people/country-representatives/map>

<http://www.hifa.org/support/members/didier>

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## **Tobacco (21) Do people understand the harms of using tobacco products? (5) The role of governments**

28 February, 2023

Hello Neil,

Thank you for this mail and your content. [ <https://www.hifa.org/dgroups-rss/tobacco-17-do-people-understand-health-...> ]

Current smoking rates among adults may be decreasing in Northern and Western Europe, North America and the Western Pacific regions, where considerable measures have been implemented to tackle tobacco smoking. But it is not the case in the Middle East, Asia and Africa where the habit has actually increased, including in sub-Saharan Africa, by as much as 57% between 1990 and 2009, with prevalence as high as 37.7% among men in Sierra Leone.

In Nigeria, one in ten Nigerians still smokes daily, even though Nigeria ratified the convention agreement in 2005, and in 2015 signed into law the National Tobacco Control (NTC) Act that regulates all aspects of tobacco control including advertising, packaging, and smoke-free areas, Following the 2003 World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) As the most populous country in Africa, Nigeria is a leading tobacco market in the continent, with over 18 billion cigarettes sold annually costing Nigerians over US\$ 931 million by some reports.

The oxygen fueling this increase in smoking are many including economic growth (Nigeria has the biggest economy in Africa), improved socio-economic status, rapid migration, and increased cigarette affordability, and paradoxically increasing unemployment, poverty and demographic change towards the youths. There is need for comprehensive measures and strict anti-tobacco laws targeting tobacco production and marketing

Therefore, no matter how comprehensive the measures and how strict anti-tobacco laws that are made, to control and eliminate smoking they are hampered by the ironic ambivalence of Government. The public cannot trust

Government because it continues to license tobacco companies and collects huge taxes from them especially as it increases the retail sale prices.

It is also common place to see very highly placed Government officials, even Presidents and prime Ministers encouraging tobacco production and marketing. The greatest and most effective way to achieve any measure of tobacco control and cessation of smoking is for Governments everywhere to match words with action. Governments double-speak on tobacco smoking is a key obstacle to achieving its objective of control. It cannot continue to tell the population that tobacco smoking is bad for them, but yet continue to encourage tobacco production and sale and collecting huge taxes from the producers and sellers. If smoking has no known benefit to human beings, and endangers public health so much, both of which are known facts, why can't it be banned in all ramifications, especially production and open sales.

Joseph Ana

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HIFA profile: Joseph Ana is the Lead Senior Fellow/Medical Consultant at the Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria, established by HRI Global (former HRIWA). He is a member of the World Health Organisation's Technical Advisory Group on Integrated Care in primary, emergency, operative, and critical care (TAG-IC2). As the Cross River State Commissioner for Health, he led the introduction of the Homegrown Quality Tool, the 12-Pillar Clinical Governance Programme, in Nigeria (2004-2008). For sustainability, he established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria. His main interest is in whole health sector and system strengthening in Lower, Low and Middle Income Countries (LLMICs). He has written six books on the 12-Pillar Clinical Governance programme, suitable for LLMICs, including the TOOLS for Implementation. He served as Chairman of the Nigerian Medical Association's Standing Committee on Clinical Governance (2012-2022), and he won the Nigeria Medical Association's Award of Excellence on three consecutive occasions for the innovation. He served as Chairman, Quality & Performance, of the Technical Working Group

for the implementation of the Nigeria Health Act 2014. He is member, National Tertiary Health Institutions Standards Committee of the Federal Ministry of Health. He is the pioneer Secretary General/Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

(<http://www.hifa.org/support/members/joseph-0> <http://www.hifa.org/people/steering-group>). Email: info AT hri-global.org and jneana AT yahoo.co.uk

## **Tobacco (22) Do people understand the harms of using tobacco products? (6) Public health education**

28 February, 2023

Q1. "Do people understand the health, socio-economic and environmental harms of using tobacco products? What matters to them? How can they be better informed?"

It has been shown that socioeconomic status is linked to smoking. Specifically, poorer populations are correlated with smoking early in life, quantity of smoking and less successful quitting attempts as compared to wealthier groups. Interestingly, knowledge about the harmful effects of primary and secondary smoking constitutes the first step to behavior modification, but it is not enough for quitting. For example, if smokers are aware of the negative influence of their smoking on others, they may be more likely to quit (Tobacco Health Risk Awareness among Socially Disadvantaged People – A Crucial Tool for Smoking Cessation, 2018). In other words, the first step to solving a problem is recognizing one exists. People who smoke but are aware of its health risks exhibit cognitive dissonance, a mindset in which attitudes and behaviors about a topic are not in sync. Tobacco use is a learned and socially mediated behavior. Experimenting with tobacco is therefore appealing to children because of connections they learn to make between tobacco use and the kind of social identity they wish to establish. Peer pressure constitutes a significant influence on the usage of tobacco as well (Lynch and Richard, 1994).

Some ways in which the public can be better informed about the dangers of smoking are listed below.

1. Public education programs and messages should be increased and implemented on a continuous basis to (a) inform the public about the hazards of tobacco use and of environmental tobacco smoke and (b)

promote a tobacco-free environment.

2. Research should be conducted to determine the factors influencing the substantial decline in tobacco use by African-American youths, with particular attention to the role of social norms.

3. Youths should be involved in the development of research questions and approaches and in designing and evaluating health messages and programs for the purpose of alerting people to the dangers of tobacco use..

Sources: <https://www.ncbi.nlm.nih.gov/books/NBK236769/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6211097/>

HIFA profile: William Cotrone is a Student/CPR Instructor with One Love CPR, USA. Email: willcot98 AT gmail.com

## **Tobacco (23) Q1: Do people understand the harms of using tobacco products? (7) The role of health professionals**

28 February, 2023

Thank you for starting this discussion with these provocative questions, on a topic so important as the tobacco epidemic.

Today, more smokers are aware of the damage caused by tobacco than a few decades ago, but most of them have a poor idea of its magnitude. They know that smoking causes lung cancer, but not that at least 8 out of 10 of these cancers are due to tobacco. Nor are they very clear about the relationship between tobacco and heart disease, and even less that the maximum increase in cardiovascular damage is observed with very few daily cigarettes.

Even less is the knowledge between smoking and Stroke, and smoking and diabetes. But many times, not only smokers are not properly informed, but also health professionals.

So, to your question about how we could do to increase the awareness of the population, and especially of smokers, about that harm, my answer is: first, educate health professionals about the problem of tobacco and effective measures for its control, as well as on how to help to quit smoking.

Regarding your question about what matters to smokers? Here we should separate the population approach - that is, the information to the entire population - and the individual approach.

The more information the general population and smokers receive about the different damages caused by smoking, the greater the probability that some message will become relevant to a given individual or group of individuals. A practical and effective way of informing are graphic health warnings on cigarette packs and the other is holding communication campaigns.

But when approaching a person who smokes, we should not "lecture" him/her on the harms of tobacco, but rather try to identify what they don't like about their smoking, what fears they have about risk to their health, and then clarify or provide further information about that.

Finally, I wish to emphasize that just knowing about the damage is not enough. If it were so, no doctor would smoke.

The information provided should aim to change the environment that promotes tobacco addiction, through tobacco control policies.

These are my first thoughts on your first questions.

Congratulations on the initiative, and keep going!

\*Dr. Eduardo Bianco\*

Director, International Policy Education

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\*Chair, WHF Tobacco Expert

<<http://world-heart-federation.org/our-committees/tobacco-expert-group/>>\*

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years

in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (24) Do people understand the harms of using tobacco products? (8) Knowledge about smoking and cancer**

28 February, 2023

Via twitter - and an interesting point:

<https://twitter.com/CarinaAlm/status/1630285897781452800?s=20>

Myths About Smoking, Diet, Alcohol, and Cancer Persist [\*see note below]

<https://www.medscape.com/viewarticle/988720>

"France – Conducted every 5 years since 2005, the Cancer Survey documents the knowledge, perceptions, and way of life of the French people in relation to cancer. The French National Cancer Institute (InCA), in partnership with Public Health France (SPF), has published the results of its 2021 survey. The researchers analyzed responses to telephone interviews of a representative sample of almost 5000 individuals aged 15 to 85 years. ..." Free to register

Regards

Peter Jones

Community Mental Health Nurse, Tutor & Researcher

Warrington Recovery Team, NW England, UK

Blogging at "Welcome to the QUAD"

<http://hodges-model.blogspot.com/>

<http://twitter.com/h2cm>

HIFA profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a part-time tutor at Bolton University. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate

personal and group reflection and holistic / integrated care. A bibliography is provided at the blog 'Welcome to the QUAD' (<http://hodges-model.blogspot.com>). [h2cmuk@yahoo.co.uk](mailto:h2cmuk@yahoo.co.uk)

[\*Note from HIFA moderator (NPW): Thanks Peter. Below are extracts from the Medscape article. I can see a problem in this report: it suggests the 'danger threshold' for smoking and cancer is '9.2 cigarettes per day'. This is open to misinterpretation by health professionals and the public, who might consider that lower consumption is not harmful. If indeed this statement about relation with cancer is tenable, the statement should be qualified with the point that Eduardo Bianco (Uruguay made on HIFA this morning: "cardiovascular damage is observed with very few daily cigarettes"

## Myths About Smoking, Diet, Alcohol, and Cancer Persist

February 24, 2023

France – Conducted every 5 years since 2005, the Cancer Survey documents the knowledge, perceptions, and way of life of the French people in relation to cancer. The French National Cancer Institute (InCA), in partnership with Public Health France (SPF), has published the results of its 2021 survey. The researchers analyzed responses to telephone interviews of a representative sample of almost 5000 individuals aged 15 to 85 years.

This study shows how thinking has changed over time and how difficult it is to alter preconceived notions.

About 41% of smokers think that the length of time one has been smoking is the biggest determining factor for developing cancer; 58.1% think the number of cigarettes smoked per day has a bigger impact...

Experts at InCA and SPF put the debate to rest, stating that prolonged exposure to carcinogenic substances is far more toxic. As for the danger threshold concerning the number of cigarettes smoked per day, respondents believed this to be 9.2 cigarettes per day, on average. They believed that the danger threshold for the number of years as an active smoker is 13.4, on average.

"The [survey] respondents clearly understand that smoking carries a risk, but many smokers think that light smoking or smoking for a short period of time doesn't carry any risks." Yet it is understood that even occasional tobacco consumption increases mortality...

About 34% of survey respondents agreed with the following statement: "Smoking doesn't cause cancer unless you're a heavy smoker and have smoked for a long time." Furthermore, 43.3% agreed with the statement, "Pollution is more likely to cause cancer than smoking," 54.6% think that "exercising cleans your lungs of tobacco"...

Source link:

[https://hifaforums.org/\\_/fEv6GYNL](https://hifaforums.org/_/fEv6GYNL)

## **Tobacco (25) Launch of WHO Policy Briefs: Responding to Alcohol Consumption and Tobacco Use During COVID-19, 8th March 2023**

28 February, 2023

Dear HIFA colleagues,

I am forwarding below an invitation from WHO and the O'Neill Institute Center for Transformational Health Law. I would like to invite HIFA volunteers to participate in this 1-hour webinar and share your observations with HIFA afterwards. If there is an opportunity you may also like to invite all other webinar participants to join us on HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa) This will help bring more voices to the global conversation on tobacco control. If you can help, email me at: [neil@hifa.org](mailto:neil@hifa.org) Thank you

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Please join the Center for Transformational Health Law of the O'Neill Institute for the launch of two WHO Policy Briefs on the policy response to alcohol consumption and tobacco use during the COVID-19 pandemic in the South-East Asia and Africa regions. Throughout the pandemic, there have been changes in alcohol and tobacco consumption, coupled with the increased likelihood of severe COVID-19 infections among consumers. In response, countries have implemented a range of policy approaches affecting the acceptability, availability, and affordability of alcohol and tobacco to address these changes.

Date: Wednesday, March 8, 2023

Time: 7:30 - 8:30 AM EST | 1:30 - 2:30 PM CET | 6:00 - 7:00 PM IST | 2:30 - 3:30 PM CAT

This virtual event will explore the lessons learned from the COVID-19 pandemic for tobacco and alcohol control in the two WHO regions. More importantly, the speakers will discuss guidance for future pandemic events bringing together findings from the two policy briefs.

RSVP: [https://georgetown.zoom.us/webinar/register/WN\\_u31IQ5iYQnqdKJXVPBPbAA](https://georgetown.zoom.us/webinar/register/WN_u31IQ5iYQnqdKJXVPBPbAA)

Speakers:

- Rüdiger Krech, Director, Health Promotion Department, World Health Organization
- Sam Halabi, Co-Director, Center for Transformational Health Law, O'Neill Institute; Professor, Georgetown University School of Health
- Jagdish Kaur, Regional Advisor, Tobacco Free Initiative, WHO Regional Office for South-East Asia (WHO SEAR)
- Nina Samidi, Program Manager, National Commission for Tobacco Control (NCTC), Indonesia

Moderated by: Kashish Aneja, Lead, Initiatives in Asia, Center for Transformational Health Law, O'Neill Institute

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HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (26) Do people understand the harms of using tobacco products? (9) Knowledge about smoking and cancer (2)**

28 February, 2023

The Medscape article 'Myths About Smoking, Diet, Alcohol, and Cancer Persist February 24, 2023' included the following statement:

'Experts at InCA and SPF put the debate to rest, stating that prolonged exposure to carcinogenic substances is far more toxic. As for the danger threshold concerning the number of cigarettes smoked per day, respondents believed this to be 9.2 cigarettes per day, on average. They believed that the danger threshold for the number of years as an active smoker is 13.4, on average.'

I commented: 'This is open to misinterpretation by health professionals and the public, who might consider that lower consumption is not harmful. If indeed this statement about relation with cancer is tenable, the statement should be qualified with the point that Eduardo Bianco (Uruguay made on HIFA this morning: "cardiovascular damage is observed with very few daily cigarettes"'

I am now reading the CDC web page on tobacco and this appears to contradict 'Experts at InCA and SPF' (InCA is the French National Cancer Institute; SPF is Public Health France). The CDC website says: 'Even smoking a few cigarettes a day or smoking occasionally increases the risk of lung cancer.' [https://www.cdc.gov/cancer/lung/basic\\_info/risk\\_factors.htm](https://www.cdc.gov/cancer/lung/basic_info/risk_factors.htm)

The information provided by different sources is contradictory and confusing. No doubt this is what the tobacco industry wants.

How can public health messaging be made more consistent, more compelling, clearer?

Best wishes, Neil

Co-chair, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based

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## **Tobacco (27) Do people understand the harms of using tobacco products? (10) Knowledge about smoking and lung cancer (3)**

28 February, 2023

I would like to invite HIFA members to identify any research on knowledge about smoking and lung cancer in your country. You may like to type "knowledge about smoking and lung cancer" and the name of your country into your search engine and see what comes up.

Below is a paper in the journal Tobacco Induce Diseases. Citation and abstract below. The full text reveals that one in ten people do NOT agree that smoking causes lung cancer. It seems that it is wrong for us to assume that knowledge of the link between smoking and lung cancer is near-universal. What do we know about the substantial minority who do not believe there is a link? What information (or misinformation) shapes their opinion?

CITATION: Knowledge of the health risks of smoking and impact of cigarette warning labels among tobacco users in six European countries: Findings from the EUREST-PLUS ITC Europe Surveys

Antigona C. Trofor et al on behalf of the EUREST-PLUS consortium\*

Tob. Induc. Dis. 2018;16(Suppl 2):A10

DOI: <https://doi.org/10.18332/tid/99542>

### **ABSTRACT**

**Introduction:** The aim of this study was to examine knowledge of health effects of smoking and the impact of cigarette package warnings among tobacco users from six European Union (EU) Member States (MS) immediately prior to the introduction of the EU Tobacco Products Directive (TPD) in 2016 and to explore the interrelationship between these two factors.

**Methods:** Cross-sectional data were collected via face-to-face interviews with adult smokers (n=6011) from six EU MS (Germany, Greece, Hungary,

Poland, Romania, Spain) between June-September 2016. Sociodemographic variables and knowledge of health risks of smoking (KHR) were assessed. Warning salience, thoughts of harm, thoughts of quitting and foregoing of cigarettes as a result of health warnings were assessed. The Label Impact Index (LII) was used as a composite measure of warning effects. Linear and logistic regression analyses were used to examine sociodemographic predictors of KHR and LII and the inter-relationship between knowledge and LII scores.

Results: The KHR index was highest in Romania and Greece and lowest in Hungary and Germany. While the majority of smokers knew that smoking increases the risk for heart diseases, lung and throat cancer, there was lower awareness that tobacco use caused mouth cancer, pulmonary diseases, stroke, and there were very low levels of knowledge that it was also associated with impotence and blindness, in all six countries. Knowledge regarding the health risks of passive smoking was moderate in most countries. The LII was highest in Romania and Poland, followed by Spain and Greece, and lowest in Germany and Hungary. In almost all countries, there was a positive association between LII scores and higher KHR scores after controlling for sociodemographic variables. Several sociodemographic factors were associated with KHR and LII, with differences in these associations documented across countries.

Conclusions: These data provide evidence to support the need for stronger educational efforts and policies that can enhance the effectiveness of health warnings in communicating health risks and promoting quit attempts. Data will serve as a baseline for examining the impact of the TPD.

Best wishes, Neil

Co-chair, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (28) Do people understand the harms of using tobacco products? (11)**

### **Understanding the economic impact of tobacco**

28 February, 2023

Dear colleagues,

I recently listened to a BBC radio phone in debating the effects of smoking on our NHS. The usual to and fro arguments went on. The outstanding fact that the liberal minded quote is that the tax paid by smokers more than covers the £2.3 billion annual cost to the health service from smoking.

You do not need to be a certified health economist to realise that this figure is only the tip of the iceberg, yet it regularly goes unchallenged. A quick estimate on the back of a fag packet would easily come up with a figure several times larger.

Kind regards

Tom Browne

Consultant Vascular Surgeon

Broomfield Hospital

HIFA profile: Tom Browne is a consultant vascular surgeon at Broomfield Hospital, UK.

## **Tobacco (29) Tobacco control in Indonesia**

### **(3) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction?**

1 March, 2023

Of the 96 doctors surveyed in Jakarta, 93.8% knew about the dangers of passive smoking, 84.4% knew about the dangers of low-dose tar/nicotine, 93.8% agreed that doctors should be role models for non-smoking behavior, and 95.8% agreed that hospital should free from smoking (Pujianto et al., 2009).

However, 66.7% of doctors did not ask about the patient's smoking habits, 38% of doctors did not give advice to stop smoking to patients (Pujiyanto et al., 2009). This is in line with the survey results from GATS in 2021 which stated that 38.9% of smokers who visited health workers in the last 12 months were advised to quit smoking (Ministry of Health Republic of Indonesia et al., 2022).

Since 2011, Quit Tobacco International (QTI) has been working with Gadjah Mada University to develop a medical faculty curriculum, in the form of a module on the dangers of smoking to various organs in the body. In addition, smoking cessation training was also developed for medical students (Prabandari et al., 2020).

The results of learning at Gadjah Mada University using the module above showed that around 48.6% - 83.5% of students reported that they had been trained on the topic of the dangers of smoking. About the topic how to help patients to stop smoking was only accepted by 12.3% - 50% of students (Prabandari, 2014).

The Ministry of Health has trained doctors at Community Health Centers to be able to carry out smoking cessation efforts. Data from the Ministry of Health for 2022 shows that only 27.4% of community health centers throughout Indonesia have quit smoking services (Nababan, 2023).

The data above shows that the knowledge of doctors on how to help patients to quit smoking is still very low. This is also in line with the low number of health centers that carry out efforts to stop smoking.

Jum'atil Fajar

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dan edukasi untuk berhenti merokok di pendidikan dokter fakultas kedokteran UGM. In Jurnal Pendidikan Kedokteran Indonesia (Vol. 3, Issue 1).

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HIFA Profile: Jum'atil Fajar is Medical Care Manager at RSUD dr. H. Soemarno Sosroatmodjo Kuala Kapuas, Indonesia. Professional interests: Distributing electronic health information among doctors. jumatil AT gmail.com

## **Tobacco (30) Q1. Do people understand the harms of using tobacco products? (12) How can people be better informed?**

1 March, 2023

Dear HIFA and HIFA-Zambia colleagues,

"Q1. Do people understand the health, socio-economic and environmental harms of using tobacco products? What matters to them? How can they be better informed?"

How can people be better informed? Citation and abstract of an interesting new paper in the journal Tobacco Control, and a comment from me below.

CITATION: Quasi-experimental evaluation of Kenya's pictorial health warnings versus Zambia's single text-only warning: findings from the International Tobacco Control (ITC) Project

Susan Cherop Kaai1 et al. Corresponding author: [skaai@uwaterloo.ca](mailto:skaai@uwaterloo.ca)

Tobacco Control 2023

<https://tobaccocontrol.bmj.com/content/32/2/139>

## ABSTRACT

**Background:** Population studies in mostly high-income countries have shown that pictorial health warnings (PHWs) are much more effective than text-only warnings. This is the first quasi-experimental evaluation of the introduction of PHWs in Africa, comparing the change from text-only to PHWs in Kenya to the unchanged text-only health warning in Zambia.

**Methods:** Data were from International Tobacco Control (ITC) Surveys in Kenya (n=1495), and Zambia (n=1628), cohort surveys of nationally representative samples of adult smokers in each country. The ITC Kenya Survey was conducted in 2012 and 2018 (2 years after the 2016 introduction of three PHWs). The ITC Zambia Survey was conducted in 2012 and 2014 with no change to the single text-only warning. Validated indicators of health warning effectiveness (HWIs) (salience: noticing, reading; cognitive reactions: thinking about health risks, thinking about quitting; and behavioural reactions: avoiding warnings; forgoing a cigarette because of the warnings), and a summary measure—the Labels Impact Index (LII)—measured changes in warning impact between the two countries.

**Results:** PHWs implemented in Kenya led to a significant increase in all HWIs and the LII, compared with the text-only warning in Zambia. The failure to implement PHWs in Zambia led to a substantial missed opportunity to increase warning effectiveness (eg, an estimated additional 168 392 smokers in Zambia would have noticed the warnings).

**Conclusions:** The introduction of PHWs in Kenya substantially increased the effectiveness of warnings. These results provide strong empirical support for 34 African countries that still have text-only warnings, of which 31 are Parties of the Framework Convention on Tobacco Control and are thus obligated to implement PHWs.

## COMMENTS (NPW):

1. From the WHO website: 'To address the tobacco epidemic, WHO Member States adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2003. Currently 182 countries have ratified this treaty.' It would be interesting to know which countries have not signed, and why.

2. 'Pictorial health warnings (PHWs) are much more effective than text-only warnings'. However, 'only 13 (Burkina Faso, Cameroon, Chad, Ethiopia, Gabon, Ghana, Kenya, Madagascar, Mauritius, Namibia, Senegal, Seychelles and Togo) out of 47 countries from the African Region have successfully implemented PHWs'. What can be done to accelerate progress towards universal pictorial health warnings?

3. I remember when pictorial health warnings first came out in the UK. They had a big impact. I have a few friends who smoke and they claim they now just ignore the pictures. How can pictures have the maximum impact? What types of pictures are especially effective in discouraging young people from taking up the habit, or in helping to persuade established smokers to quit?

Join HIFA: [www.hifa.org/joinhifa](http://www.hifa.org/joinhifa)

Join HIFA-Zambia: <http://www.hifa.org/join/join-hifa-zambia>

Best wishes, Neil

Co-chair, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates <https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (31) Introduction: Miriam Chickering and NextGenU.org - Health professional training**

1 March, 2023  
Hello everyone,

I'm Miriam Chickering, CEO of NextGenU.org, and we are delighted to support the current Tobacco discussion. NextGenU.org's mission is to democratize education globally and improve the health and well-being of humanity and the planet. This HIFA discussion is especially important to us because tobacco addiction has a massive negative impact on humanity and the planet. We know there are still gaps to be filled in our understanding of the harms of tobacco and how these can be addressed. We hope that HIFA.org forum members can point us to where the greatest needs exist

when it comes to education in addiction and mental health so that we can continue to create additional resources to help health professionals treat patients suffering from mental health and substance use disorders. In addition to the five questions that are framing this discussion, we would like to ask HIFA.org members:

Q6. What are the gaps in education for health professionals related to mental health and substance use disorder, and where are those gaps most pronounced?

Q7. Are gaps in training related to medical, nursing, or other health professional training?

We are delighted to have tobacco control experts such as Eduardo Bianco (Uruguay) and Chris Bostic (USA), who have already shared much of their expertise in the past two weeks. We would also like to see contributions from frontline health workers, patient representatives, policymakers, and, indeed, all stakeholders. Please continue to send your messages to [hifa@hifaforums.org](mailto:hifa@hifaforums.org) and invite your colleagues to join us through our landing page:

<https://www.hifa.org/news/hifa-launches-deep-dive-discussion-tobacco-27-...>

About NextGenU: NextGenU.org is the online platform for the Ulrich and Ruth Frank Foundation for International Health. Part of our work focuses on training health professionals in mental health and addiction medicine through our project, Addiction Training for Health Professionals. We sponsor fellows interested in policy, research, and clinical practice related to addiction medicine. We also offer free training for addiction professionals through 21 courses approved for continuing medical education by NAADAC, The Association for Addiction Professionals, so physicians, nurses, social workers, and counselors can receive free training in various areas of addiction medicine and mental health.

Best wishes, Miriam

Miriam Chickering RN, BSN, NE-BC

\*Chief Executive Officer\*

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<<http://www.nextgenu.org>> <<https://athp.nextgenu.org/>>

<<https://phu.nextgenu.org/>>

<<https://humanitarianu.org/>>

HIFA profile: Miriam Chickering, RN, is the CEO of NextGenU.org and the Founder of Nurses International. Mrs. Chickering specializes in globally scaled solutions for healthcare and education. The programs she directs have and continue to make a lasting impact worldwide: NextGenU.org provides learning materials through 300 universities, Nurses International creates critically needed learning materials for nurses in 147 countries, HumanitarianU.org has trained over 30,000 humanitarians globally, and Public Health U trains 140 Masters-Level Public Health students each year from 50 countries. Mrs. Chickering received the 2021 Humanitarian Service Award for Transformative Global Leadership in Democratizing Education from NHSD/Humanitarian Pakistan and was a co-recipient of a 2021 award for Translating Science into Nursing Education from Sigma Theta Tau.

## **Tobacco (32) Q1. Do people understand the harms of using tobacco products? (13) The role of health professionals (2)**

2 March, 2023

Dear Neil & colleagues,

A 2021 paper concluded that "Prevalence of smoking among physicians is high, around 21%. Family practitioners and medical students have the highest percentage of smokers. All physicians should benefit from targeted preventive strategies."

(Besson et al. Smoking Prevalence among Physicians: A Systematic Review and Meta-Analysis. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8705497/>)

This is interesting as one would imagine that doctors (and other healthcare providers) would be well aware of the harmful effects of smoking.

As authors of a much older, 2013 paper say, "This is a key problem from a public health perspective, not only because the physician is an important model for patients, colleagues and medical students, but also because physicians' personal use of tobacco impairs interactions with patients about smoking. Statistically significant associations have been observed between physician's smoking status and beliefs and clinical practice in an international survey of general and family practitioners. Pipe and colleagues reported that smoking doctors were significantly less likely to view smoking as harmful than their non-smoking colleagues and less likely to discuss smoking at each patient visit."

(Cattaruzza & West. Why do doctors and medical students smoke when they must know how harmful it is? <https://academic.oup.com/eurpub/article/23/2/188/683606>).

In the latter paper the authors ask: "Why do physicians smoke? Is it because they do not know or do not believe that smoking is harmful? Is it because they do not study this topic in their training as a regular course and thus they do not consider it important? Or, perhaps they consider it important, but not a priority."

I'm also curious. On a purely anecdotal basis, I'm sure many of us have seen healthcare workers (doctors, nurses, physios, paramedics), often in uniform, congregate to smoke behind hospital buildings (often, ironically, beside "No Smoking" signs). Is this just due to lack of health information, or is something else at play?

Best wishes

Julie

HIFA profile: Julie N Reza is a UK-based specialist in communications for biosciences, global health & international development ([www.globalbiomedia.co.uk](http://www.globalbiomedia.co.uk)). She predominantly works with NGOs and not-for-profit organisations. Previously she was the senior science editor at TDR, based at the World Health Organization (WHO) in Geneva; prior to this she worked at the Wellcome Trust, UK, leading educational projects on international health topics including trypanosomiasis and trachoma. She has a PhD in immunology and a specialist degree in science communication. She also has several years research and postgraduate teaching experience. She is a member of the HIFA Steering Group and HIFA Social Media Working Group. [www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)

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## **Tobacco (33) Q1. Do people understand the harms of using tobacco products? (14) The role of health professionals (3)**

3 March, 2023

This statement in Julie's contribution ("This is a key problem from a public health perspective, not only because the physician is an important model for patients, colleagues and medical students, but also because physicians' personal use of tobacco impairs interactions with patients about smoking"), resonates with my experience when as a younger resident doctor, I 'caught' my consultant vascular surgeon smoking cigarette. We spent hours preaching to our patients and saying to them, 'you will lose your limbs or undergo arterial replacement surgery if you continue smoking' on the other hand, 'stop smoking and keep your limbs', but behold the chief preacher was a secret smoker!. The same can be said about obese health workers managing obese patients and so on. The patients must be wondering, why is she / he asking me to lose weight, if that (losing weight) is such a good idea, why not practice it?

With smoking, the public must be wondering, if smoking is so harmful why do all governments, democratically elected or dictators, communist, socialist or capitalist why do they persist on licensing tobacco growers, cigarette producers and taxing them? If smoking is that bad why should governments persist in raising revenue from the harm caused to their citizens? Even when all governments profess that they wish and want the best for their citizens!!

That cigarette is addictive makes it difficult for the addicts to stop permanently, even when they know of and understand the message and the reason not to smoke. However if the substance (tobacco) is not available, if its production is banned and therefore no cigarettes or other forms of tobacco to be smoked, assuming governments are prepared to find alternative health-friendly sources of revenue, the harm from tobacco will disappear. This merry go round debate about public health consequences of smoking will cease. This view will not be appealing to the current beneficiaries of the status quo including not least the tobacco industry and Tax-Collecting Governments, but any other intervention is akin to applying bandaid to this perenial global problem.

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HIFA profile: Joseph Ana is the Lead Senior Fellow/Medical Consultant at the Centre for Clinical Governance Research and Patient Safety in Calabar,

Nigeria, established by HRI Global (former HRIWA). He is a member of the World Health Organisation's Technical Advisory Group on Integrated Care in primary, emergency, operative, and critical care (TAG-IC2). As the Cross River State Commissioner for Health, he led the introduction of the Homegrown Quality Tool, the 12-Pillar Clinical Governance Programme, in Nigeria (2004-2008). For sustainability, he established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria. His main interest is in whole health sector and system strengthening in Lower, Low and Middle Income Countries (LLMICs). He has written six books on the 12-Pillar Clinical Governance programme, suitable for LLMICs, including the TOOLS for Implementation. He served as Chairman of the Nigerian Medical Association's Standing Committee on Clinical Governance (2012-2022), and he won the Nigeria Medical Association's Award of Excellence on three consecutive occasions for the innovation. He served as Chairman, Quality & Performance, of the Technical Working Group for the implementation of the Nigeria Health Act 2014. He is member, National Tertiary Health Institutions Standards Committee of the Federal Ministry of Health. He is the pioneer Secretary General/Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

([http://www.hifa.org/support/members/joseph-](http://www.hifa.org/support/members/joseph-0)

<http://www.hifa.org/people/steering-group>). Email: info AT hri-global.org and jneana AT yahoo.co.uk

## **Tobacco (34) Tobacco control in Indonesia**

### **(4) The role of health professionals (3)**

3 March, 2023

Thank you Jum'atil for sharing this information about the situation in Indonesia. [ <https://www.hifa.org/dgroups-rss/tobacco-29-tobacco-control-indonesia-3-...> ]

The data on Jakarta physicians' high level of knowledge about active and passive smoking in 2009 is striking. I could not find Pujianto's article to know how this knowledge had been evaluated.

The fact that 2/3 of the professionals did not ask about their patients' smoking habits, and of those that did ask, almost 40% did not advise them to quit smoking, speaks that there is much to be done in tobacco control and smoking cessation in Indonesia.

According to information from 2021, the prevalence of smoking in Indonesia would be close to 30% of the adult population (mainly male).

Which is the current smoking prevalence among Physicians ? The only study I found was one from Ng in 2007, which showed 22% of smoking prevalence among physicians.

Perhaps this is the bigger problem.

Evidence shows that in most countries where smoking prevalence decreased, it first decreased among physicians.

Thus, training/training physicians in smoking cessation is critical to help smoking physicians quit smoking, and to increase the possibilities of intervention on general population.

What is the support of the authorities for tobacco control policies?

Indonesia is one of the few countries, globally, and the only country in the Asia-Pacific Region, that has not ratified the WHO Framework Convention on Tobacco Control.

Without a doubt, there is a lot to do, and the training of health professionals, not just physicians, is essential.

Greetings,

Dr. Eduardo Bianco

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\*Chair, WHF Tobacco Expert Group

<http://world-heart-federation.org/our-committees/tobacco-expert-group/>\*

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that

address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (35) Do people understand the harms of using tobacco products? (14) Understanding the economic impact of tobacco (2)**

3 March, 2023

Thank you, Tom, for sharing this information.

[ <https://www.hifa.org/dgroups-rss/tobacco-28-do-people-understand-harms-u...> ]

Undoubtedly the economic aspect of the tobacco problem is not minor. The tobacco industry (or its allies) has always used this to its advantage, and not infrequently raises arguments like the one you mention.

Regarding the UK Office for Budget Responsibility, Tobacco duties are levied on purchases of cigarettes, hand-rolled tobacco, cigars and other forms of tobacco. In 2022-23 we estimate that tobacco duties will raise £10.7 billion. This represents 1.2 per cent of all receipts and is equivalent to 0.4 per cent of national income. Duty on cigarettes accounts for the majority of all tobacco duty receipts.

<https://obr.uk/forecasts-in-depth/tax-by-tax-spend-by-spend/tobacco-duties/>

Regarding ASH-UK, a new economic analysis of national data for ASH finds the cost of smoking to society is significantly higher than previous estimates have shown. The cost of smoking to society totals £17.04 bn for England each year.

<https://ash.org.uk/media-centre/news/press-releases/smoking-costs-societ...>

Therefore, the statement in the BBC audition is not correct.

But even if it were, the direct health damage costs are only part of the social cost of smoking. Indirect costs (disability pensions, loss of productivity, etc.) often double or triple direct costs.

[https://tobacconomics.org/files/research/523/UIC\\_Economic-Costs-of-Tobac...](https://tobacconomics.org/files/research/523/UIC_Economic-Costs-of-Tobac...)

To which we must add: how much is a human life worth? This is not taken into account.

Finally, I want to clarify that smokers pay tobacco taxes, but the tobacco industry does not assume responsibility for the health, economic, environmental, and social damage that it causes in all countries.

Smoking is an "industrially produced" epidemic, by companies that spare no effort, or human lives, to profit. How much longer are we going to allow it? Shouldn't they take responsibility for the harm they cause, and compensate society for it... or else stop producing these deadly products?

Dr. Eduardo Bianco (NGU-Frank Foundation for International Health)

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (36) Q1. Do people understand the harms of using tobacco products? (15)**

### **Access to research on tobacco**

3 March, 2023

Are smokers adequately informed about the health risks of smoking and medicinal nicotine?

This paper is of interest although it is quite old (2004). Two things stand out for me:

1. "77% of respondents reported a desire for additional information from tobacco companies on the health dangers of smoking". They desire information from tobacco companies?
2. If I/we had access to the full text, then we might be able to understand better the rationale for this and other statements in the abstract. But this paper is inaccessible, behind a pay-wall. The same is true of much (most?) of the research literature on Tobacco. The leading BMJ journal Tobacco Control has some papers that are freely available, but many/most are not. I would be interested to hear from HIFA members: To what extent is this lack of access to research on tobacco a barrier to tobacco control? What if everyone had access to all research and expert commentary on Tobacco?

CITATION: Nicotine Tob Res

2004 Dec;6 Suppl 3:S333-40. doi: 10.1080/14622200412331320734.

Are smokers adequately informed about the health risks of smoking and medicinal nicotine?

K Michael Cummings 1, Andrew Hyland, Gary A Giovino, Janice L Hastrup, Joseph E Bauer, Maansi A Bansal

PMID: 15799596 DOI: 10.1080/14622200412331320734

#### ABSTRACT

The present study assessed smokers' beliefs about the health risks of smoking and the benefits of smoking filtered and low-tar cigarettes, and their awareness of and interest in trying so-called reduced-risk tobacco products. Results were based on a nationally representative random-digit-dialed telephone survey of 1,046 adult (aged 18 years or older) current cigarette smokers. Data were gathered on demographic characteristics, tobacco use behaviors, awareness and use of nicotine medications, beliefs about the health risks of smoking, content of smoke and design features of cigarettes, and the safety and efficacy of nicotine medications. In addition, respondents were asked about their interest in and perceived ability to stop smoking and about their desire for more information about the health risks of smoking. Smokers were least knowledgeable about low-tar and filter

cigarettes (65% of responses were incorrect or "don't know") and most knowledgeable about the health risks of smoking (39% of responses were incorrect or "don't know"). The smokers' characteristics most commonly associated with misinformation when all six indices were combined into a summary index were as follows: those aged 45 years or older, smokers of ultralight cigarettes, smokers who believe they will stop smoking before they experience a serious health problem caused by smoking, smokers who have never used a stop-smoking medication, and smokers with a lower education level. Those who believed they would stop smoking in the next year were more knowledgeable about smoking. Some 77% of respondents reported a desire for additional information from tobacco companies on the health dangers of smoking. The present findings demonstrate that smokers are misinformed about many aspects of the cigarettes they smoke and stop-smoking medications and that they want more information about ways to reduce their health risks.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.  
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## **Tobacco (36) Tobacco control in Indonesia (5) The role of health professionals (4)**

3 March, 2023  
Dear Eduardo,

In your message earlier today you noted "The data on Jakarta physicians' high level of knowledge about active and passive smoking in 2009 is striking. I could not find Pujianto's article to know how this knowledge had been evaluated."

I have found the abstract. The full text is also available (in Indonesian) via the URL below.

ABSTRACT: Indonesia is in the second phase of tobacco epidemic shown by 23,7% of people age 10+ years are smoking. In tobacco control programs,

physicians play significant roles. To know how Indonesian physicians behave in facing smoking habits, a survey to 96 practicing physicians in three clinical departments has been undertaken in Jakarta. The survey identified that only one in 50 (2,1%) physicians smoke daily. As high as 93.8% physicians know about negative impact of passive smokers, 84.4% know that low tar/nicotine has significant impact on health, 93.8% agree that physicians should be one of the role model to smoking cessation, and 95.8% agree on free smoke environment in all hospital premises. However, 66.7% physicians did not regularly asking smoking behavior of their patients and 38% did not advice patients to stop smoking. Logistic regression produce 28.4 times higher probability of physicians in Lung and Heart Clinic to ask smoking behavior of their patients as compared to physicians in Internal Medicines. The authors suggest to introduce a special continuing medical education on smoking and smoking cessation of practicing physicians.

CITATION: Pujianto, Thabrany, H., Hidayat, B., Ong, M., & Fitriah. (2009). Praktik Dokter Terkait Perilaku Merokok Pasien. Jurnal Kesehatan Masyarakat Nasional, 4(3), 115-119.

<https://journal.fkm.ui.ac.id/kesmas/article/view/183>

At first glance, the high percentages give the \*impression\* of high levels of knowledge, but this may or may not be a true reflection, and it is open to interpretation. For example, is it a reflection of high knowledge that one in 20 physicians appear to be unaware of the harms of passive smoking or that one in 7 apparently believe that low tar cigarettes do not have a significant impact on health? Again the interpretation depends on the detail of the questions asked and how they were administered.

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (37) Tobacco control in Indonesia (6) The role of health professionals (5)**

4 March, 2023

Dear Neil.

Thank you for this input. That is the reason I asked Jum'atil for the link to the article. Not just for the methodological aspect but mainly for the concept of "high level of awareness". What it does mean? How do we measure that concept.

Best, Eduardo

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (38) Q1. Do people understand the harms of using tobacco products? (16)**

4 March, 2023

Existing information seems to reveal that although the population and smokers have information about the damage, the information is not complete (they know about some diseases, but have less knowledge or are unaware of others), as many articles show.

For example, a study from six EU countries (Germany, Greece, Hungary, Poland, Romania, Spain) showed that. while the majority of smokers knew that smoking increases the risk for heart diseases, lung and throat cancer, there was lower awareness that tobacco use caused mouth cancer, pulmonary diseases, stroke, and there were very low levels of knowledge that it was also associated with impotence and blindness, in all six countries. Knowledge regarding the health risks of passive smoking was moderate in most countries.

- Knowledge of the health risks of smoking and impact of cigarette warning labels among tobacco users in six European countries: Findings from the EUREST-PLUS ITC Europe Surveys <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6661855/>

This situation is accentuated among Socially Disadvantaged People, who are the people who suffer the greatest impact of smoking.

As an example we are sharing a study carried out in Poland, but which reflects the reality of many other countries: On this study, the majority of the participants were aware of the fact that smoking cause severe diseases and lung cancer (92%). However, those percentages were lower for awareness of ETS and health risk (69.4%) and for awareness of smoking/ETS-associated risk of stroke and heart attack (57%, 68%). The smokers who were aware of four health consequences of smoking indicated an intention to quit smoking within the next month more frequently when compared to those who did not have knowledge on all of the analyzed harmful effects of tobacco use (19.7% vs. 13.1% ;  $p < 0.05$ ).

- Milcarz M, Polanska K, Bak-Romaniszyn L, Kaleta D. Tobacco Health Risk Awareness among Socially Disadvantaged People—A Crucial Tool for Smoking Cessation. *International Journal of Environmental Research and Public Health*. 2018; 15(10):2244. <https://doi.org/10.3390/ijerph15102244> <https://www.mdpi.com/1660-4601/15/10/2244>

In other words, we have a problem: there is a lack of information in the general population, and obviously among smokers.

How can we change this reality?

The tobacco industry, which by definition opposes any effective measure to reduce tobacco consumption - and therefore to decrease its revenues - argues that the problem is due to a "lack of education" and that the government should "educate the population." In fact, the tobacco industry launched youth education campaigns in many parts of the world. But when the impact of the intervention was evaluated, it lacked of effectiveness in preventing tobacco consumption or promoting quitting.

Education alone doesn't it is not enough to change the current situation of the tobacco epidemic.

There is no single measure (a silver bullet) that increases the knowledge and changes the attitude of the smoker population and promotes quitting, but a

series of effective measures have been identified. If most of them are jointly applied in a short time, they prove to be effective in promoting public awareness and increasing smoking cessation rates. These measures are: increasing tobacco taxes, smoke-free environments, strong graphic health warnings on cigarette packs, plain packaging, the total ban on advertising, promotion and sponsorship of tobacco products, and help to quit smoking, among others.

- Tobacco Control Network: 2022 Policy Recommendations Guide <https://www.astho.org/globalassets/pdf/tcn-policy-recommendations-guide.pdf>

All of these measures are contained in the WHO Framework Convention on Tobacco Control, the first global public health treaty under the auspices of the WHO. This binding multilateral treaty includes Education (Article 12), but also recognizes the need for the comprehensive and progressive application of all the provisions contained therein.

- WHO-Framework Convention for Tobacco Control. <https://fctc.who.int/who-fctc/overview>

Therefore, we still have a long way to go to improve the health of our populations. But we also have to understand and accept, that education alone is not enough, that we need to use other interventions that socially denormalize the act of smoking and promote smoking cessation.

Dr. Eduardo Bianco

HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

# **Tobacco (39) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction? (2)**

5 March, 2023

Dear all,

Thank you for your valuable contributions, which will help to inform tobacco control efforts worldwide, especially on how to meet the information and learning needs of the public, health workers and policymakers.

In the past week we have looked mainly at the information needs of the general public. As we enter our second week I invite you to consider the needs of health workers.

**Q2. DO HEALTH WORKERS HAVE ADEQUATE KNOWLEDGE TO PREVENT AND TREAT TOBACCO ADDICTION AMONG THEIR PATIENTS? WHAT MATTERS TO THEM? HOW CAN THEY BE BETTER INFORMED?**

To what extent do health workers understand the health risks of tobacco? A thorough understanding of these risks is surely a prerequisite for a health worker to guide patients?

To what extent do health workers understand tobacco's environmental, social and economic harms? Here again, health workers can use such knowledge to make the case against tobacco with their patients.

We have heard about research on health workers' knowledge from Indonesia, with thanks to Jum'atil Fajar. One study suggests that one in 7 doctors is unaware of the significant health risks of low-tar cigarettes (although it is difficult to interpret the true picture from the abstract alone). What is the picture in other countries? Please do share any research you may be aware of, or reports. Email: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

Reliable information on the health risks of tobacco is just one aspect of what health workers need to prevent and treat tobacco addiction among their patients. Just as important is knowledge of \*how\* they can help people to initiate and recover from tobacco addiction. It's well recognised that "brief advice" and "very brief advice" by health workers are effective and take very little time in the consultation, but how many health workers understand this?

Knowledge about why and how to reduce smoking is a prerequisite but is not sufficient. Which brings us to the question 'What matters to health workers?'. What are the perceived obstacles that prevent them from applying their knowledge? For many health workers, the short length of consultations may seem to preclude advice, although such advice can be given in a very short time as mentioned above. It would be valuable to hear from those of you who are frontline health workers about why, when and how you give (or don't give) advice on tobacco to patients.

How can health workers be better informed? One aspect of this question is: Who should provide the training? How can health workers \*in training\* be better informed? Another is: What is the minimum that health workers need to know and how can this be ensured? Are there any changes needed to prompt health workers to give appropriate advice to patients?

We look forward to your contributions, from whichever country you work in worldwide. We are keen to hear about the needs of all cadres of health workers: doctors, nurses, allied health workers, community health workers...

Best wishes, Neil

On behalf of the HIFA Mental health - Substance use disorders - Tobacco working group

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (40) The role of health professionals (6) Tobacco use by health professionals**

6 March, 2023

Anyone have any updates or data on predictors of physicians' smoking levels and smoking advice, and/or on the role of the Healthy Doc=Healthy Patient relationship -- the role of physicians' low personal tobacco-use habits and their related, relatively high levels of tobacco-related patient counseling?

Frank E, Winkleby MW, Altman D, Rockhill B, Fortmann SP. 1991. Predictors of physicians' smoking cessation advice. *Journal of the American Medical Association*; 266:3139-3144. [1]

Frank E, Elon E, Carrera JS, Hertzberg VS. 2007. Predictors of US medical students' prevention counseling practices. *Preventive Medicine*; 44(1):76-81. [2]

Yours,  
Erica

Erica Frank, MD, MPH, FACPM  
Professor, University of British Columbia Faculty of Medicine  
Founder/Inventor, [www.NextGenU.org](http://www.NextGenU.org)  
Principal Investigator, Healthy Doc = Healthy Patient

HIFA profile: Erica Frank, MD, MPH, is the Canada Research Chair in Preventive Medicine and Population Health at the University of British Columbia and the Founder (in 2001) of [www.NextGenU.org](http://www.NextGenU.org). Dr. Frank has served as a tenured Professor, Vice-Chair, and Division Director in the Department of Family and Preventive Medicine at Emory University School of Medicine in Atlanta, Georgia, and served as Research Physician, Medical Epidemiologist, and Medical Consultant at the U.S. Centers for Disease Control and Prevention. She has published over 170 peer-reviewed articles, is conversant in French; and is a citizen of Canada, Germany, and the United States of America. Dr. Frank has also conducted research and published abstracts on domestic violence, and intimate partner violence (IPV). Dr. Frank's Wiki page can be found here: [https://en.wikipedia.org/wiki/Erica\\_Frank](https://en.wikipedia.org/wiki/Erica_Frank)

[\*Note from HIFA moderator (NPW): Thanks Erica. Here are the URLs for the two papers:

[1] <https://jamanetwork.com/journals/jama/article-abstract/393810> (restricted access - why do publishers persist in restricting access even decades after publication?)

[2] <https://www.sciencedirect.com/science/article/abs/pii/S0091743506003252?...> (free full-text)]

## **Tobacco (41) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction? (3)**

6 March, 2023

A study conducted in 2019 showed that healthcare providers who practice a method called Smoking Cessation Organising, Planning and Execution (SCOPE), showed improvement in knowledge, attitude and self-efficacy on smoking cessation intervention. Other studies have shown that training health professionals to provide smoking cessation interventions had measurable effects on smoking cessation. Healthcare providers who approach the subject of quitting smoking with a positive attitude combined with increasing their on how to coach patients to stop smoking can make a significant difference in the success rates of getting their patients to quit.

Sources: <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6773327/#R3>

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD000214.pub2/...>

<https://onlinelibrary.wiley.com/doi/abs/10.1111/j.1365-2753.2008.01058.x>

HIFA profile: William Cotrone is a Student/CPR Instructor with One Love CPR, USA. Email: willcot98 AT gmail.com

## **Tobacco (42) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction? (4)**

7 March, 2023

See our article from 2014 - not enough has changed: [\*see note below]

[www.nature.com/articles/npjpcrm201422](http://www.nature.com/articles/npjpcrm201422)

FPs' lack of training in smoking cessation skills

During the focus group and interviews, questions that explored the FPs' professional knowledge received a variety of responses. The need for additional training was universally acknowledged. The general lack of

education about smoking cessation during undergraduate and postgraduate training was highlighted, as well specific uncertainties about pharmacotherapy.

They [courses] would be welcome because neither during the university nor later, nobody teaches us. (FP 11, interview)

You know, all this tobacco related stuff is relatively new (...) so, as long as people are interested in quitting, yes, training is welcome. (FP 31, interview)

I have heard, of course, about nicotine gum, varenicline and electronic cigarettes, but I am not very sure which should be prescribed to whom. (FP 8, focus group)

Many participants agreed that they felt unprepared, especially when they had to assist patients who had relapsed. One FP expressed their frustration and uncertainty about how to help 'the type of patient, who has tried everything? No matter what you say to the smoker, he has already tried and decided it will not work'. (FP 2, focus group).

Catalina

PS - for the discussion week on health perceptions: colleagues have just published something different on young people's perception of heated tobacco products <https://www.nature.com/articles/s41533-023-00333-y>

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests: Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

[\*Note from HIFA moderator (NPW): Below are the citation and abstract of the 2014 paper:

Barriers to the provision of smoking cessation assistance: a qualitative study among Romanian family physicians

Catalina Panaitescu, Mandy A Moffat, Siân Williams, Hilary Pinnock, Melinda Boros, Cristian Sever Oana, Sandra Alexiu & Ioanna Tsiligianni

npj Primary Care Respiratory Medicine volume 24, Article number: 14022 (2014)

## Abstract

**Background:** Smoking cessation is the most effective intervention to prevent and slow down the progression of several respiratory and other diseases and improve patient outcomes. Romania has legislation and a national tobacco control programme in line with the World Health Organization Framework for Tobacco Control. However, few smokers are advised to quit by their family physicians (FPs).

**Aim:** To identify and explore the perceived barriers that prevent Romanian FPs from engaging in smoking cessation with patients.

**Methods:** A qualitative study was undertaken. A total of 41 FPs were recruited purposively from Bucharest and rural areas within 600 km of the city. Ten FPs took part in a focus group and 31 participated in semistructured interviews. Analysis was descriptive, inductive and themed, according to the barriers experienced.

**Results:** Five main barriers were identified: limited perceived role for FPs; lack of time during consultations; past experience and presence of disincentives; patients' inability to afford medication; and lack of training in smoking cessation skills. Overarching these specific barriers were key themes of a medical and societal hierarchy, which undermined the FP role, stretched resources and constrained care.

**Conclusions:** Many of the barriers described by the Romanian FPs reflected universally recognised challenges to the provision of smoking cessation advice. The context of a relatively hierarchical health-care system and limitations of time and resources exacerbated many of the problems and created new barriers that will need to be addressed if Romania is to achieve the aims of its National Programme Against Tobacco Consumption.]

## **Tobacco (43) Q1. Do people understand the harms of using tobacco products? (17) How can people be better informed? (2)**

7 March, 2023

Thanks to this HIFA forum discussions on tobacco addiction which enables us to hear such interesting experiences and research from our colleagues in various countries.

Most has been said already and I would like to add some new points which could enable inclusion of community participation in policies such as:

1. Education on tobacco addiction should start from a very young age such as adding it in the 'primary school curriculum'.

e.g. How often do we see little children watching their parents and elders smoking (including outside airport smoke lounges) but are not questioning about the consequences. Some of our colleagues may remember an incident when a child has asked their near ones 'why do you smoke?' and the person has left smoking out of embarrassment or at least hides to smoke. Children can often be very powerful in emotionally changing adult behaviours.

2. All health facilities should be encouraged to establish a program with a 'trained staff' on tobacco cessation to help not only patients but also their staff.

3. Medical, Nursing and Allied Health Sciences should be encouraged to get 'formal training' (tools, online courses) on tobacco cessation during their schooling. This will assist in addressing the scarcity of health care workers in low-and middle- income countries (LMICs) who are already overstretched in providing the essential health care services.

4. Basic Training course (tools) on Tobacco cessation should be made simple and short (standards as per the country) to encourage more patient participation during their hospital stay or in outpatient clinics.

5. 'Smoking cessation classes' in centres should be made more accessible to the communities in LMICs, just like how there is a proliferation of gym centres everywhere.

6. 'Tobacco cessation' TV screening should be included along with what is shown normally on immunisations, health for maternal and children, while patients are waiting at the out-patient clinic.

7. Health care workers should have access to updated evidence-based information (social media, scientific platforms etc.).

8. All health facilities should be encouraged to advertise that they are a 'smoke free campus'.

9. Infographics (posters) should be freely (without cost) available to communities particularly in LMICs.

10. Movies should not encourage showing actors smoking unless it is required in the script (very rarely it would be!).

Best wishes

Dr Meena Nathan Cherian, MBBS, MD (Anaesthesia)

(Former WHO Lead Emergency and Essential Surgical Care Program, Geneva, Switzerland).

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<http://www.gfmer.ch/surgery/cancer.htm> [www.gfmer.ch/surgery/cancer.htm](http://www.gfmer.ch/surgery/cancer.htm)

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# **Tobacco (44) The role of health professionals (7) Tobacco use by health professionals (2)**

7 March, 2023

In response to the questions raised by Neil about if do health workers have adequate knowledge to prevent and treat tobacco addiction among their patients? what matters to them? how can they be better informed?, I wish to focus on one obstacle: Tobacco smoking prevalence in Healthcare Professionals.

As Julie N. Reza pointed out in a previous comment, there is still a high prevalence of tobacco use among physicians. Worldwide, 21% of physicians are current smokers. (1), although there is a wide variation: In the United States it is close to 7%, in Europe it is 3.8% in Wales and reaches 22.1% in Germany. Among Asian countries smoking prevalence ranges from 2.1% (in Thailand) to 66.9% (China). (2)

Also, among medical students and students of other health professions, smoking prevalence remains high. According to the results from the Global Health Professions Students Survey the smoking prevalence was highest in European countries (20% medical and 40% dental students) and the Americas (13% pharmacy to 23% dental students). (3)

When considering all Healthcare Professionals, including non-physicians, we found that the smoking prevalence is still high. In a 2019 systematic review and meta-analysis on Prevalence of tobacco use in healthcare workers it showed an overall prevalence of 21% ( 31% in males and 17% in females). (4)

This high prevalence, especially among physicians, constitutes a major obstacle to increasing awareness among the general population and among smokers. Because if many doctors continue to smoke, how will people believe them about the health risk of smoking?

As a general rule, smoking cessation among physicians tends to precede the decline in tobacco use in the general population.

In my country (Uruguay), in 2000 the National Medical Association (Sindicato Médico del Uruguay) engaged in tobacco control policies and WHO-FCTC process, as well as educating physicians on smoking cessation. In 2001 the smoking prevalence among physicians was 27% while in general population was about 32%.

In 2005, Uruguay started its implementation of the WHO-FCTC. The smoking prevalence dropped to 17% among physicians in 2007 and to 25% in general population in 2008. In 2011, the smoking prevalence among physicians dropped to 9,8%. (5)

Another problem is that physicians who smoke tend to intervene less in their patients' smoking habits, as Julie also pointed out, citing the work of Cattaruzza & West. (6)

In some ways, physicians can also be considered a disadvantaged population due to their cumulative risk factors for smoking. They face a huge workload, working over 55 h a week, and some of them work on nightshifts disrupting the circadian rhythm that can heighten smoking behavior. (1)

In most developing countries, physicians and other HCPs are not trained in tobacco control or smoking cessation interventions. Nor do they receive help to quit smoking.

Associations of health professionals, as well as medical schools and other health professions, globally, and especially in developing countries, should prioritize these interventions.

Dr. Eduardo Bianco

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HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (45) Q1. Do people understand the harms of using tobacco products? (18) How can people be better informed? (3)**

9 March, 2023

Dear Meena,

I agree with all the points, I want to reflect on one of them: the need to educate about tobacco addiction in school.

I am not opposed to this education because, as you said, it can have a powerful effect at the family level if the children, with their naivety, question their parents' smoking habits.

But two aspects concern me here:

First, we continue to place on the school system (and I am speaking from a Latin American perspective) the burden of solving (or trying to solve) many

social problems that should be addressed differently (for example, with more intense and effective evidence-based public policies).

Second, after leaving primary school, in secondary school, the intensity of this education tends to decrease, to which is added the fact that young people begin to question their parents, their teachers, and society; and they see it as hypocritical because many of those who say that they should not smoke... continue to smoke, and this is the period of greatest vulnerability or frequency of tobacco consumption initiation.

Without opposing your suggestion, I want to emphasize all the rest you proposed, and the critical importance of socially denormalizing the act of smoking through increasing the price of tobacco, a total ban on advertising, graphic health warnings on packages, smoke-free environments, etc.

As Health Professionals, we have a great responsibility to promote and make decision-makers understand what the most effective strategies to prevent consumption and promote tobacco cessation are.

Kind regards,

Eduardo

\*Dr. Eduardo Bianco\*

Director, International Policy Education

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XXX

## **Tobacco (46) Compilation of the discussion so far...**

10 March, 2023

Dear all,

Thank you for your valuable contributions to the discussion so far! Special thanks to our top contributor Eduardo Bianco (Uruguay, 10 messages), Sian Williams (UK,4), Chris Bostic (USA,3), Jum'atil Fajar (Indonesia,3), William Cotrone (USA,2). Thanks also to Didier Demassosso (Cameroon), Erica Frank (Canada), Miriam Chickering (USA), Peter Jones (UK), and Tom Browne (UK).

We have compiled all the messages in this document here, for your review:

[https://www.hifa.org/sites/default/files/publications\\_pdf/HIFA-Tobacco-C...](https://www.hifa.org/sites/default/files/publications_pdf/HIFA-Tobacco-C...)

Please keep your comments coming. We are especially keen to hear about any personal or professional experience you may have in relation to tobacco. Also, we would love to hear more about what is (or isn't) happening in different countries with regard to professional training, public health education and tobacco control. (Thanks again to Jum'atil for describing the situation in Indonesia so well).

Your inputs will be synthesised into a summary document that will help inform future efforts. In particular, as CEO of NextGenU has said in her introductory message, "This HIFA discussion is especially important to us because tobacco addiction has a massive negative impact on humanity and the planet. We know there are still gaps to be filled in our understanding of the harms of tobacco and how these can be addressed. We hope that HIFA.org forum members can point us to where the greatest needs exist when it comes to education in addiction and mental health so that we can continue to create additional resources to help health professionals treat patients suffering from mental health and substance use disorders."

Here again are the five guiding questions:

1. Do people understand the health, socio-economic and environmental harms of using tobacco products? What matters to them? How can they be better informed?
2. Do health workers have adequate knowledge to prevent and treat tobacco addiction among their patients? What matters to them? How can they be better informed?
3. What is the role of the tobacco industry? What can be done to address misinformation from the tobacco industry?
4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? What are current national policies and what more can be done to fully implement those policies?
5. What are the pros and cons of electronic nicotine delivery systems (ENDS; vaping) (eg as an aid to stop smoking; as an addictive alternative to smoking among young people)?

and here are two that Miriam has added (feel free to add your own):

6. What are the gaps in education for health professionals related to mental health and substance use disorder, and where are those gaps most pronounced?
7. Are there any gaps in medical, nursing, or other health professional training?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (47) How can people be better informed? (4) The role of schools**

12 March, 2023

Thanks, Eduardo, for your feedback on the points I raised.

[ <https://www.hifa.org/dgroups-rss/tobacco-45-q1-do-people-understand-harm...> ] I'm happy to work with your HIFA team on school education tools if you wish.

While I do understand your point that it may burden the school system to solve social problems, however the school is the foundation of childhood both physical and psychological development.

If the parent communities can be engaged in this endeavour through knowledge transfer of evidence-based information (adapted to the local context) it may be attractive e.g. put these WHO infographics posters, videos and toolkit on quitting in schools colleges, it could be a small step (pic link below):

<https://www.who.int/europe/multi-media/item/tobacco-and-environment-info...>

<https://www.who.int/campaigns/world-no-tobacco-day/2021/quitting-toolkit>

Best wishes

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## **Tobacco (48) How can people be better informed? (4) Smoking cessation during hospitalization - a missed opportunity**

12 March, 2023

Smoking is a leading cause of preventable death worldwide, and the health consequences of smoking are well-documented. Despite this, many individuals continue to smoke, and frequently they are admitted to hospital due to health problems.

A US study showed that 20.5% of hospitalized patients were smokers. Smoking was most common among men, young age groups (18-64 years), and individuals with primary or less than primary education. Of the smokers, 97.2% were daily consumers of whom 44.9% had medium nicotine dependence. Of all smokers, three-quarters wished to quit, and one-quarter admitted to consuming tobacco during hospitalization. (1)

Hospitalization can be a stressful and transformative experience, and it can catalyze change and presents a unique opportunity for healthcare professionals to encourage smoking cessation, yet it is often a missed opportunity.

Hospitalized patients are more receptive to smoking cessation messages due to their heightened awareness of their health status. Additionally, they may be more likely to quit smoking during their hospital stay because they are in a controlled environment and have limited access to cigarettes.

Research has shown that addressing smoking cessation during hospitalization can have a significant impact on patient outcomes. Patients who receive smoking cessation counseling during hospitalization are more likely to quit

smoking compared to those who do not receive counseling. Additionally, patients who quit smoking have improved health outcomes and a reduced risk of readmission.

However, healthcare professionals often fail to take advantage of this opportunity. Addressing smokers during hospitalization is a missed opportunity to encourage smoking cessation and improve patient outcomes.

Studies have found that healthcare providers often do not intervene in smoking cessation or fail to address that adequately during hospitalization or to provide ongoing support.

A 2012 Cochrane meta-analysis found that tobacco use disorder treatment initiated during hospitalization leads to sustained abstinence only if medication or counseling (or both) treatment continue at least 30 days after hospital discharge. (2)

Many of the studies in this meta-analysis provided ongoing care in the form of multiple visits during the hospitalization and post-discharge contacts via telephone or in-person counseling.

In most cases, the intervention was delivered by a research nurse or trained tobacco dependence counselor. In most studies, pharmacotherapy in the form of nicotine replacement medicines, bupropion, or varenicline was provided to the patient. (3)

This failure to address smoking during hospitalization is a missed opportunity for patients, healthcare providers and healthcare professionals.

To address this missed opportunity, healthcare professionals should prioritize smoking cessation counseling during hospitalization. This can be achieved by implementing smoking cessation protocols and training healthcare professionals on smoking cessation counseling.

There are some models of in-hospital smoking cessation interventions that can be used as a guide. I'm sharing one: The Ottawa Model.

The Ottawa Model for Smoking Cessation (OMSC) (4) is a systematic, comprehensive approach to clinical tobacco dependence treatment. It is designed to assist health professionals to transform clinical practice through knowledge translation, implementation support, and quality evaluation.

With the application of a systematic, evidence-based program, there was an increase in the rates of delivery of smoking cessation best practices by

healthcare providers. As a result, more patients made further assisted quit attempts resulting in long-lasting quit rates.

In conclusion, addressing smoking cessation during hospitalization is a missed opportunity to improve patients' health outcomes. Healthcare professionals should prioritize smoking cessation counseling during hospitalization and provide patients with the support they need to quit smoking.

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(4) <https://ottawamodel.ottawaheart.ca/about-omsc>

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# **Tobacco (49) How can people be better informed? (5) Smoking cessation during hospitalization (2)**

12 March, 2023

Dear Eduardo,

Thank you for highlighting the importance of hospitalization as an opportunity for smoking cessation. I have a relative who previously smoked and drank heavily, was admitted to hospital with a fracture, and stopped both completely. Fifteen years later they are a happy non-smoker and non-drinker. In the hospital, they had been given brief advice, as one would get from a GP. Just a few seconds, perhaps repeated by more than one health professional.

Your message makes me think - perhaps, at a minimum, 'brief advice' should be a checkbox for every patient who is a smoker. (Perhaps it already is in some settings?) The intervention should be very clear and simple, and deliverable within minutes.

Can you say a bit more about the Ottawa Model for Smoking Cessation? I went to the URL you gave - <https://ottawamodel.ottawaheart.ca/about-omsc> - but could not find the actual model. I went to their Education and training section to find a 10-minute presentation about the OMSC, but it was blocked with the statement: "The e-learning courses are designed to complement the OMSC program and are only accessible to sites that are currently implementing the OMSC."

At first sight, the OMSC doesn't score well for accessibility, but perhaps I'm missing something.

As a question for all: what is the simplest, quickest way for a health professional to give brief advice (a) in a primary care setting, and (b) in a hospital setting (they are likely very similar)? Which teaching aid would you recommend for use in these settings? Who are the leading producers of such tools? Are they available in multiple languages?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare

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## **Tobacco (50) Compilation of the discussion so far (2) Responses to questions**

12 March, 2023

Dear All,

I have listed the questions and responded in-line also grouping questions together for brevity (A case of more questions really - sadly...):

1. DO PEOPLE UNDERSTAND THE HEALTH, SOCIO-ECONOMIC AND ENVIRONMENTAL HARMS OF USING TOBACCO PRODUCTS? WHAT MATTERS TO THEM? HOW CAN THEY BE BETTER INFORMED?

I don't think we do, especially how tobacco is contributing to pollution:

individual - physiological processes/systems, psychological, (social) roles, ££ \$\$, spending - life choices

SCIENCES - pollution - micro-plastics, heavy metals ... water - local supply ... oceans e.g. ...

Soleimani F, Dobaradaran S, De-la-Torre GE, Schmidt TC, Saeedi R. Content of toxic components of cigarette, cigarette smoke vs cigarette butts: A comprehensive systematic review. *Sci Total Environ.* 2022 Mar 20;813:152667. doi: 10.1016/j.scitotenv.2021.152667. Epub 2021 Dec 25. PMID: 34963586.

"Smokers around the world buy roughly 6.5 trillion cigarettes each year. That's 18 billion every day. While most of a cigarette's innards and paper wrapping disintegrate when smoked, not everything gets burned. Trillions of cigarette filters—also known as butts or ends—are left over, only an estimated third of which make it into the trash. The rest are casually flung into the street or out a window"

"There's something about flicking that cigarette butt," says Cindy Zipf, executive director of Clean Ocean Action. "It's so automatic."

Cigarette filters are made of a plastic called cellulose acetate. When tossed into the environment, they dump not only that plastic, but also the nicotine, heavy metals, and many other chemicals they've absorbed into the surrounding environment."

<https://www.nationalgeographic.com/environment/article/cigarettes-story-...>(email to register and access)

2. DO HEALTH WORKERS HAVE ADEQUATE KNOWLEDGE TO PREVENT AND TREAT TOBACCO ADDICTION AMONG THEIR PATIENTS? WHAT MATTERS TO THEM? HOW CAN THEY BE BETTER INFORMED?

"Make every contact count" UK is an important initiative but it seems (part-timer view?) not stressed as might be?

<https://www.england.nhs.uk/wp-content/uploads/2016/04/making-every-conta...>

In mental health frequent reference to a person's ability to 'self-sooth'. Is this a 'pardon' for smoking / vaping? By continuing this addiction, fewer demands are made on struggling services?

3. WHAT IS THE ROLE OF THE TOBACCO INDUSTRY? WHAT CAN BE DONE TO ADDRESS MISINFORMATION FROM THE TOBACCO INDUSTRY?

Long-term approaches need to be mandated - with monitoring - for policy guidance.

4. DO PUBLIC HEALTH PROFESSIONALS AND POLICYMAKERS HAVE ADEQUATE KNOWLEDGE TO PREVENT AND TREAT TOBACCO ADDICTION IN THEIR COUNTRY? WHAT ARE CURRENT NATIONAL POLICIES AND WHAT MORE CAN BE DONE TO FULLY IMPLEMENT THOSE POLICIES?

Here, again - limited perspective but it appears:

- talk of evidence-based care AND evidence-based policy (really - examples and are they sustained?)

- public service broadcast - diminished - seen as 'Nanny State'?

- Is the question: how do you combat 'fatalism' from formative years - the cognitive triad: self - others - future (World)?

- Disjoint (as ever) NHS as treatment - 'after the fact' of morbidity - no nationwide health literacy/preventive service -

(What there is has been diluted, when UK public health was taken under auspices of local authorities/government?)

- What are we doing in schools - plus 'missing' pupils post-COVID?

5. WHAT ARE THE PROS AND CONS OF ELECTRONIC NICOTINE DELIVERY SYSTEMS (ENDS; VAPING) (EG AS AN AID TO STOP SMOKING; AS AN ADDICTIVE ALTERNATIVE TO SMOKING AMONG YOUNG PEOPLE)?

Gould, Stephen Jay. (1991). *Glow, Big Glowworm, Bully for brontosaurus : reflections in natural history*. London: Hutchinson Radius.

Q #5 Vaping has been seen as a harm-reduction tool (a conceptual lock?), but many teenage adopters were not smokers initially. With vaping there is a lot to be said for the precautionary principle, but vaping is clear evidence and example of commercial determinant of (ill-)health. This applied to Q 3 below. The tobacco industry is still seen as tax income generator even while this is false economy - given the damage (the 'tab') to be picked-up by the state/health system (as applicable).

<https://ash.org.uk/uploads/ASH-Policy-brief-on-vaping-February-2023-Fina...>

and here are two that Miriam has added (feel free to add your own):

6. WHAT ARE THE GAPS IN EDUCATION FOR HEALTH PROFESSIONALS RELATED TO MENTAL HEALTH AND SUBSTANCE USE DISORDER, AND WHERE ARE THOSE GAPS MOST PRONOUNCED?

We need to define 'integrated care' AND with it 'health education and promotion'. Can we better understand 'pollution' in informational terms (HIFA!!) - in the form of advertising - there are controls - but have they waned recently?

7. ARE THERE ANY GAPS IN MEDICAL, NURSING, OR OTHER HEALTH PROFESSIONAL TRAINING?

As previously - yes - we need a generic conceptual framework for local, global and glocal health across academia, education (secondary level ...) and all health disciplines and fields of theory and practice:

Smoke gets in your eyes, hair, socks and underwear....

Previously: 'smoking'

<https://hodges-model.blogspot.com/search?q=smoking>

"Most impediments to scientific understandings are conceptual locks, not factual lacks. Most difficult to dislodge are those biases that escape our scrutiny because they seem so obviously, even ineluctably, just. We know ourselves best and tend to view other creatures as mirrors of our own constitution and social arrangements. (Aristotle, and nearly two millennia of successors, designated the large bee that leads the swarm as a king." p.256.

Regards,

Peter Jones

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HIFA Profile: Peter Jones is a Community Mental Health Nurse with the NHS in NW England and a part-time tutor at Bolton University. Peter champions a conceptual framework - Hodges' model - that can be used to facilitate personal and group reflection and holistic / integrated care. A bibliography is provided at the blog 'Welcome to the QUAD' (<http://hodges-model.blogspot.com>). h2cmuk AT yahoo.co.uk

## **Tobacco (51) Q3. What is the role of the tobacco industry?**

12 March, 2023

Dear HIFA colleagues,

Hello! My name is Monthe Kofos. I'm in my final year of psychiatry residency at the Texas Institute of Graduate Medical Education and Research (TIGMER) located in San Antonio TX, USA, and I will be starting an addiction psychiatry fellowship at Yale University this summer. It is highly moving to see so many bright minds coming together from across the world to discuss addiction and learn from each other. As a member of the HIFA working group that is facilitating our discussion on Tobacco, I am delighted to introduce Question 3:

Q3. What is the role of the tobacco industry? What can be done to address misinformation from the tobacco industry?

According to the U.S. Centers for Disease Control and Prevention (CDC), in 2019, the largest cigarette and smokeless tobacco companies spent \$8.2 billion marketing cigarettes and smokeless tobacco just in the United States, about \$22.5 million each day. A report from Grand View Research (Report ID: GVR-2-68038-412-3) estimated "the global tobacco market size to be 849.9 billion dollars in 2021 with a predicted compound annual growth rate of 2.4% from 2022 to 2030."

The CDC summarizes the following population - targeting themes in U.S. tobacco advertising:

- 1) Women are targeted by thin, attractive, and athletic models promising social desirability, empowerment, and independence.
- 2) Latinx and American Indians / Alaska Natives are targeted by "rugged" brand names - such as Rio, Dorado, and American Spirit.
- 3) African-American Communities are targeted through urban and hip hop culture especially to promote menthol cigarettes, as well as direct mail promotions.
- 4) Asian-American communities are targeted primarily through urban in-store advertisements and specifically through sponsorship of Asian American community organizations, heritage festivals, and financial donations to the Asian American community.

With the Tobacco industry spending so much money and effort embedding themselves within a culture, how can comparatively under-resourced health professionals counter those deceptions effectively? Other countries suffer from similar marketing strategies. When confronting such a powerful marketing machine, what can we do to address this health - destroying misinformation? Do people in communities with more resources have greater responsibility to help or is this a task to be shared equally? What are the challenges that people may face from various communities, and how might they overcome them?

We look forward to hearing your thoughts!

Dr. Monthe Kofos

Psychiatry, PGY-4

University of the Incarnate Word

Texas Institute of Graduate Medical Education and Research

HIFA profile: Monthe Kofos is in his final year of psychiatry residency at Texas Institute of Graduate Medical Education and Research (TIGMER) located in San Antonio TX, and he will be attending a fellowship in Addiction Psychiatry next year at Yale. He is a former chief resident and has participated in, founded, and chaired several of TIGMER's committees. Dr. Kofos is a champion of increasing addiction awareness and education throughout his residency program, affiliated hospital, and the University of the Incarnate Word School of Osteopathic Medicine; he has worked hard on an administrative level with all three groups leading to significant change. Prior to his psychiatry residency, Dr. Kofos completed a transitional year residency program at MountainView Regional Medical Center in Las Cruces, NM, and attended medical school at the Edward Via College of Osteopathic Medicine - Carolinas Campus. Following his addiction fellowship, Dr. Kofos plans to attend a forensics fellowship. He is an avid ballroom dancer, cook / baker, gardener, reader of fantasy adventure novels, biker, and well known among his friends for his love of elaborate entertaining.

## **Tobacco (52) Q3. What is the role of the tobacco industry? (2)**

12 March, 2023

For over fifty years, the tobacco industry has created and dispersed misinformation and misleading information about the health risks posed by cigarettes to the public. They have done so through using both explicit denials of the causal link between smoking and cancer and its addictiveness, and implicit marketing tactics such as using ineffective medicinal menthol, high tech imagery, virtuous brand names and descriptors, and generating misleading data on tar and nicotine yields. Analysis of trade sources and internal US tobacco documents indicates that tobacco companies knew of inherent deceptiveness and that such marketing tactics were purposefully developed to promote misperceptions. Many of these incorrect beliefs persist as recent studies continue to show.

This misinformation is promulgated via tobacco product marketing strategies as well as the inferences that consumers make and then circulate to others in the fast-moving new media world. Misinformation about tobacco products can be explicit or implicit. Explicit misinformation is information that is factually incorrect (eg, filtered cigarettes are less dangerous) while implicit misinformation invites inferences not explicitly stated (eg, "organic tobacco" implies "a healthier cigarette"). Such misinformation can mislead

the public into underestimating the dangers of overestimating the benefits of various tobacco products, and threatens to undermine U.S. Food and Drug Administration's (FDA) regulatory efforts.

Mass media campaigns, including paid counter-tobacco advertisements, should be intensified to reverse the image appeal of pro-tobacco messages, especially those that appeal to children and youths.

All levels of government should adopt tobacco-free policies in public buildings. The Department of Defense should continue its aggressive efforts to adopt tobacco-free policies in all military services.

Sources: <https://www.ncbi.nlm.nih.gov/books/NBK236769/>

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4849128/>

HIFA profile: William Cotrone is a Student/CPR Instructor with One Love CPR, USA. Email: willcot98 AT gmail.com

## **Tobacco (53) Q3. What is the role of the tobacco industry? (3) The Perils of Ignoring History**

13 March, 2023

The tobacco industry has a playbook, a script, that emphasizes personal responsibility, paying scientists who delivered research that instilled doubt, criticizing science, as "junk science", when it was found the harm associated with smoking, making self-regulatory pledges, lobbying with massive resources to stifle government action, introducing "safer" products, and simultaneously manipulating and denying both the addictive nature of their products and their marketing to children

In 1954, the major US tobacco industries working closely with John Hill, the founder of the public relations giant Hill & Knowlton, created "A Frank Statement to Cigarette Smokers" and said that "we accept an interest in people's health as a basic responsibility, paramount to every other consideration in our business." They also promised that "we always have and always will cooperate closely with those whose task it is to safeguard the public's health".

The “Frank Statement” was a charade, the first step in a concerted, half-century-long campaign to mislead Americans about the catastrophic effects of smoking and to avoid public policy that might damage sales. (1)

Here we are sharing a summary of the Tobacco Industry’s history of lies. (2)

1958-68: THE LIE: The TI claimed smoking is not harmful and nicotine is not addictive.

THE COVER-UP: They suppressed evidence that cigarettes are highly addictive, marketing the product as safe.

1978: THE LIE: The tobacco industry stated smoking is not linked to cancer.

THE COVER-UP: Claimed that there was insufficient evidence that toxic components in smoke are harmful to smokers.

1988: THE LIE: TI denied the harmful effects of SHS.

THE COVER-UP: “Independent” scientists were hired to support industry studies and question Smoke-Free policies.

1998: THE LIE: TI claimed that their Youth Prevention Programmes were successful

THE COVER-UP: Youth Prevention Programmes only enacted to garner positive feelings for cigarette companies.

2000s: THE LIE: “Light” and “mild” cigarettes are developed and marketed as safer as regular cigarettes.

THE COVER-UP: designed these cigarettes to give falsely low readings on tar and nicotine, when tested by a smoking machine.

In 1999, the U.S. Department of Justice (DOJ) filed a lawsuit against the tobacco industry for violating the Racketeer Influenced and Corrupt Organizations (RICO) Act.

In 2006, the US District Court for the District of Columbia ruled that tobacco companies were guilty of breaking civil racketeering laws, marketing to children and minority populations, and lying to the public about the dangers of smoking.

“Substantial evidence establishes that [tobacco companies] have engaged in and executed - and continue to engage in and execute - a massive 50-year scheme to defraud the public...” - Judge Gladys Kessler, in the 2006 ruling (3)

Overall, the tobacco industry's history of deception and misleading marketing practices has had a devastating impact on public health. Millions of people around the world have died as a result of tobacco-related illnesses, and countless others continue to suffer from the effects of tobacco use.

Governments and public health organizations mustn't forget this history of systematic lies and continue to fight against the tobacco industry's deceptive practices and work to reduce tobacco use and exposure in all forms.

References.

1. Brownell KD, Warner KE. The perils of ignoring history: Big Tobacco played dirty and millions died. How similar is Big Food? *Milbank Q.* 2009 Mar;87(1):259-94. doi: 10.1111/j.1468-0009.2009.00555.x. PMID: 19298423; PMCID: PMC2879177.

2. <https://files.ggtc.world/uploads%2F2021-05-13%2F05-23-07-080101%2FPublic...>

3. <https://stopswithme.com/exposing-big-tobacco/big-tobacco-found-guilty/>

Dr. Eduardo Bianco

Director, International Policy Education

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HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and

former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (54) Q3. What is the role of the tobacco industry? (4)**

13 March, 2023

The tobacco industry is no exception in the global business, where businesses primarily aim to make profits. The World Bank reports that cigarettes are extensively traded and profitable commodities whose production and consumption impact developed and developing countries' social and economic resources. Thus, the industry not only spends resources on making, marketing, and selling tobacco products but also spends considerable time and money funding and promoting misleading science, lobbying, and performing so-called corporate social responsibility activities. Besides, tobacco farming, processing, and product manufacturing create jobs and generate considerable revenues for governments where these products are manufactured.

However, all said, reports indicate that there is no safe smoking option in any form, as tobacco is always harmful, whether light, low-tar, filtered cigarettes, or e-cigarettes aren't any safer. The World Health Organization (WHO) reports indicate that tobacco kills more than 8 million people yearly. At the same time, more than 7 million deaths result from direct tobacco use, and around 1.2 million results from non-smokers being exposed to second-hand smoke. Moreover, over 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries. The aforementioned poses a serious concern to the policymakers and authorities because, given the low levels of resources, poverty, and other logistical support, most of the tobacco industries in these countries are foreign.

Thus, the tobacco epidemic is another biggest public health threat the developing world has ever faced, in addition to the climate-health nexus and poverty, which all but need a global effort to combat. The good news is these efforts are starting to show up. WHO lays down the following measures;

- Monitoring tobacco use and prevention policies;
- Protecting people from tobacco use;
- Offering help to quit tobacco use;

- Warning about the dangers of tobacco;
- Enforcing bans on tobacco advertising;
- Discouraging the promotion and sponsorship of the tobacco industry.

Particularly WHO supports countries and areas to strengthen tobacco control by developing and implementing comprehensive policies and measures. The World Bank's Global Tobacco Control Program assists country teams in policy dialogue and technical support to government teams at the Ministries of Finance and Ministries of Health regarding tobacco economics. In addition to other such efforts not mentioned here, the journey to NO SMOKING will sooner or later yield to a public health global outcry.

HIFA profile: James Mawanda is accredited with the European Forum for Disaster Risk Reduction (EFDRR), and UN Global Platform for Disaster Risk Reduction (GP2022) and a Member of the UNDRR Stakeholder Engagement Mechanism. James is an Associate Partner, at the Interdisciplinary Centre on Climate Change and Health (ICCH), University of Hamburg, Germany. Member, Global Consortium on Climate and Health Education, Columbia University. A member of the Global Health Hub, Germany. Also, a Mentor, International Network for Government Science Advice, Africa Chapter (INGSA-Africa), South Africa, and Mentor, Land Accelerator Africa by World Resources Institute (WRI), A Research Associate, Uganda Red Cross Society. James is a member of the Research4life User Group. He is also a Country Expert (Uganda & Rwanda) for Varieties of Democracy (V-DEM), University of Gothenburg, Sweden, since 2020. An Executive Director of African Forum for International Relations in Research and Development (AFIRRD). A member of the African Climate Policy Centre (ACPC) & United Nations Economic Commission for Africa (ECA). James holds a Ph.D. in Diplomacy & International Affairs. James' research interests span; International Organizations (IOs), particularly their conceptual prescriptions to the developing world; non-government organizations (NGOs) and their socio-political work in the developing world; and global climate policy and health dynamics, diplomacy and negotiations. He is an International Research and Project Assistant, EUCLID University, An Editorial Board Member, International Peer-Reviewed Journals and Books (IPRJB), USA. He is a reviewer at Global Council for Science and the Environment (GCSE), Washington DC; and VOLUNTAS: International Journal of Voluntary and Non-profit Organizations. Uganda's "ambassador" on The Council on Educational Standards and Accountability in Africa; Member, Platform for African - European Partnership in Agricultural Research for Development Phase II (PAEPARD II); Human Development & Capability Association (HDCA)- HDCA Southern African Network; Member, Africa Community of Practice (CoP) on

Forgotten / Underutilized Food, by the Forum for Agricultural Research in Africa (FARA); Member, FAO's Global Forum on Food Security and Nutrition (FSN Forum).

## **Tobacco (55) Q1. Do people understand the harms of using tobacco products? (19)**

13 March, 2023

Eduardo Bianco said early in this discussion: "Just knowing about the damage is not enough. If it were so, no doctor would smoke."

<https://www.hifa.org/dgroups-rss/tobacco-23-q1-do-people-understand-harm...>

Indeed, knowledge is not enough (although it is undeniably a critical factor), if one selects non-smoking as the end-point. But one can select other end-points. An alternative end-point is that people are well-informed, and what they then do with that information is up to them. Some people are almost completely uninformed about the health risks of smoking; many others (the majority, including many doctors) are partly informed, and only a very tiny minority are 'fully informed'. For me, the biggest tragedy is that people are smoking and dying without ever truly knowing the health risks (and this is especially true of young people as they start to smoke). From a human rights perspective, this is an indictment of the global evidence ecosystem, which is clearly failing to meet people's needs for reliable information (and failing to address disinformation from the tobacco industry).

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (56) Q1. Do people understand the harms of using tobacco products? (20) Ten comments from HIFA members: some surprising, a few shocking, all educational**

13 March, 2023

Dear HIFA colleagues,

Thank you for your contributions so far. I have selected ten extracts relating to Question 1: Do people understand the health harms of using tobacco products?

1. Eduardo Blanco: Tobacco products are the world's single largest cause of preventable death and disease, causing more than 8 million deaths each year.

2. Moderator: Do people understand the health risks? What about young people? Most people worldwide start using tobacco before the age of 18. In the USA and Europe people typically start at the age of 15 or 16. I myself started smoking at the age of 15 (I quit many years later). I was aware that 'smoking causes lung cancer' but I had no clue about its impact on other areas of health. As a teenager, this health risk that would probably not emerge for decades was of little consequence to me. Teenagers tend not to worry about what might happen 20 years in the future. As part of this discussion, I invite you to consider the drivers and barriers to communicating the health risks of tobacco to young people.

3. Chris Bostic, USA: In my work I've found that while everyone is aware smoking is dangerous, there are fundamental misconceptions about that danger. Most seem to think that, if you smoke, you simply drop dead when you are 70 rather than 80. They don't understand that for every death there are many people suffering for years with tobacco-related illnesses, or that the years lost come from the middle of life, not the end (i.e., people who smoke will decline with age more rapidly than non-smokers, on average).

4. Eduardo Bianco, Uruguay: Today, more smokers are aware of the damage caused by tobacco than a few decades ago, but most of them have a poor idea of its magnitude. They know that smoking causes lung cancer, but not that at least 8 out of 10 of these cancers are due to tobacco. Nor are they very clear about the relationship between tobacco and heart disease, and even less that the maximum increase in cardiovascular damage is observed with very few daily cigarettes. Even less is the knowledge between smoking and Stroke, and smoking and diabetes. But many times, not only smokers are not properly informed, but also health professionals.

5. Sian Williams, UK: In our experience in terms of primary respiratory care, in many countries there is a strong awareness about tobacco smoking and lung cancer but less awareness about tobacco smoking and asthma (the most common chronic disease in childhood) or tobacco smoking and chronic obstructive lung disease (COPD), the third leading cause of death worldwide.

Data suggest people with asthma are more not less likely to smoke tobacco than those without asthma, which suggests scope for more research about why.

6. William Cotrone, USA: People who smoke but are aware of its health risks exhibit cognitive dissonance, a mindset in which attitudes and behaviors about a topic are not in sync. Tobacco use is a learned and socially mediated behavior. Experimenting with tobacco is therefore appealing to children because of connections they learn to make between tobacco use and the kind of social identity they wish to establish. Peer pressure constitutes a significant influence on the usage of tobacco as well (Lynch and Richard, 1994).

7. Eduardo Bianco, Uruguay: We are sharing a study carried out in Poland, but which reflects the reality of many other countries: On this study, the majority of the participants were aware of the fact that smoking cause severe diseases and lung cancer (92%). However, those percentages were lower for awareness of Environmental Tobacco Smoke and health risk (69.4%) and for awareness of smoking/ETS-associated risk of stroke and heart attack (57%, 68%).

8. Didier Demassosso, Cameroon: With respect to smoking and young people. There is something which has become more prominent in [Cameroon]. The "open smoking" of young boys and women. When I was in secondary school my peers would smoke only in our youth events (parties, birth days etc) and will make sure adults are not aware. Today, things are different. it is not uncommon to see adolescent boys smoking as they walk in the streets. Youths and women smoke more and more and in public places. I do not know if they had or have any idea of the health impacts of smoking. I myself, It is only when I engaged into health and biological studies that I clearly understood how detrimental smoking was.

9. Jum'atil Fajar, Indonesia: Based on data from the 2021 Global Adult Tobacco Survey [Indonesia], as many as 85.7% of adults believe that smoking causes serious illness. [implying that 15% do not believe that smoking causes serious illness]

10. Moderator: Below is a paper in the journal Tobacco Induce Diseases. Citation and abstract below. The full text reveals that one in ten people [in the United States] do NOT agree that smoking causes lung cancer. It seems that it is wrong for us to assume that knowledge of the link between smoking and lung cancer is near-universal. What do we know about the substantial minority who do not believe there is a link? What information (or misinformation) shapes their opinion?

Some of the above are surprising, even shocking to me. All are educational. I invite you to send further comments on these issues. You can contribute to the discussion by sending an email to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org)

With thanks,

Neil

Joint coordinator, HIFA project on Mental health: meeting information needs for substance use disorders - Tobacco, Alcohol, Opiates

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (57) Q1. Do people understand the harms of using tobacco products? (21) Ten comments from HIFA members (2)**

13 March, 2023

Step by step, all are useful to protect Youth. We were young and we started to smoke by imitation of others.

I'd welcome a decision by Mr. Zuckenbergr to ban publication of any picture or video showing a cigarette somewhere, between lips or fingers.

In the past it was frequent to see an actor actress or a politician smoking, today they would regret to have done it, or they would not agree to show their weakness that damages the youth.

Massimo

Dodoma

Tanzania

HIFA profile: Massimo Serventi is a long-standing Pediatrician working in Africa since 1982. He has worked for several NGOs in 6 African/2 Asian countries. His interests include clinical and community pediatrics, adherence to clinical guidelines and school education as the major determinant of good health. massimoser20 AT gmail.com

## **Tobacco (58) Q1 Do people understand the health, socio-economic and environmental harms of using tobacco products? (22)**

5 March, 2023

Chris Bostic (USA) made a very important point a couple of weeks ago and I would like to explore it further. He said: "We need to update our facts. Nearly everyone in our field still says "smoking kills up to half of its long-term users," but more recent research shows that the key number is 2/3, not half."

<https://www.hifa.org/dgroups-rss/tobacco-19-do-people-understand-health-...>

How many people know this? How many children and adolescents know this? Of course it is one thing to know a fact, it is another to understand the implications. What can be done to help transform fact into understanding?

And what about updating our facts? The World Health Organization website says 'Tobacco kills up to half of its users' and many organisations will take their lead. If the true number is 2/3, how can this be better communicated?

Whether 1/2 or 2/3, perhaps many people see this as a statistic without applying it to their personal experience.

What approaches are being used in schools to teach about the dangers of smoking?

<https://www.hifa.org/news/hifa-launches-deep-dive-discussion-tobacco-27-...>

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization. Email: neil AT hifa.org

## **Tobacco (59) Q3. What is the role of the tobacco industry? (5)**

15 March, 2023

Dear HIFA colleagues,

This paper highlights how tobacco companies are increasingly targeting their nefarious messaging to people online, including through social media and 'social influencers'. Citation, extracts and a comment from me below. Full text: [https://www.thelancet.com/journals/langlo/article/PIIS2214-109X\(23\)00119-5/fulltext](https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(23)00119-5/fulltext)

CITATION: Importance of online exposures to pro-tobacco messaging

Brittney Keller-Hamilton, Amy K Ferketich

Lancet Global Health COMMENT | VOLUME 11, ISSUE 4, E491-E492, APRIL 2023

Published: April, 2023 DOI: [https://doi.org/10.1016/S2214-109X\(23\)00119-5](https://doi.org/10.1016/S2214-109X(23)00119-5)

'Globally, a high proportion of young people recalled past 30-day exposure to pro-tobacco messaging [but] do not assess exposure to pro-tobacco messaging online...

In several countries, a substantial proportion of young people report recent exposure to pro-tobacco messaging online, both from the tobacco industry and from their peers. Exposure to pro-tobacco messages online, including on social media, has consistently been associated with increased risk of tobacco use among young people...

Beyond the negative effects of online pro-tobacco messaging exposures on youth overall, tobacco companies deftly use online advertising to target specific audience segments, including lesbian, gay, bisexual, and

transgender (LGBT) populations and youth with lower socioeconomic status...

Although paid advertisements for tobacco products are prohibited on most social media sites, social media influencers promoting tobacco products are often permitted. These influencers, part of a broad international network with ties to hundreds of tobacco brands, skirt governments' and social media sites' policies against targeting youth with pro-tobacco messaging...

Implementation of counter-marketing campaigns targeted to young people—deployed online and via other media sources—could dampen the effects of pro-tobacco messaging exposures in this vulnerable population.'

COMMENT (NPW): This is of course just one example of the abhorrent and manipulative behaviour of tobacco companies. Which brings me to a question: To what extent have the tobacco control community been successful in communicating to people, especially youth, the true nature of tobacco companies' communications. Is there perhaps a minority of people who 'get it' in the sense of understanding this true nature? How can they be leveraged to spread the word? And what are the most effective short videos or other tools that expose tobacco companies for what they are?

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.  
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## **Tobacco (60) Q3. What is the role of the tobacco industry? (6)**

16 March, 2023

Early in our discussion Eduardo Blanco, Uruguay said, "Progress [in relation to tobacco control] is slower than expected... Largely due to the great influence of the tobacco industry on decision-makers"

<https://www.hifa.org/dgroups-rss/smoking-4-tobacco-endgame-new-zealand-p...>

In what ways has the tobacco industry influenced policymakers? Which policymakers have been most influenced, in which countries? Is the influence mainly on national policymakers, and if so who has been most influenced, which sectors?

I suspect much of this influence is related to tax revenues from tobacco, and some may be related to personal enrichment and corruption? How is this being played out within governments? Between ministries of health and ministries of finance? To what extent are policymakers informed (or not) regarding the health, social and economic benefits of tobacco control? What can be done to better inform policymakers of these benefits?

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (61) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction? (5)**

19 March, 2023

Dear HIFA colleagues,

I am forwarding below a google translation of a message on HIFA-Spanish from tobacco control expert Eduardo Bianco. Eduardo has made many of these points on HIFA-English but this is a great overview, especially for those who have recently joined us.

In particular I note Eduardo's comment: "many health professionals and most politicians are still not fully aware of the magnitude, nature, and characteristics of the tobacco problem (including the role of the tobacco industry) and effective tobacco control interventions"

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Tobacco consumption is the main cause of death, absolutely preventable,

worldwide. Quitting smoking is the most important health decision smokers can make.

Facing the tobacco epidemic is very difficult - mainly in developing countries - due to the addictiveness of nicotine, large economic interests and the undue influence of the tobacco industry.

To deal with smoking, the WHO promoted the Framework Convention on Tobacco Control (FCTC), the first international health treaty under its auspices, which entered into force internationally in 2005. Today, 183 Parties, covering 90% of the world population, are members. The WHO FCTC contains evidence-based provisions such as: increasing tobacco taxes and prices; smoke-free environments; graphic health warnings on packaging; prohibition of advertising, promotion and sponsorship of tobacco, help smokers to quit smoking and carry out campaigns in the media, among others. .

The WHO-FCTC is having a significant impact. However, progress is uneven and, in some countries, very slow. It faces several challenges: weak commitment from governments, inadequate public awareness of the harms of smoking, the illicit tobacco trade, scarce financial resources to help quit smoking, and weak research capacity. But his biggest hurdle is interference from the tobacco industry.

Health professionals (HP), given their influence in society, have a prominent role to play in tobacco control and smoking cessation.

But by themselves they will not achieve a significant impact on public health. It is necessary to learn to involve politicians, who are key in the design and approval of effective tobacco control policies.

In societies where most of these indicated interventions were applied in a short time, as in my country Uruguay, rapid reductions in smoking are achieved, mainly among young people, which decreased from 30% to almost 10% in about ten years. The National Medical Association (SMU) played a key role.

Unfortunately, many health professionals and most politicians are still not fully aware of the magnitude, nature, and characteristics of the tobacco problem (including the role of the tobacco industry) and effective tobacco control interventions .

I hope this discussion will help us all better understand the tobacco control situation in our respective countries, and help improve it.

Dr. Eduardo Bianco

HIFA Profile-Spanish: Eduardo Bianco is the Director of International Policy on Addiction Education at the Frank Foundation for International Health, Uruguay. Interests: Cessation and treatment of smoking, Tobacco Control Policies, Addictions, Non-Communicable Diseases. Email: ebianco AT nextgenu.org

## **Tobacco (62) Q4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country?**

19 March, 2023

Dear HIFA colleagues,

I am forwarding below a message from tobacco control expert Eduardo Bianco to introduce Question 4, our theme for the coming week:

Q4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? What are current national policies and what more can be done to fully implement those policies?

In particular I note Eduardo's comment: "many health professionals and most politicians are still not fully aware of the magnitude, nature, and characteristics of the tobacco problem (including the role of the tobacco industry) and effective tobacco control interventions"

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The WHO-FCTC is having a significant impact. However, progress is uneven and, in some countries, very slow. It faces several challenges: weak commitment from governments, inadequate public awareness of the harms of smoking, the illicit tobacco trade, scarce financial resources to help quit smoking, and weak research capacity. But his biggest hurdle is interference from the tobacco industry.

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Unfortunately, many health professionals and most politicians are still not fully aware of the magnitude, nature, and characteristics of the tobacco problem (including the role of the tobacco industry) and effective tobacco control interventions .

I hope this discussion will help us all better understand the tobacco control situation in our respective countries, and help improve it.

Dr. Eduardo Bianco

HIFA Profile-Spanish: Eduardo Bianco is the Director of International Policy on Addiction Education at the Frank Foundation for International Health, Uruguay. Interests: Cessation and treatment of smoking, Tobacco Control Policies, Addictions, Non-Communicable Diseases. Email: ebianco AT nextgenu.org

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Neil PW, HIFA moderator

## **Tobacco (63) Q4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? (2)**

21 March, 2023

This paper from Gambia finds that 'policy makers' awareness of polices covered in the Framework Convention on Tobacco Control was limited'.

Below are the citation, abstract and selected extracts. I look forward to your comments. What is the situation in your country?

CITATION: Exploration of Policy Makers' Views on the Implementation of the Framework Convention on Tobacco Control in the Gambia: A Qualitative Study

Isatou K Jallow, Msc, John Britton, MD, Tessa Langley, PhD

Nicotine & Tobacco Research, Volume 21, Issue 12, December 2019, Pages 1652-1659, <https://doi.org/10.1093/ntr/ntz003>

<https://academic.oup.com/ntr/article/21/12/1652/5281395>

### ABSTRACT

Background: The World Health Organization's Framework Convention on Tobacco Control (FCTC) is the first international health treaty and has now been ratified by 181 countries. However, there are concerns that in many countries, particularly in sub-Saharan African countries, FCTC legislations and implementation are weak. In this study, we report a qualitative study undertaken to assess policy makers' awareness of the FCTC and national tobacco control policies, and assessed the achievements and challenges to the implementation of the FCTC in the Gambia.

Methods: The study involved semi-structured one-to-one interviews with 28 members of the National Tobacco Control Committee in the Gambia, which

is responsible for formulating tobacco control policies and making recommendations for tobacco control. We used the Framework method and NVivo11 software for data analysis.

Results: Our findings demonstrate that the Gambia has made modest progress in tobacco control before and since ratification of the FCTC, particularly in the areas of policy formulation, bans on tobacco advertising and promotion, smoke-free laws, and tobacco taxation. Although several pieces of tobacco control legislation exist, enforcement and implementation remain a major challenge. We found that policy makers' awareness of polices covered in the FCTC was limited.

Conclusion: Our findings highlight several challenges to the FCTC implementation and the need to step up efforts that will help to accomplish the obligations of the FCTC. To achieve the obligations of the FCTC, the Gambia should develop specific public awareness interventions, establish cessation services, mobilize adequate resources for tobacco control and strengthen tobacco surveillance and research.

#### SELECTED EXTRACTS

The FCTC is particularly important in developing countries, such as those in sub-Saharan Africa, where tobacco smoking is on the rise.

Most people and even smokers will not understand the words in the health warning. So we are advocating for pictorial warning, and that's a challenge because that's not captured yet

#### QUOTES FROM INTERVIEWEES

"Well there are some forms of sensitization going on in radios but this is not adequate, therefore a lot still needs to be done to educate people about the dangers of smoking"

"Because of enforcement it's the biggest challenge for this policy. We've seen even still now hospitals are not smoke free zones."

"Parents and adults send children to buy cigarettes for them and some even go to the extent of asking children to lighten the cigarettes for them."

"Many parents and even the shopkeepers do not know that it's illegal to send or sell cigarette to children under the age of 18 years. In fact some parents and even retailers don't even know the harmful effects of smoking and what the health effects of exposing their kids to second-hand smoke."

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (64) Q1 Do people understand the health, socio-economic and environmental harms of using tobacco products? (23)**

21 March, 2023

This paper suggests that 1 in 10 tobacco users in Germany, Greece, Spain, Romania, Hungary and Poland do not agree that smoking causes lung cancer.

If these numbers apply to the whole of Europe (and there is no reason to suggest otherwise), this suggests that tens of millions of smokers in Europe do not agree that smoking causes lung cancer.

It would be interesting to know more about why they do not agree. It's hard to imagine that they would not have been told many times about the link. Are they distrustful of information from health authorities or their healthcare providers? Are they in self denial to provide a rationale for their continued habit?

The same study finds even lower acceptance for other diseases. For example 20% of people in this study did not agree that smoking causes heart disease.

Are you able to find comparable figures for your region/country?

CITATION: Knowledge of the health risks of smoking and impact of cigarette warning labels among tobacco users in six European countries: Findings from the EUREST-PLUS ITC Europe Surveys

Antigona C. Trofor et al. *Tob. Induc. Dis.* 2018;16(Suppl 2):A10

<http://www.tobaccoinduceddiseases.org/Knowledge-of-the-health-risks-of-s...>

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## **Tobacco (65) Q5. What are the pros and cons of electronic nicotine delivery systems (vaping)?**

21 March, 2023

According to the CDC,

- Most e-cigarettes contain nicotine, which is addictive and toxic to developing fetuses. Nicotine exposure can also harm adolescent and young adult brain development, which continues into the early to mid-20s. E-cigarette aerosol can contain chemicals that are harmful to the lungs. And youth e-cigarette use is associated with the use of other tobacco products, including cigarettes.

- E-cigarettes are not currently approved by the FDA as a quit smoking aid. The U.S. Preventive Services Task Force, a group of health experts that makes recommendations about preventive health care, has concluded that evidence is insufficient to recommend e-cigarettes for smoking cessation in adults, including pregnant adults.

However, e-cigarettes may help non-pregnant adults who smoke if used as a complete substitute for all cigarettes and other smoked tobacco products.

- To date, the few studies on the issue are mixed. A Cochrane Review found evidence from two randomized controlled trials that e-cigarettes with nicotine can help adults who smoke stop smoking in the long term compared with placebo (non-nicotine) e-cigarettes. However, there are some limitations to the existing research, including the small number of trials, small sample sizes, and wide margins of error around the estimates.

- A recent CDC study found that many adults are using e-cigarettes in an attempt to quit smoking. However, most adult e-cigarette users do not stop smoking cigarettes and are instead continuing to use both products (known as "dual use"). Dual use is not an effective way to safeguard your health,

whether you're using e-cigarettes, smokeless tobacco, or other tobacco products in addition to regular cigarettes. Because smoking even a few cigarettes a day can be dangerous, quitting smoking completely is very important to protect your health.

Tobacco-free policies should be adopted and enforced in all public locations, especially in those that cater to or are frequented by children and youths, including all educational institutions, sports arenas, cultural facilities, shopping malls, fast-food restaurants, and transit systems.

All organizations involved with youths should adopt tobacco-free policies that apply to all persons attending or participating in all events sponsored by the organizations, and should actively promote a tobacco-free norm.

Parents should clearly and unequivocally express disapproval of tobacco use to their children, and, if smokers themselves, should quit smoking.

Sources: [https://www.cdc.gov/tobacco/basic\\_information/e-cigarettes/about-e-cigar...](https://www.cdc.gov/tobacco/basic_information/e-cigarettes/about-e-cigar...)

<https://www.ncbi.nlm.nih.gov/books/NBK236769/>

HIFA profile: William Cotrone is a Student/CPR Instructor with One Love CPR, USA. Email: willcot98 AT gmail.com

## **Tobacco (66) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction? (6)**

22 March, 2023

Citation, abstract, extracts and comments/questions below, on the subject of smoking among medical students (and other health professionals).

CITATION: Cigarette smoking among medical students in The National Ribat University, Sudan

Osman E O Elamin, corresponding author(1) Sara E O Elamin, (1) Badr Altamam A Dafalla, (1) Mohamed E. El-Amin, (2) and Adil A Elsiddig(3)

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC4949940/>

## ABSTRACT

'The problem of smoking among medical students is common worldwide, but the pattern and extent of the problem varies from place to place. Data from Sudanese medical students is limited. The aims of study was to know the extent of the problem of smoking among medical students, its routes and how it can be reduced. All students in the first and fifth year in the Faculty of Medicine, The National Ribat University were asked to fill a questionnaire regarding their knowledge and practice of smoking and when they started smoking. The questionnaire inquired about the role of their peers and the staff to help them stop smoking. Two hundred and forty (96%) of the first year students and 174 (94%) of the fifth year students responded by filling the questionnaires. Around 10 % of all students smoke. Although non-smokers knew much about the problems of smoking, many of the smokers did not. The main influence on students to start smoking was from parents, siblings and friends. Eighty per cent of the smokers are willing to give up smoking and they tried many times. The study showed that little effort was made by the University Staff to help students stop smoking. Most students started smoking in the high secondary schools. There is a need for family community and institutional campaign to contain the problem of smoking.'

## EXTRACTS

Despite the responsibility that physicians have towards their smoking patients, research suggests medical students still do not receive adequate training. A worldwide survey of tobacco curricula revealed that only 11% of medical schools had devoted specific teaching time to tobacco and smoking cessation

In a recent study, Raupach and colleagues [20] assessed the knowledge of medical students from two European cities: London (UK) and Göttingen (Germany)... Less than a third of medical students felt able to counsel smoking patients. The authors concluded that current curricula about tobacco dependence and control in medical schools need to be improved.

The students mentioned that they continued to smoke because of life and academic pressures. Most students started smoking with 2 cigarettes per day and they remained at a rate of less than 7 cigarettes per day.

## COMMENTS/QUESTIONS (NPW):

1. What is the prevalence of smoking among medical students in your country? And what is the prevalence among doctors and other health professionals? Community health workers?

2. I remember when I was a medical student in the UK in the late 70s and early 80s, smokers would typically have at least 10 cigarettes per day. Is there a correlation between the number of cigarettes smoked per day, and the country?

3. Can anyone give examples of education of medical students about the risks of smoking, how to counsel patients against smoking? What else is needed to encourage and support students to quit?

Best wishes, Neil

Joint Coordinator, HIFA Mental Health: Substance use disorders

<https://www.hifa.org/projects/mental-health-meeting-information-needs-su...>

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## **Tobacco (67) Q4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? (3)**

22 March, 2023

In a previous message Eduardo Bianco (Uruguay) noted: "To address the globalization of the tobacco epidemic, WHO promoted the Framework Convention on Tobacco Control (FCTC), an international legally binding treaty that currently covers 90% of the world's population. This treaty lays out evidence-based demand and supply reduction strategies that resulted in measurable progress: global cigarette sales have been declining since 2012 despite overall population growth... But progress is being slower than expected, due to the uneven application of FCTC provisions between countries and regions. Largely due to the great influence of the tobacco industry on decision-maker"

Eduardo and others, please can you say a bit more about the reasons for slow implementation, or non-implementation of the FCTC at national level?

You note that this is primarily due to the tobacco industry. What are the main methods that the tobacco industry are using to block progress?

In terms of drivers, how well is the FCTC being communicated to policymakers? Do policymakers fully understand the social, health and economic costs of tobacco? How easy (or hard) is it for national policymakers to use the FCTC guidance for national policymaking?

Is it a problem of political will or competing priorities or (lack of?) public pressure?

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## **Tobacco (68) Q4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? (4)**

22 March, 2023

Chris Bostic (USA) made an important point a few weeks ago. "We need to update our facts. Nearly everyone in our field still says "smoking kills up to half of its long-term users," but more recent research shows that the key number is 2/3, not half."

<https://www.hifa.org/dgroups-rss/tobacco-19-do-people-understand-health-...>

Thanks to Sian Williams (UK) and Chris, I now have the reference on which this is

based: <https://bmcmmedicine.biomedcentral.com/articles/10.1186/s12916-015-0281-z>

The paper concludes: 'In Australia, up to two-thirds of deaths in current smokers can be attributed to smoking.' The authors also noted that 'death rates in current smokers were around three-fold those of people who had never smoked, in both men and women... These findings are virtually identical to those on the contemporary risks of smoking from the UK and US. What can we say about other countries and globally?

Would it be true to say "Most smokers will die as a result of their habit"? If so, this would be a powerful message. If this can be embedded into the 'global consciousness' it could be a deterrent for young people to start smoking and a motivator for current smokers to quit.

The World Health Organization continues to say 'Tobacco kills up to half of its users'. Is this still a valid statement or does it need to be revised?

Best wishes, Neil

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## **Tobacco (68) The role of health professionals (8) Tobacco use by medical students**

22 March, 2023

If logic were the only driver of behavior, this article (which we published back in 2007) was supposed to take care of this problem of medical student cigarette smoking and its clear effect on patient health...

<https://www.medscape.com/viewarticle/557088>

A Quantitative Assessment of a 4-year Intervention That Improved Patient Counseling Through Improving Medical Student Health

Objective: Despite efforts to produce healthier physicians and patients, there are no published experiments where health promotion interventions

throughout medical school have been compared with a control group regarding the school environment, students' personal health practices, and students' patient counseling practices.

Design: Using the Class of 2002 as controls, we performed a 4-year pilot study of a personal health promotion intervention on the Class of 2003 at Emory University School of Medicine (EUSM). We focused on improving the actual and perceived healthfulness of the educational milieu, and on improving their personal and clinical practices about diet, tobacco, exercise, and alcohol use. Data were collected at freshman and ward orientations and during a senior rotation (ncontrols= 110, 109, 100 and ntreatment=114, 104, 106; all response rates greater than 90%).

Results: Students receiving the intervention perceived EUSM as a healthier environment than did control students. By senior year, control males reported twice the tobacco use reported by males in the intervention (43% vs 22%,  $P = .02$ ), although they had previously reported very similar levels (31% vs 29%,  $P = .8$ ). Diet, exercise, and tobacco counseling practices were positively related to the intervention; alcohol was inversely related to the intervention.

Conclusions: In this pilot, compared with controls, the intervention positively affected medical students' perceptions of their school health promotion environment, reduced tobacco use among male students and, to some extent, improved their patient counseling practices. Such a medical school-based health promotion intervention shows promise and should be studied in a broader setting.

Erica

Erica Frank, MD, MPH, FACPM

Professor, University of British Columbia Faculty of Medicine

Founder/Inventor, [www.NextGenU.org](http://www.NextGenU.org)

Principal Investigator, Healthy Doc = Healthy Patient

HIFA profile: Erica Frank, MD, MPH, is the Canada Research Chair in Preventive Medicine and Population Health at the University of British Columbia and the Founder (in 2001) of [www.NextGenU.org](http://www.NextGenU.org). Dr. Frank has served as a tenured Professor, Vice-Chair, and Division Director in the Department of Family and Preventive Medicine at Emory University School of Medicine in Atlanta, Georgia, and served as Research Physician, Medical Epidemiologist, and Medical Consultant at the U.S. Centers for Disease

Control and Prevention. She has published over 170 peer-reviewed articles, is conversant in French; and is a citizen of Canada, Germany, and the United States of America. Dr. Frank has also conducted research and published abstracts on domestic violence, and intimate partner violence (IPV). Dr. Frank's Wiki page can be found here: [https://en.wikipedia.org/wiki/Erica\\_Frank](https://en.wikipedia.org/wiki/Erica_Frank)

## **Tobacco (70) Q1 Do people understand the health, socio-economic and environmental harms of using tobacco products? (24) Meeting the information needs of children**

23 March, 2023

Dear HIFA colleagues,

Further to the messages from Meean Cherian and Eduardo Bianco about health education and tobacco in schools

<https://www.hifa.org/dgroups-rss/tobacco-45-q1-do-people-understand-harm...>

I am forwarding a new message today from our sister forum CHIFA (child health and rights)

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Dear All

I don't have data on the 'extent' that children understand the different harms and aspects of using tobacco products. What I do know is that most schools will have lessons on the harms of tobacco in their health education curricula

and text books.

These lessons are not likely to be any more effective than most other health education lessons as they fail to connect the real lives and experiences of the children and what they are doing as young adopters of smoking habit or as people who might be indirectly harmed by others' smoking habits.

We need to get more clever about educating children about this addictive habit so that they feel empowered to become agents of change in their own families and have the skills to resist or even challenge peers drawing them into the smoking habit.

At Children for Health, we have done some but not enough work on this topic. I'd be happy to share what we have.

Clare Hanbury

CHIFA profile: Clare Hanbury is director of Children for Health ([www.childrenforhealth.org](http://www.childrenforhealth.org)). She qualified as a teacher in the UK and then worked in schools in Kenya and Hong Kong. After an MA in Education in Developing Countries and for many years, Clare worked for The Child-to-Child Trust based at the University of London's Institute of Education where, alongside Hugh Hawes and Professor David Morley she worked to help embed the Child-to-Child ideas of childrens participation in health - into government and non-government child health and education programmes in numerous countries. Clare has worked with these ideas alongside vulnerable groups of children such as refugees and street children. Since her MSc in International Maternal and Child Health, Clare has worked freelance and focuses on helping government and non-government programmes to design and deliver child-centered health and education programmes where children are active participants. Clare has worked in many countries in East and Southern Africa and in Pakistan, Cambodia and the Yemen. Her current passion is for distilling health information for teachers, health workers and others - into simple practical health messages actionable by children. <http://www.hifa.org/projects/citizens-parents-and-children> <http://www.hifa.org/support/members/clare> Email: [clare.hanbury AT zen.co.uk](mailto:clare.hanbury@zen.co.uk)

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Join CHIFA: [www.chifa.org](http://www.chifa.org)

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# **Tobacco (71) Q4. Do public health professionals and policymakers have adequate knowledge to prevent and treat tobacco addiction in their country? (5)**

23 March, 2023

Thank you, Neil, for raising these important questions.

[ <https://www.hifa.org/dgroups-rss/tobacco-67-q4-do-public-health-professi...> ]

## **ABOUT THE REASONS FOR SLOW IMPLEMENTATION OR NON-IMPLEMENTATION OF THE FCTC AT THE NATIONAL LEVEL?**

Yes, you are right. Industry interference is not the only factor justifying slow implementation or lack of implementation in many countries. But still today, the reports that Parties to the FCTC are required to submit every two years or their statements at public events continue to point to Tobacco Industry interference as the major factor halting progress.

States also point to other factors, including:

- lack of collective political will (governments with a liberal political and economic philosophy are less prone to tobacco control)
- changes in political leadership (political leaders are essential, but governments change signs every 4-5 years, and their tobacco control gains may be attenuated or even regressed)
- Little involvement of civil society and academia in tobacco control policies or lack of skills/capacities to practice advocacy, as well as lack of appropriate leaders.
- Insufficient human and financial resources,
- concerns about the potential economic impact that tobacco control measures could have and potential difficulties for effective implementation of the FCTC. Which is a mixture of ignorance and having listened to the message of the tobacco industry.

## **WHAT ARE THE MAIN METHODS THAT THE TOBACCO INDUSTRY IS USING TO BLOCK PROGRESS?**

There is evidence that the tobacco industry began preparing a response to the Convention at the same time as negotiations to develop the treaty. In 1997, Philip Morris International (PMI) commissioned a consultancy group to write white papers exploring the international framework process. The consultants ultimately advised PMI to “insert itself into the policy-making process” by “mimicking NGO behavior.” Entre 1999 y 2001, British American Tobacco (BAT), Philip Morris (PM) y Japan Tobacco International (JTI) carried out the Cerberus Project with the objective of developing a global voluntary regulatory regime as an alternative to the WHO FCTC, which would focus on the prevention of youth smoking. During the FCTC negotiation process, and later, during the COPs sessions, tried to influence a small group of countries to intervene on their behalf.

Some confidential tobacco industry documents noted that they even attempted to use bribery and intimidation to influence the FCTC process. The tobacco industry understood early on that the development of the FCTC would threaten their business.

Once the FCTC was adopted, they sought to present themselves as socially responsible and have used multiple tactics to interfere with the passage of, or weaken, evidence-based legislation and regulations, which they continue to use today as well. These strategies are global, but developing countries are the most vulnerable. They are pursued at different levels and by various actors, including manufacturers, advertisers, public relations firms, vendors, government officials associated with the tobacco industry as well as lobbyists.

The most frequent tactics are: financing political campaigns, having direct access to decision-makers, requesting to participate in bodies that define regulatory policies and draft bills, exaggerating the contribution of IT to the economy, discrediting independent scientific evidence, conducting their own biased studies, establishing front groups and promoting “alternative” products as part of their harm reduction strategy, using the media to get their messages across (and oppose strong regulations). Other strategies used are: 1. increased use of litigation to oppose the implementation of the FCTC, via intimidating governments. There would be over 1000 cases documented. 2. Using international trade agreements as an argument to oppose the FCTC: The industry has claimed (at least since 1992) that tobacco control measures are in breach of international trade agreements before

During the pandemic, they increased their corporate social responsibility activities, for example through donations of masks, ventilators for respiratory support, and funds for supporting COVID-responses, thus taking advantage of the needs and anguish of governments.

The industry's efforts to undermine WHO\_FCTC continues today. A Reuters exposé from 2017 put forth detailed allegations that PMI attempted to infiltrate an FCTC meeting of the governing body, the Conference of the Parties (COP), despite knowing it was officially barred from participating. The COP appears to have been targeted again in 2018—this time digitally—after analysis suggested industry-linked Twitter accounts were attempting to influence conversations around the COP and, specifically, novel products.

Leaked PMI documents, as Reuters pointed out, reveal the truth: that PMI “has focused its vast global resources on bringing to heel the world's tobacco control treaty.”

HOW WELL IS THE FCTC BRING COMMUNICATED TO POLICYMAKERS? DO POLICYMAKERS FULLY UNDERSTAND THE SOCIAL, HEALTH, AND ECONOMIC COSTS OF TOBACCO? HOW EASY (OR HARD) IS IT FOR NATIONAL POLICYMAKERS TO USE THE FCTC GUIDANCE FOR NATIONAL POLICYMAKING?

Although the WHO-FCTC's 15-year impact assessment showed that the treaty was a key factor in the development of national tobacco control legislation and regulations in many countries, its impact has been uneven.

The key factors to successfully enact FCTC-compliant legislation and/or regulations: (1) building a strong case for tobacco control; (2) mobilizing political will; (3) establishing and/or strengthening collaboration with international and subregional partners and experienced countries; (4) establishing and/or strengthening multi-sectoral and multistakeholder collaboration; (5) ensuring capacity building, sensitization and early involvement of legal officers at different Ministries; (6) implementing a public relations (PR) strategy to sensitize stakeholders, including the general public; and (7) conducting a WHO FCTC needs assessment by the WHO-FCTC Secretariat.

Is it a problem of political will or competing priorities or (lack of?) public pressure? This question is partly answered by the previous one. If the factors above are absent or weak, the political will is likely minor or absent. And yes, the issue of competing interests always exists. It is in the tobacco control community to present a good business case to make politicians understand both the magnitude and the characteristics and the health, economic, and social repercussions of smoking, as well as what the States lose (economic and sanitary) if the status quo is maintained.

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HIFA profile: Eduardo Bianco is a medical doctor and Cardiologist, Certified Tobacco Cessation Expert with a Master's in Prevention and Treatment of Addictive Disorders. Currently, he is Chair of the World Heart Federation Tobacco Expert Group. Dr. Bianco's research examines tobacco control and cessation, and he is a prominent member of several organizations that address tobacco control in Latin America. Dr. Bianco has worked for 25 years in Uruguay and Latin America to promote and train in smoking cessation treatment and tobacco control policies. He is also the former Regional Coordinator for the Americas of the Framework Convention Alliance and former Technical Director of the MOH Center for International Cooperation for Tobacco. He is a member of the HIFA working group on substance use

disorders. <https://www.hifa.org/support/members/eduardo> Email: ebianco AT nextgenu.org

## **Tobacco (72) Q5. What are the pros and cons of vaping? (2) An introduction by Jenna Butner, USA**

25 March, 2023

[\*Note from HIFA moderator (NPW): Thanks to Jenna Butner, who has drafted this introduction to Q5: What are the pros and cons of electronic nicotine delivery systems (ENDS; vaping) (eg as an aid to stop smoking; as an addictive alternative to smoking among young people)? We look forward to explore the issues raised over the coming days. Please send your contributions to: [hifa@hifaforums.org](mailto:hifa@hifaforums.org) ]

HIFA Tobacco Working Group

Hello, I'm Jenna Butner, a member of the HIFA working group that is facilitating this discussion. I'd like to introduce question #5: "What are the pros and cons of electronic nicotine delivery systems (ENDS, vaping) as an aid to stop smoking or alternative to smoking among adolescents and young adults?"

Electronic nicotine delivery systems (ENDS) also referred to as vaping has increased exponentially during the last several years. The rise in E-cigarette or vaping product use-associated lung injury (EVALI) and acute respiratory illness related due to ENDS has risen. Among adolescents, ENDS poses a serious health risk, and little is known on the long-term effects. In a recent publication by Delnevo, et al. physicians may recommend usage of E-cigarettes for smoking cessation, particularly to older patients with a history of severe tobacco use disorder (TUD), however there is ambivalence regarding the safety of ENDS as a treatment for TUD, as there remains the belief that ENDS and cigarettes are equally harmful. In Hartmann-Boyce's systematic review, of 78 completed studies, there was strong evidence that quit rates were higher in people randomized to ENDS than in those randomized to nicotine replacement therapy. Consideration of ENDS as a harm reduction approach in high risk populations with high rates of TUD, such as those with schizophrenia, schizoaffective disorder and bipolar disorder, whose life expectancy is 10-20 years shorter than that of the general population, may be an alternative treatment approach in the right direction.

As a primary care physician and hospitalist, recommendation for use of ENDS is something I have become more accustomed to. It is my opinion that the use of nicotine without the other chemicals found in cigarettes, is “safer” and I approach it from a philosophy of harm reduction. To that end, having limited knowledge on the contents and quantities of newly developed vaping solutions is unsettling. More education and evidence-based studies on the safety and efficacy of it as a cessation option for TUD is urgently needed.

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## **Tobacco (73) Q5. What are the pros and cons of vaping? (3)**

25 March, 2023

Dear HIFA colleagues,

We are discussing this topic on our sister forum, CHIFA (child health and rights), under the subject heading of 'Pros and cons of vaping from a child health perspective'

Joseph Ana (Nigeria) said: "'Pros and cons of vaping from a child health perspective', which I think is out of place and misleading because there cannot be any 'pros' for vaping or any other form of tobacco use in any form or shape. I thought it is agreed and established that there is no advantage from tobacco use or smoking for even adults, talk less of children. Or am I mistaken? People who start up nicotine use with vaping, end up getting hooked on nicotine and which then leads to using traditional tobacco products (nida.nih.gov/publications/drugfacts/vaping-devices-electronic-cigarettes)"

I replied: "Indeed it is hard to find any 'pros' to vaping from a child health perspective. The main pro from a general health perspective is that vaping has helped many smokers to quit. From a child health perspective it is worrying that people who have never smoked, including children, take up vaping and become addicted to nicotine. The health harms of vaping are probably much less than smoking cigarettes, but we do not have full knowledge of the long-term impact. Meanwhile it has been noted that some of those children who vape go on to become cigarette smokers. I would be interested to hear from other CHIFA members on the impact of vaping on child health. It has been argued on our sister forum HIFA that vaping has a role in smoking cessation, and that ideally it should be available only on prescription for this purpose. On the other hand there are those who argue that it doesn't make sense to restrict vaping when cigarettes are freely available. The reality is that both vaping and cigarettes continue to be freely available to anyone, everywhere, including children."

Best wishes, Neil

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together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (74) Q1 Do people understand the health, socio-economic and environmental harms of using tobacco products? (25)**

### **Learning for the experience of tobacco users**

26 March, 2023

Our thanks to HIFA-Spanish lead moderator Jackeline Alger who posted a message today on HIFA-Spanish. The CDC website has 'Real stories' of people whose lives have been affected by tobacco.

'The individuals below are participating in the Tips From Former Smokers® campaign. All of them are living with or caring for someone with smoking-related diseases and disabilities. These diseases and disabilities changed the quality of their lives – some dramatically – including how they eat, dress, and handle daily tasks they once loved doing. They speak from personal experience and have agreed to share their stories to send a single, powerful message: Quit smoking now. Or better yet – don't ever start.'

<https://www.cdc.gov/tobacco/campaign/tips/stories/index.html>

COMMENT (NPW): For me these 'real stories' are powerful. Even more powerful are the real stories we hear in our 'real lives', especially when relatives or friends are made sick or die from tobacco-related illness. To what extent do current users of tobacco learn from such stories? What is blocking their attention and their learning?

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## **Tobacco (75) Q1 Do people understand the harms of using tobacco products? (26) Learning from the experience of tobacco users (2)**

27 March, 2023

Dear Neil, [\*see notes below]

To answer the question what is the effect of death due to smoking for the people around them. In 2010 Choice TV from the UK made a film entitled: Responsible corporations? : the social cost of the cigarette business / TV Choice Productions (<https://www.nlb.gov.sg/biblio/202963119> ). This film depicts how most Indonesians don't believe that smoking is bad for their health and the industry shamelessly cashes in on their ignorance. This film describes how a woman who is exposed to cigarette smoke suffers from lung cancer and eventually dies. But the people around her thought that it was not caused by smoking.

In daily conversation in Indonesia, smokers often give examples that they see grandparents who are over 70 years old and still smoke. They make it as a model that people who smoke can also live longer.

Jum'atil Fajar

HIFA Profile: Jum'atil Fajar is Medical Care Manager at RSUD dr. H. Soemarno Sosroatmodjo Kuala Kapuas, Indonesia. Professional interests: Distributing electronic health information among doctors. jumatil AT gmail.com

[\*Notes from HIFA moderator (NPW):

1. Thank you Jum'atil. The observation that 'most Indonesians don't believe that smoking is bad for their health' is quite shocking and I would be very interested to see the film. However, I have just spent 30 minutes online looking for it, including the Action on Smoking and Health website, and the only version I can find is not freely available. Do you have a direct link?
2. This raises a question about the availability of educational video for the

general public. In my view any video that has educational value, such as the one you describe, should be freely available to all. The tobacco control community should ensure this wherever possible.

3. A third comment is whether and how the tobacco control industry guides people through online content to inform them about the health (and environmental) risks of tobacco. If a member of the public does a Google search on health risks of tobacco they will get 72 million results. How to guide people to information that is both reliable and impactful?

4. What are the most impactful videos that have been made on this subject? For the public? For health workers? For policymakers? Have they been adequately publicised and disseminated?]

## **Tobacco (76) Q5. What are the pros and cons of vaping? (4)**

27 March, 2023

Dear HIFA colleagues,

Here is another message from our sister forum CHIFA (child health and rights)

--

Hello from Brazil and completely agree with Dr Joseph Ana There are NO pros for vaping, none indeed and just whatever "glamour" from the tobacco industries and all the drug dealers behind the Internet and "digital world" of e-vaping, as it is not only nicotine but also sometimes cocaine oils and all aromatizants that are added and are not only the cause for addiction but also lung and carcinogenic future problems. The drug industries "exploit" children and adolescents and need "new consumers" for their own profits!

Best regards, Evelyn Eisenstein, MD Associate Prof of Pediatrics and Adolescent Medicine University of the State of Rio de Janeiro [www.ceijas.org.br](http://www.ceijas.org.br)

CHIFA profile: Evelyn Eisenstein, Diretora da Clínica de Adolescentes e do CEIIAS (Centro de Estudos Integrados, Infância, Adolescência e Saúde) Rio de Janeiro, Brazil. CHIFA member evelynbrasil AT hotmail.com

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CHIFA: [www.chifa.org](http://www.chifa.org)

Best wishes Neil (moderator)

## **Tobacco (77) Q5. What are the pros and cons of vaping? (5) What the World Health Organization says about vaping**

27 March, 2023

Below is what the World Health Organization says about vaping (it's interesting they have chosen not to use the term itself). They suggest that it 'should not be promoted as a cessation aid until adequate evidence is available', although it's clear from HIFA members that it is being widely used for this purpose, and many people have been able to stop smoking with the help of e-cigarettes. What is your take on WHO's advice below?

--

'Electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), commonly referred to as e-cigarettes, are devices which heat a liquid to create an aerosol which is then inhaled by the user. These may or may not contain nicotine. The main constituents of the solution by volume are propylene glycol, with or without glycerol, and flavouring agents. E-cigarettes do not contain tobacco but are harmful to health and are not safe. However, it is too early to provide a clear answer on the long-term impacts of using them or being exposed to them.

'E-cigarettes are particularly risky when used by children and adolescents. Nicotine is highly addictive and young people's brains develop up to their mid-twenties.

'ENDS use increases the risk of heart disease and lung disorders. They also pose significant risks to pregnant women who use them, as they can damage the growing fetus.

'Advertising, marketing and promotion of ENDS has grown rapidly, through channels which rely heavily on internet and social media (3). Much of the marketing around these products gives rise to concern about deceptive health claims, deceptive claims on cessation efficacy, and targeting towards youth (especially with the use of flavours).

'ENDS/ENNDS should not be promoted as a cessation aid until adequate evidence is available and the public health community can agree upon the effectiveness of those specific products. Where ENDS and ENNDS are not banned, WHO recommends that the products be regulated in accordance with 4 key objectives:

prevent initiation of ENDS/ENNDS by non-smokers, minors and vulnerable groups;

minimize health risks for ENDS/ENNDS users and protect non-users from exposure to their emissions;

prevent unproven health claims being made about ENDS/ENNDS; and

protect tobacco control from all commercial and other vested interests related to ENDS/ENNDS, including interests of the tobacco industry (4, 5).'

<https://www.who.int/news-room/fact-sheets/detail/tobacco>

--

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## **Tobacco (78) Q1 Do people understand the harms of using tobacco products? (27) Resources to inform people about the dangers of tobacco**

28 March, 2023

Dear Neil,

To answer your questions: [\*see note below]

1. I access the video through university account (alumni account). I do not have direct link for you to access the video.

2. Ministry of Health provided the following video regarding the danger of tobacco to health: [https://promkes.kemkes.go.id/download/dmqj/files47349Hidup Hancur Karena Rokok.mp4](https://promkes.kemkes.go.id/download/dmqj/files47349HidupHancurKarenaRokok.mp4)

3. I tried to use the following phrase in Indonesia "bahaya rokok bagi Kesehatan" (the dangers of smoking for health) in Bing and Google. I found that the results are from reliable sources.

4. I do not know about the impact. But the most views video regarding this topic is this video: <https://youtu.be/w2SS3kmy3HM> . It talk about its contents, history, propaganda and alternatif. This is for general public.

Best regards,

Jum'atil Fajar

HIFA Profile: Jum'atil Fajar is Medical Care Manager at RSUD dr. H. Soemarno Sosroatmodjo Kuala Kapuas, Indonesia. Professional interests: Distributing electronic health information among doctors. jumatil AT gmail.com

[\*Note from HIFA moderator (NPW): Here are the questions/comments in my previous message:

"1. Thank you Jum'atil. The observation that 'most Indonesians don't believe that smoking is bad for their health' is quite shocking and I would be very interested to see the film. However, I have just spent 30 minutes online looking for it, including the Action on Smoking and Health website, and the only version I can find is not freely available. Do you have a direct link?

2. This raises a question about the availability of educational video for the general public. In my view any video that has educational value, such as the one you describe, should be freely available to all. The tobacco control community should ensure this wherever possible.

3. A third comment is whether and how the tobacco control industry guides people through online content to inform them about the health (and environmental) risks of tobacco. If a member of the public does a Google search on health risks of tobacco they will get 72 million results. How to guide people to information that is both reliable and impactful?

4. What are the most impactful videos that have been made on this subject? For the public? For health workers? For policymakers? Have they been

adequately publicised and disseminated?

<https://www.hifa.org/dgroups-rss/tobacco-75-q1-do-people-understand-harm...> " ]

## **Tobacco (79) Q5. What are the pros and cons of vaping? (6) What the World Health Organization says about vaping (2)**

28 March, 2023

Neil thank for sharing this WHO position on Vaping.

The Key W.H.O. messages for me should guide our discussion on this topic, especially when children and minors are talked about:

i) it 'should not be promoted as a cessation aid until adequate evidence is available'

ii) E-cigarettes do not contain tobacco but are harmful to health and are not safe.

iii) 'ENDS use increases the risk of heart disease and lung disorders. They also pose significant risks to pregnant women who use them, as they can damage the growing fetus.'

iv) 'ENDS/ENNDS should not be promoted as a cessation aid until adequate evidence is available and the public health community can agree upon the effectiveness of those specific products. Where ENDS and ENNDS are not banned, WHO recommends that the products be regulated in accordance with 4 key objectives: prevent initiation of ENDS/ENNDS by non-smokers, minors and vulnerable groups; minimize health risks for ENDS/ENNDS users and protect non-users from exposure to their emissions; prevent unproven health claims being made about ENDS/ENNDS; and protect tobacco control from all commercial and other vested interests related to ENDS/ENNDS, including interests of the tobacco industry'

Joseph Ana

HIFA profile: Joseph Ana is the Lead Senior Fellow/Medical Consultant at the Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria, established by HRI Global (former HRIWA). He is a member of the World Health Organisation's Technical Advisory Group on Integrated Care in

primary, emergency, operative, and critical care (TAG-IC2). As the Cross River State Commissioner for Health, he led the introduction of the Homegrown Quality Tool, the 12-Pillar Clinical Governance Programme, in Nigeria (2004-2008). For sustainability, he established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria. His main interest is in whole health sector and system strengthening in Lower, Low and Middle Income Countries (LLMICs). He has written six books on the 12-Pillar Clinical Governance programme, suitable for LLMICs, including the TOOLS for Implementation. He served as Chairman of the Nigerian Medical Association's Standing Committee on Clinical Governance (2012-2022), and he won the Nigeria Medical Association's Award of Excellence on three consecutive occasions for the innovation. He served as Chairman, Quality & Performance, of the Technical Working Group for the implementation of the Nigeria Health Act 2014. He is member, National Tertiary Health Institutions Standards Committee of the Federal Ministry of Health. He is the pioneer Secretary General/Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.  
(<http://www.hifa.org/support/members/joseph-0> <http://www.hifa.org/people/steering-group>). Email: info AT hri-global.org and jneana AT yahoo.co.uk

## **Tobacco (80) Q5. What are the pros and cons of vaping? (7)**

28 March, 2023

The e-cig controversy is complicated enough that I haven't truly taken a side, and I believe that the silent majority find themselves similarly placed. The main issue is that the tobacco control community bases (or tries to) its policy advocacy on science, and the science for e-cigs is simply too scant compared to combustibles, owing to their being on the market for just 15 years or so. We simply can't say for certain what the long-term impact of vaping will be. But obviously we need to employ the precautionary principle here - e-cigs are sold everywhere and we can't do nothing for the decades it may take to get adequate science. While I haven't taken a stand on whether e-cigs ought to be fully embraced (I don't think so) or banned (also don't think so, unless all other non-NRT nicotine products are banned at the same time), there are a few personal "truisms" that guide my thinking:

\* The ideal policy would be one that allowed access to e-cigs only for current adults who smoke.

\* E-cigs are almost certainly not as dangerous as combustibles. But that says

little: combustible cigarettes are by far the most dangerous consumer product in history.

\* An addiction-based business model is unethical. Addiction itself is a harm.

\* We can't let the fight about e-cigs prevent or even slow down efforts to rid the world of combustibles.

\* There are people on both sides of the debate that are dedicated public health professionals advocating for what they think is best. I have good friends that I highly respect on both sides.

\* Just because the tobacco industry says it's in favor of something doesn't mean we must knee-jerk oppose it. They are very pleased with themselves for causing this rift.

Chris Bostic, Policy Director

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HIFA profile: Chris Bostic is Action on Smoking and Health's Policy Director. Since 2001, Chris has worked in tobacco policy at the local, state, national and international levels. Prior to joining ASH, he worked at the Campaign for Tobacco-Free Kids and the American Lung Association. He has also served as a public health law clinical instructor at the University of Maryland Francis King Carey School of Law and was a founding board member of the Human Rights and Tobacco Control Network (HRTCN). bosticc AT ash.org

**Tobacco (81) Q5. What are the pros and cons of vaping? (8) Why have governments failed to implement the ideal policy?**

28 March, 2023

Chris Bostic notes: "The ideal policy would be one that allowed access to e-cigs only for current adults who smoke."

Indeed it is clearly logical that e-cigs should ideally be available only on prescription by a healthcare provider, as a prescribed treatment for smoking cessation. All efforts *should* have been made to prevent marketing and sale to children and adolescents.

It's interesting that not a single country in the world (to my knowledge) has implemented this policy.

Why have governments failed to implement this? Has the public health and tobacco control community been too slow or insufficiently effective to make e-cigarettes available by prescription only? Or have policymakers been insufficiently informed about the consequences of allowing direct marketing and sale of these products? Have the tobacco companies (which are by far the largest manufacturer of e-cigarettes) used their considerable financial influence and ability to misinform? Perhaps all of these.

It is an indictment of the public health community that a medical product (e-cigarettes) with serious side effects (addiction, lung disease...) is now easily available to almost everyone without prescription.

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## **Tobacco (82) Q1 Do people understand the harms of using tobacco products? (28)**

28 March, 2023

Dear HIFA colleagues,

My mother just called me to say a friend of the family had a stroke a few days ago. He is critically ill in an induced coma. He was a heavy smoker and he is 47 years old.

'Smoking tobacco increases your risk of having a stroke. Someone who smokes 20 cigarettes a day is six times more likely to have a stroke compared to a non-smoker. If you are a smoker, quitting will reduce your risk of stroke and a range of other diseases.' [https://www.world-stroke.org/assets/downloads/STROKE\\_RISK\\_AND\\_PREVENTION...](https://www.world-stroke.org/assets/downloads/STROKE_RISK_AND_PREVENTION...)

How many smokers know this? I have found a study from China that shows 85% of Chinese smokers do NOT know that smoking is associated with an increased risk of stroke [1]. Another study from Spain and Hungary found that less than 60% of the smokers were aware of the risk of active smoking for stroke [2]. A third study from the US found that 65% did not know that smoking is a risk factor for stroke. [3]

It is tragic to think that our friend was probably unaware that his smoking habit meant that he had a greatly increased risk of stroke as compared with non-smokers.

How can the risks of smoking be better communicated to smokers (and to everyone)?

[1] [https://tobaccocontrol.bmj.com/content/19/Suppl\\_2/i18](https://tobaccocontrol.bmj.com/content/19/Suppl_2/i18)

[2] <http://www.tobaccoinduceddiseases.org/Knowledge-of-the-health-risks-of-s...>

[3] <https://jamanetwork.com/journals/jama/fullarticle/187464>

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## **Tobacco (83) Q5. What are the pros and cons of vaping? (9) What the World Health Organization says about vaping (2)**

28 March, 2023

Neil, thanks for your posting on the WHO position on e-cigarettes. One of the things I find difficult is that WHO's information sheets have very few references. If you make a strong claim like "are harmful to health and are not safe" then it deserves full referencing. There is no reference. Later on there are two references in relation to Conference of the Parties from 2014 and 2016 but these seem to relate to the Framework Convention.

As a number of commenters have said, there is a really important distinction between using e-cigarettes to help people quit tobacco cigarette smoking and initiation by someone who has not previously used nicotine-containing products. I think there is a strong consensus on the latter that we should do all in our power to stop people starting.

However, in relation to the former, health services are keen to know how to help people quit their tobacco dependence. The latest Cochrane from 2022 says "People who smoke, healthcare providers and regulators want to know if ECs can help people quit smoking, and if they are safe to use for this purpose. This is a review update conducted as part of a living systematic review.

<https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/...>

It concluded "There is high-certainty evidence that ECs with nicotine increase quit rates compared to NRT and moderate-certainty evidence that they increase quit rates compared to ECs without nicotine. Evidence comparing nicotine EC with usual care/no treatment also suggests benefit, but is less certain. More studies are needed to confirm the effect size. Confidence intervals were for the most part wide for data on AEs, SAEs and other safety markers, with no difference in AEs between nicotine and non-nicotine ECs nor between nicotine ECs and NRT. Overall incidence of SAEs was low across all study arms. We did not detect evidence of serious harm from nicotine EC, but longest follow-up was two years and the number of studies was small."

Those most tobacco dependent, eg people with serious mental illness, die up to 20 years prematurely (see Jenna Butler's post). So, if we are to reduce such gross inequality, shouldn't they and their healthcare teams be given fully referenced information about the relative harms of cigarette vs e-cigarettes?

Sian

HIFA profile: Sian Williams is Chief Executive Officer at the International Primary Care Respiratory Group in the UK. Professional interests:

Implementation science, NCDs, primary care, respiratory health, education, evaluation, value, breaking down silos. sian.health AT gmail.com

## **Tobacco (84) Q5. What are the pros and cons of vaping? (10) The origin of the word 'vape'**

29 March, 2023

Dear HIFA colleagues,

As we discuss the pros and cons of vaping, and as a diversion, I'd like to share with you a 2-minute video on the origin of the word.

I have a personal interest in this because the person who first coined the word (in 1983) is a good friend of mine, Rob Stepney, a medical writer who lives in the same Cotswold town as me (Charlbury UK).

Here is the video of him being interviewed by Oxford

Dictionaries: <https://www.youtube.com/watch?v=ToAfsnpyrXw>

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (85) Q5. What are the pros and cons of vaping? (11) The origin of the word 'vape' (2)**

29 March, 2023

Neil,

Thank you for sharing this history of vaping (the word) and e-cigarette.

In the video, Rob Stepney gives one an interesting background to the thoughts and attempts to separate nicotine and tar in smoking tobacco, but seems unsure who first coined or first used the word. [\*see note below]

Joseph Ana.

Prof Joseph Ana

Lead Senior Fellow/ medical consultant.

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[\*Note from HIFA moderator (NPW): Yes, I think Rob is just being modest saying that although he can't remember hearing the word, it's possible he heard the word being used by someone else orally before he first put it into print. He says 'it's quite likely other people thought of using the term' independently. I think this is fairly typical of how new words emerge.]

## **Tobacco (86) Q5. What are the pros and cons of vaping? (12)**

29 March, 2023

Chris Bostic notes: "The e-cig controversy is complicated enough that I haven't truly taken a side"

<https://www.hifa.org/dgroups-rss/tobacco-80-q5-what-are-pros-and-cons-va...>

Can anyone explain what are the biggest flashpoints of the debate? On what does everyone agree, and on what do they disagree?

I have done a google search using the terms "what is the main disagreement between supporters and defenders of e-cigarettes?" and found that most of the results in the top 20 were at least 2 years old and often 7 years old. For example there is a 1-hour video panel discussion from Harvard (2020) [ <https://www.youtube.com/watch?v=9nWZwap29Rw> ] with the introduction:

"Increasingly popular, vaping is hotly debated in healthcare and policymaking. On the one hand, advocates for e-cigarettes argue that they

are a safer alternative to tobacco, which causes millions of deaths around the world every year. But with youth vaping rates skyrocketing, critics fear that a new generation is becoming addicted to nicotine, which is often found in vaping products and sometimes at higher concentrations, with little evidence for the devices' long-term safety. Meanwhile, a spate of vaping-related illnesses and deaths has demonstrated how far the growth of vaping has outpaced regulation and research. While CDC scientists traced most of the deaths to an additive in black-market THC vaping cartridges, confusion persists over what products are safe for consumers. This Forum weighed the pros and cons of vaping from a public health and policy perspective, looking at both legal and illicit uses of vaping devices, and examined the impact of vaping-related illnesses on the future of e-cigarette regulation."

I look forward to hear more from Chris, Eduardo, Sian and other HIFA members. As we come towards the end of our discussion, what would you like HIFA members to take away?

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## **Tobacco (87) Q1. Do people understand the harms of using tobacco products? (29) How can people be better informed? (6)**

29 March, 2023

Meena Cherian (Switzerland) proposed 'points which could enable inclusion of community participation in policies such as':

"10. Movies should not encourage showing actors smoking unless it is required in the script (very rarely it would be!)."

<https://www.hifa.org/dgroups-rss/tobacco-43-q1-do-people-understand-harm...>

Indeed, smoking continues to be extremely common not only in movies but also in television drama of all kinds. There seems to be a disconnect

between this use and the prevalence of smoking in, for example, news programmes and light entertainment, where cigarettes are almost completely banished.

A problem with smoking in movies and drama is that viewers - many young and impressionable - are likely to empathise with those characters and to internalise their action (smoking) as desirable.

As a result, young people are being inappropriately seduced.

There is no counterbalance (most smokers will die early as a result of their habit).

It seems to me that the tobacco control community have so far largely failed to engage the majority of young people at the time they take up smoking. The media, and big tobacco, are far more effective the other way.

What can be done to empower the tobacco control community and weaken the media and big tobacco?

Best wishes, Neil

HIFA profile: Neil Pakenham-Walsh is coordinator of HIFA (Healthcare Information For All), a global health community that brings all stakeholders together around the shared goal of universal access to reliable healthcare information. HIFA has 20,000 members in 180 countries, interacting in four languages and representing all parts of the global evidence ecosystem. HIFA is administered by Global Healthcare Information Network, a UK-based nonprofit in official relations with the World Health Organization.

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## **Tobacco (88) Q2. Do health workers have adequate knowledge to prevent and treat tobacco addiction? (7)**

29 March, 2023

Dear HIFA colleagues,

Previous messages on the question "Do health workers have adequate knowledge to prevent and treat tobacco addiction?" suggest they do not. This is an astounding conclusion: Health workers are inadequately informed to help protect their individual patients, and the population at large, from

the dangers of smoking, which kills more than half of its users, more than 8 million people each year.

There is a catastrophic failure of public health education here, and a failure to empower health professionals with basic facts and basic skills.

Where are we going wrong?

Best wishes, Neil

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## **Tobacco (89) Q5. What are the pros and cons of vaping? (13)**

30 March, 2023

Dear Evelyn, (Evelyn Eisenstein, Brazil)

You said: "completely agree with Dr Joseph Ana There are NO pros for vaping, none indeed"

<https://www.hifa.org/dgroups-rss/tobacco-76-q5-what-are-pros-and-cons-va...>

Could we explore this a little more?

Sian Williams (UK) noted: "The latest Cochrane from 2022... concluded "There is high-certainty evidence that ECs with nicotine increase quit rates compared to NRT and moderate-certainty evidence that they increase quit rates compared to ECs without nicotine." <https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub7/...>

If vaping can help people quit from smoking, this is surely a very important 'pro'?

There are lots of other questions about pros and cons, of course. There is great concern about the 'skyrocketing' take-up of vaping by adolescents, and the fact that this often leads to smoking of cigarettes. It's unclear, however, whether the availability of vaping reduces or increases uptake of combustible cigarettes at a population level. Can anyone shed light on this?

Best wishes, Neil

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## **Tobacco (90) Q5. What are the pros and cons of vaping? (14)**

30 March, 2023

Dear Dr Pakenham-Walsh,

Thank you for bringing up the discussion on electronic cigarettes.

Let's start with the first issue you raised, which is that of language. "Vaping" is a term that is generally avoided by some health professionals because it implies that the emissions of e-cigarettes are merely "vapor" and are thus safe. While most other ingredients of e-liquids (except for nicotine) are generally recognized as safe for ingestion (i.e. propylene glycol, vegetable glycerine), e-cigarette liquids still contain tobacco-specific nitrosamines which have no safe level for exposure and carry significant risk of genotoxicity. In addition, nicotine itself presents a hazard, and there is significant evidence of it contributing to cardiovascular disease including hypertension and vascular calcification. [1] It would do well to note that the Flavor Extract Manufacturers' Association has emphasized that the use of the term "generally recognized as safe" when it comes to flavors only pertains to the typical use case of flavorings in food. [2] Certain flavors (cinnamon, chocolate, and vanilla, to name a few) also exert toxicological effects when suspended in aerosol and delivered to mammalian lungs. [3]

The presumption that ENDS are a substitute for cigarettes [4] no longer holds universally true in the context of current evidence. This assertion has

been deconstructed and addressed by The Editorial Team at The Lancet [5], and at least one systematic review [6] and our appreciation of epidemiological evidence thus far leads us to disagree with quit-smoking claims from proponents of ENDS as quit-smoking aids.

If we were arguing from first principles, then a true cessation aid must neither 1) drive initiation, dual-use or poly-use of tobacco nor 2) render users more likely to smoke cigarettes. But what does the epidemiological

evidence say? As early as 2016, the US Surgeon General had already raised concerns of e-cigarette use being associated with concurrent use of conventional tobacco products. [7] Indeed, subsequent analysis of the Population Assessment on Tobacco and Health has shown that current smokers who initiated vaping, especially daily ENDS users, generally had worse (1:7.88) odds of quitting tobacco. [8] On the other hand, other longitudinal studies do show that children who have not used conventional tobacco at baseline, who have used e-cigarettes, are around three times more likely to use combustible cigarettes within just 1 year of follow-up (2:86:1). Further, transitions from never-use to dual use are also more likely to occur than transitions from dual-use to non-use ( $p < 0.05$ ). [9] The same pattern is seen with adults who are either trying to use ENDS to quit or who are using only ENDS; both of them just end up going back to cigarettes. [10]

Considering all this, it is very difficult to recommend ENDS as smoking cessation aids. If youth use of ENDS are a harbinger of subsequent tobacco use, then there is so much to be said about being strict with the regulation of ENDS. [11] Singapore has banned ENDS (and tobacco heating systems), and it enjoys near single-digit smoking prevalence figures without the “help” of ENDS. Australia, on the other hand, has implemented a very strict prescription-only model, but it is still grappling with a youth use epidemic with ENDS. [12,13] In the UK, where the policy direction embraces e-cigarettes, current use of e-cigarettes has roughly doubled among the youth in 2022 compared with the last two years. [14]

Now, the elephant in the room: if e-cigarettes were indeed a quit-smoking revolution, then why would the tobacco industry go to lengths in North America and elsewhere to promote these products to teens? [11, 15] Are they not being marketed to feed the tobacco industry’s profit margin, instead?

The WHO notes that over 30 countries have now either banned or strictly regulated the use of e-cigarettes. [16] Global experience validates the WHO’s 2016 recommendations, where e-cigarettes must be strictly regulated if not banned altogether. [17]

E-cigarettes are not there to help anyone quit smoking. If anything, independent research shows that they are more likely there to keep people smoking.

Regards,

Anton Oliver Javier\*, \* MD, DIH

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## **Tobacco (91) Q5. What are the pros and cons of vaping? (15)**

30 March, 2023

We are particularly attracted to the various evidence-backed points that Anton Oliver made in his contribution to the on-going discussion about smoking and its innumerable harms to human health and wellbeing, social and economic existence. In particular, we concur with his remark about the 'the elephant in the room: if e-cigarettes were indeed a quit-smoking revolution, then why would the tobacco industry go to lengths in North America and elsewhere to promote these products to teens? Are they not being marketed to feed the tobacco industry's profit margin, instead?

And to that very important point, we add that the world needs to beware of 'Tobacco industry's targeting of women in LMICs who have lower rates of smoking than men particularly in Asia, Sub-Saharan Africa and the Middle East, is similar to the industry's targeting of women in HIC in the 1920s, linking smoking to women's social and economic freedoms (Smith DR, Leggat PA. An international review of tobacco smoking in the medical profession: 1974-2004. BMC public health. 2007;7:115-26. pmid:17578582).

Vaping or whatever terminology is used to describe it, should not be promoted to children, adolescents, non smokers as a quit-smoking means. Better to focus and direct resources to promoting abstinence from smoking in all its forms.

Joseph Ana

HIFA profile: Joseph Ana is the Lead Senior Fellow/Medical Consultant at the Centre for Clinical Governance Research and Patient Safety in Calabar, Nigeria, established by HRI Global (former HRIWA). He is a member of the World Health Organisation's Technical Advisory Group on Integrated Care in primary, emergency, operative, and critical care (TAG-IC2). As the Cross River State Commissioner for Health, he led the introduction of the Homegrown Quality Tool, the 12-Pillar Clinical Governance Programme, in Nigeria (2004-2008). For sustainability, he established the Department of Clinical Governance, Servicom & e-health in the Cross River State Ministry of Health, Nigeria. His main interest is in whole health sector and system strengthening in Lower, Low and Middle Income Countries (LLMICs). He has written six books on the 12-Pillar Clinical Governance programme, suitable for LLMICs, including the TOOLS for Implementation. He served as Chairman of the Nigerian Medical Association's Standing Committee on Clinical Governance (2012-2022), and he won the Nigeria Medical Association's Award of Excellence on three consecutive occasions for the innovation. He

served as Chairman, Quality & Performance, of the Technical Working Group for the implementation of the Nigeria Health Act 2014. He is member, National Tertiary Health Institutions Standards Committee of the Federal Ministry of Health. He is the pioneer Secretary General/Trustee-Director of the NMF (Nigerian Medical Forum) which took the BMJ to West Africa in 1995. Joseph is a member of the HIFA Steering Group and the HIFA working group on Community Health Workers.

([http://www.hifa.org/support/members/joseph-](http://www.hifa.org/support/members/joseph-0)

[0 http://www.hifa.org/people/steering-group](http://www.hifa.org/people/steering-group)). Email: info AT hri-global.org and jneana AT yahoo.co.uk

## **Tobacco (92) Q5. What are the pros and cons of vaping? (16)**

30 March, 2023

Neil Pakenham-Walsh asked: "Can anyone explain what are the biggest flashpoints of the debate? On what does everyone agree, and on what do they disagree?"

Let me start by re-highlighting one of the personal truisms I listed earlier, that folks on both sides are honestly doing what they think is best for public health. I say that not to be magnanimous or even-handed or to avoid insulting people (although those are fine reasons), but as a launching point to talk about the difficulties in employing the precautionary principle. Both sides are using it, but have come to different conclusions as to what it means. These are my interpretations, of course, and I hope I can characterize the positions fairly.

Pro e-cig argument: Currently, combustible cigarettes kill someone roughly every four seconds. We have tried for decades to reduce their use, but with limited success. If there is an alternative product available that is less harmful, we have a duty to make it available and provide public information and encouragement for people who smoke to switch.

Anti e-cig argument: We don't know how dangerous e-cigs are, but we know they are not safe. We have a duty to prevent a new epidemic, and a moment in history when it is still possible to do so. There are tested and regulated products available already to help people who smoke to quit. If e-cig manufacturers truly want to help people who smoke, they can go through the process of getting regulatory approval as smoking cessation products.

There are a few - a very few - public health advocates that have gotten it objectively wrong. A couple of years ago one organization ran a campaign to convince people who had switched from combustibles to e-cigs to switch back. I don't know how successful the campaign was, but if they convinced even a few people, they are likely culpable for additional deaths.

One other point I'd like to make, and at the risk of insulting some folks. People have a right to accurate health information, and governments and public health advocates have a duty to do their best to provide it. There have been and are several public campaigns, understandably aimed at preventing kids from becoming addicted to nicotine, that breach this duty by cherry picking or massaging information. The ends cannot justify the means. This is not to say that taking liberties with the truth is isolated to one side of the debate - there have been dubious claims from the other side as well. But it comes from a very tiny fraction of a field filled with selfless and passionate people.

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## **Tobacco (93) Q5. What are the pros and cons of vaping? (17)**

30 March, 2023

Thanks Neil. You asked me, Eduardo and Chris to comment on take home messages about vaping. I thought I'd do one list of all take-home messages about tobacco and nicotine as it's hard to separate.

Take-home messages from me (developed over time and influenced by expert colleagues from the NHS in London and also IPCRG):

- Nicotine dependence is a long-term relapsing treatable condition that often starts in childhood.
- It includes cigarette smoking, use of chewed tobacco, hookah and now e-cigarettes
- It is the nicotine that is addictive but the other substances that cause most harm eg tobacco smoke.
- It is therefore best to never start. Policy measures are most effective and are the WHO "best buys" (in the WHO MPOWER framework these are P = protect; W = warn; E = enforce bans on tobacco advertising, promotion and sponsorship; and R: raise taxes on tobacco).
- However, the O is also important for those already dependent. O= offer help to quit. and the M - monitor.
- Without treatment, up to 2/3 of those who are tobacco dependent will die of this dependence from a huge range of conditions including cancer, chronic respiratory diseases and heart disease (see earlier posts). Typically the more "pack years" the worse the outcome (20 cigarettes = 1 pack; 52 packs = 1 pack year)
- People with severe mental illness have often had the highest pack years and die up to 20 years prematurely compared to the general population (see earlier posts)
- All those who are dependent will also have worse quality of life. Breathlessness, cough, fatigue are common problems. The different products affect different parts of the body more - eg chewed tobacco causes oral cancer, smoking causes lung cancer and chronic obstructive pulmonary disease (COPD).
- The good news is it is treatable: the best evidence suggests pharmacotherapy + counselling.
- In terms of pharmacotherapy, the WHO Essential Medicines List includes Nicotine Replacement Therapy (long-acting patch that deals with nicotine withdrawal and short-acting gum that deals with cravings; there are other types of NRT that may be preferred but these aren't on the WHO List);

varenicline (safe and effective but currently has supply issues - look out for generic varenicline) and bupropion (tends to need more monitoring)

- Clinicians (all disciplines) therefore have a duty to diagnose and treat it.

- Consider the Number Needed to Treat to have an impact - avoid premature death - (NNT) for treating tobacco dependence using varenicline + behavioural support is about 20. And typically treatment is needed for up to 6 months. Compare this to antihypertensive treatment for mild hypertension to avoid one stroke or MI death over 1 year is

700. <https://www.nature.com/articles/s41533-017-0039-5/tables/2>

- With limited time, use Very Brief Advice - models such as Every Contact Counts means that there should be the same message given whichever healthcare professional the dependent person encounters.

- Very Brief Advice: Ask about tobacco smoking and record in notes; Advise on how best to stop; ACT: direct to best available support and treatment to help them quit.

- Find out more here: <https://www.ipcrq.org/themes/tobacco-dependence> and [https://www.pcrs-uk.org/sites/default/files/tobacco\\_dependency\\_pragmatic...](https://www.pcrs-uk.org/sites/default/files/tobacco_dependency_pragmatic...)

- The good news about the VBA framework is you can use for other behaviours too

see <https://www.who.int/europe/publications/i/item/9789289058551>

- Studies are underway to see if it also works for chewed tobacco - a major issue in South Asia where colourful packs are sold to young children

- Most e-cigarettes contain nicotine but not tobacco

- Some people do not want to quit nicotine or the habit of "smoking" and therefore find e-cigarettes a safer alternative

- Some find they can gradually quit using e-cigarettes

- The latest Cochrane "living" (ie updated whenever there is significant new evidence) report 2022 suggests e-cigarettes are therefore a useful quitting tool (see earlier posts)

- This is completely different from people who have not previously smoked or chewed tobacco in any form taking up e-cigarettes. Clearly they are now introducing something addictive into their lives which wasn't there before. So it's a question of weighing up the benefit and harm.

I welcome comment/correction!

Thanks

Sian

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## **Tobacco (94) Q5. What are the pros and cons of vaping? (18)**

31 March, 2023

Dear Dr Pakenham-Walsh,

Thank you for maintaining a balanced discussion about e-cigarettes and driving towards the flashpoints for debate on this forum.

I would like to share a Letter to the Editor of the BMJ on this matter from Prof Glantz. This article explains why the Cochrane review should not be the only study informing our risk assessment of e-cigarettes. [1]

I will be liberal in pulling some of the salient points from the Letter because it can explain the reasons why better than I ever can:

- the Cochrane review in question formulates an opinion based on 6 studies (RCTs) from an original pool of over 70 documents;

- RCTs are designed to investigate the effectiveness of interventions provided in a clinical setting, a scenario in which e-cigarettes aren't typically given especially in countries where they are sold as consumer products, and;

- RCTs are not powered to provide insight on population-level impacts of interventions

It's worth noting that there is one study [2] in this systematic review which actually shows the superiority of varenicline over e-cigarettes.

Further, if the cessation claim is true, then it begs the question of why the UK's MHRA has still not granted authorizations for any e-cigarettes to be marketed as smoking cessation tools. [3]

I can only speculate, but I think people who have legitimately good intentions are pushing for e-cigarettes with the hope of finding a brand new solution to recalcitrant smokers. Some countries have already employed a wide variety of WHO FCTC interventions at the highest levels of implementation, but they are growing very impatient with smokers who simply cannot and will not stop. In this case, the WHO FCTC allows for countries to exceed its prescribed interventions (for example, instead of just graphic health warnings, a country can go for standardized packaging); the WHO FCTC only represents the basic minimum required of tobacco control interventions.

There is also the perfectly legitimate issue (especially in LMICs) of how expensive it can be to offer pharmacologic interventions for nicotine addiction. While returns on investment for quit-smoking health technologies (like varenicline) are generally favorable [4], this does not mean that LMICs would be automatically willing to pay for the up-front cost of these important interventions.

We do not discount the unique experiences of those, however few, who saw that e-cigarettes can help in their own smoking cessation journey. But personal experiences should not determine how entire nations should develop their quit-smoking strategies. To be informative, we need to be critical of the evidence and clearly communicate the size of effect and level of certainty that comes with every claim.

The burden of proof is with the tobacco industry. They have yet to demonstrate that their electronic smoking devices will yield a net positive effect on public health. Until then, the World Medical Association Resolution still stands [5], and we will be very cautious of any public health solutions that would come from their end.

Thank you.

Regards,

\*Anton\*

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## **Tobacco (95) Q5. What are the pros and cons of vaping? (19)**

31 March, 2023

Dear Sian, [ <https://www.hifa.org/dgroups-rss/tobacco-93-q5-what-are-pros-and-cons-va...> ]

Thank you very much for this very complete summary that you have presented, with which I agree in "almost" everything, except the observation on the subject of the use of electronic cigarettes for smoking cessation, and I want to explain myself well about it.

There would appear to be evidence that e-cigarette use as part of research studies (in a controlled environment) would effectively aid smoking cessation. If that is confirmed, it would be very good news.

My concern (or at least one of them) is that the evidence in the "real world" (that is, in uncontrolled or OTC use) would not confirm the effectiveness that is mentioned. To this end, I cite the study published by Ruifeng Chen and colleagues at UCSD in Tobacco Control 2022 ("Effectiveness of e-cigarettes as aids for smoking cessation: evidence from the PATH Cohort Study, 2017-19.") The authors sum up their findings: "In this analysis of the most recent PATH Study data, smokers who reported using e-cigarettes to help them in their most recent cigarette quit attempt were less, not more, likely than other quit attempters to achieve either successful cigarette cessation or to become tobacco and e-cigarette free".

The justification for e-cigarette use is that they theoretically are a less dangerous replacement for cigarettes.

The mentioned study shows that adults are not using e-cigarettes to quit (what the FDA and tobacco companies call "switching completely").

Furthermore, e-cigarettes would not work as well for smoking and tobacco cessation in the real world as FDA-approved medications or even quitting "cold turkey" without any aids.

In addition, another Systematic Review and Meta-analysis by Kim et al, that was published in Am J Health Behav. TM 2022;46(4):358-375, also casts doubt

on the claim that e-cigarettes are effective in helping to quit smoking because it concludes that:

- No RCTs were identified, which would have provided the highest level of evidence
- The 2 meta-analyses conducted to investigate quit attempts showed contradicting results
- When restricting the analysis to prospective data evaluating odds of quit attempts at 6-12 month follow-up, no significant association was found

In their conclusions, the authors highlight that: The results of the meta-analyses emphasize temporality in the association between e-cigarette use and cigarette smoking quit attempts. Numerous methodological limitations, including inadequate definitions of e-cigarette use and non-adjustment for confounding variables, limit the confidence in conclusions that can be drawn on the causal association between e-cigarette use and cigarette smoking quit attempts.

Another point of concern is "dual" consumption (e-Cig and cigarettes). According to Osibogun's study (longitudinal transition outcomes among adult dual users of e-cigarettes and cigarettes with the intention to quit in the United States: Path Study (2013-2018). *Prev. A Real-World Scenario, dual e-cigarette and cigarette use May Hinder Rather Than Facilitate Smoking Cessation Among those interested in quitting. This Needs Consideration When Assessing the Population Impact of E-Cigarettes and Their Role in Harm Reduction.*

If we add to this the fact that the tobacco industry itself is promoting the use of electronic cigarettes... and they are not doing it to make people stop smoking! Because no company wants to do something to stop making money but rather to maintain or increase its profits.

All of that really leaves me in serious doubt as to whether the e-cigarette solution is a "real solution" or a "Trojan horse".

I strongly hope that we can find more effective and accessible aids that will help the majority of smokers to quit. But for now, I will continue to support and try to use the tools for which there is sufficient evidence of its effectiveness in cessation, and continue to fight against the systematic obstacles that are placed for accessing and using them properly.

I hope you can understand my point of view.

Best regards,

Eduardo

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## **Tobacco (96) Q5. What are the pros and cons of vaping? (20)**

3 April, 2023

Furthering Mr. Oliver's thoughtful post:

"In this case, the WHO FCTC allows for countries to exceed its prescribed interventions (for example, instead of just graphic health warnings, a country can go for standardized packaging); the WHO FCTC only represents the basic minimum required of tobacco control interventions."

I'd like to draw attention to FCTC Article 2.1:

"In order to better protect human health, Parties are encouraged to implement measures beyond those required by this Convention and its protocols, and nothing in these instruments shall prevent a Party from

imposing stricter requirements that are consistent with their provisions and are in accordance with international law."

We call this the "tobacco endgame" article. Every two years, the Parties to the FCTC meet at the Conference of the Parties (COP). In November, the 10th COP will meet in Panama, and for the first time, Article 2.1 is on the agenda for discussion. We have the opportunity to push the world to think beyond simply convincing people not to smoke to targeting the tobacco industry and ending commercial tobacco sales.

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