

Smoking and Nicotine Replacement Therapy (NRT)

Tobacco use remains the single largest preventable cause of mortality ⁽²⁾.

Cigarette smoke is a complex mixture of an estimated 4800 compounds ⁽³⁾ (further reading 1). **Three** compounds of real clinical importance have been identified in tobacco smoke, these are:

1-Tar-based products: which have *carcinogenic properties* (about 43 carcinogenic compounds).

2-CO: which reduce the O₂ carrying capacity of RBCs.

3-Nicotine: which produce *dependence* ⁽⁴⁾.

يستهلك العراق حوالي
المليار (ألف مليون)
علبة سكاكر سنوياً
وينفق ما يقرب من
المليوني دولار يومياً
على التدخين.

Nicotine acts on the central nervous system to induce a range of effects such as **pleasure, euphoria, relaxation, cognitive enhancement, appetite suppression, learning and memory enhancement**, and **reduction of anxiety and tension** ^(3,5).

Withdrawal symptoms of anxiety, difficulty in concentrating and irritability are relieved by the next cigarette ⁽⁵⁾.

Nicotine is readily absorbed through the oral mucosa and the lungs. Peak blood concentrations are achieved within 30 seconds of a puff of a cigarette ⁽⁶⁾.

Light and ultra light cigarettes may deliver **the same amount of nicotine** as regular cigarette regardless of the reported nicotine content, **and are not safer than regular cigarette** ⁽¹³⁾.

All forms of tobacco use (pipe tobacco, cigars and hookah) have harmful effects ⁽¹³⁾.

Health risks from smoking ⁽⁷⁾

Cigarette smoking substantially increases the risk of

(1) **Cardiovascular diseases** such as stroke, sudden death, and heart attack.

(2) **Nonmalignant respiratory diseases** including asthma and chronic obstructive pulmonary disease (COPD).

(3) **Lung cancer**, and **other cancers** (e.g., mouth, pharynx, larynx, esophagus, stomach, pancreas, uterus, cervix, kidney, ureter, and bladder).

In addition there are many compounds in tobacco that **induce hepatic enzyme** causing increase in the clearance (reduce half life) of many drugs e.g. (theophylline clearance increased by about 60-100%).

Passive Smoking (second-hand smoke)

Nonsmokers are affected by side-stream smoke and become passive smokers ⁽²⁾. There is an increased risk of lung cancer and Ischemic Heart Disease caused by passive smoking ⁽⁷⁾. Childhood asthma, middle ear diseases, sudden infant death syndrome (cot death).....and other diseases are strongly linked to parent smoking ⁽⁷⁾.

Facts about the benefits of smoking giving up ⁽⁷⁾. (للإطلاع)

1-In **20 minutes**, blood pressure and pulse rate return to normal.

2-In **8 hours**, CO level reduce by half and oxygen level returns to normal.

3- After:

1 day lung start to clear the mucus.

2 days, the sense of taste and smell improve

3 days, breathing become easier and bronchioles begin to relax.

2-12 weeks, circulation improves.

3-9 months, lung function increase by up to 10 %.

5 years , the risk of heart attack falls to half that of smoker.

10 years, the risk of lung cancer falls to half that of smoker and the risk of heart attack falls to the same as someone who never smoked.

Research has shown that **people who stop smoking before the age of 35 years survive about as well as lifelong non-smokers.**

Physiological effect of giving up ⁽⁷⁾

1-*Cough may initially worsen* as ciliary's clearance begins.

2-Some people *feel light headed* or *dizzy* as the O₂ supply to the brain increase.

3-Improved peripheral circulation may cause *tingling in the hand and the feet*.

4-*Diarrhea* and *constipation* may occur.

5-*Mood swing* and *irritability* are common.

Theoretical Model of Smoking Cessation ^(2, 13)

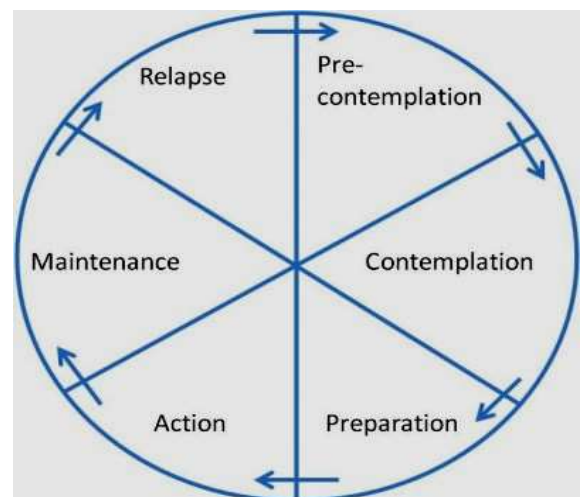
The essential feature of this model is the five stages of behavioral change smokers undergo before, during, and after the smoking cessation process. These stages are **precontemplation, contemplation, preparation, action, and maintenance.**

1-Precontemplation : During the precontemplation stage, **smokers are not seriously considering smoking cessation in the next six months.** They overestimate the benefits of smoking, underestimate the risks.

In this stage, providing patients with awareness of the **adverse effects of smoking is helpful ⁽²⁾. Empower patients with belief in their ability to quit ⁽¹³⁾.**

2- Contemplation: during this stage patients **intend to change within the next six months but have not set a quit date.** They recognize that the risks of smoking outweigh the benefits. In this stage, it is important to emphasize the adverse effects of smoking to the patient ⁽²⁾. Provide **encouragement and positive reinforcement** (it is great that you are thinking about quitting. This is the first step towards success) ⁽¹³⁾.

3-Preparation: In the preparation stage, there is intent to take action **within the next month, but no action has been taken at this point ⁽²⁾.** During this stage, assistance in



moving the patient toward smoking cessation (by giving NRT) is useful ⁽²⁾. Help patients set quit date (ideally within the next 2 weeks) ⁽¹³⁾.

4-Action: Smokers move into this stage when they **take steps to stop smoking**.

Interventions that prevent relapse are most effective in this stage and help reduce the high initial relapse rate. **Suggest strategies to deal with craving** (e.g., distraction such as exercise), **suggests avoiding triggers** (by removing ashtrays نفاضات, lighters قداحات) from the home and vehicle and cleaning areas to remove the smell of smoke. **Continue to provide reinforcement** ⁽¹³⁾.

5-Finally, after six months in the action stage, patients move into the **maintenance** phase. Typically, patients are more confident in their smoking cessation and are at less risk of relapse, compared to patients in the action stage.

Nicotine Replacement Therapy (NRT)

Nicotine produces dependence rapidly, therefore, once plasma nicotine levels fall below a threshold, patients begin to suffer nicotine withdrawal symptoms and will crave another cigarette. **Treatment is therefore based on maintaining plasma nicotine just above this threshold using NRT** ⁽⁴⁾ which provides much **lower doses of nicotine** than are obtained by smoking and are **not complicated by the additional toxic effects of tar and CO** generated in tobacco smoke ⁽¹⁾.

NRT is formulated as a **Gum, Lozenges, Patches, Nasal spray, Inhalator**, and **sublingual tablets** ⁽⁴⁾.

Notes :

1-Low dependency smokers (fewer than 10 cigarettes /day) who are highly motivated to give up probably **do not need any kind of NRT** ⁽¹⁾.

2-There is a little difference in efficacy overall between the various forms of NRT, but a particular strength or dosage form may be best suited to a particular type of smokers ⁽¹⁾.

3-Smokers should stop smoking completely while using any NRT product, although some products are licensed for use for smoking reduction before a quit attempt ⁽⁶⁾.
(Between cigarettes to prolong the smoke-free period) ⁽⁴⁾.

4-Different NRT presentations should not be used together ⁽⁶⁾.

A-Nicotine patches:

1-Transdermal patches have the convenience of a **once-daily application** and may be most suitable for people in whom the **behavioral aspects of smoking are less important** ⁽⁸⁾. All brands are available in **three strengths** to allow for a smooth reduction in nicotine intake.

2-The recommended starting strength is generally the highest (step 1), except for light smokers for whom the medium (step 2) strength should be used first ⁽⁶⁾.

(Patients smoking more than 10 cigarettes daily begin with Step 1, and those smoking 10 or fewer daily begin with Step 2) ⁽⁹⁾.

3-The recommended treatment period and the length of time on each strength varies between Brands. The total maximum recommended course is usually 10 to 12 weeks, **depending on the brand** ⁽⁸⁾.

4-Used patches should be **folded in half** with the adhesive side inwards and disposed carefully, as they still contain enough nicotine to poison a child ⁽⁸⁾.

5-Patches should be applied on waking to dry, non hairy skin on chest, upper arm,..... And during application, apply firm pressure to the patch with the palm of the hand for 10 seconds to increase adhesion ^(4, 9).

6-The application site for the patch should be rotated daily, **with each site being used only once per week to avoid skin irritation**. After use, a slight redness at the site of the patch may occur. If erythema persists for more than four days, or if swelling or a rash develops at the site, the patient should be told to discontinue use of the patch and contact a health care provider ⁽¹⁰⁾.

7-**See further reading 2.**

7- 16-or-24 h patches?

There are two types, both changed daily: one left on for 24 hours and the other used for 16 hours ⁽⁶⁾.

A 16 h patch will be suitable for most patients, however, if a patients required a cigarette within the first 20 to 30 minutes of waking then a 24-h patch should be given .If sleep disturbances are experienced with the 24-h patch then the patients can switch to a 16-h patch or alternatively remove the 24-h patch at bed time ⁽⁴⁾.

B-Nicotine Gum

1-The contents of a piece of gum are intended to be released over about 30 minutes. Chewing can be a behavioral substitute for smoking so that a piece of gum is chewed whenever there is an urge to smoke ⁽⁸⁾.

2-Individuals who smoke fewer than 20 cigarettes each day should use 2-mg strength . Individuals who smoke more than 20 cigarettes each day should use the 4-mg strength ⁽¹²⁾.

3-Chewing technique and product use : **See further reading 3** ⁽³⁾.

4- Also, patients should rinse their mouths out with water prior to using this product if they have recently consumed **acidic drinks or foods** (cola, fruit juices, coffee, wine, citrus fruits, tomatoes, or vinegar-containing foods), since the pH shift caused by these substances may interfere with the absorption of nicotine across the mucosal layer ⁽¹⁰⁾.

5-The recommended starting strengths and maximum number of pieces that can be chewed per day differ **according to the brands available** ⁽⁸⁾.

6-Unlike the tapering process used with patch strengths, Nicorette Gum was never tapered on the basis of the strength of the product, **but on the number of pieces chewed daily** ⁽⁸⁾.

C-Nicotine Sublingual Tablet:

1-One sublingual tablet is bioequivalent to one piece of nicotine 2mg chewing gum, and the recommended dosage is comparable. Like lozenges, sublingual tablets may be a useful method for smokers **who do not like or have difficulty in chewing gum** ⁽⁸⁾. Placed under the tongue, the tablet slowly disintegrates in about 30 minutes ⁽⁸⁾. **See further reading 4**

D-Nicotine Lozenges(2 and 4 mg):

1-Lozenges may be preferred by those who do not like or have difficulty chewing gum, such as denture wearers ⁽⁸⁾.

2-Commit Lozenges use a different index for the initial choice. **Those who smoke their first cigarette more than 30 minutes after waking should begin with the 2-mg lozenge, and those who smoke their first cigarette within 30 minutes of waking up should begin by using the 4-mg lozenge** ⁽¹¹⁾.

ملاحظة : بعض المنتجات لبعض الشركات قد تستخدم هذا المقياس (متى يتناول أول سيجارة) حتى بالنسبة للعلكة... كما ان بعض المصادر ككتاب ال BNF لا يعتمد على هذا المقياس وانما على العدد كما هو الحال مع العلكة

Individuals who smoke less than 20 cigarettes each day should usually use the lower-strength lozenges; Individuals who smoke more than 20 cigarettes each day should use the higher-strength lozenges ⁽¹²⁾.

وفي كل الأحوال يتم الاعتماد على النشرة الدوائية الخاصة بالمنتج لكل شركة

3-The lozenges should be allowed to dissolve slowly in the mouth and should occasionally be rotated to different areas in the mouth to avoid discomfort ⁽¹⁰⁾.

4-The lozenges typically take about 30 minutes to dissolve and **should not be chewed or swallowed**. Patients should follow the same guidelines regarding use of the lozenges with food and beverages as they would with nicotine gum ⁽¹⁰⁾.

5- **See further reading 5**

E-Inhalation Cartridge:

1-The device is composed of a two-part plastic mouthpiece and holder, into which is inserted a cartridge impregnated with nicotine .**The inhaler is intended to address both the physical and behavioural components of smoking** (i.e. hand-to-mouth movement) as it involves putting the inhaler to the mouth, as in smoking, and inhaling as desired ^(1, 8).

2-It may be particularly useful for the **highly behaviour-dependent smoker**. The plug is flavoured with menthol, and the disappearance of the flavour indicates that the nicotine is exhausted ^(1, 8). **See further reading 6.**

F-Nicotine Nasal Spray

This presentation provides a fast acting and flexible method of nicotine delivery for **highly dependent smokers** (more than 20 cigarettes /day) ⁽⁸⁾.

Side effects, including nose and throat irritation, watering eyes and coughing, are fairly common especially in the first couple of weeks ⁽⁸⁾. **See further reading 7.**

Cautions and contraindications ⁽⁶⁾.

Note : NRT products provide much lower doses of nicotine than are obtained by smoking, are free from the toxic effects of tar and carbon monoxide, and **can be supplied without prescription** to people in the following ‘risk’ groups:

- 1-Pregnant and breastfeeding women.
- 2-Adolescents aged 12–18 years.
- 3-Smokers with underlying disease such as cardiovascular, hepatic and renal disease, diabetes mellitus and those taking concurrent medication.

They should be used with caution in these groups.

- 1-Smokers with any chronic or serious **skin condition** should **avoid patches** as there is a possibility of localized skin reactions.
- 2-Nicotine can exacerbate symptoms of **peptic ulcer** or **gastritis**, particularly with **gum** or **lozenges**, as nicotine may enter the stomach directly.

Note: Transfer of dependence from smoking to NRT products is unlikely, but possible ⁽¹²⁾.

Interactions ⁽⁶⁾.

Tobacco smoke reduces serum levels of a wide range of drugs and dose adjustment may be necessary when smokers have given up, particularly with theophylline, beta-blockers, adrenergic agonists, nifedipine, tricyclic antidepressants, phenothiazines, benzodiazepines and insulin.

Notes

1-**Electronic cigarettes:** electronic cigarettes look and behave like cigarette but they contain battery-powered mechanism to heat and vaporize a liquid chemical mixture composed of varying amount of nicotine, propylene glycol, and other chemicals ⁽¹³⁾.

This following are **3 myths** about e-cigarettes ⁽¹⁴⁾

A-Myth 1: e-Cigarettes Are Safer than Conventional Cigarettes

B-Myth 2: e-Cigarettes Can Help Individuals Trying to Quit Smoking

C-Myth 3: e-Cigarettes Do Not Produce Harmful Secondhand Smoke

2-Varenicline (Chamfix ® Tablet) and Bupropion (Zyban ® tablet) are POM products for smoking cessation ^(12, 13)

SEROTONIN AND NORADRENALINE RE-UPTAKE INHIBITORS

Bupropion hydrochloride (Amfebutamone hydrochloride)

INDICATIONS AND DOSE

To aid smoking cessation in combination with motivational support in nicotine-dependent patients

BY MOUTH

- ▶ Adult: Initially 150 mg daily for 6 days, then 150 mg twice daily (max. per dose 150 mg), minimum 8 hours between doses; period of treatment 7–9 weeks, start treatment 1–2 weeks before target stop date, discontinue if abstinence not achieved at 7 weeks, consider maximum 150 mg daily in patients with risk factors for seizures; maximum 300 mg per day
- ▶ Elderly: 150 mg daily for 7–9 weeks, start treatment 1–2 weeks before target stop date, discontinue if abstinence not achieved at 7 weeks; maximum 150 mg per day

Varenicline

- **DRUG ACTION** Varenicline is a selective nicotine-receptor partial agonist.

INDICATIONS AND DOSE

To aid smoking cessation

BY MOUTH

- ▶ Adult: Initially 500 micrograms once daily for 3 days, increased to 500 micrograms twice daily for 4 days, then 1 mg twice daily for 11 weeks; reduced if not tolerated to 500 micrograms twice daily, usually to be started 1–2 weeks before target stop date but can be started up to a maximum of 5 weeks before target stop date, 12-week course can be repeated in abstinent individuals to reduce risk of relapse

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Further reading

1-Approximately 500 compounds are present in the vapor phase, including carbon monoxide, ammonia, hydrogen cyanide, and benzene. The remaining constituents of tobacco smoke, including nicotine, are found in the particulate phase. The particulate fraction, excluding the nicotine and water components, is collectively referred to as **tar**. Numerous carcinogens have been identified in the tar fraction of tobacco smoke ⁽³⁾.

2-patch

Example:

Nicorette® patches ⁽⁴⁾:(5 mg, 10 mg, and 15 mg patches)

(Releasing approximately 5mg, 10 mg or 15 mg / 16 hours respectively))

Start with 15 mg patch daily for about 8 weeks-----10 mg patch for 2 weeks-----5 mg patch for 2 weeks.

The NicoDerm CQ 24 h patch.(7 mg, 14 mg, and 21 mg patches)⁽³⁾

> 10 cigarettes/day: 21 mg/day x 6 weeks;----- 14 mg/day x 2 weeks;-----7 mg/day x 2 weeks.

≤ 10 cigarettes/day: 14 mg/day x 6 weeks;-----7 mg/day x 2 weeks.

3- Examples :Nicorette® gum (2 mg and 4 mg) ⁽³⁾.

- Proper administration technique is necessary when using this product. Nicotine from the gum is released using the "chew and park" method:
 - Chew each piece of gum *slowly* several times.
 - Stop chewing at first sign of peppery, minty, fruity, or citrus taste or after experiencing a slight tingling sensation in the mouth. This usually occurs after about 15 chews, but varies.
 - "Park" the gum between the cheek and gum to allow absorption of nicotine across the lining of the mouth.
 - When the taste or tingling dissipates (generally after 1–2 minutes), slowly resume chewing.
 - When the taste or tingle returns, stop chewing and park the gum in a different place in the mouth. Parking the gum in different areas of the mouth will decrease the incidence of mouth irritation.
 - The chew and park steps should be repeated until most of the nicotine is gone, which is when the taste or tingle does not return after continued chewing. On average, each piece of gum lasts 30 minutes.

Gum	
Product strength	Nicorette: 2 mg, 4 mg; regular, cinnamon, fruit, mint (various), orange Generic: 2 mg, 4 mg; regular, fruit, mint, orange
Dose	≥25 cigarettes/day: 4 mg <25 cigarettes/day: 2 mg Weeks 1–6: 1 piece every 1–2 hours Weeks 7–9: 1 piece every 2–4 hours Weeks 10–12: 1 piece every 4–8 hours

4-Example :(Nicorette 2 mg ® ^(4, 12))

Dose: individuals smoking 20 cigarettes or less daily, sublingually, 2 mg each hour.

Individuals smoking more than 20 cigarettes daily, 4 mg (i.e. 2 tablets) each hour.

Max. 80 mg daily (i.e. 40 tablets); treatment should be continued for at least 3 months

followed by a gradual reduction in dosage; max. Period of treatment should not exceed 6 months.

Treatment should be stopped when daily consumption is reduced to 1 or 2 tablets daily.

5-

A-Depending on how heavily a person smokes, one or two tablets are used per hour to an absolute maximum of 40 per day. The full dose should be maintained for three months, then gradually reduced to zero over the next three months ⁽⁸⁾.

B-In a similar manner, Commit lozenges are never tapered in regard to the strength used (e.g., 2 mg versus 4 mg). Rather, the patient tapers the number of pieces used daily, in a schedule identical to that used for Nicorette Gum (1 piece of every 1-2 hours for 6 weeks; 1 every 2-4 hours for 3 weeks ; 1 every 4-8 hours for 3 weeks) ⁽¹¹⁾.

6-Example Nicorette inhalator®

Dose: inhale when urge to smoke occurs; initially use between 6 and 12 cartridges daily for up to 8 weeks, then reduce number of cartridges used by half over next 2 weeks and then stop altogether at end of further 2 weeks;

Note 1: each cartridge lasts about 20 minutes.

Note 2 : Patient with severe asthma or chronic bronchitis may find inhalation from the inhaler difficult , and should therefore avoid this product ⁽¹⁾.

7-Example:

Nicorette® nasal spray (nicotine 500 micrograms/metered spray).

Dose: One metered spray is inhaled into each nostril when necessary to relieve craving, with a maximum two doses per hour and 64 sprays (32 into each nostril) in 24 hours for 8 weeks, then reduce gradually over next 4 weeks (reduce by half at end of first 2 weeks, Stop altogether at end of next 2 weeks); max. Treatment length 3 months ⁽¹²⁾.

قانون مكافحة التدخين في العراق الذي اقره مجلس النواب

الفصل الاول

التعاريف والاهداف والوسائل

المادة - 1 - يقصد بالعبارات التالية لاغراض هذا القانون المعاني المبينة ازاءها:
اولا- الوزارة : وزارة الصحة . ثانيا- الوزير: وزير الصحة . ثالثا – التدخين : تعاطي منتجات التبغ بجميع أنواعها كالسيجارة والشيشة والغليون. رابعا- التدخين السلبي او التدخين اللاارادي : تنفس دخان تبغ الاخرين . خامسا- التبغ : نباتات التبغ بجميع انواعها واجزائها من جذور واوراق وثمار وبذور خضراء ومجففة .
المادة -2- يهدف هذا القانون إلى حماية الأشخاص من أخطار التدخين الصحية والبيئية والاقتصادية والاجتماعية وتقليل نسبة المدخنين من خلال وضع معايير لمكافحة التدخين.
المادة -3- تتولى الوزارة بالتنسيق مع الوزارات والجهات ذوات العلاقة تحقيق أهداف هذا القانون بالوسائل الآتية:
أولا - تضمين المناهج الدراسية والبرامج التعليمية والتربوية بمواد تبين مجمل الأضرار المترتبة على التدخين وخطورته على المدخنين وغير المدخنين.
ثانيا- اقامة البرامج التثقيفية وبرامج التوعية الدورية في المؤسسات التعليمية والتربوية ودور العبادة والمؤسسات الصحية والثقافية وفي وسائل الاعلام المختلفة عن اضرار التدخين في اطار خطة وطنية سنوية.
ثالثا - طبع وتوزيع ملصقات منع التدخين والتحذير من اضراره في الاماكن العامة المحظور التدخين فيها.
رابعا- تنظيم برامج توعية للمزارعين لزراعة محاصيل مفيدة للمجتمع بدلا من زراعة التبغ.

الفصل الثاني حظر التدخين في الأماكن العامة

المادة - 4 - يمنع التدخين في الاماكن العامة الآتية :
اولا- داخل مباني الهيئات الرئاسية والوزارات والدوائر والمؤسسات التعليمية والتربوية والصحية والمطارات والشركات والمصانع في المحافظات كافة .
ثانيا- المسارح ودور العرض والفنادق والنوادي والمطاعم وقاعات الاجتماعات والمناسبات ومكاتب العمل والأسواق التجارية.
ثالثا- وسائل النقل العام والخاص الجماعية البرية والبحرية والجوية في الرحلات الداخلية والخارجية.
رابعا- محطات الوقود كافة .
المادة - 5 - تخصص مواقع خاصة للتدخين في الاماكن المنصوص عليها في البندين (اولا) و(ثانيا) من المادة (4) من هذا القانون بمواصفات تحددها تلك الجهات بعيداً عن تواجد غير المدخنين

المادة - 6 -

اولا-

أ- يمنع الترويج للتدخين بصورة مباشرة او غير مباشرة.

ب- يسري حكم الفقرة (أ) من هذا البند على وسائل الاعلام المرئية والمسموعة والمقروءة والمؤسسات الثقافية والرياضية ودور النشر والتوزيع ومكاتب الدعاية والاعلان.

ثانيا - يمنع الصغير والحدث من التدخين او ممارسة مهنة بيع وشراء التبغ ومشتقاته.

ثالثاً. على المحلات التي تمارس بيع السكاكر او التبغ وضع لوحات تتضمن التحذير الصحي في مكان بارز.

المادة - 7 -

اولا - يمنع صنع وتداول واستيراد شعارات منتجات التبغ ومشتقاته على منتجات اخرى كالبعبات والقمصان والاكياس والمظلات والاشارات المرورية واللافتات الدعائية بمختلف انواعها.

ثانياً. يمنع طلاء أي جزء من وسائل النقل او الجدران او الجسور بما يرمز لاي نوع من انواع التدخين.

ثالثاً. تقوم الشركات المصنعة والمستوردة بازالة الدعاية المنصوص عليها في البند (اولا) من هذه المادة خلال مدة لا تزيد على (6) ستة اشهر من تاريخ نفاذ هذا القانون.

المادة - 8 - يمنع استيراد او تصنيع مقلدات منتجات التبغ او أي مواد تمثل دعاية للتدخين.

الفصل الثالث حظر استيراد وتصنيع وبيع التبغ

المادة - 9 -

اولا - يحظر استيراد او بيع او تصنيع أي نوع من أنواع التبغ او منتجاته تزيد نسبة النيكوتين فيه عن (0.8) ملغم والقطران عن (12) ملغم بناء على تقرير صادر عن جهاز التقييس والسيطرة النوعية.

ثانياً. تتولى الوزارة وضع مواصفات دقيقة للتصنيع والاستيراد بتعليمات تصدرها لهذا الغرض تضمن تخفيض اضرار التدخين وتتولى بالتنسيق مع الجهات المعنية الرقابة على تنفيذها .

ثالثاً. تتولى وزارة التجارة اصدار اجازات استيراد التبغ ومنتجاته للحد من الاستيراد المخالف للحد الأدنى من الشروط المحددة لمواصفات استيراد هذه المادة .

رابعاً. تتولى الشركات المصنعة والمستوردة ترتيب اوضاعها ومنتجاتها وفق المواصفات المنصوص عليها في البند (ثانياً) من هذه المادة خلال (6) ستة اشهر من تاريخ نفاذ هذا القانون.

المادة - 10 -

اولا - على الجهة المصنعة وضع تحذيرات صحية مكتوبة باللغتين العربية والكردية وتحذيرات صحية سورية على علب منتجات التبغ المصنعة محلياً بمختلف أنواعها وتثبيت نسب مكوناتها.

ثانياً. يمنع استيراد أي نوع من انواع منتجات التبغ التي لا تحمل تحذيرات صحية او نسب النيكوتين والقطران المنصوص عليها في البند (اولا) من المادة (9) من هذا القانون.

المادة - 11 - لا يجوز إعفاء صناعات التبغ من الضرائب والرسوم ولا تمنح الامتيازات المنصوص عليها في قانون الاستثمار رقم (13) لسنة 2006 او أي قانون آخر.

الفصل الرابع العقوبات

المادة - 12 -

أولاً - يعاقب كل من صنع او استورد او باع التبغ او منتجاته خلاف المواصفات المقررة بموجب إحكام هذا القانون بغرامة لا تقل عن (25000000) خمسة وعشرون مليون دينار عراقي ولا تزيد على (50000000) خمسين مليون دينار عراقي ومصادرة الكمية المخالفة وإتلافها.

ثانياً - تسحب إجازة الاستيراد او التصنيع او بيع منتجات التبغ من قبل الجهة مانحة الأجازة في حالة تكرار المخالفة بالإضافة الى الغرامة المنصوص عليها في البند اولاً من هذه المادة .

المادة - 13 - تصدر أي كمية من التبغ او منتجاته تدخل أراضي جمهورية العراق بصورة غير قانونية ويعاقب الشخص المهرب بغرامة لا تقل عن (50000000) خمسين مليون دينار عراقي ولا تزيد على (100000000) مئة مليون دينار عراقي مع عدم الإخلال بأي عقوبة اشد تنص عليها القوانين النافذة.

المادة - 14 - تعاقب وسائل الاعلام والثقافة ودور النشر والصحف والمجلات والمطابع ومكاتب الدعاية التي تروج للتدخين بما يأتي :
اولا - الإغلاق لمدة لا تزيد على (30) ثلاثين يوماً وبغرامة لا تقل عن (5000000) خمسة ملايين دينار عراقي ولا تزيد (10000000) عشرة ملايين دينار عراقي .

ثانياً - الإغلاق لمدة (60) ستين يوماً وبغرامة لا تقل عن (10000000) عشرة ملايين دينار عراقي ولا تزيد على (20000000) عشرين مليون دينار عراقي في حالة تكرار المخالفة المنصوص عليها في هذه المادة.

المادة - 15 - تصدر اعداد الصحف والمجلات والكتب والنشرات الاجنبية المخالفة لاحكام هذا القانون ويمنع دخول الاعداد اللاحقة لمدة لا تزيد على (30) ثلاثين يوماً.

المادة - 16 - يعاقب بغرامة لا تقل عن (250000) مئتين وخمسين الف دينار عراقي ولا تزيد على (1000000) مليون دينار عراقي كل من خالف إحكام البند (ثالثاً) من المادة (6) من هذا القانون ، وفي حالة تكرار المخالفة يعلق المحل لمدة (30) ثلاثين يوماً.

المادة - 17 - يعاقب من يدخل في الاماكن العامة المحددة في المادة (4) من هذا القانون بغرامة قدرها (10000) عشرة الاف دينار .

المادة - 18 - تعاقب الجهات المحظور التدخين فيها المنصوص عليها في المادة (4) من هذا القانون بغرامة قدرها (250000) مئتان وخمسون الف دينار عراقي في حالة عدم تخصيص مكان للتدخين وفقاً لاحكام المادة (5) من هذا القانون.