



How harm reduction (HR) can play a positive role in public health ?



**Dr Abdoul Aziz KASSE**

# What is the problem: deaths, diseases and disabilities, raise in prevalence in LMI



## The tobacco epidemic continues...

Tobacco control is clearly helping to save millions of lives but the scale of the epidemic demands our continued attention and support. Though consumption is declining, smokers are still buying trillions of cigarettes each year and the use of newer tobacco products is increasing in some countries.

R1

**A GLOBAL EPIDEMIC**  
Smoking is the world's leading cause of preventable death.

**6 SECONDS** ONE DEATH EVERY 6 SECONDS  
THERE IS ONE DEATH EVERY SIX SECONDS FROM SMOKING.<sup>1</sup>

**7.2M** DEATHS ANNUALLY  
THERE ARE 7.2 MILLION SMOKING-RELATED DEATHS ANNUALLY, KILLING MORE PEOPLE THAN HIV/AIDS, MALARIA AND TUBERCULOSIS COMBINED.<sup>2</sup>

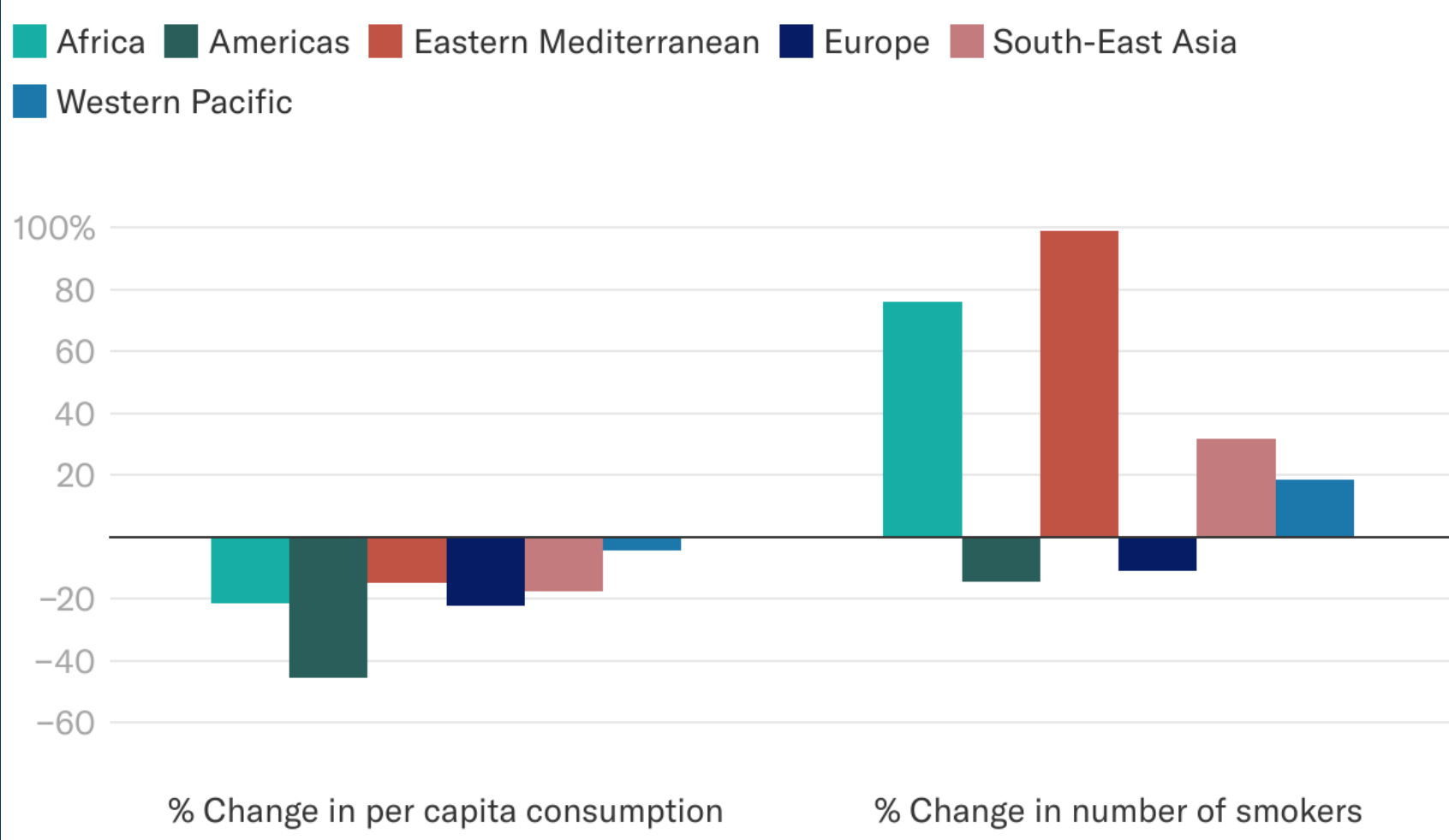
**1/2** KILLS MORE THAN 1/2 SMOKING KILLS MORE THAN HALF OF ITS LONG-TERM USERS.<sup>3,4</sup>

**890,000** SECOND-HAND SMOKE CAUSES MORE THAN 890,000 PREMATURE DEATHS PER YEAR.<sup>5</sup>

**70%** NEARLY 70 PERCENT OF SMOKERS WANT TO QUIT.<sup>6</sup>

## Changes in consumption

Percentage change in per capita cigarette consumption and number of smokers, 1990-2019, by WHO region



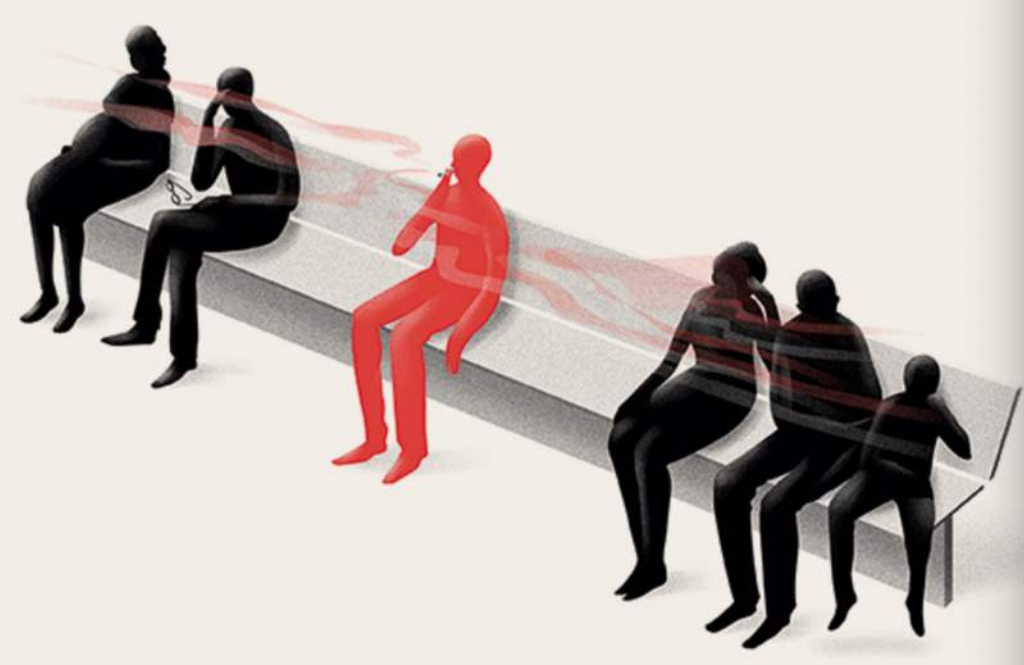
While consumption per capita has declined in all regions, the number of smokers has significantly increased in four out of six regions.

Source: GBD, 2019

# What is the problem: Affordability=raised prevalence

Between 2007 to 2019, the percentage of adults who smoked declined.

**22.7%** → **19.6%**  
2007 2019

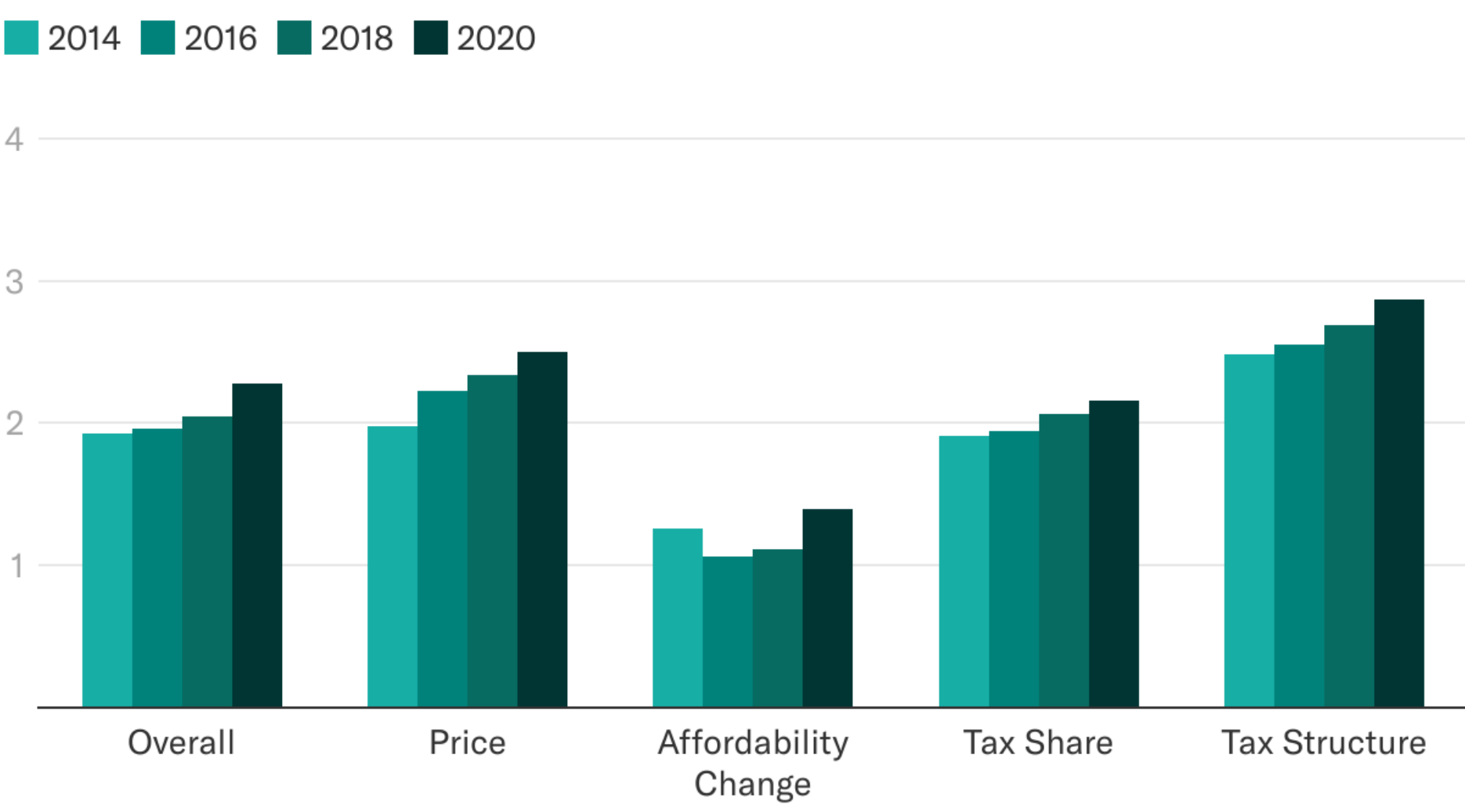


Read more about Prevalence

**R2**

## Tobacconomics Cigarette Tax Scorecard components

Average component scores, 2014-2020



Tobacconomics Tax Scorecard 2021

Source: Tobacconomics Tax Scorecard 2021

THE TOBACCO ATLAS

Qatar

↑ **3.3**  
Change in score

↓ **-22.9%**  
Change in consumption

## Change in prevalence in selected countries

Trends in current tobacco smoking among males (age 15+ yrs) in selected countries with the largest increase in prevalence

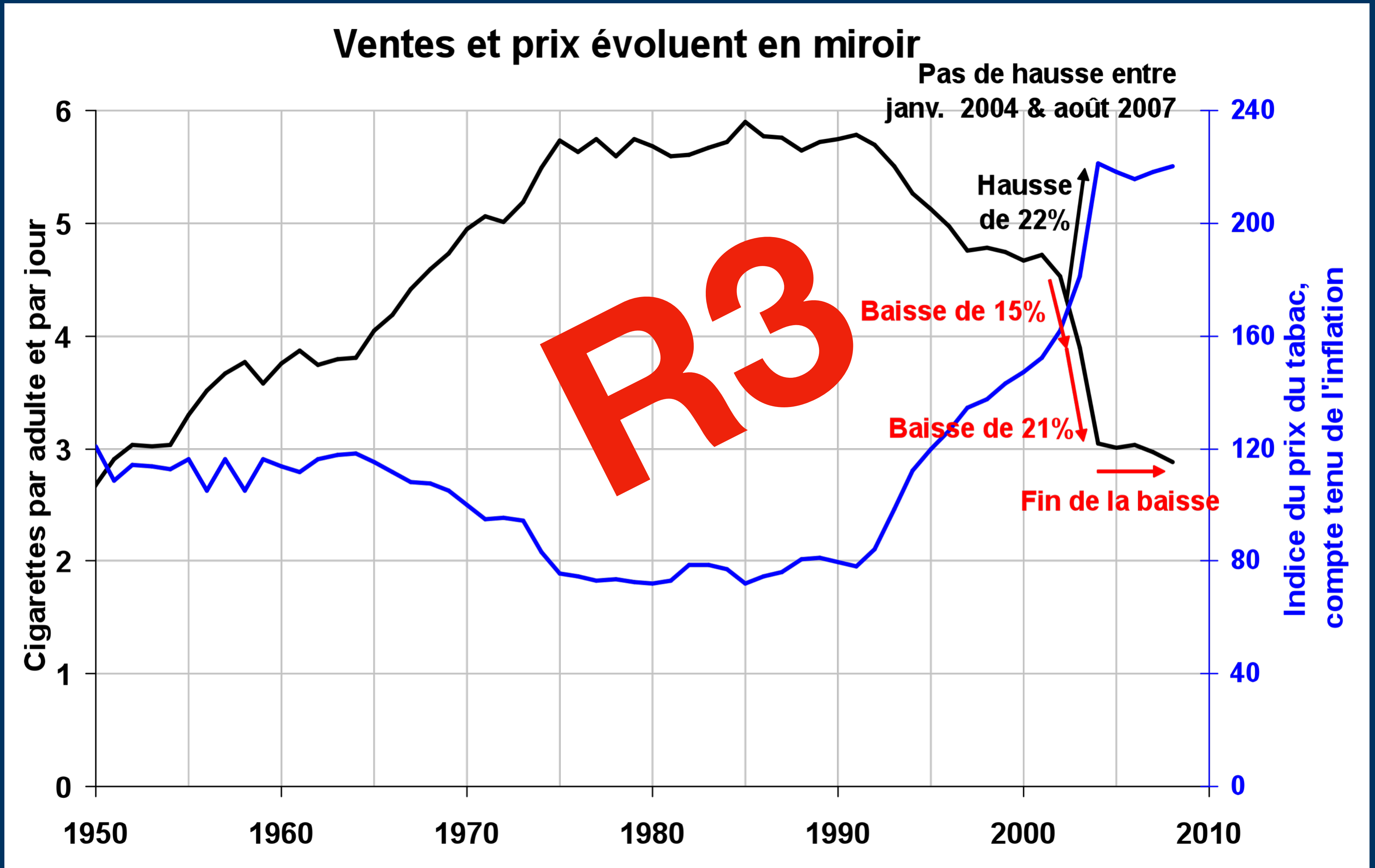


There has been a decline in male smoking prevalence in many countries but there are still some where it is increasing.

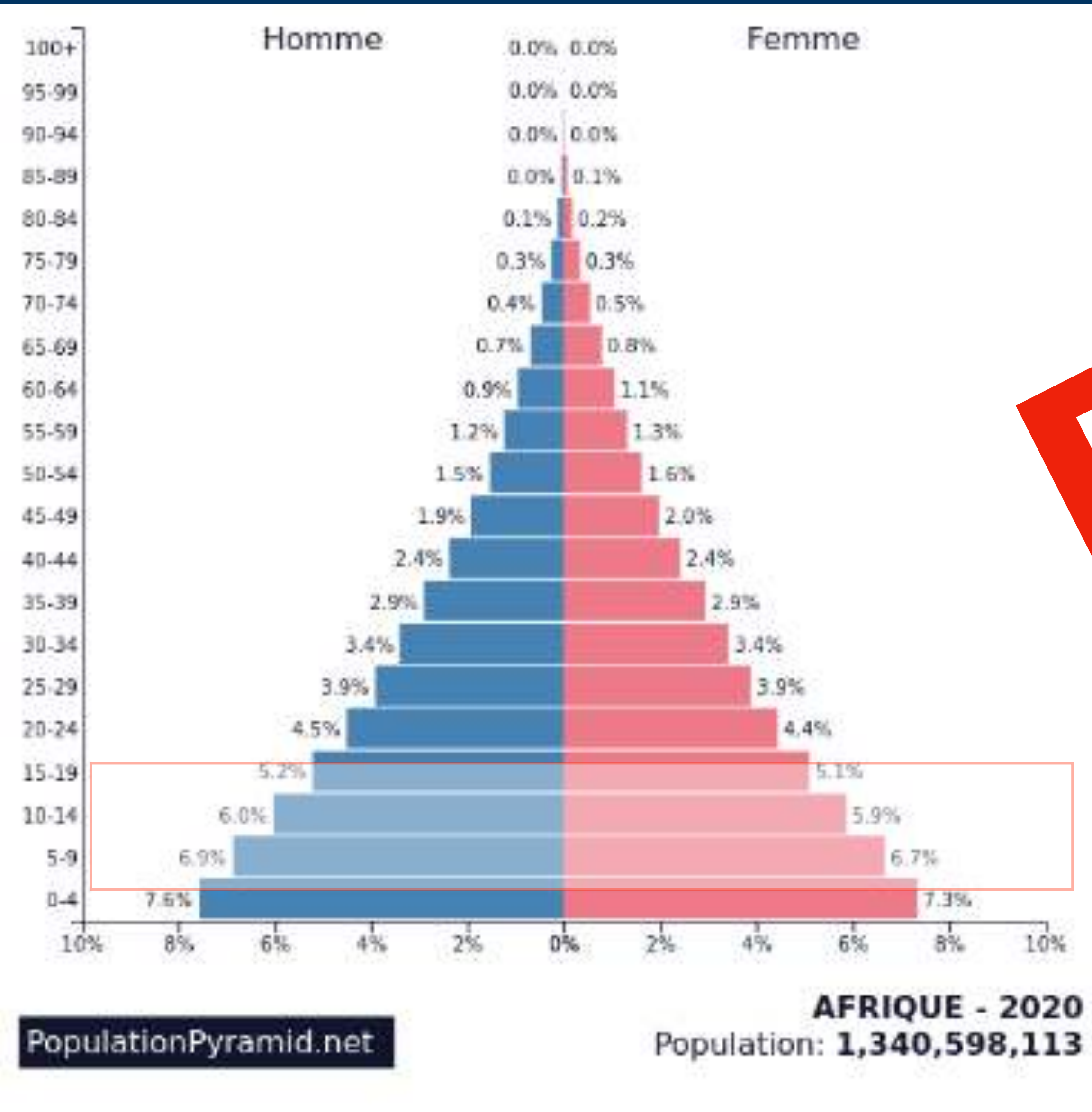
Source: GTCR 2011, 2021

THE TOBACCO ATLAS

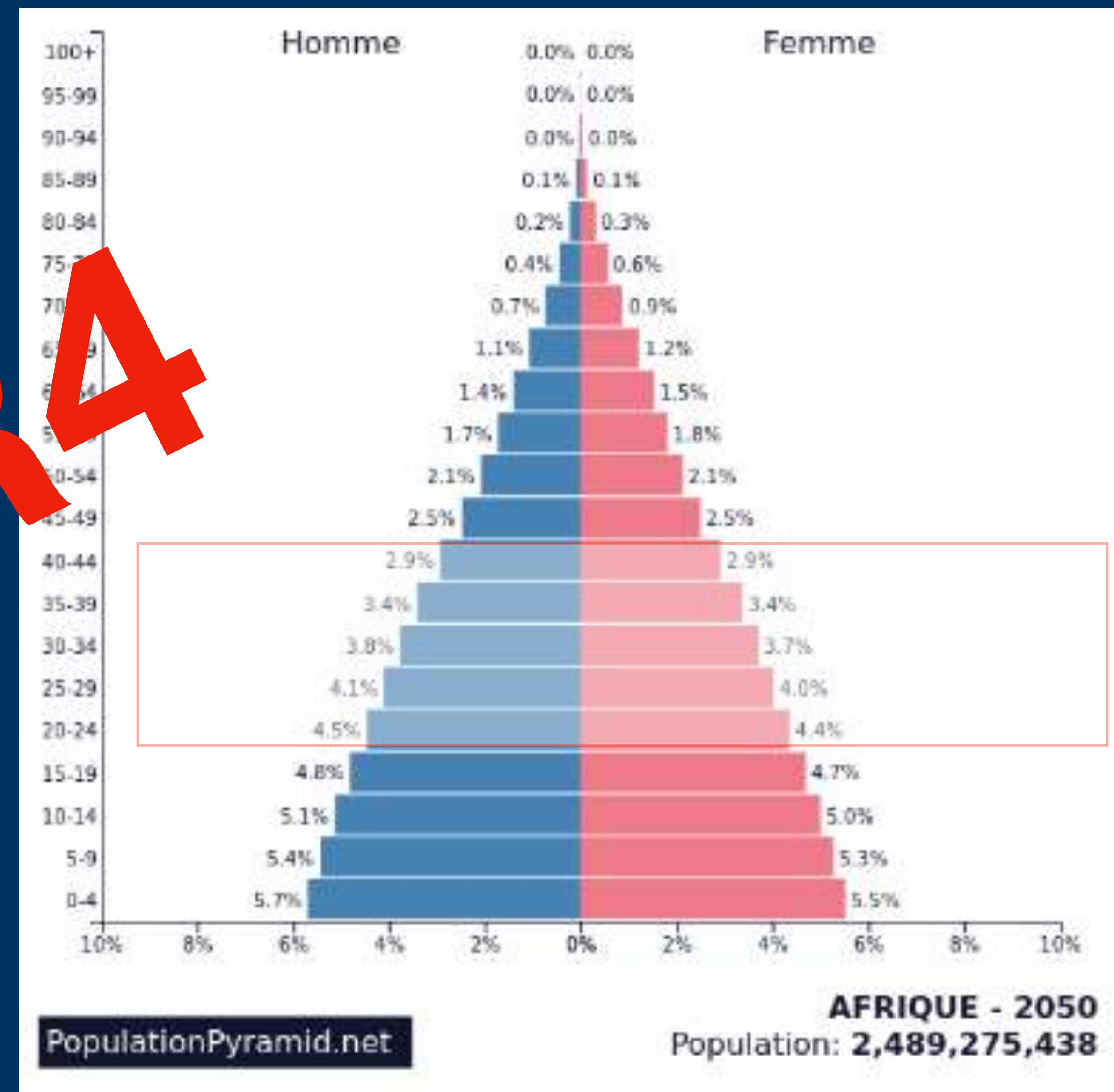
# What is the problem: Taxation



# What is the problem: African demography changes

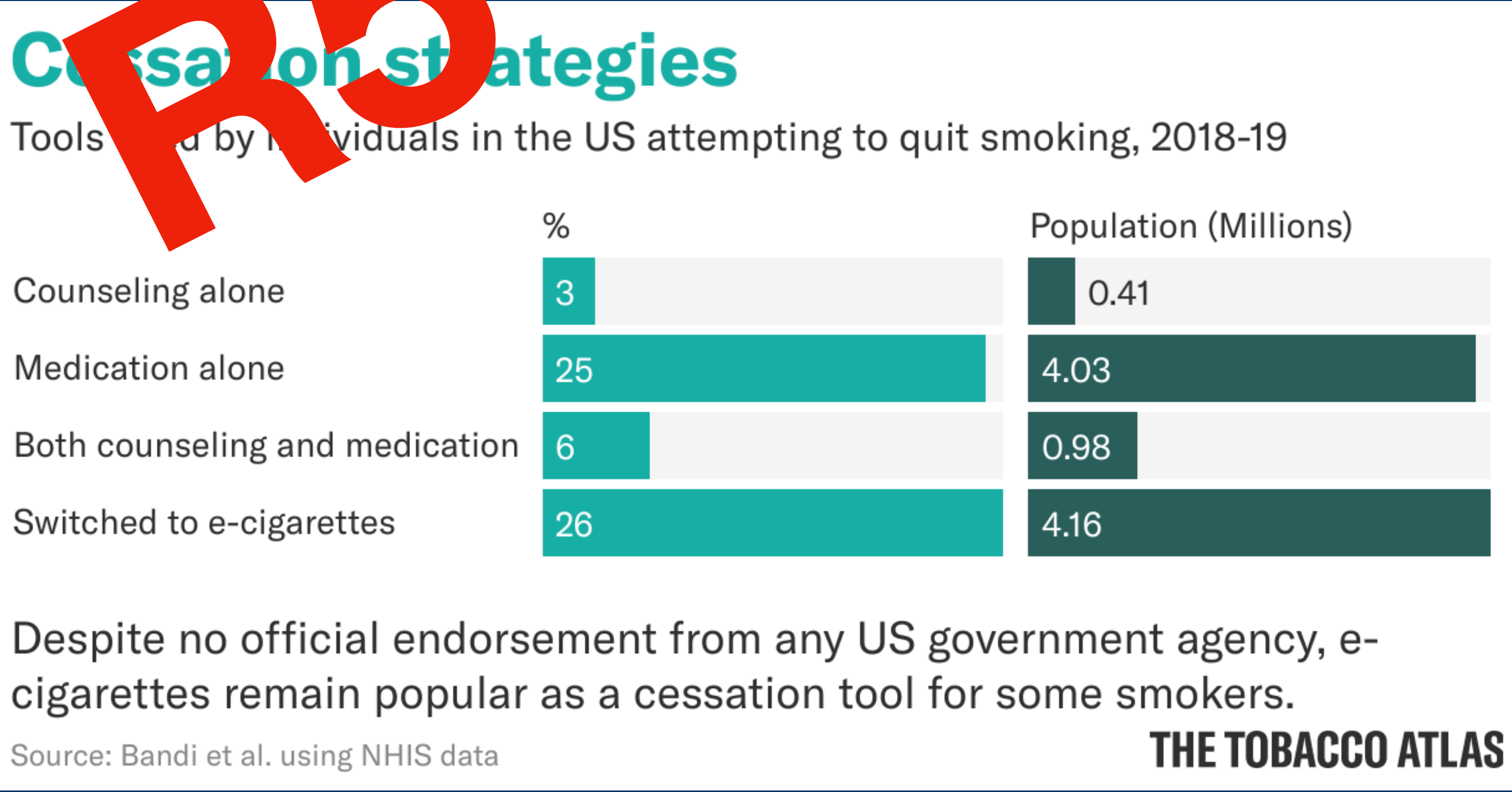


R4



# What is the problem: Cessation

- Quitting reduces deaths, diseases and disabilities
- 70% of smokers want to quit
- One year Tobacco Quit-ratio is less than 10%
- An increased quit ratio could lower deaths, diseases and disabilities
- What could HR add to the QR



# Solutions

1. Prevention ? **R4**

2. Cessation ? **R5**

3. Harm Reduction ? **R ?**

**R6**

# What is Harm Reduction ?

- Refers to an approach designed to **reduce the harmful** consequences associated with **high-risk** exposure or behavior
- Not try to « **save** » or « **rescue** » anyone
- **Just support without judgement or assumption**



# Negative Connotation Harm Reduction ?

- **Substance abuse =**
  - **individual problems ?**
  - **Societal factors ?**
- **They are « bad people »**
- **Strong social expectations are not good reasons for making a particular ethical decision**

# “I don’t believe in Harm Reduction”

- **Car seat ?**
- **Seat belts ?**
- **Needle exchange programs**
- **Formula for HIV+ pregnant mothers**
- **Housing support**

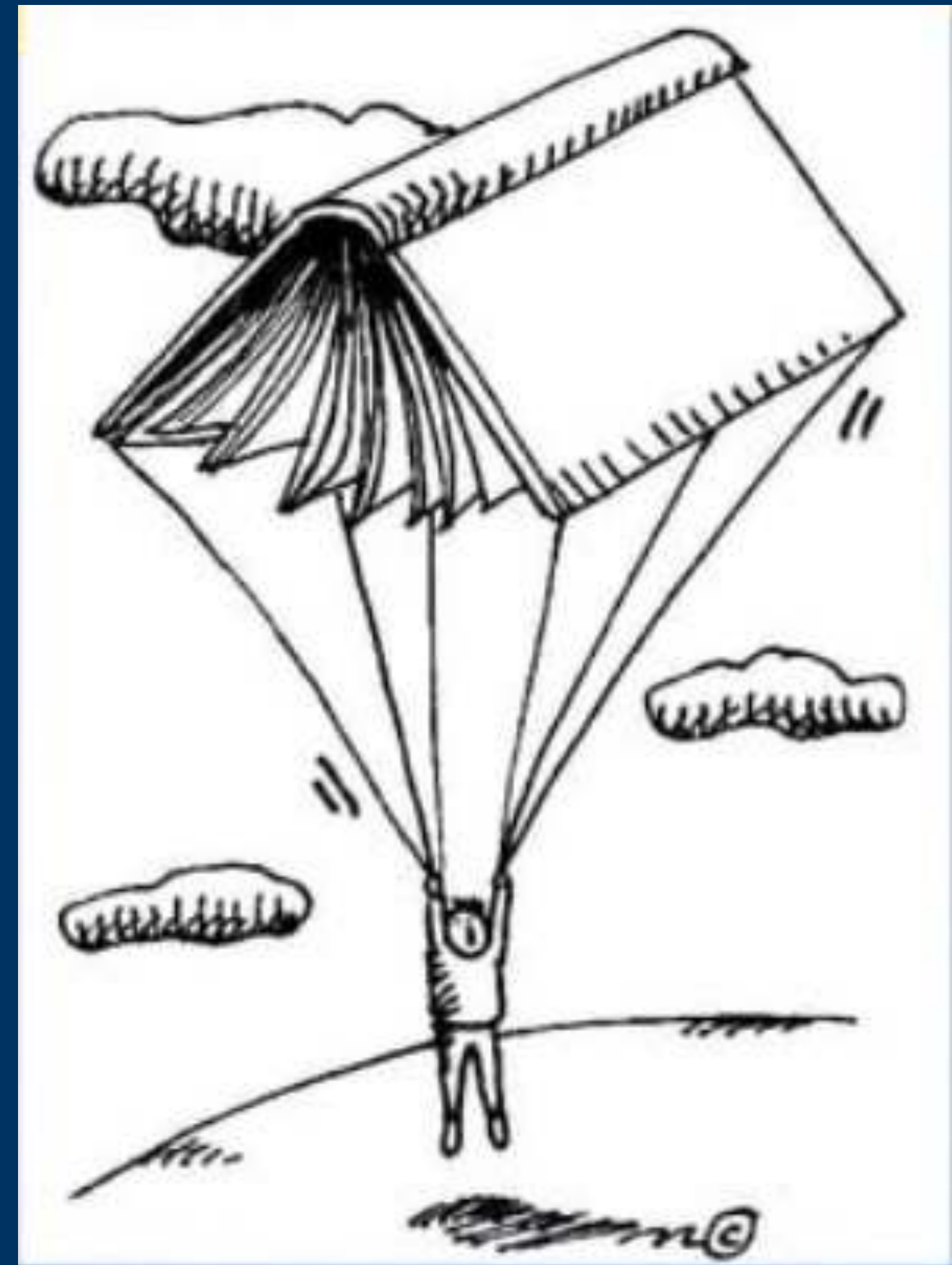
# HR Myths

- **Myth / Fact :**  
**Promotes drug use / Make informed choice**
- **Myth: It's illegal to give out needles**
- **Fact: Distribution of needles and drug equipment is not a crime but a HR strategy to lower HIV transmission**



# Documented Benefits of HR Programs

- **Reduce deaths, diseases and disabilities ?**
- **Increase quality of life ?**
- **Decrease social incivility and deviance**
- **Increase access to care / cures?**
- **Increase support system**



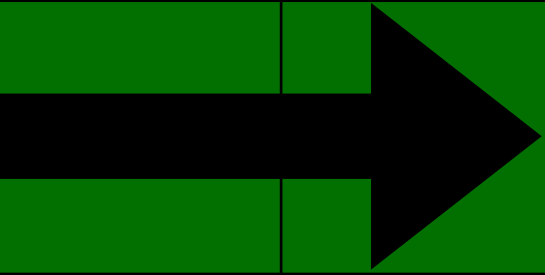
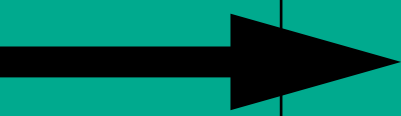
# HR has already benefited many public health issues

- Did HR prevent blood borne illnesses such as HIV or Hepatitis and Reduce deaths, diseases and disabilities ? **YES**
- Did HR in drug abuse (opioid replacement (eg. methadone  $\alpha\upsilon\delta$  overdose antidote provision (eg. naloxone) reduce overdose death & injury and Increase access to care / cures ? **YES**

# Tobacco harm reduct



NRT	Quit
[Red]	[Red]
[Red]	[Red]
[Orange]	[Orange]
[Light Red]	[Light Red]
[Yellow]	[Yellow]
[Teal]	[Teal]
[Green]	[Green]
[Blue]	[Blue]



# My own history

- July 1975: Raise awareness
- August 1976 - 1989: caught in the tobacco net in the military
- 1984 to present: cancer control (tobacco 33% of cancers)
- Tobacco control: behavioral change (1975 - to present), policy change (2014 TC bill), Regulation
- Retired: « Formez-les ou subissez-les », regulate HR



# Health benefits of smoke cessation

## Smoking Cessation

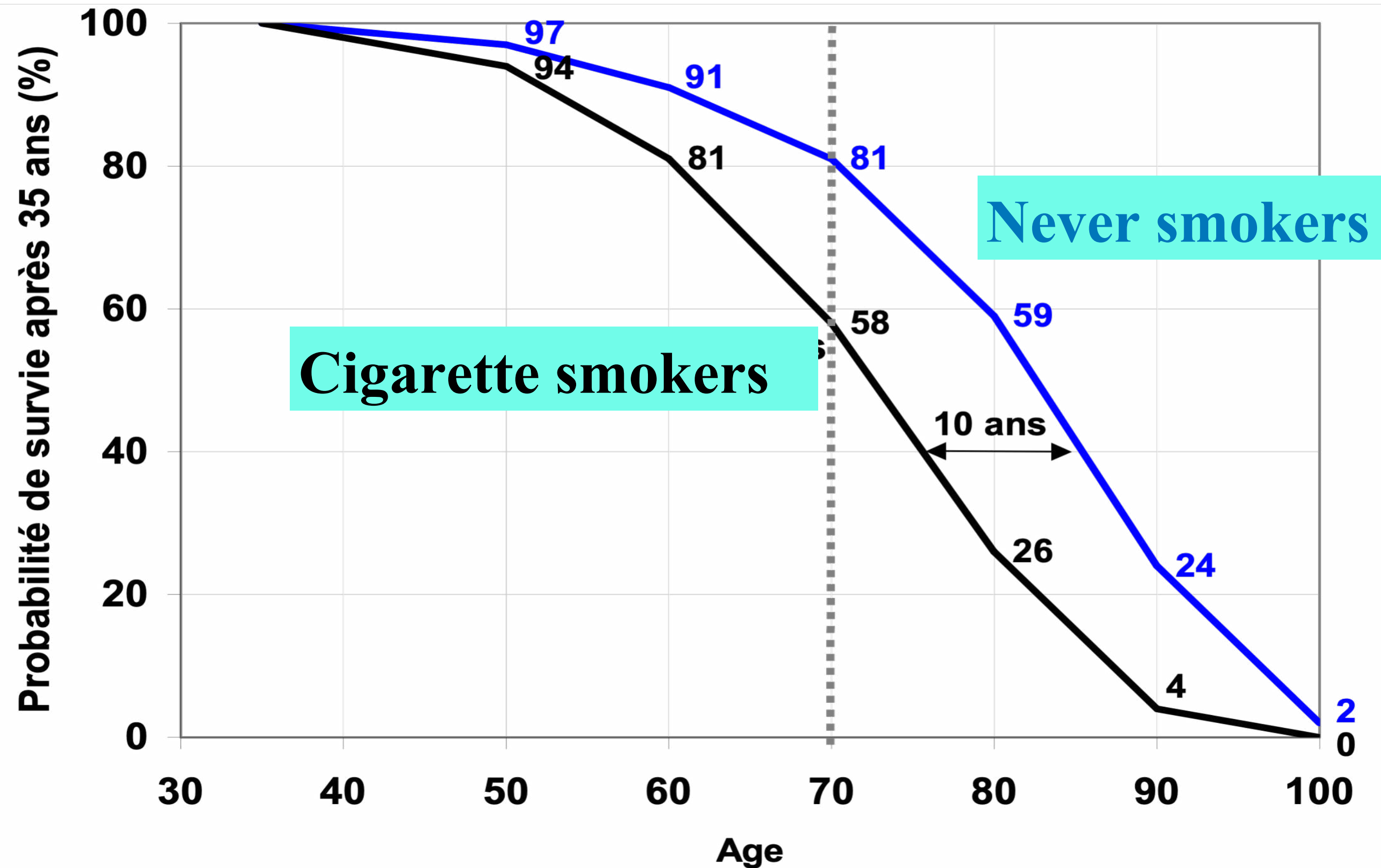
A Report of the Surgeon General



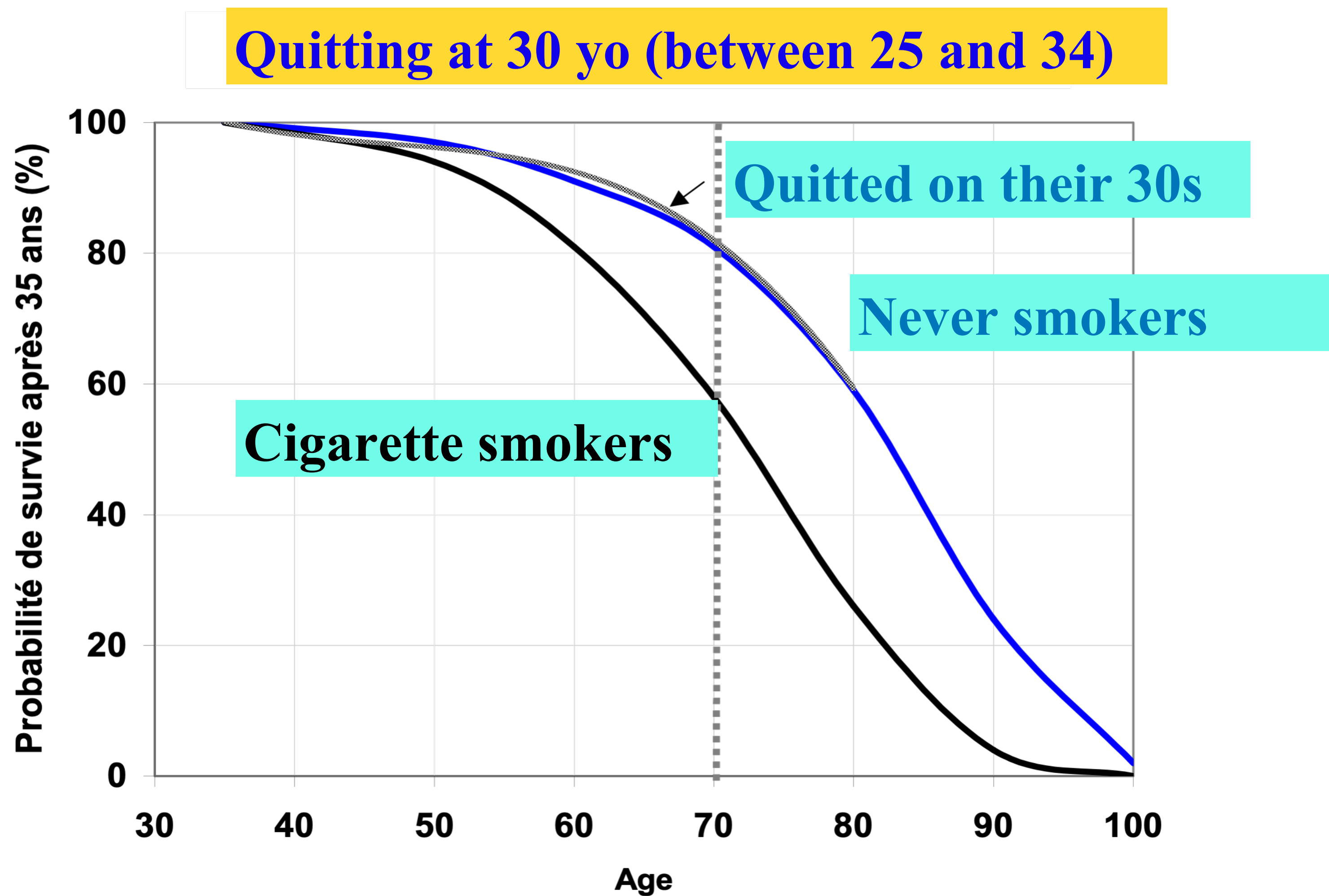
U.S. Department of Health and Human Services



## Mortality of English doctors born between 1900-1930, smokers vs non-smoker; 50 years follow-up: 1951-2001

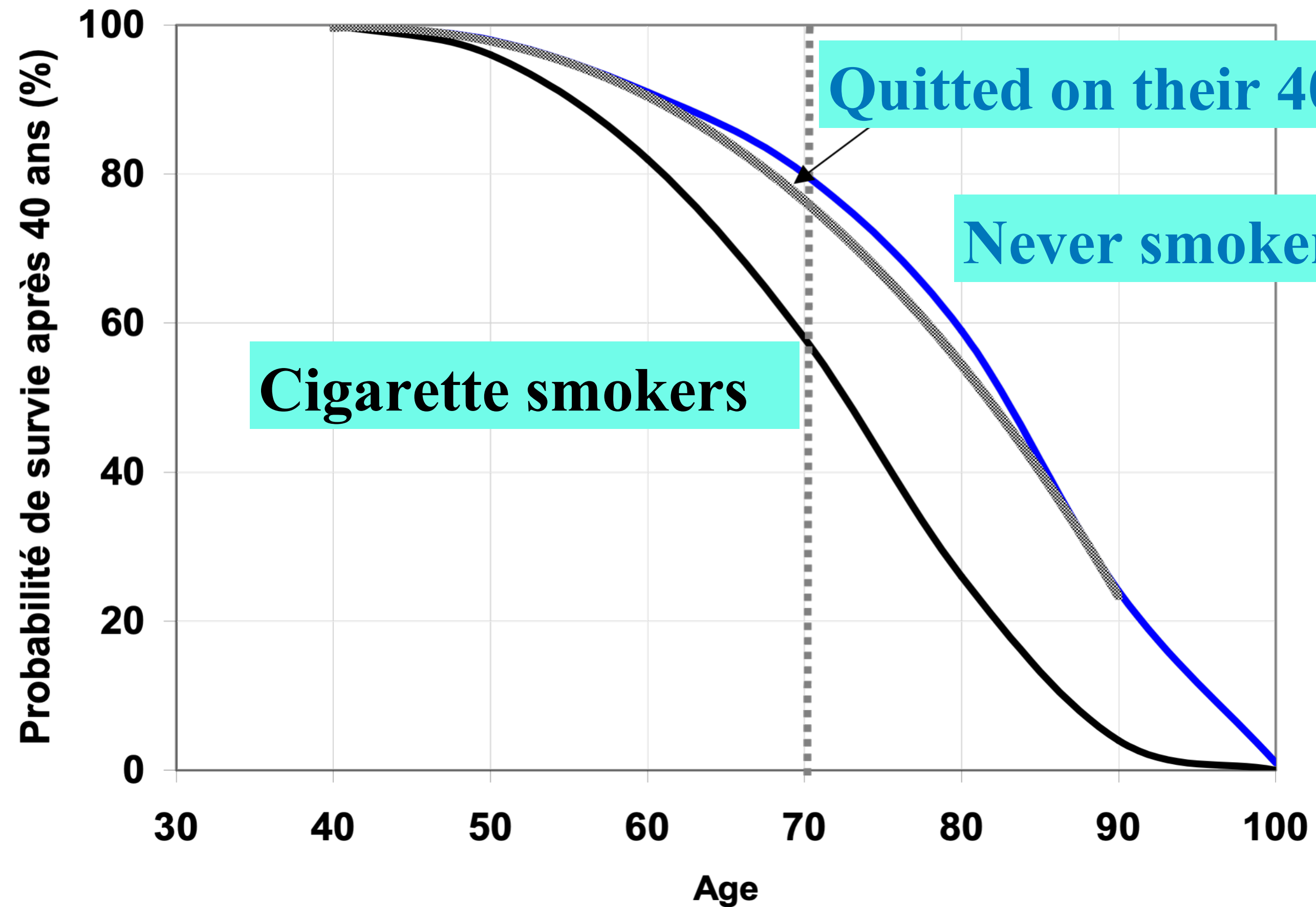


On average, smokers die 10 years earlier than non-smokers.



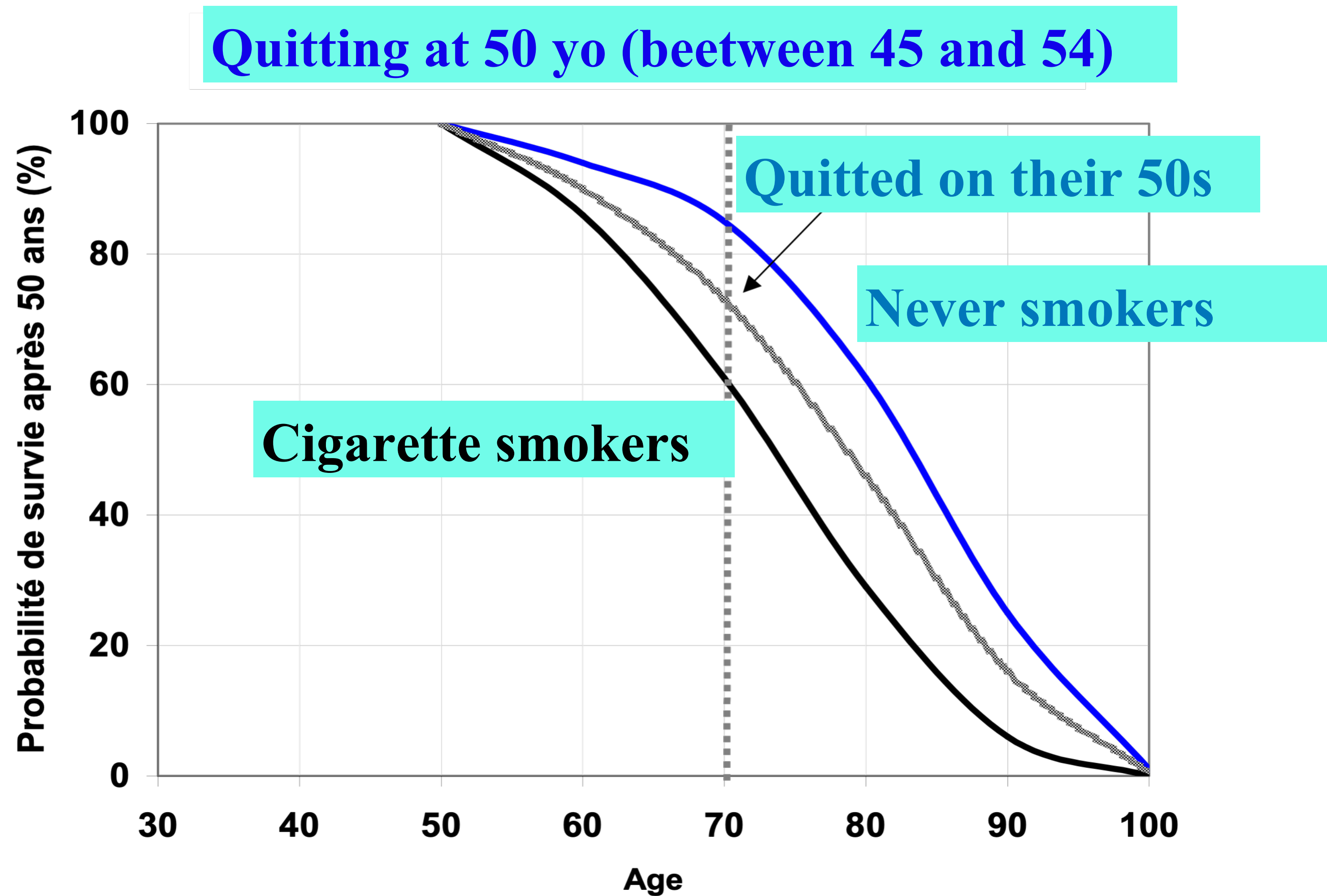
The survival curve of those who quitted at the age of 30 is superimposable on that of those who never smoked

## Quitting at 40 yo (between 35 and 44)



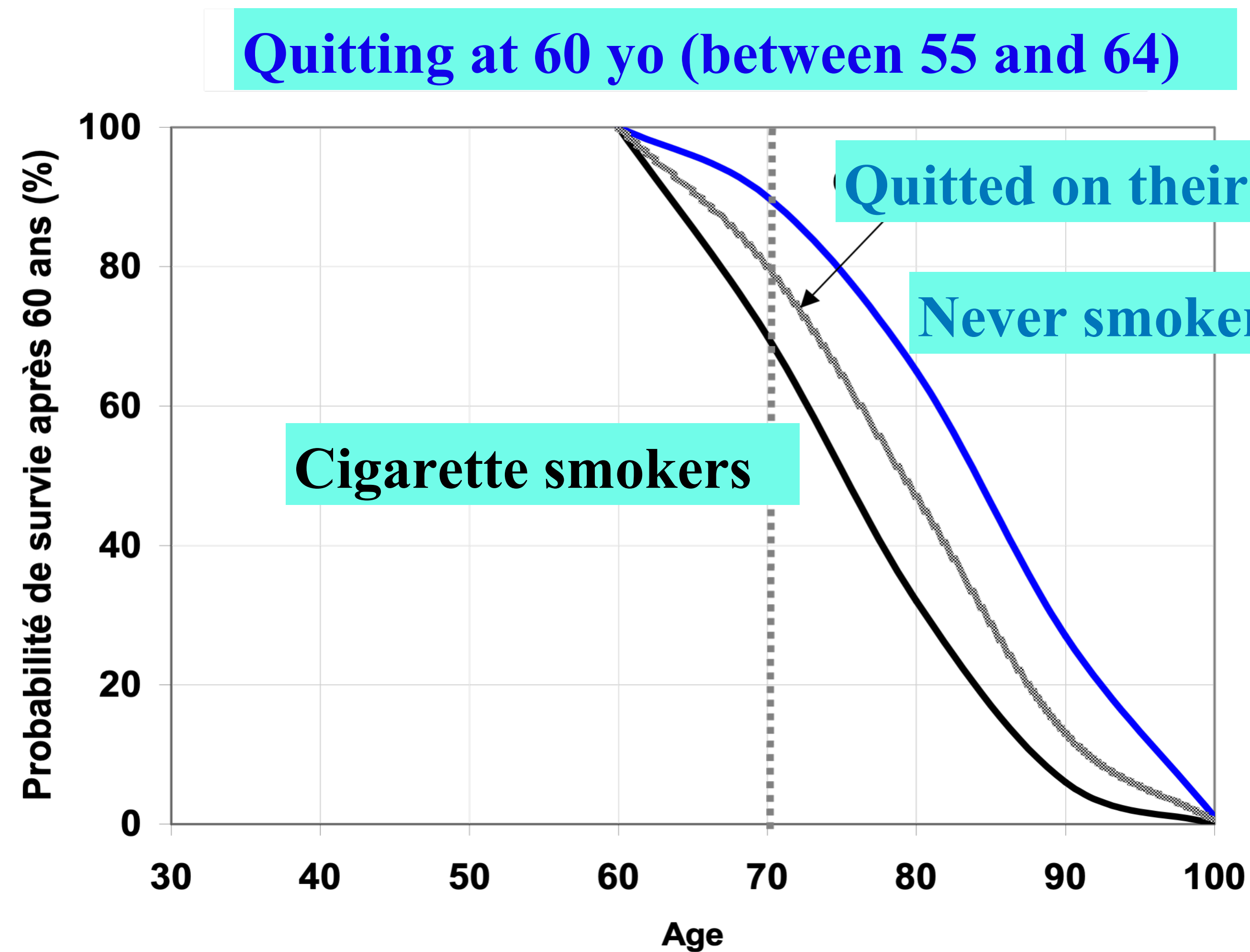
**Quitting is strongly beneficial**

**Quitting stopping at age 40 increases life expectancy by 7 years**



Quitting is strongly beneficial

Quitting at age 40 increases life expectancy by 4 years

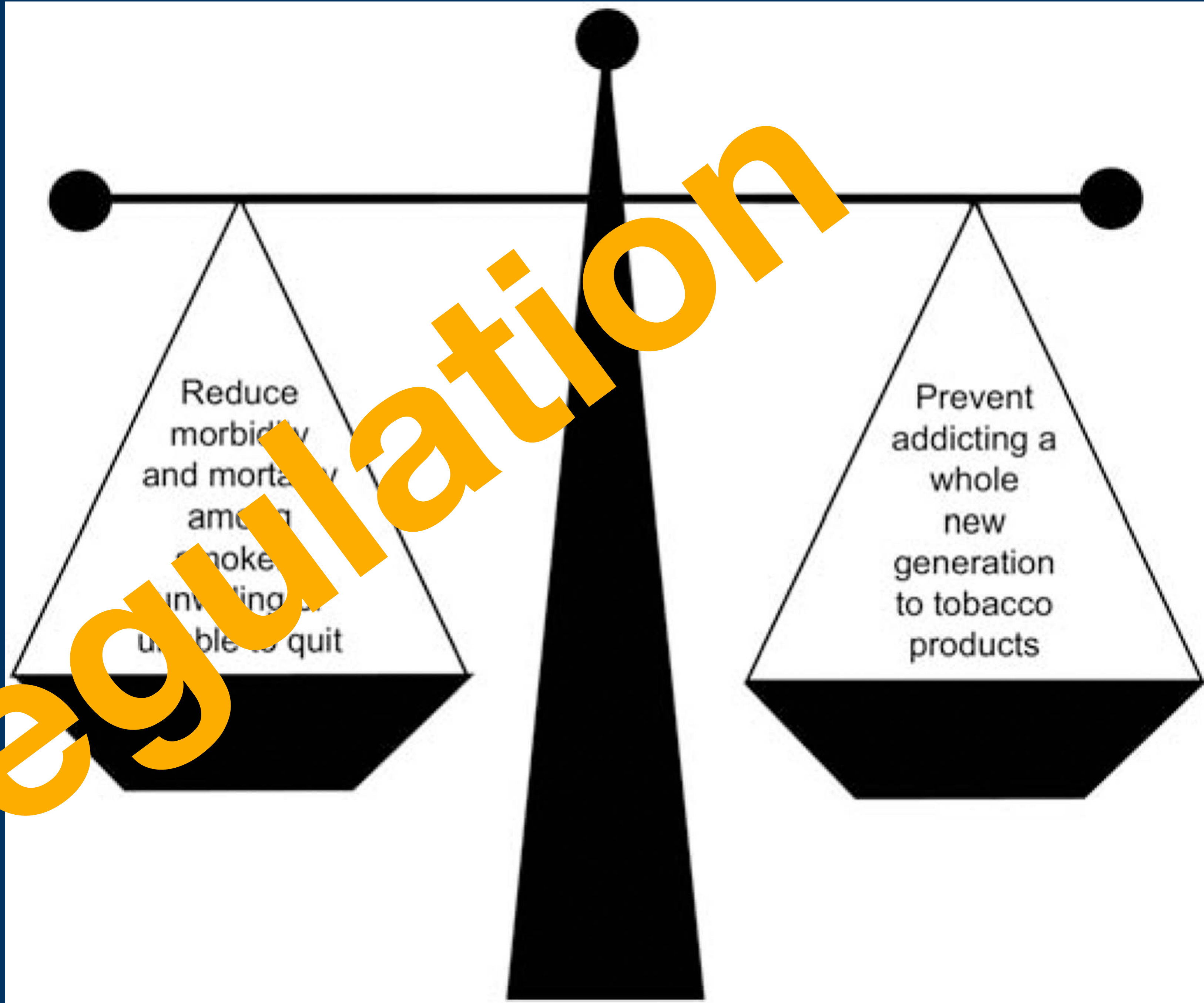


**Quitting is strongly beneficial**

**Quitting stopping at age 40 increases life expectancy by 1 year**

# Tobacco HR

Regulation





# In the other hand is HR a tobacco solution to tobacco problem ?

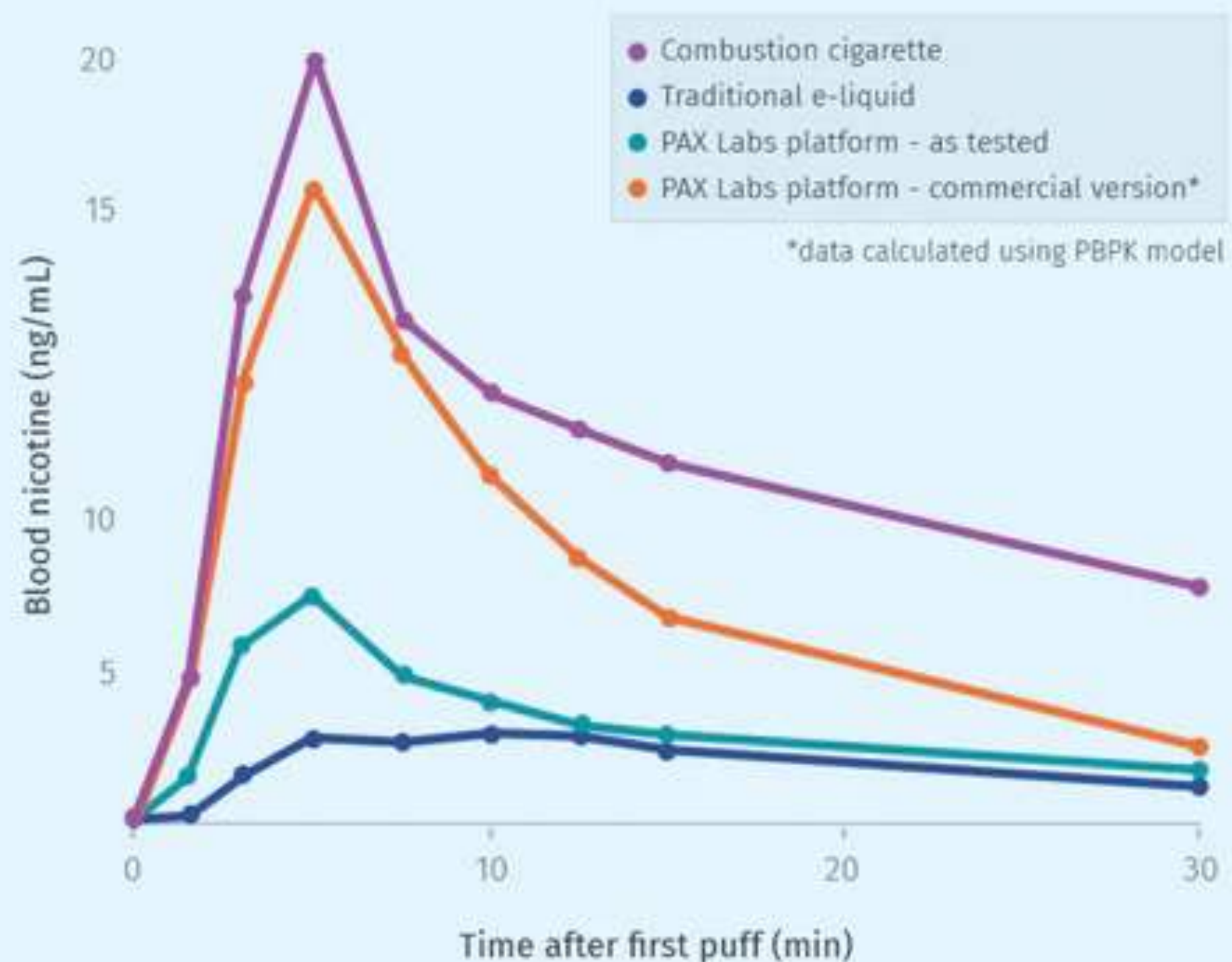
- Tobacco companies frame HTPs as less harmful alternatives to cigarettes, while the WHO continues to urge caution, stating that independent scientific evidence does not bear out these claims
- Research on heated tobacco products (HTPs) is less developed than that relating to e-cigarettes.<sup>110,111</sup> However, the general independent scientific consensus is that when smokers switch fully from conventional cigarettes to HTPs, they are exposed to reduced levels of some harmful substances.<sup>112</sup> However, HTP users are also exposed to higher levels of other potentially harmful substances and the subsequent risks of harm, especially after long-term use, remain unknown.<sup>112, 113</sup> There is also no definitive evidence that they help people stop smoking cigarettes.
- The UK Cochrane review, published in January 2022, noted that to date all randomized control trials (RCTs) assessing the safety of HTPs had been funded by tobacco companies. Of the eleven trials eight were “at unclear risk of bias and three at high risk”.<sup>112</sup> The Cochrane reviewers concluded that: “Independently funded research on the effectiveness and safety of HTPs is needed.”
- A number of scientists influencing the debate on harm reduction or newer products are funded by the tobacco industry



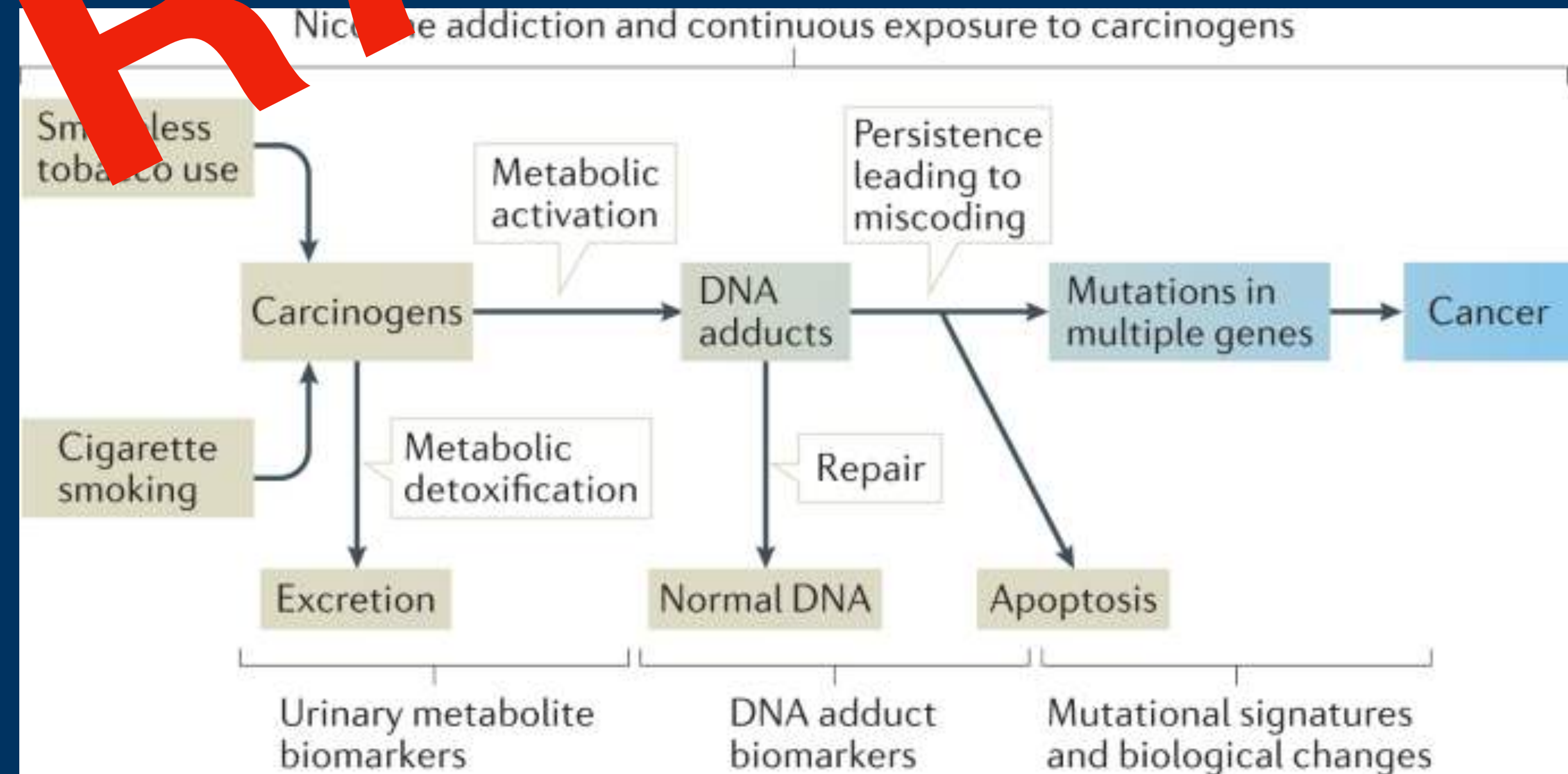
# To my point of view there are 3 major evidences

The early pic of nicotine is a major factor of success in cessation

- Burned tobacco at 850°C generates 50 carcinogens in tar
- Heated tobacco at 450° C is different and doesn't produce tar.

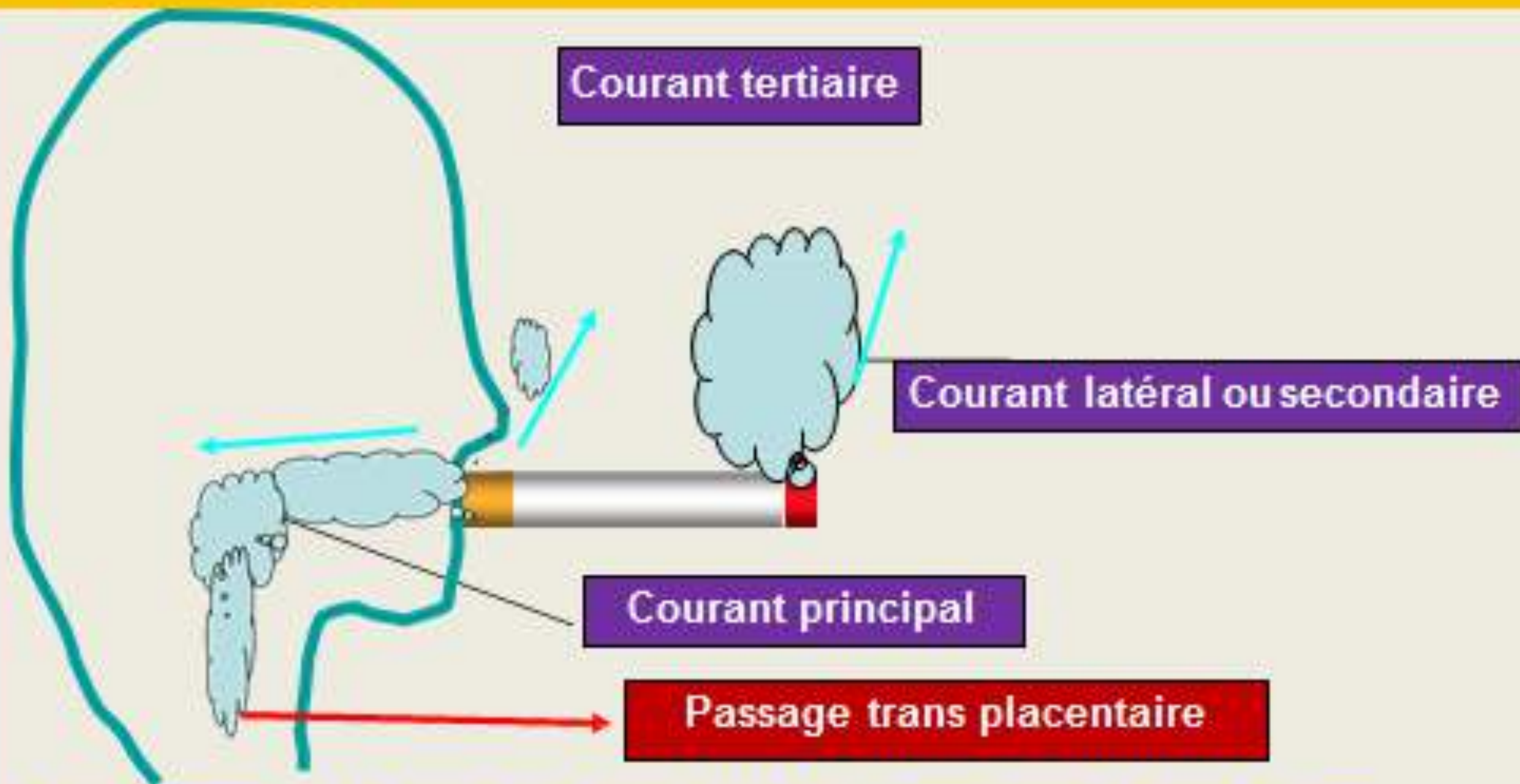


PR7



To my  
are 3 r

## Les 3 courants de la fumée de cigarettes



Source: DAUTZENBERG B, Le tabagisme passif. Version du 8 mai 2001. Direction générale de la santé. Paris, 2001.

# Next steps are

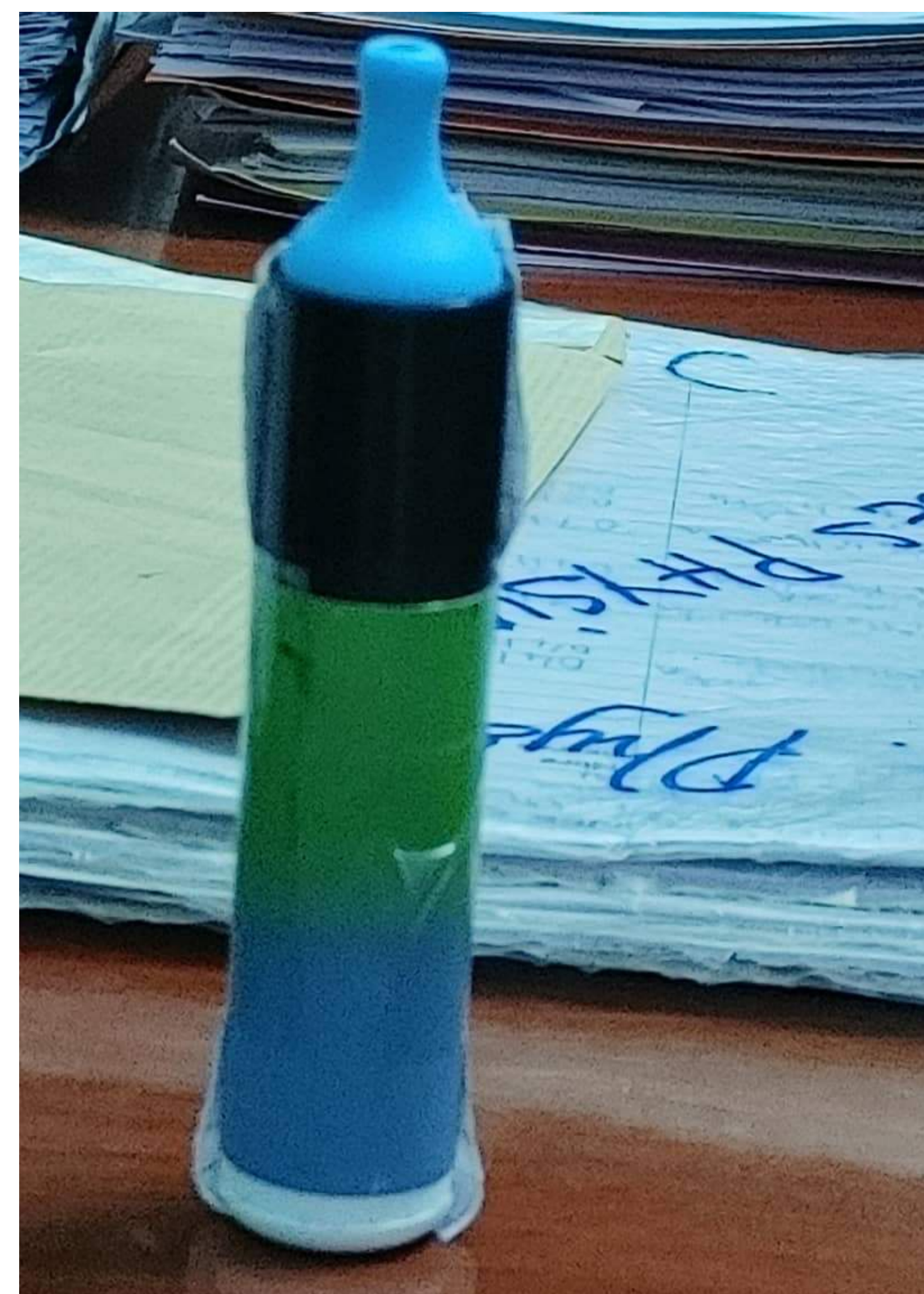
- **Train, train and train again all TC stakeholders**
- **Policy change to regulate HR**
- **Behavioral change (toughest point)**
- **Research to generate evidence in LMI**
- **Deaths, diseases and disabilities reduction by HR**
- **TC Economics**

# Big need in regulation (1)

- On 27 July 2020, the WHO issued a statement reminding parties that **"Heated tobacco products are tobacco products"**
- The WHO guidelines on newer products and their regulation (July 2018), recommending that **"HTPs should be subject to the same policy and regulatory measures applied to all other tobacco products"** in line with the FCTC.
- In March 2019, the Secretariat of the WHO FCTC issued an information note, which compiled all Conference of the Parties (COP) decisions related to e-cigarettes. A few months later, the Secretariat released a statement **urging governments to remain vigilant**,
- **"novel and emerging nicotine and tobacco products...are creating another layer of interference by the tobacco industry and related industries, which is still reported by Parties as the most serious barrier to progress in implementing the WHO FCTC"**.
- It also reminded Parties of their obligations under Article 5.3 to **protect tobacco control policies and activities from all commercial and vested interests**, continue to work to interject themselves into activities promoted under the WHO Framework Convention on Tobacco Control (FCTC), particularly criticizing Article 5.3, which seeks to protect public health policy-making from their commercial interests, and why their allies seek to pressure and undermine the WHO
- The global tobacco control priority remains the implementation of comprehensive, evidence-based, well-enforced population level policies. As outlined in the FCTC these aim to **reduce the uptake of smoking by young people and prompt smokers to quit**. They include policies such as **tobacco tax increases, bans on promotion, restrictions on availability**, and the implementation of WHO FCTC Article 5.3.

# Big need in regulation (3)

- **Individual countries are at different stages in their regulation of HTPs; some have banned them outright, while some in Europe have allowed their sale under certain regulatory conditions.**
- In some countries (such as New Zealand and Canada) **'endgame'** approaches to creating a tobacco- and nicotine-free future are increasingly being discussed, for example **de-nicotinising tobacco products**.
- **"WHO reiterates that reducing exposure to harmful chemicals in Heated Tobacco Products (HTPs) does not render them harmless, nor does it translate to reduced risk to human health. Indeed, some toxins are present at higher levels in HTP aerosols than in conventional cigarette smoke, and there are some additional toxins present in HTP aerosols that are not present in conventional cigarette smoke.**



# Regulations in Senegal are underway

- 2014 TC needs to be revisited with MOH, General Secretary of the Govt
- FTCT 5.3
- **Taxation** to finance Medical insurance (include alcohol and transformed food containing sugar, fat and salt)
- Ban advertising , promotion and sponsoring
- **Smoke free**
- **Licensing could create jobs and regulate**
- Smuggling
- New tobacco products delivery
  - Total ban water pipe
  - Define strict norms for HR including e-cigarette and HTP



« If you know you don't know, one day, you will know.  
If you don't know you don't know, you will never know ».  
Amadou Hampathe BA

*Le savoir dans l'enracinement et  
l'ouverture.*

## Université Amadou Hampathé BA de Dakar

### Plan stratégique 2023-2025 pour la formation continue et la recherche dans le tabagisme.



In Africa, when an old man dies, it's a  
library burning.

— Amadou Hampate Ba —

AZ QUOTES

UAHB, Dakar, le 22 novembre 2022

Réalisé avec le support de  
Cailcédrat Consulting SAS

