

Evidence-Based Approaches to Reducing Tobacco Harm

Effective tobacco harm reduction as a result of synergy between public policy and clinical practice

About ELSKI

European Life Science & Knowledge Institute (ELSKI) is a life sciences expert organization, committed to strengthening sustainable, coherent, and balanced health, social, and education systems.

- Health, social and youth policy advocacy, system planning and public administration improvement
- Facilitating cooperation between the public, private and non-governmental sectors
- Monitoring of EU and national legislation, courts' and institutional practice in life sciences and related fields, preparation of comments, recommendations and proposals for legislative initiatives

Table of Contents

01 Background

The concept of tobacco harm reduction as a public policy issue

02 The facts

A brief summary of the current scientific basis for tobacco harm reduction

03 Policy in action

The components of a successful action plan for achieving tobacco abstinence and harm reduction

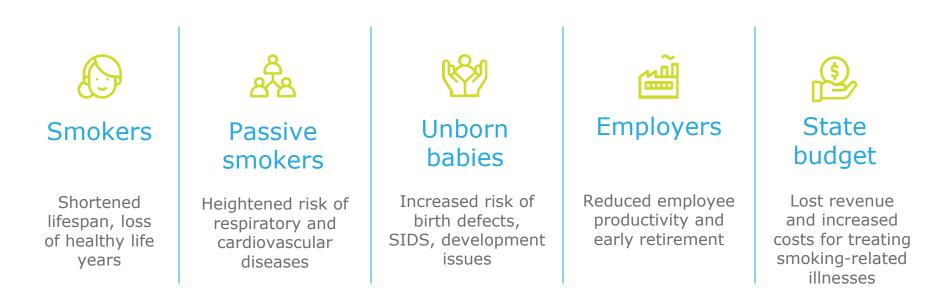
04 Conclusions

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01 Background

What makes tobacco harm reduction a public policy issue, and what are the biggest challenges in this area?

Impact of Tobacco: Who is Affected?



€1,000,000,000

Smoking-related harm amounted to approximately 2,7% of Lithuania's GDP in 2013

The core of the issue

Tobacco consumption impacts public health, businesses, and the state budget, leading to widespread harm. It causes suffering, loss of life and healthy life years, reduces productivity, and drains public funds that could be allocated elsewhere. Addressing tobacco harm is a quantifiable public policy issue that requires the use of the best available clinical, scientific, and societal data.

"Harm reduction, or harm minimization, refers to a range of intentional practices and public health policies designed to lessen the negative social and/or physical consequences associated with various human behaviors, both legal and illegal."

> Marshall, Zack; B.R. Smith, Christopher (2016). Critical Approaches to Harm Reduction: Conflict, Institutionalization, (de-)politicization, and Direct Action. New York: Nova Publishers. ISBN 978-1-63484-902-9. OCLC 952337014

The political dilemma



Harm reduction

Abstinence

A value-neutral approach towards use of psychoactive substances and their users, based on pragmatism, rationality and utilitarianism. An ideals-based approach aiming solely for goals such as "a smoke-free nation".



Both sides may be influenced by tobacco manufacturers. Thus, all sources of clinical and scientific data, as well as donors for harm reduction initiatives, should be rigorously scrutinized for any influence from tobacco manufacturers.



Harm reduction has always been a controversial topic

Currently widespread and successful harm reduction strategies – such as syringe exchange programs for intravenous drug users – have been heavily criticized by proponents of abstinence.

01 Summary

Tobacco harm is quantifiable and affects a large part of society. The controversy stems from the perception that harm reduction measures enable harmful behavior, but public policy should focus on evidence-based strategies rather than political rhetoric.

02 The facts

What makes tobacco harm reduction possible – what is the clinical and scientific basis for this strategy?



Types of tobacco harm reduction

Reducing duration	 Reducing the duration of smoking – achieving abstinence
Reducing exposure	Establishing smoke-free public places
Reducing dose	 Reducing the number of cigarettes smoked per day Reducing the amount of HTPs or e-liquid consumed in a day
Reducing toxic substances	Switching to less toxic icotine-containing products Switching to NRT

Evidence

Currently, the most promising quantitative risk assessment approaches for ECs and HTPs are based on the relative potency of the compounds in their emissions

> WHO study group on tobacco product regulation. Report on the scientific basis of tobacco product regulation: eighth report of a WHO study group. Geneva: World Health Organization; 2021 (WHO Technical Report Series, No. 1029).

Key figures and facts

- On average, ECs contain 97.44% less toxic compounds than combustible cigarettes, and HTPs contain 89.15% less toxic compounds
- Users of ECs and HTPs have a higher success rate in quitting smoking
- Users of ECs and HTPs suffer less damage to the cardiovascular and respiratory systems

02 Summary

Tobacco harm reduction is a viable strategy as it is based on scientific and clinical facts that prove the implementation of this strategy improves society's health outcomes. It is important to adopt new measures once sufficient evidence becomes available – to use clinical data as basis for public policy.

⁰³ Policy in action

How can the European Union's goal of a tobacco free generation be achieved?

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What would make smokers quit smoking?



If the doctor would participate in smoking cessation / harm reduction process

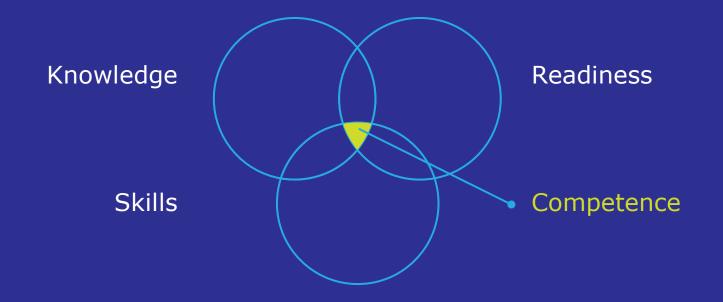


If a specialist doctor recommended quitting

28%

If family doctor provided recommendations

What is competence?



Knowledge

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Healthcare specialists

Healthcare specialists have a duty to inform and advise patients based on the most current clinical and scientific data available. They must possess sufficient knowledge to empower patients to make informed decisions about their treatment.

Patients / smokers

Patients need to receive relevant information from healthcare specialists that both encourages and enables them to make informed decisions.

Skills



Healthcare specialists

Healthcare specialists need to possess the skillsets needed to engage with patients – 5A, 5R, brief intervention methods.

Patients / smokers

Patients need to receive advice on how to implement smoking cessation or harm reduction strategies and receive help in the process.

Readiness



Healthcare specialists

Public policy and clinical practice guidelines need to enable healthcare specialists to feel secure in providing patients with accurate information. Healthcare specialists should not have fear of repercussions for providing politically charged information to patients.

Patients / smokers

Patients need to be appropriately motivated to quit smoking or adopt harm reduction measures.

03 Summary

Achieving the EU's goal of a tobacco-free generation requires a comprehensive approach that includes active healthcare specialist involvement, evidence-based harm reduction strategies, and supportive public policy. Both healthcare specialists and patients must be equipped with the necessary knowledge, skills, and readiness to succeed in this goal.

04 Conclusions

Effective tobacco harm reduction requires collaboration between public policy and clinical practice. A pragmatic, evidence-based approach must prioritize harm reduction measures like e-cigarettes and heated tobacco products, supported by healthcare professionals. Public policy must create a framework for the safe and confident implementation of these strategies, moving beyond ideological debates to practical, life-saving solutions.





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