

KEY MESSAGES

- Tobacco harm reduction is a suggested public health policy that would aim to reduce the future morbidity and mortality associated with cigarette smoking by consumers choosing to use less risky tobacco products such as snus.
- The benefits of a policy of tobacco harm reduction have been supported by some public health agencies.
- Scientific standards by which to judge a tobacco product as a “reduced risk” product may likely come from the US FDA, which must consider both individual and population risks in its assessment of applications for labeling of tobacco products.

QUESTIONS AND ANSWERS

What is tobacco harm reduction?

The concept of tobacco harm reduction is to reduce adverse impacts for cigarette smokers who will not or cannot abstain from using tobacco. It is based on the recognition that the health hazards of cigarette smoking are primarily due to the burning of tobacco and its additives, and that smoking related health hazards could be reduced by switching to “cleaner” sources of nicotine. The principle of harm reduction has been applied in other public health settings, such as automobile safety regulation (e.g., seat belts, anti-lock brakes), sexually transmitted disease prevention, alcohol abuse, and illicit drug use.

A tobacco product is considered harm-reducing if its use instead of cigarettes lowers predicted total tobacco-related mortality and morbidity, even though use of that product may involve some risk of harm and continued exposure to tobacco-related toxicants. Products that could be considered as harm-reducing include smokeless tobacco products, such as snus, and also non-tobacco products such as nicotine- replacement products (e.g. patch or gum).

What are the views on tobacco harm reduction?

There are diverse views within the scientific and public health communities regarding the benefits of tobacco harm reduction as defined above. Some authorities view use of harm reduction products as a component of a comprehensive tobacco control program, which includes abstinence-oriented prevention and treatment. Others believe there are unintended negative consequences associated with reduced-risk products (such as increasing overall use of tobacco, perhaps leading to increased smoking) and that the only safe solution is to advocate smoking cessation without any aid or by using only pharmaceutical nicotine replacement products. Other authorities point out that all use of tobacco carries some risk of harm, so that it is a misnomer to speak of “harm reduction” resulting from introduction of new tobacco products.

A substantial amount of research and analysis devoted to harm reduction has been conducted, and some established research institutions have issued reports and articles containing conclusions and recommendations that support the benefits of tobacco harm reduction. For example, in 2007 a report from the Royal College of Physicians concluded that harm reduction from smoking can be achieved by providing smokers with safer sources of nicotine that are acceptable and effective cigarette substitutes. In 2001 a committee of the US-based Institute of Medicine recommended that harm reduction be a

component of a comprehensive national tobacco control program that emphasizes abstinence-oriented prevention and treatment. Governmental public health agencies have been cautious in communicating about tobacco harm reduction. Agencies have acknowledged the concept and potential role of harm reduction but have not advised smokers to switch to harm-reducing products. For example, the Scientific Committee on Emerging and Newly Identified Health Risks (SCENIHR) was charged by the European Commission to evaluate the health effects of smokeless tobacco products, with particular attention to snus. SCENIHR issued a final report in 2008 titled *Health Effects of Smokeless Tobacco Products* that contained a sub- chapter on harm reduction. The SCENIHR report presents information regarding use of snus in Sweden and concludes that it is appropriate to consider the potential benefits, as well as risks, to public health if snus were to be made available elsewhere in Europe.

What is the future for tobacco harm reduction?

Harm reduction research will continue and public health agencies will likely increase efforts to define and communicate the proper role for tobacco harm reduction products in a comprehensive tobacco control program. A standard for assessing potential harm reduction products may come from the US Food and Drug Administration (“FDA”) which has been authorized under the Family Smoking Prevention and Tobacco Control Act, to address harm reduction by establishing a process for characterizing products as being of modified risk. The Act defines a modified risk tobacco product as one that is sold or distributed for use to reduce harm or the risk of tobacco-related disease associated with commercially marketed tobacco products, such as cigarettes. A manufacturer of a potential product must apply to FDA, which is charged with determining whether a tobacco product will significantly reduce harm and the risk of tobacco-related disease to individual tobacco users. FDA must also determine if the product benefits the health of the population as a whole taking into account both current smokers and other users of tobacco products (e.g., whether modified risk products serve as smoking cessation aids or use of other tobacco products leads to cigarette smoking) and persons who do not currently use tobacco products (i.e., the potential for gateway, or introduction, to tobacco products). The FDA modified risk characterization process is to be based on science and includes postmarket surveillance requirements to determine the impact of the characterization on consumer perception, behavior, and health.

REFERENCES

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