

Tobacco Harm Reduction Evidence Based Science (Excerpts)



SMOKE
FREE
KENYA



Kenya Cigarette smoking rate.

- Kenya MoH 2023- Nearly 11% of Kenyans aged between 18-69 years use tobacco.
 - Nearly 1 in 10 Kenyans aged 18-69 years smoking tobacco
 - 3.6% of Kenyans aged 18-69 years using smokeless tobacco.
- Age initiation of smoking cigarette in Kenya- 6 years (NACADA)
- In Kenya, every year, more than 8,000 people die of tobacco related diseases

Key facts

- Tobacco kills up to half of its users. Only product if used correctly as intended will kill you.
- Globally tobacco kills more than 8 million people each year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke.
- Over 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries.
- In 2020, 22.3% of the global population used tobacco, 36.7% of all men and 7.8% of the world's women.
- Tobacco use is the leading cause of preventable death in Kenya.

WHO and Harm Reduction

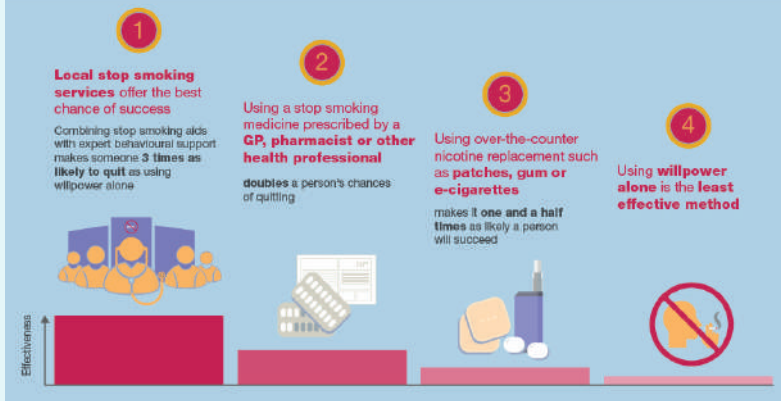
- WHO FCTC defines tobacco control as a “range of supply, demand and harm reduction strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke”.
- Kenya ratified the WHO FCTC in 2004 and implemented the Kenya Tobacco Control Act in 2007. The Act does not define Tobacco Control in line with WHO FCTC definition thus omitting the critical element of harm reduction strategies.

WHO Tobacco control Measures

MPOWER.

1. Monitor tobacco use and prevention policies
2. Protect people from tobacco use
3. Offer help to quit tobacco use- Harm Reduction Society Kenya advocates for a STOP SMOKING SERVICES DEPARTMENT
4. Warn about the dangers of tobacco
5. Enforce bans on tobacco advertising, promotion and sponsorship
6. Raise taxes on tobacco.

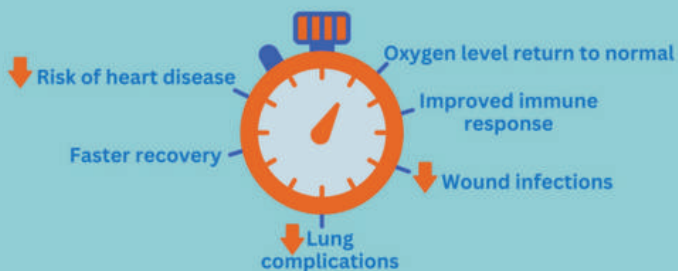
Quitting methods – what works?



Swap
 2
 Stop

The graphic consists of the word 'Swap' in large blue font on the left, a large orange target symbol in the center, and the word 'Stop' in large blue font on the right. A small orange circle with the number '2' is positioned above the target. Inside the target is a black and white icon of a lit cigarette with a red diagonal line through it, indicating a ban on smoking.

The longer you quit, the greater the benefits....



NHS
University Hospitals Sussex
NHS Foundation Trust

Pre **Optimisation**



Saving from not smoking



UK average
£15.67 for
pack of 20
cigarettes

10

cigarettes
smoked
per day

365

every day
for a year



saving of
£2,859.76
per year



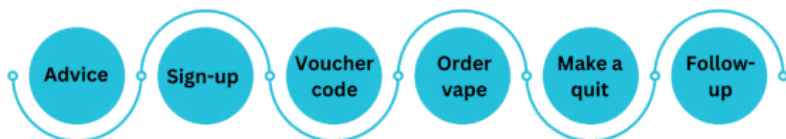
70 grams of
tar going into
your lungs
every year

NHS
University Hospitals Sussex
NHS Foundation Trust

Pre **Optimisation**



How does the scheme work



THE RISKS AND TOXICANTS OF SMOKELESS TOBACCO, ARECA NUT AND KHAT PRODUCTS AVAILABLE IN KENYA

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Introduction: Chewing tobacco, snuff, areca nut products and khat are the major legal Smokeless Psychopharmacologically-active Products (SPPs) used in Kenya. The majority of SPPs consumed in Kenya are locally produced, unregulated, and unbranded with little or no quality control in terms of levels of toxicants or psychoactive ingredients. There is a lack of studies demonstrating either the carcinogenicity of SPPs in controlled trials or their toxicant contents. There are some branded smokeless tobacco and areca nut products on the Kenyan market imported from India, and there are epidemiological and toxicant data for some of these. This report aimed to consolidate the limited information available on the types of SPPs used in Kenya and make recommendations for future work to clarify the toxicant levels and, hence, the health risks of Kenyan SPPs.



Chavez



Pan/Tambu



Khat (Miraa and Muguka)



Kubor



Mirage

Methods: A systematic review of monographs issued by the International Agency for Research on Cancer, various individual scientific papers and Global Adult Tobacco Surveys for Kenya, India and Pakistan.

Results: There are potentially high risks to the physical health of consumers from using traditional chewing tobaccos and snuff and products containing areca nut. In the case of khat use, there are also risks to the user's mental health and contributing to financial difficulties and unemployment. In comparison, there are products available including snus and modern oral nicotine products, that have been demonstrated to have potentially lower risk profiles. However, they are not at present being adopted to any great extent by users of SPPs.

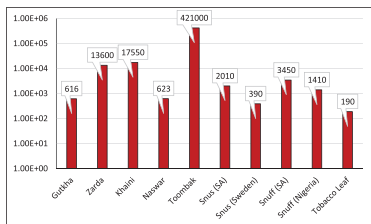


Figure 1. Showing the average NNN+NNK levels (ng/g wwb) in some STPs from Asia, Africa and Sweden.

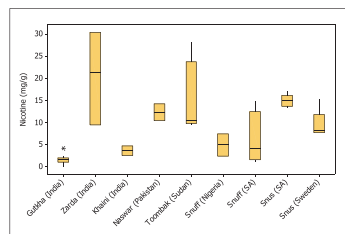


Figure 2. Showing the Nicotine levels in STPs from Asia, Africa and Sweden.

Discussion: Globally, risks for oral cancer range from extremely low or negligible for Swedish snus, through very low for US chewing tobacco and moist snuff, to high for some Indian products such as khaini and gutkha, and Pakistani naswar, and to very high for Sudanese toombak. These risks correlate approximately with the levels of carcinogens, particularly the Tobacco Specific Nitrosamines, in the product. The risk will also be dependant on how the product is used, e.g., frequency of use, amount of product in each dose, and the length of time held in the mouth, as well as exposure to other risk factors such as tobacco smoking, alcohol, and human papilloma viruses.

Conclusion: SPPs and STPs are not one product but many different products with different ingredients, chemistries and health risks.

Recommendations:

1. Carrying out an in-depth review of quantities and types of imported and locally produced STPs.
2. Studying the ingredients used in different STPs.
3. Performing toxicant and alkaloid analyses for all types of STP on the market.
4. Initiating case-control studies to determine the health risks of using different types of STPs on the market.
5. Monitoring for other drugs in local products to confirm anecdotal reports of STPs that have been spiked with illegal drugs.
6. Lobby for the government to regulate all smokeless psychopharmacological products.

WHO clinical treatment guideline for tobacco cessation in adults

1 30 sec – 3 min

2

3 + AI

4 Varenicline / bupropion / cytisine / NRT

5 Bupropion + Varenicline / NRT

6

7 Varenicline / NRT

8

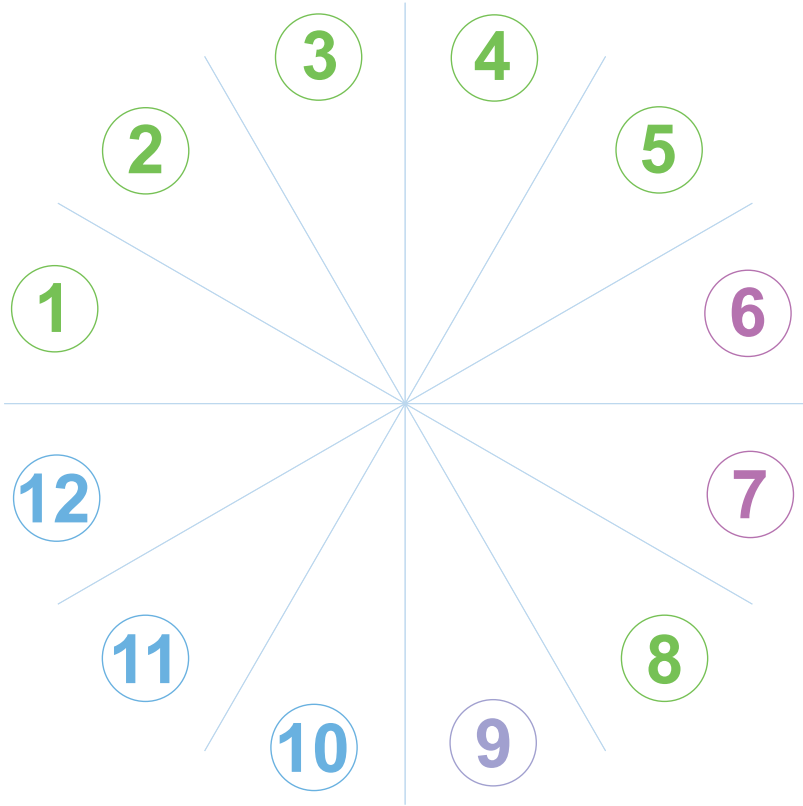
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10

11

12





WHO clinical treatment guideline for **tobacco cessation** in adults

THE SWEDISH EXPERIENCE

A ROADMAP TO A SMOKE FREE SOCIETY



**SMOKE FREE
SWEDEN 2023**

www.smokefreesweden.org



CHAPTER 1

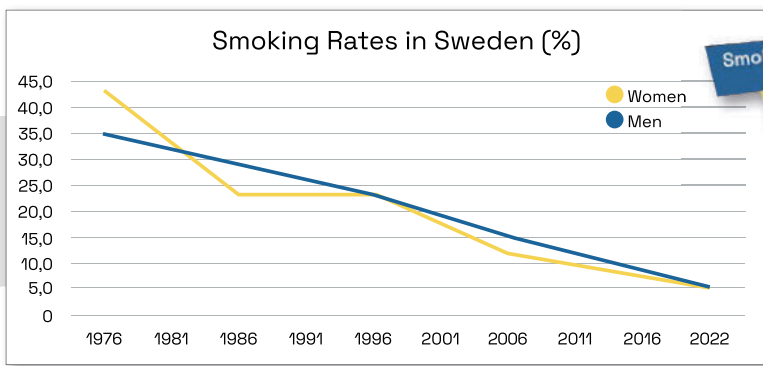
Sweden is on the brink of being smoke free



In November 2022, Swedish authorities confirmed that the current level of smoking had fallen to just 5.6% of people over the age of 16. This puts Sweden on the brink of becoming a smoke free society.

The term smoke free is defined by the Swedish government as when less than 5% of the population smoke.²³ Similarly, the European Network for Smoking and Tobacco Prevention says a 'tobacco-free' society is one where the smoking prevalence is under 5%. These recent figures are a marked decline from a peak of around 36% smoking prevalence in 1963²⁴ at which time as many as 49% of men smoked. As the Swedish population has grown by more than 30% during this same time²⁵ this is equivalent to an 80% reduction in the overall number of smokers.

Figure 2. Source: Statistics Sweden²⁶



Smoke-free is defined as less than

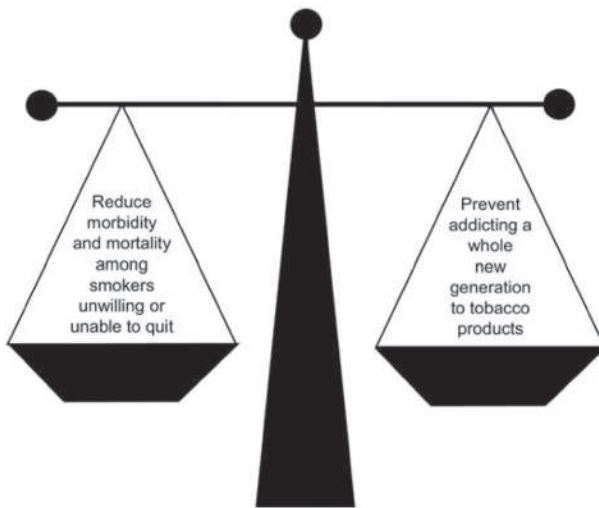
5%

of adults smoking

80%

Fewer smokers

This means that in 2023, Sweden is likely to achieve its smoke free goal, 17 years in advance of the stated EU 2040 target and two years ahead of its own more ambitious target.²⁷



Tobacco harm reduction: a public health benefit or risk?

Benefits of Tobacco Harm Reduction

1. Reduced Health Risks:

Lowered disease rates:THR can help reduce the risk of smoking-related diseases like cancer, heart disease, and respiratory illnesses.

Increased life expectancy:By switching to less harmful alternatives, smokers can potentially gain years of life expectancy.

2. Accelerated Smoking Cessation:

Switching from cigarettes:THR offers alternatives that appeal to smokers, making it easier for them to switch from cigarettes to less harmful products.

Quitting smoking:Some individuals may use THR products as a stepping stone to quitting smoking altogether.

3. Population Health Improvements:

Reduced healthcare costs:By decreasing the incidence of smoking-related diseases, THR can help lower healthcare costs for individuals and society.

Increased productivity:THR can help reduce the burden of smoking-related illnesses on the workforce, leading to increased productivity.

4. Policy and Public Health:

Faster smoke-free future:THR can help accelerate the transition to a smoke-free society, potentially ending cigarette sales within a decade or two in many countries.

Rights-based approach:THR is aligned with the right to health and the right to control over one's own health, respecting individual choices while promoting better health outcomes.

5. Examples of Success:

Sweden:Has seen a significant reduction in smoking rates through the widespread adoption of snus.

Great Britain:Has successfully used vaping as a tool to help smokers switch to less harmful alternatives.

New Zealand:Is exploring the use of THR products as part of its broader tobacco control strategy.



HARM REDUCTION SOCIETY
KENYA
Saving lives through Harm Reduction.