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Dear colleagues, summer is well advanced and most likely many of you have finished their vacations. You have time to concentrate again on tobacco issues. Here is again for your consideration the latest issue of the EMASH Newsletter, in the hope that you will find it of some interest. Have a good reading. (RM)

News from WHO

WHO report on the global tobacco epidemic, 2011: warning about the dangers of tobacco. The 164 page WHO report is the 3rd of its kind, concluding that large graphic health warning have been proven to be effective in reducing tobacco use in populations where such warnings are applied. Attention is especially drawn on art 11 of FCTC on packaging and labeling of tobacco products. Many complex and exhaustive tables show trends in tobacco use in all FCTC Parties. The report is available in www.who.int at the TFI website under health topics: tobacco.

News from EMASH

EMASH/Portugal, Coimbra: 8th Smoking or Health Congress, 13-14 October

For the eight consecutive year our indefatigable EMAS Vice president and Secretary General of the Portuguese branch of EMASH is organizing a congress on smoking or health, with international participation, in Coimbra.

The theme will be: Health professionals against tobacco

 Discussions will center on:

- FCTC Convention
- Tobacco use – beliefs and attitudes
- How to introduce a no-tobacco policy
- Health institutions and tobacco
- Nicotine and dependency mechanisms
- Adolescence, the right time to start
- Environmental smoking, the electronic cigarette?
- Tobacco use at the workplace
- The fight against tobacco – the role of health professionals
- Prevention of relapses
- Self-help groups
- Progress in smoking cessation therapy
- Free communications – Posters
News from other NGOs

No ICAA/Tobacco congress this year: EMASH Vice president Lars Ramstrom was once again organizing the tobacco sessions of the ICAA’s (International Council on Alcohol and Addictions) 54th International Conference on Dependencies due on 13-17 November 2011 at the British Medical Association in London. Presenters on tobacco were expected to be, besides Lars himself, Deborah Arnott, Robert West, Ann McNeil, Karl Olov Fagerström. Regrettably, due to the recent unrest that hit London and other cities in the UK, ICAA decided to cancel the event until next year. Let’s hope for the best.

Scientific reports

Recently several exchanges of view occurred among Globalinkers concerning the usefulness of smoking cessation therapies. EMASH colleagues R. Boffi, R. Mazza and coworkers at the Italian National Cancer Institute in Milan offered the following summary presentations:

Taking care of smoker cancer patients: a review and some recommendations

A cancer patient who smokes is a very fragile person and we identify in scientific literature three main areas of clinical practice and research to develop the care of smokers with cancer. (i) Telling facts: smoking impacts on the survival and on the outcomes of surgery, chemo-, radio- and biological therapies. The aim of our intervention was to enable patients to make informed choices about smoking. (ii) Offering sensitive and effective smoking cessation like an instrument of patient empowerment to motivate change in smoker patient lifestyle. (iii) Assisting smoker patients if they develop acute nicotine withdrawal symptoms. Smoking care and nicotine replacement therapy can support temporary abstinence during the inpatient stay and providing patients with an opportunity for smoking cessation can prompt a future permanent quit attempt. Comprehensive cancer centers must act like a promoter of a better smokers’ care, applying guidelines to their reality and try to do more research on smokers’ needs and on the resources to assist them. Only the alliance between victims of smoking addiction and health personnel can give a chance against the tobacco epidemic.

The Gap between Tobacco Treatment Guidelines, Health Service Organization, and Clinical Practice in Comprehensive Cancer Centres

Smoking cessation is necessary to reach a higher quality of life, and, for a cancer patient, it represents an important step in improving the outcome of both prognosis and therapy. Being a cancer patient addicted to nicotine may be a critical situation. We conducted a survey to monitor how many comprehensive cancer centers in Italy have an outpatient smoker clinic and which kinds of resources are available. We also inquired about inpatient services offering psychological and pharmacological support for smoking cessation, reduction, or care of acute nicotine withdrawal symptoms. What we have witnessed is a significant gap between guidelines and services. Oncologists and cancer nurses are overscheduled, with insufficient time to engage in discussion on a problem that they do not consider directly related to cancer treatment. Furthermore, smoking habits and limited training in tobacco dependence and treatment act as an important barrier and lead to the undervaluation of smokers' needs.

Odds and ends in countries

Japan: Philip Morris's joint venture with Japan Foundation has announced a 30 million yen project pretended to help people older than 18 years in the devastated area in Eastern Japan earthquake. Evidently this is still an effort by PM to show its alleged humanitarian attitudes.

Lebanon: On August 17th, 2011, the Lebanese Parliament has passed the new tobacco control law. This law will comprehensively ban tobacco product advertising, promotion and sponsorship; and it establishes health warnings covering 40% of both fronts of the pack.
France: Prof Dubois informs Globalinkers that in spite of the fact that France was among the countries which first ratified FCTC, the prevalence of smoking increased last year after 6 years of plateauing.

Additional information gleaned on French newspapers concerns the:

Reinforcement of the Evin law:

Stronger controls will be put in place to check that cigarettes are not sold to minors and that smoking is not allowed in bars. These are the aims of the French Health Minister Xavier Bertrand, who wants to strengthen the famous Evin law, after the name of the Health Minister at the time (1991).

Among other things the new dispositions intend to create protected zones near schools where cigarette sales will not be allowed. The new dispositions will cover also candy cigarettes which appeal to children and menthol flavored cigarettes which are much appreciated by youth. Reinforcement of no-smoking areas regulations and the struggle against contraband will also be strengthened.

Reinforcement of the Evin law was badly needed as it was no longer applied in bars and public places. Tobacconists also recognize that they often do sell cigarette to minors and are never controlled by the police. The Ministry of Health reminds that 60.000 smokers are killed every year by tobacco which is the first cause of preventable death in the country, where almost 30% of the population smokes.

Some of the relevant points in the Evin law:

- **No-smoking areas**: Since 1991 smoking is totally forbidden in teaching establishments and in public places like railway stations and airports. As from 2006, smoking prohibition includes also bars restaurants.
- **Tobacco publicity**: It is forbidden, as it is also any free sample distribution. TV producers must avoid all scenes which could appear as an incitement to smoking.
- **Information of the public**: Cigarette packets must show the tar, CO and nicotine content together with a clear statement that smoking seriously endangers health.
- **Sales to minors**: Tobacconists are not authorized to sell cigarettes to minors less than 18 years old. A sign « Cigarette sales forbidden to minors » must be clearly visible in the shop.

Switzerland: Tobacco dependence is a disease. NRT products should therefore be reimbursed by the health insurance. Thanks also to the support by the pharmaceutical company and NRT producer, Pfizer, the Federal Tribunal, contrary to the Federal Office for Public Health, has established that NRT treatments be reimbursed. This is a historical achievement, as the issue has been debated for decades in WHO and outside, Now it is perhaps taking off the ground.

On the contrary, there has been no progress concerning sales of self-extinguishing cigarettes. These are usual in the USA and as of 17 November the EU will oblige tobacconists to commercialize only this type of cigarettes. Switzerland, however, not being an EU country, will not follow.

In addition, studies have shown that smoking water pipe (narghila, shisha) in Switzerland, where it is becoming fashionable, is more dangerous than in other countries as tobacco used in Switzerland contain much higher amounts of humidifying agents (glycerol and propylene glycol) i.e. 60% vs e.g.5% in Germany. These products could increase the risk of larynx, lung and tongue cancer. Smoke from water pipes contains much more tar than cigarettes. And also of toxic heavy metals like lead, arsenic and nickel. As tobacco is burnt in live charcoal its CO content is also elevated. As smoking a water pipe may take almost one hour, the smoke inhaled is much more than that from a cigarette.
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