The importance of harm reduction and need for better alternatives

While it is universally accepted that smoking causes serious disease and is addictive, it is estimated that about 1 billion people will still continue to smoke in 2025.[1]

Background to harm reduction

Over the years, advances in science, technology, and regulation have enabled society to reduce the adverse effects of continuing potentially harmful behavior. This is known as harm reduction, and it is widely accepted in the public health context, ranging from drug abuse and addiction to obesity and diabetes. Harm reduction techniques can reduce the negative impact of our choices on ourselves, others, wider-society or the environment. Some examples include:

Driving a car

Car driving is dangerous, with the risks of crashes being well known. However, thanks to technology and innovation, cars today are equipped with an impressive array of protective measures in the case of an accident. Many of us will have considered the safety features of our vehicles carefully when we chose them. From ABS, to ESP, airbags and seatbelts, these innovations and more have been carefully designed to make accidents less likely, and where they can't be avoided, to prevent fatalities or more serious injuries.

Needle exchange

Needle and syringe programmes (NSPs) provide people with sterile needles and syringes to reduce transmission of HIV and other bloodborne viruses from sharing injecting equipment.[2] They have been subject to controversy, which is said to be due to striking the balance between enabling the behavior and causing significantly less harm by preventing the spread of a fatal disease.

Tobacco harm reduction

In recent years, science and technology have enabled the development of smoke-free alternatives for the 9 in 10 smokers who don't quit each year. They are fundamentally different from, and have the potential to be less harmful than, continued cigarette smoking. The main cause of harm from smoking is primarily linked to the high levels of harmful chemicals found in cigarette smoke produced by burning tobacco. By eliminating burning, as is the case with smoke-free products, the levels of harmful chemicals can be significantly reduced compared with cigarette smoke. Commercialization, consumer uptake, and scientific substantiation of smoke-free alternative products (such as e-cigarettes,

heated tobacco products, or oral smokeless products) provides the global public health community and decision makers the opportunity to chart a new path forward for the millions of men and women who would otherwise continue to smoke. Smoke-free products are not risk-free and provide nicotine, which is addictive. By providing adult smokers with access to, and information about, better alternatives, we can reduce smoking prevalence globally faster than if we continue with the status quo. In fact, the Framework Convention on Tobacco Control treaty itself provides a framework for this approach in Article 1(d), where it defines "tobacco control" as "a range of supply, demand and harm reduction strategies".[3] Understandably, efforts to-date have focused almost exclusively on supply and demand reduction measures. However, science and technology have made it possible to provide an opportunity to contemporize global tobacco control through harm reduction strategies. The concept of tobacco harm reduction means substituting cigarettes with scientifically substantiated alternatives for existing adult smokers who would otherwise continue smoking.

Formulating harm reduction at scale

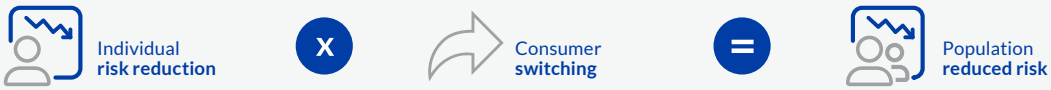
A number of public health experts have developed the Harm Reduction Equation.[4] This describes the criteria for making a significant impact on public health by converting the greatest number of existing adult smokers to less harmful alternatives to continued smoking.

A few important steps are needed to make this common-sense approach a reality for millions of adult smokers who would otherwise continue smoking. First, you need to develop and produce scientifically substantiated, less harmful alternatives to cigarettes. Second, these alternatives should be acceptable to adult smokers (e.g. in terms of taste, sensory experience, and ritual) so that they completely switch to them and abandon cigarettes.

Not quitting on the 1 billion

Philip Morris International fully supports robust regulation of tobacco and nicotine products to dissuade people from starting to smoke and encourage cessation. However, the number of smokers is not predicted to decline over the next five years[5] and more needs to be done to accelerate change. If enough adult smokers around the world switch to smoke-free alternatives, we can go further faster in addressing the public health impact of smoking. It's time to embrace harm reduction. **Availability** of better alternatives and **awareness** about them, combined with their **affordability,** and **acceptance** by adult smokers including in terms of taste and sensorial experience, can end smoking for good.

THE HARM REDUCTION EQUATION



Science-backed, smoke-free alternatives can complement existing measures to help address the global health issue of smoking by providing an avenue for adults who don't quit tobacco and nicotine altogether to make a better choice than continued smoking. Coupled with the right regulatory encouragement and support from society, we can reach a smoke-free future, faster.

[1] WHO global report on trends in prevalence of tobacco smoking 2000-2025, 2018 https://www.who.int/tobacco/publications/surveillance/trends-tobacco-smoking-second-edition/en/
[2] https://www.avert.org/professionals/hiv-programming/prevention/needle-syringe-programmes
[3] WHO Framework on Tobacco Control 2003 https://www.who.int/tobacco/framework/WHO_FCTC_english.pd
[4] Harm Reduction equation https://www.pmi.com/glossary-section/glossary/harm-reduction-equation
[5] WHO global report on trends in prevalence of tobacco smoking 2000-2025, 2018

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