

The WHO is to be congratulated for organizing a most successful event, the 16th “World Conference on Tobacco or Health”, WCTOH, Abu Dhabi, UAE, 17-21 March 2015.

The purpose of this paper is to summarize the conference proceedings and highlight the most important conclusions reached and the future directions recommended, in the war on tobacco use.

The conference celebrated 10 years of the FCTC (Framework Convention of Tobacco Control, 2005-2015) and reported the outcome of MPOWER, the tool assessing corresponding demand reduction FCTC articles performance (MPOWER, 2013). Two top British medical journals, The Lancet and The BMJ group’s Tobacco Control, issued supplements to coincide with the conference, and countries from around the world showcased their achievement and lamented governments’ failures. The presence of academic institutes,

The FCTC combines comprehensive measures to decrease public demand for tobacco products with those to reduce their supply. Six evidence based tobacco control measures that are the most effective in reducing tobacco use, abbreviated as MPOWER were introduced by the WHO in 2010 to scale up the implementation of demand reduction provisions included in the FCTC. They stand for, M: Monitor tobacco use and prevention policies, P: Protect from tobacco smoke, O: Offer help to quit tobacco use, W: Warn about the dangers of tobacco, E: Enforce bans on tobacco advertising, promotion and sponsorship and finally R: raise tax on tobacco. WHO succeeded in doubling the population covered through MPOWER from 1 to 2.3 billion, or one third of the world's population (MPOWER, 2013).

Article 6 of the FCTC, "Price and Tax Measures to Reduce the Demand for Tobacco", addresses most effective approach to controlling the spread of tobacco, the simple elevation of tobacco prices by use of consumption taxes. On average, a 10% price increase on a pack of cigarettes would be expected to reduce demand for cigarettes by about 4% in high-income countries and by about 5% in low- and middle-income countries (FCTC, 2015).

Article 11, FCTC, deals with packaging and labeling stipulating effectively banning misleading and deceptive terms like low tar, mild and ultra-mild products. The principal display areas should carry clear and visible health warning that should be 50 % or more and no less than 30 %. A couple of important documents, for those interested, are the Canadian Cancer Society report on health warnings (Tobacco-free World, 2015) and the pioneering Australian experience in the field (<http://www.health.gov.au/internet/main/publishing.nsf/Content/tobacco-warn>).

Article 13 requires a comprehensive ban on all forms of Tobacco advertising promotion and sponsorship (TAPs), within 5 years of entry into force of the convention (MPOWER, 2013).

Some incredibly successful models were presented in support of Article 17: the provision of support for economically viable alternatives to tobacco growing that can sustain the livelihoods of tobacco workers, growers and individual sellers, especially from Brazil and Kenya.

Challenges to the FCTC include the modest implementation in LIMCS (Low and Middle Income Countries); many are yet to ratify it or not on-track to achieve their target, with several low and middle-income countries at risk of worsening their tobacco epidemics, notably in Africa and the eastern Mediterranean. The WHO target of a 30% reduction in prevalence of smoking by 2025 will certainly be missed if efforts are not intensified.

Three Hot Topics

Three hot topics that received special attention at the conference were Electronic Nicotine Delivery Systems, aka E-cigarettes, Water pipe smoking and smokeless tobacco.

E-cigarettes have been with us since the 1960s, China is credited with the 2nd generation, 2003, and Britain, the current 3rd generation. They are devices that deliver to the lungs a chemical mixture usually composed of nicotine, Propylene glycol and other substances (Schraufnagel, 2014). There are two camps at present those for and those against ENDS, each defending their corners. The former tend to be governmental, public health and international organizations (WHO and UN are the largest). Those against, tend to be the harm reduction and civil liberties movements and some influential opinion leaders.

The former camp argue there is no evidence they help in smoking cessation efforts or reducing tobacco use, no evidence of safety in the medium or long term. Projections dictate they would exceed combustible cigarettes sales by 2024, if the consumption continues to increase at the current exponential rate.

ENDS use among School age children in the US has tripled since 2011 and 50% of those surveyed (260000) intended to smoke combustible cigarettes in the next year. (<http://www.cdc.gov/media/releases/2015/p0416-e-cigarette-use.html>).

At least 10 toxicants can be identified and quantified in electronic cigarettes, including known carcinogens like propylene glycol (which is potentially toxic) found in all ENDS samples and tobacco specific N-nitrosamines (powerful carcinogens).

Those speaking for the E-cigs consider them a significant health innovation and insist it is "vaping" and not smoking. 50 researchers wrote to the WHO to caution against over regulation (<http://www.reuters.com/article/2014/05/28/health-ecigarettes-idUSL6N0OD3ZE20140528>). This camp argues that users are more than 60% likely to quit and could save 6,000 lives per year for every million smokers.

Water pipe smoking has been known for centuries, India & south East Asia seems to be the origin with the Middle East getting involved in the 20th century. The spread at the beginning of the 21st century is attributed to multiple factors among which the spread of café culture in the ME and the introduction of Maasel, favoring and easy use tobacco (Ward, 2015).

Myths surrounding WP include its safety due to filtering out of tobacco through water. The unregulated industry is accused of tampering with labeling to mislead users about the tar content and many do not bother to put health warning on the packages or the hookah. 82 toxicants have been quantified in the WP tar featuring polyaromatic hydrocarbons, nitrosamines, carbonyl compounds and volatile organic compounds. (For a full and comprehensive review see BMJ Tobacco control supplement referenced below) (Ward, 2015; Maziak, 2015).

Smokeless tobacco featured regularly in the discussions with more than 30 carcinogens identified and sufficient evidence that it causes oral, esophageal and pancreatic cancer in humans.

300 million people around the world are estimated to use these products.

To summarize, a tobacco free generation is in sight and the WHO will need all the help it can get from governmental and non-governmental agencies around the world. A partnership should be forged where :

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