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A MORE INTEGRATED APPROACH TO HARM REDUCTION

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BACKGROUND:

In April, the Biden-Harris administration issued [unprecedented](#) funding for harm reduction, a pragmatic public health solution to the opioid crisis that killed almost [70,000 people in the United States in 2020](#). [Strategies](#) to mitigate the negative health consequences of risky behaviors are not new. In 1964, [methadone](#) maintenance emerged to help people manage heroin addiction, and in the [1970s and 1980s modern harm reduction was born](#) when syringe exchanges were introduced to [slow the spread of bloodborne disease](#) (especially HIV and hepatitis B) among individuals injecting drugs.

Today, most harm reduction programs still focus on the risks associated with illegal "[drug use, drug policies and drug laws](#)." Because the ultimate [goal](#) is to provide practical, non-judgmental care tailored to individuals' circumstances and goals, the approach has far broader public health utility. Thus, acceptance is growing in several arenas, from [vaccination efforts](#) to [comprehensive sexuality education](#). Some organizations even embrace [wrap-around](#) services characterized by multiple harm reduction strategies in an effort to reduce risk for both overdose and infectious disease.

However, tobacco harm reduction (THR) often remains [overlooked](#) or excluded outright from otherwise comprehensive initiatives. For example, syringe access programs may staunchly meet opioid users "where they're at," yet promote [abstinence-only perspectives](#) on nicotine addiction. Similarly, several of the jurisdictions chipping away at [drug prohibition](#) are simultaneously [increasing](#) [restrictions](#) on tobacco and [e-cigarettes](#).

CURRENT DEBATE

Although [bipartisan](#) support for harm reduction has grown in recent years, related policies often fall along partisan lines rather than following the science. For example, the Biden-Harris administration earmarked [$30-million in federal funding for opioid harm reduction](#), yet Demo-

SUMMARY

- Tobacco harm reduction (THR) is struggling to gain credibility and acceptance among the public health establishment.

- Those who are skeptical of the harm reduction potential of alternative tobacco products, such as e-cigarettes, worry about youth initiation, the role of big tobacco in research and production and the newness of the products themselves.

- THR advocates highlight emerging research that suggests electronic nicotine delivery systems (ENDS) may reduce health risks and increase quit rates for cigarette smokers. They also express concern that ENDS bans would undermine those benefits while contributing to overcriminalization.

- An integrated approach would acknowledge the overlaps between historically siloed issues, including: comorbidities among populations served; the goal of reducing health disparities; and the commitment to providing a practical public health solution that accepts and supports individual autonomy.

crats tend to [support](#) anti-vaping agendas. Meanwhile, although conservatives often [oppose](#) tobacco and nicotine restrictions, they resist [comprehensive sexuality education](#) and [syringe access programs](#). Within the public health establishment these divisions are not explicitly political but may be more [rooted in ideology](#) than some want to admit.

One reason public health experts give for restricting commercial availability of alternative tobacco products such as electronic nicotine delivery systems (ENDS) is [youth initiation](#), citing the harmful effects of nicotine on [young brains](#), and concerns about vaping leading to [nicotine addiction](#) or serving as a "gateway" to combustible cigarettes.

A second critique of THR stems directly from the continued involvement of "big tobacco," particularly its profit motive and influence on research around product safety. Into the early 2000s, the industry challenged the science on the harms of combustible cigarettes and made false claims that "light" and "low tar" cigarettes were safer. Today, this fosters skepticism of current "reduced risk" products even when data provides some support.

A third argument against the use of ENDS in particular emphasizes the newness of the products themselves, noting a lack of longitudinal data on health outcomes and citing the emergent and thus inconclusive nature of the research.

Advocates for THR focus on growing evidence that several products may be safer than combustible cigarettes. They argue that options ranging from snus, which has been recognized by the FDA, to ENDS, which remain unrecognized by U.S. officials but are widely accepted in the United Kingdom, pose fewer health risks compared to combustible cigarettes and may even improve quit rates. Pro-THR groups thus worry that bans on ENDS could drive vapers back to combustible cigarettes.

Other arguments against nicotine and tobacco prohibitions highlight social concerns. In particular, key stakeholders claim that such restrictions infringe on individual freedoms and further contribute to overcriminalization, often in ways that disproportionately affect low income and BIPOC communities.

ACTION ITEMS

Harm reduction has repeatedly been proven to decrease the negative health impacts of a wide range of behaviors. However, picking and choosing among harm reduction interventions and policies does the public a disservice. The exclusion of THR is especially troubling as combustible cigarettes kill an estimated 480,000 people each year in the United States, which is more than five times the number of people who died of a drug overdose in 2020.

An integrated approach connects historically siloed areas of harm reduction, including THR, based on overlaps in populations served, public health's goal of reducing health disparities and the underlying need for a pragmatic solution that actively saves lives.

One of the most significant reasons to support integrated harm reduction is the issue of comorbidities. Individuals with substance use disorders are more likely to experience mental health issues. Those living with HIV may lose more life years to cigarette-smoking than the virus itself. In short, many who would benefit from one harm reduction intervention would also benefit from others.

Finally, harm reduction strives to preserve both individual freedom and individual responsibility for one's health. This perspective ensures safer access via regulated products and may mean protecting low-barrier access to risk-reducing tools, like hormonal birth control, pre-exposure prophylaxis (PrEP) or naloxone. Harm reduction also provides the knowledge and skills to navigate risky environments, whether by using condoms during sex or doing a "test shot" of fentanyl-contaminated heroin.

The more harm reduction advocates recognize the common ground between their respective areas of focus, the better they will be able to build programs and policies that truly promote public health. Opportunities for collaboration, research and mutual education abound.

CONTACT US

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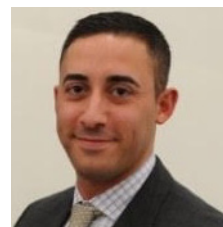
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