OPINION | SA needs a people-centred approach to tobacco control – not punishment or stigma

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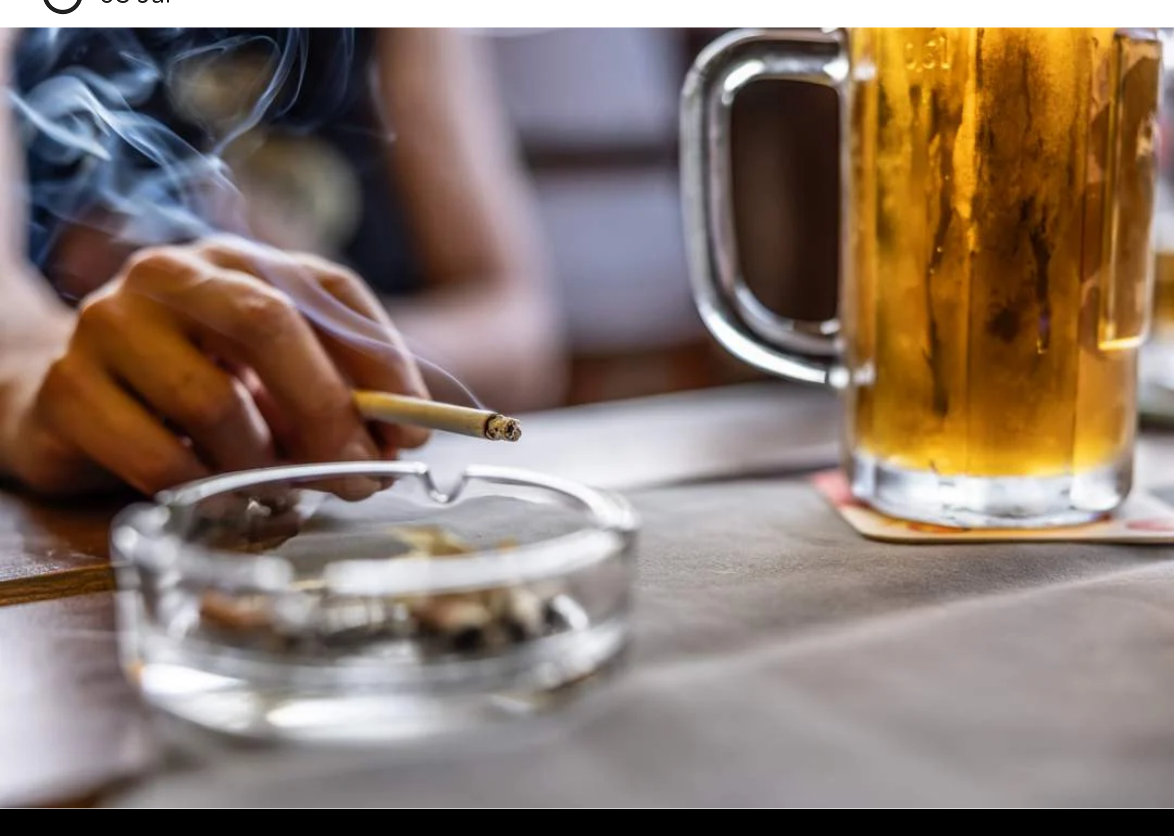

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Telling someone to "just stop'"chronic smoking because it is "bad" has very poor efficacy, writes **Monique Marks.**

Harm reduction provides an excellent solution to reducing cigarette use with the longer-term goal of a smoke-free society.

Harm reduction focuses on finding solutions that are less harmful, while meeting people where they are at. It is an approach and focus that is solution-oriented and practical. It meets the user, in this case, chronic smokers, where they are and finds practical solutions to reduce harms.

It is now widely accepted, based on extensive evidence, that the major health harms linked to smoking come not from nicotine, but from the combustion of tobacco itself.

Cigarettes are extremely harmful. This is primarily because they are combustible, but also because of the toxic chemicals and tar that are in cigarettes.

Cigarettes are a massive health harm, causing a range of chronic illness such as cancer, heart disease, stroke and chronic obstructive pulmonary disease. The addictive component in cigarettes is nicotine. Nicotine on its own has very few harms. It can lead to increased heart rate and elevated blood pressure, but these are minor health harms in comparison to combustible tobacco.

Swopping

It makes sense, then, to look at solutions that are less harmful and can be used as a substitute. These include a range of nicotine-based products, including nicotine pouches and heat-not-burn devices. Swopping or shifting to these products can significantly reduce smoking-related disease and mortality.

While they are not harm-free, they are 80-90% less harmful than cigarettes. Plus, they are a more effective route to smoking cessation than the more traditional products, such as nicotine patches and chewing gum, which have long been on the market but have had poor outcomes.

If we are serious about public health, we need to look toward reducing harms or minimising them to close to zero. Where safer substitution is necessary, we should be using it much as we use safe opioid substitution medication for people with an opioid use disorder.

It is important to recognise that not all harms are equal, and that good policy and practice looks toward reducing harms.

Moralistic abstinence approaches have been shown to be ineffective. Telling someone to "just stop" chronic smoking because it is "bad" has very poor efficacy. Not only does it not give an alternative solution, it also leaves the person feeling stigmatised.

In my practice, I ask chronic smokers, particularly those with health issues, "What are the alternatives we can try?" That gives hope. That gives a possibility. There are safer alternatives. Providing alternatives that are safer works well not just for patients, but also for clinicians who struggle with the poor health outcomes of chronic smoking.

Stigma does the opposite. It shuts people down. It pushes them deeper into addiction.

Opposite effect

The more stigmatised people feel, the more they use. We know it from years of working in addiction and public health that punishment and judgement has the opposite effect – more use. The abstinence approach also leads to hiding of use, and then we are playing soccer in the dark. We no longer can see the ball or the goalposts. Game over.

Legislation, then, that does not incorporate harm reduction, can itself create harm. This is why across the globe, countries are revising their smoking legislation to incorporate regulated nicotine substitutes.

Harm reduction meets people where they are. It puts individual well-being before ideals of abstinence. It gives people autonomy and dignity. It acknowledges that for many, smoking is a coping mechanism, a way to manage anxiety, regulate emotion or feel less alone.

For some, especially those with mental health issues like ADHD or bipolar disorder, cigarettes feel like the only thing keeping them stable. The stimulants in the nicotine serve a purpose.

The question we should be asking is what purpose does cigarette smoking serve? A second question is what is the addiction about? Is it simply the nicotine or is it also about modality i.e. the pull of the cigarette.

These questions are important in seeking solutions that work, and that balance out public health with individual wellbeing. We need to find the win-wins and harm reduction provides this route.

Often, it's the most marginalised: people living on the streets, those under high stress, low-income communities and people with mental illness. These groups are least likely to have access to safer alternatives and most need real public health solutions. It is for this reason that the legislation needs to account for affordability and access to less harmful nicotine alternatives.

And yes, there are concerns about youth. But young people will experiment, they always have. We know that vaping is on the increase. What we don't know is how many young people would have opted for cigarettes if they were not vaping.

Base regulation on evidence

Vaping is a reality. Regulating this is critical, in much the same way it is important to regulate alcohol use or the use of medication. Regulation needs to target the industry, retailers, and users.

Public spaces that are youth-focused should be proclaimed as vape-free with substantive legal consequences for not adhering to the regulations. We can and should regulate nicotine products too, based on actual risk, not fear or misinformation.

Given this, it would be wise and pragmatic to build harm reduction into the Tobacco Products and Electronic Delivery Systems Control Bill. This inclusion needs to go beyond vapes and e-cigarettes to include other nicotine substitute products. Getting this right means engaging with the right stakeholders - clinicians, researchers, tobacco and nicotine product makers, and most importantly, consumers.

Regulation must be based on evidence, not moral outrage. There are ample examples of harm reduction-based legislation in relation to tobacco and nicotine products globally.

We should be guided by countries that have succeeded in getting close to being smoke-free using harm reduction. These include countries in the global south and the global north. We must protect youth, but not at the cost of adults who desperately need help. Adults who are trying to stop smoking. Adults with chronic illnesses. Adults who are out of options.

Laws change. They should. Good, workable legislation in the health space is optimal if it is people-centred, evidence-based and focused on long-term health outcomes.

My plea is simple: let's bring harm reduction into our legislation. Let's offer safer options. Let's give people a real chance to change and survive.

- Professor Monique Marks is a harm reduction advocate.

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