

**Keynote Address by the Rt Hon Dr Denzil L Douglas at the
New Approaches Summit 2024, 3rd Annual UN Week
Summit, Tobacco Control and Harm Reduction under the
Theme: "Saving Lives in the 21st Century" at the Harvard
Club of New York City on September 23, 2024, at 8:55 a.m.**

Good morning, distinguished guests, colleagues, and public health advocates. Today, we gather to discuss a topic of immense importance: tobacco harm reduction and its role in the WHO Framework Convention on Tobacco Control (FCTC). Tobacco use continues to be one of the leading causes of preventable illness and death worldwide. Despite our progress, over a billion people still smoke globally, with millions succumbing each year to diseases directly caused by tobacco use.

My views are significantly impacted from a confluence of experiences:

1. I am a medical doctor by training

2. I spent many years as the Prime Minister with lead responsibility in CARICOM on Health Issues
3. Working with the Bill Clinton Foundation I was able to successfully spearhead the Caribbean Region's approach to HIV/AIDS
4. I am now Minister of International Trade of St. Kitts and Nevis

Therefore, it is my considered view that, as we review the principles of the WHO FCTC, it's essential to recognize harm reduction as a core element in our fight against the tobacco epidemic. Harm reduction is not about compromising our commitment to reducing tobacco use; rather, it is a pragmatic, science-based approach that complements existing tobacco control measures by minimizing the health risks for those who are unable or unwilling to quit. At the core of this approach is a recognition of the dignity and humanity of every smoker, addict and or user of tobacco.

1. DEFINING HARM REDUCTION FOR CONTEXT

Harm reduction refers to public health strategies aimed at minimizing the negative health impacts of behaviours that pose significant risks. In the context of tobacco control, harm reduction focuses on reducing the harm caused by smoking, particularly for people who continue to use nicotine despite understanding the risks of smoking.

The WHO defines harm reduction as "policies, programs, and practices that aim to reduce the health, social, and economic harms associated with the use of harmful substances." For tobacco, this means promoting less harmful alternatives to smoking combustible cigarettes, such as nicotine replacement therapies (NRTs), e-cigarettes, and heated tobacco products.

Let's be clear: the best option for health is to quit smoking entirely. However, we must also acknowledge that quitting is incredibly difficult for many smokers. Harm reduction provides a critical alternative for those who are not ready to quit but are willing to switch to less harmful nicotine delivery methods.

2. HARM REDUCTION WITHIN THE WHO (FCTC)

The WHO Framework Convention on Tobacco Control, adopted in 2003, was a landmark achievement in global public health. Its goal was to reduce the devastating consequences of tobacco use through a set of coordinated strategies, including taxation, advertising bans, health warnings, and smoke-free environments.

While the FCTC primarily focuses on prevention, cessation, and protection from tobacco exposure, harm reduction is implicit in several of its articles. For example:

Article 14 encourages governments to promote cessation programs and support people who want to quit smoking. Harm reduction tools, such as e-cigarettes and nicotine replacement therapies, fit squarely within this framework, offering smokers options that reduce their exposure to harmful chemicals found in combustible tobacco.

Article 9 speaks to the regulation of the contents of tobacco products. Harm reduction plays a crucial role here, as it

encourages the development and promotion of less harmful alternatives, such as heated tobacco products or low-nicotine cigarettes.

Harm reduction must be seen as part of the FCTC's broader goal: reducing the overall harm caused by tobacco use, whether through prevention, cessation, or safer alternatives for those who continue to use nicotine.

3. THE SCIENCE BEHIND HARM REDUCTION

Research clearly supports the harm reduction potential of non-combustible nicotine products. According to Public Health England, vaping is estimated to be about 95% less harmful than smoking. Similarly, heated tobacco products, which heat tobacco rather than burn it, produce significantly lower levels of harmful toxins compared to traditional cigarettes.

A 2019 study published in the New England Journal of Medicine found that smokers using e-cigarettes were nearly twice as likely to quit smoking as those using traditional nicotine replacement therapies like patches and gum.

These statistics underscore a critical point: harm reduction strategies, when implemented effectively, can save lives. The goal should not be perfection, but rather incremental improvements in public health outcomes by offering people less harmful alternatives.

4. ACTING ON HARM REDUCTION: POLICIES

To fully realize the potential of harm reduction within the FCTC, we need to adopt specific policy and action steps. Here are several key areas to focus on:

Acknowledging the Continuum of Risk:

Not all tobacco and nicotine products are created equal. The harm caused by smoking is overwhelmingly driven by the combustion of tobacco, not the nicotine itself. We must embrace the continuum of risk by recognizing that products like e-cigarettes and heated tobacco products, while not completely risk-free, are far less harmful than combustible cigarettes.

Regulating Reduced-Risk Products:

Harm reduction requires careful regulation to ensure that reduced-risk products are safe, effective, and accessible to current smokers. Governments should regulate e-cigarettes, heated tobacco, and other alternatives in a way that balances the need for safety with the need for access. This includes product safety standards, clear labeling, and restricting marketing to youth.

Taxation and Incentivization:

It is a considered view from an international trade perspective that differential taxation can be a powerful tool. By taxing traditional cigarettes at higher rates than reduced-risk alternatives, governments can create economic incentives for smokers to switch to less harmful products. Countries like the United Kingdom and New Zealand have already implemented these strategies with considerable success.

Public Education and Health Campaigns:

Public health campaigns must communicate the relative risks of different tobacco products clearly. It is not enough to tell smokers to quit; we need to educate them on the harm reduction options available. Ensuring that smokers understand the reduced risk of products like e-cigarettes and nicotine replacement therapies can encourage them to make safer choices.

Equitable Access to Harm Reduction:

Harm reduction must be accessible to all populations, including low-income communities and marginalized groups who suffer disproportionately from tobacco-related illnesses. Governments should ensure that harm reduction tools are widely available and affordable, particularly in regions where smoking rates are high.

It is on this element of a harm reduction-based strategy that we need serious action. This requires like so many other challenges a global approach. It is in this area that the Bill Clinton

Foundation assisted Latin America and the Caribbean in its fight against HIV/AIDS.

5. Addressing Concerns and Challenges

I am not naive to complexities of this issue; I understand that harm reduction strategies can be controversial. Critics often express concern about the potential for youth uptake of e-cigarettes or the perception that harm reduction "normalizes" nicotine use. However, these challenges are not insurmountable, and they should not prevent us from acting.

Strong regulation and oversight can mitigate these risks. By setting age restrictions, regulating marketing, and ensuring product safety, we can protect youth while still offering safer alternatives to adults who smoke. Our goal is to reduce the harm of tobacco, not promote nicotine use.

Conclusion

In closing, harm reduction is not a compromise—it is a critical and compassionate part of tobacco control that recognizes the reality that millions of people continue to smoke,

despite knowing the risks. The WHO Framework Convention on Tobacco Control gives us the tools to address this challenge, but we must act with a comprehensive strategy that includes harm reduction at its core.

We cannot afford to ignore the evidence. By embracing harm reduction as a core component of the FCTC, we could save millions of lives, reduce healthcare costs, and create a future where far fewer people suffer from the devastating consequences of smoking.

Lessons from Sweden, New Zealand and the Czech Republic are worth replicating around the world especially in Low- and Medium-Income Countries and Small Island States.

New Zealand dramatically cut smoking rates among youth, adults, and their Indigenous Māori population through enhancing access to THR products, particularly vapes. This success is relevant for small island states with high male smoking rates more than 35%, such as Tonga, Solomon Islands, Cyprus, and Maldives.

Sweden leads the world in closing in on a 5% national smoking prevalence rate. Swedish success attributed to widespread use of snus and nicotine pouches as alternatives to toxic cigarettes.

We must be careful however to conduct research into local circumstances that will enable us to frame solutions fit for varying economic, socio-political and cultural instances. Solutions engineered for an in High-Income Countries such as the United States will solve the problem across the globe.

Let's work together to ensure that harm reduction becomes a driving force in our global fight against tobacco, helping us move closer to a smoke-free world. Thank you.