



#UNTobaccocontrol

Webinar #2
September 27, 2018

“Guideline, Policy Options & Recommendations for implementation of the WTS WHO FCTC articles”

Dr Rima Nakkash, DrPH
Dr Mohammed Jawad, MBBS

Webinar #1
July 12, 2018

**The Waterpipe Tobacco Smoking
Knowledge Hub Significance**

Webinar #2
September 27, 2018

**Guidelines and policy options and recommendations
of the WTS WHO FCTC articles**

Webinar #3
December 13, 2018

**Implementation and assistance of the actions in accordance with the
decisions of the Conference of the Parties #COP8FCTC**

Webinar #4
February 14, 2018

**The EMRO Region and WTS:
Highlights on Lebanon and the WTS**

About us

Dr Rima Nakkash

- Associate Professor, Health Promotion and Community Health Department, Faculty of Health Sciences, American University of Beirut, AUB
- Associate Director WHO FCTC WTS KH at AUB

Dr Mohammed Jawad

- Currently a PhD student at Imperial College London
- Member of the grassroots advocacy group It's Still Tobacco (www.itsstilltobacco.org @itsstilltobacco)

Objectives of the webinar

- To review the key components of the WHO Framework Convention on Tobacco Control (WHO FCTC)
- To describe the global waterpipe tobacco policy discourse
- To review examples of national tobacco policies in relation to waterpipe tobacco
- To understand the uniqueness of waterpipe tobacco compared to cigarettes
- To discuss waterpipe tobacco policy options and potential problems with respect to the WHO FCTC

Key components of the WHO Framework Convention on Tobacco Control

WHO FCTC

- Global treaty on minimum evidence based requirements in tobacco control
- Came into force on February 27 2005
- Signed by 168 countries
- Legally binding in 181 ratifying countries



F C T C

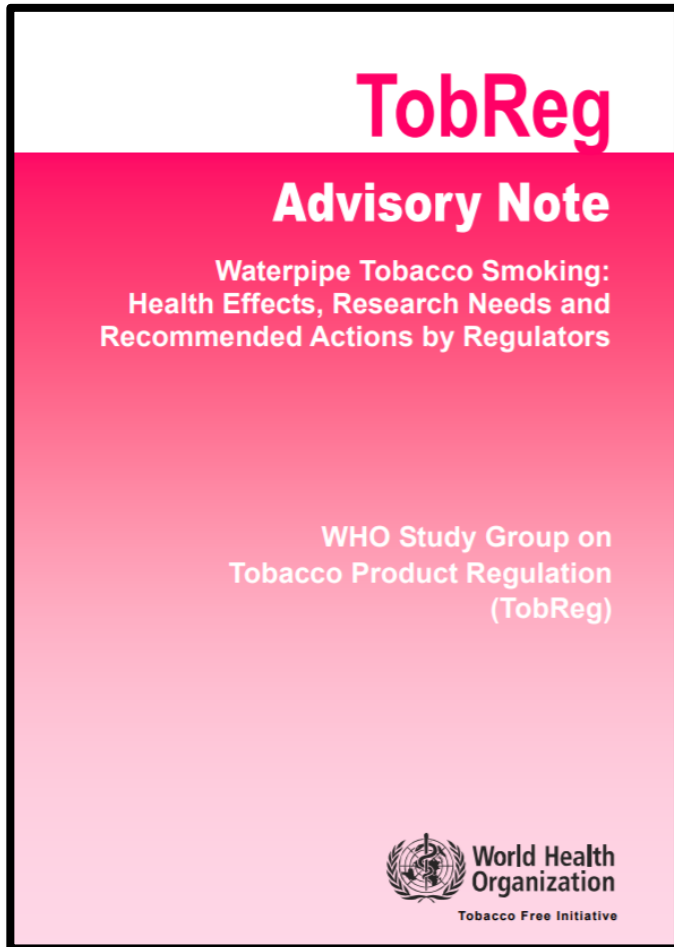
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

WHO FCTC

Topic	Measure	Articles
Lobbying	Call for a limitation in the interactions between lawmakers and the tobacco industry	Article 5.3
Demand reduction	Tax and other measures to reduce tobacco demand	Articles 6 & 7
Passive smoking	Obligation to protect all people from exposure to tobacco smoke in indoor workplaces, public transport and indoor public places	Article 8
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Smuggling	Action is required to eliminate illicit trade of tobacco products	Article 15
Minors	Restricted sales to minors	Article 16
Research	Tobacco-related research and information sharing among the parties	Articles 20, 21 & 22

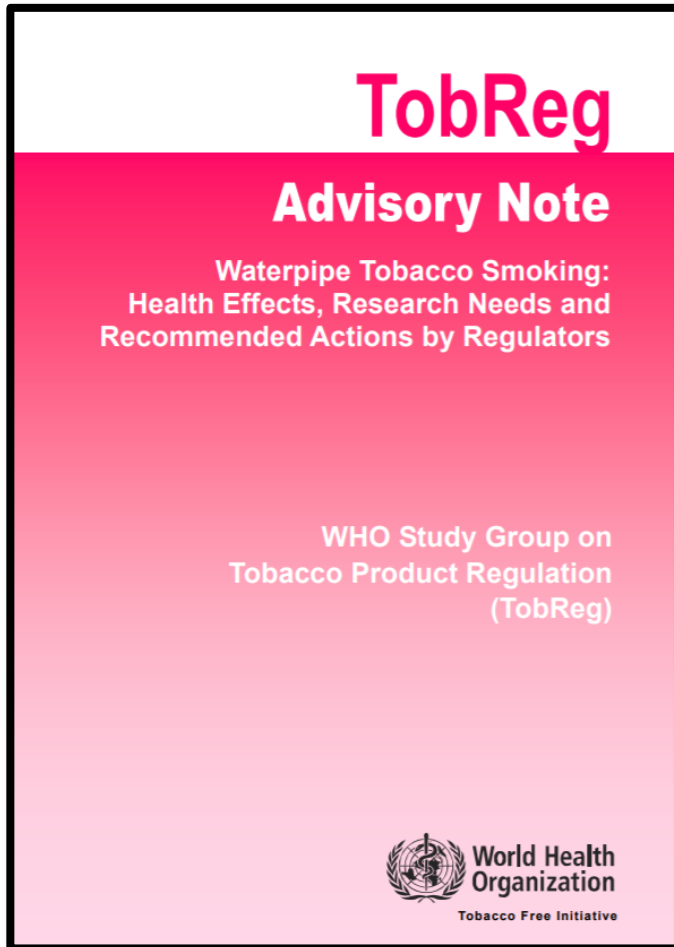
The global waterpipe tobacco policy discourse

Global waterpipe tobacco policy discourse



2005

Global waterpipe tobacco policy discourse

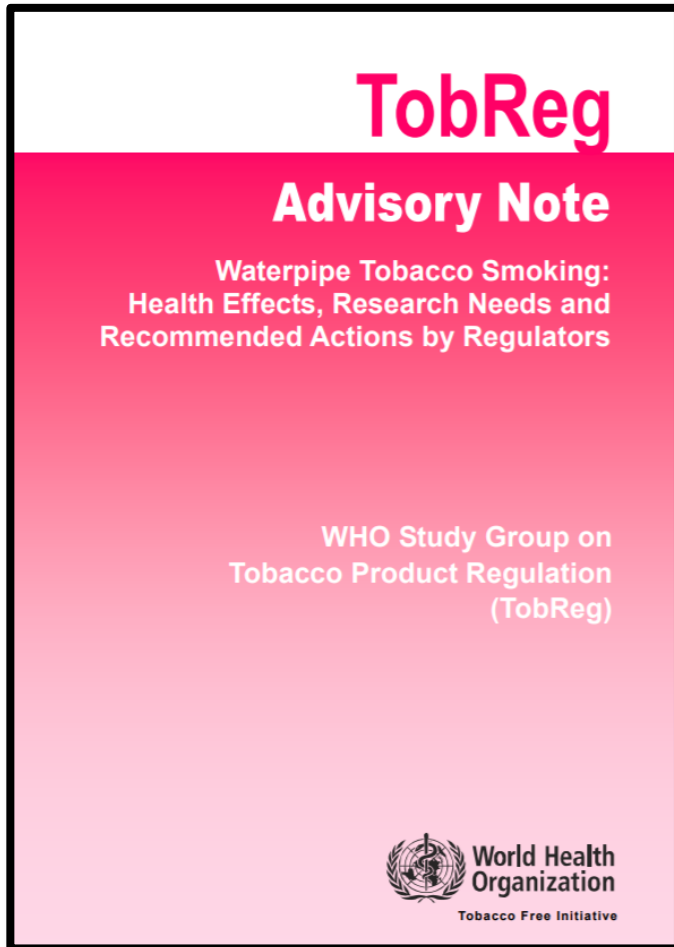


Suggested actions for regulators

1. Waterpipes and waterpipe tobacco should be subjected to the same regulation as cigarettes and other tobacco products



Global waterpipe tobacco policy discourse



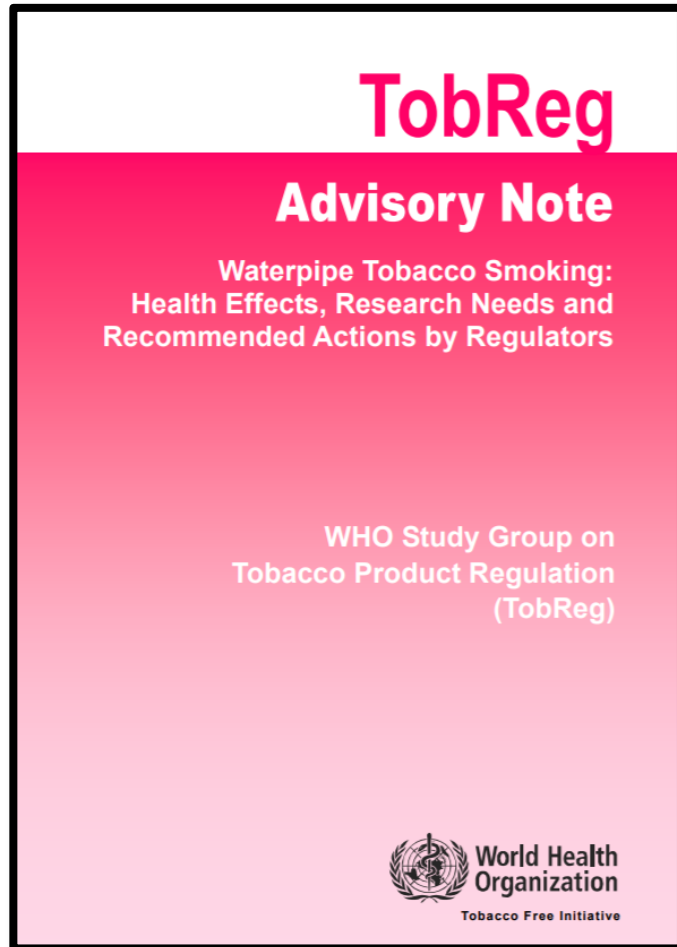
2005

Suggested actions for regulators

2. Waterpipes and waterpipe tobacco should include strong health warnings



Global waterpipe tobacco policy discourse



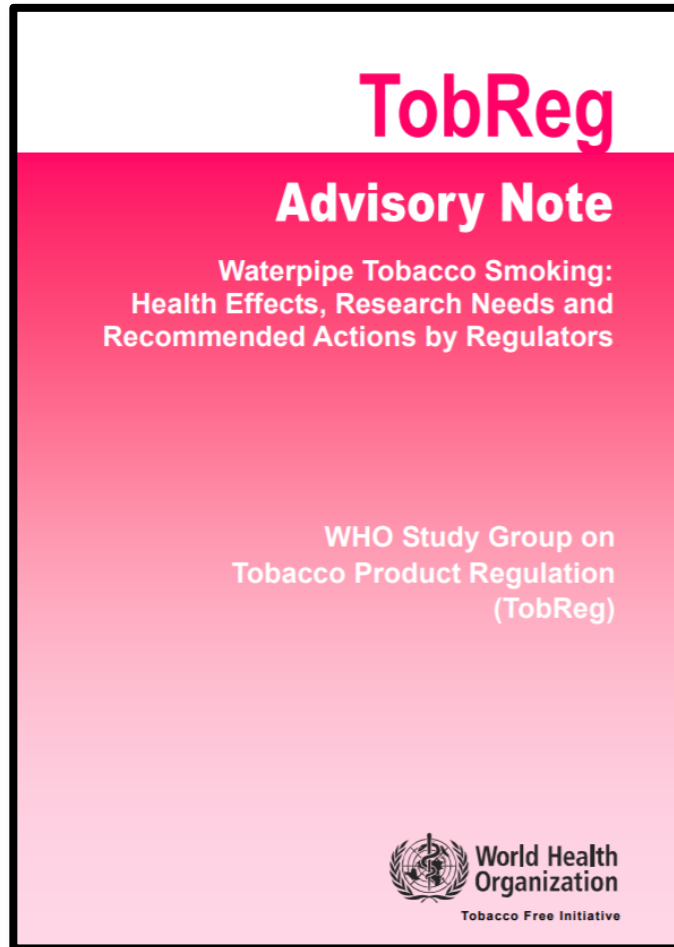
2005

Suggested actions for regulators

3. Claims of harm reduction and safety should be prohibited



Global waterpipe tobacco policy discourse



Suggested actions for regulators

4. Misleading labelling, such as “contains 0 mg tar”, which imply safety should be prohibited

Components: Tobacco - Molasses - Glycerine - Natural Flavour .

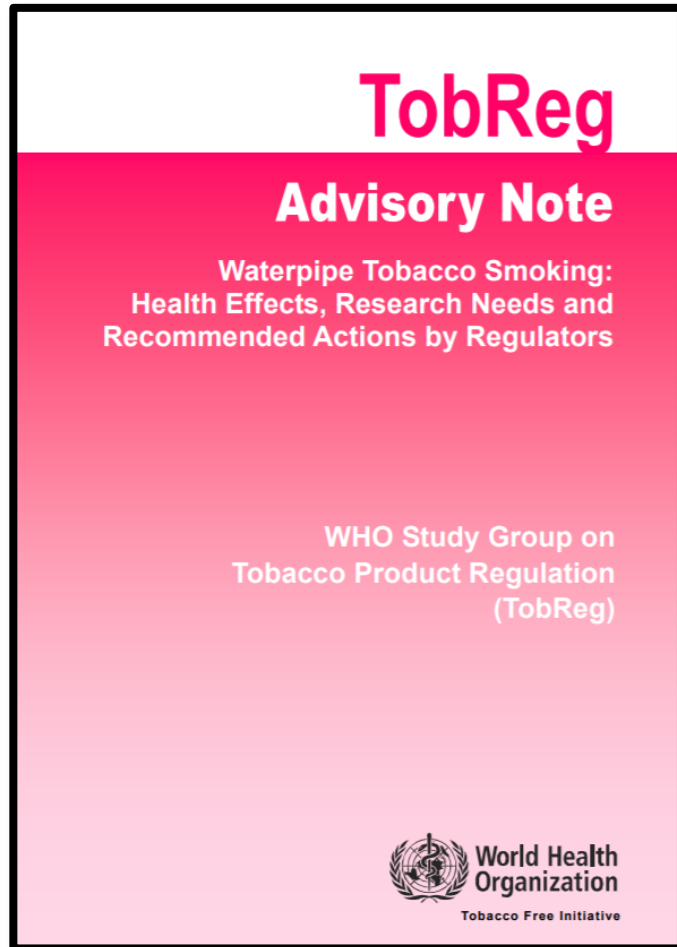
Nicotine: 0.05%, Tar: 0%. نيكوتين: 0.05%, قطران: 0%.

تحذير صحي: التدخين سبب رئيسي لسرطان وأمراض الرئة وأمراض القلب والشرايين.

Health Warning: Smoking is a main cause of lung cancer, lung diseases and of heart and arteries diseases.



Global waterpipe tobacco policy discourse



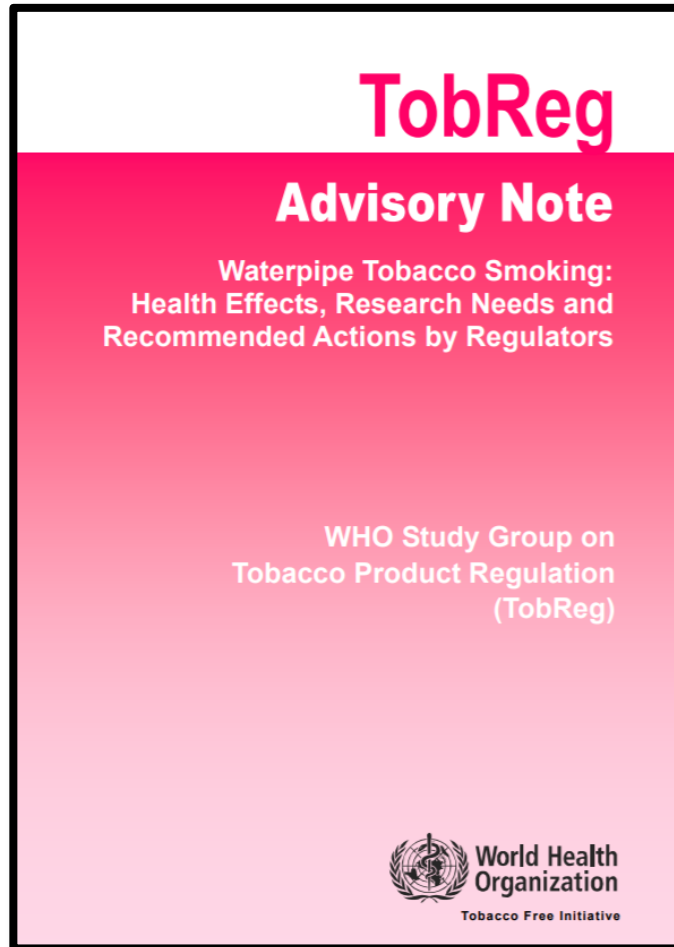
2005

Suggested actions for regulators

5. Waterpipes should be included in comprehensive tobacco control efforts, including prevention strategies and cessation interventions



Global waterpipe tobacco policy discourse



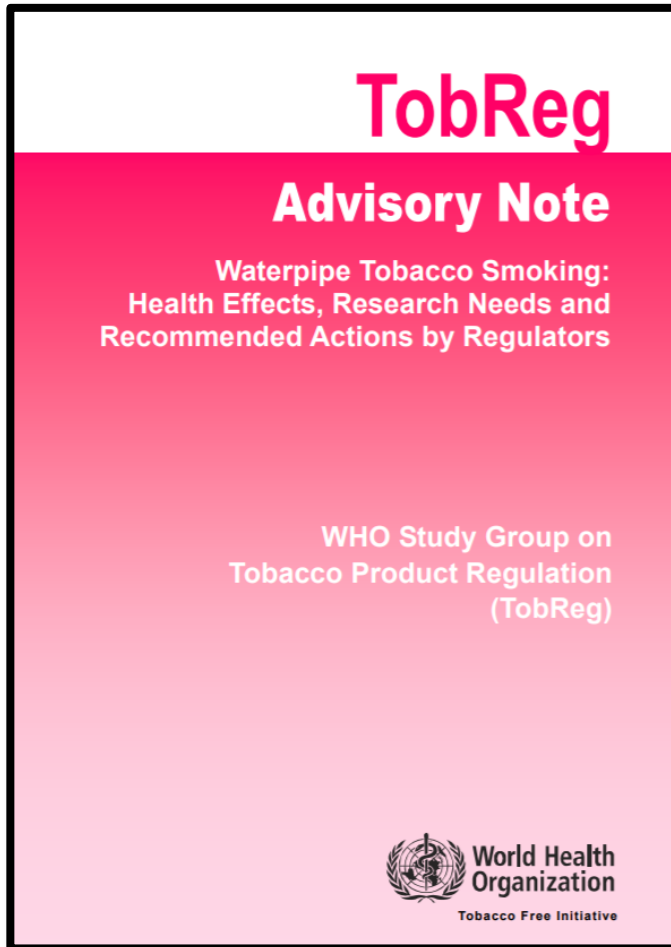
2005

Suggested actions for regulators

6. Waterpipes should be prohibited in public places consistent with bans on cigarette and other forms of tobacco smoking



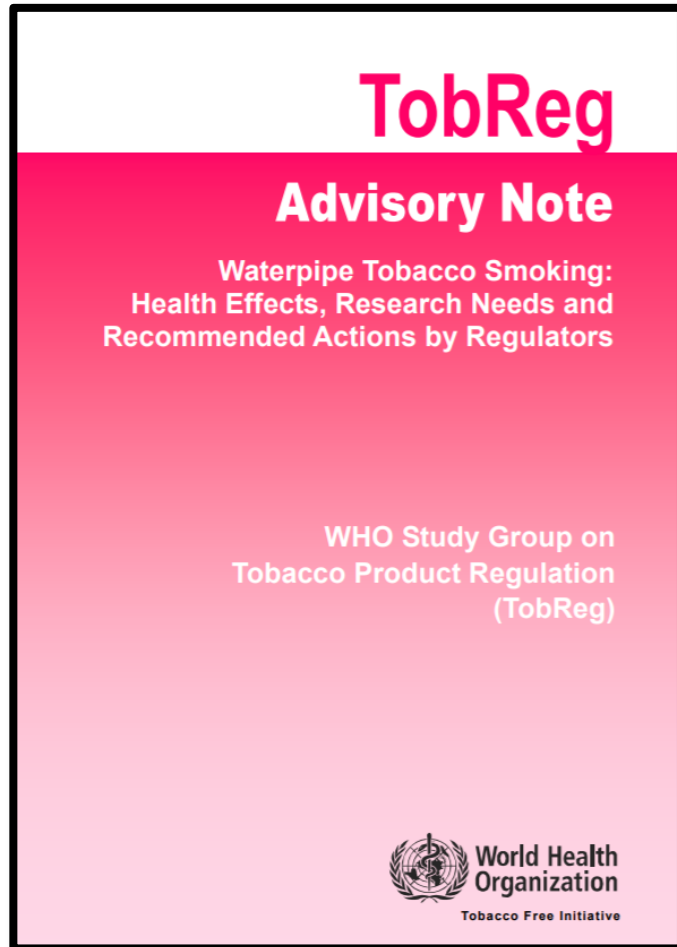
Global waterpipe tobacco policy discourse



Suggested actions for regulators

7. Education of health professionals, regulators and the public at large is urgently needed about the risks of waterpipe smoking, including high levels of second-hand exposure among children, pregnant women, and others.

Global waterpipe tobacco policy discourse



Suggested actions for regulators

8. The TobReg recommends that a full document be produced in the WHO Technical Report Series to evaluate thoroughly the health effects of waterpipes and to develop recommendations.


In the meantime...

TobReg

Advisory Note


Waterpipe Tobacco Smoking:
Health Effects, Research Needs and
Recommended Actions by Regulators

WHO Study Group on
Tobacco Product Regulation
(TobReg)




World Health
Organization
Tobacco Free Initiative

2005



AMERICAN LUNG ASSOCIATION®
Tobacco Policy Trend Alert

AN EMERGING DEADLY TREND: WATERPIPE TOBACCO USE
February 2007



In the last few years, new popularity for an old form of tobacco use has been gaining ground within this already susceptible group. Waterpipes (also known as hookahs) are the first new tobacco trend of the 21st century.

This Trend Alert looks at the emerging waterpipe tobacco use trend and the widespread misperceptions that exist about its use.

Existing evidence on waterpipe smoking shows that it carries many of the same health risks and has been linked to many of the same diseases caused by cigarette smoking. Access to this "new" form of tobacco use continues to grow, especially in hookah cafes targeting 18-to-24-year olds.

The tobacco control community must educate the public about the potential dangers of the growing waterpipe trend.

lungusa.org *Improving Life, One Breath at a Time* 800-lungusa

2007


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2007



Implementation of smokefree legislation in England

Supplementary guidance for local authority regulatory officers on dealing with non-compliance in shisha bars



2011

Global waterpipe tobacco policy discourse



Suggested actions for regulators

Similar recommendations, but:

- The start of context-specific dialogue
 - Assessment of fire risk inside cafes
 - Some specific taxation strategies
 - Health warning nuances
 - Behaviour intervention strategies

Three international conferences on waterpipe tobacco smoking

2013
October 21-23



First International Conference on Waterpipe Tobacco Smoking: Building Evidence for Intervention and Policy
Abu Dhabi - United Arab Emirates
Declaration

Objectives:

1. To review and synthesize all what is known about waterpipe tobacco smoking, including biological and physiological effects, social context and determinants of use, economic aspects, and public policy factors.
2. To identify what actions and new knowledge are most vital to bringing the waterpipe epidemic under control today, in light of the historical successes and failures of tobacco control.
3. To build capacity in research on waterpipe use and its effects.
4. To plan collaboratively for further research or activities that will serve as a platform for action at the WCTOH in 2015.

2014
October 25-27



2nd International Conference on Waterpipe Tobacco Smoking: A collision of two epidemics of waterpipe and cigarettes
Doha - Qatar
Declaration

Objectives:

1. Describe and analyze “collision of two epidemics of waterpipe and cigarettes smoking globally”
2. review and synthesize scientific evidence of smoking epidemics on the health and on public policy determinants
3. Capacity building in tobacco use research particularly in the Eastern Mediterranean Region
4. Enhance Global collaborative Partnerships
5. Promote wider regional presence at the sixteenth
6. International Conference for smoking Cessation in Abu Dhabi in March 2015

2017
November 9-11



Third International Conference on Waterpipe Tobacco Smoking: Moving Towards Action
Beirut – Lebanon

Objectives :

1. Share recent evidence on interventions to prevent or control waterpipe tobacco smoking.
2. Share implications of the evidence for practice, policy, and regulation to enhance public health and population wellbeing.
3. Build capacity in knowledge translation for waterpipe tobacco smoking and enhance linkages and collaborative partnerships globally.

Conference of the Parties



**Conference of the Parties to the
WHO Framework Convention
on Tobacco Control**

Sixth session
Moscow, Russian Federation, 13–18 October 2014

18 October 2014

DECISION

FCTC/COP6(10) Control and prevention of waterpipe tobacco products



**Conference of the Parties to the
WHO Framework Convention
on Tobacco Control**

Seventh session
Delhi, India, 7–12 November 2016
Provisional agenda item 5.5.1

**FCTC/COP/7/10
18 July 2016**

Control and prevention of waterpipe tobacco products

Report by WHO

INTRODUCTION

How have national tobacco control policies addressed waterpipe tobacco?

National tobacco control policies

- Review of 61 countries' tobacco control policies
- Each policy defined as either:
 - Generic: “this policy applies to any product containing tobacco”
 - Defined: “this policy applies to any product containing tobacco, including waterpipe tobacco”
 - Waterpipe-specific: “this policy applies to waterpipe tobacco”
 - Cigarette-specific: “this policy applies to cigarettes”

Jawad M, El Kadi L, Mugharbil S, Nakkash R. "Waterpipe tobacco smoking legislation and policy enactment: a global analysis." *Tobacco control* (2014): tobaccocontrol-2014.

Main findings


Category	Smoke-free law, %	Misleading descriptors, %	Health warnings, %	Advertising, sponsorship, promotion, %
Generic	80.3	63.9	59.0	78.7
Defined	13.1	16.4	13.1	14.8
Waterpipe-specific	6.6	0.0	4.9	3.3
Cigarette-specific	0.0	9.8	23.0	3.3
No law present(!)	0.0	9.8	0.0	0.0
TOTAL	100.0	100.0	100.0	100.0

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Interventions for waterpipe tobacco smoking prevention and cessation: a systematic review

- Systematically reviewed the literature
- Data was synthesized narratively
- Included: four individual-level, five group-level, and six legislative interventions.
- Lack of evidence of effectiveness for most waterpipe interventions.
- Few show promising results, higher quality interventions are needed.

Why has it not been easy to regulate the waterpipe tobacco industry?

(or, how is waterpipe tobacco use distinctly different to cigarette use?)

(or, why is it not possible to simply transpose cigarette laws onto waterpipe tobacco?)

The uniqueness of waterpipe tobacco

1. Stationary tobacco use method



The uniqueness of waterpipe tobacco



1. Stationary tobacco use method
2. Lengthy tobacco use method



The uniqueness of waterpipe tobacco



1. Stationary tobacco use method
2. Lengthy tobacco use method
3. Often used in dedicated cafes and restaurants



The uniqueness of waterpipe tobacco



1. Stationary tobacco use method
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4. Flavour is the main product focus

The uniqueness of waterpipe tobacco



The uniqueness of waterpipe tobacco



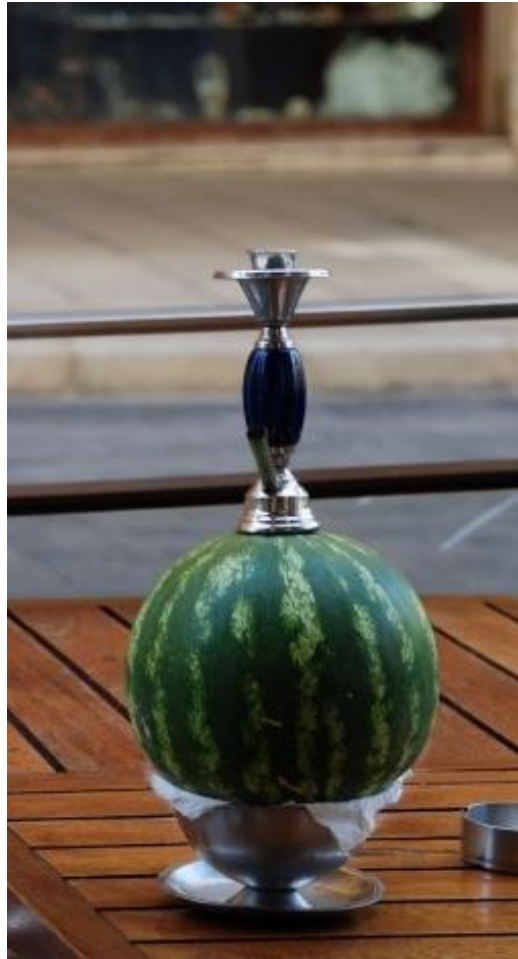
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The uniqueness of waterpipe tobacco



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8. Product is self-assembled

The uniqueness of waterpipe tobacco



What are waterpipe policy options, and their potential problems?

A reminder of the FCTC...

Topic	Measure	Articles
Lobbying	Call for a limitation in the interactions between lawmakers and the tobacco industry	Article 5.3
Demand reduction	Tax and other measures to reduce tobacco demand	Articles 6 & 7
Passive smoking	Obligation to protect all people from exposure to tobacco smoke in indoor workplaces, public transport and indoor public places	Article 8
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Research	Tobacco-related research and information sharing among the parties	Articles 20, 21 & 22

1. Lobbying (Article 5.3)

Who are the waterpipe industry and their affiliates?



Case study: Lobbying

Lebanon

Law 174

- **Main opposition** to Law 174 and realization of FCTC obligations, particularly in relation to indoor bans of smoking in restaurants/cafés continues to be from the **hospitality industry** and the **syndicate of restaurants** made up from tycoons who own the largest “waterpipe serving establishments”



2. Demand reduction (taxation) (Articles 6 & 7)

“Raise waterpipe tobacco taxes in line with cigarettes”

- The benefits:
 - Historically the single best tobacco control measure
 - Income generating for governments
 - Known to prevent uptake and promote cessation
 - Minimises substitution between products
- The problem?

Case study: Taxation

UK

The current UK tax situation

	Taxation rate
Cigarettes	16.5% of retail price + £207.99 per 1,000 cigarettes
Waterpipe tobacco	£114.06/kg

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Cigarettes	16.5% of retail price + £207.99 per 1,000 cigarettes
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Assume one cigarette pack costs £10

On 1 pack of cigarettes:

$$\begin{aligned}\text{Tax (£)} &= ((16.5/100)*10) + (207.99/1000*20) \\ &= \text{£}5.81\end{aligned}$$

$$\begin{aligned}\text{Tax (\%)} &= (5.81/10)*100 \\ &= \textbf{58.1\%}\end{aligned}$$

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Assume one café WP session holds 10g and costs £15

On 1 café session of WP use:

$$\begin{aligned}\text{Tax (£)} &= (114.06/1000*10) \\ &= \text{£}1.14\end{aligned}$$

$$\begin{aligned}\text{Tax (\%)} &= (1.14/15)*100 \\ &= \textbf{7.6\%}\end{aligned}$$

“Raise waterpipe tobacco taxes in line with cigarettes”

	Taxation rate
Cigarettes	16.5% of retail price + £207.99 per 1,000 cigarettes
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On 1 café session of WP use:

$$\begin{aligned}\text{Tax (£)} &= (16.5/100)*15 + (207.99/1000*10) \\ &= £4.55\end{aligned}$$

$$\begin{aligned}\text{Tax (\%)} &= (4.55/15)*100 \\ &= \underline{\underline{30.4\%}}\end{aligned}$$

Do we want the same policy, or the same policy effect?

	Taxation rate
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Waterpipe tobacco	£114.06/kg 16.5% of retail price + £207.99/kg

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Assume one café WP session holds 10g and costs £15

On 1 café session of WP use:

$$\begin{aligned}\text{Tax (£)} &= (16.5/100)*15 + (207.99/1000*10) \\ &= \text{£}4.55\end{aligned}$$

$$\begin{aligned}\text{Tax (\%)} &= (4.55/15)*100 \\ &= \textbf{30.4\%}\end{aligned}$$

Do we want the same policy, or the same policy effect?

	Taxation rate
Cigarettes	16.5% of retail price + £207.99 per 1,000 cigarettes
Waterpipe tobacco	£114.06/kg 16.5% of retail price + £207.99/kg £624.00/kg



Assume one cigarette pack costs £10

On 1 pack of cigarettes:


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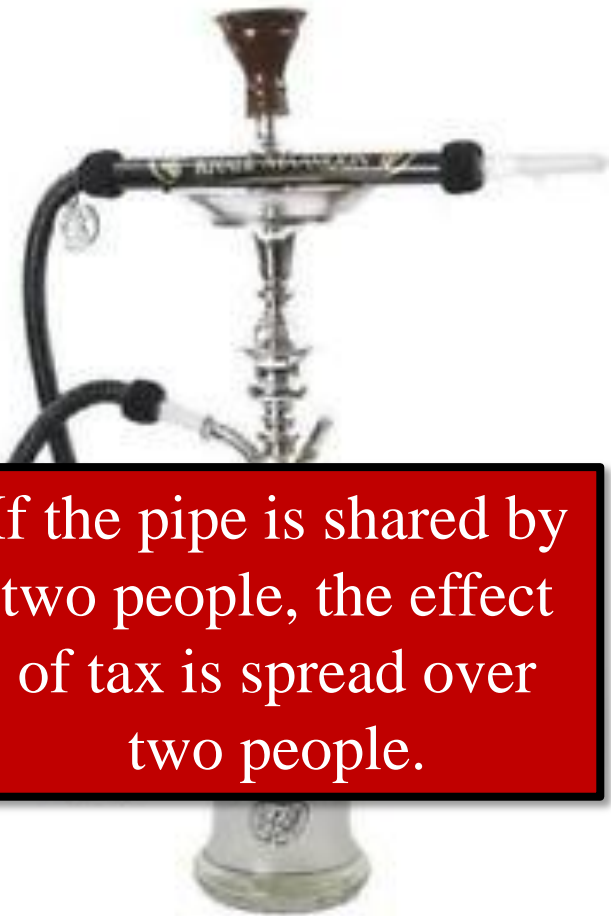
Assume one café WP session holds 10g and costs £15

On 1 café session of WP use:

$$\begin{aligned}\text{Tax (£)} &= (16.5/100)*15 + (624/1000*10) \\ &= \text{£}8.72\end{aligned}$$

$$\begin{aligned}\text{Tax (\%)} &= (8.72/15)*100 \\ &= \textbf{58.1\%}\end{aligned}$$


The uniqueness of waterpipe tobacco



If the pipe is shared by two people, the effect of tax is spread over two people.

1. Stationary tobacco use method
2. Lengthy tobacco use method
3. Often used in dedicated cafes and restaurants
4. Flavour is the main product focus
- 5. Sharing with friends is a dominant feature**
6. Lots of accessories – charcoal, device, hose, etc
7. Social and cultural acceptability
8. Product is self-assembled

3. Passive smoking (Article 8)

“Implementation of a comprehensive smoke-free law”

- The benefits?
 - Probably the second best tobacco control measure after taxation
 - Income saving for governments due to reduced maintenance costs
- The problem?
 - Opposition from the “industry” and its allies
 - Weak enforcement

Case study: Smoke-free law

Lebanon

Law 174

- Main arguments echoed as in all opposition groups to smoke free laws
- Private and confidential: Ernest and Young study commissioned by the hospitality sector and presented to the Prime Minister





**AN INCOMPLETE
SMOKING BAN**
will go into effect
in Lebanon on

Sept 3, 2012

▼ **25%**

EXPECTED DROP
IN REVENUE

▼ **14%**

EXPECTED DROP
IN EMPLOYMENT



RESTAURANTS

▼ **20%**

▼ **10%**



PUBS

▼ **18%**

▼ **6%**



**LEBANESE
CAFES**

▼ **43%**

▼ **29%**



NIGHTCLUBS

▼ **29%**

▼ **20%**

Survey and analysis conducted by Ernst & Young.

Copyright © 2012, Syndicate of Owners of Restaurants, Cafes, Nightclubs and Pastries in Lebanon.

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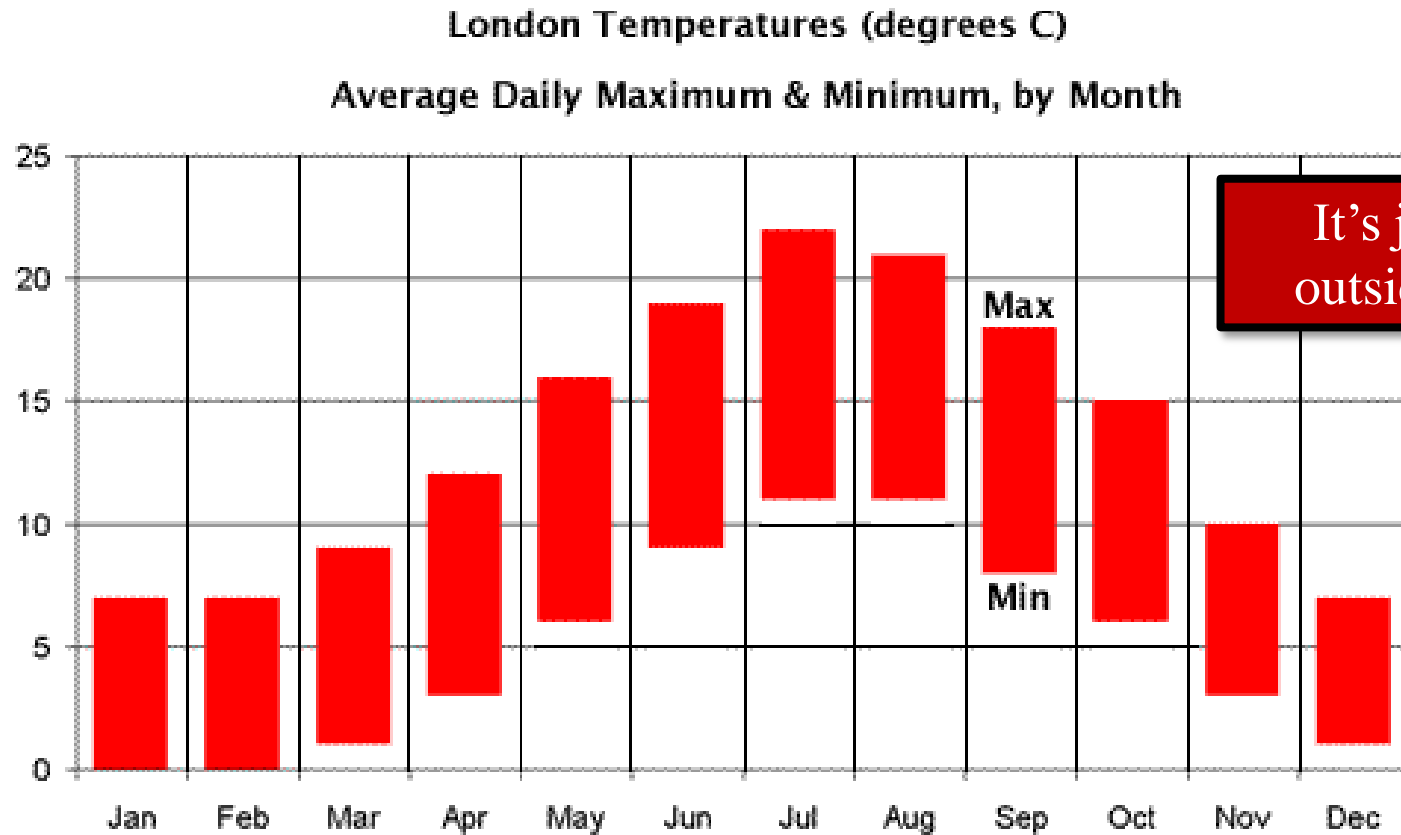
Case study: Smoke-free law

UK

Smoke-free law implemented in 2006



Smoke-free law implemented in 2006



It's just too cold to sit outside for a long time!

The uniqueness of waterpipe tobacco



Fines for breaching the smoke-free law were designed with cigarettes in mind – so they are quite low.

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4. Contents and emissions (Article 10)

The uniqueness of waterpipe tobacco



Cafes and individuals regularly add substances to the waterpipe (tobacco mixture, water base, etc).

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8. **Product is self-assembled**

“Minimise toxic content through standardised testing”



5. Packaging and labelling (Articles 9 & 11)

“Prohibit misleading images/text on waterpipe tobacco packaging”

- Benefits:
 - Health message on packets can reach smokers directly
- The problem?
 - How about on the accessories..?



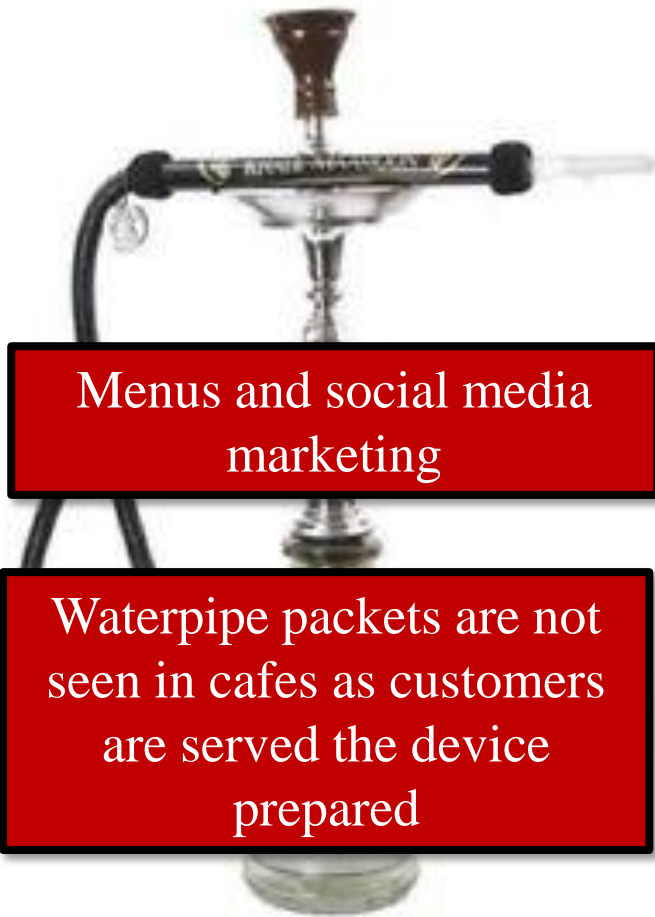
Egypt : Effectiveness of pictorial health warnings on the waterpipe device and tobacco packs

- Method: 10 focus group & 10 in-depth interview sessions :
 - 90 waterpipe smokers and non-smokers
 - both genders
 - Age-groups: 18-24 & 25+
 - Rural and urban regions
- Current PHW set triggered affective reactions; still some were unclear, or unrealistic.
- Attractive: bright colorful designs of fruits and flavors
- In contrast, participants thought that the newly designed set had more positive elements that might help in preventing smoking initiation or inducing quit attempts, such as the absence of attracting flavors, the contrasting dark background, the believable contents, and the larger label size.
- Participants' views of effective warnings were leaning towards those posing proximal health risks.
- Most of the participants believed that PHWs on waterpipe device may enhance their effectiveness.
- Participants equally favored placing them on the glass body, or on the mouthpiece and hose.

Lebanon: Perceived Effectiveness of Pictorial versus Textual Health Warning Labels on Waterpipe Tobacco Packages

- Objective:
 - Evaluate the perceived effectiveness of shocking pictures VS textual HWLs in Lebanon on quitting waterpipe smoking and on reducing the number of waterpipe smoked weekly
 - Assess waterpipe smoking cessation motivation factors.
- Text only and graphic warnings on waterpipe tobacco packages were shown to the smokers during the interview.
- The group more motivated to stop smoking considered that the warnings with graphic shocking images have significantly greater effect than simple text currently used .
- Quitting waterpipe smoking and the perception of shocking pictures are inversely influenced by most of the chronic health symptoms (OR<1).
- Indeed, smokers who had chronic cough are highly motivated to quit waterpipe smoking (OR=7.24, p=0.03).
- Policy need to extend WT labeling regulations to the waterpipe device and employ evidence-based practices to customize PHWs' content, design, and placement on WT products.
- Policymakers in Lebanon should incorporate more tobacco labeling policies in order to reduce the widespread of waterpipe smoking

The uniqueness of waterpipe tobacco



1. Stationary tobacco use method
2. Lengthy tobacco use method
3. Often used in dedicated cafes and restaurants
4. Flavour is the main product focus
5. Sharing with friends is a dominant feature
6. Lots of accessories – charcoal, device, hose, etc
7. Social and cultural acceptability
8. Product is self-assembled

6. Awareness (Articles 12)



**DOUBLE APPLE
FLAVOURED
CANCER?**

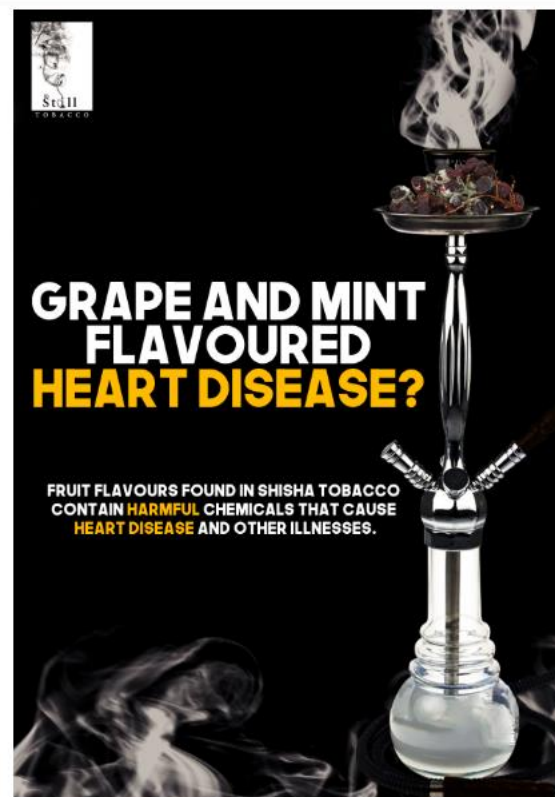
FRUIT FLAVOURS USED IN SHISHA TOBACCO
CONTAIN **DANGEROUS** CHEMICALS THAT CAUSE
CANCER AND OTHER ILLNESSES



**YOU SMOKE.
YOUR CHILD SMOKES TOO.**


SECOND HAND SMOKE FROM SHISHA TOBACCO CAN CAUSE
BREATHING DIFFICULTIES AND OTHER ILLNESSES IN CHILDREN





**GRAPE AND MINT
FLAVOURED
HEART DISEASE?**

FRUIT FLAVOURS FOUND IN SHISHA TOBACCO
CONTAIN **HARMFUL** CHEMICALS THAT CAUSE
HEART DISEASE AND OTHER ILLNESSES.




DON'T BE FOOLED

WATER IN THE SHISHA PIPE DOES NOT FILTER
OUT THE **HARMFUL** CHEMICALS THAT CAUSE
DISEASE

**CANCER
STROKE
HEART DISEASE**

[itsstilltobacco.org](https://www.instagram.com/itsstilltobacco) [@itsstilltobacco](https://www.facebook.com/itsstilltobacco)



WHAT IS SHISHA?

Health risks How it works

Produces tar, nicotine, carbon monoxide and
The head holds tobacco and is covered by

HEALTH EFFECTS OF SHISHA

Cancers Other diseases

**SHISHA INDUSTRY
DASHBOARD 2018**

SHISHA CAFES IN THE UNITED KINGDOM

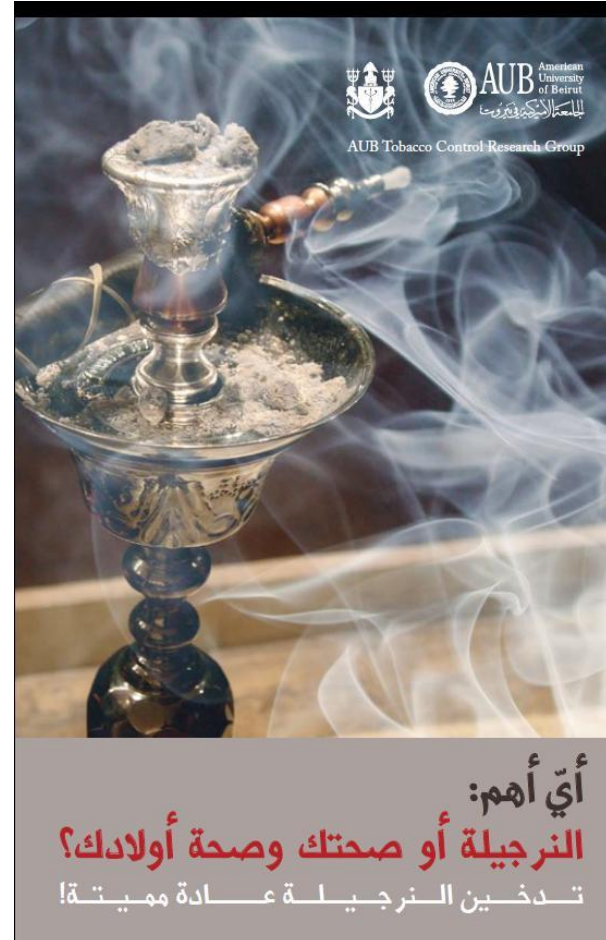


SHISHA: KNOW THE LAW

It is illegal to sell shisha to anyone 

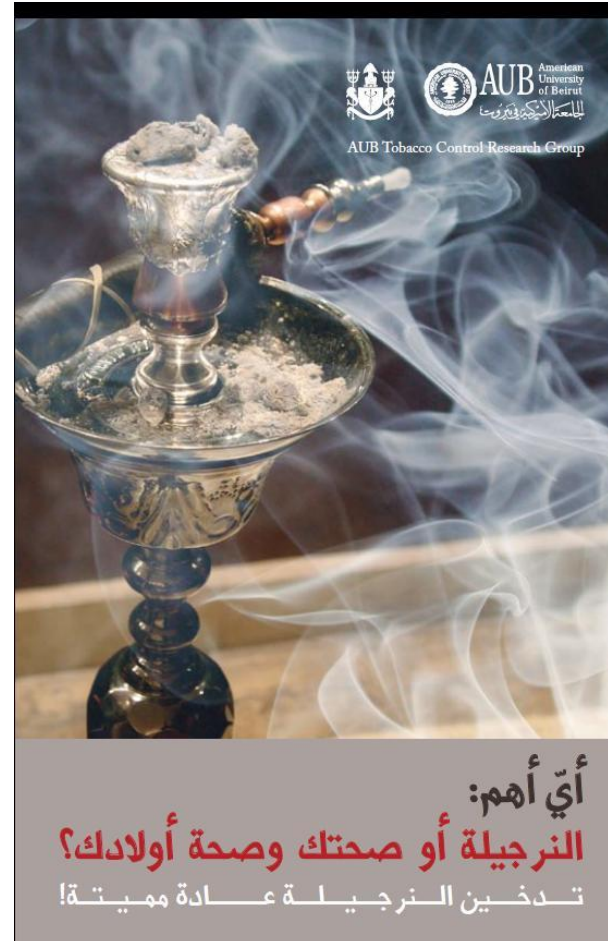
“Undertake mass media campaigns”

- Benefits:
 - Health promotion messages empower individuals to make healthier choices-when supported by enabling environments
 - Need for a repository
- The problem?



“Undertake mass media campaigns”

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An hour of smoking shisha is the equivalent of smoking 100 cigarettes. It's true!



DO YOU THINK SHISHA SAFE TO SMOK?



=

1 HOUR SHISHA SESSION

100 CIGARETTES*

Do the research. Protect your friends from tobacco. cutfilms.org



1 HOUR OF SMOKING SHISHA IS EQUAL TO SMOKING 100 CIGARETTES



BREAKING NEWS

www.k2tv.co.uk K2 TV Manchester

info@k2tv.co.uk - 0161 8325270 - 07939252847



ONE-HOUR HOOKAH SESSION EQUALS 100 CIGARETTES



HOOKAH



1 HOUR OF SMOKING SHISHA IS EQUAL TO SMOKING 100 CIGARETTES



manchester.gov.uk/shisha

We don't know which messages work!

- Not enough research in this field
- Status quo bias – we are always comparing to cigarettes
- “100x worse than cigarettes”
 - Well intentioned but alarmist
 - Factually inaccurate
 - Could adversely affect scientific credibility

Other policy problems/issues

- Should we be advocating for a ban on flavoured waterpipe tobacco?
- What is the role of harm reduction? Especially charcoal removal
- Multi-disciplinary issue: fire risk, health and safety, occupational health of workers
- Complete prohibition in parts of Africa, south east Asia
- Should minors be allowed into waterpipe cafes?

Objectives of the webinar

- To review the key components of the WHO Framework Convention on Tobacco Control (WHO FCTC)
- To describe the global waterpipe tobacco policy discourse
- To review examples of national tobacco policies in relation to waterpipe tobacco
- To understand the uniqueness of waterpipe tobacco compared to cigarettes
- To discuss waterpipe tobacco policy options and potential problems with respect to the WHO FCTC

Comments and questions are welcome

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