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HEALTH #12 CIGARETTE BURNS

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WHAT ARE CIGARETTE BURNS?

Deliberate cigarette burns occur when a lighted cigarette is held against an individual's skin resulting in first-, second- or third-degree burns (1). For a cigarette to create a burn, firm contact with the skin should last at least 2-3 seconds (2). The degree of damage depends on contact temperature, duration of exposure and affected skin region (3). Burns from cigarettes fall under the 'contact burns' category and leave particular traces compared to, for example, scald burn (caused by a hot liquid such as water or oil).

Cigarette burning is often employed in conjunction with a variety of torture methods (4). The Special Rapporteur on Torture has referred to cigarette burning as a method of torture (5) (6) (7).

IN PRACTICE

The frequency of this torture method varies around the world. A Sri Lankan study from 2016 found that 57% of Sri Lankan torture victims were burned with cigarettes (1). In a 1984 Canadian study of mainly Chilean refugees, 23% of torture victims had been burned with cigarettes or cigars (8). One study of torture in six countries (Bangladesh, Iran, Peru, Syria, Turkey and Uganda) showed that burning with cigarettes was very common among Bangladeshi torture victims (71%), and less common or even absent (0-30%) in other populations of torture victims (9).

Scars resulting from cigarette burns may not always leave the same trace. In most cases, cigarette burns leave a distinctive 5-10 mm circular or oval shape scar. However, burns are sometimes placed one after another causing multiple scars that resemble a single long scar. Furthermore, if not pressed firmly to the skin, cigarettes may leave areas of hyperpigmentation that fade after a few months or years without scarring (10). The exact shape of the scar may also vary with some individuals producing raised scarring (hypertrophic) or lumpy scars that extend beyond the original wound (keloid). Some individuals may produce scars with a hyper or hypopigmented centre and a hyperpigmented relatively indistinct periphery (11).

Different types of cigarettes can lead to different burns. For example, the tip of a manufactured cigarette burns at around 400 degrees Celsius potentially resulting in serious injury compared to rolled cigarettes which are cooler and generally produce less significant damage (12).

HEALTH CONSEQUENCES

Cigarette burns may lead to both physical and psychological adverse health outcomes. Perhaps the most salient physical outcome of burns is the pain they cause. Heat from the cigarette causes two kinds of burn sensation: a fast pricking pain and a slow burning pain (3). All burn wounds are susceptible to both bacterial and fungal infection which, if left untreated, may lead to complications. These infections can occur at the skin level where the wound may change colour, thickness or pain intensity (13) (14). The risk of infection is influenced by the amount of tissue burnt.

The traumatic nature of the burn and the pain may induce psychopathological responses potentially leading to psychological disorders such as depression, anxiety and post-traumatic stress disorder (PTSD) (3). Risk factors for developing these types of responses include whether the injury (or scar) is visible, whether an individual has prior anxiety and depressive mood disorders, and whether he or she has a resilient coping mechanism (4).

CONCLUSION

Although a few studies were conducted in certain Asian countries, literature is scant about cigarette burns and cigarette burning as a torture method. Available literature demonstrates that burns from cigarettes often result in distinctive oval-shaped scars rendering clear the employed torture method. Health consequences stemming from this method may be both physical – with infections being the greatest risk – and psychological – with the possibility of depression, anxiety and PTSD subsequently developing. Recognition of the fact that cigarette burning causes pain and may lead to adverse physical and psychological health effects is vital. Improved documentation of the practice will contribute to better learning about its prevalence and health consequences.

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