



# LeMSIC

Lebanese Medical Students'  
International Committee

اللجنة الدولية لطلبة الطب في لبنان

# LeMSIC Policy Document

## Tobacco Control

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Proposed by: the National Public Health Officer and the Vice-President for External Affairs 2020-21

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## Policy Statement

### Introduction:

Tobacco use is a major public health concern leading to cancers in several organs, coronary artery disease, pneumonia, and aortic aneurysms. More than eight million people are killed due to tobacco each year, and around 1.2 million of these people are killed due to exposure to second-hand smoke [57]. Tobacco use is especially significant in Lebanon that ranks ninth in the world and second in the region for smoking prevalence. Even though Lebanon signed the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) in 2004, there is no proper implementation of its guidelines [3]. However, the implementation of tobacco control was found to be effective in the reduction of smoking rates worldwide. A review of the literature shows that there are several barriers to the implementation of such policies in Lebanon [3]. However, with proper resources, training, and monitoring, Lebanon can be a leading country in the region for tackling this crucial public health concern.

### LeMSIC Position:

The Lebanese Medical Students' International Committee affirms the need to strengthen tobacco control among the Lebanese society as a means to reduce the public health burden of smoking. LeMSIC acknowledges that urgent action should be taken to ensure that proper education, awareness, and legislation are directed towards tobacco control, thus enhancing the overall health status of the whole community. Moreover, LeMSIC is highly concerned about youth's health as the primary group affected by tobacco and firmly believes that youth should be put at the core of action to help alleviate the pressure on the healthcare system.

### Calls to Action:

#### To governmental bodies:

- To raise the minimum age of sale for tobacco to 21 and should be regulated by compliance checks and penalties for violations.
- To plan methods to ensure the implementation of the law
- To ensure proper measures are being taken by the judiciary system and the reporting bodies.
- To provide insurance plans that cover counseling and medications used in smoking cessation programs.
- To implement taxation fees on tobacco products.





To Non-Governmental Organizations (NGOs):

- To contribute to the establishment of tobacco cessation programs.
- To collaborate with schools and universities to conduct awareness campaigns.

To schools and universities:

- To increase awareness using curricular campaigns, national public health education programs and peer education programs.
- To raise awareness on the importance of patient counseling to students in the medical or health-related field.
- To place and implement a clearly worded tobacco policy that reflects the best practices in tobacco prevention, cessation, and control.
- To incorporate free of charge tobacco cessation programs for students.

To healthcare professionals:

- To address tobacco, use in standard care using the WHO 5 As model.
- To educate family and friends on tobacco control during patient visits.
- To perform smoking assessments and increase referrals to cessation programs especially to cancer patients who are smokers.

To restaurants, cafes and workplaces:

- To implement the Lebanese law of smoking prohibition in public areas.
- To invest in solutions other than Hookah in order to maintain incomes.
- To restrict the amount of smoking areas available around these areas.

To student-led organizations:

- To empower university and high school students in order for them to raise awareness to family members about smoking cessation.
- To organize awareness campaigns that tackle the negative implications of smoking without inducing too much fear and by educating about the uncomfortable feelings when trying to quit smoking.

To hospitals and medical institutes:

- To mandate patient smoking status assessment and cessation program referral.
- To educate the medical staff and patients on the importance of starting cessation programs while being hospitalized for another disease.
- To provide cessation programs at a low cost and for extended hours to accommodate for people who work during the day.





- To provide trainings on tobacco control and tobacco control policies.

To marketing companies, social media platforms & influencers:

- To stop the promotion of smoking on social media platforms.
- To prohibit influencer marketing of tobacco or nicotine products and to reject offers of brand ambassadorship and refuse any form of sponsorship by nicotine and tobacco industries.



## Position Paper

### Background:

Lebanon implemented a tobacco control law in August 2011 called law no.174. This law prohibits the import, manufacturing, distribution or supply of any tobacco products that do not fit the law in place. It also prohibits the import, manufacturing, distribution or supply of any tobacco products that do not undergo the necessary laboratory screening [1]. It was found that smoking bans have actually worked in several countries around the world, and smoking rates decreased by 5-20% which was seen in the USA. In Ireland, smoking bans led to an 83% drop in nicotine concentration in the air [2]. However, these laws are not being implemented in Lebanon due to the lack of governing bodies holding people accountable [3].

In order to accomplish tobacco control in Lebanon and around the world, several bodies have taken it upon themselves to implement tobacco free programs. Tobacco cessation programs that combined both counseling and medication had the highest success rates [4].

The internet has been documented as a vehicle to potentially advertise and sell tobacco products. In addition, sales websites are prolific and easily accessible through simple key word searches. These sites also serve as a direct form of tobacco promotion and advertising and can include forums for buyers to leave product reviews. A definitive review of nearly 2,000 relevant references concludes that there is a causal relationship between tobacco promotion through social media and social influencers and increased tobacco use [5,6].

### Discussion:

#### Lebanon Legislations about tobacco use in public places

The law prohibits the use of any tobacco products in all enclosed places, workplaces and public transportation. Therefore, the restaurants, nightclubs or any other tourism or entertainment place were supposed to make the necessary adjustments to accomplish this such as placing "no smoking" signs at the entrance and inside their buildings and in vehicles. It is also prohibited to provide any tobacco products in nightclubs, restaurants and enclosed places [1]. A study done in 2010 found that secondhand smoke levels in 28 public places sampled in Lebanon to be in the "hazardous" range on average [3].

However, these tobacco control laws have not been properly implemented due to several factors. One of the factors is that the industries believed that such a law implementation would lead to the failing of the economies especially restaurants and cafes since people would not be willing to visit if smoking is banned. However, studies in New York showed that 96% of people continued to consume the same amount of food as before even when smoking was banned [2].

According to Law no. 174, the officially appointed members of the judicial police, the Ministry of Public Health, the Directorate of Consumer Protection in the Ministry of Economy and Trade and the tourist police will be in charge of monitoring the implementation of the present law's provisions. Therefore, if a tobacco product violating the provisions of this law is seized, it will be confiscated and handed with a copy of the seizure report to the Lebanese Regie for Tobacco [1]. However, these tobacco prohibitions according to the law have not been fully implemented and enforced which is what is leading to the failure of tobacco control [3].

A cross-sectional study done to assess the implementation of the indoor smoking ban and the advertising ban in Lebanon revealed that half of the participants saw people smoking in their workplace (44.2%), restaurants or coffee shops (52.8%) and public transportation (60%). However, less than 20% witnessed tobacco promotion or advertisements which shows that the advertising sector was compliant as compared to the other industries. This does not exclude the fact that more than half the smokers continued smoking in workplaces and closed public spaces [7].

The implementation of the smoking ban in enclosed public places is low due to the governments' lack of will to enforce the law. There was minimal compliance from the Ministers of Interior and the Ministers of Tourism in an attempt to ease the burden of the hospitality sector. It was only until 2019 that the Ministry of Public Health banned smoking in the ministry. In addition, the ministries responsible are not coordinating on their roles in implementing this law. Therefore, this is leading to lower compliance to implement it [8].

In addition, a cross-sectional study showed the intention to quit smoking due to the tobacco control policies. It was reported by 24% of cigarette smokers that they had the intention to quit smoking due to these policies and label warnings on the cigarette packs. Furthermore, an association between noticing warning labels and having intentions to quit was statistically significant [9].

The challenges to accomplishing tobacco control and to implementing the law includes the limited political will by consecutive governments, low levels of coordination between the responsible authorities, limited resources, vested interests and tobacco industry and allies' interference. In addition, tobacco products in Lebanon continue to be highly available, affordable and accessible. Furthermore, the ministries claim that the limited funds and resources are the reasons for the lack of implementation of the law. However, this initiative does not require extensive funding [8].

People were getting fined for breaching these laws. However, the judiciary system in Lebanon is slow in following up with the fines and repeated violations; therefore, the violators continued to breach these laws. In addition, the corruption, conflict of interest and bribery among the regulation bodies and some of the police officers are some of the reasons for the lack of proper implementation of the law. These have all created a low perceived threat of enforcement or punishment which has led to the lack of compliance [8].

### **Tobacco use in restaurants, cafes and workplaces**

Smoking bans are public policies, including criminal laws and occupational safety and health regulations, that prohibit tobacco smoking in workplaces and other public spaces such as cafes and restaurants [10]. These bans have contributed to the prevention of smoking uptake among children and young people by reshaping the perceived social acceptability of smoking [11].

Many countries have introduced smoking bans in public places and placed laws and legislations in order to protect the public from the harmful effects of smoking and second-hand smoking [12]. In North America, Western Europe, and Australia, many of the Tobacco control efforts have focused on clean indoor-air laws, and the experiences of those regions are instructive to other countries which started working on tobacco control [13, 14].

The displacement of parental smoking behavior, meaning where the parents smoke rather than whether they do smoke, has been impacted due to the smoke-free legislation. The displacement could be into or out of less regulated environments such as the home, which could influence children's exposure to smoking behavior [15, 16].

In fact, the effectiveness of smoke-free policies was evident in numerous studies and countries [17, 18, 19]: these policies protect non-smokers, in particular, from the harmful effects of second-hand smoke. In addition, there are several other benefits for example encouraging smokers to cut down or to quit completely. It can also prevent people, especially the younger population, from starting to smoke.

Studies have shown that there is no safe level of exposure to secondhand smoke. Therefore, implementing smoke-free laws or smoking bans have been the most effective way to eliminate the risks of second-hand smoke. The primary purpose of such laws, which establish smoke-free public places, is to protect workers and the public from the serious risks posed by tobacco smoke [20].

### **Importance of Tobacco Taxation**

Tobacco taxation is one of the most effective ways in limiting the consumption of tobacco [21]. For instance, an estimation conducted by the WHO shows that if all the countries around the globe take action by increasing the taxes on tobacco by 50%, then that would lead to a reduction in the number of smokers by around 49 million, leading to a decrease in morbidity related to tobacco by 11 million deaths [22]. In addition, the government's revenue would eventually increase too, and in such, the funds could be used to focus on other deadly non-communicable diseases such as cancers and cardiovascular diseases [22]. On top of that, such revenues could be used to strengthen smoking cessation programs and make it affordable and reachable for all [21].

In Lebanon, the tax rate accounts for 47%, while WHO recommendations state that tobacco taxes should be no less than 70% of the retail price. This actually made tobacco to be extremely affordable than in other neighboring countries [21].

## **Setting Age Limit for Tobacco Sale & Consumption**

The FDA raised the minimum federal age for tobacco sale & consumption to the age of 21 as of 2019, instead of the age of 18 [23].

In Lebanon, the minimum age is still 18 years; however, unfortunately, no real action is being taken by the government, and tobacco is being sold even for children [24].

Rules for Tobacco Sale according to the FDA: [5]

- Checking the ID for all people who are under the age of 27.
- Tobacco can only be sold to people above the age of 21.
- Tobacco should never be sold through a vending machine, unless within a facility that is adult-only.
- Never provide free tobacco to anyone and especially minors.
- Tobacco packages should include a warning sign.

Marketing Regulations for Tobacco Packaging and Advertising: [26]

- To Prohibit advertising or marketing for any tobacco doesn't include a warning sign along with a visual aid.
- The sign must be placed on the upper part within the trim area of the advertisement and must occupy at least 20% of the whole advertisement area, and placed in the center.

## **Impact of Social Media & Influencers**

Social media plays a crucial role nowadays in the life of young people, and influencers are important role models for establishing modes of behavior, including attitudes to smoking, vaping, and using heated tobacco products (HTPs) [5].

In fact, social media may amplify the transmission of tobacco product misinformation in addition to traditional media. However, there is an uneven distribution in the exposure and effects of misinformation about tobacco products. This is due to the differences in access to trusted health information sources, in health literacy, and online social networks. Inequalities in misinformation exposure and receptivity may perpetuate and widen tobacco use disparities and related health disparities [6].

Social media influencers capitalize on their symbolic power with their followers by selling advertising and making paid endorsements in a similar way to traditional celebrity endorsement marketing. However, they do so with a great deal more "authenticity", which makes the advertising in which they appear seem more trustworthy [27].

In a randomized experiment to examine the effects of misleading tobacco content in YouTube videos on young adult participants aged 18 to 24 years, more positive attitudes were reported towards e-cigarettes and hookahs after viewing misleading information on them as compared to those who viewed a control video that is unrelated to health.

A study done by Karma Kelvey et al. (2018b) found that statements mentioning that HTPs are less harmful than the traditional tobacco products can be misleading. This may lead them to believe that HTPs are a harmless product [28].

### **Tobacco Cessation Programs**

According to the recent tobacco cessation treatment guideline, it was found that tobacco dependence treatments are effective across a wide range of populations. Tobacco cessation programs that combined both counseling and medication had the highest success rates [4]. Smoking cessation without the help of experts is achieved in only 3-5% of smokers. Smoking cessation clinics that Combined behavioral and pharmaceutical support increased the abstinence rate from 35% to 55% after 6 Months [29]. Studies have also shown that having more than one counselor-such as clinicians of different specialties, nurses, and psychologists- led to higher quit rates. The Tobacco Cessation Guidelines recommends that all healthcare workers use the "5 A's Intervention" model for their patients, including asking them questions about tobacco use, advising patients to quit, assessing cessation intentions, supporting cessation efforts and arranging follow up. Though 80% of all people who smoke see a clinician each year, and 70%of smokers report that they want to quit, only about 32 percent attempted to do so using evidence-based counseling and/or medication. These numbers emphasize the importance of increasing referrals by healthcare workers to tobacco cessation programs [4].

Another study showed that hospital-initiated tobacco cessation interventions improved patient outcomes and decreased subsequent healthcare usage [30]. A study showed that the majority (85,7%) of smokers who failed to quit smoking were unable to attend all the sessions of the program (36% of the total) as they contradicted their morning's work. Hence it is important to find a way to increase participation by giving them an excused absence to work or accommodating their time by giving sessions after work hours [29].

A recent survey of NCI-designated cancer centers found that only 62% of centers reported routinely providing tobacco education materials to patients, while 50% of cancer centers reported effective assessment of patient tobacco use. It was also found that 20% of cancer centers have no tobacco cessation services. In addition, less than half of the cancer centers had personnel who were designated for tobacco cessation therapy. Given the lack of focus on tobacco assessment and cessation therapy at cancer centers, it is paramount for medical institutes to invest more money into improving referrals and implementing tobacco cessation programs especially that the initiation of such programs close to time of diagnosis tend to be more successful [4].



Surveys evaluating pre-licensed education in both the medical department and nursing schools have shown that while there is sufficient coverage for the health risks of tobacco use, there is much less about the efficacy of the evaluation and treatment of smoking or tobacco addiction. Hence, it is of vital importance to expand more on this topic in hopes of molding physicians who are more prone to give referrals in the future [4].

In Lebanon very few tobacco cessation programs exist with the American University of Beirut (AUB) developing one of the first smoking-cessation programs in the country in 2015. Similar to international research, research done on AUB's tobacco cessation program showed the efficacy of such programs and highlighted the importance of more than one clinician involvement in increasing quitting rates. This study also shed light on the limitations of tobacco cessation programs in Lebanon which included limitation of resources available to meet the needs of the Lebanese smoking population. A solution was proposed to include telephone counseling in order to meet a greater number of people [31].

### **Role of Healthcare Professionals**

The crucial role of healthcare professionals in tobacco control and patient education is widely recognized since they are considered as the most knowledgeable in health-related matters, thus have the trust of the population, opinion leaders, and their voices are heard across a vast range of arenas. Their role resides in addressing tobacco use in their standard care, using the WHO 5As model. This approach consists of asking about tobacco use, advising users to quit, assessing the willingness to make a quit attempt, assisting the patient to quit, and arranging follow-up visits [32]. By highlighting that refraining from tobacco use at any point in time entails tremendous short- and long-term health benefits, healthcare providers lead the way to address the issue at their own workplace [33].

It is also worth noting that the role of healthcare professionals resides not only in educating and assisting the patients themselves, but also their families and surroundings. In fact, one's family plays a substantial role in tobacco use, as parents' attitudes towards smoking and the psychosocial familial linkage play a considerable role in adolescents' perception of tobacco [34].

Despite the fact that physicians are at the frontline of healthcare assistance, many factors affect tobacco control interventions. Studies have shown that healthcare professionals may lack sufficient and adequate information about tobacco control policies and still not attend any specific training regarding smoking cessation [35]. Moreover, medical personnel and medical students themselves being smokers may affect the way they perceive and acknowledge the importance of smoking prevention amongst their patients.<sup>17,18</sup> It is then the role of medical schools to create opportunities for students and faculty members to foster professional standards in relation to tobacco control, which deemed necessary and successful in developing countries [36].

From another point of view, dentists, as healthcare professionals, have a crucial role to play in tobacco control. In fact, as much as 75% of deaths resulting from oral and pharyngeal cancer are due to tobacco consumption [37]. This accentuates the need



for interprofessional collaborative care in mitigating the hazards of tobacco, thus enhancing the delivery of comprehensive coordinated health services. This collaboration optimally includes nurses, pharmacists, dentists, physicians, and social workers [38]. By using this approach, the patient will receive a consistently delivered message by many professionals, thus increasing their chance of reducing tobacco use successfully.

### **Tobacco Free Campuses**

Despite the customized health warnings that adolescents receive while growing up, many begin smoking in college. Not only have many people started using tobacco in college, but the college student population also tends to smoke higher than the general population. As a result of this issue, the American College Health Association (ACHA) made non-smoking colleges and college campuses a major public policy goal [39]. With more and more universities jumping in on the trend of becoming tobacco free, the prevalence of smokers among university students and staff has decreased. The Centers for Disease Control and Prevention (CDC) recommend smoking and tobacco-free policies as best practices for comprehensive tobacco control. This helps protect nonsmokers from environmental tobacco smoke, reduce social acceptance of tobacco use, prevent its initiation by adolescents, and increase user efforts to quit [40]. The ACHA's position statement on tobacco on college and university campuses can be used as a guide to assist colleges and universities to assess progress in becoming and/or maintaining a tobacco free learning environment. A meta-analysis of 26 international studies found a 4% reduction of smoking. Adolescents working in smoke-free workplaces were 68% as likely to smoke cigarettes as adolescents in workplaces with no restrictions [40]. A study showed that implementation of a tobacco free campus has shifted the attitude towards smoking on campus from it being acceptable to unacceptable. This shift also helped decrease smoking among college students [40]. These statistics support the effectiveness of tobacco free campuses. In Lebanon, there are only two universities- American University of Beirut (AUB) and Saint Joseph University (USJ)- who have adopted policies on tobacco free campuses. One study executed at AUB noted that the proportion of smokers who thought the policy had contributed to a reduction in smoking frequency increased seven times in 1 year, from 10% before implementation rising to 70% 1-year after. This study also demonstrated that fewer individuals started smoking during college after implementation of the tobacco free policy [41]. A point worth mentioning, is that tobacco free campuses with designated smoking areas has proven to be worse than the absence of the implementation of any tobacco free policy. This finding demonstrates that designated smoking areas had a social dimension to it that increased the attitude towards smoking. Hence, becoming a tobacco free campus is only effective when implemented on all college or university grounds.

## **Awareness Campaigns for Schools and Universities**

Progress towards reduction of tobacco use begins first and foremost in youth, who constitute 42% of the whole world population, and who are at greater risk of tobacco experimentation [42]. According to the CDC fact sheet, nearly all (90%) of adult regular smokers have had their first cigarette before the age of 18 years old, which places the prevention of tobacco in youth at the core of tobacco control programs [43]. In fact, in the United States, school and university students are of particular risk, with 6.7% of middle school students and 23.6% of high school students reporting ongoing use of any tobacco product in 2020 [44]. Reasons of tobacco experimenting in adolescents include personal perception of smoking, psychosocial problems and lack of support, concomitant use of alcohol or other substances, and having smoker friends or family [34].

An important point to highlight is that the National Institute of Drug Abuse (NIDA) reports that tobacco is considered as a gateway for other substance use, increasing both progression and relapse of substance use disorders (SUDs) [45,46]. This interaction is attributed to the fact that nicotine combined with another illicit drug increases the intake of either or both substances, hence the establishment of a psychiatric disorder [47].

In response to primary exposure at an early age, young students, especially those who use multiple tobacco products, remain at a greater risk of chronic tobacco use during adulthood, resulting in compounded effects on their health and increased overall morbidity and mortality [48].

Studies have demonstrated that young smokers do not have a clear and accurate perception of the health consequences of smoking, as they are half as likely as non-smokers to believe that tobacco may still affect their overall health with infrequent intake and small quantities [49]. This raises the issue of lack of awareness among this population, and the need for tailored and effective ways to communicate the hazards of tobacco and prevent subsequent use. These awareness campaigns should encompass all fundamentals of smoking including recent innovations, especially e-cigarette and flavored products, as such products appear to be more tempting and falsely less dangerous for youth, thus halting any efforts in reducing tobacco use [44].

In fact, multiple campaigns and policies tackling this issue were implemented in several schools and universities around the world and results showed substantial improvement in terms of tobacco use. For example, a study published in the Journal of School Health reports improved behaviors and less tobacco consumption among students after implementation of a thorough school policy, and follow-up by school personnel [50]. This change was also influenced by peer education, showing positive behavioral change in regards to smoking after peer training [51].

However, it is of utmost importance to consider that progress toward reduction of youth tobacco should include a synergistic relation between traditional curricular campaigns and comprehensive national public health education programs, to be able to foster social norms, as students are at the core of a larger society in which tobacco products are readily accessible [52, 53].

### **Role of student-run organizations**

It was found that peer educators trained by professionals in the Youth Friendly Center Smoking Quit Program have an important effect in supporting and improving the cognitive and behavioral change processes of university students in the smoking quit arm as compared to those who do not receive an education. Furthermore, the results showed a 94% success of the smoking quit program [54].

Furthermore, peer-led approaches or student-led approaches have several advantages as shown in the study that explored the effects of the implementation of peer-led school-based smoking prevention programs. Some include personal development opportunities for the peer supporters themselves. In addition, the peer supporters are of the same age themselves; therefore, they tend to communicate in a less formal way which has a bigger impact to accomplish tobacco cessation. This also motivated students to have these discussions with their families and relatives, and in some cases, it had an impact on their smoking behavior and some cut down or even stopped smoking altogether [55].

Online awareness campaigns that include the negative implications of smoking have been found to be effective in increasing the rate of quitting smoking. However, the use of messages that induce extreme fear have been found to be less effective, and they tend to cause more negative feelings and unwanted defensive behaviors. In addition, awareness campaigns that do not touch on the uncomfortable feelings when trying to quit smoking tend to not achieve long-term outcomes of smoke cessation [56].

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