Tobacco Harm Reduction: Key Strategic Themes



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WORKSHOP ON THE ECONOMICS OF TOBACCO AND REDUCED RISK NICOTINE PRODUCTS

17 10 2024 Ankara Turkov

What is Harm reduction?



HARM REDUCTION



PROHBITIONIST APPROACH



from tar-emitting to tar-free products

NICOTINE AND HARM REDUCTION

Professor Michael Russell 1932-2009



CANCER

Nicotine is not cancerogenic

COPD

Nicotine does not cause respiratory disease

CARDIOVASCULAR DISEASES

Potential health risk for patients with unstable coronary artery disease (e.g. early after surviving MI)

"People smoke for the nicotine but die from the tar".

Tobacco Smoke and Involuntary Smoking 2004. Geneva: WHO International Agency for Research on Cancer; 2004. The Biology and Behavioral Basis for Smoking-Attributable Disease: A Report of the Surgeon General. 2010. Atlanta, GA: U.S. Royal College of Physicians. Smoking and health 2021: a coming of age for tobacco control? London: RCP, 2021.

Agreement with statements about nicotine USA physicians, n = 3.628

DK I Completely Di	sagree	2	3 4	Moderat	ely Agre	ee 🔳 5	6	7 Completely A	Agree	Top-3 agreement
Most harm caused by smoking comes from combustion than nicotine by itself	<mark>3%</mark> 10	%	15%	2	.5%		20%	19%	8%	72%
Nicotine by itself:										
Causes Atherosclerosis	4% 4%	8%	10%	12%	12%	18%	6	32%		75%
Causes Birth defects	6% <mark>4%</mark>	8%	10%	17%		15%	17%	6 23%)	72%
Causes Head/neck/gastric cancers	4% 6%	11%	10%	12%	9%	1	6%	31%		69%
Causes Bladder cancer	5% 6%	11%	9%	13%	12	.%	17%	27%		69%
Causes Lung cancer	4% 7%	11%	11%	10%	8%	12%		37%		67%
Causes COPD	4% 7%	12%	11%	6 9%	9%	11%		37%		66%
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FOUNDATION FOR A SMOKE-FREE WORLD

SOURCE: Global Smoking Cessation Research Interview 2022, conducted by Sermo

Theme #1

Smoking cessation and e-cigarettes



e-cigarettes help smoker quit: the evidence

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE





Cochrane Database of Systematic Reviews

Electronic cigarettes for smoking cessation (Review)

Hartmann-Boyce J, McRobbie H, Butler AR, Lindson N, Bullen C, Begh R, Theodoulou A, Notley C, Rigotti NA, Turner T, Fanshawe TR, Hajek P

Population studies

A Randomized Trial of E-Cigarettes versus Nicotine-Replacement Therapy

Peter Hajek, Ph.D., Anna Phillips-Waller, B.Sc., Dunja Przulj, Ph.D., Francesca Pesola, Ph.D., Katie Myers Smith, D.Psych., Natalie Bisal, M.Sc., Jinshuo Li, M.Phil., Steve Parrott, M.Sc., Peter Sasieni, Ph.D., Lynne Dawkins, Ph.D., Louise Ross, Maciej Goniewicz, Ph.D., Pharm.D., Qi Wu, M.Sc., and Hayden J. McRobbie, Ph.D.

RESEARCH

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BMJ

E-cigarette use and associated changes in population smoking cessation: evidence from US current population surveys

Shu-Hong Zhu,^{1,2} Yue-Lin Zhuang,² Shiushing Wong,² Sharon E Cummins,^{1,2} Gary J Tedeschi²

¹Department of Family Medicine and Public Health University

ABSTRACT

cessation rate for 2014-15 was significantly higher

Trends in smoking and e-cigarette use prevalence National Health Interview Survey (NHIS); N = 870,652



Trends in smoking and e-cigarette use prevalence by age National Health Interview Survey (NHIS); N = 870,652





Current (Past 30 Days) e-cigarettes and tobacco cigarettes use in the U.S.among youth NYTS 2012-2021



Trends in smoking and e-cigarette use prevalence by age National Health Interview Survey (NHIS); N = 870,652





Decline in smoking prevalence (WHO data - adults)



WHO report on the global tobacco epidemic 2021: addressing new and emerging products. Annex 11.2: Adult tobacco surveys-smokeless tobacco or e-cigarettes. Available online: <u>https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021</u>

The New Zealand experience

- Has embraced ECIGS as tobacco harm reduction.
- Regulation was intended to reflect *relative risk* tobacco cigarettes have higher taxes and stricter regulation.
- Mass media campaign by government: Vape to Quit Strong
- Government fact-based website: <u>www.vapingfacts.health.nz</u>.
- Aimed to *complement* strong tobacco control (the push away from smoking)
 - Gives smokers an appealing product to switch *to*.
 - Gets away from the "quit or die" approach of traditional tobacco control.

The New Zealand experience - Results

Sharp increase in the rate of smoking decline when ECIGS were introduced:



Figure taken from SmokeFree New Zealand, *Quitting Strong* report.

Source: Ministry of Health, 2023, Annual Data Explorer 2022/23: New Zealand Health Survey [Data File].

Do e-cigarettes help people with schizophrenia spectrum disorders quit smoking?





Schizophrenia and smoking factsheet

- Smoking rates remain high in people with schizophrenia
- High morbidity and mortality for smoking-related diseases among smokers with schizophrenia
- FDA-approved smoking cessation products (i.e. NRT, varenicline, bupropion) are largely ineffective in people with schizophrenia
- Schizophrenic smokers have little or no interest in quitting

What strategy for schizophrenic smokers?



Emerging evidence: e-cigs can help this group quit or reduce cigarette consumption

ASH survey of mental health NHS organisations in England (2019)

ash action on smoking and hea

Progress towards smokefree mental health services

Findings from a survey of mental health trusts in England Action on Smoking and Health, October 2019

Commissioned by Public Health England

- 83% (45/54) Mental Health NHS Trusts responded to an online survey
- 82% (37/45) had a comprehensive smokefree policy (no smoking allowed in hospital grounds and buildings and tobacco dependence treatment)
- 100% offered smokers NRT
- 49% offered smokers varenicline

91% allowed the use of e-cigarettes

E-cigarettes for smoking cessation in smokers with SSD

	Caponnetto 2013 Italy	Pratt 2014 USA	Hickling 2019 England	Caponnetto 2021 Italy	Pratt 2022 USA	
Diagnosis	Schizophr.	Schizophr. bipolar	Psychosis	Schizophr.	Schizophr. bipolar	
Sample size	14	19	50	40	240	
Vaping product	4 week supply Rechargeable, prefilled, di sposable Nic -7.5mg/ml	4 week supply Prefilled tank	6 week supply Disposable Nic- 45mg/ml	12 week supply Pod device Nic- 50mg/ml	8 week supply Prefilled tank	
Quit rate	14% (1yr)	10% (1 month)	2% (6 months)	40% (3 months)	22% (2 months)	

Lesson learned - 1



Lesson learned -2



GENESIS TRIAL

medR_χiv

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Author Declarations

Revision Summary

Mi niace 0

A 12-month randomised, double-blind, controlled, multicentre trial comparing changes in Cigarette consumption after switchinG to high or low nicotine strENght E-cigaretteS In smokers with Schizophrenia spectrum disorders: Protocol for the GENESIS Trial

Pasquale Caponnetto, Bulat Idrisov, Maria Salvina Signorelli, Evgeny Krupitsky, Tetiana Kiriazova, Ramin Nilforooshan, Fabio Cibella, Marilena Maglia, Daniela Saitta, Francesca Benfatto, Eugenio Aguglia, Roberto Cavallaro, Lucio Inguscio, Giuseppe Minutolo, Roberta Auditore, DRiccardo Polosa, GENESIS study investigators

doi: https://doi.org/10.1101/2020.10.15.20141457







Research paper



Potential deaths averted in USA by replacing cigarettes with e-cigarettes

David T Levy,¹ Ron Borland,² Eric N Lindblom,³ Maciej L Goniewicz,⁴ Rafael Meza,⁵ Theodore R Holford,⁶ Zhe Yuan,⁷ Yuying Luo,⁷ Richard J O'Connor,⁴ Raymond Niaura,⁸ David B Abrams^{1,8}





Findings

Compared with the Status Quo, replacement of cigarette by E-cig use over a 10-year period yields:

6.6 million fewer premature deaths

Levy DT, et al. Tob Control. 2018 Jan;27(1):18-25.

Estimating the reduction in US mortality if cigarettes were largely replaced by e-cigarettes

Peter N. Lee¹ · John S. Fry² · Stanley Gilliland III³ · Preston Campbell³ · Andrew R. Joyce³

Received: 9 August 2021 / Accepted: 6 October 2021 / Published online: 22 October 2021 $\ensuremath{^\circ}$ The Author(s) 2021

BIOINFORMATICS AND STATISTICS

Abstract

Background Recent estimates indicated substantially replacing cigarettes by e-cigarettes would, during 2016–2100, reduce

U	Conductors	provide
ad	Conclusions	ted dis-
ea		garettes
ve		vaping,
re M	Substantial reductions in deaths and life-years lost	simistic
50	were observed even under nessimistic assumptions	nd 1 0.5
to Re		uctions
W	E size can importantly impost health shallonges	triction
to	E-cigs can importantly impact health challenges	F, 2.74
(F Cc	from smoking.	s. Esti-
ma	цез varied most for A and F. These midnigs supplement merature muleating e-eigarenes can importantly mipa	et health
cha	allenges from smoking.	



Does switching from tobacco to reduced-risk products free up hospital resources?



World Health Organization (WHO): <<Vape kills>>



World Health Organization (W... 🗇 … @WHO

Q: What looks cute, smells good, but is designed to kill? A: A vape!

The tobacco industry spends tons of money designing their products to look appealing, but it's time we expose the truth and protect young people from the harmful effects of tobacco. (S) (S) (S)

#TobaccoExposed

11 June 2024

Polosa (CoEHAR):

<<Vape never killed anybody>>



Riccardo Polosa @RiccardoPolosa

The WHO tweet perpetuates blatant misinformation. Easy to prove them wrong: 1. Vape is not tobacco. 2. Vaping hasn't been proven to cause a single death.

Most importantly, the evidence is now clear that vaping is a powerful smoking cessation and harm reduction tool for millions. Let's focus on facts and support safer alternatives! #HarmReduction #VapingSavesLives #TruthMatters

Traduci post

Source World Health Organiza... 🗇 · 11/06/24 Q: What looks cute, smells good, but is designed to kill? A: A vape!

The tobacco industry spends tons of

Theme #2

Health effects of e-cigarettes



Smoking related diseases





> 8000 chemicals in tobacco smoke









Smoking Cessation

Smoking related diseases





> 8000 chemicals in tobacco smoke

COMBUSTION





when switching to C-F nicotine products Health improvements are expected

Substantiation of health improvements after switching



This can be proven by:

- In vitro cytotoxicity and mutagenicity studies
- Epidemiology and In Silico Science
- Clinical studies (health effects indicators, biomarkers of potential harm)

Check for updates

scientific reports

OPEN Electronic nicotine delivery systems exhibit reduced bronchial epithelial cells toxicity compared to cigarette: the Replica Project

Massimo Caruso^{1,2,11}, Rosalia Emma^{1,2,11}, Alfio Distefano¹, Sonja Rust³, Konstantinos Poulas^{4,5}, Fahad Zadjali⁶, Antonio Giordano⁷, Vladislav Volarevic⁸, Konstantinos Mesiakaris^{4,5}, Mohammed Al Tobi⁶, Silvia Boffo⁷, Aleksandar Arsenijevic⁸, Pietro Zuccarello⁹, Cesarina Giallongo⁹, Margherita Ferrante⁹, Riccardo Polosa^{2,3,10}, Giovanni Li Volti^{1,2} & the Replica Project Group^{*}





ECIG AEROSOL DOES NOT INDUCE CYTOTOXICITY

Cytotoxicity, Mutagenicity and Genotoxicity of Electronic Cigarettes Emission Aerosols Compared to Cigarette Smoke: the REPLICA project

Description Rosalia Emma, Description Virginia Fuochi, Description Alfio Distefano, Sonja Rust, Description Fahad Zadjali, Description Mohammed Al Tobi, Razan Zadjali, Zaina Alharthi, Roberta Pulvirenti, Description Maria Furneri, Riccardo Polosa,
 Massimo Caruso, Description Giovanni Li Volti

doi: https://doi.org/10.1101/2022.10.28.514205



Figure 1. Air-liquid interface exposure system



ECIG AEROSOL DOES NOT INDUCE GENETIC MUTATIONS

Substantiation of health improvements after switching



This can be proven by:

- In vitro cytotoxicity and mutagenicity studies
- Epidemiology and In Silico Science
- Clinical studies (health effects indicators, biomarkers of potential harm)



Internal and Emergency Medicine https://doi.org/10.1007/s11739-022-03161-z

CE-SYSTEMATIC REVIEWS AND META-ANALYSIS

Clinical testing of the cardiovascular effects of e-cigarette substitution for smoking: a living systematic review

Giusy La Rosa¹ · Robin Vernooij^{1,2,3} · Maria Qureshi^{1,4} · Riccardo Polosa^{1,5} · Renée O'Leary⁵

Received: 30 September 2022 / Accepted: 20 November 2022 © The Author(s) 2023

KEY FINDINGS

Smokers who choose to switch to e-cig do not have additional CV risk and can benefit from this choice.

Eg., two studies of participants with high BP showed clinically relevant reduction in systolic BP after 1 year of e-cig use.



 Qureshi et al. Harm Reduction Journal
 (2023) 20:143

 https://doi.org/10.1186/s12954-023-00877-9

Harm Reduction Journal

RESEARCH



Respiratory health effects of e-cigarette substitution for tobacco cigarettes: a systematic review

Maria Ahmed Qureshi^{1,3}, Robin W. M. Vernooij², Giusy Rita Maria La Rosa¹, Riccardo Polosa^{1,3} and Renee O'Leary^{3*}

KEY FINDINGS

Smokers who choose to switch to e-cig do not have additional respiratory risk and can benefit from this choice.

Eg., a few studies of participants with COPD showed clinically relevant improvement in lung function after long term e-cig use.



Summary

Substantiation of health improvements after switching



This can be proven by:

- In vitro cytotoxicity and mutagenicity studies
- Epidemiology and In Silico Science
- Clinical studies (health effects indicators, biomarkers of potential harm)

Harm caused by cigarette smoke on respiratory cilia is quickly reversible

The Healing Time Line

A realistic look at how long it takes for your body to recover after your last puff

Twenty minutes after quitting, your blood pressure decreases. Eight hours: The amount of carbon monoxide in your blood drops back to normal while oxygen increases to normal.

One to nine Forty-eight months: hours: Your Coughing, nerve endings sinus congesstart to regention, fatigue, erate, and and shortness you can smell of breath and taste decrease. things better.

One year: The added risk of heart disease declines to half of that of a smoker.

 Five years:
 Your stroke
 risk may be
 reduced to that of someone
 who never
 smoked.

ears: Tour ke Your be smo to that relat one such er mou thro by u

Ten years: Your risk of all smokingrelated cancers such as lung, mouth, and throat decreases by up to 50 percent.

Fifteen years: Your risk of heart disease and smokingrelated death is now similar to that of someone who never smoked.

Saccharin Test

An innovative approach to the assessment of harm reversal

Mucociliary Clearance Transit Time





Saccharin tablet is placed in the medial surface of the inferior nasal turbinate.



Harm caused by cigarette smoke on respiratory cilia



Non-smoker



Smoker



Health improvements

30-

Saccharin test transit times (min)



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current smokers

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never

smokers

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former

smokers

ECIG

users

HTP

users

Therapeutic Advances in Chronic Disease

Original Research

Ther Adv Chronic Dis

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2021, Vol. 12: 1-9

DOI: 10.1177/

Impact of exclusive e-cigarettes and heated tobacco products use on muco-ciliary clearance

R. Polosa^D, R. Emma, F. Cibella, M. Caruso, G. Conte, F. Benfatto, S. Ferlito, A. Gulino, M. Malerba and P. Caponnetto

Upper Limit of Normality value = 11 min

Switching Can Restore Lung Defence



Impact by cigarette smoke on exercise tolerance is quickly reversible

The Healing Time Line

A realistic look at how long it takes for your body to recover after your last puff

Twenty minutes after quitting, your blood pressure decreases.

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smoker.

Ten years: Your risk of all smokingrelated cancers such as lung. mouth, and throat decreases by up to 50 percent.

Fifteen vears: Your risk of heart disease and smokingrelated death is now similar to that of someone who never smoked.

Exercise Tolerance (VO2max measurements)



Near-Infrared Spectroscopy (NIRS) test



Chester Step test



PNOE test

Exercise Tolerance (VO2max measurements)

Internal and Emergency Medicine https://doi.org/10.1007/s11739-024-03794-2

HTA-ORIGINAL



Assessment and repeatability of aerobic capacity using the Chester Step Test among current, former, and never smokers

- ⁴ Grazia Caci¹ · Lucia Spicuzza^{2,3,4} · Rosalia Emma^{2,3} · Davide Campagna^{1,2,5} · Meera Nadir⁶ · Erika Anastasi⁷ ·
- ⁵ Francesco Pennisi^{3,4} · Stanley Hunter⁸ · Shivraj Bhide⁶ · Riccardo Polosa^{1,2,9}
- ⁶ Received: 27 June 2024 / Accepted: 6 October 2024

⁷ © The Author(s), under exclusive licence to Società Italiana di Medicina Interna (SIMI) 2024



Chester Step Test



Health improvements

VO2max improvement in smokers who abstained from cigarette smoking after switching

Impact of Smoking Cessation on Aerobic Capacity: Results from a Randomized Controlled Switching Trial with Combustion-Free Nicotine Products

Lucia Spicuzza^{a,b,c}, Grazia Caci^d, Fabio Cibella^e, Davide Campagna^{a,b,f}, Claudio Saitta^g, Jacob George^h, Riccardo Polosa^{a,b,i}



Changes in VO_2 (ΔVO_2) max at week 4 and week 12 separately for phenotype classification.

Impact by cigarette smoke on exercise tolerance is quickly reversible

The Healing Time Line

A realistic look at how long it takes for your body to recover after your last puff

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smoker.

Ten years: Your risk of all smokingrelated cancers such as lung. mouth, and throat decreases by up to 50 percent.

Fifteen vears: Your risk of heart disease and smokingrelated death is now similar to that of someone who never smoked.

Less coughing after switching to ECs / HTPs

Caponnetto P, et al. Comparing the Effectiveness, Tolerability, and Acceptability of Heated Tobacco Products and Refillable E-Cigarettes for Cigarette Substitution (CEASEFIRE): Randomized Controlled Trial. JMIR Public Health Surveill. 2023 Apr 4;9:e42628.



FREQUENCY OF RESPIRATORY SYMPTOMS

Self-reported, past 30 days

CoFHAR





Less respiratory symptoms after switching to ECs



Shiffman et al. Comparing Adult Smokers who Switched to JUUL vs Continuing Smokers: Biomarkers of Exposure and of Potential Harm and Respiratory Symptoms. Nicotine Tob Res 2023 (in press)

CHANGE IN RESPIRATORY SYMPTOMS: EC USERS WITH COPD (n = 1062)



K. Farsalinos et al. Int. J. Environ. Res. Public Health 2014

COPD smokers who switched to e-cigarettes: health outcomes at 5-year follow up

Ricardo Polosa*[®], Jaymin B Morjaria*[®], Umberto Prosperini, Barbara Busà, Alfio Pennisi, Mario Malerba, Marilena Maglia and Pasquale Caponnetto

Ther Adv Chronic Dis

2020, Vol. 11: 1-15

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Marked reduction in cigarette consumption

Improved QoL and lung function

Less respiratory exacerbations







Internal and Emergency Medicine https://doi.org/10.1007/s11739-021-02674-3

IM - ORIGINAL



Health outcomes in COPD smokers using heated tobacco products: a 3-year follow-up

Riccardo Polosa^{1,2,3,9} · Jaymin B. Morjaria⁴ · Umberto Prosperini⁵ · Barbara Busà⁶ · Alfio Pennisi⁷ · Gualberto Gussoni⁸ · Sonja Rust³ · Marilena Maglia^{1,2} · Pasquale Caponnetto^{1,2,3}

Marked reduction in cigarette consumption



Improved QoL and lung function



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Internal and Emergency Medicine https://doi.org/10.1007/s11739-021-02674-3

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Less respiratory exacerbations





Curtailing disease burden and accelerating the COPD endgame?

frontiers Frontiers in Public Health

ORIGINAL RESEARCH published: 28 June 2022 doi: 10.3389/fpubh.2022.909459

Approx. 10% less hospitalizations for COPD exacerbation

Ischemic Heart Disease and Chronic Obstructive Pulmonary Disease Hospitalizations in Japan Before and After the Introduction of a Heated Tobacco Product



Angela van der Plas*, Meagan Antunes, Alba Romero-Kauss, Matthew Hankins and Annie Heremans

> Prediction based on pre-HTP data

Pre-HTP

Post-HTP





Take Home Messages

- 1. Prevalence of smoking remains too high
- 2. Current tobacco control policies are not enough
- 3. Switching to ECs/HTPs use helps to abstain from smoking



- 4. Combustion-free products unlikely to raise significant health concerns under normal condition of use
- 5. People using or intending to use ECs/HTPs should receive correct information about their risks and benefits