

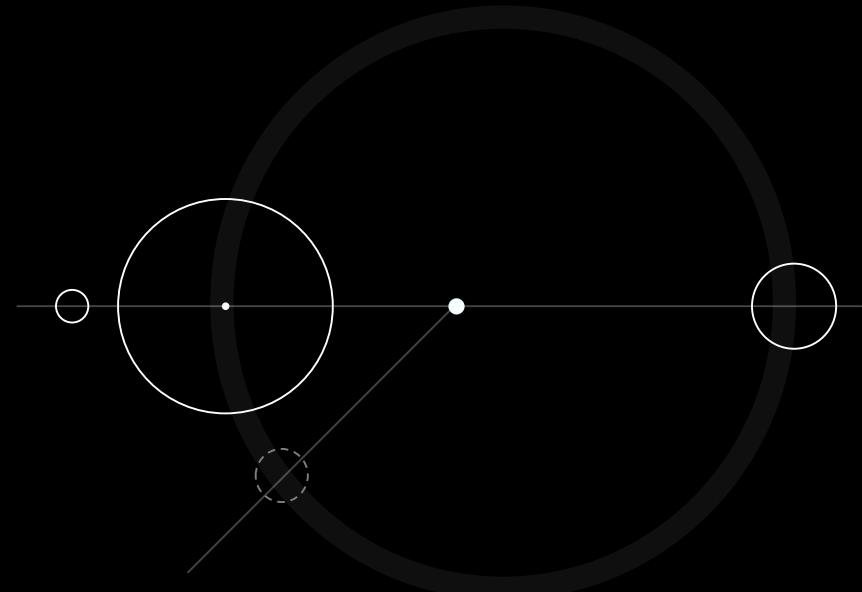
# Tobacco Harm Reduction

WHAT WE HAVE LEARNED FROM  
DRUG and ALCOHOL ADDICTIONS.

DIMOS FOTOPOULOS MD MA  
Addiction Psychiatrist

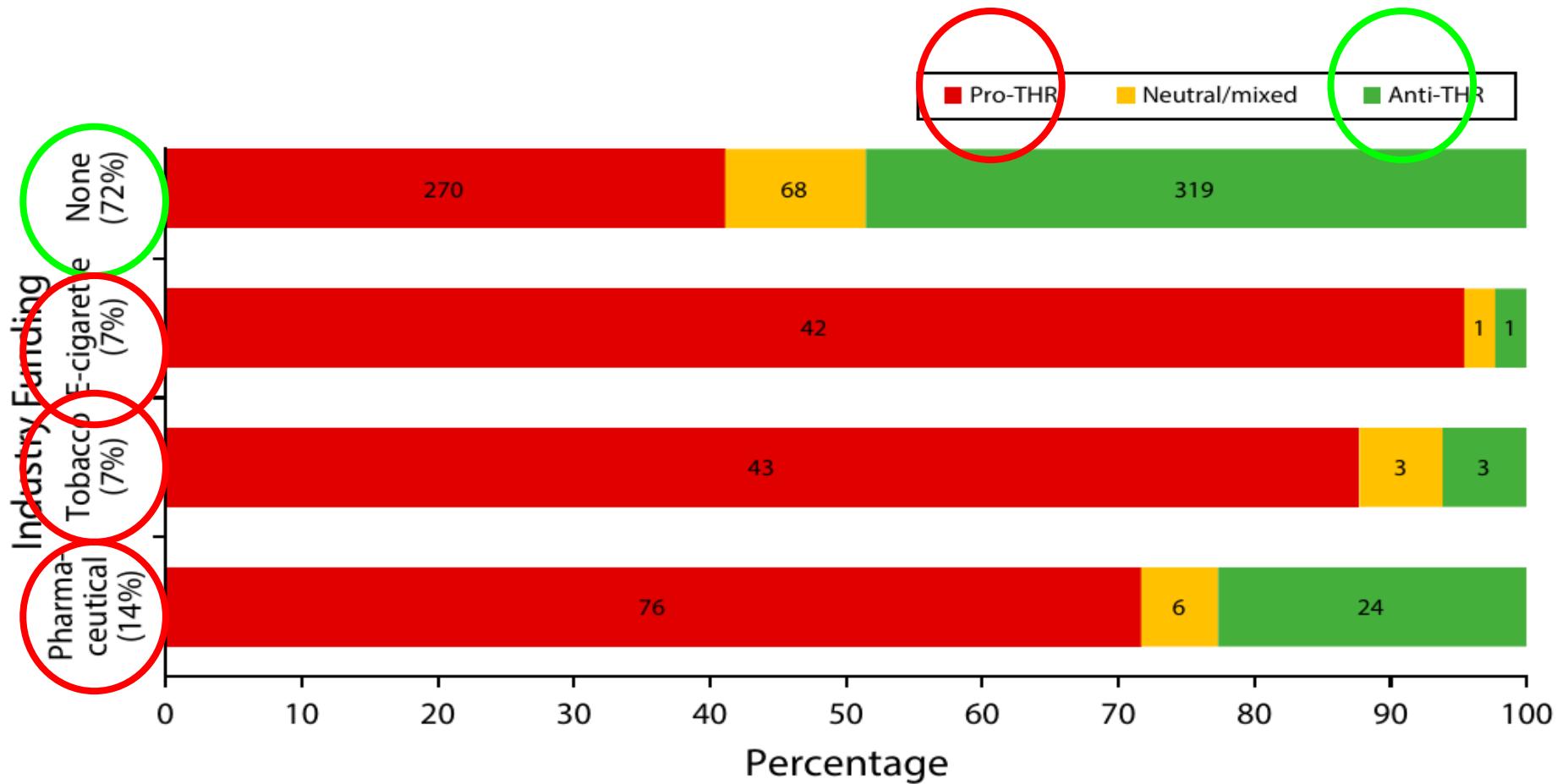
Greek Organization Against Drugs  
(OKANA)

- Addiction Psychiatrist (since 2003)
- Hellenic Thoracic Society (ΕΠΕ) Trainer in Smoking Cessation (since 2008)
- ERS member (6.2 Occupational and Environmental Health)
- ERS Trainer in Smoking Cessation (since 2015).
- Public Health Interest in the addiction field (CNAPA, OKANA board, MoH counselor).



## **CONFLICTS OF INTEREST**

**I have NO connection with the  
TOBACCO, E-CIGARETTE or  
PHARMACEUTICAL industry**

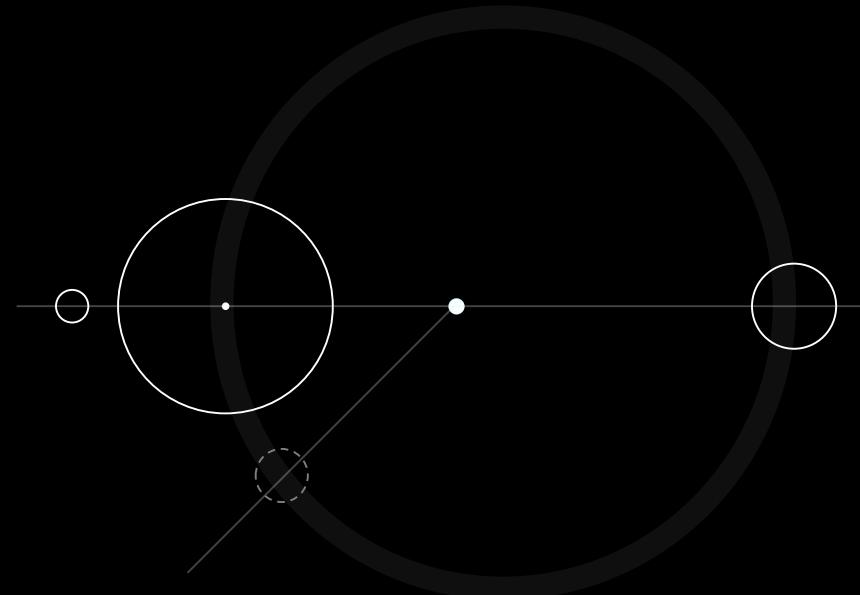


# CONFLICTS of INTEREST

Yogi H. Hendlin, Manali Vora, Jesse Elias, Pamela M. Ling,  
 "Financial Conflicts of Interest and Stance on Tobacco Harm Reduction: A Systematic Review", American Journal of Public Health 109, no. 7 (July 1, 2019): pp. e1-e8.



# DEFINITIONS



# HARM REDUCTION - Definition 1

World Health Organization defines harm reduction as:

**'policies or programmes that focus directly on reducing the harm resulting from the use of alcohol or drugs without necessarily affecting the underlying drug use'**

World Health Organization, Lexicon of alcohol and drug terms published by the World Health Organization,  
[http://www.who.int/substance\\_abuse/terminology/who\\_lexicon/en/](http://www.who.int/substance_abuse/terminology/who_lexicon/en/) [accessed: 06.08.2018]

# HARM REDUCTION and Public Health Perspective

- Harm reduction gives clear primacy to a public health perspective in which the imperative is to **reduce immediate harms**
- **The question of long-term abstinence from drug use is either unaddressed or left open**

M Davoli, Current and future perspectives on harm reduction in the EU in: Harm reduction: evidence, impacts and challenges, EMCDDA MONOGRAPHS, 2010

# HARM REDUCTION - Definition 2

Harm reduction approaches provide a **middle way alternative** between total abstinence and continued harmful use/behavior and thereby open other **pathways for change**, while reducing **negative consequences** for both the affected individual and their communities.

Harm reduction: pragmatic strategies for managing high-risk behaviors / edited by G. Alan Marlatt, Mary E. Larimer, Katie Witkiewitz. — 2nd ed. (2011), p6.

# HARM REDUCTION

WHAT WE HAVE LEARNED  
from



# DRUGS

# What we have learned from DRUGS addictions (1)

- Harm reduction practice was symbolically **re-invented** during the early phase of the **HIV/AIDS epidemic** among injecting drug users (IDUs) in the 1980s
- The primary emphasis within this paradigm is on the **outcomes of substance use** rather than on use itself.
- A **compromise formulation** that drug policies aimed at 'harm minimisation' as a goal, with **abstinence-based strategies** included as one set of strategies fitting within harm minimisation

Jürgen Rehm and Benedikt Fischer, Harm reduction in an open and experimenting society - Harm reduction: evidence, impacts and challenges, EMCDDA MONOGRAPHS, 2010

# What we have learned from DRUGS addictions (2)

- It has been suggested that harm reduction approaches may facilitate the 'legalisation' of illicit substances, and thus may send out '**the wrong message**' <sup>1</sup>

*Excellent idea!!! Do the Amsterdam shuffle. In the morning put a 45 gallon drum of pure heroin and a box of needles on the street right beside this facility and then in the evening load the bodies onto flatbed trucks and haul away<sup>2</sup>*

1. Jürgen Rehm and Benedikt Fischer, Harm reduction in an open and experimenting society - Harm reduction: evidence, impacts and challenges, EMCDDA MONOGRAPHS, 2010

2. Jesse Proudfoot, The libidinal economy of revanchism: Illicit drugs, harm reduction, and the problem of enjoyment, *Progress in Human Geography*, Volume: 43 issue: 2, page(s): 214-234

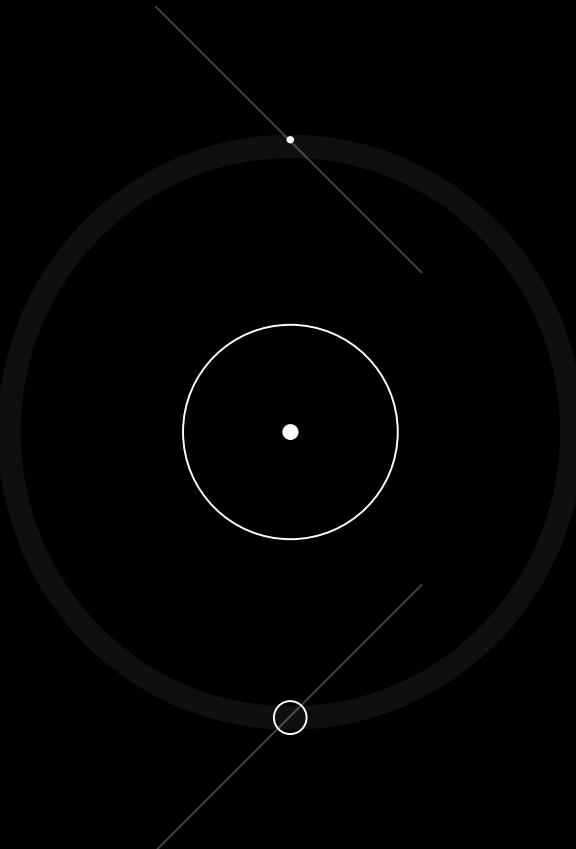


European Monitoring Centre  
for Drugs and Drug Addiction

UPDATED 7.6.2018

# PERSPECTIVES ON DRUGS

## **Drug consumption rooms: an overview of provision and evidence**



EMCDDA - January 2016



European Monitoring Centre  
for Drugs and Drug Addiction

INSIGHTS EN

ISSN 2314-9264

# Preventing opioid overdose deaths with take-home naloxone

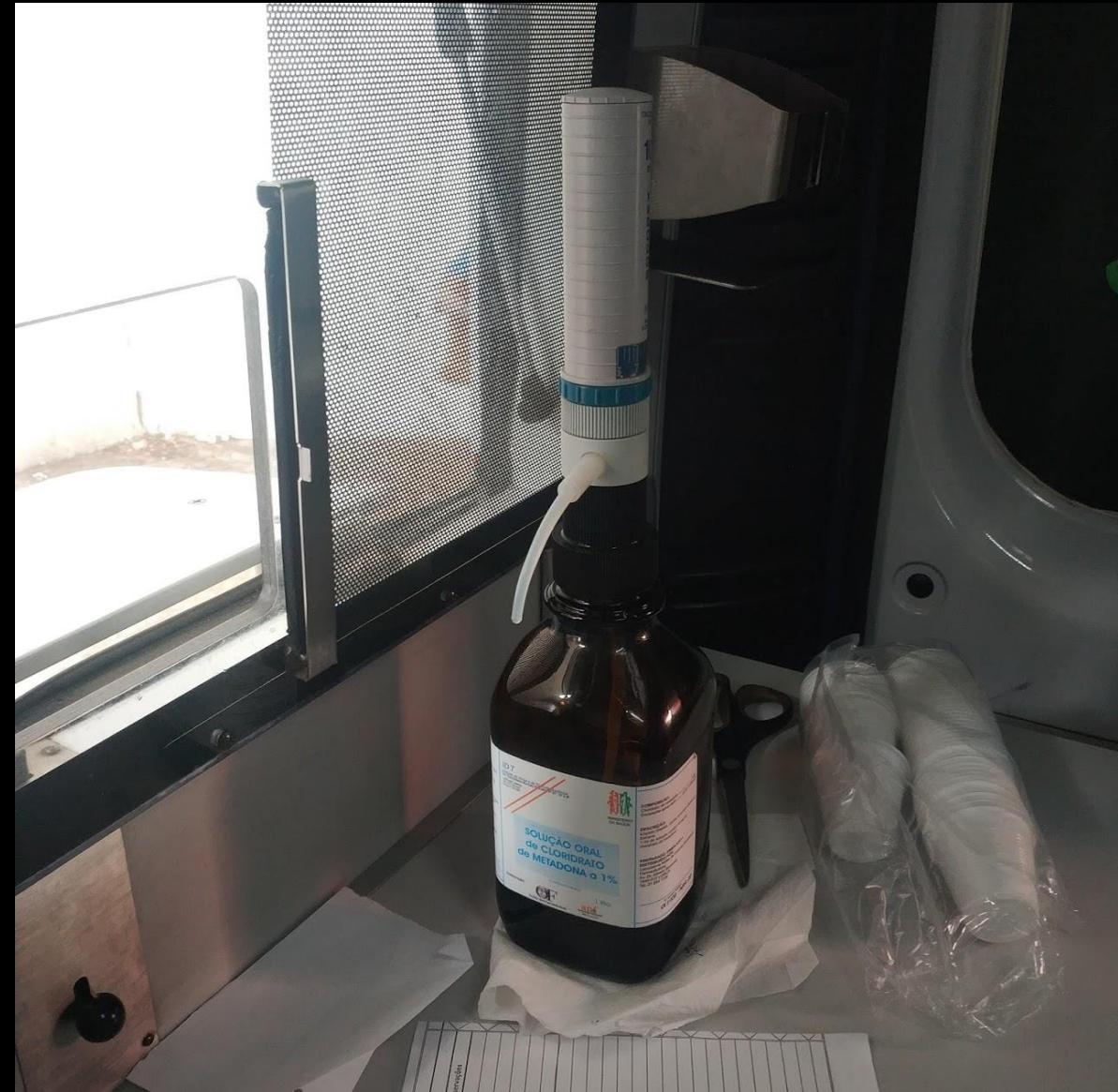
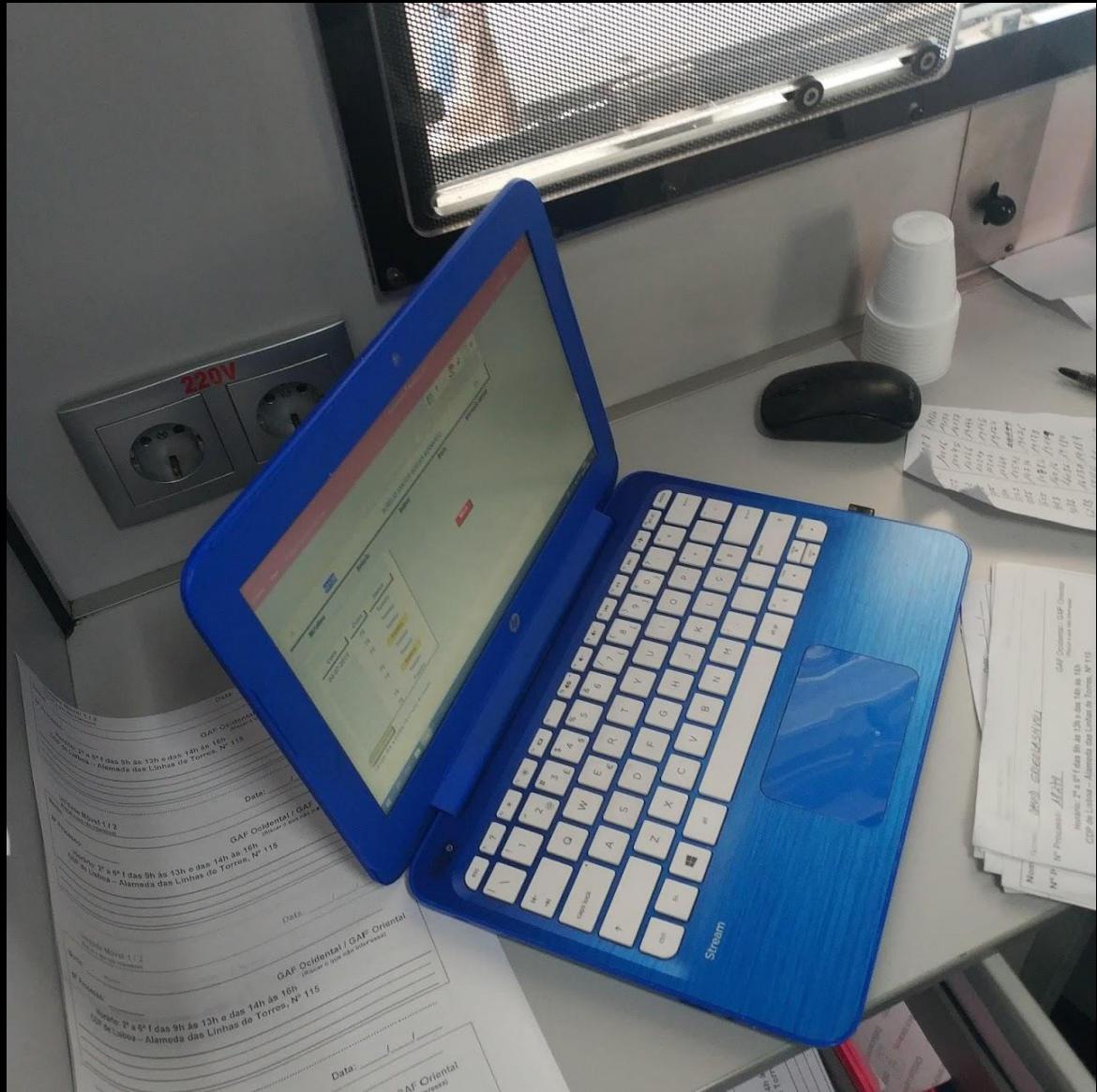


European Monitoring Centre  
for Drugs and Drug Addiction

UPDATED 27.9.2018

PERSPECTIVES ON DRUGS

# **Preventing overdose deaths in Europe**



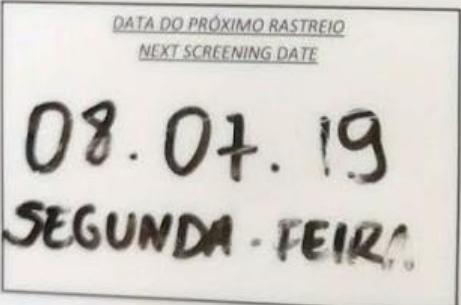
# Low Threshold Treatment Programs

PARA PERMANECER NESTE  
PROGRAMA É OBRIGATÓRIO  
FAZER O RX

TO REMAIN ON THIS PROGRAM IT IS  
MANDATORY TO MAKE THE X-RAY

É UMA QUESTÃO DE SAÚDE  
PÚBLICA!

IT'S A MATTER OF PUBLIC HEALTH!

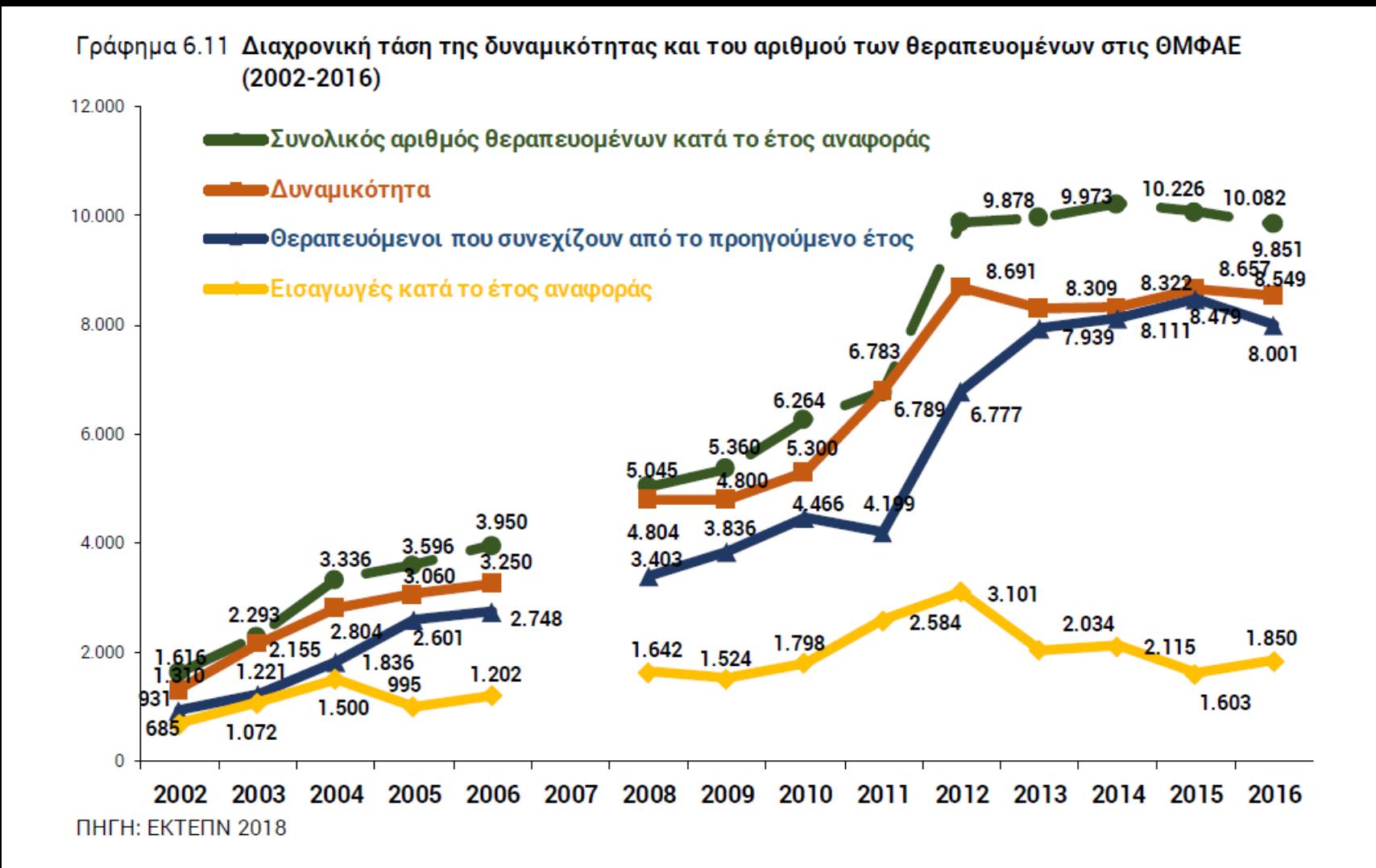


**TARGET:  
TO KEEP  
PATIENTS IN  
CONTACT  
WITH THE  
PUBLIC  
HEALTH  
SYSTEM**

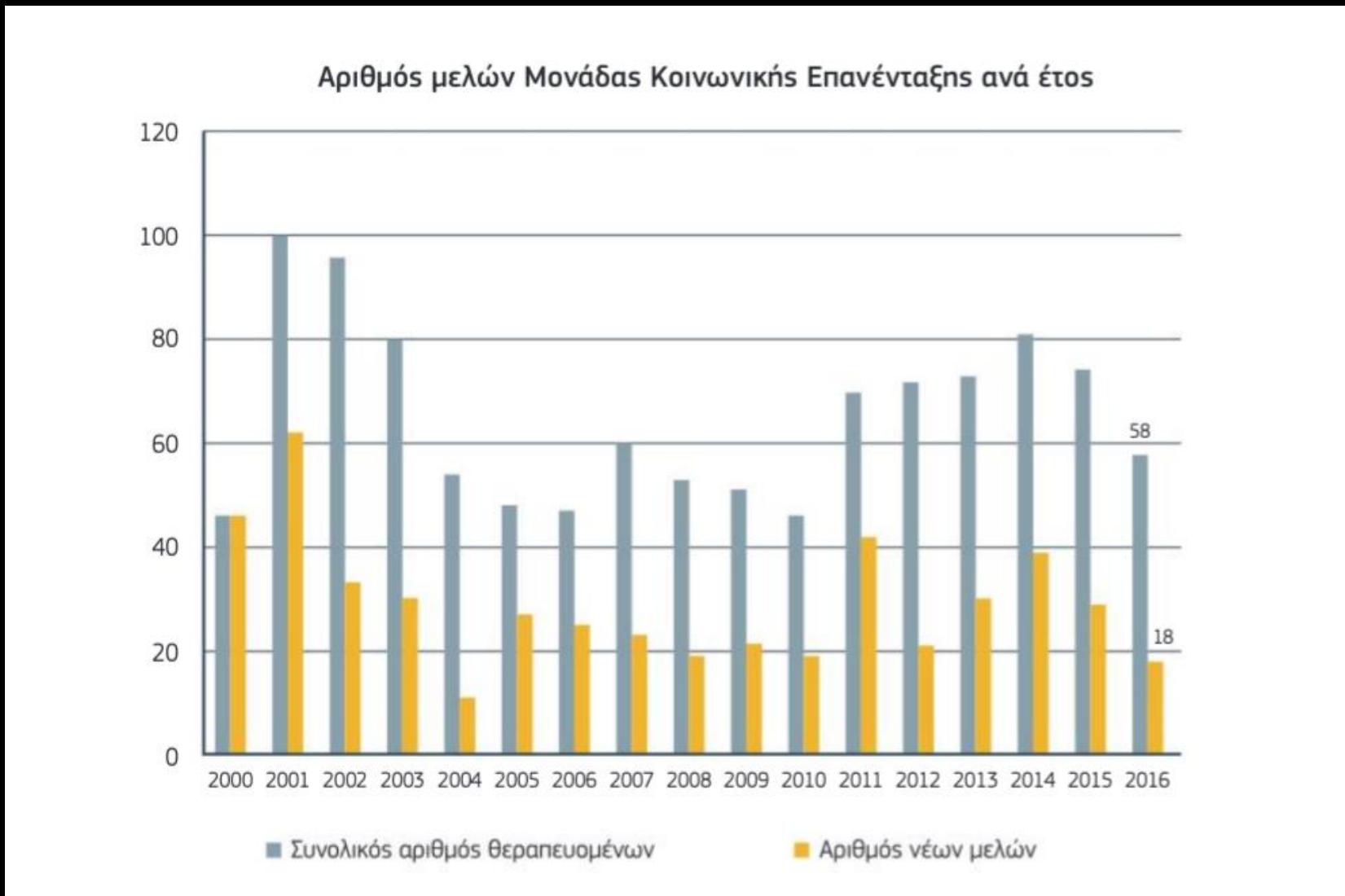
# What we have learned from DRUGS addictions (3)

- **Substitution treatment (OST), often combined with psychosocial interventions, is the most common treatment for opioid dependence**
- **Methadone is an opioid receptor agonist (similarities with NRT)**
- **Buprenorphine is a opioid receptor partial agonist (similarities with varenicline)**
- **Add-on heroin use in methadone treatment may lead to life threatening conditions (similarities with NRTs + smoking)**
- **Question of treatment goal: long term use or abstinence ? (lack of agreement)**

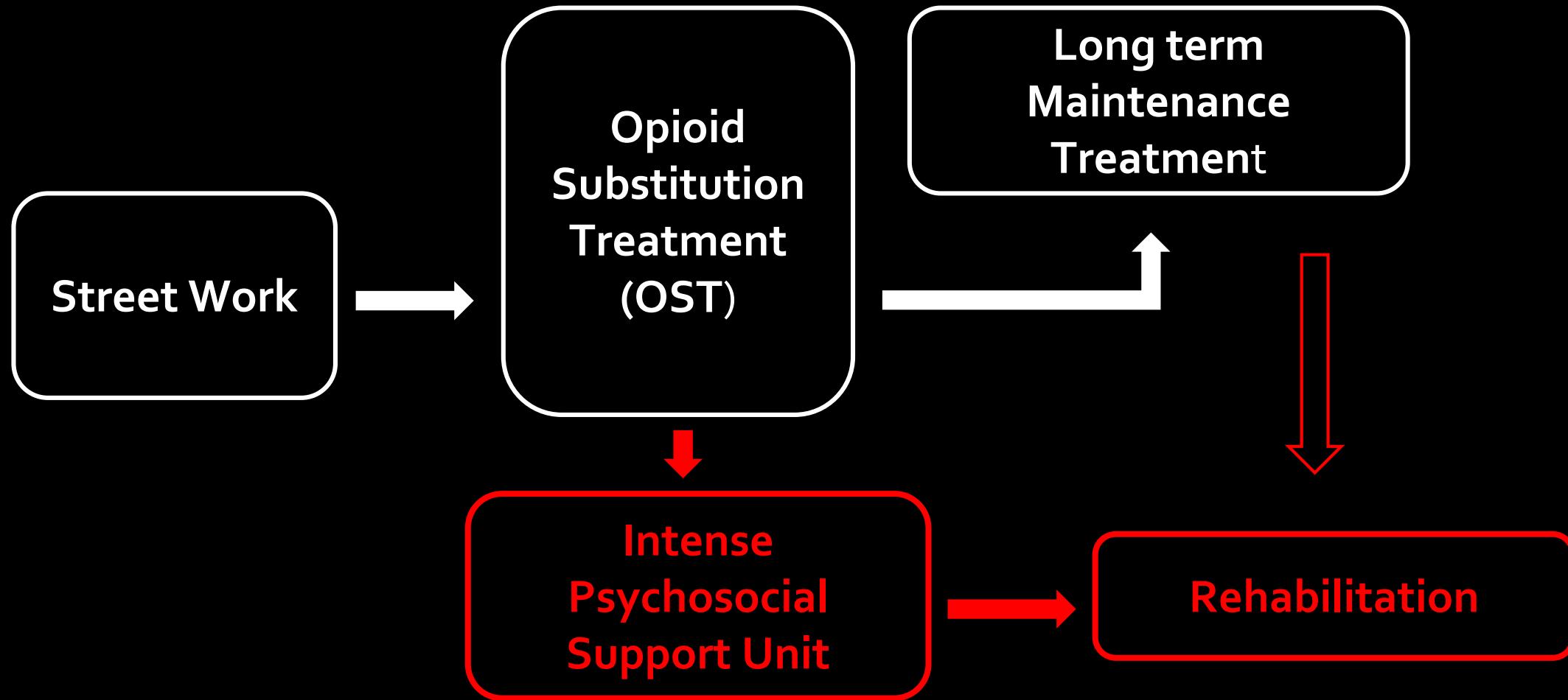
# GREECE's EXPERIENCE: OKANA - Patients in OST



# GREECE's EXPERIENCE: OKANA - Patients in Rehabilitation



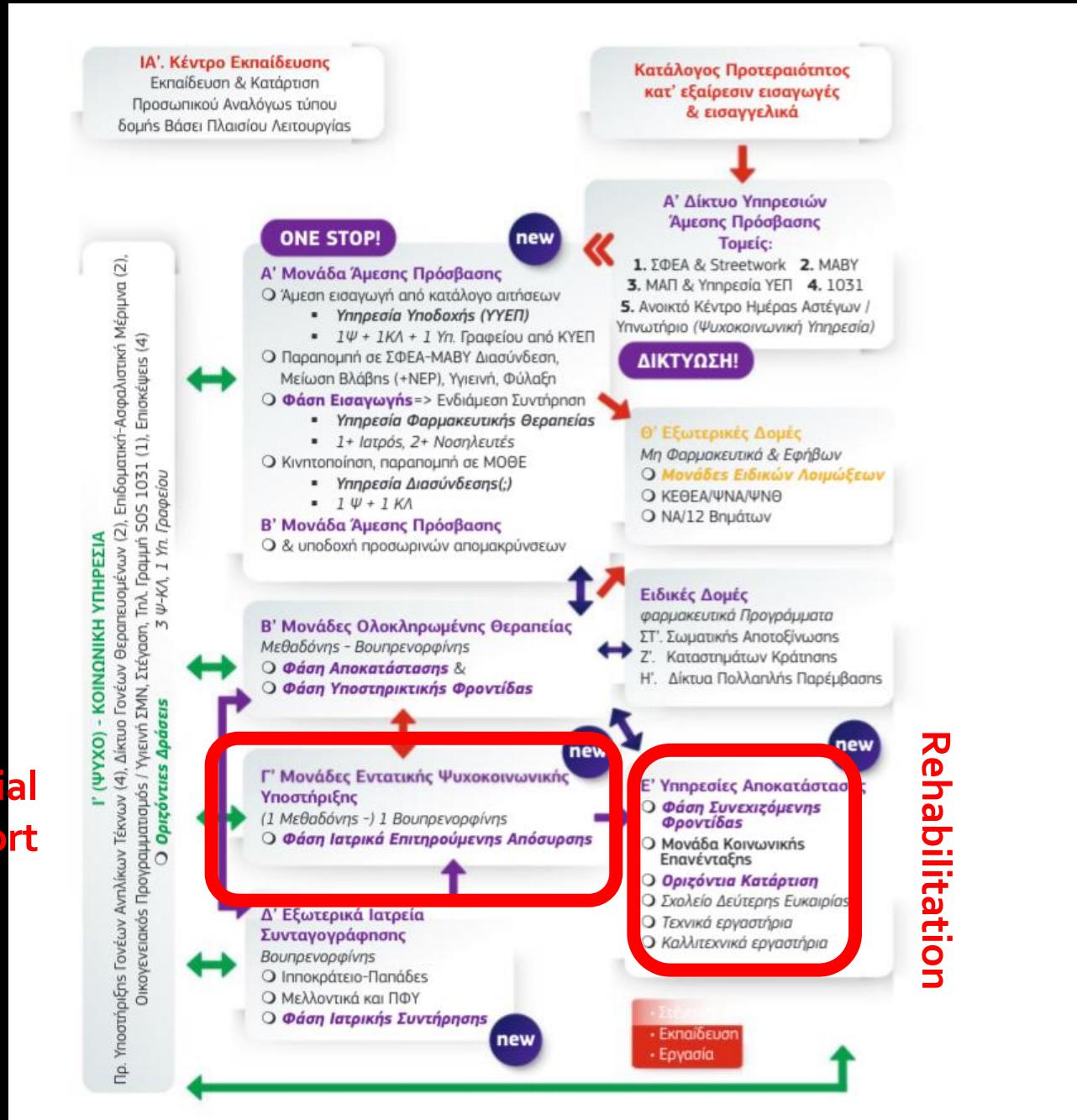
## GREECE's EXPERIENCE: OKANA (Greek Organization Against Drugs)



# GREECE's EXPERIENCE: OKANA

## (Greek Organization Against Drugs)

### Intense Psychosocial Support



# DRUGS

## Harm Reduction



**Minimizes  
outcomes of  
drug use**



**Patients  
(learn to)  
trust the  
health  
system**



**Keeps them  
alive until (if)  
ready to  
change**

# HARM REDUCTION

WHAT WE HAVE LEARNED  
from

ALCOHOL

# ALCOHOL (1)

- **Alcohol is a LEGAL substance - high economic interest <sup>1</sup>**
- **Patterns and practices of drinking, the environment and the context of drinking, predominantly influence the alcohol-related harm experienced. ALCOHOL PARADOX**
- **The safest level of drinking is NONE <sup>2</sup>**
- **Low risk drinking advice**

1. Cook, P. J., & Moore, M. J. (2002). The Economics Of Alcohol Abuse And Alcohol-Control Policies. *Health Affairs*, 21(2), 120–133.
2. Alcohol use and burden for 195 countries and territories, 1990–2016: a systematic analysis for the Global Burden of Disease Study 2016 , *The Lancet*, Vol 392 September 22, 2018

## ALCOHOL (2)

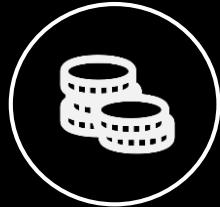
- 'Binge drinking' especially among youngsters has become the focus of many preventive and therapeutic interventions
- Abstinence may not necessarily be the only goal of a public health approach for the population (see '**controlled drinking**' approaches as one kind of therapy)

## ALCOHOL (3)

- Current NICE guidelines advise **against rushed detoxifications** from alcohol, as they lead to immediate relapse and might have negative cognitive and emotional impact.
- Detoxification should be planned and **part of a structured treatment package**, with emphasis on short term relapse prevention and longer term support through mutual aid groups.

Kouimtsidis C. Preparation for alcohol detoxification group programme. Service users' evaluation of individual sessions, Journal of Substance Use, Volume 19, 2014 - Issue 1-2

# ALCOHOL Harm Reduction



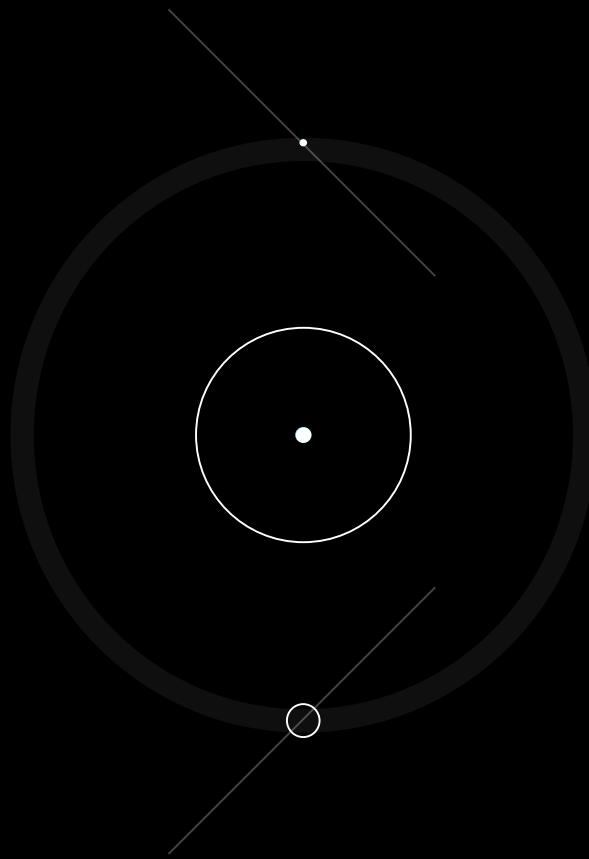
Alcohol is a  
legal  
(profitable)  
substance



Safest  
level of  
drinking  
is NONE

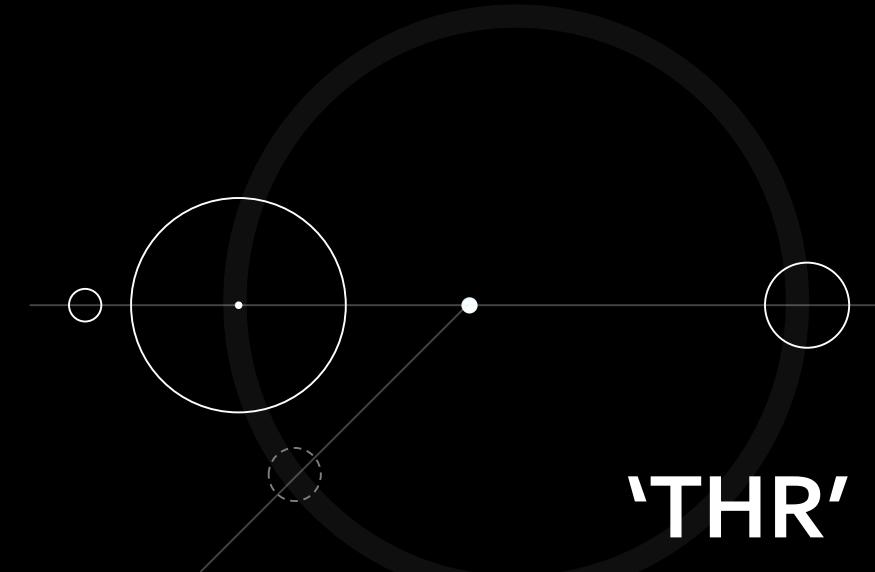


Preparing  
people to  
stabilise their  
drinking



**What about  
Tobacco Harm  
Reduction (THR)?**

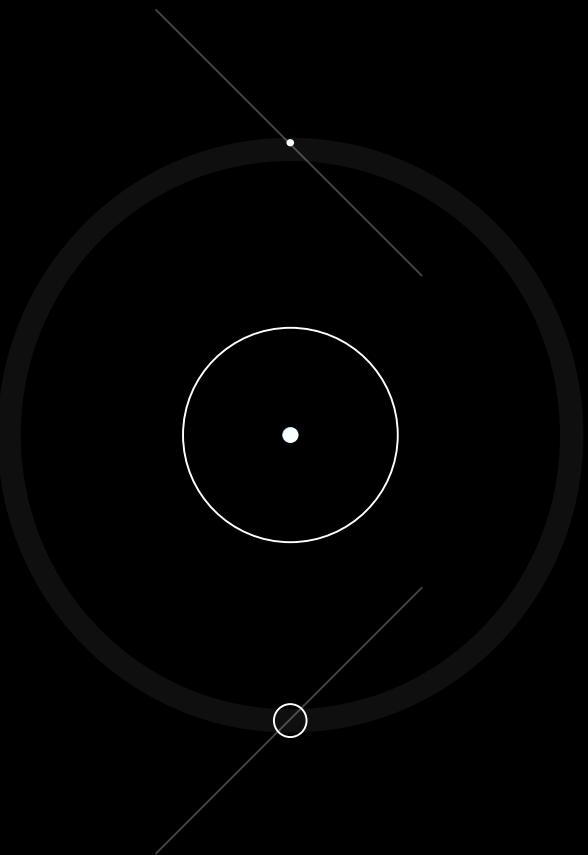
- Tobacco harm reduction is one of the most **divisive issues** in tobacco control.
- Tobacco companies have promoted substitution of potentially **safer** tobacco products as tobacco harm reduction.
- Nicotine → Addiction / Tar → Harm



## 'THR' Tobacco Harm Reduction

Yogi H. Hendlin, Manali Vora, Jesse Elias, Pamela M. Ling, "Financial Conflicts of Interest and Stance on Tobacco Harm Reduction: A Systematic Review", American Journal of Public Health 109, no. 7 (July 1, 2019): pp. e1-e8.

# EFFORTS TO REDUCE HARM FROM CIGARETTES



history

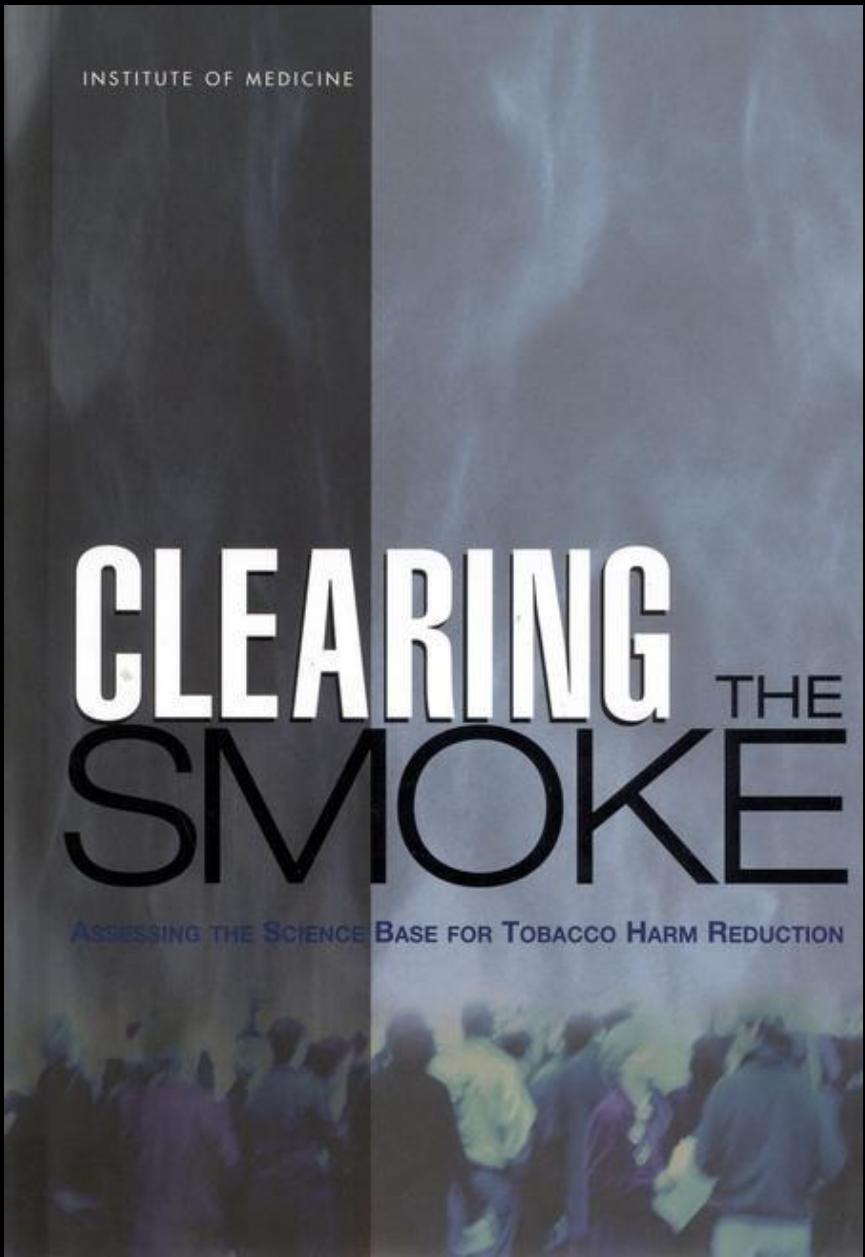
Cigarette Filters

Low Tar ('light') cigarettes

today

E-cigarettes ('vaping')

Heat Not Burn ('HNB')



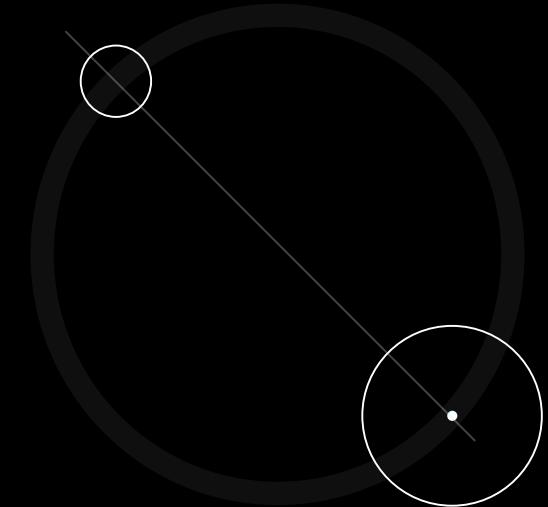
Committee to Assess the  
Science Base for Tobacco  
Harm Reduction,

Board on Health Promotion  
and Disease Prevention,  
Institute of Medicine;

Stratton K, Shetty P,  
Wallace R, Bondurant S,  
eds.

Clearing the Smoke:  
Assessing the Science Base  
for Tobacco Harm  
Reduction.

Washington, DC: National  
Academies Press; 2001



THR  
SINCE 2001

## CLEARING THE SMOKE (2001) a

The committee concludes that there can be a successful, scientifically-based harm reduction program that is justifiable and feasible—but only if implemented carefully and effectively and only if:

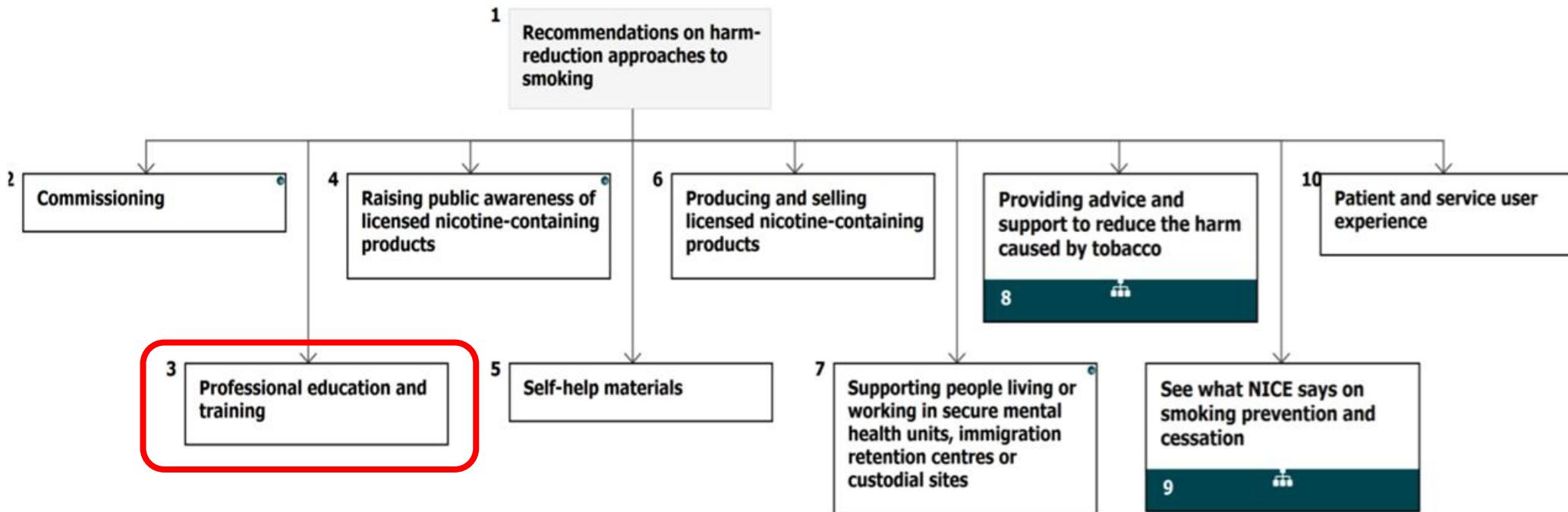
- **manufacturers** have the necessary incentive to develop and market products that reduce exposure to tobacco toxicants and that have a reasonable prospect of reducing the risk of tobacco-related disease;
- **consumers** are fully and accurately informed of all of the known, unknown, likely, and potential consequences of using these products;

## CLEARING THE SMOKE (2001) b

- promotion, advertising and labeling of these products are firmly regulated to prevent false or misleading claims, explicit or implicit;
- health effects of using PREPs are monitored on a continuing basis;
- basic, clinical, and epidemiological research is conducted to establish the potential use of PREPs for reducing risks for disease in individuals and for reducing harm to the population as a whole; and
- harm reduction is implemented as a component of a comprehensive national tobacco control program that emphasizes abstinence-oriented prevention and treatment.

## Smoking: tobacco harm-reduction approaches overview

NICE Pathways



## NICE (2015)

- The best way for a person to reduce illness and mortality associated with smoking is to **stop smoking in ONE step** (abrupt quitting)
- Not everyone who smokes feels able to, or wants to stop, or they may want to stop but without giving up nicotine
- People who are **unwilling or not ready to stop smoking** should be offered a **harm-reduction approach** to smoking

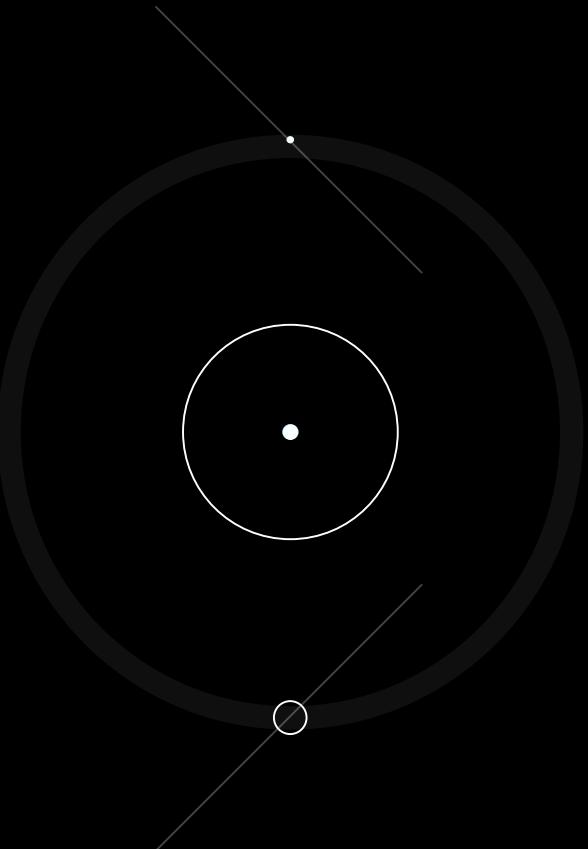
## Box 1 Harm reduction approaches covered by the guidance

- Stoppingsmoking, but using one or more licensed nicotine-containing products as long as needed to prevent relapse
- Cutting down prior to stopping smoking (cutting down to quit)
  - with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- **Smokingreduction**
  - with the help of one or more licensed nicotine-containing products (the products may be used as long as needed to prevent relapse)
  - without using licensed nicotine-containing products.
- Temporary abstinencefromsmoking
  - with the help of one or more licensed nicotine-containing products
  - without using licensed nicotine-containing products.

## COHRANE Database (2016)

- There is **not enough evidence** on whether varenicline, bupropion, e-cigarettes, behavioural advice alone, snus or other potential reduced-exposure tobacco products (PREPs) help to reduce smoking rates, enhance quit rates, or reduce harm in any way **when used as a harm reduction aid.**
- However, there is evidence that **smoking reduction supported by NRT can increase the chances of complete cessation.**

Lindson Hawley N, Interventions to reduce harm from continued tobacco use, Cochrane Database Syst Rev. 2016 Oct 13



The unique contribution of e-cigarettes for tobacco harm reduction in supporting smoking relapse prevention, Caitlin Notley, Harm Reduction Journal, volume 15, Article 31 (2018)

**PRO**

**Reduced-exposure tobacco products (PREPs) can be used as a long term substitution treatment (ie smoking relapse prevention)**

**CON**

**Vaping may 'renormalise' 'smoking-like' behaviours**

## ERS: “We have not learned”

- It is important to take a stand now and not wait for another 30 years to start fighting “healthier” alternatives to smoking.
- Smoking cessation should be strongly recommended, with evidence-based interventions and supported by accredited professionals and peer help;
- Nicotine is addictive, and any recreational nicotine use should be opposed root and branch.
- Instead, we should promote a healthy lifestyle.

ERS Reaction in: <https://www.ersnet.org/the-society/news/we-have-not-learned>: -ers-leaders-respond-to-bmj-article-on-the-use-of-e-cigarettes-for-smoking-cessation- [accessed 06.08.2018]

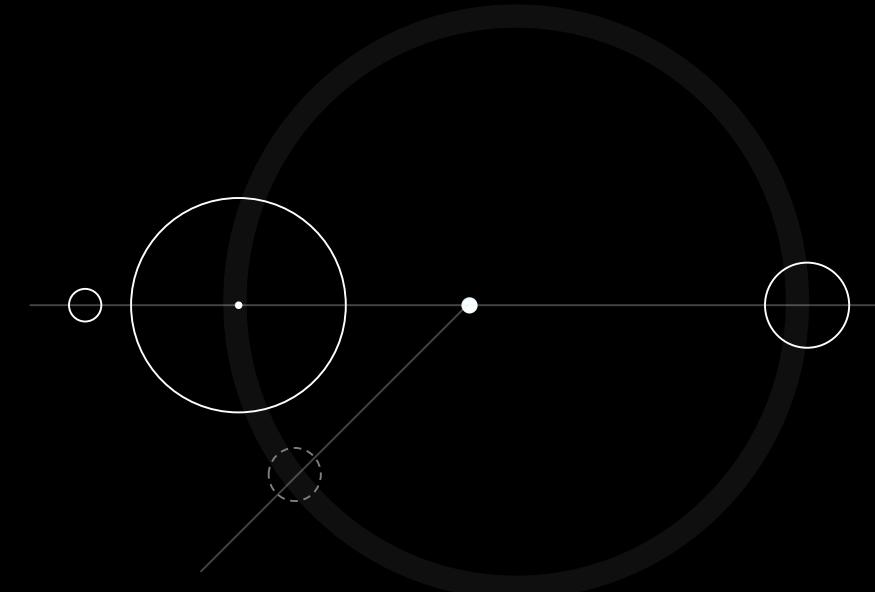
ORIGINAL ARTICLE

# Pulmonary Illness Related to E-Cigarette Use in Illinois and Wisconsin — Preliminary Report

Jennifer E. Layden, M.D., Ph.D., Isaac Ghinai, M.B., B.S., Ian Pray, Ph.D., Anne Kimball, M.D., Mark Layer, M.D., Mark Tenforde, M.D., Ph.D., Livia Navon, M.S., Brooke Hoots, Ph.D., Phillip P. Salvatore, Ph.D., Megan Elderbrook, M.P.H., Thomas Haupt, M.S., Jeffrey Kanne, M.D., Megan T. Patel, M.P.H., Lori Saathoff-Huber, M.P.H., Brian A. King, Ph.D., M.P.H., Josh G. Schier, M.D., Christina A. Mikosz, M.D., M.P.H., and Jonathan Meiman, M.D.

- TTCs have actively entered, and quickly come to **dominate**, certain product categories within the NNDS market **through investments** from 2010 to 2018.
- These findings suggest that NNDSs may be serving an important strategic role in the **globalization of the tobacco industry**, not as a reduced-harm alternative to combustible tobacco products but as a key means of supporting their core tobacco businesses.

Mathers A, Hawkins B, Lee K. Transnational tobacco companies and new nicotine delivery systems. Am J Public Health. 2019;109(2):227–235.



# Transnational Tobacco Companies and New Nicotine Delivery Systems



MDD can turn friends into shadows of their former selves

[Find out more >](#)

janssen Neuroscience

PHEM/ESK/0818/0002a Date of preparation: September 2018

[News](#) > [Kaiser Health News](#)

## Juul Taps Addiction Expert as Medical Director

Anna Maria Barry-Jester

July 25, 2019

[+ ADD TO EMAIL ALERTS](#)

Juul Labs, the nation's leading manufacturer of e-cigarettes, has hired as its medical director a prominent University of California researcher known for his work on the dangers nicotine poses for the adolescent brain.

The company said the hire will support its efforts to stem a teen vaping craze the Food and Drug Administration has labeled an epidemic. But critics see a cynical tactic taken straight from the Big Tobacco playbook.

Dr Mark Rubinstein, a specialist in adolescent medicine and formerly a leading researcher with UC San Francisco's Center for Tobacco Control Research and Education, took up the post of executive medical officer at Juul last week, a

# SUMMARY (1)

THR - What we have learned from D&A addictions

HARM  
REDUCTION:  
emphasis on the  
outcomes of  
substance use  
rather than on use  
itself



DRUGS:  
Patients staying  
alive within the  
health system  
until ready to  
change



ALCOHOL:  
preparing people  
to stabilize their  
drinking

# SUMMARY (2)

THR - What we have learned from D&A addictions

TOBACCO:  
safer tobacco  
products as  
tobacco harm  
reduction.

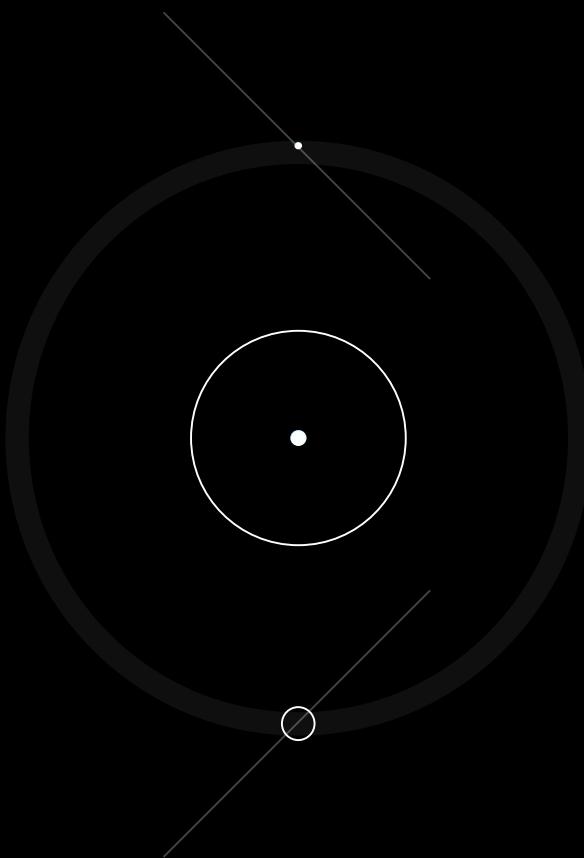


INSUFFICIENT  
EVIDENCE

of a long-term health  
benefit of any  
interventions intended  
to help people reduce  
but not quit tobacco  
use.



ABSTINENCE  
QUESTION



# THANK YOU

Dimos Fotopoulos MD MA   
Addiction Psychiatrist

+30 6972 698 331 

[dimosfotopoulos@okana.gr](mailto:dimosfotopoulos@okana.gr) 

# Tobacco Harm Reduction

WHAT WE HAVE LEARNED FROM  
DRUG and ALCOHOL ADDICTIONS.

DIMOS FOTOPOULOS MD MA  
Addiction Psychiatrist  
Greek Organization Against Drugs  
(OKANA)

