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Report on theExpert consultation on addressing tobacco use among women and adolescents in the Eastern Mediterranean Region

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**Expert consultation  
on addressing tobacco  
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Mediterranean Region**

Virtual meeting  
3–5 June 2024



**World Health  
Organization**

Eastern Mediterranean Region

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Eastern Mediterranean Region

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## 1. INTRODUCTION

Tobacco use is a significant public health issue globally, with a particularly pronounced burden in the Eastern Mediterranean Region of the World Health Organization (WHO). The rising trends in tobacco use among women and adolescents in the Region is alarming. In some countries of the Region, smoking rates have escalated to 43% among adolescent boys (aged 13–15 years) and 20% among adolescent girls, and the smoking rates for boys are the highest among all WHO regions. The increase in tobacco use among these vulnerable age groups is concerning due to the negative impacts on physical health, both now and in the future.

A major factor contributing to this worrying trend is the intensified efforts of the tobacco industry to target their marketing strategies towards women and adolescents. The promotion of new nicotine products such as electronic cigarettes (e-cigarettes, also known as vapes) and heated tobacco products (HTPs) often features characteristics designed to appeal to women and young people, including flavours and colourful designs, leading to high dependency rates in these vulnerable groups.

In response to the concerning rise in tobacco use among women and adolescents in the Region, the Tobacco Free Initiative, Women's Health Unit, and Child and Adolescent Health Unit of the WHO Regional Office for the Eastern Mediterranean have launched a collaborative initiative that aims to address tobacco use in these specific demographic groups. The rationale behind combining women and adolescents in this initiative – in addition to their joint targeting by the tobacco industry – is the existence of multiple shared characteristics between the two groups, including specific socioeconomic vulnerabilities and health care needs that are highly relevant to tobacco control. These vulnerabilities are exploited by the tobacco industry, necessitating a focused approach. The initiative will also provide an opportunity for synergistic work between the Women's Health and Child and Adolescent Health working groups on mutual priority health issues.

To launch the initiative, the WHO Regional Office for the Eastern Mediterranean held an expert consultation, as a virtual meeting, on 3–5 June 2024 to conceptualize, inform and develop a roadmap for addressing tobacco use among women and adolescents in the Region. For the programme of the meeting see Annex 1 and for the list of participants see Annex 2.

The objectives of the consultation were to:

- review and synthesize the existing literature and evidence on tobacco use among women and adolescents;
- assess the current situation of tobacco use among women and adolescents in the Region;
- share global and regional best practices in tobacco control relevant to these groups; and
- conceptualize preliminary draft roadmaps for addressing tobacco use among women and adolescents in the Region.

The consultation was instrumental in aligning the initiative with relevant global and regional frameworks and guidance, including the regional implementation framework for newborn, child and adolescent

health, the Global Accelerated Action for the Health of Adolescents (AA-HA!) guidance, the regional strategy and action plan for tobacco control, and the regional framework for action on tobacco control.

The consultation was inaugurated by Dr Asmus Hammerich, Director for Noncommunicable Diseases and Mental Health at the WHO Regional Office for the Eastern Mediterranean. He conveyed a message from the WHO Regional Director, Dr Hanan Balkhy, which highlighted the alarming rates of tobacco use among women and adolescents in the Region. The Regional Director also emphasized how the tobacco industry targets women and adolescents with appealing new products, underscoring the need for more effective preventive strategies.

## **2. SUMMARY OF DISCUSSIONS**

### **2.1 Why women and adolescents? Opportunities to integrate tobacco control in existing platforms for women's and adolescents' health**

Dr Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean, introduced a joint presentation by her Regional Office colleagues, Dr Mohamed Afifi, Regional Adviser, Women's Health, and Dr Khalid Siddeeg, Regional Adviser, Child and Adolescent Health. Dr El-Awa emphasized the high prevalence of tobacco use among women and young people in Region, noting that the session aimed to discuss the current situation and the challenges and opportunities for integrating tobacco control into existing platforms for women's and adolescents' health.

Dr Afifi focused on the challenges of tobacco use among women. He pointed out that the gender gap in tobacco use is narrowing, with more women and girls becoming smokers. This shift poses serious health risks unique to women, including increased risks of cervical cancer, osteoporosis, fertility impairment, preterm births and complications from using oral contraceptives while smoking. He noted that tobacco use rates among women are underreported, meaning that the actual figures are higher and even more concerning, and that there is a need to address the specific socioeconomic factors that contribute to the increasing rates of tobacco use among women and girls. In addition, young women's use of tobacco products is closely linked to the use of illicit drugs during adulthood.

Dr Siddeeg provided an overview of tobacco use among adolescents, highlighting that the Region has the highest rates globally for boys. There are increasing trends in tobacco and smokeless tobacco use among 13–15-year-olds, and an alarming rise in future susceptibility to tobacco use among non-smokers. Data show especially high prevalence of tobacco use in some countries of the Region, including Jordan, the occupied Palestinian territory and Pakistan. Dr Siddeeg also noted the correlation between high exposure to second-hand smoke in public places and increased tobacco use among young people.

Dr El-Awa concluded the session by outlining the policy framework for tobacco control, emphasizing the importance of the WHO Framework Convention on Tobacco Control (WHO FCTC) and the MPOWER measures in achieving the desired results for controlling tobacco use among young people and women.

## 2.2 How the WHO FCTC protects women and young people from tobacco

Dr Sara Hitchman, Technical Officer, WHO FCTC Secretariat, emphasized the importance of protecting women and young people from tobacco use, referencing the preamble to the WHO FCTC, which calls for full participation of women in policy-making and the need for gender-specific tobacco control policies. On International Women's Day, WHO had highlighted the essential role of women in tobacco control and their commitment to creating a tobacco-free world.

The preamble to the WHO FCTC underscores the importance of nongovernmental organizations and civil society participation, particularly women's and youth groups, in national and international tobacco control efforts. Dr Hitchman noted the progress made at the 10th session of the Conference of the Parties (COP10) to the WHO FCTC, in Panama City, Panama, in February 2024, where a youth group had attended as an observer, marking a significant step forward.

The importance of policy coherence with the broader United Nations agenda on human rights and the Sustainable Development Goals (SDGs) was highlighted. The WHO FCTC aligns with several SDGs, including those aimed at improving gender equality and children's health. Dr Hitchman also stressed how various articles of the WHO FCTC protect women and youth, including Articles 6–8 and 12–13, and reiterated the comprehensive nature of the WHO FCTC in protecting population health.

## 2.3 Regulatory strategies: exploring the impact of product regulation on tobacco control among women and adolescents

Dr Hebe Gouda, Project Officer, No Tobacco unit, WHO headquarters, emphasized the need for practical guidance on regulating tobacco products, especially for women and adolescents. She discussed the control of product content, design and emissions, focusing on challenges such as flavoured tobacco and targeted marketing.

Dr Gouda highlighted key areas of product regulation of particular relevance to women and adolescents, including:

- flavours – women and young people are attracted to flavoured tobacco products, necessitating stronger regulation to limit their appeal;
- marketing tactics – past and current advertising strategies target women and youth, promoting misleading messages about empowerment and lifestyle;
- second-hand smoke – women and children are disproportionately affected by second-hand smoke, emphasizing the need for effective smoke-free policies;
- cessation support – offering tailored help to quit smoking is crucial, with consideration of the different approaches for women, men and adolescents; and
- taxation – increasing taxes on tobacco products can effectively reduce consumption, particularly among price-sensitive groups such as adolescents and youth.

Dr Gouda also highlighted the progress and gaps in the Region on the implementation of the MPOWER measures.



## 2.4 Impact of tobacco control policies on women and adolescents: results from a scoping review

Dr Nibras Elhag Arabi, Consultant, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean, presented findings from a scoping review on the impact of tobacco control policies on women and adolescents globally.

The review highlighted the effectiveness of demand-reduction measures in lowering youth smoking rates, including smoke-free laws that reduce second-hand smoke exposure. However, more research is needed on cessation interventions, with digital programmes showing potential. Health warnings with graphic images effectively increase adolescents' awareness of the harms of tobacco use, and plain packaging reduces the appeal of tobacco products. Mass media campaigns with clear, emotional messages have successfully prevented youth smoking. Sustained implementation of school-based campaigns is necessary to ensure their effectiveness. Bans on tobacco advertising can reduce smoking initiation, and higher tobacco taxes are effective among price-sensitive youth.

Smoke-free environment policies improve health outcomes for women, although research is limited in low- and middle-income countries. Cessation programmes face challenges due to higher addiction rates and social factors, with behavioural interventions and reward-based incentives showing promise in other WHO regions. Health warnings and plain packaging are effective, but more gender-specific research is needed. Mass media campaigns targeting women have successfully reduced second-hand smoke exposure and higher tobacco taxes can significantly reduce smoking rates among pregnant women.

Dr Elhag Arabi emphasized the need for gender-sensitive approaches in tobacco control legislation, better data to address social stigma, vulnerabilities and new nicotine products, and continuous updates to research and surveys, especially in low- and middle-income countries. Strengthening MPOWER policy implementation, fully enacting measures under Article 16 and regulating new nicotine products are essential steps. She concluded by stressing the importance of targeted policies and research to effectively address tobacco use among women and adolescents in the Region.

## 2.5 Global overview of women and tobacco: understanding trends and challenges

Dr Judith Mackay, Special Advisor, Global Centre for Good Governance in Tobacco Control (GGTC), highlighted the decline in publications and research focused on women and tobacco use over the past 15 years. Disparities in data collection, such as differences between studies on cigarette smokers versus all tobacco users, further complicate matters. She emphasized the importance of the expert consultation in reviving interest and accelerating action in this area.

There are around 1.2 billion tobacco users worldwide, including 250 million women mostly in high-income countries. Tobacco use prevalence is 37% for men and 8% for women; smoking rates are 29% for men and 5% for women. E-cigarettes are narrowing the gender gap, with 12% of men and 8% of women using these products. Despite a decline in smoking rates over the last 15 years – a 23% decline for men and 35% for women – challenges persist. Men have high smoking rates in countries such as China, India, Indonesia and the Russian Federation, while women's rates are

much lower. Youth smoking initiation is high, with 80% starting before the age of 13, especially in low- and middle-income countries.

Dr Mackay identified several challenges regarding women and tobacco use, including:

- poverty – tobacco drives women into poverty, with up to 50% of family income spent on cigarettes in some regions, impacting housing, food, education and more;
- tobacco industry tactics – the industry targets women through advertising that links smoking to beauty, slimness and emancipation; women are more likely than men to smoke “light” cigarettes and new products such as e-cigarettes;
- new products – e-cigarettes and HTPs are heavily marketed to women, with the industry promoting them as trendy and healthy alternatives; and
- decision-making – women are underrepresented in policy-making, which can lead to their specific needs being overlooked.

To counter these challenges, Dr Mackay highlighted the importance of civil society in exposing industry interference and the necessity for governments to enforce tobacco control measures. She also stressed the need to ban new tobacco products to prevent an epidemic similar to that of combustible smoking. In conclusion, Dr Mackay underscored the importance of ratifying and implementing the WHO FCTC and MPOWER measures and ensuring that women are included in leadership positions and decision-making processes to effectively address tobacco use.

## 2.6 [Shaping a smoke-free generation: young people and tobacco policies](#)

Ms Kaitlin Donley, Associate Director, International Legal Consortium, Campaign for Tobacco-Free Kids, emphasized the importance of comprehensive tobacco policies to prevent youth tobacco use. She highlighted several key measures from the WHO FCTC, including raising the minimum legal age of sales, instituting comprehensive bans on tobacco advertising, promotion and sponsorship (TAPS), and prohibiting the sale of loose cigarettes and small packs.

Ms Donley emphasized that these measures should be part of a broader tobacco control strategy, including high tobacco taxes, smoke-free laws and large health warnings, to effectively reduce youth tobacco use and its associated harms.

## 2.7 [Latest evidence on the tobacco industry’s activities in tackling women and adolescents](#)

Dr Mary Assunta, Head of Global Research and Advocacy, GGTC, highlighted the tobacco industry’s aggressive tactics in targeting women and adolescents, especially through new products such as e-cigarettes and HTPs. Tactics used in the Eastern Mediterranean Region by the tobacco industry include holding vape-trade expos targeting women and youth, targeted online sales and promotions, linking smoking to gender equity and corporate social responsibility (CSR) activities.

Dr Assunta proposed several recommendations, in the following areas:

- youth and women’s advocacy – increase the involvement of young people and women in tobacco control advocacy, and identify and support youth voices in the Region for active participation in global initiatives;
- CSR activity bans – extend the ban on tobacco-related CSR activities across all countries in the Region;
- new product bans – more countries should ban e-cigarettes and HTPs to prevent a new wave of nicotine addiction among youth and women; and
- strategic research – conduct strategic research to counter industry tactics and raise standards, focusing on closing loopholes in existing regulations (for example, a regional report on the exploitation of women who are paid low wages working in tobacco farms and factories compared with the profits of tobacco companies).

Dr Assunta concluded by emphasizing the need for stronger and more concrete actions to counter the influence of the tobacco industry, as well as the importance of documenting and exposing the harsh realities faced by female tobacco workers to refute the industry’s misleading claims around gender equity.

## 2.8 Discussion

The open discussion was moderated by Dr Fatimah El-Awa, who summarized the outcomes of the consultation so far and underlined the importance of ensuring that population-based policies adequately cover women and adolescents, as well as the need to counter the tactics of the tobacco industry. Dr El-Awa proposed adopting a side-by-side text approach to outline specific actions for women and adolescents, based on articles of the WHO FCTC.

The discussion covered several key areas, as described below.

### *Population-based policies*

- Population-based measures are effective; however, they can often be undermined by the tobacco industry’s exploitation of existing gaps.
- Implementation gaps – there is a need to address the notable gaps that exist between legislation and its effective implementation.
- Sensitivity to population-based measures – there is a need to assess whether current policies are equally sensitive to all populations or if more focused policies and actions are required.
- Targeted approaches – different groups, cultures, contexts and regions will require tailored approaches and, at times, distinct policies to address their unique needs.

### *Surveillance systems*

- Many countries rely on WHO surveys rather than developing their own robust surveillance systems; solutions need to be found to address this reliance.
- Converting the percentages of tobacco use prevalence into actual numbers can better illustrate the scope of the issue.

*New and emerging nicotine and tobacco products*

- The issue of flavoured products and their impact on youth and women needs to be addressed.

*Cessation services*

- It is crucial to strengthen cessation services, and there is a particular need to engage groups unaware of their availability. To ensure comprehensive support, cessation services for young people and women should be available in environments such as schools, paediatric clinics, workplaces and primary, maternal and child health care centres.
- Studies are needed on the impact of cessation services for pregnant women to better understand and enhance the effectiveness of these programmes.

*Marketing and media challenges*

- Media marketing presents significant challenges, including internet sales of tobacco products, advertisements on social media platforms such as Instagram and X, and exposure to tobacco content on popular streaming services such as Netflix. Strategies are needed to counter these influences.

*Successful countries*

- It is important to identify countries that have successfully addressed tobacco use among youth and women and to learn from their strategies.

*Minimum age of sale for tobacco products*

- When raising the minimum age of sale for tobacco products, it is essential to determine the ideal age for which to implement this measure in the Region and the rationale for such a decision.

*Modernizing approaches*

- Tobacco control strategies need to modernize to effectively reach different population groups, particularly through utilizing new media channels as these are frequently used by the tobacco industry.

*Women's empowerment in tobacco control*

- Integrating women in policy-making – there is a need to ensure that women are actively involved in all stages of tobacco control policy development and implementation, as their perspectives and experiences are essential for crafting effective strategies to address gender-specific challenges in tobacco use and control.
- Promoting alternative livelihoods – it is necessary to support programmes that offer sustainable economic opportunities for women, particularly those employed in tobacco cultivation, by facilitating access to alternative livelihoods. Such programmes should focus on skills development and access to resources that enable women to transition to other industries.

### *Youth participation*

- Amplifying youth voices – it is vital to create platforms and mechanisms to ensure that youth voices are heard and considered in tobacco control policy-making. Engaging young people will provide valuable insights into the factors driving adolescent tobacco use and help in designing interventions that resonate with their experiences.
- Implement youth-led initiatives – it is important to encourage and support youth-led initiatives and campaigns that advocate for tobacco control. Providing training and resources can empower young people to take active roles in promoting healthy lifestyles and influencing policy decisions.

## 2.9 Integrating tobacco control with maternal and child health: global and regional trends, and collaborative opportunities

Dr Vinayak Prasad, Head of the No Tobacco unit at WHO headquarters, discussed efforts to integrate tobacco control with maternal and child health, focusing on global and regional trends. Tobacco use is a leading cause of death in the Eastern Mediterranean Region, with second-hand smoke impacting women and young people in particular. Despite the global decline in tobacco use, the Region is experiencing slower progress – and even increases – in tobacco use in some countries. The prevalence of tobacco use among girls is higher in the Region than the global average, posing significant future health risks. Second-hand smoke exposure remains high, especially in homes, leading to severe health issues.

Dr Prasad observed that there is a need for stronger legislative measures, as behaviour change alone is insufficient to address the tobacco epidemic. The MPOWER package is highly effective, but more comprehensive implementation is required in the Region. Integrating cessation services into maternal and child health programmes is crucial, and digital platforms should be utilized to reach and empower women. It is important to use existing data to advocate for stronger tobacco control measures and to meet the SDG commitments.

Dr Prasad urged increased efforts in the Region to reduce tobacco use and integrate tobacco control into broader health strategies, highlighting the potential for significant health improvements through comprehensive and targeted interventions.

## 2.10 Innovations from other WHO regions: case-studies of effective strategies

### *European Region*

Ms Elizaveta Lebedeva, Consultant, Tobacco Control, Special Initiative on NCDs and Innovation, WHO Regional Office for Europe, highlighted the higher tobacco use rates among women and adolescents in the European Region compared to global averages, as well as the rising use of e-cigarettes.

Ms Lebedeva discussed effective tobacco control strategies in countries in Europe, including:

- involving women in policy development, such as occurred for the development of Kyrgyzstan's comprehensive Tobacco Control Law;
- campaigns targeting specific groups, such as Scotland's "Take it Right Outside" campaign to reduce children's exposure to second-hand smoke;

- promoting tobacco-free school policies and educating students, such as done by A Non Smoking Generation, a Swedish nongovernmental organization involving young influencers on social media;
- public awareness campaigns, such as France’s “Change the Future” campaign that highlighted the tobacco industry’s exploitation of youth;
- regulatory measures, including plain packaging and reducing tobacco outlet density, as implemented in Finland and the Netherlands; and
- tailored cessation support programmes, such as Ireland’s “We Can Quit” programme for socioeconomically disadvantaged women.

Ms Lebedeva stressed the importance of monitoring adolescent tobacco use and implementing strong tobacco control policies to effectively reduce tobacco use across all population groups.

### *Region of the Americas*

Ms Adriana Bacelar Gomes, Specialist, Tobacco Surveillance, Tobacco Control team, Pan American Health Organization, highlighted the tobacco epidemic in the WHO Region of the Americas, focusing on gender and age differences.

There are very diverse smoking rates between countries of the Region, with Chile having the highest prevalence of tobacco use and Panama the lowest.

Uruguay was showcased as a model for tobacco control, where several measures have been implemented including smoke-free laws, graphic health warnings, advertising bans and plain packaging, leading to significant declines in adult smoking rates. However challenges remain, especially among youth, due to issues such as flavoured products, tobacco access and rising use of e-cigarettes.

Ms Gomes emphasized the need for comprehensive policies to address gender issues and protect vulnerable populations.

### *South-East Asia Region*

Dr Jagdish Kaur, Regional Advisor, Tobacco Free Initiative, WHO Regional Office for South-East Asia, provided an overview of tobacco use in South-East Asia, emphasizing the Region’s significant tobacco burden.

Some countries – including Bangladesh, Indonesia and Myanmar – have notably high tobacco use rates among men and, in some cases, women. There are disturbing trends in tobacco use among young people, with increasing prevalence among girls in countries such as Bhutan, the Maldives and Nepal. Despite the banning of e-cigarettes and similar products in some countries of the Region, exposure to these products and their advertisements remains high, especially on social media.

Dr Kaur emphasized the need for integrated approaches to address tobacco use among women and girls, including gender-based and targeted strategies. She cited India’s initiative to provide alternative livelihoods for women involved in bidi rolling, as this is a significant supply-side issue

affecting women and their health. The example underscored the importance of balancing demand- and supply-side measures in tobacco control efforts.

## 2.11 The Eastern Mediterranean Region: examining practices and actions in tobacco control

### *Islamic Republic of Iran*

Dr Behzad Valizadeh, Head, National Tobacco Control Secretariat, Ministry of Health and Medical Education, highlighted significant increases in tobacco use among adolescents, particularly among young women and girls. He noted that cigarette smoking has nearly doubled in some age groups. Cultural stigma, mental health issues and ineffective educational content were noted as major challenges in addressing tobacco use among women and youth.

Successful interventions in the country include leveraging a comprehensive health network to implement smoke-free environments in schools, universities, hospitals and cities, and training health workers in smoking cessation. Dr Valizadeh emphasized the need for updated research to better understand and address the challenges and stressed the importance of employing a multifaceted approach, including education, policy changes and targeted support.

### *Oman*

Dr Jawad Al-Lawati, Senior Consultant, Tobacco Control Programme, Ministry of Health, discussed the country's tobacco control efforts and challenges. Oman is projected to see an increase in tobacco prevalence by 2030, particularly among men and the non-Omani population. Youth smoking rates are also concerning, with boys smoking at twice the rate of girls. Historically, tobacco advertising has targeted women and children, but current tobacco industry efforts have shifted to CSR activities. Tobacco companies now engage in community support, such as donating equipment and conducting training workshops for women, while continuing to subtly promote their products.

Oman has implemented various measures in response, including the roll-out of plain packaging in 2024, and is making efforts to ban slim cigarette packs. The focus is on comprehensive tobacco control measures targeting all demographics, which includes increasing penalties, enhancing education and stricter monitoring. Despite being a low-prevalence country, Oman is taking proactive steps to prevent the projected rise in tobacco use and mitigate its impact on public health.

### *Saudi Arabia*

Dr Mansour Zafer Alqahtani, Secretary General of the National Committee for Tobacco Control and Supervisor of the Tobacco Control Programme, Ministry of Health, highlighted Saudi Arabia's efforts in tobacco control, focusing on recent data that show a significant increase in e-cigarette use among youth. A survey in 2022 revealed that tobacco use among girls is almost double that of women, indicating a growing issue among young people.

Saudi Arabia has implemented various initiatives to address these trends in tobacco use, including virtual clinics for cessation services, school-based screening programmes, and awareness campaigns

targeting adolescents and pregnant women. The tobacco-free cities project and the prohibition of smoking in educational facilities are further key measures. Despite these efforts, challenges remain in enforcing bans on tobacco advertising on social media and in certain public places.

### 2.12 Tobacco control initiatives by nongovernmental organizations

Dr Larissa Al-Uar, Cofounder and Secretary General, Tobacco Free Jordan, discussed efforts to combat tobacco use among women and young people in Jordan. Founded by seven mothers in 2011, Tobacco Free Jordan is a nongovernmental organization that aims to protect children from the tobacco industry and support the enforcement of Public Health Law No. 47 (2008). Dr Al-Uar highlighted the increasing rates of tobacco use among women and young people in the country, particularly the use of waterpipes. The tobacco industry targets these vulnerable groups through gender-specific strategies and tailored advertisements.

Tobacco Free Jordan employs diverse strategies to engage their target groups, such as health education, economic initiatives, environmental clean-up campaigns, school programmes, training of school counsellors and integrating cessation support into maternal and child health clinics. Tailored tobacco-awareness sessions and gender-specific cessation strategies are essential to these initiatives. Tobacco Free Jordan advocates for raising the legal purchasing age for tobacco to 21 and enforcing bans on tobacco sales near schools. The organization also works to empower students to report violations and raise awareness among their peers, leading to actionable outcomes such as fines on shops that violate tobacco regulations near schools.

Updated local data and continuous efforts by nongovernmental organizations, supported by high-level political involvement, are helping to ensure that tobacco control is a priority in Jordan.

### 2.13 Discussion

The open discussion focused on integrating tobacco control efforts into existing platforms, such as maternal and child health clinics and schools; addressing the lack of data to evaluate current tobacco control policies; tackling new challenges, such as social media; and implementation of Article 5.3. The importance of engaging different stakeholders, including women, young people and the private sector, and revisiting survey questionnaires, were also discussed.

### 2.14 Understanding why: exploring tobacco use behaviour among women and youth

Dr Stella Aguinaga Bialous, Professor, Social and Behavioural Sciences, University of California, San Francisco (UCSF) School of Nursing, and Behavioural Insights Expert, Center for Tobacco Control Research and Education, San Francisco, discussed the main factors contributing to tobacco use among women and youth. She highlighted the aggressive marketing tactics of the tobacco and nicotine industries, targeting young people and women through social media and flavoured products. Despite the existence of policies under the WHO FCTC, weak implementation and enforcement remain a significant challenge.



Most women who use tobacco start in adolescence and the gender gap in tobacco use is narrowing, especially in the Eastern Mediterranean Region. A study in the Islamic Republic of Iran has highlighted the social and cultural factors impacting women's tobacco use, such as the policy environment and the accessibility and availability of flavoured tobacco products. Dr Bialous urged countries to consider banning flavours as a critical step for tobacco control. Policies to regulate the location of stores selling tobacco products, especially to prohibit their proximity to schools, are another significant step. The negative impacts of social media promotion of tobacco and nicotine products on youth also need to be addressed.

She discussed the rising popularity of nicotine pouches among young people and the importance of addressing this growing market. Integrating tobacco cessation services into various health care settings is crucial, including in maternal and child health services, cancer prevention programmes and primary care centres. Dr Bialous called for gender-specific approaches to cessation interventions, which recognize the different influences on and needs of women and youth. She underscored the urgent need for political will and comprehensive strategies to prevent a future epidemic of tobacco use among women and young people.

### 2.15 World No Tobacco Day 2024: supporting awareness-raising about youth tobacco use and nicotine products

Dr Kerstin Schotte, Medical Officer, No Tobacco unit, WHO headquarters, discussed the campaign for World No Tobacco Day 2024, focusing on raising awareness about youth tobacco use and nicotine products. The campaign aimed to highlight the tobacco industry's interference and its tactics to recruit young consumers as replacement smokers for the 8 million people lost each year to tobacco use.

The campaign strategy was designed to resonate with young people by having peers communicate the messages. Key elements included:

- marketing expenditure – highlighting the significant amount of money spent by the tobacco industry on marketing (US\$ 23 million per day in the United States of America alone);
- influencer promotion – educating young people that social media influencers are often paid to endorse tobacco and/or nicotine products (i.e. they are not promoting them because they genuinely believe in them);
- on-screen tobacco use – emphasizing the danger of normalizing tobacco use in films and media, and advocating India's tobacco-free film and television rules;
- free samples – exposing the old tactic of distributing free samples of tobacco products, which has now expanded to include e-cigarettes and HTPs; and
- targeting young consumers – using visuals to illustrate how the tobacco industry targets very young children with products that resemble toys or everyday items.

The campaign incorporated messages about the environmental damage caused by the tobacco industry, responding to youth concerns about the climate crisis. It also addressed the tobacco industry's misleading CSR activities, revealing the true impact of tobacco production on child labour and equity.

Dr Schotte emphasized the need for full implementation of the WHO FCTC to protect young people and called for action from governments, including:

- comprehensive TAPS bans;
- raising prices and taxes on tobacco products to deter youth consumption;
- enforcing bans on sales to and by minors; and
- implementing Article 5.3 to protect policies from industry interference.

## 2.16 Exploring opportunities for tobacco control among women and youth

Dr Khalid Siddeeg discussed the various platforms and opportunities available in the adolescent health sector to address tobacco use, driven by numerous guiding documents and global commitments. He emphasized the *Global Strategy for Women's, Children's and Adolescents' Health (2016–2030)* and the *Global Accelerated Action for the Health of Adolescents (AA-HA!): guidance to support country implementation, second edition* as key documents for operationalizing adolescent health strategies. The health promoting schools framework remains crucial, encompassing governance, policy and direct provision of services, as well as the engagement of students, parents and communities. School health services have great potential for addressing tobacco use among children and young people. Furthermore, there is a new focus on adolescent well-being including domains such as connectedness, safety, learning competencies and resilience, all of which are relevant to tobacco control.

Dr Mohamed Afifi emphasized the importance of investing in adolescent girls as future leaders and contributors to society. He focused on the importance of integrating tobacco control into existing regional strategies such as those for reproductive, maternal, newborn, child and adolescent health and for nursing and midwifery. These strategies, endorsed by health ministers through resolutions of the WHO Regional Committee for the Eastern Mediterranean, provide entry points for addressing tobacco use among women and can help to influence behaviour change through midwives' provision of antenatal care. Dr Afifi emphasized the need for greater empowerment of women and girls in the fight against tobacco industry marketing tactics, and advocated for leveraging social media influencers to help to change perceptions and behaviours towards tobacco products.

Dr Fatimah El-Awa discussed opportunities to enhance and integrate tobacco control efforts focused on women and youth within existing governance mechanisms. The possibility of presenting agenda items at upcoming regional and global health conferences could be explored, including the intercountry meeting on restricting digital marketing of tobacco and nicotine products in the Eastern Mediterranean Region, on 8–10 July 2024. It is important to recognize regional achievements in tobacco control such as graphic health warnings in Tunisia, plain packaging in Sudan and Yemen, the designation of tobacco-free cities, and comprehensive TAPS bans in various countries. There is high-level commitment to tobacco control from leaders in the Region and a strong network of nongovernmental organizations. In addition, there is potential for collaboration with regional organizations such as the Arab League and the Gulf Cooperation Council, as well as an enhanced role for the Regional Parliamentary Forum for Health and Well-Being, in advocating for youth and women's tobacco control.

### 2.17 Mapping the way forward: planning and next steps for tobacco control among women and youth

Dr Fatimah El-Awa outlined some key requirements for addressing tobacco use among women and adolescents in the Region, including:

- ensuring government commitment;
- enforcing comprehensive tobacco control measures;
- monitoring the tobacco industry and its marketing strategies;
- considering regional diversity in all policies;
- filling research gaps;
- including tobacco control surveys in surveillance systems; and
- involving all stakeholders in planning and implementation.

Dr Khalid Siddeeg highlighted the guiding tools for country action on tobacco control, including international legal commitments (such as the WHO FCTC and the SDGs), regional instruments and national plans.

A comprehensive, population approach is required to ensure that tailored interventions for adolescents and youth align with population-based strategies. To address legislative gaps, new challenges such as social media advertising will need to be addressed through future sessions of the COP.

Dr Siddeeg stressed the need for:

- multisectoral engagement;
- meaningful adolescent participation;
- further research, particularly qualitative research, to understand social aspects related to tobacco use;
- utilization of digital and social media to make a positive impact; and
- tackling the issue of tobacco advertising on digital platforms.

Dr Mohamed Afifi reiterated the importance of investing in data collection and research to develop evidence-informed policies and to counter the tobacco industry's aggressive marketing tactics. He also addressed the issue of second-hand smoke, emphasizing its impact on women and children in enclosed environments. Dr Afifi highlighted the need to:

- counter the tobacco industry's influence by using counter-influencers, including bloggers and TikTok creators, to promote positive behaviours; and
- use a multisectoral and collaborative approach, involving all stakeholders, to effectively address tobacco use among women and youth.

### 2.18 Discussion

Participants discussed recommendations and key points for enhancing implementation of the WHO FCTC through specific measures for women and adolescents.

*General recommendations*

- Apply Article 2.1 to encourage innovative measures beyond the standard WHO FCTC obligations to protect women and adolescents.
- Engage and collaborate with non-health sectors, as the tobacco industry often lobbies through these channels.

*Specific recommendations*

- Address issues around intellectual property rights and standardized packaging:
  - involve national intellectual property offices, aiming to ensure that these offices do not register or renew packaging designs such as slim packs and “kiddie” packs (less than 20 sticks); and
  - include warnings on cigarette packaging about the use of child labour to compel the industry to prove that no child labour was involved in production.
- Enforce Article 16 (sales to and by minors):
  - require the tobacco industry to pay a bond from which fines for violations can be deducted, creating a financial incentive for compliance; and
  - institute punitive measures to ensure the industry faces monetary repercussions for non-compliance.
- Ban vape-trade expos in the Region that promote tobacco products.
- Initiate research:
  - conduct a longitudinal study on changes in tobacco use and industry tactics over the past 50 years; and
  - research the low wages paid to women in the tobacco industry to counter claims of gender equality.

*Monitoring tobacco industry behaviour*

- Monitoring of the tobacco industry’s behaviour and interference with government policies should be a central part of recommendations for both women’s and youth tobacco control. Monitoring should be followed by government action to end the tobacco industry interference.

*Collaborative efforts*

- Collaborative efforts by multiple WHO departments should continue, including integration of tobacco control into various health strategies for adolescents’ and women’s health. An integrated approach simplifies advocacy efforts at the country level and should be maintained at all levels.

*Third-hand smoke*

- The need to address third-hand smoke in tobacco control policies was highlighted, as it is a growing concern. More data are emerging on the harmful effects of third-hand smoke, and this information should be integrated into policies to raise awareness.

*Enforcement of Article 9 and 10 and address their guidelines*

- Limiting/banning the use of flavours in the production of tobacco products and emerging products, such as e-cigarettes, has a significant effect on reducing the attractiveness of these products, especially among women and young people.

*Enforcement of Article 11 and its guidelines*

- Standardizing the packaging of tobacco products and preventing the production of products designed specifically to target women, such as slim cigarettes, can effectively help in achieving the goal of reducing tobacco consumption among this demographic group.

### **3. CONCLUSION**

Dr Maha El-Adawy, Director, Healthier Populations, WHO Regional Office for the Eastern Mediterranean, concluded the meeting by thanking the participants for their contributions and acknowledging the significant challenges for tobacco control. She noted the rising prevalence of various forms of smoking and emphasized the importance of early interventions during childhood to counter tobacco industry tactics. She called for a multisectoral approach to tobacco control, involving the legal, political and civil society sectors.

Noting the harmful impact of some forms of media, Dr El-Adawy stressed the need to leverage social media for advocacy and to use positive influencers to promote healthier behaviours. She also highlighted the connection between smoking and substance abuse, noting that addressing tobacco use in adolescents can help to prevent broader substance use issues. She emphasized the impact of education and early intervention on preventing initiation of smoking.

Dr El-Adawy expressed optimism for the future, underscoring the importance of continued collaboration in tobacco control efforts. She pledged support to colleagues and encouraged their collaboration and learning from each other. She reiterated WHO's commitment to combating tobacco use, aiming for a healthier future for women and adolescents in the Eastern Mediterranean Region through collective efforts.

## 4. NEXT STEPS

*For WHO*

- Finalize and disseminate the documents resulting from the consultation.
- Consider organizing an intercountry meeting to present and share the recommendations of the consultation.
- Increase government engagement:
  - the possibility of presenting the finalized documents of the consultation and intercountry meeting at the Regional Committee for the Eastern Mediterranean to enable action on protecting women and youth from tobacco use; and
  - work with Parties to the WHO FCTC to integrate an agenda item on tobacco use among women and youth at the next Conference of the Parties (COP11) in November 2025.

*For the WHO FCTC Secretariat*

- In coordination with Parties to the WHO FCTC, consider including an agenda item on tobacco use among women and youth at COP11 in November 2025.

## 5. RECOMMENDATIONS

*To Member States*

1. Adopt the proposed roadmaps (see Annexes 3 and 4) and their side-by-side texts based on the WHO FCTC, which have been developed based on the recommendations of this consultation.
2. Integrate women and youth in tobacco control policies by:
  - updating national action plans for tobacco control to incorporate a focus on women and adolescents;
  - ensuring special attention is given to women and adolescents in tobacco control initiatives by integrating these groups into existing tobacco control policies and programmes; and
  - developing targeted joint advocacy documents and messages focused on women and adolescents, and utilizing these materials on significant occasions (such as International Women’s Day) to raise awareness about the impact of tobacco use and effectively promote tobacco control initiatives.
3. Continue to monitor tobacco use prevalence and trends among women and adolescents through ongoing, updated surveys to inform policy adjustments and interventions.

*To WHO*

### **Tobacco Free Initiative**

4. Support countries to systematically implement the agreed-upon policies at national level and integrate them into existing frameworks and practices.
5. Continue to provide the necessary technical support to countries for planning and implementation of tobacco control activities.

6. Improve monitoring by working with WHO surveillance teams across the Organization to find solutions for possible underreporting on women in both adult and youth surveys.

#### Women's Health Unit

7. Support countries to incorporate tobacco prevention and cessation strategies into ongoing women's health programmes, such as maternal and reproductive health services, and encourage the inclusion of tobacco use screening and cessation counselling as standard components of these services.
8. Advocate for the development and implementation of gender-specific tobacco control initiatives that address the unique health risks and social factors influencing tobacco use among women.
9. Facilitate research and data collection to better understand the impact of tobacco on women's health and tailor interventions accordingly.

#### Child and Adolescent Health Unit

10. Encourage countries to incorporate tobacco prevention and education into existing programmes, such as school health programmes, by developing age-appropriate curricula.
11. Support countries to expand access to tobacco cessation services for adolescents, including integrating cessation support into existing adolescent health services.
12. Provide training for health care providers to effectively address tobacco use in youth populations and offer tailored cessation interventions.

#### *To nongovernmental organizations*

13. Include specific agendas focusing on women and youth in ongoing tobacco control activities.
14. Create and implement programmes that specifically address the needs of women and youth in tobacco control.
15. Collaborate with government and other stakeholders to ensure these programmes are supported and scaled up.

**ANNEX 1****PROGRAMME**

<b>Time</b>	<b>Agenda item</b>
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**DAY 1: MONDAY 3 JUNE 2024**

Opening moderated by Dr Mohamed Afifi, Regional Adviser, Women's Health, Department of Healthier Populations, WHO Regional Office for the Eastern Mediterranean

- |             |  |
|-------------|--|
| 12:00–12:05 | Opening video: #TobaccoExposed: Recommit to strengthening the implementation of the WHO FCTC and MPOWER policies   |
| 12:05–12:30 | Welcome and objectives, by Dr Asmus Hammerich, Director, UHC/Noncommunicable Diseases and Mental Health, WHO Regional Office for the Eastern Mediterranean   |
| 12:30–12:35 | Introduction of participants   |
| 12:35–12:40 | Group photo  |
| 12:40–13:10 | Why women and adolescents? And opportunities to integrate tobacco control in existing platforms for women's and adolescent's health, by Dr Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative, Dr Mohamed Afifi, Regional Adviser, Women's Health and Dr Khalid Siddeeg, Regional Adviser, Child and Adolescent Health, WHO Regional Office for the Eastern Mediterranean |

**Session 1: Presenting existing evidence**

Day moderated by Dr Khalid Siddeeg

- |             |  |
|-------------|--|
| 13:10–13:30 | How the WHO FCTC protects women and young people from tobacco, by Dr Sara Hitchman, Technical Officer, WHO FCTC Secretariat  |
| 13:30–13:50 | Regulatory strategies: exploring the impact of product regulation on tobacco control among women and adolescents, by Dr Hebe Gouda, Project Officer, No Tobacco Unit, WHO headquarters |
| 13:50–14:05 | Coffee break   |

**Session 2: Understanding and tackling challenges**

- |             |   |
|-------------|---|
| 14:05–14:25 | Scoping review of tobacco use among women and youth in the Eastern Mediterranean Region, by Dr Nibras Elhag Arabi, Consultant, WHO Regional Office for the Eastern Mediterranean                    |
| 14:25–14:45 | Global overview of women and tobacco: understanding trends and challenges, by Dr Judith Mackay, Special Advisor, Global Centre for Good Governance in Tobacco Control                               |
| 14:45–15:05 | Shaping a smoke-free generation: young people and tobacco policies, by Mrs Kaitlin Donley, Associate Director, International Legal Consortium, Campaign for Tobacco-Free Kids, Washington DC        |
| 15:05–15:25 | Latest evidence on the tobacco industry activities in tackling women and adolescent, by Dr Mary Assunta, Head of Global Research and Advocacy, Global Center for Good Governance in Tobacco Control |



- 15:25–15:55 Discussion, moderated by Dr Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for the Eastern Mediterranean
- How can countries enhance their legal frameworks to provide stronger protection for youth against tobacco use?
  - In what ways can regulatory strategies be customized to address the unique needs and vulnerabilities of women and adolescents in tobacco control efforts?
  - What effective measures can be implemented within tobacco control efforts to combat the influence of the tobacco industry specifically on women and adolescent tobacco use?
- 15:55–16:00 Closure of the day

## **DAY 2: TUESDAY 4 JUNE 2024**

Day moderated by Dr Larissa Al-Uar, Cofounder and Secretary General, Tobacco Free Jordan

12:00–12:30 Discussion, moderated by Dr Fatimah El-Awa

### **Session 3: Global perspectives on tobacco control: insights from WHO headquarters, regional initiatives, and countries' experiences**

- 12:30–12:50 Integrating tobacco control with maternal and child health: global and regional trends, and collaborative opportunities, by Dr Vinayak Prasad, Head, No Tobacco Unit (TFI), WHO headquarters
- 12:50–13:30
- Innovations from regional offices: case studies of effective strategies in combatting tobacco use among women and youth from regional offices:
  - European Region by Mrs Elizaveta Lebedeva, Consultant, Tobacco Control, Special Initiative on NCDs and Innovation, WHO Regional Office for Europe
  - Region of the Americas by Ms Adriana Bacelar Gomes, Specialist on Tobacco Surveillances Tobacco Control Team, WHO Pan American Health Organization
  - South-East Asia Region by Dr Jagdish Kaur, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for South-East Asia
- 13:30–14:00 Eastern Mediterranean Region (successful and unsuccessful) experiences: examining practices and actions taken in tobacco control among women and youth:
- Islamic Republic of Iran by Dr Behzad Valizadeh, Head of the National Tobacco Control Secretariat, Ministry of Health and Medical Education
  - Oman by Dr Jawad Al-Lawati, Senior Consultant, Tobacco Control Programme, Ministry of Health
  - Saudi Arabia by Dr Mansour Zafer Alqahtani, Secretary General of National Committee for Tobacco Control and Supervisor of the Tobacco Control Programme, Ministry of Health
- 14:00–14:15 Coffee break

- 14:15–14:45 Nongovernmental organization initiatives in tobacco control: mobilizing communities to address women and youth tobacco use:
- Egypt, Mrs Nesreen Dabous, President (CEO) of Hyah Bela Tadkheen
  - Jordan, Dr Larissa Al-Uar, Cofounder and Secretary General, Tobacco Free Jordan

**Session 4: Strategic planning: defining ‘Where should we intervene?’ for tobacco control among women and youth**

- 14:45–15:15 Discussion moderated by Dr Khalid Siddeeg
- How can effective practices and experiences be replicated or adapted in other countries or regions?
  - Where can we integrate tobacco control efforts for women and youth, ensuring that both demographics are connected and supported comprehensively?

15:15–15:30 Closure of the day

**DAY 3: WEDNESDAY 5 JUNE 2024**

Day moderated by Dr Aya Mostafa Kamal ElDin, Professor of Public Health and Epidemiology, Faculty of Medicine, Ain Shams University

12:00–12:05 Recap of day 2 by Dr Nibras Elhag Arabi

**Session 5: Navigating tobacco control: understanding behaviour, media impact, and partnership opportunities for women and youth**

- 12:05–12:25 Understanding why: exploring tobacco use behaviour among women and youth by Dr Stella Aguinaga Bialous, Professor, Social and Behavioral Sciences, UCSF School of Nursing, BI Expert, Center for Tobacco Control Research and Education Member, Global Cancer Programme, UCSF Helen Diller Family Comprehensive Cancer Center, San Francisco
- 12:25–12:45 How will the World No Tobacco Day (WNTD) 2024 support raising awareness about youth tobacco and nicotine products, by Dr Kerstin Schotte, Medical Officer, No Tobacco Unit (TFI), WHO headquarters
- 12:45–13:05 Exploring Opportunities for tobacco control among women and youth by Dr Mohamed Afifi, Dr Khalid Siddeeg and Dr Fatimah El-Awa
- 13:05–13:15 Coffee break

**Session 6: Draft way forward**

- 13:15–13:45 Discussion: Mapping the way forward: planning and next steps for tobacco control in women and youth by Dr Mohamed Afifi, Dr Khalid Siddeeg and Dr Fatimah El-Awa
- 13:45–14:00 Conclusion and closing remarks by Dr Maha El-Adawy, Director, Healthier Populations Department, WHO Regional Office for the Eastern Mediterranean

**ANNEX 2.**

**LIST OF PARTICIPANTS**

**EXPERTS<sup>1</sup>**

Dr Fadia Albuhairan  
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<sup>1</sup> Names are arranged alphabetically by family name.

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### ANNEX 3.

## DRAFT ROADMAP FOR ADDRESSING ADOLESCENT TOBACCO USE IN THE WHO EASTERN MEDITERRANEAN REGION

### INTRODUCTION

Tobacco use is a serious public health issue in the Eastern Mediterranean Region of the World Health Organization (WHO), with alarming trends among young people. Smoking rates among boys aged 13–15 years are around 43% in some countries, the highest rate globally, and the smoking rates among girls aged 13–15 years are up to 20% (1). Young female smoking rates often exceed the adult rates, indicating future increases in the number of adult women smokers. This trend poses severe future health risks resulting tobacco use and second-hand smoke exposure.

The tobacco industry targets young people with products such as vapes and heated tobacco featuring enticing flavours and designs, leading to high rates of addiction. Implementing the WHO Framework Convention on Tobacco Control (WHO FCTC) is crucial.

This roadmap outlines the current situation, rationale for action and interventions to address tobacco use among young people in the Region. The terms “adolescent” (10–19 years) and “youth” (15–24 years) are used interchangeably throughout.

### REGIONAL SITUATION

#### Current prevalence and trends in tobacco use the Region

The 22 countries and territories of the WHO Eastern Mediterranean Region have large populations of young people aged 10–24 years, emphasizing the urgent need for targeted tobacco control measures (2). The *WHO global report on trends in prevalence of tobacco use 2000–2030* shows that the Region has the highest tobacco use rates among boys (aged 13–15 years) globally (3).

The Global Youth Tobacco Survey (GYTS) (2007–2021) provides data on tobacco use among adolescents aged 13–15 years in countries and territories of the Region. Key findings from the GYTS are outlined below.

#### Tobacco use

- The highest prevalence of tobacco use among boys is recorded in the occupied Palestinian territory (West Bank) at 43.3% (1), followed by Jordan at 33.9% (4) and the Syrian Arab Republic at 31.6% (5).
- Rates of tobacco use among girls are generally lower, possibly due to social barriers, stigma and underreporting (6).

### Tobacco smoking

- In 13 countries, rates of non-cigarette tobacco smoking are higher than cigarette smoking among adolescents (6).
- Waterpipe use is prevalent among adolescents in the Region, with Lebanon reporting 34.8% usage among students (7).

### Smokeless tobacco

- Use of smokeless tobacco is generally low among youth, but relatively high rates are reported in Djibouti (6.2%) (8), the West Bank (6%) (1), Pakistan (5.3%) (9) and Yemen (5%) (10).

### E-cigarettes

- The use of e-cigarettes is increasing, with the highest rates in the West Bank (19.2% overall; 30.8% among boys, 9.7% among girls) (11).

### Susceptibility to future use

- Among adolescents that have never used tobacco, rates of susceptibility to future use are highest in Djibouti (33.0% for girls), Bahrain (23.2% for boys) and Yemen (22.7% for boys) (6).

### Second-hand smoke exposure

- Exposure of adolescents to second-hand smoke is high at home: in Jordan and Lebanon, rates exceed 60% (4,7).
- Exposure to second-hand smoke in enclosed public places is more than 50% in Egypt, Jordan, Tunisia, the West Bank and Yemen (6).

## RATIONALE FOR IMMEDIATE ACTION

### Impact of adolescent tobacco use on health

Most adults who smoke, first try by the age of 18 (12), leading to serious health issues such as lung dysfunction, cancers, heart disease and strokes (13). All tobacco products, including heated tobacco products (HTPs), electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS), are harmful (14,15).

HTPs or e-cigarettes release harmful emissions, including nicotine, which affect areas of the brain responsible for attention, learning, mood and impulse control, and increase the risk of substance abuse (14,16).

Children are especially vulnerable to second-hand smoke which can cause respiratory infections, asthma and ear infections (13). Globally, each year about 65 000 children die from illnesses related to second-hand smoke (17).

## **TOBACCO USE AMONG ADOLESCENTS: A NARROWING GENDER GAP AND INCREASING PREVALENCE COMPARED TO ADULTS**

The GYTS shows a narrowing gender gap in adolescent smoking rates (18). The Eastern Mediterranean Region has the highest rate of tobacco use among adolescent boys compared to other WHO regions (3). In 13 countries and territories, tobacco use among adolescent girls exceeds that of adult women, signalling a potential rise in future tobacco use among women (19).

### **The tobacco industry's youth trap: strategies and deceptions**

The tobacco industry targets young people through the appealing flavours and sleek designs of products including cigarettes, e-cigarettes, HTPs and nicotine pouches. More than 16 000 flavours of e-cigarette are available worldwide (20).

Aggressive marketing pervades digital platforms favoured by youth, including social media, streaming services and gaming platforms. In Lebanon, over 70% of adolescents report exposure to tobacco advertising (7). Moreover, tobacco use is prevalent in mainstream media in the Region, normalizing smoking. In Egypt, Libya and the Syrian Arab Republic, more than 90% of adolescents have seen tobacco use on screen (5,21,22).

The industry uses deceptive marketing techniques and secures the endorsement of influencers to appear sustainable and socially responsible, engaging in corporate social responsibility (CSR) initiatives and sponsoring youth events (20). Despite their harm reduction claims, the industry's actions prioritize profit over public health: young users of e-cigarettes are nearly three times more likely to transition to traditional cigarettes than non-users (23).

## **ACTION PLAN**

### **Youth-focused population-based interventions**

To effectively combat tobacco harm among youth, governments should adopt and implement the WHO FCTC. These measures reduce both the demand for and supply of tobacco products (24) and have been proven to be effective in protecting adolescents and youth from smoking initiation and other tobacco-related harms.

In response to growing concerns, the WHO Regional Office for the Eastern Mediterranean organized an expert consultation on 3–5 June 2024. The virtual meeting brought together regional and international experts in tobacco control, women's health, and child and adolescent health. The Tobacco Free Initiative, Women's Health Unit, and Child and Adolescent Health Unit collaborated with experts to develop a set of tailored recommendations. These policy recommendations (see Table A3.1) are based on the WHO FCTC measures and are specifically adapted to address tobacco use prevention and control among adolescents in the Eastern Mediterranean Region. The recommendations provide essential guidance for Member States, policy-makers and stakeholders working to protect this vulnerable group from the devastating effects of tobacco use.

**Table A3.1. Side-by-side recommendations to address tobacco use among adolescents, based on articles of the WHO FCTC**

Article of the WHO FCTC	Specific policy recommendations for women
Article 2.1	<ul style="list-style-type: none"> <li>• Develop innovative adolescent- and youth-focused tobacco control programmes – including interactive digital platforms, social media campaigns and peer-led initiatives – to prevent tobacco use and empower young people with healthier choices, beyond Convention requirements.</li> </ul>
<b>General obligations</b>	<p data-bbox="354 516 448 548">Article 5</p> <p data-bbox="532 516 1523 617">5.1 Comprehensive multisectoral national tobacco control strategies, plans and programmes</p> <ul style="list-style-type: none"> <li>• Regularly update national strategies to address new and emerging tobacco and nicotine products that appeal to young people.</li> <li>• Involve all relevant stakeholders, including youth organizations and leaders, in planning and implementing tobacco control strategies.</li> </ul> <p data-bbox="532 701 1268 732">5.2 National coordinating mechanisms or tobacco control focal point</p> <ul style="list-style-type: none"> <li>• Include young representatives in national coordinating mechanisms to ensure their perspectives and voices are considered in policy development.</li> </ul> <p data-bbox="532 816 1523 869">5.3 Protecting tobacco control policies from the tobacco industry’s commercial and vested interests</p> <ul style="list-style-type: none"> <li>• Extend the ban on tobacco-related CSR activities targeting youth and adolescents.</li> <li>• Monitor the tobacco industry’s behaviour and interference with government policies and conduct strategic research to counter industry tactics, focusing on closing loopholes in existing regulations.</li> <li>• Collaborate with non-health sectors to counter the tobacco industry’s lobbying efforts through these channels.</li> <li>• Take punitive measures to ensure the industry faces monetary repercussions for non-compliance.</li> </ul>
<b>Demand reduction measures</b>	<p data-bbox="354 1178 448 1209">Article 6</p> <p data-bbox="532 1178 1138 1209">Price and tax measures to reduce the demand for tobacco</p> <ul style="list-style-type: none"> <li>• Implement higher taxes on tobacco products marketed specifically to adolescents and youth, such as flavoured cigarettes, to reduce their appeal and consumption.</li> <li>• Ensure tax parity across different tobacco and nicotine products to prevent substitution, especially by price-sensitive young people.</li> <li>• Allocate a portion of tobacco tax revenue to fund youth-focused tobacco prevention and cessation programmes.</li> </ul> <p data-bbox="354 1440 448 1472">Article 8</p> <p data-bbox="532 1440 997 1472">Protection from exposure to tobacco smoke</p> <ul style="list-style-type: none"> <li>• Implement mandatory ID checks to prevent underage individuals from accessing designated smoking areas or ordering waterpipes, ensuring compliance with age restrictions.</li> <li>• Create smoke-free zones around schools, playgrounds and recreational facilities frequented by adolescents and youth to reduce exposure to tobacco smoke and e-cigarette vapor.</li> </ul> <p data-bbox="354 1692 509 1745">Articles 9 and 10</p> <p data-bbox="532 1692 1122 1724">Regulation of tobacco product contents and disclosures</p> <ul style="list-style-type: none"> <li>• Ban additives that increase palatability, especially those appealing to adolescents and youth (e.g. flavours, sweeteners).</li> <li>• Prohibit design features that make products more attractive to adolescents (e.g. sleek designs, colourful packaging).</li> </ul>

**Article of the WHO FCTC****Specific policy recommendations for women**

Article 11	<p>Packaging and labelling of tobacco products</p> <ul style="list-style-type: none"> <li>• Mandate plain packaging for all tobacco products to reduce their appeal to adolescents and youth.</li> <li>• Mandate minimum package sizes to prevent affordable “kiddie packs”.</li> <li>• Collaborate with national intellectual property offices to halt trademark renewals for youth-appealing packs.</li> <li>• Require labelling on child labour use until companies verify ethical production practices.</li> </ul>
Article 12	<p>Education, awareness and training</p> <ul style="list-style-type: none"> <li>• Implement comprehensive school-based tobacco prevention programmes that: <ul style="list-style-type: none"> <li>– combine with population-based policies;</li> <li>– sustain implementation over prolonged periods;</li> <li>– include advocacy skills and social competence training.</li> </ul> </li> <li>• Integrate tobacco education into school curricula across multiple subjects.</li> <li>• Utilize digital platforms and social media for adolescents and youth-oriented tobacco awareness campaigns.</li> </ul>
Article 13	<p>Advertising, promotion and sponsorship</p> <ul style="list-style-type: none"> <li>• Ban digital and social media marketing to prevent tobacco companies from reaching young audiences.</li> <li>• Ensure tobacco products are not associated with activities appealing to adolescents and youth, including vape shows, music festivals, video games and streaming platforms, such as Netflix and Disney.</li> <li>• Enforce penalties for violations of advertising and sponsorship regulations.</li> <li>• Engage counter-influencers, including bloggers and TikTok creators, to promote positive behaviours and healthy lifestyles.</li> </ul>
Article 14	<p>Demand-reduction measures concerning tobacco dependence and cessation</p> <ul style="list-style-type: none"> <li>• Strengthen and integrate cessation services in schools, universities, family and paediatric clinics, and primary, maternal and child health care centres.</li> <li>• Promote awareness of cessation services among adolescents and youth.</li> <li>• Train health care providers on the harms of tobacco use, focusing on new and emerging products, especially for adolescents.</li> <li>• Use digital platforms and social media to support adolescents and youth in quitting tobacco use.</li> </ul>
<b>Supply reduction measures</b>	<p>Article 16</p> <ul style="list-style-type: none"> <li>• Prohibit the sales of tobacco products to and by minors.</li> <li>• Require that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors.</li> <li>• Require that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age.</li> <li>• Ban the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves.</li> <li>• Prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors.</li> <li>• Prohibit the sale of tobacco products from vending machines.</li> </ul>

Article of the WHO FCTC	Specific policy recommendations for women
<b>Miscellaneous</b>	Articles 20 to 22
	<ul style="list-style-type: none"> <li>• Prohibit and/or promote the prohibition of the distribution of free tobacco products to the public and especially minors.</li> <li>• Prohibit the sale of cigarettes individually or in small packets (such packages increase the affordability of tobacco products to minors). Small packs usually contain fewer than 20 cigarettes and, subsequently, are cheaper than regular packs.</li> <li>• Provide for penalties against sellers and distributors to ensure compliance.</li> </ul> <p>Research, surveillance and international cooperation</p> <ul style="list-style-type: none"> <li>• Conduct regular surveys on adolescents' tobacco use, including new and emerging nicotine and tobacco products.</li> <li>• Fund research (qualitative/quantitative) to address tobacco use among adolescents (e.g. on policy impacts, evaluation and understanding the social aspect of tobacco use).</li> <li>• Foster international collaboration to address cross-border tobacco issues.</li> </ul>

By implementing the WHO FCTC and these youth-specific population-based recommendations, governments and public health authorities can create a strong defence against the tobacco industry's efforts to recruit the next generation of users, safeguarding the health and well-being of adolescents and young people.

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## ANNEX 4.

### DRAFT ROADMAP FOR ADDRESSING TOBACCO USE AMONG WOMEN IN THE WHO EASTERN MEDITERRANEAN REGION

#### INTRODUCTION

Tobacco use among women is a growing public health crisis in the Eastern Mediterranean Region of the World Health Organization (WHO). Smoking rates among women are rising, with Lebanon and Jordan reporting rates of 29% and 16%, respectively. The Global Youth Tobacco Survey (GYTS) shows a narrowing gender gap in youth tobacco use, with young female smoking often exceeding adult rates.

The severe health risks of tobacco use and second-hand smoke exposure are concerning. The tobacco industry targets women with products such as vapes and heated tobacco, featuring enticing flavours and designs, leading to high addiction rates among women and girls.

Implementing the WHO Framework Convention on Tobacco Control (WHO FCTC) is essential. This roadmap provides an overview of the current situation, rationale for action and recommended strategies to combat tobacco use among women in the Region.

#### REGIONAL SITUATION

##### Current trends and prevalence in tobacco use among women in the Region

The 22 countries and territories of the WHO Eastern Mediterranean Region show varying patterns of tobacco use among women, emphasizing the need for targeted tobacco control measures. The *WHO global report on trends in prevalence of tobacco use 2000–2030* shows that the Eastern Mediterranean Region has the second-lowest female smoking prevalence (4%) globally, after the African Region (1). An increasing trend is seen in Jordan, where the prevalence of female smoking is projected to rise from 9.7% in 2000 to 15.0% by 2030 (1).

The STEPwise approach to noncommunicable disease (NCD) risk factor surveillance (STEPS) surveys (2008–2018) provide data on tobacco use among women in countries and territories of the Region. Key findings from STEPS are outlined below.

##### Tobacco smoking

- Lebanon has the highest rate of smoking among women at 29% (2), followed by Jordan at 16.4% (3).
- Smoking rates for women are generally lower than for men, possibly due to social barriers, stigma and underreporting.

### Smokeless tobacco

- Use of smokeless tobacco is often underreported among women and data are unavailable in many countries.
- The prevalence rates are higher for use of smokeless than smoked tobacco among women in Afghanistan (3.7% versus 2.6%) (4) and Pakistan (4.7% versus 4.2%) (5).

### Other tobacco and nicotine products

- Limited data are available from STEPS surveys on the use of heated tobacco products (HTPs) and new nicotine products in countries (6).
- Further research is needed to monitor patterns in the use and health impacts of e-cigarettes and new and emerging products.

### Second-hand smoke exposure

- High rates of second-hand smoke exposure for women are reported in domestic settings, with the highest prevalence rates reported in Jordan at 74.2% (7), Iraq at 50.0% (8) and Egypt at 47.8% (9).
- While workplace exposure is generally lower compared to home exposure, it remains significant in some countries, including Lebanon (34%) (10), Iraq (33.4%) (8) and Afghanistan (22.9%) (4).

## RATIONALE FOR IMMEDIATE ACTION

### Impact of tobacco use on women's health and the economy

Tobacco use significantly affects women's health and increases the risk of various cancers, cardiovascular diseases (11,12) and respiratory issues and reduces bone density in postmenopausal women, elevating osteoporosis risk and hip fractures (13). Pregnancy-related health risks include higher chances of miscarriage, abnormal bleeding, ectopic pregnancy, premature birth, stillbirth and low birth weight, alongside increased risk of infant health issues (14).

Economically, tobacco use leads to higher health care costs, loss of productivity, diversion of household spending, and reduced household income due to premature death and disability (15).

### Tobacco use among adolescents: a narrowing gender gap and increasing prevalence compared to female adults

The GYTS highlights that the gap between girls' and boys' smoking rates is narrowing (11). The Eastern Mediterranean Region has the third highest rate of tobacco use among girls globally, at 8% (1). Furthermore, in 13 countries and territories of the Region, tobacco use among adolescent girls is now more common than among adult women, indicating a potential future increase in tobacco use among women (16).

## The tobacco industry's targeting of women: a historical and modern perspective

Since the 1920s, the tobacco industry has employed targeted strategies to attract women to their products, exploiting social movements and cultural shifts (17). Initially leveraging the women's suffrage movement, tobacco companies portrayed smoking as a symbol of women's liberation and empowerment (18).

Modern strategies include marketing in women's magazines and on digital platforms, appealing product designs, flavours, promotional items, corporate social responsibility (CSR) initiatives, gender-specific branding, false messaging about weight management, and using influencers to shape public opinion (11). These tactics exploit gender stereotypes to promote tobacco use under the guise of empowerment and modernity.

## ACTION PLAN

### Women-focused population-based interventions

To effectively combat tobacco harm among women, governments should adopt and implement the WHO FCTC. These measures reduce both the demand for and supply of tobacco products (19) and have been proven effective in protecting both adults and youth from smoking initiation and other tobacco-related harms.

In response to the growing concern, the WHO Regional Office for the Eastern Mediterranean convened a virtual expert consultation meeting on 3–5 June 2024. The virtual meeting brought together regional and international experts in tobacco control, women's health, and child and adolescent health. The Tobacco Free Initiative, Women's Health Unit and Child and Adolescent Health Unit collaborated with experts to develop a set of tailored recommendations. These policy recommendations (see Table A4.1) are based on the WHO FCTC measures and are specifically adapted to address tobacco use prevention and control among women in the Eastern Mediterranean Region. The recommendations provide essential guidance for Member States, policy-makers and stakeholders working to protect vulnerable populations from the devastating effects of tobacco use.

**Table A4.1. Side-by-side recommendations to address tobacco use among women, based on articles of the WHO FCTC**

Article of the WHO FCTC	Specific policy recommendations for women
Article 2.1	<ul style="list-style-type: none"> <li>• Establish comprehensive tobacco control support systems for women including accessible health services, targeted public awareness campaigns and robust policies addressing gender-specific health challenges, exceeding Convention requirements.</li> </ul>
<b>General obligations</b>	Article 5
	<p>5.1 Comprehensive multisectoral national tobacco control strategies, plans and programmes</p> <ul style="list-style-type: none"> <li>• Involve all relevant stakeholders, including women’s organizations and leaders, in planning and implementing tobacco control strategies.</li> </ul> <p>5.2 Comprehensive multisectoral national tobacco control strategies, plans and programmes</p> <ul style="list-style-type: none"> <li>• Include women representatives in this mechanism to ensure their perspectives and voices are considered in policy development.</li> </ul> <p>5.3 Protecting tobacco control policies from the tobacco industry’s commercial and vested interests</p> <ul style="list-style-type: none"> <li>• Extend the ban on tobacco-related CSR activities targeting women.</li> <li>• Monitor the tobacco industry’s behaviour and interference with government policies and conduct strategic research to counter industry tactics and raise standards, focusing on closing loopholes in existing regulations.</li> <li>• Collaborate with non-health sectors to address the tobacco industry’s lobbying efforts through these channels.</li> </ul>
<b>Demand-reduction measures</b>	Article 6
	<p>Price and tax measures to reduce the demand for tobacco</p> <ul style="list-style-type: none"> <li>• Implement higher taxes on tobacco products marketed specifically to women, such as flavoured cigarettes, to reduce their appeal and consumption.</li> <li>• Use tobacco tax revenue to fund targeted public health campaigns and cessation programmes for women.</li> </ul>
	Article 8
	<p>Protection from exposure to tobacco smoke</p> <ul style="list-style-type: none"> <li>• Establish smoke-free areas in locations predominantly frequented by women, such as markets, beauty salons and community centres, to protect them from second-hand smoke.</li> <li>• Promote smoke-free homes through public awareness campaigns and support programmes, encouraging women to create and maintain smoke-free living environments for their families.</li> </ul>
	Articles 9 and 10
	<p>Regulation of tobacco product contents and disclosures</p> <ul style="list-style-type: none"> <li>• Ban additives that increase palatability, especially those appealing to women (e.g. flavours, sweeteners).</li> <li>• Prohibit design features that make products more attractive to women, such as sleek designs and colourful packaging that resemble cosmetic products.</li> <li>• Mandate that this information be presented in women-friendly formats on product packaging and in public databases, making it accessible and understandable.</li> </ul>

Article of the WHO FCTC	Specific policy recommendations for women
Article 11	<p>Packaging and labelling of tobacco products</p> <ul style="list-style-type: none"> <li>• Mandate plain packaging for all tobacco products to reduce their appeal to women.</li> <li>• Include women-targeted messages in health warnings, highlighting the negative consequences of tobacco use on reproductive health, pregnancy outcomes and overall women’s health.</li> <li>• Mandate minimum package sizes to prevent affordable “purse packs” that may appeal to women.</li> </ul>
Article 12	<p>Education, awareness and training</p> <ul style="list-style-type: none"> <li>• Implement comprehensive community-based tobacco prevention programmes that: <ul style="list-style-type: none"> <li>– combine with population-based policies;</li> <li>– sustain implementation over prolonged periods;</li> <li>– include advocacy skills and social competence training specifically for women.</li> </ul> </li> <li>• Utilize digital platforms and social media for women-oriented tobacco awareness campaigns, considering digital literacy levels.</li> <li>• Ensure tobacco education, information, and cessation campaigns incorporate gender-responsive messages that address women’s specific needs and challenges.</li> </ul>
Article 13	<p>Advertising, promotion and sponsorship</p> <ul style="list-style-type: none"> <li>• Ban digital and social media marketing and sales to prevent tobacco companies from reaching women, particularly on platforms popular among female users.</li> <li>• Ensure tobacco products are not associated with activities appealing to women such as fashion shows, women’s magazines and women-centric streaming content.</li> <li>• Enforce penalties for violations of advertising and sponsorship regulations, especially those targeting women.</li> </ul>
Article 14	<p>Demand reduction measures concerning tobacco dependence and cessation</p> <ul style="list-style-type: none"> <li>• Promote awareness of tailored cessation services for women, including pregnant women.</li> <li>• Train health care providers on the harms of tobacco use, focusing on women and new and emerging tobacco products.</li> <li>• Use digital platforms and social media to support women in quitting tobacco.</li> <li>• Offer incentives for women to quit smoking, such as health service vouchers, childcare support or wellness programmes.</li> </ul>
<b>Supply-reduction measures</b>	<p>Article 17</p> <p>Supporting alternatives livelihoods for those employed in tobacco cultivation and manufacture</p> <ul style="list-style-type: none"> <li>• Develop and implement programmes providing economically viable alternatives to tobacco cultivation and production, with a specific focus on women farmers and workers in the tobacco industry.</li> </ul>

Article of the WHO FCTC	Specific policy recommendations for women
Miscellaneous	Articles 20 to 22
	<ul style="list-style-type: none"> <li>• Provide targeted training and skills development programmes for women to facilitate their transition to alternative livelihoods, considering local market demands and women’s existing skills.</li> </ul> <p>Research, surveillance and international cooperation</p> <ul style="list-style-type: none"> <li>• Conduct regular surveys on women’s tobacco use, including new and emerging nicotine and tobacco products.</li> <li>• Implement survey methodologies that ensure privacy, anonymity and cultural sensitivity to reduce underreporting of tobacco use by women due to social stigma or cultural barriers.</li> <li>• Utilize digital tools for real-time data collection and analysis, ensuring accessibility and privacy for women participants.</li> <li>• Fund research and academic studies on tobacco use among women, including policy impacts, evaluation of cessation programmes and gender-specific health consequences.</li> <li>• Strengthen technical cooperation with international bodies on women’s health and tobacco control.</li> </ul>

By implementing the WHO FCTC and these gender-specific population-based recommendations, governments and public health authorities can establish a robust defence against the tobacco industry’s targeted efforts to recruit women and girls as new users. This comprehensive approach will safeguard the health and well-being of women across generations, empowering them to resist tobacco use and lead healthier lives.

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