

Policy Brief

Don't Be Fooled by the Tobacco Industry's Deceptive Harm Reduction Strategies

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Overview

As cigarette use continues to decline in the U.S., tobacco companies have rebranded themselves by promoting newer "smoke-free", non-combustible nicotine products and devices. For example, Altria's tagline is "From a tobacco company - To a tobacco harm reduction company" while continuing to be the top seller of cigarette, cigar, and most snuff brands in the U.S.[†] The recent introduction of electronic cigarettes (e-cigarettes) and heat-not-burn tobacco products into the marketplace to allegedly help adult smokers quit tobacco has led to an epidemic of youth vaping in the U.S.[#] Youth and young adults who vape are more likely to smoke cigarettes after one year compared to those who do not vape.^{##}

Harm Reduction in Public Health

Harm reduction is an evidenced-based public health strategy that seeks to lower health-related harms caused by substance-use (for example clean needle exchange for injection drug users) for those who are unable to quit, by providing less risky alternatives for individuals.^w Harm reduction is often applied in circumstances that involve high-risk behaviors that could cause urgent, life-threatening outcomes such as overdoses, incurable diseases and death. These circumstances are different than tobacco use and its associated disease and mortality.

Unfortunately, the Tobacco Industry is using the term "tobacco harm reduction" defined as minimizing harms and decreasing total mortality and morbidity, without eliminating tobacco and nicotine use." Moreover, they are trying to engage the public by appearing to be a public health ally while continuing to market and sell their products. There are proven, science-based strategies to reduce harms from smoking, vaping, and smokeless tobacco such as regulatorily approved nicotine replacement treatment, behavioral counseling and implementation of tobacco control policies.st These are not harm reduction strategies, but effective policy strategies. The U.S. Preventive Services Task Force recommends not using e-cigarettes to help smokers of any age quit. Instead, they recommend tobacco cessation interventions with proven effectiveness and established safety, behavioral therapies and FDA-approved medications (Nicotine Replacement Therapy).^{VII, VIII}

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Despite the Tobacco Industry's efforts to promote their products under the pretense of harm reduction, there is evidence that links vaping to the following health-related issues:[™]

- · Increased risk of cancer
- · Increased risk of heart disease
- Increased risk of stroke at younger age than smoking
- Increased risk of lung damage/disease
- Dual use of e-cigarettes and tobacco with increased harm from both products
- · Decreased or muted cessation success
- Vaping transition to smoking
- Exposure to cancer-causing chemicals and particulates due to secondhand vaping that can worsen respiratory illnesses like asthma and lung inflammation.

Effective Tobacco Control Strategies Include:^x

- Access to tobacco cessation/treatment programs
- Tobacco retailer license ordinances
- Smokefree indoor/outdoor policies
- Smokefree multiunit housing policies
- Policies that restrict sales of flavored tobacco products that appeal to youth
- Evidence-based mass media campaigns
- Restricting storefront advertising and/or enticing product placement

The Tobacco Industry's Deceptive Harm Reduction Strategy

Despite the lack of evidence that non-combustible tobacco products are less harmful than cigarettes, tobacco companies remain committed to this false narrative. Therefore, it is important to note the following:

- Harm reduction is not an effective approach for tobacco control efforts.^{xi}
- The marketing of "harm reduction" products such as e-cigarettes has led to increases in youth and young adult uptake in tobacco use.^{xii}
- Some industry members have noted that their new products will help reduce health disparities by providing a safer alternative to smoking.^{xiii} However, a recent systematic review of published studies found limited evidence that non-combustible nicotine products had reduced or are likely to reduce inequalities in smoking.^{xiv} Some have suggested these products may exacerbate inequalities in smoking due to the higher cost of more sophisticated and advanced product types.^{xiii}
- E-cigarette advocates often claim that these products are 95% less harmful than conventional cigarettes without evidence to support this assertion. Data show that e-cigarettes have their own unique health risks, including to the respiratory and cardiovascular systems.^{xi}
- For youth who do not use nicotine, there is no harm to reduce; it is harm escalation—harming youth who would normally not have used tobacco products.

EXAMPLES OF TOBACCO INDUSTRY'S DECEPTIVE HARM REDUCTION STRATEGY

No tobacco company that makes e-cigarettes or other heated tobacco products has applied for FDA authorization to market these products as cessation devices or nicotine replacement therapy.ⁱ Nevertheless, advocates for the Tobacco Industry have attempted

https://www.hhs.gov/sites/default/files/2020-cessation-sgr-full-report.pdf.

to get exemptions in local tobacco ordinances and state legislation for their tobacco products that they deem "reduced risk harm reduction products."[×]

Tobacco companies have a long history of targeting racial and ethnic minorities, including the Hispanic/Latino population which has contributed to tobacco-related health disparities. Members of the tobacco industry have approached Latino elected officials including members of the Latino Caucus of California Counties to undermine local tobacco control policies and advocating for changing tobacco retail license ordinances to contain exemptions for modified risk tobacco products. Tobacco companies have adopted public health terms such as "social determinants of health" and "harm reduction" to portray tobacco products as benefiting their "people", when they are hoping to influence trusted messengers from the Latino community.

WHAT POLICY MAKERS CAN DO TO PROTECT THEIR COMMUNITY

- ★ It is important to not repeat the Tobacco Industry's harm reduction messaging; instead replace this with comprehensive tobacco control strategies.
- ★ Do not trust tobacco control companies to solve the problem they created.
- ★ To secure public health, do not accept funding from tobacco companies.



[vii] Public Health Law Center. (2021). A Dearth of Data: E-Cigs & Heated Tobacco Products: The Myth of Harm Reduction.

https://www.publichealthlawcenter.org/sites/default/files/resources/Heated-Tobacco-Products-Myth-of-Harm-Reduction.pdf.

[viii] NIDA. 2021, April 12. What are treatments for tobacco dependence?. Retrieved from https://nida.nih.gov/publications/research-reports/tobacco-nicotine-e-cigarettes/what-are-treatments-tobacco-dependence on 2022. December 16

[x]https://www.cdc.gov/policy/opaph/hi5/tobaccointerventions/index.html#:~:tex t=Effective%20population%2Dbased%20commercial%20tobacco,free%20policies% 2C%20and%20cessation%20access.

 $\label{eq:states} [xi] \ https://truthinitiative.org/our-top-issues/truth-initiative-statement-harm-reduction$

[xii] Unpacking and counteracting the tobacco industry's deception harm reduction strategy. Webinar by Jeremiah Mock, for the California Tobacco Control Program, October 4, 2022. https://www.youtube.com/watch?v=tBN1c94pNqk



 [[]i] (https://tobacco-img.stanford.edu/wp-content/uploads/2022/03/02103210/PMI-SFF-White-Paper-3-2-2022F-.pdf. https://www.altria.com/moving-beyondsmoking/reduce-the-harm-of-tobacco-products

[[]ii] Wang TW, Gentzke AS, Neff LJ, et al. Characteristics of e-Cigarette Use Behaviors Among US Youth, 2020. JAMA Network Open. 2021;4(6):e2111336-e2111336.
[iii] Barrington-Trimis JL, Urman R, Berhane K, et al. E-Cigarettes and Future Cigarette Use. Pediatrics. 2016;138(1):e20160379. doi:10.1542/peds.2016-0379

 [[]iv] https://truthinitiative.org/our-top-issues/truth-initiative-statement-harm-reduction
 [v] 3. Institute of Medicine. Clearing the Smoke: Assessing the Science Base for Tobacco
 Harm Reduction. Washington, D.C: National Academy Press; 2001. [Google Scholar]
 [vi] U.S. Surgeon General. Surgeon General's Report on Cessation.