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News from EMASH

October 10-11: Like every year Dr Luisa Costa, Vice president of EMASH and founder of its Portuguese branch, organized the EMASH/Portugal annual seminar on tobacco or health, the 10th of a series. It was held as usual at the medical university in Coimbra. The theme was:

**Tobacco? certainly not!**

This year issues under discussion were:

Keynote speech: "Tobacco - the irrational triumph" by Dr Luminita Sanda, WHO

- Anti-smoking - What happens in the world
- The media against tobacco
- Tobacco consumption and the economic crisis
- The politician and tobacco
- The vulnerability of young people against smoking
- How to help young people against risky behaviors
- Health education – does it meet the expectations?
- Erectile dysfunction and smoking
- Smoking, sterility and infertility
- Tobacco use and Genetics
- Smoking and COPD
- The pregnant smoker
- Clear the Air
- How to treat smokers with other dependencies
- Smoking Cessation – Therapy update

A summary report on the seminar will be published in the next issue of this Newsletter
Science

The issue of whether or not passive smoking is a health hazard to nonsmokers is still debated. The following research from two of our world renowned colleagues, James Repace and Manfred Neuberger, in spite of having been carried out in different settings and in different countries did produce significantly similar results. Passive smoking is indeed a health hazard. Readers who might be interested in the details of the studies could contact the authors.

**Air quality, mortality, and economic benefits of a smoke–free workplace law for non-smoking Ontario bar workers**

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**Abstract:** We estimated the impact of a smoke-free workplace bylaw on non-smoking bar workers' health in Ontario, Canada. We measured bar workers' urine cotinine before \((n = 99)\) and after \((n = 91)\) a 2004 smoke-free workplace bylaw. Using pharmacokinetic and epidemiological models, we estimated workers' fine-particle \((PM_{2.5})\) air pollution exposure and mortality risks from workplace secondhand smoke (SHS). Workers' pre-law geometric mean cotinine was 10.3 ng/ml; post-law dose declined 70% to 3.10 ng/ml and reported work hours of exposure by 90%. Pre-law, 97% of workers' doses exceeded the 90th percentile for Canadians of working age. Pre-law-estimated 8-h average workplace \(PM_{2.5}\) exposure from SHS was 419 lg/m3 or 'Very Poor' air quality, while outdoor \(PM_{2.5}\) levels averaged 7 lg/m3, 'Very Good' air quality by Canadian Air Quality Standards. We estimated that the bar workers' annual mortality rate from workplace SHS exposure was 102 deaths per 100 000 persons. This was 2.4 times the occupational disease fatality rate for all Ontario workers. We estimated that half to two-thirds of the 10 620 Ontario bar workers were non-smokers. Accordingly, Ontario's smoke-free law saved an estimated 5–7 non-smoking bar workers' lives annually, valued at CAD $50 million to $68 million (USD $49 million to $66 million).

**Exposure to ultrafine particles in hospitality venues with partial smoking bans.**

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Fine particles in hospitality venues with insufficient smoking bans indicate health risks from passive smoking. In a random sample of Viennese inns (restaurants, cafes, bars, pubs and discotheques) effects of partial smoking bans on indoor air quality were examined by measurement of count, size and chargeable surface of ultrafine particles (UFPs) sized 10–300 nm, simultaneously with mass of particles sized 300–2500 nm \((PM_{2.5})\). Air samples were taken in 134 rooms unannounced during busy hours and analyzed by a diffusion size classifier and an optical particle counter. Highest number concentrations of particles were found in smoking venues and smoking rooms (median 66,011 pt/cm\(^3\)). Even non-smoking rooms adjacent to smoking rooms were highly contaminated (median 25,973 pt/cm\(^3\)), compared with non-smoking venues (median 7,408 pt/cm\(^3\)). The particle number concentration was significantly correlated with the fine particle mass \((P<0.001)\). We conclude that the existing tobacco law in Austria is ineffective to protect customers in non-smoking rooms of hospitality premises. Health protection of non-smoking guests and employees from risky UFP concentration is insufficient, even in rooms labeled "non-smoking". Partial smoking bans with separation of smoking rooms failed.
The Electronic Cigarette: a poorly known smoking device (by Laura Ciaffei)

In recent years there has been a growing dissemination of the so-called electronic cigarette. It is even recommended as some of the ways to quit smoking. It deserves, therefore, further consideration on its nature and history. It was patented in the U.S. in the 1960’s, but only in 2004 it was produced in China and exported worldwide. The classic electronic cigarette is formed by a steel structure with a cavity where to insert a capsule containing liquid nicotine in various concentrations and a rechargeable battery. It looks like a normal cigarette. Smokers inhale the steam which is as usual absorbed by the lungs. In the long term there seem to be reduced health costs and number of deaths from lung cancer. It is surprising that even renowned scientists advise using the electronic cigarette to stop smoking. Others, however, point out that even if the dangers are less important than those caused by cigarettes as the electronic cigarettes do not burn paper, there is no evidence that the vapor is harmless or that the use of the electronic cigarette decreases the dependence to the usual smoking habit. Experts say that it accustoms young smokers to gestures and rituals associated with tobacco consumption and this represents a great danger. The distribution of the electronic cigarette was made possible because of a legal vacuum as its existence was not anticipated and therefore not regulated. It is not even foreseen in the WHO Framework Convention on Tobacco Control, which does not require member state parties to the Convention to enforce the ban on smoking in enclosed public places. According to studies carried out in Italy by the National Institute of Health, the tolerated dose of nicotine is exceeded even with a moderate use of these cigarettes. E-cigarette producers have begun studies to demonstrate that really the amount of nicotine inhaled is less than that inhaled with a normal cigarette. In addition, since there is no burning paper, the risk of lung cancer is lower. They even say that after a survey of smoking electronic cigarettes, 32% of smokers decreased the number of normal cigarettes smoked by half, and 22% stopped smoking altogether. At the same time an increasing number of doctors advise patients who want to quit smoking to use the electronic cigarette instead. A study from New Zealand published in the Lancet demonstrates the efficacy of this equipment suggesting that the E-cigarette is comparable to the patch, or even better, to help smokers stop as 57% of smokers who used the E-cigarette have decreased their tobacco consumption while only 41% of those who used patch did so. However, at a recent meeting in Durban, WHO issued a Technical Report (TRS 955) on the electronic cigarette emphasizing WHO’s very clear position. Already as long as 2008 the Head of WHO-TFI (Tobacco-Free Initiative), Dr. Douglas Bettcher said: “Any statement that considers the electronic cigarette as a valid therapy to quit smoking is absolutely false”. Producers have diffused in the web or in their advertisements the notion as if the WHO supported their thesis. Instead, the WHO has called on governments to press producers to remove such advertisements: “If producers want to promote the hypothesis of a health-innocuous electronic cigarette they must show serious clinical studies to prove it” says WHO. According to this Organization, this form of smoking is as harmful as that of tobacco since the safe use of the E-cigarette has not been scientifically proven.

To complicate further the issue of safety a recent decision by the European Parliament in Strasbourg watered down the request by the European Commission in Brussels that the E-cigarette be sold only in pharmacies. Strasbourg decided instead that it can be sold freely like any other tobacco product.

In summary, concerning the E-cigarette, two of the major anti-tobacco Swiss experts, Verena El Ferhi and Jean Francois Etter appear to disagree with each other. “Should we be afraid of the electronic cigarette?” “Yes”, says Verena, “as we do not know its composition”. “No fear”, says instead Jean François, “it is enough that it is less dangerous than a normal cigarette".
Odds and ends from countries

**Austria:** prohibition of sale of tobacco products to people younger than 18 years is not diffused to all European countries. Indeed Austria, Belgium, Luxembourg, Macedonia, the Netherlands, and large parts of Switzerland are lagging behind. Especially in central Europe the influence of the tobacco cartel is still powerful. While the Netherlands plan to raise the age limit for purchasing tobacco to 18 years of age in 2014, Austria, which has one of the highest smoking rates among 15-year-old teenagers, still sticks to the lower age limit of 16 years. In Germany and other European countries, smoking rooms cannot be entered by minors but in Austria access to smoking rooms is free without any age limit (M. Neuberger).

**Switzerland:** The price of cigarettes is going up again to the equivalent of almost 9 € (USD 12) a pack. This is really expensive! In spite of the cost however, there are almost 1.7 million smokers in Switzerland (out of almost 8 million total population). A study from the University of Saint-Gall shows that female mortality is expected to increase by 60% in the next 5 years, while among men it is decreasing. Stopping smoking is definitely beneficial to health. A study carried out in the Canton Tessin (Italian speaking), where smoking in public places is forbidden, showed a decrease by one fifth in the number of heart attacks as compared to the Canton Basel (German speaking) where smoking in public places is still permitted. The
The canton of Valais wants to counter the scourge of smoking by launching its first cantonal prevention program. At the heart of this pioneering work in French-speaking Switzerland, are young people who take on the cigarette at an earlier and earlier age. 31% and 26% of Valais males and females over 15 smoke, against 30% and 24% of the Swiss population on average. Regarding minors, the situation is more alarming: 17% of Valais boys and girls between 14 and 15 say they smoke daily. A figure well above the Swiss average, which is 10% for girls and 13% boys. The approach consists of twelve concrete projects declined around three axes: prevent the onset of consumption, encourage youth to quit and protect them against passive smoking. After that WHO has forbidden smoking also on the open areas of its campus, there is a movement in Geneva to extend a similar prohibition to all parks and public areas in the city. Data show that following the prohibition of smoking in public enclosed areas, introduced in Geneva in 2009, the number of hospitalizations for respiratory diseases and myocardial infarction have markedly (-19% and -7% respectively) diminished. This corresponds to 1800 hospital days per year less than in the past. Obviously cigarette sales are no longer as profitable as they used to be and Philip Morris is reducing its staff in the country.

**France** is not second in fighting smoking in public places and a number of beaches are no-smoking areas.

**Turkey:** in the year 2000, 20% of patients hospitalized in Turkey had a smoking-induced disease and such diseases accounted for more than half of all hospital deaths. More than half of all Turkish men were daily smokers. By 2008, however, Turkey benefited from some of the most stringent tobacco control measures in the world making indoor spaces 100% smoke free. The impact on health has been clear with a 20% drop in the smoking related hospital admissions and smoking prevalence down to 27%.

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**On the lighter side**

The silly ways of cigarette publicity: what do they aim at? *(from Le Matin)*

**On the sad side**

We’ve all heard of the terrible mishap that recently happened, as it happens over and over again, just out of Lampedusa, a small Italian island that finds itself to be the south frontier of Europe in the middle of the Mediterranean Sea. Thousands of poor people from the Horn of Africa or the Maghreb trying to escape to Europe for a better life, instead find death by...
A survivor of a recent shipwreck mentioned that the accident started when someone inadvertently threw a cigarette butt on a pile of rags that happened to be soaked in fuel. A fire started and the boat sank. Over 300 poor immigrants drowned. We don't want to lay the blame on some smoker, but we must admit that under certain circumstances smoking does really represent a deadly danger.

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