

EXECUTIVE SUMMARY

5th Scientific Summit on Tobacco Harm Reduction | 21-22 September 2022, Athens, Greece | What is next in THR and Tobacco Control?

Nearly 300 people participated in the **5th Scientific Summit on Tobacco Harm Reduction—167 participants attended physically in Athens, and 127 remotely—from 43 countries**¹. Over 40 speakers were participated, and about 30 authors presented their scientific papers. The 5th Summit was organised by SCOHRE, the International Association on Smoking Control & Harm Reduction, that seeks a new broader approach to smoking control policies that do not neglect smokers.

For more than 70 years we know that smoking is detrimental to health and that the best approach is never smoking, and the second best is quit smoking. But what about the hundreds of million smokers worldwide who cannot quit? 1.3 billion people still smoke. All speakers of the 5th Scientific Summit on Tobacco Harm Reduction agree that smokers who are not able to quit smoking should not be abandoned to their doom when safer products can reduce the hazard for their health. A main challenge today is to generate sufficient and strong data to inform accurately consumers, doctors, regulatory authorities and politicians about all products and their comparative risks—which is what SCOHRE advocates for.

The main outcome of this Summit is the need to unite forces to advocate for THR and was summarized at the closing panel discussion among THR organizations representatives from all over the world. “We must persuade politicians and regulators by informing them about the evidence because although there is mounting scientific data that innovative tobacco products are less harmful, invariably the argument used by government authorities is that the data is not yet adequate”. Nonetheless, there are obstacles to conduct research to build further the evidence. This is against the principles and values of scientific ethics. The experience from the Covid-19 pandemic showed us that collaboration amongst countries is key to rapid accomplishment. We need to develop common study protocols and develop ongoing comparative studies; to record, analyse and evaluate the effects of innovative products.

WHO’s agenda is very dogmatic and the fight against smoking becomes a fight against nicotine. THR products don’t have zero risk, but significantly lower risk that can save lives. SCOHRE advocates for more data to be generated and for further discussion and invited its member THR organizations, experts and other organizations represented at the Summit (such as the European Medical Association) to collaborate for the drafting of an advocacy statement.

It is an irony that autonomy and justice were two principles of bioethics that were protected by WHO, which in 1986 has stated that “we need to provide all the means and all the information to people to take control of their own health”, Professor **Konstantinos Farsalinos** reminded the audience. The “*we know better for you than you*” approach, which has been adopted by WHO as it concerns smoking and THR, goes against that statement and

¹ Albania, Algeria, Austria, Brazil, Bulgaria, Canada, Croatia, Cyprus, Denmark, Finland, Greece, Hungary, Indonesia, Ireland, Italy, Kazakhstan, Liberia, Lithuania, Malaysia, Moldova, Montenegro, Morocco, New Zealand, Republic of North Macedonia, Norway, Zimbabwe, Philippines, Poland, Portugal, Romania, Russia, Senegal, Serbia, South Africa, Spain, Sweden, Switzerland, Tunisia, Turkey, United Kingdom, USA, UAE.

prevents people from being autonomous. As [David T. Sweanor](#) said *“unfortunately, in the field of nicotine and tobacco, we have a clear failure on issues of ethics. There is a tendency within public health to tell noble lies, to lie to people because they think it is for their good, and this way the public health authorities have destroyed their credibility.”* ([Read more](#))

[Lion Shahab](#), in his [keynote speech](#), discussed the importance of the new challenge that needs to be addressed: the difficulty of encouraging and establishing Harm Reduction while protecting youth from adopting the use of nicotine. There is strong evidence that nicotine vaping products are effective for smoking cessation and reduction, he said, and referred to the results from a UK study according to which e-cig use increases significantly the quit attempts success. Unfortunately, usage patterns have changed over the last years and led to a very pronounced increase of use of e-cigs by the youth compared with older ages. A reason for concern in youth is the gateway concept, but—he concluded—there is clear evidence that e-cigarettes (but also snus and other reduced harm products) are beneficial for existing smokers with little evidence of gateway effects. Of course, to engage smokers and youth correctly, we need accurate information/legislation, favoring e-cigarettes over cigarettes, while reducing lifestyle appeal.

The **New Zealand approach in smoking control** was presented by [Marewa Glover](#), Director of the Centre of Research Excellence: Indigenous Sovereignty & Smoking, NZ, as it is considered a success story. Implemented in 1990, its comprehensive Smoke-Free Environments Act was very progressive and fully embraced a harm reduction approach to smoking. However, the Vaping Regulation, that was passed in 2020, signalled a shift from harm reduction to prohibition. According to Mrs. Glover, this prohibition is not consistent with harm reduction; it is top-down and not person-centred, it is punitive and not compassionate, and it will likely cause harm. Based on the experience in NZ the speaker cautioned countries that want to reduce smoking-related harm on possible challenges: campaign of disinformation about relative risk of nicotine; loss of academic freedom (regarding scientific trials on alternative products effects); rise of “liberal paternalism”, and diminishment of human right to autonomy, dignity & right to consent, e.g., to medical intervention. In conclusion, long term monitoring and evaluation is vital. ([Read more](#))

A panel discussion followed on **challenges that other governments face currently in smoking control** with [Vassilis Kontozamanis](#), previous Minister of Health of the Greek Republic, and SCOHRE founding members [David T. Sweanor](#) J.D. (Canada) as moderator, [Karl E. Lund](#) (Norway), [Sharifa Ezat Wan Puteh](#) (Malaysia), and [Michael G. Toumbis](#) (Cyprus). [Dr Lund](#) said that Norwegian government faces a quite different challenge in tobacco control from other countries, as smoking initiation among young people is below 2% and regular smokers are approximately 9% of the country population. Snus has served as a very effective harm reduction alternative to cigarettes, and now, the upcoming strategy plan goes a step further, to include measures to minimize all kinds of nicotine use, meaning that fight against smoking has become more a fight against nicotine. Smoking is an issue of high importance in Malaysia, Prof. Dr. [Sharifa Ezat Wan Puteh](#) said, since it is very prevalent, with about 40% of 15-year-old males and above being smokers. One of the reasons that Malaysia faces such a huge problem of smoking is that the country remains the world’s largest market for illicit cigarettes. To solve the problem, Malaysia’s Ministry of Health has proposed a generational tobacco ban (on both cigarettes and vape products) to come into effect from 2025, when those born in 2007 turn 18. Although, without implementing other harm reduction measures, this ban will only increase black market sales without decreasing smoking prevalence, she concluded. Tobacco harm reduction can be used as a complementary strategy, but our priority in Cyprus is the full implementation and use of WHO - FCTC (Framework Convention on Tobacco Control) [Dr. Toumbis](#) said. He stressed that the first and most important step in using harm reduction is to have control and

knowledge of what you offer as an alternative, and it is not so easy to regulate and control so many harm reduction products. [Mr Kontozamanis](#) stressed that governments should adopt a pragmatic public health perspective; whilst monitoring the use of novel tobacco products and further studying the long-term effects, we must take care all those who are smokers and do not want or cannot abandon the use of nicotine. ([Read more](#))

Professor Piotr Kuna in his keynote speech presented evidence to support the discussion that **Tobacco Harm Reduction should be assumed as a pillar of public health interventions**. He referred to some facts that need to be communicated to the public and eliminate “*significant misconceptions (that) exist for the toxicity associated with nicotine and the relative risk of a variety of non-combusted products, including the belief that nicotine causes cancer and that smokeless tobacco and nicotine replacement products are just as or more harmful than cigarettes,*” citing a recent publication. Prof. Kuna emphasized the need for more scientific studies based on real-world data. RWD already exist (in Japan and Europe); therefore, conducting clinical trials in the population using data available through hospitals databases to compare smokers with non-smokers and with people who switch to less harmful products (such as heat-not-burn tobacco products) is a task that can be achieved and provide valuable information.

At the session on **evidence-based policy making, politics & society and THR**, panellists acknowledging that policies are based on facts and values, discussed the role of scientific evidence in health and public health policy making in the case of tobacco harm reduction. The need for policies with a human face and not penalty- or punishment-focused was raised. ([Read more](#)) The EU has been intensively working on tobacco control, starting with the Beating Cancer Plan to address the tobacco epidemic, [Maria Spyrali](#), Greek MEP (EPP), member of BECA European Parliament Committee, underlined. Europe’s beating cancer plan put forward actions from 2021 to help to create finally a tobacco-free generation, setting a very ambitious goal: less than 5% of the population using tobacco by 2040, compared to today’s average of approx. 25%. If we want to finally have a smoke-free environment, we must be much more proactive and creative, she said. We must rethink the way we approach the issue of campaigns and the way we approach novel products in order to facilitate heavy smokers. [Zoi-Dorothea Pana](#), MD, Cyprus, pointed out that maybe now is the right moment to talk about tobacco harm reduction and tobacco control, because we could leverage the existing clinical research infrastructure that we have created for the COVID-19 pandemic, and expand this infrastructure for other urgent and huge public health issues. If we want to assess the public health impact of tobacco use, we have also to discuss about chronic illnesses, multidisciplinary and pragmatic approaches. Have we been efficient with the smoking cessation strategies that we have adopted? According to data, only 7-10% of active smokers really manage to quit smoking, which means that we need to improve our strategies and to be pragmatic, she stressed. There is need for a holistic approach and strategy seen as a continuum, together with coordinated, harmonized actions to accelerate our knowledge. Prof. [Andrzej Fal](#), Poland, emphasized the need for more real-life evidence on tobacco harm reduction; but we cannot have real-life evidence—he said—if we do not introduce harm reduction techniques widely. Harm reduction is something that 20 or 15 years ago was present only in the setting of drug abuse, he commented, yet now, several classes of harm reduction are available (in cigarette smokers, or heavy drinkers), and addressed an invitation to exploit them. We should examine the kind of evidence we have, Prof. [Giuseppe Biondi Zoccai](#), Italy, said, because some evidence is short-term, and some evidence comes from the novel smoking products industry. The risk of creating a new generation of people addicted to modified risk tobacco products (MRTPs), is the main drawback of any activity promoting their use and in convincing those strongly against these products. Several types of studies are needed now and in the future: epidemiological studies to monitor the risk of addiction in non-smokers, especially in teenagers; randomized studies, to test

safety and efficacy of MRTPs in apparently healthy individuals, as well as in patients with advanced cardiac or pulmonary or vascular disease.

This panel elaborated on the issue of **smoking disparities within low smoking prevalence countries** and shared their experience from high smoking prevalence countries also. David T. Sweanor J.D., moderator, commented that smoking rates among the most disadvantaged populations, such as people with mental health issues or low income, are higher, and even in countries that have achieved lower smoking rates overall, disparities within the population remain. [Professor Helen Redmond](#) described the situation in the US, where tobacco use control and vaping face a strong opposition by the federal government and agencies, such as the CDCs and the FDA, and by public health organizations. All the above parties are still weighted towards absolute abstinence and cessation of tobacco use, which is a very difficult proposition for the more vulnerable populations. These agencies and stakeholders also created a “panic” about the so called “teen vaping epidemic”. We need more activism for the right to access to lifesaving reduced harm products and for the notion “nothing about us without us”, Prof. Redmond concluded. [Dr. Harper](#) declared feeling very proud of what health prevention in the UK has achieved, adding that it still has a long way to go. Overall, UK smoking prevalence (16% in 2016) was 2 percentage points lower than the OECD average of 18%. But some groups in society are worse, with up to 29% smoking prevalence, similar to that in countries with the highest daily smoking level, therefore attention is needed to focus on these groups. To achieve health equity in tobacco we must look at our approach to smoking, he concluded, and ensure that we have the right resources and approach to reduce smoking in groups with disproportionately higher smoking rates. [Dr. Rafael R. Castillo](#) presented data from the Philippines, pointing out the disparities that exist due to socioeconomic and educational factors, and among and within racial and ethnic groups. Although sin taxes seemed at first to be the answer to the problem, it soon appeared that despite the large amount of taxes collected by the government, this measure failed in achieving tobacco control. As to perceptions about the introduction of alternative tobacco products to reduce morbidity and mortality among smokers unwilling or unable to quit, there is amplification and exaggeration of the risk of addicting a whole new generation to alternative tobacco products neglecting the millions who are already currently smoking and could benefit from said products. [Professor Solomon T. Rataemane](#) gave some interesting facts about the situation in South Africa. Being a psychiatrist, he remarked that many patients in the psychiatric wards smoke, and if they are not given cigarettes, they become aggressive and violent. He then presented the Global Adult Tobacco Survey (GATS) study, conducted in 2021 in South Africa—a country with a population of about 65 million people—to provide scientific data. The study zoomed in adult tobacco use and examined the existence and effectiveness of various measures such as monitoring of tobacco use and prevention policies, protecting people from tobacco smoke, tobacco cessation programs, bans on tobacco advertising, promotion, and raising taxes. ([Read more](#))

Smoking is an addictive behaviour and quitting without assistance is very hard. **Smoking cessation clinics** can help, but it is not always straightforward how to develop and sustain a comprehensive clinic, and success rates differ enormously amongst clinics. Experienced experts in smoking cessation participated in a panel discussion moderated by Dr. [Fares Mili](#), where they focused on strategies that have shown strong or promising evidence of effectiveness and can provide valuable insights or offer recommendations and evidence for essential components of effective programs for helping people quit tobacco use. ([Read more](#)) Dr. [Kallirrhoe Kourea](#) a cardiologist, presented the smoking cessation clinic at Attikon General Hospital, Athens, that offers consultation and the right medication to help patients stop smoking, as well as the opportunity and empowerment to participate to the comprehensive smoking cessation programs operated in our open day setting. Even though almost all cardiovascular patients declare their will to quit smoking after a heart attack, she said, relapses are very often—six months after their discharge, nearly 85% of patients are regular smokers. Relapse is a huge problem that should be addressed, Dr. [Michael G. Toumbis](#) a pulmonologist, agreed. He added that his clinic

uses a behavioural approach, and they educate patients to recognize and manage the risk factors for relapse. Thanks to this educational strategy, we have seen a reduction of relapses in our clinic patients, he said. Patients with mental disorders are particularly vulnerable to smoking, Dr. [Uta Ouali](#) a psychiatrist, said, and the prevalence of smoking in this population is extremely high, as is relapse when trying to quit. Cognitive behavioural therapy techniques are used in her clinic; smoking triggers are identified together with patients, and they are taught skills and strategies to cope with cravings. Alternative to cigarettes products, she concluded, could be a very useful tool for reducing the harm caused by smoking in these extremely hard to quit patients.

The session, moderated by Prof. [Andrej Fal](#), discussed **how health economics can contribute to policies** and whether government policies may use taxation or other financial tools to modify consumers behaviours and encourage the substitution of recognized highly harmful products. Speakers at this session concluded that taxation is a macroeconomic tool to drive all the innovations but looking at the tobacco market we need to follow a new reform of taxation, which should be more allowing for new products. All panelists agreed that the less harmful the product is, the less taxed it should be: lower taxes for lower risk products should encourage people to switch to them replacing cigarette smoking; such approach is applied in many other markets like alcohol or carbon certificates; taxes for more harmful products should be raised to maintain the revenue. The taxation is not the only tool, is just one of the tools and if we forget the awareness, education, and social work we will not reach the goal. ([Read more](#))

The common goal for SCOHRE and the other THR organizations that participated in the 5th Scientific Summit (*ETHRA, INNCO, the Hungarian Scientific Association for Harm Reduction and Environmental Diseases, the Spanish Platform for the Reduction of Harm due to Tobacco Consumption, the Indonesian Tar Free Coalition-KABAR, Directory of Information for Tobacco Harm Reduction-DIRETA, the Tunisian Society of Tobaccology and Addictive Behaviors-STTACA*) is to start an open and constructive dialogue for a better approach to the containing of the global burden of smoking; to provide stakeholders with science-based and balanced information on the effects of nicotine; to raise awareness on existing knowledge on Tobacco Harm Reduction; to benefit from already existing solid expertise in many countries, and bring THR higher in the agenda of politicians and regulatory authorities. Read more in the summary of the 5th Scientific Summit's closing session "[THR challenges & prospect: From scientific evidence to people's needs satisfaction](#)," moderated by Prof. [Solomon T. Rataemane](#) and [Lina Nikolopoulou](#).

"*Better informed doctors make better-treated patients*," said Dr. [Manuel Pais Clemente](#), representative of European Medical Association. Consumers, politicians, and regulators should be informed about the developments and technology innovations of smoking—he said—to take the most correct decisions, legal measures and policy recommendations, and suggested that SCOHRE can contribute to that. [Emil Toldy-Schedel](#), (Hungarian Scientific Association for Harm Reduction and Environmental Diseases, Hungary) commented that informing society about Harm Reduction is truly a matter of high importance and proposed that campaigns should be conducted in every country.

[Fernando Fernández Bueno](#) (Platform for the Reduction of Harm due to Tobacco Consumption, Spain) said that in Spain, traditional cigarettes and THR products are considered the same. Health authorities have not put forward other options or innovative measures to facilitate smokers to reduce the harm caused by tobacco. Moreover, the current government refuse to dialogue with stakeholders, and doctors and scientists who defend THR are suffering harassment and coercion by the authorities. This must change: the public and the doctors must be provided with accurate information about the actual differences between the products.

Charles Gardner Executive Director of INNCO representing 112 million adults worldwide who use safer nicotine to avoid toxic forms of tobacco, emphasized that today that there are safer alternatives to traditional combustible cigarettes it is pure “negligent homicide” not to be recommended to people who need them. As **David Sweanor** has stated, many years back we sued tobacco industry because they didn’t appropriately inform smokers about the risks of smoking to their health and now, we have governments and authorities that prohibit the flow of information about the less harmful or potentially less harmful tobacco and nicotine products to the public.

ETHRA (European Tobacco Harm Reduction Advocates) representative, a European advocacy group representing approximately 27 million users across EU, supports the accessibility of THR products to smokers, since they enhance their ability to quit. Regulation must always consider the minimal risks of harm reduced products versus the large risks of smoking, **Tom Gleeson** of ETHRA explained, and it is extremely important to evaluate THR products compared to combustible cigarettes and not the fresh air.

Dr. **Amaliya Amaliya**, representative of the Indonesian Tar Free Coalition - KABAR, presented various initiatives that KABAR carried out, such raising public awareness about the dangers of TAR from tobacco combustible products, through education programs, roadshows, etc.; advocacy for THR directly with Indonesian government and media; research collaborations and participation in policymaking. **Alexandro Lucian**, president of DIRETA, Brazil, described the situation in the country, where due to an immoral campaign of misinformation, most doctors and the general population believe that vaping is as harmful as or even more harmful than combustible cigarettes. DIRETA is working with the aim to share information about THR in order to reduce the impact of smoking. Dr. **Fares Mili**, Chairman of STTACA, Tunisia, shared their scope and achievements, namely that the Society recently succeeded regulation of novel THR products in Tunisia. Currently, STTACA’s main project is to collaborate on the Tunisian Guidelines on Tobacco Addiction, along with several scientific societies and experts, adapting the NICE UK guidance on tobacco dependence.

All new products must be properly evaluated and regulated, Professor **Ignatios Ikonomidis**, President of SCOHRE, commented, but you cannot compare the novel THR products with fresh air- they should be compared with cigarettes. Thus, we need comparative studies between THR products and combustible cigarettes.

Finally, during the Research Track Sessions scientific research was presented on the following topics: Epidemiology & Social Issues, Innovation & Novel Products, Clinical Assessment and Harm Reduction, and Regulatory issues on Day 1, and Toxicology and aerosol chemistry, Biomarkers’ evaluation in animal or human studies, Preclinical evaluation, and Smoking cessation on Day 2. Both independent and industry-funded research was presented. The [Abstract Book](#) is available on the event website.

Note: Hyperlinks lead to Sessions / Lectures summaries on the 5th Scientific Summit website:

www.nosmokesummit.org

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