K2P COVID-19 Series

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Prompting Government Action for Tobacco Control in Lebanon during COVID-19 Pandemic

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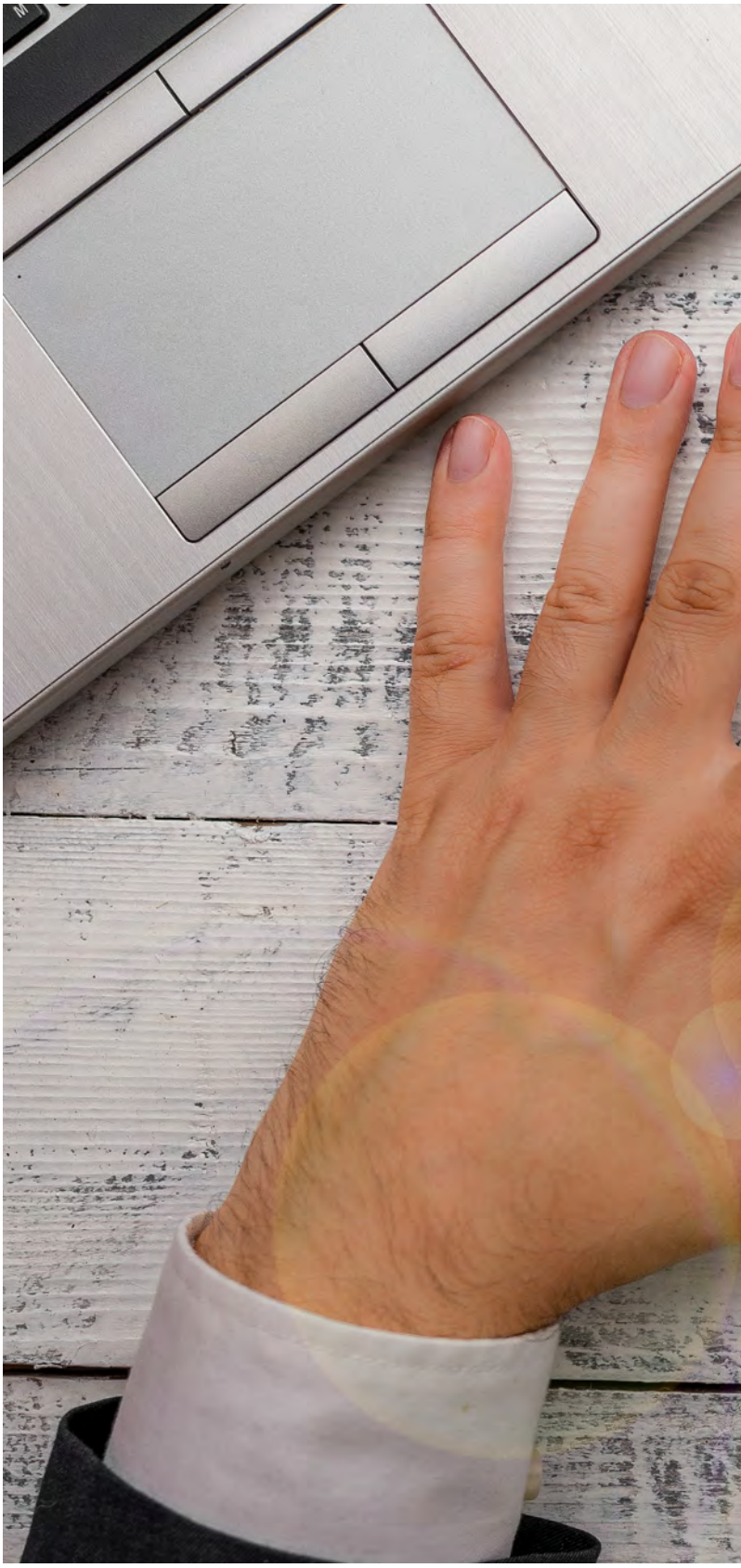



STOP
SMOKING

Key Messages

Tobacco use increases risk of complications and severe infection from COVID-19 by 1.4-1.45 times. The odds for COVID-19 progression among smokers are 1.73-2.25 times more than non-smokers. Smokers have 2.4 times higher risk of requiring mechanical ventilation, needing intensive care, and dying. COVID-19 patients who were smokers had a higher mortality rate of 38.5%.

Tobacco use increases the risk of infection with the Novel Coronavirus through repetitive hand-to-face motions, sharing waterpipe apparatus (chamber, hose and mouth piece), compromising social distancing, reducing immunity and predisposing to respiratory tract infections.

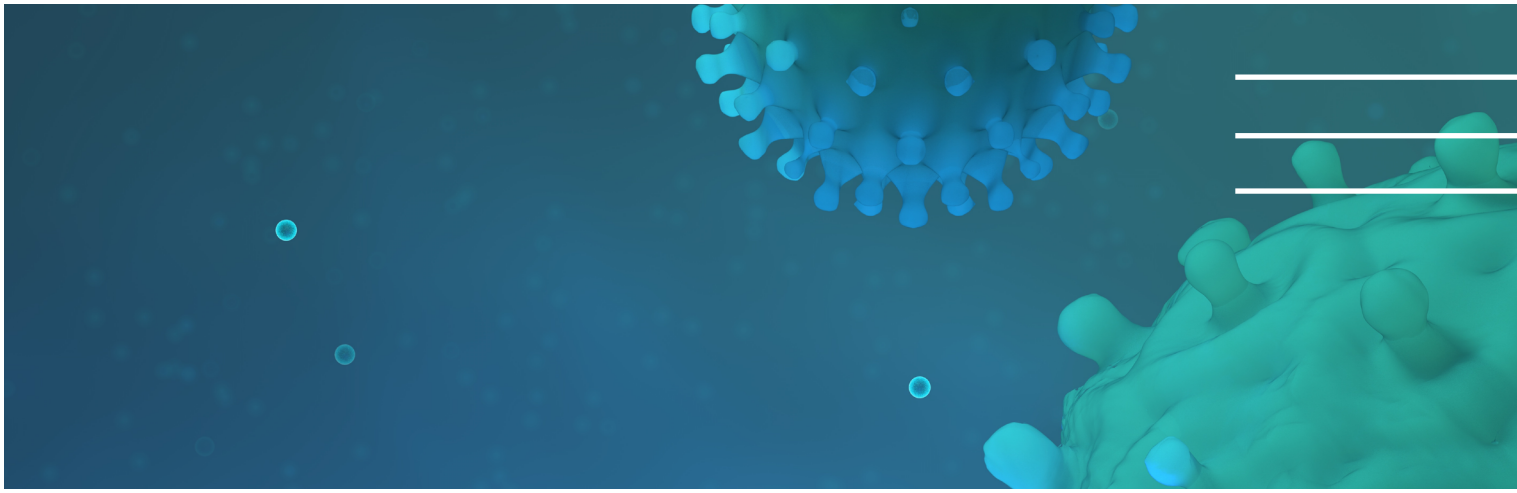
International public health institutions have called on governments to strengthen tobacco control measures amid the COVID-19 pandemic. This can contribute to COVID-19 crisis mitigation and long-term health systems benefits and sustainability, including reduction in economic losses associated with smoking.

Lebanon ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2005, a legally binding international treaty. Accordingly, Lebanon issued Law 174 for "Tobacco Control and Regulation of Tobacco Products' Manufacturing, Packaging and Advertising" in 2011. However, smoking rates in Lebanon are among the highest in region and enforcement of Law 174 is weak, especially with regards to the ban in closed public places.

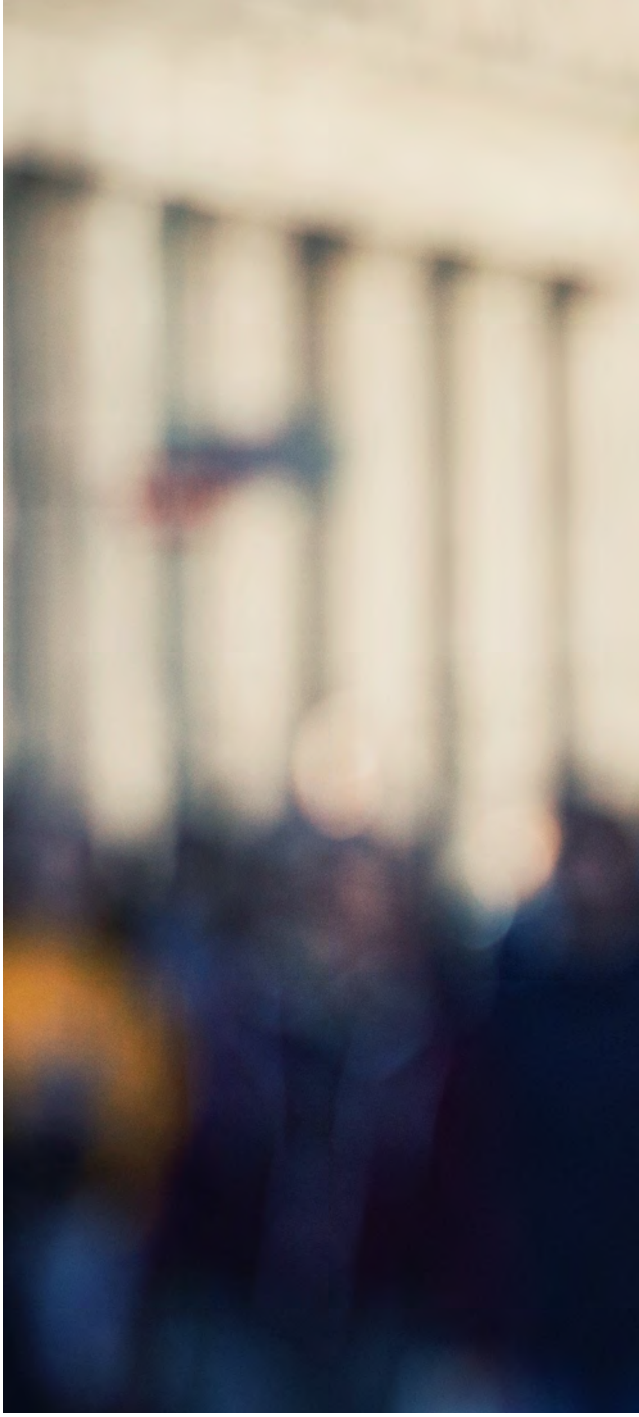
The challenges for tobacco control policy implementation in Lebanon include limited political will by consecutive governments, low levels of coordination between the responsible authorities, limited resources, vested interests, and tobacco industry and allies' interference. Tobacco products in Lebanon continue to be highly available, affordable and accessible.

Immediate Actions for the Government to Reduce Tobacco Use Harm Amid COVID-19:

- Strengthen and continue enforcing the Memo 48/م.أ/2020 long after the General Mobilization and expand it to include all types of tobacco use to comply with the articles of Law 174.
- Enforce Law 174, with all its dimensions, and capitalize on the successes made in monitoring and enforcement throughout the General Mobilization phase and extrapolate to enforce Law 174.
- Promote and strengthen current smoking cessation programs available in some healthcare facilities and primary healthcare centers to support tobacco control efforts in times of COVID-19.
- Leverage on the efforts of support teams active in the General Mobilization and those monitoring public facilities such as MOPH teams that assess food quality, MOET Consumer Protection teams, Tourism police, internal security forces and municipality police to enforce Law 174.
- Capitalize on the current role of municipalities in the General Mobilization and coordinate with them to support in the enforcement of Law 174 through monitoring the public places within the municipality jurisdiction.
- Ensure swift penal provisions for violators of Law 174 and the ministerial memo by the Ministry of Justice.
- Ensure a multi-sectoral coordinated effort between the different responsible sectors and ministries for effective tobacco control amid COVID-19.
- Prevent tobacco industry and allies' interference in the decision-making process and funding, ban tobacco related corporate social responsibility along with controlling commercial and other vested interests in COVID-19 response as per article 5.3 of the WHO FCTC.
- Develop a data collection system that properly records data on the smoking history of patients with COVID-19 and promote data sharing to conduct further research.
- Raise awareness on the harms of tobacco use, home-smoking and second-hand smoke and increased risk of COVID-19 infection through media campaigns and community awareness in municipalities and primary healthcare centers.



Preamble



While tobacco use in Lebanon kills more than 4800 people yearly, increases risk of non-communicable diseases (including coronary heart diseases, stroke, lung cancer and other types of cancer, and diabetes among others) and some communicable diseases and holds economic costs of USD 327.1 million per year, evidence now is mounting on the effect of tobacco use on the increased risk of infection, severity and mortality from COVID-19. International public health institutions have called on governments to strengthen tobacco control measures amid COVID-19 and stated that there has never been a better time to quit.

Lebanon, already crippled by the smoking pandemic, has one of the highest smoking rates in the region, especially among youth and has also been impacted by the COVID-19 Pandemic since February 2020. As part of a plan to ease the strict lockdown measures imposed by the government, on May 2 2020, the Minister of Interior issued Memo 48/م.أ/2020 to re-open Lebanese restaurants but with complete ban of waterpipe due to risk of novel corona virus infections. Maintenance and proper enforcement of this measure is important as well as those stipulated by the "WHO Framework Convention on Tobacco control (FCTC)", the international treaty ratified by the Lebanese Parliament in 2005. The treaty led to the issuance of Law 174 for "Tobacco Control and Regulation of Tobacco Products' Manufacturing, Packaging and Advertising" in 2011, an evidence based tobacco control policy, which legislates a complete smoking ban in closed public places. It is high time that tobacco control measures of Law 174 are firmly enforced to protect the public from the harmful health, economic, social, and environmental effects of tobacco use.

Selection process of the studies and systematic reviews included in this Rapid Response

We identified relevant studies and systematic reviews by searching the following databases: Medline, PubMed, HealthSystems Evidence, and Social Systems Evidence during the past 10 years.

We used a combination of free word, controlled vocabulary and MeSH terms for the following concepts: “Smok*, tobacco, cigarettes, waterpipe, cigarette smoking, smoking waterpipe”, “Smok* ban, tobacco control policy, Smoke-Free Policy, Smoking Prevention, Smoking reduction”, “COVID-19, corona virus infection, coronavirus”

We also searched Google Scholar and grey literature for additional evidence.

The objective of this rapid response is to highlight the link between tobacco use and COVID-19, present a review of the challenges for tobacco control policy implementation to date and present evidence-informed counter-arguments for opposition.

We propose immediate actions required to control and prevent waves of infection with COVID-19 along with a long-term roadmap and recommendations to protect the public from the harmful health, economic, social, and environmental effects of tobacco use.

While this document and its recommendations are contextualized to Lebanon, the evidence and insights can also apply to many countries in the Eastern Mediterranean Region.

A Double Pandemic: The Intersection of Tobacco and COVID-19

Higher risk of infection among smokers with novel corona virus

- Cigarette, e-cigarettes and vaping requires repetitive hand to face motions which results in continuously touching the face (1)
- E-cigarettes and vaping do not provide a safer alternative to smoking (1)
- Waterpipe smoking is often practiced while sharing the mouth piece and hoses (2). In restaurants, cafes and delivery services, the same waterpipe is commonly shared across multiple customers with minimal cleaning of the apparatus (3).
- The waterpipe apparatus (chamber and hose) promotes survival of micro-organisms (3) and has been associated with increased risk of transmission of Hepatitis, respiratory infections, Herpes, Tuberculosis and other infectious agents (1, 4, 5).
- Smoking is seen as a social gathering experience, which compromises the social distancing measures and encourages transmission (1, 6, 7).
- Purchasing tobacco products compromises lockdown and puts individuals, families and clerks at risk of infection (6).
- Smoking compromises the immunity and increases the risk of contracting respiratory tract infections (influenza, colds, pneumonia, Tuberculosis and others) (8) and developing acute respiratory distress symptoms (ARDS) (9).

Lebanon declared the first case of infection from the novel coronavirus on February 21, 2020. Since then, COVID-19 continued to progress in the Lebanese community.

As of May 18, 2020, Lebanon has officially registered 931 COVID-19 cases, from which 26 died and 251 recoverd.

The government had a series of decisions to curb the pandemic progression in Lebanon including the General Mobilization Decision and closing public places on March 13th, 2020.

As the lockdown started to ease, Minister of Interior issued the Memo 48/م.أ/2020 on May 2nd, 2020 to reopen the hospitality sector; however, and due to the higher risk of infection from waterpipe smoking, waterpipe is completely banned (17).

Almost 9 years after the issuance of Law 174 "Tobacco Control and Regulation of Tobacco Products' Manufacturing, Packaging and Advertising", the implementation of the smoking ban in closed public places is low because of the successive governments' lack of will to enforce the law.

It is now more important than ever to promote quitting smoking and ensuring an effective enforcement of Law 174!

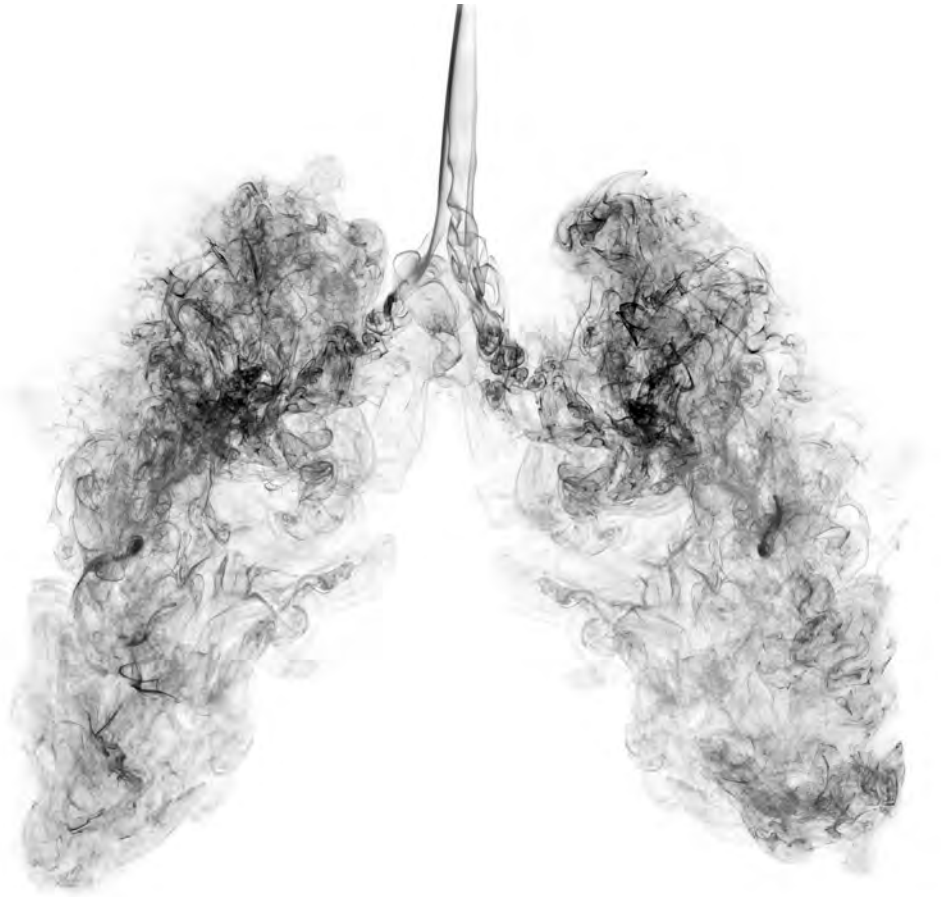
Increased risk of complications and mortality from COVID-19

Six systematic reviews and meta-analysis addressing the relation between COVID-19 and the smoking pandemic (10-15) showed that:

- Smoking was among the most prevalent underlying conditions of COVID-19 hospitalized patients (10)
- Current and previous smokers are at 1.4-1.45 times more risk of developing a severe infection than non-smokers (11, 12) and others have shown that smokers had higher odds of having severe COVID-19 and its progression by 1.73-2.25 times (13-15)
- Patients who smoke are 2.4 times at a higher risk of requiring mechanical ventilation, Intensive Care and dying from tobacco induced diseases (11)
- COVID-19 patients who were smokers had a higher mortality rate of 38.5% (12)

While other studies did not validate those results (16-18), researchers have questioned the rigor of its methodologies and identified links with the tobacco industry (19, 20).

Nonetheless, a living systematic review concluded that the quality of the data collected so far and studies to date do not allow a clear association between smoking and SARS-CoV-2 infection, hospitalization or mortality. Yet, smoking cessation remains a public health priority and advice to quit smoking shall continue and further research is warranted (22).



Countries response to control tobacco use amid COVID-19:

- Indonesia, Ireland, Japan, South Africa, New York: health experts called to quit smoking (29)
- Numerous countries in the Eastern Mediterranean Region: banned waterpipe in public places (29)
- Botswana, India, South Africa have removed Tobacco from the list of essential products that can be purchased during lockdown (6).
- Vietnam and Wisconson: closed tobacco shops during lockdown (6).

How can tobacco affect COVID-19?

It is still unclear how tobacco increases susceptibility for a severe COVID-19 infection due to the absence of long-term studies, but what is clear is that the damage that tobacco exerts on the respiratory and immune systems indirectly predisposes smokers to a severe infection as COVID-19 and was shown to cause aggravated symptoms in individuals with comorbidities (1, 23). While tobacco is associated with multiple non-communicable diseases, evidence has shown that the fatality rate for COVID-19 patients is higher for those with diabetes, cancer, hypertension, chronic respiratory diseases, and cardiovascular diseases in comparison with those with no pre-existing non-communicable disease (24).

This is further supported by the increased rate and severity of other respiratory infections such as influenza (25), tuberculosis (26) and Middle East Respiratory Syndrome (MERS) in smoking individuals (27-29). Another virus from the coronavirus family, MERS, was found to infect smokers at a higher rate (37%) than non-smokers (19%) (28).

For MERS, current and previously smoking patients had a fatality rate of 75% in comparison to 29.4% in patients who never smoked (29). Moreover, researchers showed that smoking upregulates the production of a cellular receptor for MERS, and they extrapolated that this receptor can also bind to the novel corona virus. However, further research is required to validate this hypothesis (30-32).

The tobacco industry during COVID-19

The Industry has been utilizing the COVID-19 Pandemic to promote their own interests and undermine tobacco control efforts in Lebanon as well as other countries through (33, 34):

- Promoting vaping or heated tobacco and speculating that vaping has antiviral effects that can kill the virus.
- Attempting to confuse the science around smoking through commissioning and funding research (at least 7 researches so far) that produced skewed results based on the interest of the industry.
- Marketing its products even under lockdown and providing discounts.
- Ensuring the availability of stocks and accessibility of tobacco products despite the lockdown.
- Actively seeking policymakers with Corporate Social Responsibility efforts for funding vaccine development and donations such as ventilators while at the same time asking officials to continue distributing their products.

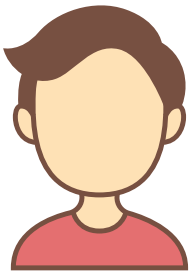
Similarly in Lebanon, the Tobacco Industry-Regie donated one million dollars to purchase ventilators and support response to COVID-19 which is considered a clear violation of article 5.3 of the WHO Framework Convention for Tobacco Control (FCTC) International treaty (35).

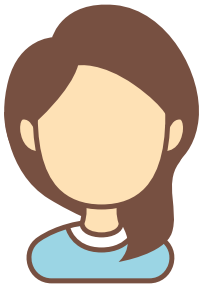
Considering the vast health, social, economic and environmental consequences of smoking and during the current the potential vulnerability of smokers to COVID-19 infection, International Public Health institutions have called upon governments to strengthen tobacco control efforts during COVID-19 pandemic.

Many propositions have been made to promote smoking cessation measures and interventions for tobacco control as a means of “flattening the curve” (1, 10, 30, 36, 37).

Current Tobacco Use in Lebanon

48.6%
Males

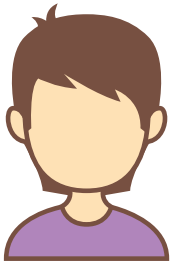




21.5%
Females

Current adult cigarette smoking in Lebanon (unpublished data)

32.7%
Males

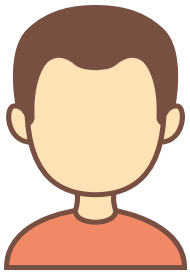


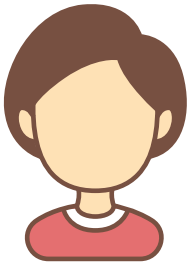
46.2%
Females

Current adult waterpipe smoking in Lebanon (unpublished data)

2/3 started before the age of 14 yrs

40.9%
Males

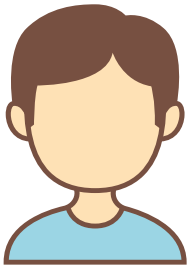


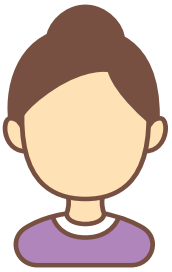


32.9%
Females

Current young smokers in Lebanon (13-17 yrs) (38)

6.7%
Males





2.7%
Females

Current young users of Medwakh in Lebanon (12-18 yrs) (39)

Lebanese youth waterpipe smoking is the highest among 68 countries worldwide! (40)

Lebanon ranks 3rd in the world for the highest consumption of cigarettes. 3023.15 cigarettes are smoked per capita each year in Lebanon (41)

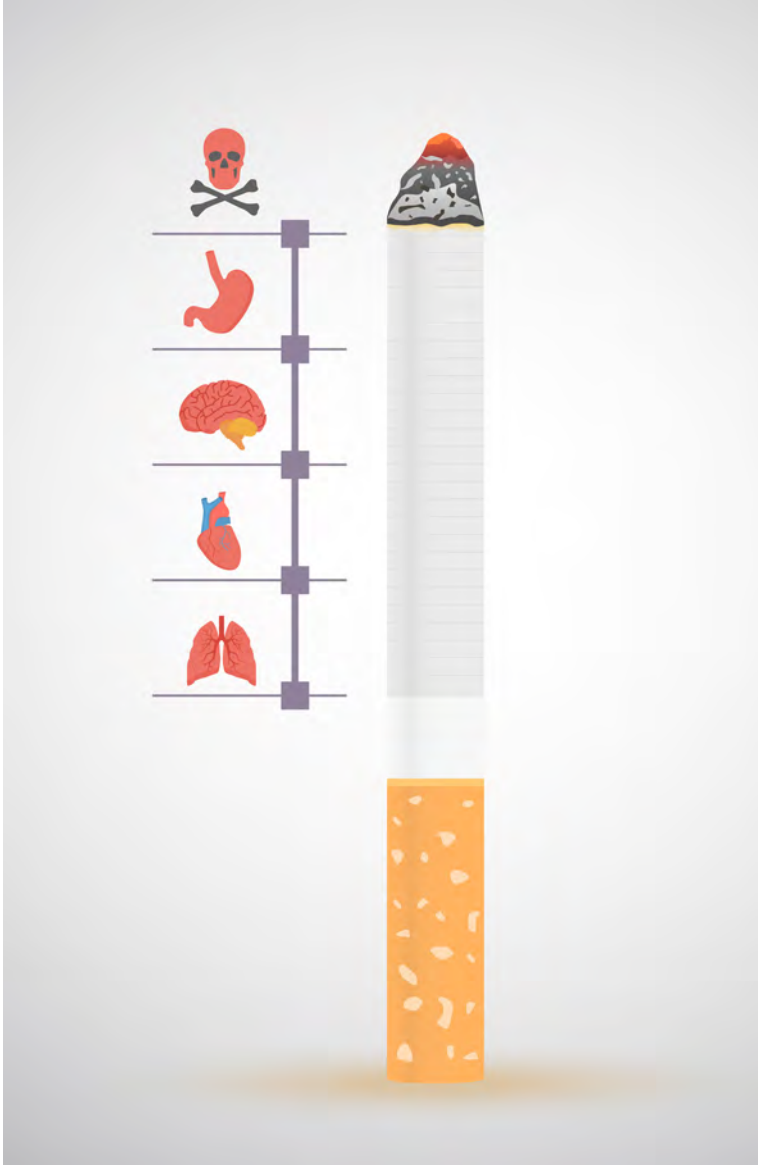
Consequences of Tobacco Use

In Lebanon

- More than 4800 people are killed yearly by tobacco (42)
- Current total cost of tobacco mortality, morbidity, loss of work productivity and environmental costs in Lebanon: USD 327.1 million or 1.1% of GDP (43).
- Smokers and past smokers sick days cost due to lost production is $102.2 million per year (44).
- A smoker in Lebanon would have to spend 4.58% of their average income (measured by per capita GDP) to purchase 10 of the most popular cigarettes to smoke daily each year! (42)
- It is estimated that 4385 tons of butts and packs wind up as toxic trash in Lebanon each year (42).

Health Consequences:

- 2-4 times risk of severe coronary artery disease (45) and 2 times risk of stroke (46)
- 15-30 times risk of lung cancer (47) and increases the risk of 12 other cancers (48)
- Higher diabetes risk by 30-40% (49)
- Affects fertility, pregnancy and pregnancy outcomes (50, 51)
- Increases risk of infection from and severity of communicable diseases (1)
- Tobacco kills half of its users and 1/7 of secondhand smokers (52)
- Tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke (53)



Economic Consequences:

Globally, the total economic expenditure on smoking is estimated to be around US$ 1.4 trillion annually which include healthcare costs, equivalent to 1.8% of the world's gross domestic product (GDP) (53, 54).

Social Consequences:

- Higher socio-economic groups have less tendency to smoking and are more prone to positively respond to smoking control measures (55, 56).
- 80% of the total number of smokers worldwide is distributed in middle and low income countries (57).
- Smoking is directly related to poverty, since the increase in one factor contributes to the increase of the other (43,58).

Environmental Consequences:

- Tobacco products result in around 340-680 million kilograms of non-biodegradable waste each year worldwide (59, 60).
- Around 11.4 million wood metric tons are lost for cigarette manufacturing, which is equivalent to losing one tree to produce 300 cigarettes.
- In 2012, the WHO estimated that about 6,000 metric tons of formaldehyde and 47,000 metric tons of nicotine were emitted into the atmosphere (60).
- Cigarettes are the main cause of accidental fires where they caused 8–10% of all fires in the USA in the past 10 years resulting in 621 million dollars in property damage and injured 1640 civilian (59).

The Current Status of Tobacco Control Policies in Lebanon

In 2005, Lebanon ratified the WHO Framework Convention on Tobacco Control (FCTC) international treaty with 180 other countries that aims to protect the future and current generations from the health, social, economic and environmental consequences of tobacco (57). It includes a package of evidence-informed policies that ratifying countries had to adopt and implement (58).

According to the Lebanese constitution, ratified international treaties are legally binding and paramount to national laws. Consequently, Lebanon had to adapt existing laws and develop and implement new laws that are concurrent with the treaty's articles to protect people from the harms of tobacco (63).

On August 29, 2011, Law 174 for "Tobacco Control and Regulation of Tobacco Products' Manufacturing, Packaging and Advertising" was passed after years of research, advocacy and partnerships between policymakers, civil society activists, local and international NGOs, and researchers (62). The law has multiple articles covering the availability and use of tobacco, smoke ban in public places, labeling and packaging, publicity and advertising along with chapters on implementation and sanction (64).

Aside from Law 174, Lebanon does not have other national legislations that cover all effective tobacco control policies including taxation, control of illicit trade, controlling industry interference, plain packaging, national tobacco control prevention programs, and cessation programs.

While larger textual warnings covering 40% of the tobacco pack and the ban of advertising and publicity has been widely implemented, the smoking ban in public places' implementation has been laxed and the decree on pictorial warnings has not been adopted yet (62, 65, 66).

The pictorial warnings in Lebanon, as per Law 174, requires an implementation decree that stipulates how it will be implemented and monitored. This decree has to be approved mainly by the Ministry of Health and Ministry of Finance. Even though the evidence-informed draft Decree has been developed since 2011 and updated in 2016, industry interference and lobbying has led to an absent political will to approve it (67).

The ban of smoking in closed public places came into effect in September 2012, after providing one year to prepare the sectors from the date of the issuance of the law in 2011 (62). Soon after that, the implementation was highly enforced with an estimated compliance of 90% in the hospitality sector (67). Three months later, the implementation of the ban laxed. More than half of smokers continued to smoke in public places (65).

> ***In light of the current COVID-19 pandemic and the established harmful effects of tobacco on the users, the second-hand exposed and the economy, it is now more relevant than ever to enforce smoking ban in closed public places and ensure that the issued Memo 48/ρ.İ/2020 banning waterpipe in restaurants shall continue long after the end of the lockdown phase-out (21). Maintenance and proper enforcement of this memo is a core element of Law 174, which forbids smoking in closed public spaces.***

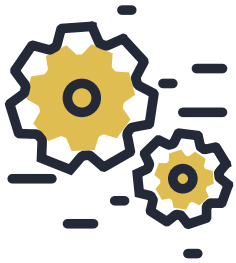
Timeline of Tobacco Control Policies in Lebanon

2009-2011

National Advocacy Campaign for evidence-informed tobacco control law

2005

Lebanon ratified the FCTC



1983

- Law requiring health warnings placed on cigarette packs and advertisements
- Health textual warning: 'Ministry of Public Health warns you about smoking dangers'
- Followed by a decree specifying size of the warning as 10% of pack and advertisement size

2004

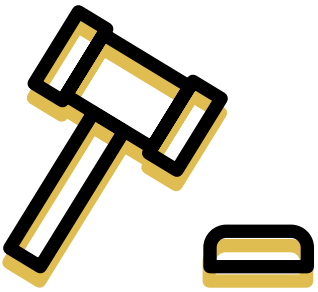
Lebanon signed the FCTC

1993

Administrative decision – Banning smoking in hospitals, dispensaries, pharmacies, cinemas, theatres, public transportation, sports clubs, classes in schools, universities and in elevators

1995

- Law requiring health warnings placed on cigarette packs and advertisements overriding the 1983 law
- HW: 'Ministry of Health warns: Smoking leads to dangerous and deadly diseases'
- The HW should be visible to the naked eye on cigarette packs and 15% of size of advertisements



2015

In February, the Minister of Interior decided to relax the implementation of ban of smoking in public places

2019

MOPH declared smoke-free initiative including Ministry of Health being smoke-free, raising tobacco prices and ensuring smoking ban in closed spaces

2011

Law 174 was passed

2020

COVID-19 Pandemic and Minister of Interior Memo 48/ρ.İ/2020 to ban waterpipe in restaurants to prevent novel coronavirus infection

2013

In January, the ban on smoking in indoor places enforcement ceased due to lobbying from hospitality sector and Ministry of Tourism

2012

- March: Law 174 came into effect for banning all forms of advertising for tobacco products
- July: Ministerial Decree 8431 to Control Having No-Smoking Signs in Public Places
- Sept: Law 174 came into effect for banning smoking in public areas for the hospitality sector
- Oct: Larger textual warnings were stipulated by Decree/Bylaw 8991 in October 2012
- Nov: The ban on smoking in indoor places in the hospitality sector came into effect with 90% enforcement in hospitality sector
- Dec: Ministerial Decision 2074/1 in 2012 Banning E-Cigarettes

Effective Laws for tobacco control and Evidence-informed policies of the WHO FCTC		
Protection from Tobacco Exposure: Smoke-Free/ Smoking Ban in Public and Closed Spaces	Hospitality Sector (hotels, restaurants, bars, night clubs, cafes…); Public Transportation; workplace, governmental buildings, universities, schools, hospitals	
Labelling and packaging	Size of warnings above 50% of the package (front and back)	
	Textual warnings	
	Pictorial Warnings	
	Plain Packaging	
	Labelling guidelines and product disclosure	
	Ban Misleading Packaging	
Ban of all Forms of Advertising, Promotion and Sponsorship	Direct Advertising (media, point of sale)	
	Indirect Advertising (sponsorship, free samples, promotions, corporate social responsibility…)	
Community Based interventions	Education, communications, training and public awareness	
Cessation and Reduction of Tobacco Dependece Programs	Cessation programs in educational, healthcare, workplace and sporting facilities with diagnosis, treatment and rehabilitation	
Reducing Demand: Tobacco Taxation (≥75% of retail price of tobacco products is tax)		
Controlling Sales to and by Minors		
Controlling Illicit Trade, Counterfeiting and Smuggling		
Controlling Industry Interference		

Current Status of Tobacco Control Policies in Lebanon versus the international recomemndations by WHO FCTC (53, 68)

	Law/ Policy/ Intervention Available in Lebanon	Law/ Policy/ Intervention Adequately Implemented in Lebanon
	✓(Law 174)	× (Minimal Compliance)
	× (Size of warning labels is 40%)	×
	✓ (Law 174)	✓
	× (Law 174, but missing implementation decree)	×
	×	×
	✓ (Law 174) (does not include ban on labelling flavors and information on emissions)	✓ (does not include all required criteria for effectiveness)
	✓ (Law 174)	✓
	✓ (Law 174)	✓ (very high implementation for media; low enforcement at points of sale)
	✓ (Law 174)	× (low compliance)
	× (some sporadic interventions, not part of a national comprehensive program)	× (suboptimal design and implementation of interventions)
	× (Not nationally: only in few healthcare facilities)	× (Not nationally: only in few healthcare facilities)
	×	× (inadequate taxation currently available; no trend change in affordability since 2008)
	✓ (Law 174)	×
	×	×
	×	×

Challenges to Implement Chapter 3 of the Law 174:

Ban of Smoking in Closed Public Places

While compliance to the smoking ban is medium-high in healthcare and educational facilities, it is low in the public transportation and hospitality sector in Lebanon (53). There are a number of compounding reasons that have led to this situation which are summarized here:

The very **limited political will** and support for law enforcement by the consecutive Ministers of Interior and Ministers of Tourism in an attempt to ease the burden of the hospitality sector was one of the main reasons for the lack of enforcement of Law 174 (62, 67, 69-71). Furthermore, the political will and leadership to comply is missing from multiple educational establishments, public transportation sector and other public places (53). The compliance with the ban even in governmental establishments is still low. It was only until 2019 that the Ministry of Health was declared a Smoke-Free Ministry (72).

Low levels of coordination between responsible authorities contributed to weak compliance. As per Law 174, Ministries of Health, Tourism, Economy and Trade and Interior have been charged to enforce the provisions of Law 174. Yet, there is no clear role definition between these ministries leading to fragmentation of efforts and lack of clarity contributing to inefficient and limited enforcement. While the enforcement of the advertising ban was monitored by the Ministry of Economy and Trade with higher levels of enforcement, enforcement of the smoke-ban by the Tourism police was not as efficient (67).

- Fines were issued in the name of an employee serving waterpipe rather than the establishment, as such fines were not traced to the venues responsible for the violation (71).
- Judiciary system has a slow process in following up with fines and repeated violators, as such, violators continued their law breaches (73).
- Corruption, conflict of interest and bribery among the regulation bodies and some of the police officers (74).

These have created a low perceived threat of enforcement/punishment and thus further contributed to the lack of compliance.

Limited available **funds** to enforce ban has been stated as a reason for the limited enforcement. In Lebanon, government's expenditure on tobacco control is around USD 30,000 per year whereas Kuwait, Qatar, Jordan, Saudi Arabia for example, spend around USD 78,000, USD 500,000, USD 120,000, USD 4,800,000 respectively (53). The Ministries responsible for the enforcement claim they have limited resources and officers to monitor the implementation (67, 74), even though enforcement does not necessarily require extensive funding sources as has been shown in other countries.

Vested interests highly influenced the enforcement of Law 174, mainly the Syndicate of Owners of Restaurants, Cafes, Pubs and Pastries (SRCPP) in Lebanon and the Union of Syndicates of the Hospitality Sector through:

- Multiple protests, sit-ins and demonstrations to halt the implementation of law 174 (75-77).
- Multiple statements, press-releases and conferences declaring that they will not implement the law and asking for amendments as to include smoking-nonsmoking sections, longer grace periods, and licensing for designated restaurants for smoking (69, 75, 76, 78-82).
- Parliamentarians also put forward multiple suggestions to amend the law in favor of the interest of the hospitality sector (83).
- Lobbying and partnering with high-level officials and decision makers (80, 83, 84).
- Commissioning consultancy companies to produce studies, with questionable quality, showing the economic losses (67, 80, 84).
- Establishments were not abiding by the law, not paying fines and/or finding ways to get around the ban through changing the physical structure of the establishments and relying on favoritism (67, 69).

The Tobacco Industry and their allies have been using similar **STRATEGIES** around the globe to undermine tobacco control efforts (85). These have been counteracted in multiple countries:

- Direct lobbying with policymakers and establishing collaborations
- Indirect lobbying through third party partners
- Shaping the evidence through commissioning or producing research evidence and position papers
- Constituency building through forming allies within and outside the industry especially with unions and media advocacy.
- Policy substitution through promoting alternative policy, self-regulation and non-regulatory initiatives that are less effective (education programs)
- Using litigation and legal threats
- Fragmentation and destabilization of their opposition
- Providing financial incentives such as offering future employment and other gifts

Tobacco Industry has a long-standing history in influencing the adoption and implementation of tobacco control policies in Lebanon, even dating back to the 1970s (86). Industry documents in Lebanon reveal strategies to deliberately weaken tobacco control regulations (86). Lebanon does not control the industry interference and does not have national policies to manage conflict of interest as stipulated by article 5.3 of the WHO FCTC. In fact, low-middle income countries are considered targets for the big tobacco firms due to weaker regulations for sale, advertising and conflict of interest management (87).

In Lebanon, the tobacco industry is run by the Regie, a governmental body under the jurisdiction of the Ministry of Finance, holding exclusive rights to produce, export and import tobacco (88). The revenues of the Regie feed the Lebanese treasury which further complicates measures to control the tobacco industry. Furthermore, the Ministry of Finance signs on tobacco laws and decrees and as such influences the decision-making process while in conflict of interest.

In 2019, Lebanon ranked 30th out of 33 countries assessed for the Tobacco Industry Interference Index with very high scores on industry's participation in policymaking process, benefits provided for the industry, tobacco industry corporate social responsibility, and limited measures for transparency, conflict of interest and preventing interference (89).

- Tobacco industry has direct and indirect ties with high-level officials creating conflict of interest (73, 89).
- Retired government officials have now joined the tobacco industry (89).
- Regie representatives attended parliamentary sessions in an aim to influence the articles of the law (67, 88). The industry's interest was prioritized in some articles of the law and its implementation including delaying the implementation of the advertising ban and blocking pictorial warnings (83).
- Tobacco companies persuaded retailers to continue to advertise tobacco under the arguments of challenging the law implementation (90).
- Tobacco companies used lobbying and media advocacy to push forward their agendas (67, 83).
- The industry also uses corporate social responsibility as a method for advertising and polishing their public image (89).

Tobacco Industry and their partners have been using similar arguments around the globe to undermine efforts for tobacco control (85). These have been counteracted in multiple countries:

- **Negative economic consequences for the manufacturers including financial and job losses; public revenues; and the associated industries**
- **Increase in illicit trade**
- **Regulation is more extensive than necessary**
- **Industry will adhere to self-regulation and only market to those of legal age**
- **There exists insufficient evidence about the health/economic consequences and the effectiveness of the tobacco control policy.**

The wide **availability, affordability, social pressure and continuous innovation** in tobacco products, mainly for waterpipe.

- Nicotine in tobacco is addictive and the addictive nature of tobacco products makes it very difficult of people to quit smoking on their own (91).
- The wide availability and accessibility of tobacco also contributes to expanding its use from home to the public sphere. Tobacco use, especially waterpipe is widely socially acceptable with perceptions of reduced harm. Media further portrays cigarettes and waterpipe as glamorous, cool and lavish (92).
- The affordability of tobacco products further contributed to the high utilization (93). Tobacco products are more affordable in Lebanon than the neighboring countries such as Jordan, West Bank and Gaza, Turkey and Egypt (94). This is in part also due to the low excise tax on tobacco products. Cigarettes are affordable and similarly waterpipe is affordable at home, in restaurants and through delivery services (93).
- The continuous innovations in tobacco products, accessories and flavors further attracts consumers (93).

LEBANESE YOUTH HAVE IDENTIFIED THAT RESTAURANTS SERVING WATERPIPE WAS THE MOST IMPORTANT PREDICTOR FOR DIFFICULTY REFRAINING FROM WATERPIPE SMOKING AND PROGRESSING WITH NICOTINE ADDICTIVE SYMPTOMS (115).

Despite the high demand on waterpipe, more than 80% of the Lebanese smokers and non-smokers believe that tobacco control policies can control the waterpipe smoking epidemic (93) and are in favor of the law implementation.

Immediate Actions for the Government to Reduce Tobacco Use Harm Amid COVID-19

Enforce Law 174

- Strengthen and continue enforcing the Memo 48/م.أ/2020 that bans waterpipe in restaurants and cafes long after the General Mobilization and expand it to include all types of tobacco use to avoid the second wave of COVID-19 and to comply with the articles of Law 174.
- Assign and train employees to monitor the implementation (99) and capitalize on and support the teams that are already active in the General Mobilization and those monitoring public facilities such as MOPH teams that assess food quality, MOET Consumer Protection teams, Tourism police, internal security forces and municipality police.
- Ministry of Justice should create and implement processes to facilitate the enforcement of law 174 including swift decisions on the penal provisions for violators
- Minister of Public Works and Transport and Minister of Interior should enforce and monitor the smoking ban in public transportation to avoid COVID-19 infections through removing masks and constant mouth-to-face motions
- Promote and revive the "Citizen Watch" and capitalize on the use of technology and phone apps for citizens who report on violations (99).

Control and prevent tobacco industry and allies' interference

- Prevent tobacco industry and allies' interference in the decision-making process and funding, ban tobacco related corporate social responsibility along with controlling commercial and other vested interests in COVID-19 response as per article 5.3 of the WHO FCTC (68, 89)
- Raise awareness and expose industry activities and its tactics in the COVID-19 Pandemic

Benefits of the effective implementation of the smoking-ban in public places:

- **Supports in curbing the epidemic of smoking, especially among youth (95).**
- **Reduces hospital admissions risk for coronary artery events (by 81%), heart disease (by 61%), cerebrovascular accidents (by 84%) and respiratory diseases (by 76%) (7) and thus reduces healthcare costs.**
- **Protects people (especially children) and workers in these establishments from second-hand smoke, can reduce the smoking cigarettes and may encourage others to quit smoking (96, 97).**
- **Increase revenues of the hospitality sector by responding to customers' requests of a smoke-free areas, especially for families and children; provide them with a competitive edge; and support in meeting international standards of quality and safety (88).**

Raise awareness on the risks of tobacco and promote quitting tobacco

- Use the COVID-19 Pandemic as an opportunity to promote quitting tobacco and highlight awareness efforts (6, 100) on:
  - harms of tobacco use
  - harms of home-smoking and second-hand smoke
  - increased risk of COVID-19 infection
  - benefits and methods for quitting
  - smoking is not an excuse to remove masks in areas/times when wearing masks is a necessity (especially in public transportation and closed public spaces).
- Promote and strengthen current cessation programs available in some healthcare facilities and primary healthcare centers to support tobacco control efforts in times of COVID-19

Conduct research and surveillance and promote transparency

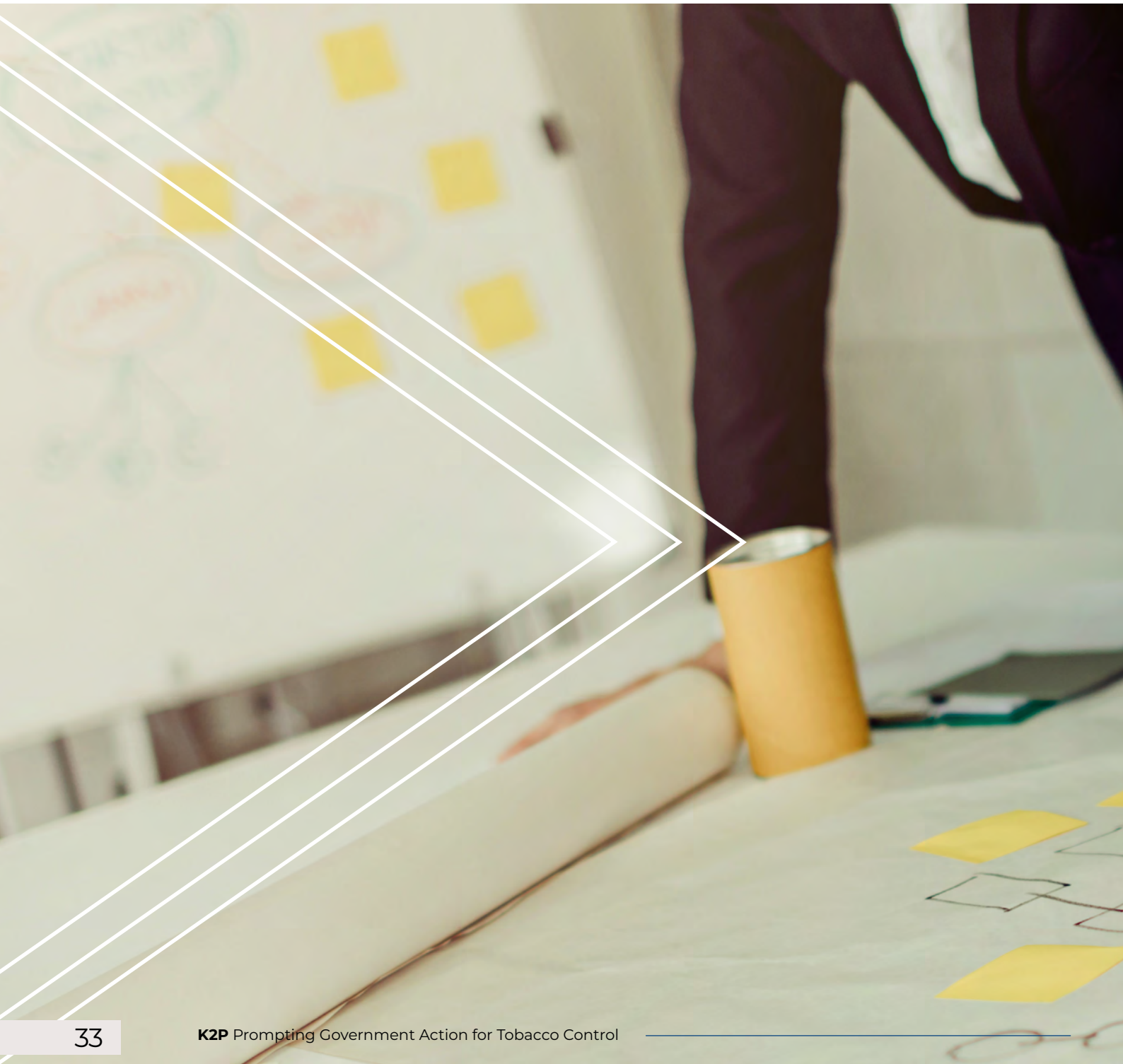
- Develop a data collection system that properly records data on the smoking history of patients with the novel corona virus and promote data sharing to conduct further research
- Implement freedom of information act and promote transparency and accountability through sharing government data, reports and plans that might enhance or impede efforts for effective tobacco control.

Collaborate, delegate and monitor progress

- Capitalize on the current role of municipalities in the General Mobilization and coordinate efforts to:
  - Support in the enforcement of Law 174 through monitoring the public places (restaurants, cafes, hotels, delivery services, schools, universities, workplaces and municipality building) within the municipality jurisdiction.
  - Support in the provision of community-based awareness programs on the harms of tobacco amid COVID-19
- Capitalize on the current and active role of media and civil society organizations in COVID-19 pandemic to support in a national awareness campaign on the harms of tobacco and smoking and to support Law 174 enforcement

Governments should strengthen and maintain robust tobacco control policies and regulation in time of COVID-19. This can contribute to the crisis mitigation and long-term health systems benefits and sustainability (1).

Roadmap for Effective Tobacco Control in Lebanon



Efforts for effective tobacco control require a coordinated multi-disciplinary and multi-sectoral response to address current challenges in Law 174 implementation and additional tobacco control policies to reduce tobacco harm during and beyond COVID-19. In addition to the immediate actions described earlier, below are the actions required by different sectors for effective tobacco control in Lebanon.

01 Government

Enforce Law 174

- Operationalize and activate the multisectoral committee from different ministries, civil society, lawyers and researchers to ensure the enforcement of Law 174 and advance the development of policies in concordance with the FCTC and provide clear terms of reference and roles for every sector (64, 94). Rely on the successes made in monitoring and enforcement throughout the General Mobilization phase and extrapolate to enforce Law 174
- Develop educational and incentives programs (such as grading systems) targeting establishments that are considered public places to enhance enforcement and compliance and avoid tobacco-related COVID-19 infections
- Implement and monitor measures to control tobacco products sales by and to minors
- Launch a national initiative to enforce the ban of smoking in public transportation sector through education for drivers, posting non-smoking signs, empowering citizens to report, and issuing fines for violators (101)
- Ensure that Ministry of Health and Ministry of Finance finalize and implement the pictorial warning decree
- Monitor and control indirect advertisement, sponsorship and internet advertisement

Tobacco Industry and Allies Interference

- Treat the state-owned Regie like any other tobacco company, thus subject to monitoring, control and sanctions as per WHO FCTC agreement (68, 89)
- Ensure that tobacco companies disclose public records for information on tobacco business including market share, marketing expenditures and philanthropy (85)
- Develop and enforce a code of conduct for government officials and civil servants that prevents and controls conflict of interest and other vested interests (98).

Conduct Research and Surveillance and Promote Transparency

- Promote national research and surveillance and track progress in enforcement and compliance and report back on success and shortfalls (68)
- Rely on the best-available local, regional and international evidence for implementing articles of the Law 174 and in designing new interventions, strategies, policies and legislations

Additional Efforts for Effective Tobacco Control

- Develop, implement and promote a national smoking cessation program and ensure its availability, accessibility and affordability (88).
- Ensure the implementation of an integrated tobacco prevention program in schools, technical schools, universities, scout groups and communities, with a specific focus on youth
- Adopt tobacco control taxation policies based on best-available evidence on local and imported products to reduce tobacco use, increase government revenue and reduce tobacco-related economic costs
- Sign the Protocol to Eliminate Illicit Trade in Tobacco Products (102)

02 Parliament

- Monitor the government's response and exert pressure for enforcing Law 174
- Prevent and refuse amendments to Law 174 and suggestions that do not coincide with articles of WHO FCTC International Treaty (103)
- Issue a legislation that prevents and controls conflict of interest in order to implement Article 5.3 of WHO FCTC
- Issue a legislation that prevents direct and indirect interference from the tobacco industry and allies in the process of developing new legislations and controls commercial and other vested interests (68)
- Develop and pass a tobacco taxation legislation (98)
- Rely on the best-available local, regional and international evidence for implementing articles of the Law 174 and in developing new legislations

03 Municipalities

- Coordinate with the authorities and support in the enforcement of Law 174 through monitoring the public places (restaurants, cafes, hotels, delivery services, schools, universities, workplaces and municipality buildings) within the municipality jurisdiction
- Support in the provision of community-based awareness programs on the harms of tobacco

04 Researchers and Research Institutions

- Conduct high quality research with rigorous methodology on the association between tobacco use and COVID-19
- Produce policy relevant local evidence on the health, economic, environmental and social consequences of tobacco along with evaluation and effectiveness studies for tobacco control policies (62)
- Share research evidence with relevant stakeholders in a timely and user-friendly manner
- Collaborate, coordinate and advocate with civil society, national and international organizations and policymakers to adopt, implement and enforce evidence-informed tobacco control policies and interventions (62)

05 Tobacco Control Advocates, Civil society and National and International Organizations

- Collaborate and coordinate within a multidisciplinary coalition with common goals (62, 68)
- Actively engage in challenging tobacco industry and allies' arguments and raise awareness about their influence in undermining tobacco control (104)
- Raise awareness and advocate for the rights of non-smokers (88)
- Develop and implement community-based awareness programs on the harms of tobacco and benefits of cessation
- Create and capitalize on a network of establishments/ sectors that abide by Law 174 (88)
- Secure sources of funding that can support the government with enforcing Law 174 and refuse funding from tobacco industry and allies

06 Media

- Contribute to a comprehensive media campaign to raise awareness on the harms of tobacco use, especially in relation to COVID-19 Pandemic, and to promote the enforcement of Law 174 by implementing the following:
  - Dedicate documentaries, reports, and TV time for awareness on the importance of tobacco control
  - Avoid portraying tobacco as attractive, cool and glamorous
  - Create an initiative to stop portraying tobacco use in shows and series
- Rely on credible sources of information and high quality evidence (105) on the link between smoking and COVID-19
- Take extra caution when interpreting and sharing the results of research evidence while taking into account the quality of the research article (source, sample size, characteristics of the population group and whether it resembles the local context and study limitations) and the source of funding and whether it poses any potential conflict of interest (105)
- Promote investigative journalism and expose the activity of the tobacco industry and its allies in undermining efforts for tobacco control
- Monitor the government enforcement of Law 174 and ensure government transparency and accountability
- Continue abiding by the ban of advertisement and sponsorship of tobacco products

07 The Public

- Advocate for the rights of non-smokers and protect those who are vulnerable from second-hand smoke including children, pregnant women, hospitality sector employees, and those with chronic conditions
- Honor the laws, abide by its provisions and report violations
- Monitor the government enforcement of Law 174 and ensure government transparency and accountability

08 Hospitality Sector

- Implement the Law 174 to protect customers and employees from exposure to toxic second-hand smoke while on the job.

Annex

A Guide for Policymakers, Media and Civil Society: Evidence-Informed Counterarguments for Opposition

Based on the thorough analysis of the challenges for Law 174 implementation and the arguments of the opposition for more than a decade, it is exceptionally important to present evidence-informed counterarguments to support the decision-making process for effective tobacco control in Lebanon.

Opposition Argument	Counter-arguments
Hospitality sector is undergoing huge economic losses due to Law 174 according to a study by Ernest and Young	⇢ The study has questionable methodology, inaccurate data and low quality (106) ⇢ A local study using ministry of finance data showed a 3% increase in the revenues of the hospitality sector during the 3 months complete enforcement of law 174 (107) ⇢ Other countries that implemented the ban had no changes to revenue (Norway, USA, Australia) (108) or increased revenues (Turkey by 5%, Cyprus by 6.4% (106, 109) ⇢ All studies funded by the tobacco industry showed negative economic impact while non-industry funded showed no or positive effects (110)
Implementing the Law will cause thousands of workers to lose their jobs	⇢ Analysis of 20 yrs of employment in USA restaurants and bars found no effect of tobacco control on the employment rates (111) ⇢ Worldwide 200,000 workers from the tourism sector die annually from second-hand smoking (106) ⇢ Labor Laws ask for a healthy working environment for employees (112)
Lebanese cuisine requires tobacco smoking	⇢ No Cuisine should require killing those who eat it. ⇢ Mediterranean cuisine is well-known to be the healthiest cuisine worldwide ⇢ Non-smokers and tourists should have an equal right to try the healthy Lebanese cuisine without being exposed to second-hand smoking risks ⇢ Studies have shown than 83% of tourists support smoking ban (110)
Law should be amended to include smoking/non-smoking section and licensing for designated restaurants for smoking	⇢ Law amendments that are against the articles of WHO FCTC are unconstitutional (including smoking/non-smoking sections and licensing) (113). ⇢ Evidence have shown that the smoking particles are identified in the non-smoking section and does not protect against tobacco harms (113)
It is not the time; Lebanon is going through enough	⇢ All sectors are undergoing economic losses due to the dire economic situation, not specifically related to tobacco control (112) ⇢ Lack of political and economic stability is not enough to halt progress towards population health, Iraq and Greece are examples (112) ⇢ Tobacco-related economic costs is estimated to USD 327.1 million per year or 1.1% of GDP in Lebanon (43)

Opposition Argument	Counter-arguments
There should be some exceptions to establishments that mainly rely on waterpipe for income	⇢ Exceptions are not acceptable in health-related issues ⇢ The laws cannot be contradictory in text and articles of WHO FCTC ⇢ Exceptions will arise the issue of inequity to other institutions ⇢ The Law only bans smoking in public "closed places" defined as ceiling and two walls. Restaurants and cafes can still serve waterpipe in "open places" (112)
People have the freedom to choose whether to smoke or not	⇢ Nicotine in tobacco is addictive. Addiction takes away the aspect of the "free-will" and makes quitting extremely difficult with cessation programs requiring around 1-1.5 yrs (91)
The law should respect the rights of both smokers and non-smokers; with adequate ventilation smoking can be resumed	⇢ No ventilation system can clear the air from the carcinogenic particles of tobacco ⇢ Around 600,000 people die yearly from second-hand smoke (112)
The law should allow for longer grace-periods	⇢ WHO FCT was ratified in 2005 and Law 174 was passed in 2011. Compliance of with the smoke ban is still low in 2020. ⇢ Law 174 allowed for a 1 year grace period for the hospitality sector, yet with minimal compliance. However, it allowed for 6 months to ban advertisements and the compliance is considered medium-high ⇢ The countries that allowed for transitional smoke-ban showed ineffectiveness (110)
Corruption will never allow the law to be implemented	⇢ The 90% compliance at the time of enforcement proves that implementation can occur ⇢ Corruption lies also on the level of those who offer the bribery ⇢ Fighting corruption is a collective effort that can be achieved (110)
We will not implement the law	⇢ It is illegal to disclose defiance to implement laws ⇢ It is illegal not to implement laws
We have corporate social responsibility (CSR) and will support families in-need, donate ventilators for hospitals and launch awareness programs on the harms of tobacco	⇢ It is against the articles of WHO FCTC ⇢ CSR is used by tobacco companies as a method for marketing and advertising ⇢ The only acceptable CSR is the production of products that are not-addictive and not harmful (33, 34, 61)
Implementing the law and issuing tobacco taxation legislation will increase smuggling and illicit trade	⇢ Adopting and implementing the Protocol to Eliminate Illicit Trade in Tobacco Products can reduce this risk (61)
Enforcing the law will harm the tobacco farmers in Lebanon	⇢ Tobacco farmers in Lebanon are not faring well due to subsidy from Regie with a vicious cycle of debt ⇢ Farmers are subject to grave health consequences from green tobacco sickness and poisoning from nicotine along with chemicals and pesticides used for tobacco crops ⇢ Many farmers want to switch from farming tobacco if provided the means and alternatives (114)

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