

PRESS RELEASE

An International Association on Smoking Control & Harm Reduction (SCOHRE) is founded to work for the benefit of smokers and for better health for all.

November 30, 2020. Eight million people die prematurely every year from smoking-related diseases despite all efforts to control the smoking habit. We know the harmful health effects of smoking for decades, but still more than 1 billion people globally smoke and the total number of smokers is still growing. In the EU alone, tobacco smoking is the leading preventable cause of cancer mortality, with 27% of all cancer deaths linked to smoking. If we eliminate the use of smoking, we may even be able to avoid as much as 90% of all lung cancers.

Is smoking cessation the only way? It is surely the absolute best way, if, and when it works. Smoking cessation and prevention remain the most impactful and cost-effective interventions in medicine and we have the obligation to continue our hard work to raise awareness to every smoker and the public about the adverse effects of smoking.

However, is smoking cessation the only option for smokers? Scientists from around the globe believe that smoking control strategies should be reshaped to include harm reduction using alternative, potentially lower risk, products, in addition to other traditional smoking cessation and smoking prevention measures. **SCOHRE** is founded to serve this purpose. It is founded to work for the benefit of smokers and their families and as a matter of fact for better health for all.

There is growing interest among experts in novel approaches towards tobacco control and there is an ongoing discussion that limiting the negative effects of smoking can be also achieved by tobacco harm reduction. There is evidence that the use of potentially less harmful alternatives than cigarettes, i.e. Tobacco Harm Reduction, for those smokers who are not willing or cannot give up smoking with currently approved methods, may be a solution, not necessarily the best for everyone but by far better than continuous smoking. Where cessation repeatedly fails, switching to less harmful products is expected to result in benefits for many smokers. Nicotine has an addictive potential but plays a minor role in smoking related mortality and mortality.

In the last few years, more regulatory authorities are considering allowing the sales of alternative potentially lower risk tobacco products with accurate information. Yet, we need to acknowledge that the tobacco harm reduction debate is still at an early stage and more research and publications are needed to raise awareness on existing knowledge, generate more data and create more opportunities for education of health policy experts, regulators and general public. These are necessary steps to properly explore the benefits of this approach, while also appropriately addressing the concerns such as continuous use of, and dependence on, nicotine as well as the potential adoption of use by never smokers and youth. **This is a SCOHRE goal!**

We also need to acknowledge that the debate on tobacco harm reduction is still facing a lot of opposition. We need to establish a constructive dialogue to discuss concerns and challenges. There is a need to step up the efforts and benefit from the already existing solid expertise in many countries. This is the reason why we established **SCOHRE**, an International Association of independent experts on Smoking Control & Harm Reduction including scientists from all sectors, medical doctors, policy experts, behavioral experts, academics, and professionals. SCOHRE will drive an open and constructive dialogue to help come up with a new broader approach to smoking control policies.

SCOHRE will receive no funding, directly or indirectly from the tobacco industry.

We have **22 founding members from 16 countries**, and we have the ambition to become a strong movement to serve our society.

Statements from SCOHRE founding members

Konstantinos Farsalinos, Adjunct Professor, King Abdulaziz University, Saudi Arabia & Senior Researcher at University of Patras & School of Public Health, University of West Attica Greece:

*SCOHRE has the ambition to fill the gap between smoking control and tobacco harm reduction. These are complementary, not contradictory, strategies, and they should be combined in order to achieve the maximum in reducing smoking prevalence globally. **The combination of conventional smoking control measures and tobacco harm reduction offers a unique opportunity to eliminate smoking-related morbidity and mortality.***

Giacomo Frati, Full Professor & **Giuseppe Biondi Zoccai**, Associate Professor in Cardiology, Department of Medico-Surgical Sciences and Biotechnologies, Sapienza University of Rome, Sapienza University of Rome, Latina, Italy:

Modified risk products represent a key adjunct in the armamentarium of patients, physicians and decision-makers aiming at improving cessation and abstinence rates from combustion cigarette smoking. Modified risk products have significant adverse cardiovascular effects, but the totality of evidence suggests that such adverse effects are clearly of a lesser magnitude of those of combustion cigarettes, thus making modified risk products appealing as a risk reduction strategy towards eventual cessation and complete abstinence from tobacco related products.

Ignatios Ikonomidis, Professor of Cardiology at the National & Kapodistrian University of Athens, Greece:

*Tobacco cessation is key factor for prevention of cardiovascular disease. Abstinence from tobacco smoking is one of the primary goals for health promotion and management globally. However, this task remains still unaccomplished despite extensive public campaigns on the health dangers of tobacco smoking. Thus, the development of novel strategies to reduce smoking is imperative. Moreover, the use of novel smoking products has been currently adopted by several smokers to reduce the health risks of smoking. However, the effects of these products on health have not yet been fully elucidated, despite experimental studies demonstrating a reduced exposure to toxicants. To this end, **there is a need of an independent scientific association to explore the development of novel, more effective methods for smoking cessation as well as explore the effects of harm reduction policies on public health.***

Prof Solomon Rataemane, Professor of Psychiatry at Sefako Makgatho Health Sciences University (2003-2019) and Chair of the Ministerial Advisory Committee on Mental Health in South Africa:

***Harm reduction is a powerful public health strategy.** It applies to areas where there is need to reduce harm associated with a practice or use of a substance that is overused in society leading to increased morbidity and mortality. It is the future for tobacco harm reduction*

Rajesh N. Sharan, Professor of Biochemistry, Genetics & Molecular Biology at North-Eastern Hill University, Shillong India:

*India carries a mammoth health burden of diseases such as cancer, cardiovascular and respiratory disorders arising from the use of tobacco in many different forms, and consequent deaths. Tobacco use includes over 200 million using traditional SLT preparations such as gutkha, betel (Areca) nut, and paan, and another 100 million using smoking products such as bidis and cigarettes. **The most adversely affected by tobacco use in any form are the marginalized and disadvantaged***

population groups, including women and children. In my view, the outcome of tobacco control in India has been worryingly slow despite WHO-FCTC being implemented in India. I wish that the decline of tobacco use in all its forms and manifestations was more robust! The complex tobacco use landscape of India warrants a paradigm shift in the way we have controlled tobacco so far to embrace novel approaches, including harm reduction strategies.

David Sweanor, Chair of the Advisory Board, Centre for Health Law, Policy & Ethics, University of Ottawa in Canada:

We have known for decades that it is the inhalation of smoke rather than use of nicotine that is the cause of the global public health catastrophe caused by cigarette smoking. We now have a range of consumer acceptable low risk alternatives that can allow cigarettes to be relegated to history's ashtray. We need to seize this opportunity through the enactment of risk-proportionate regulations and public education campaigns. **The potential health gains are on par with the eradication of smallpox.**

Emil Toldy-Schedel, Cardiologist at the General Director of the St. Francis Hospital of Budapest Hungary:

Smoking in Hungary is still a leading disease and reason for death, being at the same time an important risk factor among others for heart and vascular diseases, that I can experience from my everyday routine as a cardiologist. We can see every day how smoking might influence or block step by step human body's other functions as well, therefore harm reduction as a key focus of SCOHRE has a strong relevance.

*In the last decade severe government measures and regulations were implemented in Hungary regarding the points of sales which decreased the visibility and availability of smoking products only to dedicated kiosks, and regulated and forbid the purchase of smoking products from youth. These measures aim to prevent to initiation of smoking and undeniably means a big step in tobacco control and a paradigm shift. However, **despite these measures, we still face a tough task to deal with harm reduction in the case of those not able to give up smoking.***

I believe that SCOHRE can be the platform for more research and publications that will raise awareness on existing knowledge and possibly create and promote safer smokeless alternatives. The values and goals of the association are positive, and I believe that such an international debate about the problem on the SCOHRE platform might strengthen and give new ideas or approaches to everyone on a national level as well.

From Hungary's side I am ready to make efforts according to our best medical and actual scientific knowledge and I am open to participate in the common work seeking new smoking control policies in order to deal with one of world's biggest problems.

List of SCOHRE founding members with affiliations

- 1 **Anastasia Barbouni**, Professor of Public Health, Hygiene and Disease Prevention, Department of Public and Community Health, School of Public Health, University of West Attica, Athens, **Greece**
- 2 **Giuseppe Biondi Zoccai**, Associate Professor in Cardiology, Department of Medico-Surgical Sciences and Biotechnologies, Sapienza University of Rome, Latina, **Italy**

- 3 **Nimesh G. Desai**, Director, Institute of Human Behavior and Allied Sciences (IHBAS), **India**
- 4 **Sharifa Ezat Wan Puteh**, Professor of Hospital Management and Health Economics; Deputy Dean (Relation & Wealth Creation), Faculty of Medicine, UKM Medical Centre; Previous Head of International Centre for Casemix and Clinical Coding (ITCC), UKM Medical Centre, **Malaysia**
- 5 **Karl Fagerstrom**, Professor Emeritus; President, Fagerstrom Consulting, **Sweden**
- 6 **Konstantinos Farsalinos**, MD, MPH, Adjunct Professor, King Abdulaziz University, Saudi Arabia; Senior Researcher, University of Patras; School of Public Health, University of West Attica; Data & Media Lab, University of Peloponnese, **Greece**
- 7 **Fernando Fernández Bueno**, Oncological Surgery Hospital Gomez Ulla – Madrid; President of the Platform of Tobacco Harm Reduction, **Spain**
- 8 **Giacomo Frati**, Full Professor, Department of Medico-Surgical Sciences and Biotechnologies, Sapienza University of Rome, Latina, **Italy**
- 9 **Monica Gorgulho**, Clinical Psychologist, MSc, **Brazil**
- 10 **Ignatios Ikonomidis**, MD, PhD, FESC, Professor of Cardiology, Member of EACVI, ex. Nucleus member of ESC WG on Aorta & Peripheral Vascular Diseases, Director of Echocardiography and the Laboratory of Preventive Cardiology, 2nd Cardiology Department, National and Kapodistrian University of Athens, Attikon Hospital, Athens, **Greece**
- 11 **Stanimir Hasardjiev**, Chairman, National Patients Organization, **Bulgaria**
- 12 **Karl E Lund**, Ph.D., Senior Researcher, Norwegian Institute of Public Health, **Norway**
- 13 **Fares Mili**, MD-CTTS, Pulmonologist, Addictologist, Chairman of the Tunisian Society of Tobacology and Addictive Behaviors (STTACA), **Tunisia**
- 14 **Manuel Pais Clemente**, MD, PhD, Retired Full Professor Department of Otorhinolaryngology, Porto University School of Medicine; Vice-President European Medical Association President World Voice Consortium, **Portugal**
- 15 **Konstantinos Poulas**, Associate Professor of Biochemistry, Laboratory of Molecular Biology & Immunology, Department of Pharmacy, University of Patras, **Greece**
- 16 **Solomon Rataemane**, MD, Professor, Secretary General WAPR 2014-2020, Dr George Mukhari Academic Hospital, HOD Psychiatry UFS 1998-2003, (HOD) 2003-2019; Dept of Psychiatry, Sefako Makgatho Health Sciences University 2003-2019; Chair, Ministerial Advisory Committee on Mental Health, **South Africa**
- 17 **Dimitri Richter**, MD, FESC, FAHA, Head of Cardiology Department, Euroclinic Hospital, Athens, **Greece**
- 18 **Rajesh N. Sharan**, Professor of Biochemistry, Genetics & Molecular Biology, Radiation and Molecular Biology Unit, Department of Biochemistry, North-Eastern Hill University, Shillong, **India**
- 19 **Heino Stöver**, Social Scientist Director of Institute for Addiction, Research (ISFF), Frankfurt, **Germany**
- 20 **David T. Sweanor J.D.**, Chair of the Advisory Board, Centre for Health Law, Policy & Ethics, University of Ottawa, **Canada**

21 **Emil Toldy-Schedel**, Medical Doctor, Cardiologist, General Director of the St. Francis Hospital of Budapest, **Hungary**

22 **Michael G. Toumbis**, MD, PhD, FCCP, Pneumonologist, President of the Cyprus Institute of Respiratory Diseases, **Cyprus**

If you are interested to become a member please write to info@scohre.org

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