IASLC 2015 Statement on Tobacco Control and Smoking Cessation

Cigarette smoking by itself is responsible for over 80% of all lung cancer cases, while exposure to air pollution, radon, occupational exposures to chemicals, and having a family history of lung cancer likely accounts for the majority of the remaining cases. Worldwide, lung cancer is the leading cause of cancer death. While the epidemic of cigarette induced lung cancers is now beginning to subside (particularly in men) in many high income countries as cigarette consumption has fallen, worldwide lung cancer deaths are projected to increase in the coming decades as smoking rates increase in low and middle income countries (1, 2). The projected global epidemic of cigarette caused lung cancers is entirely preventable. However, controlling cigarette sales worldwide is an enormous challenge because of the economic incentives that continue to favor cigarette manufacturing. The 2010 Surgeon General's Report on Smoking and Health noted that the reason why smokers repeatedly expose themselves to the harmful toxins in cigarette smoke, ultimately resulting in lung cancer and many types of cancers and other diseases, is nicotine addiction (3).

The International Association for the Study of Lung Cancer (IASLC) recognizes that the solution to the tobacco problem lies in primary prevention of tobacco initiation and in tobacco cessation by individuals addicted to nicotine. Research has shown that the most potent demand-reducing influences on tobacco use have been interventions that impact virtually all smokers. These include higher taxes on tobacco products, comprehensive advertising and promotion bans of all tobacco products, product regulation including pack warnings, appropriate consumer information, mass media campaigns, tobacco-free policies, and help to quit for people who use tobacco (4-7). Tax policies that increased the cost of cigarettes have played a prominent role in the reduction of cigarette smoking. It was recently estimated that a 1/3 reduction in smoking prevalence could be achieved by doubling the inflation-adjusted price of cigarettes, which in many low- and middle-income countries could be accomplished by tripling the specific excise tax on tobacco (4). A low specific excise tax on tobacco is the main reason that even after adjustment for purchasing power, cigarettes are about 70% cheaper in many low-income countries compared with high-income countries. The continued availability of low-cost brands discourages tobacco cessation. A large increase in inflation-adjusted price is, therefore, a key component of any realistic strategy to reduce tobacco use substantially during the next decade.

However, the level of continuing cigarette consumption despite all interventions to date, and the unintended consequences of price policies such as smuggling and counterfeit products and economic impact on those people who have not yet quit, also argues for a look at new breakthrough interventions (8). Technology today allows people to obtain nicotine in ways that do not require the incredibly dangerous lung inhalation of the products of combustion. Data show that a significant proportion of people who smoke are looking for viable options different from smoking cigarettes. Unfortunately there are few satisfactory options or options that are marketed in ways that make them unattractive substitutes for cigarettes. In 2015, the evidence base is not clear that products such as electronic nicotine devices are a good option for people trying to overcome their nicotine addiction, or for those who just want to stop smoking combusted tobacco products. However, the possibility is strong - because inhaled combusted tobacco products are so deadly. Such support for alternative nicotine delivery products must include complete cessation of the combusted product - or dual use will become

the norm, with no or little change in morbidity or mortality. Thus, IASLC continues to support public health measures that limit where tobacco can be sold, to whom they can be sold, the price, where they can be used, what warnings must be displayed, and disclosure of toxic constituents. However, in order to enable rapid reduction of tobacco consumption, IASLC urges its members and others around the world to:

1. Join together to ***forcefully implement the World Health Organization's Framework Convention on Tobacco Control*** which has among its key provisions increasing cigarette prices via taxation (to at least 70% of the retail price), prohibiting the sale of cigarettes to minors (less than 21 years of age) , enacting and enforcing comprehensive cigarette marketing policies, eliminating tobacco use in public locations, mandating graphic warnings labels on cigarette containers, implementing public education campaigns to discourage the use of cigarettes, and providing tobacco cessation support.
2. ***Adopt legal reforms*** that would allow people who smoke and their families to use the judicial system to hold tobacco manufacturers civilly and criminally accountable for selling products that are deadly when used as intended.
3. ***Support programs to prevent smoking initiation habits in children and in the youth and recognize that any attempts to induce the nicotine consumption in this population should be avoided.***
4. ***Implement tobacco cessation programs*** in their clinics, hospitals and cancer centers to assist their patients achieve the best possible outcomes from their cancer treatment.
5. ***Adopt policy measures that recognize the probable differences in the lung cancer risk of alternative nicotine delivery products***. Adopting policies that favor less dangerous (non-combustible) forms of nicotine delivery over cigarettes would provide a powerful incentive for people who smoke to move away from cigarettes which in turn would have a profound impact on global lung cancer rates in the coming decades.

In addition to the policies noted above, IASLC also urges its members to advocate in their own communities for the adoption of smoke-free public policies where they do not exist, higher taxes on tobacco with funds earmarked for tobacco prevention and cessation programs, lung cancer screening, lung cancer treatment, and lung cancer research; for the elimination of tobacco advertising at the point of sale, in print, broadcast and online media; for the support of public education campaigns to discourage cigarette use; and to support those patients, families and governments who wish to purse legal actions to hold tobacco manufacturers accountable for selling a demonstrably dangerous product.

IASLC also urges its members to become educated and active in assisting tobacco cessation within their own clinical environment. The data is clear that tobacco cessation, even at the time of cancer diagnosis, improves response to treatment and survival. (9) Members should establish within their clinics or institutions programs that support evidence-based tobacco cessation programs to assist their patients to quit as part of their clinical treatment for lung cancer.

In order to facilitate these goals the IASLC will continue to develop, validate and disseminate tools that will aid in education concerning tobacco and health, and promote the implementation of evidence based tobacco cessation practice.

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