

ELECTRONIC MARLBORO SUCKS JAPANESE SMOKERS AWAY FROM JAPAN TOBACCO



TOKYO: A customer takes off a filter after trying a Philip Morris' "IQOS" smokeless tobacco e-cigarette at an IQOS store on March 3, 2016. —AFP

TOKYO: Marlboro maker Philip Morris International says its e-cigarette has rapidly captured close to 3 percent of Japanese tobacco sales, making inroads into a market Japan Tobacco relies on for 40 percent of its profit.

In what may be an early vindication of Philip Morris's e-cigarette strategy, the IQOS accounted for 2.2 percent of Japan's tobacco sales in the quarter ended June 30, a company spokesman said.

That share had climbed to 2.7 percent by the end of June after Philip Morris rolled out the 9,980 yen (\$98.53) electronic smoker in late April accompanied by "HeatSticks," which cost the same as regular cigarettes. "The figures clearly show that IQOS is stealing a chunk of the rolled tobacco market," said Masashi Mori, analyst at Credit Suisse Securities in Tokyo. Japan's overall cigarette sales in June shrank 5.2 percent.

Dip in sales

On Friday, JT said revenue from July cigarettes sales in Japan dipped by 3.4 percent to 53.4 billion yen. Unlike con-

ventional e-cigarettes that vaporize a nicotine infused liquid, IQOS produces a smokeless aerosol by heating tobacco leaf packed into stubby cigarettes inserted into the device.

So far it has tested the gadget in seven countries including cities in Switzerland and Italy. Japan, which has suppressed e-cigarette "vaping" by regulating nicotine liquids under pharmaceutical laws, is the only country where it is sold nationwide.

Demand for IQOS, which is made in Malaysia, has outstripped demand, leaving Philip Morris unable to make the most of its early entry into Japan. Some limited-edition IQOS models are selling online for as much as 80,000 yen. "When Philip Morris can supply enough to meet demand then its push in to the market is very likely to accelerate," UBS Securities Japan analyst Naomi Takagi said.

E-cigarettes assuage some smokers' health concerns and ease social stigmas attached to tobacco. Tobacco firms are battling to take an early lead in the emerging market as overall cigarette

sales shrink globally.

Sales of e-cigarettes, however, are booming, growing five times to \$8 billion in 2014 from 2010, according to research company Euromonitor. The market in 2020 is likely to be 20 times the 2010 level, predicts Euromonitor. Global cigarette revenue is about \$750 billion.

Philip Morris plans to widen sales of IQOS to 20 countries by the end of the year. Former state tobacco monopoly Japan Tobacco, which has 60 percent of its domestic market, is struggling to counter the challenge with its own device. JT's electronic cigarette stick, dubbed the Ploom TECH, creates a vapor from a liquid that is passed through granulated tobacco.

Yet the world's No. 3 cigarette maker has so far been unable to match IQOS's nationwide launch, with no clear indication yet when it will have sufficient production output to do so. "It doubtful JT will manage a wider launch before the end of the year," Takagi at UBS Securities said. —Reuters

NIGERIAN HELICOPTERS RUSH POLIO VACCINES TO DANGEROUS AREA

MAIDUGURI, NIGERIA: Military helicopters on Friday rushed polio vaccines to dangerous parts of north-eastern Nigeria, where Boko Haram operates and two paralyzed toddlers were recently discovered, a Nigerian health official said.

The World Health Organization said the new cases indicate the wild

polio virus has circulated undetected for five years in Borno state - a major setback after Nigeria was declared polio-free in October.

Recent attacks by the Islamic extremists prevented the emergency operation from getting health workers to two parts of Borno state where the children were found, Borno state

health commissioner Ibrahim Miringa told The Associated Press.

Massive challenges face Nigerian health workers supported by the World Health Organization and the US Centers for Disease Control to urgently vaccinate millions of endangered children in an area where the UN suspended aid after a military-

escorted humanitarian convoy was attacked last month.

"Not all the areas that have been liberated by the military could be accessed by our health officials because of recent attacks in Jere and Gwoza local government areas carried out by Boko Haram," Miringa said. Jere and Gwoza are the areas where the first two cases of polio were found in Nigeria in more than two years, the WHO announced Thursday night.

Nigeria's removal from WHO's list of polio-endemic countries had meant all of Africa was free from the crippling disease. Only two other countries remain on the list - Afghanistan and Pakistan. Miringa said the two children, aged under 2, were among refugees arrived from areas newly freed from Boko Haram.

He said health workers have been vaccinating refugees as they arrive in major camps. "But recent liberation of internally displaced persons from the hinterlands and their being camped in satellite camps have made the immunization exercise difficult."

International organizations plan to support Nigerian health workers in using "a hit-and-run kind of strategy," the WHO director for polio eradication, Dr. Michel Zaffran, told reporters in a conference call. A massive vaccination drive was starting in Borno and within weeks would be carried to nearby Benin, Chad, Central African Republic, Chad and Cameroon, Zaffran said. —AP



KAWO KANO, NIGERIA: In this Sunday, April 13, 2014 file photo, a health official administers a polio vaccine to a child. —AP

SENIOR DRIVERS TAKING OPIOID PAINKILLERS HAVE HIGHER CRASH RISK

NEW YORK: Seniors who get behind the wheel soon after starting to use narcotic pain relievers have twice the risk of getting into a serious car crash as their peers who use non-opioid painkillers, Swedish researchers say.

Senior drivers who'd been using opioid painkillers regularly for several months also had higher odds of getting into accidents, but not as high as the new users did, according to Joel Monarrez-Espino of Karolinska Institute in Stockholm and colleagues.

Their study included 4,445 drivers between the ages of 50 and 80 who had been involved in a single car crash between 2005 and 2009 in which at least one person suffered an injury that required medical care, plus more than 17,000 similar drivers who had not been in crashes.

As reported in the journal *Age and Aging*, study participants were considered new to opioid painkillers if they had been given a prescription within one month before the crash. Regular users were those given at least three prescriptions in the last six months, with at least one prescription within a month of the crash. "New, but also frequent opioid

analgesic use, resulted in an increased probability of single vehicle crashes," the research team wrote.

100 percent higher for the new users

Specifically, the risk was 100 percent higher for the new opioid users, and 60 to 70 percent higher for the regular users, compared to the risk in people of the same age taking one or two non-opioid painkillers. "While more epidemiologic evidence is needed, patients could be advised to refrain from driving when using opioid analgesics," the authors wrote. They did not respond to a request for comment. Whether the "regular users" in this study had a lower risk because their bodies were accustomed to the opioids is hard to know, said Dr. Thomas Meuser, a specialist in aging at the University of Missouri who was not involved with the study.

"The study doesn't show if the participants took their medications consistently," Meuser told Reuters Health by phone. "Another reason for the drop in risk (among regular users) could be that some stopped or reduced taking their medications due to side

effects, even though they continued being prescribed," said Meuser.

Paul Atchley, who studies the human brain, vision and attention to driving at the University of Kansas, told Reuters Health the findings should serve as a wake-up call for doctors to have better conversations with their patients about the true risks of taking these medications. "Driving is the riskiest thing we do on a daily basis," said Atchley, who wasn't involved in the study.

"We need to understand what's at risk, so that we as drivers can make better choices," he said. "What's unique about this study isn't just painkiller use, but the pattern of use," Atchley pointed out.

The risk of being injured or killed in a car crash increases with age, according to the Centers for Disease Control and Prevention (CDC). Meuser noted that older adults generally have more diagnoses and take more medications than younger adults. "There's always a risk for side effects for someone taking five or more medications," he said. "Side effects that affect the brain and nervous system are especially worrisome for older drivers." —Reuters

TOO FEW DOCTORS MAKE HOUSE CALLS TO HOMEBOUND ELDERLY

NEW YORK: The US faces a critical shortage of doctors and other healthcare practitioners willing to make house calls to as many as 4 million frail, homebound Americans, a new study shows. The healthcare workforce has yet to adapt to the needs of older Americans who increasingly choose to age at home rather than in nursing facilities, the report finds.

The Health Affairs study is one of the first to examine the use of home-based medical care in the US. "This paper really shows us that access to home-based healthcare is extremely limited, highly concentrated and just not available to all who need it," said Katherine Ornstein, a professor of geriatrics and palliative medicine at the

Icahn School of Medicine at Mount Sinai in New York, in a phone interview. Ornstein was not involved with the new study.

In 2010, at least 53 percent of Americans lived more than 30 miles away from full-time providers of home-based medical care, the research shows. Some states, including many in the Midwest, had no healthcare professionals who made 500 or more home visits a year.

Only 9 percent

Researchers used 2012 and 2013 Medicare payment data to identify healthcare professionals' home-based medical visits and examined workforce and geographic variations. Only

about 470 primary-care providers, or about 9 percent of them, appeared to devote their practices to visiting patients at home. They performed nearly half of 1.7 million home visits in 2012 and 2013, averaged about 1,600 home calls a year and were paid about \$167,000 annually by Medicare, the study found. Although prior research has shown that more frail Americans live at home than in nursing homes, seven times more primary-care doctors visited nursing homes than made house calls, the study found.

Internal medicine physicians made about 8 million nursing-facility visits, compared to about 500,000 home visits in 2012, the data showed. Medicare paid them \$500 million for nursing

facility visits, compared to \$50 million for home visits.

"The pattern of care doesn't match the size of the population," Ornstein said. "Not only doesn't it match - it's way off." "We're in this exciting time of health-care reform, and we have to develop new service-delivery models," she said.

Doctors visited patients at home for generations, Nengliang (Aaron) Yao, the study's lead author, told Reuters Health. Yao, a health-policy professor at the University of Virginia School of Medicine in Charlottesville, added, "This is not a new model. This is an old model. In the old days, the doctor went to visit patients' homes on horseback." —Reuters



COLUMBUS, OHIO: In this Feb. 10, 2016, file photo, Anne Morrice, center left, of Planned Parenthood and Chris Maxie, center right, of Planned Parenthood discuss legislation to defund Planned Parenthood with Columbus, Ohio, residents Zahra Farah and Asha Abdulle at the Ohio Statehouse. —AP

JUDGE BLOCKS OHIO LAW TO DIVERT PLANNED PARENTHOOD MONEY

COLUMBUS, Ohio: A federal judge blocked a state law aimed at diverting public money from Planned Parenthood, saying in a Friday ruling that the group stood to suffer "irreparable injury."

The Ohio law targets the more than \$1.4 million in funding that Planned Parenthood gets through the state's health department. That money, mostly from the federal government, supports certain education and prevention programs. The law would bar such funds from going to entities that perform or promote abortions.

The restrictions, which had been slated to take effect in May, were signed by Republican Gov. John Kasich during his failed presidential bid. The state's Republican attorney general will appeal the ruling, his spokesman said. Planned Parenthood of Greater Ohio and Planned Parenthood Southwest Ohio Region had sued the state, saying the law violated their constitutional rights by denying them the funds "in retaliation for" providing abortions. Their lawsuit names the state's health director as a defendant.

US District Judge Michael Barrett in Cincinnati sided with Planned Parenthood in granting a permanent injunction, which keeps state officials from enforcing the law's provisions. Barrett, who was nominated to the bench by then-President George W. Bush, a Republican, said in many instances Planned Parenthood was chosen over other entities to receive the funds as part of a competitive grant process. He said if the changes were to take effect the group couldn't offer some free services and would no longer have access to the juvenile justice and foster care systems to teach teenagers about healthy relationships.

Law would not force closure

If not blocked, the judge wrote, Planned Parenthood would "suffer a continuing irreparable injury for which there is no adequate remedy at law." The state's attorneys had argued that Planned Parenthood was trying to override state policy choices and that no entity has a constitutional right to receive public money. "Planned Parenthood supplies no basis for disturbing Ohio's legislative judgments about how to spend its public money," attorneys wrote in a court brief.

Planned Parenthood has said Ohio's

law would not force any of its 28 health centers in the state to close but the legislation would deprive thousands of patients of access to HIV tests, breast and cervical cancer screenings and other prevention and education initiatives.

The group's attorneys argued the law was unconstitutional because it required, as a condition of receiving government funds, that recipients abandon their constitutionally protected rights to free speech and to provide abortion services.

Planned Parenthood officials praised the judge's decision, calling it a win for Ohio residents who rely on the organization for care. "Politicians have no business blocking patients from the care they need - and today the court stopped them in their tracks," said Iris Harvey, the head of Planned Parenthood of Greater Ohio.

Under the US Supreme Court's 1973 *Roe v. Wade* ruling, women have a constitutionally protected right to terminate a pregnancy before a fetus is able to survive outside the womb, generally around 24 weeks of pregnancy.

Planned Parenthood is a national target because of its role as the largest US abortion provider. Anti-abortion group Ohio Right to Life, which lobbied in support of the funding changes, said the judge's ruling violates the state's rights and the conscience rights of taxpayers. "It is the public policy of the state of Ohio to prefer childbirth over abortion, and we should be allowed to allocate funds accordingly," spokeswoman Katie Franklin said.

Federal law and the laws of most states already prevent public money from paying for abortions except in rare circumstances, but the recent defunding bills prohibit state money for any services by an organization that also provides abortions.

According to Planned Parenthood, politicians in 24 states have either enacted or proposed measures since last July that target the organization with defunding. In most of those states, the cuts haven't taken effect.

Planned Parenthood says that since a US Supreme Court ruling in June that struck down tough abortion restrictions in Texas, courts have blocked laws there and in Alabama, Alaska, Florida, Kansas, Indiana, Mississippi, Ohio, Utah and Wisconsin. —AP

SOUTH FLORIDA SWIMMER CONTRACTS BRAIN-EATING AMOEBIA

FORT LAUDERDALE: A person has been hospitalized after health officials say they contracted a brain-eating amoeba while swimming in Broward County, Florida.

The Florida Department of Health confirmed the infection Tuesday. Officials say the person's infection stems from *Naegleria fowleri*, a microscopic, single-cell amoeba

commonly found in freshwater lakes, ponds and rivers.

The health department hasn't specified where the person came in contact with the amoeba, but did say the person swam in unsanitary water on private property in Broward County. The gender and age of the person have not been released. —AP