



DETAILED REPORT & MATERIAL

A highly successful **3rd Scientific Summit on Tobacco Harm Reduction**, held virtually, concluded on Friday, September 25th. More than 300 attendees from 38 countries* watched and participated in the event's sessions and panel discussions, featuring 50 renowned speakers.

** Argentina, Australia, Austria, Bosnia, Brazil, Bulgaria, Costa Rica, Canada, Croatia, Cyprus, Estonia, Greece, Hungary, India, Indonesia, Italy, Jordan, Kenya, Latvia, Lebanon, Lithuania, Malaysia, Moldova, Morocco, Mexico, Norway, Poland, Portugal, Romania, Slovakia, South Africa, Spain, Sweden, Switzerland, Thailand, Tunisia, Turkey, UK*

The culmination of the 3rd Scientific Summit was the announcement of the founding of the **International Association on Smoking Control & Harm Reduction (SCOHRE)**; **40 scientists** from **21 countries** voted, and endorsed the Declaration formulated by the Association Founders.

[Declaration of Founding Members \(APPENDIX\)](#)

24TH SEPTEMBER (1ST DAY) SESSIONS

Tobacco Control Policies - Do they work?

Dr. **Stamatoula Tsikrika** opened the session on **Tobacco Control Policies**. To expand the fight against the tobacco epidemic, WHO has introduced the MPOWER package of six proven policies, she said. MPOWER focuses on reducing tobacco demand, which, if adopted at the highest level, would achieve the global tobacco control target of 30% relative reduction by 2020.

Effective policy and programmatic interventions that work to reduce the demand for tobacco products and death, disease, and economic costs that result from their use, are highly cost-effective, but unfortunately are underutilized, she added.

“More prominent package warning labels are effective in increasing awareness of health risks, promoting quit attempts, and increasing quit success. Furthermore, graphic warnings are more effective than text warnings”, Dr Tsikrika pointed out. On the other hand, control of illicit trade in tobacco products is the key supply-side policy to reduce tobacco use and its health and economic consequences.

The market power of tobacco companies has increased in recent years, she noted, creating new challenges for tobacco control efforts.

“Although it seems that controlling the global tobacco epidemic shows some progress, concerted efforts will be required to ensure that progress is maintained or accelerated”.

Tobacco control and smoking prevention must be priority issues for public health, Dr Tsikrika concluded. Prevention is more effective than cessation and prevention activities should target young children, prior to smoking initiation age.

Young people are particularly vulnerable to become addicted, Dr. **Lion Shahab** noted, because developing brain is affected more strongly by exposure to addictive substances and they also are more easily influenced by peers and marketing.

Very few people start smoking after the age of 21 (~10%), but the last decade we see an upward shift in initiation age from <18 to 18-21 years from 70/30 to 65/35, he added. Data show that prevalence of dependence and long-term health consequences both decrease as the age of smoking onset increases.

According to surveys, tobacco advertising/promotion leads to increased adolescent smoking, Dr. Shahab continued, and point-of-sale display ban is associated with a significant reduction in experimentation.

Existing tobacco control strategies can be effective and impactful, he concluded. “Interventions, family- and school-based, have shown to reduce smoking initiation more than 20%, campaigns 30-40% and policy change that combines age of sale increase with point-of-sale display ban leads to 30-40% reduction of smoking initiation”.



Dr Lund, Dr Toumbis, Dr Tsirikla, and Dr Shahab.

Four in 5 smokers say that they would not smoke if they had their life over again and 3 in 5 had tried to quit in the last five years, Dr. **Georgios Goumas** underlined.

The impact of a reduction in 35% of the prevalence of smoking prevented nearly 25,000 CHD deaths in England and Wales between 1981-2000, he continued, while the percentage of smokers who quit smoking increases when the support and the pharmacotherapy they need is added to their effort.

“Results from a review including 20 studies showed a 36% reduction in crude relative risk of mortality for patients with CHD who quit compared with those who continued smoking”, Dr. Goumas said.

The strength of an individual’s nicotine dependence is a key predictor of how likely the individual is to relapse after stopping smoking, he pointed out.

People who smoke about one cigarette each day have about 40-50% of the excess CHD and stroke risk associated with smoking 20 cigarettes per day, Dr. Goumas added, concluding that hospitalization for an acute cardiovascular event provides an important opportunity for quitting smoking. Smokers are often strongly motivated to quit because the risks of smoking are now personal, he said.

Most of smokers know that they should quit, 70% want to quit, 40% have attempted to quit, but only 3%-5% manage to quit without medical help, Dr. **Paraskevi Katsaounou** said, and only 5% of Europeans have attempted to quit using medical support or smoking cessation services.

She stressed that the industry aggressively promotes e-cigarettes as a safe smoking-cessation tool, but “there is insufficient evidence that e-cigarettes could be effective for smoking cessation, since pragmatic RCTs show that quitting rates are very low. Most e-cigarette users are dual users, using e-cigarette as a supplement and not as a cessation tool”.

Nicotine Replacement Therapy use for tobacco harm reduction is evidence-based, extremely safe and less addictive than e-cigarettes, Dr. Katsaounou noted.

Therefore, in the context of smoking cessation, clinics optimal behavioral and pharmaceutical treatments should be promoted before recourse to e-cigarettes, she proposed.

KEYNOTE SPEECH: Risk proportionate regulation and the science to support it

David T. Swenor J.D., first keynote speaker at the **3rd Scientific Summit**, talked about “Risk proportionate regulation and the science to support it” and how we can use regulation and science to get rid of the of cigarette-caused epidemic.

Smoking is regarded differently than other public health issues that we dealt with historically; yet the same principles apply to smoking. Good public health practice means, when we identify a risk, we seek to reduce it-he said- using medical science to investigate what causes disease, and policy to deal with it. Policy is about changing the rules and using regulation (and litigation) to **reduce health risks**, he noted; to take measures against the most hazardous products. There is a vast range of examples, where industries were transformed to ensure more safety.

In the case of cigarette smoking, although we know for decades that cigarettes are deadly—cigarettes kill nearly 2/3 of their long-term users—and it is the fact that they inhale smoke that is deadly. In other words, while people smoke for the nicotine, they die from the smoke.

Based on this knowledge, there is a potential for people who seek nicotine to get it through other less hazardous products, without the smoke, and it is possible to change to non-combustible smoke; the technology already exists and there are examples—such as Norway, Iceland, Japan—where the transformation to non-combustible products has been achieved.

So far, we dealt with issues about the product, such as accessibility, prices, warnings on ingredients, information and advertising about the hazards to smokers and to others. **But the product itself is the problem**, in the sense that we have allowed a deathly product to stay on the market. And we have the potential to do a dramatic change, really quickly.

What the risk-proportionate regulation would look like, in the case of cigarettes?

Regarding accessibility, risk-proportionate taxation, so that the more hazardous products, such as cigarettes have a much higher taxation than the low-risk products. The bigger the differential, the more likely the people will move to alternative, lower risk products. Also, we can have different points of access, so that lower risk products are easier to buy. The information on

alternative products needs to be more accurate, in order to reverse the current misinformation on the risks of these products.

But why were the changes, which could have been implemented really fast, delayed? One reason is that many of those who were involved in battling tobacco, had an “abstinence only” approach to nicotine. Unfortunately, this approach has been a gift to cigarette companies keeping competition off the market and making incredible profit for the tobacco industry, Prof. Sweanor said. And he added:

Cigarettes make a return on capital, earnings that dwarf what you see in other industries. People think Apple is an incredibly profitable company, but the profit of Apple on sales are half of Altria on cigarettes ...



Professor Sweanor.

We need to change this so that consumers have an incentive to move to less hazardous products, the industry has an incentive to transform and open-up to competition so that new ideas and technology so that we help “get rid” of cigarettes. In conclusion:

We have this amazing opportunity: we have what is needed, and we understand the science, the market, we understand what consumers will do; we have the ability to transform the cigarette business into something entirely different in a short period of time. In doing so, we have the potential to have one of the biggest public health breakthroughs ever seen.

Public Health Policy and Regulation - What is expected in the future?

“Public Health Policy & Regulation and what is expected in the future?” was discussed in this session chaired by Professor **Panos Vardas** with the participation of prominent figures in smoking control strategies.

Nicotine/Tobacco is an ideal area for harm reduction, started his speech Professor **Karl Fagerstrom**, since it is used largely because of nicotine and pure nicotine, and even unburned tobacco, is much less problem than its health consequences.

Giving examples from 4 countries where harm reduction is in practice with different kind of products, Professor Fagerstrom pointed out that in Sweden and Norway tobacco use prevalence has been significantly declined; in Japan tobacco sales have shown a 30% reduction in a three-year period, and UK cigarette smoking prevalence reached a historic low of 15.1% in 2017, with an accelerated annual rate of decline from about 2009.

Today e-cigarette is still the most used aid to quitting, he added, as it is an easier, more gradual approach characterized by high similarity to cigarette smoking. When smokers want to quit cigarette smoking, he explained, they decide which approach they will use considering both the similarity to cigarettes and its harmfulness.

Harm reduction is already happening in Sweden, supported by epidemiological studies, he mentioned, and Swedish snus has been accepted as the first reduced risk product by FDA.

“The final battle for harm reduction is not so much on how safe the harm reduction products are, but if nicotine can be eradicated or will be accepted”, Professor Fagerstrom concluded.

Dr. **Michael Toumbis** presented the recent tobacco control data and tobacco control progress, pointing out that although WHO FTCT (Framework Convention on Tobacco Control) provides a comprehensive strategy for parties to combat the tobacco epidemic and sets out a broad range of evidence-based measures to reduce tobacco demand and supply, unfortunately does not adopt harm reduction strategy except the NRTs.

Nevertheless, he continued, the current rate of progress in tobacco control is not fast enough and it is imperative to find additional ways to accelerate the decline of smoking. Multidimensional framework, which evaluates toxicity/harmfulness, appeal or popularity and dependence for nicotine-containing products, provides a roadmap to help inform a harm minimization framework and to guide research, policy, and practice.

Harm reduction approach can complement proven current tobacco control efforts of prevention and cessation, Dr. Toumbis said. The opportunity depends on finding the appropriate balance between product safety, customer appeal and regulations targeted specifically to decrease the use of conventional, combusted tobacco products, he continued.

Tobacco control strategies should adopt the concept of harm reduction in developing coordinated regulations, policies, and interventions to rapidly move smokers, towards less harmful nicotine delivery products, he said, adding that policies and regulations must be aligned on the basis of proportionate harm of the nicotine products.

“Harm reduction is an evidence-based approach to tobacco control, which, along with other proven tobacco control interventions, can simultaneously prevent youth from starting to smoke and help current smokers stop, saving many lives more quickly than would otherwise be possible”, Dr. Toumbis concluded.

Public health risk communication, Mr. **Clive Bates** indicated, is key for tobacco control policies and programs, since perceptions of the targeted population can largely affect their results and efficacy.

“A recent UK survey”, he explained, “showed that only 12.5% of participants believed that some smokeless tobacco products, such as chewing tobacco and snuff, are less harmful than tobacco smoking and only 3.6% believed that electronic cigarettes are much less harmful compared to smoking cigarettes”. Additionally, 56.5% of participants strongly agreed or agreed that the nicotine in cigarettes is the substance that causes most of the cancer caused by smoking.

Public health risk communication should be based on the consumer’s perspective and not the corporate one, Mr. Bates noted, and warnings should be based on the magnitude of risk. Mangled messages are misleading, he added, as they fail to communicate the real and exact risks to the consumer.

New harm reduction products should de-normalize smoking and not normalize it, Mr. Bates pointed out, since they are clearly anti-smoking technologies. Unfortunately, in the name of

uncertainty, we are over-regulating these products, he added. These products have an acceptable risk, not zero risk, they are not risk-free, he continued, but we know for sure that they cause less harm compared to combustible cigarettes.

Clinical Assessment and Research

In the afternoon session entitled “Clinical Assessment and Research”, chaired by Dr **Peter Harper** and Dr **Ignatios Ikonomidis**, results from several studies on alternative tobacco products versus standard cigarette smoking were presented (Day-1 of the Summit).

Konstantinos Farsalinos, MD, MPH, Adjunct Professor, and highly cited researcher presented an **update on e-cigarettes research**, over the last year.

A “failure in science communication” was the result over the investigation of an outbreak of hundreds of cases of acute inflammatory lung disease observed in the US since July 2019. The disease was named EVALI “E-cigarette or Vaping-Associated Lung Injury”, yet the outbreak was finally linked with Vitamin E. Nevertheless, most people believe that conventional (nicotine) e-cigarettes are the reason for EVALI and THC content is irrelevant.

Disambiguation was needed regarding a research on e-cigarette use and Myocardial Infarction among adults in the US (PATH study), which strongly associated e-cig daily use with cardiovascular disease. Key information about the timing of e-cigarette use and MI was known to the authors, but was not used; as a result, findings were not accurate and the study was retracted, Prof. Farsalinos pointed out.

Prof. Farsalinos also referred to studies among young people, that show e-cigarette use in youth to be mostly experimental and largely confined to smoking youth. At the same time, strong and rapid reduction in youth smoking rate has been observed over the last decade, he noted.

Christelle Haziza, Director Health Science & Biostatistics at Philip Morris, in her talk “**The potential to reduce the risk of smoking-related diseases when switching from smoking to the tobacco heating system**” presented the results of an exposure response study (ERS), of 12 months overall, in adult healthy smokers who were not willing to quit, and were randomized to THS or to cigarettes. Concurrently, a 12-month smoking cessation study was conducted with adult healthy smokers, willing to quit.

At least 40% of the Smoking Cessation effect was preserved for 5 out of the eight biomarkers of potential harm (BoPH) in smokers who switched to tobacco heating system (THS).

More than 66% of the Smoking Cessation effect was preserved for: HDL-C, white blood cell, FEV1, carboxyhemoglobin, total 4-(methylnitrosamino)-1-(3-pyridyl)-1-butanol, 8-epi-prostaglandinF2 α ; s-intercellular adhesion molecule-1.

This effect provides additional evidence that THS potentially reduces the risk of developing smoking-related diseases in smokers who would otherwise continue smoking.

Charalampos Vlachopoulos, Professor of Cardiology at the Athens Medical School, in his talk presented research that studied the **acute effects of heat-not-burn versus standard cigarette smoking in smokers based on various cardiovascular markers**.

He stressed that cardiovascular markers are more complicated to test in a preclinical setting because, unlike carcinogens, there is not one particular marker that causes CAD, but a combination of them and, to a large extent, the pathophysiological mechanism is unknown. Regarding circulating biomarkers, it was found that IQOS (heat-not-burn system, HNBC) emitted far lower levels of potentially harmful carbonyl emissions than a combustible cigarette, but higher levels than an e-cigarette, he said.

He concluded that given the predictive role of arterial stiffness, the finding that HNBC is negatively impactful on aortic stiffness casts doubt on the advocating of smoking HNBC as a risk-reduction product among current smokers for the primary and secondary prevention of cardiovascular diseases, at least in the short-term.

Prof. **Giuseppe Biondi Zoccai**, Sapienza University of Rome, Italy talked about **novel smoking products and cardiovascular risk**, and presented results from “Sapienza University of Rome- Vascular Assessment of Proatherosclerotic Effects of Smoking (SUR-VAPES) Study Program”. Research showed e-cigarettes to be modified risk tobacco products, which may improve cessation rates and persistent abstinence from traditional combustion cigarettes. Nevertheless, electronic cigarettes may have substantial cardiovascular adverse effects, both acutely and long-term, and their use should be considered only for smoking cessation in patients at low cardiovascular risk, and with a specific time for eventual discontinuation, Prof. Biondi Zoccai said.

John Thymis, scientific associate at the University of Athens, presented the results of a study by researchers from the National & Kapodistrian University of Athens and Imperial College, London, UK, on the **differential effects of heat-not-burn and conventional cigarettes on coronary flow, myocardial and vascular function**.

The study investigated the effects of heated-not-burned tobacco product (HNBC) on endothelial function, arterial stiffness, myocardial deformation, oxidative stress, platelet activation both in an acute context and after 1 month of switching to HNBC use in comparison with traditional cigarette.

Compared to baseline, conventional cigarette smoking acutely increased exhaled CO, and other biomarkers, while no changes were observed after HNBC. Compared to resuming cigarette smoking, switching to for 1-month improved CO and thromboxane B2. In conclusion, HNBCs exert a less detrimental effect on vascular and cardiac function than tobacco cigarettes.



25TH SEPTEMBER (2ND DAY) SESSIONS

HOT TOPIC: COVID-19 and nicotinic cholinergic system

The second day of the Summit started with the hot topic “COVID-19 and nicotinic cholinergic system: an interaction which affects Public Health”, discussed by Professors Konstantinos Poulas and Konstantinos Farsalinos.

Consistent clinical observations have shown a low prevalence of smoking among hospitalized COVID-19 patients; the number of smokers showing severe COVID-19 that requires hospitalization is by far lower than expected based on population smoking rates. Still, the very few smokers who are eventually hospitalized are having increased odds for adverse outcomes.

In April 2020, it was hypothesized for the first time that the nicotinic cholinergic system may be implicated in the pathophysiology of severe COVID-19 and recently researchers decided to check this hypothesis. More specifically, given that dysfunction of the nicotinic cholinergic system could explain clinical manifestations of COVID-19, there may be a direct interaction between SARS-CoV-2 and the nicotinic cholinergic system.

The cholinergic anti-inflammatory pathway is an important regulator of the inflammatory response -if functional, it could block not the infection of COVID-19 itself, but the expression of its severe symptoms.

The proper functioning of the cholinergic anti-inflammatory pathway is mediated mainly by the nicotinic cholinergic system. The interference of SARS-CoV-2 with nicotinic cholinergic receptors leads to the undermining of the anti-inflammatory function of the cholinergic anti-inflammatory pathway and to severe symptoms.

Therefore, the prevention of the effect of SARS-CoV-2 on the nicotinic cholinergic system could have potential therapeutic implications, if we could find a way to protect the nicotinic cholinergic receptors from SARS-CoV-2 getting bound to them. A pharmacological agent that could prevent that binding could be nicotine.

Nicotine has well-established pharmacological effects and has been available for years as an approved medication in various forms. Therefore, nicotine represents a compound with promising prospects if proven to be associated with therapeutic benefits, while other approved compounds that have the capacity to interfere with the nicotinic cholinergic receptors could also be examined for potential effects, Professors Poulas and Farsalinos concluded.

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Logos: FARSALINOS, LIVES, PATRAS, UNIVERSITY OF PATRAS, Tzartos NeuroDiagnostics, Imperial College London, etc.

KEYNOTE LECTURE: The role of medical community in policy making on tobacco control

Professor David Khayat in his keynote lecture today, sought to answer the question “Could the scientific and medical community play a role in making policy makers to reconsider the tobacco control strategies?”

Not only in the past but even in the present, Professor Khayat said, all policy makers receive guidance most often by epidemiologists and not clinicians, by people who have never seen a real patient, who have never really taken care of these human beings affected by cancer or cardiovascular disease due to tobacco. If we want to improve the situation in the future, he stressed, we have to empower doctors, since they are the only population that know the science and care for the patients.

Speaking about the current situation in the field of tobacco control, Professor Khayat pointed out that everything is based on the international convention that has been signed in 2005 by more than 181 countries, with the goal to eradicate smoking. According to this convention, tobacco control means for smokers that they “quit or die”, and that if they die, it is their fault. Of course, doctors cannot accept something like this as the only existing option for their patients. Fortunately, this policy is not generally accepted anymore, he added, since there are many countries that have changed their position for tobacco control and recognize that today, due to innovation we have also other options, like snus, e-cigarettes and heated tobacco products.

“Countries with the lowest number of cigarettes smoked have something in common, they have embraced tobacco harm reduction strategies,” he said. Sweden, Norway and Iceland have accepted snus and UK e-cigarettes.

The real issue when we talk about smoking is cancer, Professor Khayat said, since this disease is a major public health issue. Smoking was the number one risk factor globally for developing cancer since 1990 to 2017, which means that whatever the tobacco control policies were all these years, they have failed. Cancer development is a matter of dose response, Professor Khayat added, since the greater the amount of carcinogens you are exposed to, the higher the risk of cancer.

“People make poor lifestyle choices despite suffering negative health effects,” he commented, and added that,

Harm reduction strategy is based in accepting that at some level our bad behaviors are inevitable; therefore, this strategy targets to minimize the harms people suffer as a consequence.

“The question if innovation in harm reduction can save lives is very important, since at the end of the day doctors want to save lives, the lives of their patients,” Prof. Khayat said. Examples from various countries show that innovation can do that, he added. In Sweden, where smokers have been given the possibility to switch from cigarette smoking to snus, they had a huge decrease in the number of cigarette smokers; therefore they had also a significant decrease in the tobacco-related mortality (lowest in the EU).

As doctors, how can we accept that these innovations are not available everywhere and to all citizens? Prof. Khayat wondered.

Quitting tobacco smoking is by far the better option, he noted, but unfortunately 64% of smokers diagnosed with cancer continue to smoke. Lifestyle change may be the best care in theory, he added, but it has a high failure rate. Harm reduction acknowledges the patient’s values as strength *not* a weakness, accepts people’s freedom to choose unhealthy behaviors, but reduces their harm through innovation.

Patients deserve the best available care, and doctors must focus on providing their patients and/or future patients with the best care.

As doctors, we owe this to our patients, it is our duty, as well as the honor of our profession, Professor Khayat concluded.

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CONCLUSION

Life & Death

Sufferance

Sympathy

Hope

It is **NOT** a question of
"COULD"
... But a matter of **"SHOULD"**

As a doctor we **"OWE"** it to our
patients ...

It is our **"DUTY"**
and the **"HONOR"** of our profession!

UNIVERSITY OF THESSALY
LMIB
UNIVERSITY OF PATRAS
UNIVERSITY OF AEGEAN
Department of Health, Behavior, & Society
Department of Public Health & Community Health

LECTURE: New Legislation on smoking control in Greece

The “New Legislation on smoking control in Greece” was the subject of Mr. **Ioannis Faropoulos’** talk, as Scientific Advisor to the General Secretariat for Public Health of the Hellenic Ministry of Health.

The integrated **National Action Plan for the control of tobacco** of 2019, Mr. Faropoulos explained, contains 4 pillars of actions: Prevention of smoking-less engagement in any kind of smoking and vaping; Protection of the population from passive smoking-implementation of the antismoking law; Smoking Cessation-Assistance to Quit Smoking in Specialized Smoking Cessation Centers; and Assessment of Novel Tobacco Products-Harm Reduction Principle.

Traditionally, Control Action Plans usually were based on the first 3 pillars, Mr. Faropoulos said, but obviously these were not enough, considering that, according to WHO, today there are about 1 billion smokers worldwide and this number is expected to remain intact for the next 10 years, despite all health measures and tax-related initiatives taken by the global community and States.

The introduction of a harm reduction approach in the National Plan is based on Public Health obligation to provide any possible protection to all citizens, including smokers, Mr. Faropoulos said.

Of course, this decision does not favor smoking, he added, but it recognizes the State’s obligation to assess whether there are indeed better smoking choices than the traditional harmful cigarette.

In Greece, the harm reduction in smoking was legislated by the Law 4715/2020. By this Law, the Greek State recognizes the right of smokers to have accurate information on and access to better choices, and welcomes efforts being made with the help of technology to produce potential better products, Mr. Faropoulos said.

The image is a screenshot of a virtual summit presentation slide. At the top left, there is a logo for the '3rd Scientific Summit' with the subtitle 'Tobacco Harm Reduction: Novel products, Research & Policy'. The URL 'www.nosmokesummit.org' is displayed at the top center. On the left side, there is a video feed of a man, identified as 'I. Faropoulos'. The main content area is titled 'New Legislation on smoking control in Greece' and contains a bulleted list of key points: '2019 : Presentation of an integrated National Action Plan for the control of tobacco' and '4 pillars of Actions:'. The pillars are: 1st Pillar: Prevention of Smoking – less engagement in any kind of smoking and vaping; 2nd Pillar: Protection of the population from passive smoking – implementation of the antismoking law; 3rd Pillar: Smoking Cessation - Quit Smoking Assistance in Specialized Smoking Cessation Centers. At the bottom, there is a banner for 'a VIRTUAL summit' with the dates '24-25 SEPTEMBER 2020' and the URL 'www.nosmokesummit.org'. The footer contains several logos of partner organizations, including the Ministry of Health of Greece, the Ministry of Education and Religious Affairs, and the Ministry of Economic Development and Tourism.

Should Tobacco Harm Reduction become a Public Health Policy tool globally?

The question whether **Tobacco Harm Reduction should become a Public Health Policy tool globally**, was discussed at a panel discussion, on Summit's second day.

Participants in this panel have prominent roles in their countries, either in public health regulatory bodies or as harm reduction advocates, as Professor **Panos Vardas**, the chair of the session pointed out.

Professor **Charmaine Gauci**, Superintendent of Public Health within the Ministry for Health, Malta, focused on the impact of measures on youth. In Malta, there is an increase in tobacco uptake in youth, although they focus on prevention. But “we can't have patronizing messages to youth”, she said, and added that they work with methods especially appealing to youth, such as teams to influence them and with social media.

Regarding smoking cessation, Prof. Gauci said that they want to introduce alternative methods for young people, such as e-cigarettes and she emphasized that campaign messages must be carefully made to avoid “fashion and glamour” factors that could draw youth to alternative tobacco products.



Professor Charmaine Gauci

Karl E. Lund, professor in sociology at the Norwegian Institute of Public Health, and active in tobacco harm reduction, presented the case of snus use in Scandinavia as a proof concept of tobacco harm reduction.

Use of snus is widespread in Norway, and even more in Sweden. 20 years ago, in Sweden prevalence of smoke was high; now snus is more prevalent, being the preferred smoking habit, even in young adults (16-30 years). Snus is also used as smoking cessation aid in Norway and smokers who use it are by far the most successful in quitting compared to those who use NRTs or e-cigs.

Prof. Lund presented the current approaches of WHO and FDA on novel nicotine products regulation; WHO adopts a “traditional approach” based on banning potential harmful products; products which can't be ruled out that they'll have damaging effects in the future, and products that have an addictive potential.

Norway applied on snus the “weighting principle”—first adopted by the FDA—which consists in identifying absolute risk versus non-use, relative risk versus smoking, and usage patterns. Also in

calculating the net public health effect, which then, guides the type of regulation. Results show no or low association of snus with smoking-related diseases (lung cancer, other cancers, CVD, or diabetes). The availability of snus in Scandinavian countries has produced a net gain to public health, Professor Lund said. Health gains from smoking cessation, smoking reduction and smoking substitution produced by snus, have more than out-weighted the (marginal) health loss in the fraction of never-smokers taking up snus.

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K. Lund

Given the 'snus-user-configuration' - and the assumed risk difference between snus and cigarettes

The availability to snus has produced a net gain to public health

The combined numbers who have

- i) quit smoking for snus,
- ii) reduced smoking intensity by snus,
- iii) picked up snus instead of cigarettes

have outnumbered

- iv) snus users who otherwise would have been tobacco-free

Health gains from smoking cessation, smoking reduction and smoking substitution produced by snus, has more than out-weighted the (marginal) health loss in the fraction of never-smokers taking up snus

Logo of the 3rd Scientific Summit and logos of participating institutions: University of Liverpool, LIVER, UNIVERSITY OF PATRAS, and others.

Among harm reduction advocates, Professor **Karl Fagerstrom** commented that smoking prevention, smoking cessation, or harm reduction are complementary methods, and that we need all three against tobacco smoking.

He pointed out that according to research, to use nicotine-which is the ingredient tobacco users seek-in a relatively cleaner form, reduces harm. Snus is characterized as less harmful by FDA. But we have a large continuum of nicotine products, he added. Novel nicotine patches in cellulose, without tobacco, similar to NRT products, is one of them. As in other products, various types of nicotine/tobacco products exist.

The breach in the nicotine products continuum is burned tobacco because it is the combustion that causes disease.

People are not likely to give up drugs, like coffee or nicotine, so we need to find less harmful nicotine products, as we have decaffeinated coffee for instance. These measures are needed to minimize Public Health costs, Prof. Fagerstrom concluded.

Professor **Andrzej M. Fal**, MD, President of the Polish Society of Public Health pointed out that smoking has emerged as a new Public Health risk factor that kills not only smokers but also passive smokers. Also, smoking influences most pulmonological diseases, coronary disease, obesity, and other diseases, which makes it a special risk factor to be taken into account. In pneumonology offices, he noted, 30% of patients refuse to take any kind of therapy to quit smoking. Fortunately, we can now provide them with less harmful choices to meet their need/habit, so we have the obligation to provide them with these choices, he stressed. It is important to introduce reduced harm products to Public Health Policies, Prof. Fal said, considering evidence-based data on those products (including authorization by FDA of heat-not-burn products). He emphasized that, only products proven to be safe should be introduced as aids to smoking cessation. There is no point in introducing products equally harmful to smoking.

Fernando Fernandez Bueno, MD and military surgeon, and spokesperson of the Spanish Harm Reduction Platform, presented data regarding smoking control policy in Spain and the Platform's role.

Spain counts 9 million smokers but only 6000 e-cigarette users. However, traditional smoking cessation policies do not work anymore, so the Platform is an advocate to THR becoming a smoking control policy. Dr Fernandez Bueno described the Platform’s step-by-step approach to advance their aims: by helping the Spanish Health Ministry incorporate THR; by communicating their messages to the society; by setting out scientific observatories to assess security and quality of THR products, and by keeping all actors up to date.

He also presented a series of problems that the Platform has to fight, involving the perceived conflict of interest of its members, the questioning of the studies or data presented, and positions involving novel tobacco products and youth, etc.

Dr Fernandez Bueno noted that we need to follow the good examples of UK and New Zealand that set new rules in tobacco control and “help smokers who are our patients”. More actions must be taken: to give politicians easy solutions to implement, explain THR to MDs and nurses, offer support to smokers, engage in, and publish more research on the subject.

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ACTIONS

- HELP POLITICIANS TO LISTEN - GIVE THEM EASY SOLUTIONS
- EXPLAIN THR TO OUR COLLEAGUES (GP) AND NURSES
- OPEN PLACES TO HELP SMOKERS
- BE CHARM WITH PRESS
- DO NOT FIGHT AGAINST TROLLS
- SUPPORT THE THR SUMMIT
- BE ACTIVE TO WRITE PAPERS - MORE STUDIES

Logos at the bottom: THESSALY, LIVER, UNIVERSITY OF PATRAS, National and Capodistrian University of Athens, Hellenic Republic Ministry of Health, Hellenic Republic Ministry of Education and Religious Affairs, Hellenic Republic Ministry of Culture and Sports, Hellenic Republic Ministry of Labour and Social Security, Hellenic Republic Ministry of Economic Affairs and Development, Hellenic Republic Ministry of Infrastructure and Transport, Hellenic Republic Ministry of Justice, Hellenic Republic Ministry of National Economy and Financial Stability, Hellenic Republic Ministry of Tourism, Hellenic Republic Ministry of Environment, Energy and Climate Change, Hellenic Republic Ministry of Foreign Affairs, Hellenic Republic Ministry of Digital Governance, Hellenic Republic Ministry of Digital Policy and Communications, Hellenic Republic Ministry of Digital Transformation, Hellenic Republic Ministry of Digital Policy and Communications, Hellenic Republic Ministry of Digital Transformation, Hellenic Republic Ministry of Digital Policy and Communications, Hellenic Republic Ministry of Digital Transformation.

P. Vardas, K. Fagerstrom, A. M. Fal, F. Fernandez Bueno

To the question of Professor Vardas—and Summit’s participants—whether the industry should use flavors in e-cigarettes, Prof. Fagerstrom said that flavors are being used, given that acceptance of e-cigs by users is needed. He commented that he is ambivalent about it, due to the use of flavored e-cigs by young people and concluded that “few” flavors should be allowed, to prevent young people to be influenced.

Prof. Fal agreed and noted that the most dangerous products are the home-made liquids that cannot be controlled. It is important that products with proven safety are introduced, he stressed, and gave the example of heat-not-burn products which have been proven by research to show 95% less risk compared to conventional cigarettes, and 85% lower mutagenicity. He added that harm reduction is a “tertiary prevention” public health measure and that results will appear in future generations.

Professor Vardas summarized the dilemmas that present regarding smoking control: can we guide new generations to avoid smoking and its deadly effects? The “hardliners” doctrine consists in banning the habit totally, however this has been proved inefficient in other cases, he said, and stated the example of cannabis. A second dilemma is whether harm reduction policy is helpful to the young or is it a Trojan horse to other habits.

Prof. Vardas concluded:

We need to persuade the authorities, the WHO, to be more realistic. We should not have bad habits—he said—but the reality of the human beings is that they have a hedonistic nature and will always have catastrophic habits. Let us use the many choices and new technologies offered.



P. Vardas, K. Fagerstrom, A. M. Fal, F. Fernandez Bueno, K. Lund

PANEL DISCUSSION: The doctor’s dilemma: Providing guidance on alternative smoking products to adult smokers amid controversy and change

“The doctor’s dilemma: Providing guidance on alternative smoking products to adult smokers amid controversy and change” was the subject discussed in a panel discussion on the second day of the Summit, chaired by Dr. Dimitri Richter.

Harm reduction strategy aims to minimize the harms of any risk behavior in all areas, Dr. **Peter Harper**, Medical Oncologist in UK, said. Tobacco control is a political and scientific discussion. Although scientific evidence show that smoke-free products release much lower levels of chemicals compared to combustible cigarettes, many countries recommend to being treated with the same restrictions to combustible cigarettes. In Sweden, where snus is used, only 5% of population are smokers, compared to median rate 24% in EU, and the country has the lowest tobacco-related mortality in EU. Snus has been accepted and approved by FDA as a modified-risk product, while in EU it is banned. Harm reduction is an extremely important issue, Mr. Harper concluded, since doctors want to provide the best available care to all their patients. Signs are pointing that harm reduction works and can be a useful tool to help smokers quit, even if no long-term data exist.

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IS HARM REDUCTION ETHICAL FOR A DOCTOR?

The core values of the **HIPPOCRATIC OATH** have held throughout the different iterations. While modern versions may vary slightly, all versions promise to act in the **BEST INTEREST OF THE PATIENT AND TO PROTECT PATIENT PRIVACY.**

Patients deserve the best available care

- In theory → Lifestyle change = the “best care”
- In reality → Lifestyle change = high failure rate

- Evidence on lifestyle change is from large, randomized studies on compliant patients (because non-compliant patients are hard to study) → They don’t provide evidence on what the **“best care” is for non-compliant patients**
- **Harm reduction**
 - Acknowledges the patient’s values as a strength ... NOT a weakness
 - Accepts peoples’ freedom to choose unhealthy behaviors, but aims to reduce the harms → through science, innovations and alternatives
- Doctors **MUST** focus on providing their patients with **THEIR** “best care”

Dr. Peter Harper

Harm reduction is a confusing issue both for politics and community, Dr. **Efrain Cambronero**, Chief of Surgical Oncology in Costa Rica stated, as moral issues emerge. The main dilemma for doctors, he added, is if they should counsel their patients to use the harm reduction products or not. Sure, quitting is the best decision for smokers, Dr. Cambronero said, but we cannot ignore the fact that 30% of lung cancer patients continue to smoke. Above all, we should prevent young people from smoking and help smokers quit, he concluded, but for this group of hardcore smokers who cannot quit despite the risk, there is no dilemma, doctors have to help them at least to reduce the risk.

Professor **Manuel Pais Clemente**, at Porto University School of Medicine, Portugal, & Vice President of the European Medical Association, stated that during the last 5 decades, all guidelines, policies and regulations for tobacco control were talking about smoking prevention and cessation. But today, there is clinical evidence that we have also other tools to help people reduce the harm from smoking. Doctors must try everything to help their patients, he noted, smokers are people at risk, we cannot deny them our help, no matter what they do to help themselves. Harm reduction came to stay, Professor Pais Clemente added, since there will always be smokers and we need new alternatives to help these people suffer less health consequences.

Dr. **Piotr Kuna**, Chair, Division of Internal Medicine Asthma and Allergy of Medical University of Lodz, Poland, spoke about airway diseases associated with smoking and smoking-related lung function decline, indicating that loss of lung function is fastest at early stages of COPD. Data regarding smoking and mortality in COPD, he added, show that only 22% of patients quit smoking over a period of 14.5 years. Still, he pointed out, even if a person stops smoking just for a period and then relapses to his bad habit, his lung function will improve. In Poland, he stated, the recommendation for doctors is to follow a kind of protocol, where the advice to stop smoking is the first option and proposal for heat-not-burn products is the last option, saved for those who are not able to stop the hazardous behavior.

In Hungary, harm reduction products are a new concept, Dr. **Emil Toldy-Schedel**, General Director at St Francis Hospital of Budapest, noted, and therefore medical community still needs to clarify many matters, such as the best way to use them. Numbers of lung cancer/COPD in Hungary are the largest in Europe, he added, therefore it is necessary to collect opinions and discuss for programs to inform people about harm reduction products –both doctors and citizens.



If someone cannot quit smoking, he should be encouraged to use any tool available to reduce the risk for his health, Dr. **Michael Toumbis**, Pneumologist and President of the Cyprus Institute of Respiratory Diseases stated. It is true that harm reduction tobacco products are new, and their long-term safety is not yet known, he added, but it is a fact that they release lower levels of chemicals compared to combustible cigarettes. Of course, these products should be used as a tool to help people stop smoking and not as a substitute of combustible cigarettes, Dr. Toumbis mentioned. Unfortunately, harm reduction products are not yet adopted by WHO and FCTC, he concluded, and scientists should work towards this direction.

PANEL DISCUSSION: THR in low- and middle-income countries

The situation about tobacco harm reduction and how this approach is perceived in non-European countries, such as Indonesia, Costa Rica, Malaysia, Philippines, South Africa, Tunisia and India, was presented by seven prominent panelists at the panel discussion “**Tobacco Harm Reduction in low- and middle-income countries**” chaired by **Nimesh G. Desai**, Director of the Institute of Human Behavior and Allied Sciences (IHBAS), Delhi, India.



Nimesh G. Desai - Fares Mili - Rajesh Sharan - Amaliya Amaliya - Efrain Cambronero - Sharifa Ezat Wan Puteh - Kgosi Letlape - Ron Christian G. Sison

When e-cigarette was first introduced in Indonesia, nobody knew about harm reduction strategy and everybody believed that it was as harmful as conventional tobacco products, Dr. **Amaliya Amaliya**, Dental Surgeon from Indonesia pointed out. Although during the last three years the Government has decided to issue regulations and rules about e-cigarette, unfortunately there is still a lot of misleading information and strong resistance from health authorities supporting that it is as harmful as combustible cigarettes. There is still a lot of work to be done in Indonesia for harm reduction strategy to be recognized and accepted, Dr. Amaliya concluded, but hopefully there are also a lot of people working hard for it.

Unfortunately, Latin America, particularly Costa Rica, seems also to be lagging on the concept of tobacco harm reduction, Dr. **Efrain Cambronero**, Chief of Surgical Oncology in Costa Rica, stated. Tobacco harm reduction (THR) is an important measure that all countries have to implement, not only for its value for public health but also for the impact it can have in the economy, since smoking-related morbidity and mortality is associated with high healthcare expenditure and lost productivity. Complete smoking cessation is always the best option, Dr. Cambronero added, but THR products can be realistic alternatives for ‘hardcore’ smokers who fail to quit. However, WHO stands against THR, mainly e-cigarettes and heated tobacco products, a position that is not expected to change any time soon, and Costa Rica has strong ties with WHO. Reducing tobacco consumption through the implementation of comprehensive tobacco control programs, focused on preventing minors from getting access to tobacco products, and helping smokers to quit or reduce the risk of smoking for their health, can save lives and benefit the population in general. We need to remember that 80% of smokers are from our countries, Dr Cambronero mentioned, therefore implementing harm reduction approaches at population level in our countries is really important.

In Malaysia, combustible tobacco use is still an important problem, although smoking has been reduced during the last years, Professor of Hospital Management and Health Economics, **Sharifa Ezat Wan Puteh** said. According to 2019 data, prevalence of current tobacco smokers is about 21.3%, while prevalence of e-cigarette use is 5%, and that of heated tobacco products is still unknown. Unfortunately, a raise in taxes and the price of tobacco applied as a measure to reduce the consumption resulted in the growth of the market of illegal cigarettes in the country. Malaysian authorities aim to 15% fewer smokers by 2025, Professor Ezat Wan Puteh added. Yet, THR approach is not well received, since there are concerns about the efficacy of non-tobacco nicotine containing products, such as NRTs, and the possibility that e-cigarettes could, on the one hand increase onset of smoking in youth, and on the other hand, be used by smokers as complementary to combustible cigarettes. Additionally, there is no proper monitoring of use, switching and total abstinence in Malaysia. All these are problems that must be solved, she said, since harm reduction products can be very helpful especially for heavy smokers in Malaysia.

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**Tobacco Harm Reduction (THR)-
not well received**

- Alternatives to other nicotine products:
 - Switching to non-tobacco nicotine containing products, such as nicotine replacement therapies (NRT)---less efficient? Less standardized success / failure rates differ in country.
 - products such as electronic cigarettes---huge number are dual user? Seen as introducer to tobacco smoking for young population.
 - ENDS regulations are present, but adherence is poor, no proper monitoring of use, switching and absolute abstinence.

S. Ezat Wan Puteh

FRESALY LIVER PATRAS Ministry of Health Malaysia

Smoking is still considered as a ‘sin’ by most countries and is addressed as such, and unfortunately there is a great deal of ignorance about the harm reduction approach, Dr. **Kgosi Letlape**, President of the Health Professions Council of South Africa (HPCSA) and Chairperson of the Medical and Dental Board at Johannesburg, said. There are physicians in South Africa who advice patients about smoking risks and smoking cessation, he explained, but they don’t know what an e-cigarette is like, they have never heard about heated tobacco products, and they don’t know the differences between combustible cigarettes and non-combustible nicotine-delivering products. Therefore, it is absolutely necessary and our greatest duty to inform correctly the public and educate healthcare professionals about harm reduction approaches to ensure that we will have evidence-based regulations. Of course, we always have to remember that harm reduction is for those that can’t quit, and take care not to induce uptake from youth, whether it concerns combustible cigarettes or alternative tobacco products. People need to understand that combustion is the problem, that there are less harmful products; we need a different legislative framework that recognizes that not all smoking products are the same, Dr Letlape concluded.

India remains far from achieving the declared targets of tobacco control, which are 15% reduction of tobacco burden in 2020 and 30% reduction in 2025, although WHO FCTC tobacco control measures have been fully implemented in the country, Dr. **Rajesh Sharan**, Professor at the Department of Biochemistry of North-Eastern Hill University in India, said. Reality shows that quitting efforts have poor outcomes, since government services are inadequate, inefficient, and

poorly funded and trained. On the other hand, he added, the availability of nicotine replacement treatments and reduced harm products in the country is limited, while e-cigarettes were banned in 2019. Yet, since India along with China are the major contributors to low- and middle-income countries' and global tobacco burden, it is necessary to take action, he stressed. Strengthening the concept of tobacco harm reduction among people, healthcare providers, and policy makers, as well as enhancing availability and portfolio of nicotine replacement treatments and reduced harm products can be a solution, he proposed; however, it is also urgent to upgrade healthcare professionals' knowledge, attitude, and practice regarding tobacco cessation approaches.

In Tunisia also, smoking is a big problem with an overall prevalence of 25%, Pulmonologist and President of the NGO "Société Tunisienne de Tabacologie et des comportements d' addiction", Dr. Fares Mili stated. One in 2 men and 1 in 4 young people are smokers, while female smoking prevalence is reaching up to 20%, he added. Since the national tobacco control program has not achieved any of its objectives, he pointed out, the Tunisian Society of Tobaccology and Addictive Behaviors is putting efforts to reframe tobacco control programs so that smoking is considered as addictive behavior and not just as a harmful habit. Since it is becoming evident that harm reduction is an essential tool as an additional choice for smokers, Dr. Mili concluded, scientific societies are putting more and more pressure to regulatory authorities in order to include harm reduction strategies to the overall tobacco control effort.

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R. Sharan

GATS-1 (2009) ► GATS-2 (2017): INDIA REALITY CHECK!

- Indian remains far from achieving the declared targets of tobacco control: 15% (2020) and 30% (2025)!
- WHO/FCIT/COTPA tobacco control measures fully implemented in India (2003)
 - Visibly less smokers in some 'urban areas'
 - Reduction in tobacco prevalence
 - 6% age point (8.1 million)
 - Reduced prevalence among minors (15-17 years)
 - 6% age point
 - Increased age of initiation (≈1 year)
- 55% smokers and 50% SLT users 'thought' of quitting
 - Poor outcome of the quit effort!

Panel Discussion: Tobacco Harm Reduction in LMICs © 3rd (Virtual) Scientific Summit on THR
25th September 2020

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Tobacco harm reduction is even more important now among the low- and middle-income countries, considering the huge health and economic burden of smoking in these countries, Dr. Ron Christian G. Sison, Lead Convenor at the Harm Reduction Alliance of the Philippines, said. In Philippines, although almost 80% of smokers say that they plan or are thinking to quit smoking, only 4% of those who smoked over the previous year succeeded to quit. Philippines, as well as other countries, need to reevaluate their strategy in controlling cigarette smoking, Dr Sison said. The first step is always, to promote smoking cessation, but if this doesn't work there must be other choices at least to reduce the harm. Of course, there must be a good balance between providing access to less harmful alternatives to adult smokers, and ensuring that minors cannot access these products, he added. The Regulation Act of 2020 for non-Combustible Nicotine Delivery Systems highlights a policy aiming to consider harm reduction measures as public health strategies, while ensuring that non-combustible cigarettes are properly regulated. Based on this policy, Philippines Department of Health has proposed harm reduction measures, like the use of e-cigarettes, to be included as part of its national tobacco control strategy.

PANEL DISCUSSION: Bioethics - the smokers' right on credible information

In a very interesting bioethics discussion on the smoker rights on credible information coordinated by Prof **Konstantinos Farsalinos**. Four diverse experience and background distinguished scientist participated: **Panagiotis D. Bamidis** Professor of Medical Education Informatics in Aristotle University Medical School, Dr. **Stanimir Hasardzhiev** one of the founders and current Chairperson of the Bulgarian National Patients' Organization (NPO), **Monica Gorgulho**, Clinical Psychologist and Harm Reduction advocate founder of DINAMO (Reliable Information about Drugs and Related Issues), an NGO aiming to fill the gap between existing scientific knowledge and concrete daily practices in health and Enrique Rios Espinosa a Public Health Expert.



Enrique Rios Espinosa - Monica Gorgulho - Stanimir Hasardzhiev - Panagiotis D. Bamidis - Konstantinos Farsalinos

APPENDIX 1

The founding of the International Association on Smoking Control & Harm Reduction (SCOHRE) was announced today, at the closing of the 3rd Scientific Summit. Forty scientists from 21 countries* voted, and endorsed the Declaration formulated by the Association Founders.

**Argentina, Austria, Brazil, Bulgaria, Canada, Croatia, Cyprus, Greece, Italy, Jordan, Lithuania, Malaysia, Norway, Poland, Portugal, Romania, Slovakia, South Africa, Spain, Tunisia, UK*

Declaration 25th September 2020

Despite knowing the harmful health effects of smoking for decades, still more than 1 billion people globally smoke and more than 7 million die prematurely every year from smoking-related disease.

Nicotine has an addictive potential but plays a minor role in smoking related mortality. In an epistemological climate where perceptions on the effects of nicotine is inconsistent with medical consensus, our purpose is to provide stakeholders with science-based and balanced information on the effects of nicotine. Nicotine is an addictive substance. However, it is been used successfully in smoking control and smoking cessation, and it could be used in smoking harm reduction.

Smoking cessation and prevention remain the most impactful and cost-effective interventions in medicine. Healthcare and public health professionals need to continuously raise awareness to every smoker and to the population as a whole about the adverse effects of smoking.

In an era of accelerating progress and technological innovation, new approaches emerge based on potentially safer alternatives than cigarettes, for those smokers, who for various reasons cannot give up smoking completely, i.e. Tobacco Harm Reduction.

This year's summit, the 3rd Scientific Summit, undoubtedly proved that there is a growing interest among experts in novel approaches towards tobacco control and that there is an ongoing discussion that limiting the negative effects of smoking can be also achieved by tobacco harm reduction.

We believe that smoking control strategies should be reshaped to include harm reduction through alternative potentially lower risk products use, besides the traditional smoking cessation and smoking prevention measures

Harm reduction can help those who for various reasons are not able to quit smoking. This group of smokers should not be abandoned by tobacco control policies. Where cessation repeatedly fails, switching to less harmful products will have a positive effect for many smokers.

In the last year, more regulatory authorities now consider allowing the sales of alternative potentially lower risk tobacco products with accurate information.

Yet, we need to acknowledge that 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 and thus properly explain the benefits of this approach, while also appropriately addressing the concerns such as continuous use of, and dependence on, nicotine as well as potential adoption of use by never smokers and youth.

We also need to acknowledge that the debate on tobacco harm reduction is still facing a lot of opposition from some of the key actors, including policy and regulatory bodies. We need to find a way of establishing a constructive dialogue to discuss concerns and challenges.

In order to effectively achieve the above, 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 are now establishing an International Association of international experts on Smoking Control & Harm Reduction incl. scientists (all sectors), medical doctors, policy experts, behavioral experts, academics or professionals, etc., which would allow for open and constructive dialogue and help to come up with a new broader approach to smoking control policies. The focus should be on the following key pillars:

- Scientific evidence, incl. sharing and publicizing the latest scientific data, identifying research gaps, independent verification of the industry data.
- Behavioral aspects - focus on smokers - what are the needs of those who want to quit smoking, as well as how to effectively help those who are not willing to quit.
- Policy recommendations.
- Establishing a dialogue with policy experts and regulators at international, EU and national level.

The values and goals of this association are summarized in its **mission statement** formulated by its founding members.

The image is a screenshot of a video conference slide. In the top left corner, there is a logo for the '3rd Scientific Summit' with the subtitle 'Tobacco Harm Reduction: Novel products, Research & Policy'. Below the logo is a small video window showing a man in a suit, identified as 'I. Ikonomidis'. The main content of the slide is a mission statement, which reads: 'Harm reduction can help those who for various reasons are not able or willing to quit smoking. This group of smokers should not be abandoned by tobacco control policies. Where cessation repeatedly fails, switching to less harmful products will have a positive effect on the health of many smokers.' and 'In the last year, more regulatory authorities now consider allowing the sales of alternative potentially lower risk tobacco products giving appropriate scientifically-proven information on their benefits and risks.' The slide also features the website 'www.nosmokesummit.org' and a row of logos for various institutions at the bottom, including the University of Patras, the University of Ioannina, and the Ministry of Health and Social Solidarity. A 'Projector: Web One' label is visible in the bottom left corner.

APPENDIX 2

LIST of SPEAKERS



Amaliya Amaliya	M.Sc., PhD, Dentist, Department of Periodontology, Faculty of Dentistry, Padjadjaran University, Bandung, Indonesia
Panagiotis D. Bamidis	Professor, Medical Education Informatics Lab of Medical Physics, Medical School Aristotle University of Thessaloniki, Thessaloniki, Greece
Anastasia Barbouni	MD, MSc, PhD, Professor of Public Health and Disease prevention, Department of Public and Community Health, School of Public Health, University of West Attica, Athens, Greece
Clive Bates	Director, Counterfactual Consulting Limited, London, UK
Giuseppe Biondi Zoccai	Associate Professor in Cardiology, Department of Medico-Surgical Sciences and Biotechnologies, Sapienza University of Rome, Rome, Italy
Damien Breheny	Preclinical Assessment Team Manager, R&D Centre, British American Tobacco, Southampton, UK
Efraín Cambronero	MD, FACS, Chief of Surgical Oncology; Head and Neck Surgery, Centro Oncologico Costarricense; Chief Medical Officer, San Jose, Costa Rica
Nimesh G. Desai	Director, Institute of Human Behavior and Allied Sciences (IHBAS), Delhi, India
Enrique Ríos Espinosa	MD, Dr.PH, MPH, Public Health Specialist, Mexico
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
Karl Fagerstrom	Professor Emeritus; President, Fagerstrom Consulting, Sweden
Andrzej M. Fal	Prof. h.c., MD, PhD, MBA, FAAAAI, President, Polish Society of Public Health; Head, Department of Allergy, Lung Diseases and

	Internal Medicine, Central Clinical Hospital, Ministry of Interior; Director, Institute of Medical Science UKSW, Warsaw, Poland
Ioannis Faropoulos	Scientific Advisor to the General Secretariat for Public Health, Ministry of Health, Athens, Greece
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
Fernando Fernández Bueno	MD, MSc, Oncological Surgeon, Hospital Gomez Ulla, Madrid; President of the Platform of Tobacco Harm Reduction, Madrid, Spain
Nathan Gale	BSc (Hons) MRSC RICR, Senior Scientist - Clinical Research, British American Tobacco, Southampton, UK
Charmaine Gauci	M.D., M.Sc, Ph.D, FRSPH, FFPH, Director General/ Superintendent of Public Health, Department for Health Regulation, Malta
Monica Gorgulho	Clinical Psychologist, MSc, Sao Paulo, Brazil
Georgios S. Goumas	MD, PhD, FESC, Director at Cardiology Clinic, Athens Euroclinic, Athens, Greece
Peter Harper	Consultant, Medical Oncologist, London, UK
Stanimir Hasardjiev	Chairman, National Patients Organization, Bulgaria
Christelle Haziza	Director Health Science & Biostatistics, Philip Morris, Neuchâtel, Switzerland
Ignatios Ikonomidis	Professor in Cardiology, Medical School, National and Kapodistrian University of Athens, 2nd Cardiology Department, Attikon Hospital; Director of Echocardiography and Laboratory of Preventive Cardiology, Athens, Greece
Paraskevi A. Katsaounou	Assistant Professor of Pulmonary Medicine, Evaggelismos Hospital, National and Kapodistrian University of Athens; Chair of Smoking Cessation and Public Health Group of Hellenic Thoracic Society; Chair of Group 6.3 Tobacco, Smoking Cessation and Health Education European Respiratory Society, Athens, Greece
David Khayat	MD, PhD, FASCO, Former President of the National Cancer Institute; Professor of Medical Oncology, Bizet Clinic, Paris, France
Demetrios Kouretas	Professor, Animal Physiology - Toxicology, University of Thessaly, Larissa, Greece; President of the Hellenic Society of Toxicology
Piotr Kuna	Chair, Division of Internal Medicine, Asthma and Allergy, Medical University of Łódź, Poland
Kgosi Letlape	Dr, President of the HPCSA, Health Professions Council of South Africa; Chairperson, Medical and Dental Board, Johannesburg, South Africa
Karl E. Lund	Dr, Senior researcher, Norwegian Institute of Public Health, Norway
Narendra Maddu	Assistant Professor of Biochemistry, Sri Krishnadevaraya University, Anantapur, India
Diego Marescotti	High Content Screening Manager, System Toxicology Department, Philip Morris International R&D, Neuchâtel, Switzerland

Fares Mili	MD, Pulmonologist, Allergologist, Specialist in addiction behaviors, President of the NGO "Société Tunisienne de Tabacologie et des comportements d'addiction (STTACA)", Tunisia
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, Porto, Portugal
Konstantinos Poulas	PhD, Associate Professor of Biochemistry, Laboratory of Molecular Biology and Immunology, Department of Pharmacy, University of Patras, Greece
Dimitri Richter	MD, FESC, FAHA, Head of Cardiology Department, Euroclinic Hospital, Athens, Greece
Lion Shahab	Dr, MA (Oxon) MSc MSc PhD CPsychol AFBPsS PGCLTHE, Associate Professor in Health Psychology, Department of Behavioural Science and Health, University College London, London, UK
Rajesh N. Sharan	Professor, Radiation and Molecular Biology Unit, Department of Biochemistry, North-Eastern Hill University, Shillong, India
Ron Christian G. Sison	MLS(ASCPi), MPH, Lead Convenor, Harm Reduction Alliance of the Philippines (HARAP), Philippines
Zoi Skaperda	PhD student, MSc Toxicology, Laboratory of Animal Physiology, University of Thessaly, Department of Biochemistry and Biotechnology, Larissa, Greece
David T. Sweanor J.D.	Chair of the Advisory Board, Centre for Health Law, Policy & Ethics, University of Ottawa, Ottawa, Canada
John Thymis	Scientific associate, 2nd Cardiology Department, Attikon Hospital, University of Athens, Athens, Greece
Emil Toldy-Schedel	Medical Doctor, Szent Ferenc Hospital, Budapest, Hungary
Michael G. Toumbis	MD, PhD, FCCP, Pneumologist; President of the Cyprus Institute of Respiratory Diseases, Nicosia, Cyprus
Stamatoula Tsikrika	MD, MSc, PhD, Chest Physician in Thoracic Diseases, General Hospital Sotiria; Secretary of ERS Group 6.3: Tobacco, Smoking Control and Health Education 2020-2023
Panos E. Vardas	Professor, MD, PhD (London, UK); Chairman of Heart Sector, Hygeia Hospitals Group; Past President of the European Society of Cardiology; Visiting Professor, Imperial College, UK; Chief Strategy Officer of ESC/ European Heart Agency, Brussels
Charalambos Vlachopoulos	Professor of Cardiology, Athens Medical School, Athens, Greece