



BMJ Open Tobacco prevention and control interventions in humanitarian settings: a scoping review protocol

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ABSTRACT

Introduction Tobacco has been a complex global problem that has adversely affected almost all the sectors of society. However, the ill-effects are often most reflected in humanitarian settings, which inadvertently are surmounted by fragile systems. We aim to map tobacco prevention and control intervention in humanitarian settings.

Methods and analysis This scoping review will follow the guidelines of the Joanna Briggs Institute. A comprehensive search strategy was designed using Medical Subject Heading terms, subject experts and pertinent reviews. The search was conducted on Medline (through PubMed and Ovid), EMBASE (through OVID), ProQuest Health and Medical Complete, EBSCO (through CINAHL Complete), Scopus and Web of Science databases. Two reviewers will independently screen the identified studies on removing duplicates, which shall be followed by data extraction using a pretested data extraction form. A narrative synthesis approach will be employed to collate the findings from the studies and tabular formats would be used to aid the representation.

Ethics and dissemination This review will identify, map and synthesise the interventions for tobacco prevention and control in the humanitarian settings. An ethics committee approval was not sought for this body of work as it does not include human subjects. Results from the study will be disseminated through conference presentations and peer-reviewed publications.

INTRODUCTION

Tobacco products are known to influence human, social and economic tragedy in the society. The unprecedented impact tobacco imposes on the society is estimated to cost 8 million deaths a year around the world.¹ According to the 2019 report of Global Burden of Disease study, there are 1.14 billion current smokers. Current smokers consumed 7.41 trillion cigarette equivalents of tobacco. Consequently, a disproportionate share of 86.9% of all deaths is among current smokers. However, among former smokers, risks associated with smoking has decreased as a function of duration of time since cessation.² In 2012, the direct and in-direct economic cost of smoking-attributable diseases was

STRENGTHS AND LIMITATIONS OF THIS STUDY

- ⇒ The review will attempt to map diverse tobacco prevention and control interventions in the humanitarian settings.
- ⇒ The review will include both epidemiological and evaluative study designs to map the evidence.
- ⇒ The review will capture the grey literature to supplement the database search.
- ⇒ The review will include the literature published in English language only.
- ⇒ Considering the scoping review approach, providing contextualised recommendations would be limited.

estimated using the cost of illness approach. Around 5.7% of global health expenditure was due to smoking-attributable diseases. Economic cost due to both health expenditures and productivity losses from morbidity and mortality accounted for 1.8% of the world's annual gross domestic product. Inequity in economic cost was staggeringly high (40%) in developing countries.³ Important sociodemographic disparities exist in tobacco smoking prevalence. Low-income and middle-income countries (LMICs) report the highest number of tobacco-related illness and death. Out of over 1 billion tobacco users globally, over 80% live in LMICs leading to premature mortality and morbidity.¹

'The 2012 political declaration at the meeting of the United Nations General Assembly on the Prevention and Control of Non-communicable Diseases' as well as 'the 2030 Agenda for Sustainable Development' gave greater emphasis to curb the tobacco menace globally.^{4 5} One of the targets of the goal 3 is to 'strengthen the implementation of the WHO Framework Convention on Tobacco Control (FCTC) in all countries, as appropriate' as means of reaching the goal by 2030.⁶ In addition to the non-binding declarations, the first international public health treaty, the WHO FCTC emerged as an international binding law in 2005.³⁻⁵ The WHO