Michigan Department of Community Health
Tobacco Prevention and control program

Position Statement on Tobacco Harm Reduction

What is Tobacco Harm Reduction?

Tobacco use remains the single leading preventable cause of death and diseases in the United States [(1)]. Most smokers (over 70%) want to quit and are concerned about their health, but less than 5% percent are successful [(2)], primarily because nicotine in tobacco causes addiction as powerful and self-enforcing as addiction to cocaine and heroin.

The best advice for concerned tobacco users is to quit. However, for tobacco users who have some interest in quitting and may be concerned about their risk, the tobacco industry has developed and is developing a new generation of sophisticated products with so-called reduced exposure. ***The term 'harm reduction' refers to a strategy that encourages tobacco users who cannot or will not quit smoking to switch to an alternative nicotine-delivery product that is potentially less harmful than their regular product.*** [(3)] ***The tobacco products employed in the harm reduction strategy have been modified or designed in some way to allegedly reduce the user's exposure to tobacco. These are called PREPS – potentially reduced exposure products***. [(4)]

Several categories of PREPS are on the market. These include: 1) modified tobacco products that use different curing or fermentation processes, or add chemicals to the leaves, claimed by tobacco companies as a mechanism for potentially reducing the health risks associated with tobacco use; 2) products that claim significantly reduced nicotine by genetically changing the tobacco plant; 3) nicotine delivery devices that claim to lower toxic combustion products because the tobacco in heated rather than burned; 4) oral tobacco products (including spit tobacco) have been promoted as a method of reducing health risks. [(5)]

What We Don't Know Can Hurt Us

There are several significant public health concerns posed by tobacco 'reduced harm' products. 1) They are completely unregulated, and manufacturers may make whatever claims they wish with no independent research to support or refute their statements. 2) Consumer research indicates that these products undermine tobacco dependence treatment efforts, since many people choose to continue their tobacco behavior, lulled by a false perception of their safety, compared to conventional tobacco products. 3) Harm reduction science is in its infancy and in the absence or credible science there is no way to prove that reduced *exposure* will lead to reduced *risk.* On the contrary, reduced exposure does not mean reduced risk. That lesson was painfully learned from the promotion of 'light' cigarettes as a harm reduction product which turned out not to be the case. [(6)]

What about Spit and other Oral Tobacco Products?

There is an active debate focused on the proposition of substituting smokeless tobacco (Swedish snus, for example) for cigarettes as a method to reduce harm from cigarette smoking; however, there is very little research available to inform the debate. The main arguments against such a strategy are: 1) spit tobacco is not harmless - smokeless tobacco use raises the user's risk of oral cancer by 80 percent and the risk of esophageal and pancreatic cancer by 60 percent. [(7)]; 2) spit tobacco is addictive and leads to difficulty in quitting; and 3) use of smokeless tobacco may lead to the use of cigarettes and/or other tobacco products.

The Use of Medicinal Nicotine

Medicinal nicotine also refers to nicotine replacement therapy or NRT that has been available as a therapy for smokers trying to quit since the 1970's. The 2008 updated Guideline for Treating Tobacco Use Dependence states that there are seven first line effective medications for tobacco dependence; five of them are nicotine therapies which reliably increase long-term smoking abstinence rates. [8]

NRT products are not included in the harm reduction categories and should not be confused with harm reduction strategies because they deliver no smoke or tobacco toxins, except nicotine to the user. They are highly regulated and monitored by the FDA, and are intended to help smokers quit in a more comfortable way. Furthermore, clinical experience with NRT is extensive and provides strong evidence that NRT is a safe and well tolerated treatment. There is no evidence of an increase in the incidence of acute cardiovascular events according to many studies. [9]

Position Statement:

The Michigan Department of Community Health Tobacco Program concludes and recommends that: 1) ALL tobacco products are harmful to health, and the best health advice to tobacco users is to avoid and discontinue ALL tobacco products without exception; 2) the use of any tobacco products, whether the conventional tobacco products or those currently being promoted as reduced exposure products, put every Michigan resident at continued high risk for diseases and negative health outcomes; and 3) encouraging smokers to switch to smokeless products is bad public-health policy.

References:

1. *CDC, Oct. 2007. Best Practices for Comprehensive Tobacco Control Program.*
2. *CDC. Cigarette smoking among adults-United States, 2000. MMWR 2002; 51:642-5.*
3. *The Seduction of Harm Reduction – Proceedings from the September 2004 Summit. California Department of Health Services, 2005.*
4. *Hope or Hazard? April 2005. The Cancer Center, University of Minnesota; TTURC at: www.tturc.umn.edu*
5. *ibid*
6. *Hatsukami and Zeller, Psychological Science Agenda, "*Tobacco Harm Reduction: The Need for Research to Inform Policy", April 2004
7. *International agency for Research on Cancer. Smokeless tobacco and cancer, The Lancet Oncology Volume 9, Issue 7, July 2008, Pages 667-675.*
8. *A Clinical Practice Guideline for Treating Tobacco Use and Dependence: 2008. Update: A U.S. Public Health Service Report. Am J Prev Med 2008.*
9. *Green land S, Satter field MH, Lanes SF. A meta-analysis to assess the incidence of adverse effects associated with the trans-dermal nicotine patch. Drug safety 1998, 18: 297-308*