



POLISH ACADEMY OF SCIENCE RECOMMENDATIONS ON REDUCING TOBACCO USE

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COI

I declare no conflict of interest



Tobacco/nicotine use in Poland

Adults:

- 28,8% smoke daily
- 4,8% use electronic cigarettes
- 4% use heated tobacco products
- 83 000 deaths and 2 mln DALY's per year



Youth

- 29,5% used e-cigarettes past 30 days
- 26,2% smoked past 30 days





factors contributing to nicotine initiation

- Culture normalizing nicotine use;
- example and pressure from the environment (parents, peers, school);
- ease of obtaining and purchasing (physical availability) nicotine products;
- economic availability (low prices) of nicotine products;
- exposure to advertising and promotion of nicotine products

Te Hiringa Hauora. (2022). Smoking & its effects. :

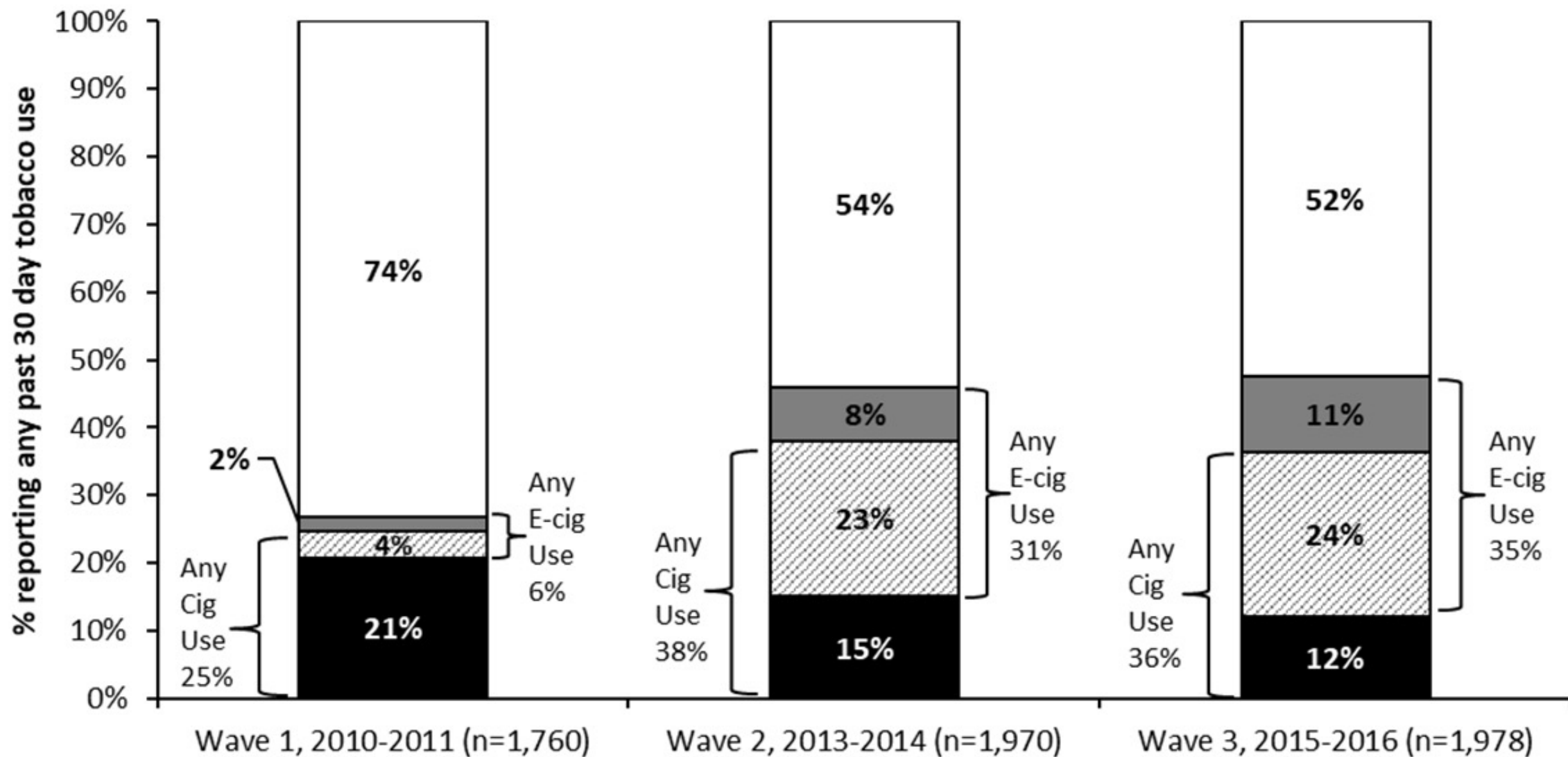
<https://www.smokefree.org.nz/smoking-its-effects/facts-figures>





Context for recommendations

1. Parliamentary elections in Poland on October 15, 2023
2. Changes on the nicotine market (e-cigs, HTPs, nicotine pouches)
3. Industry lobbying for harm reduction concept
4. Example of countries successful in tobacco control (New Zealand – drop from 17% in 2007 to 8% in 2022 of adult smokersP)



■ Past 30 Day Cigarette Use ▨ Past 30 Dual Use ■ Past 30 Day E-cigarette Use □ No Past 30 Day Tobacco Use

Youth Smoking and vaping, n=16712

ever tried tobacco/nicotine product

62,1%

past 30 day smoking

26,2%

smokes daily

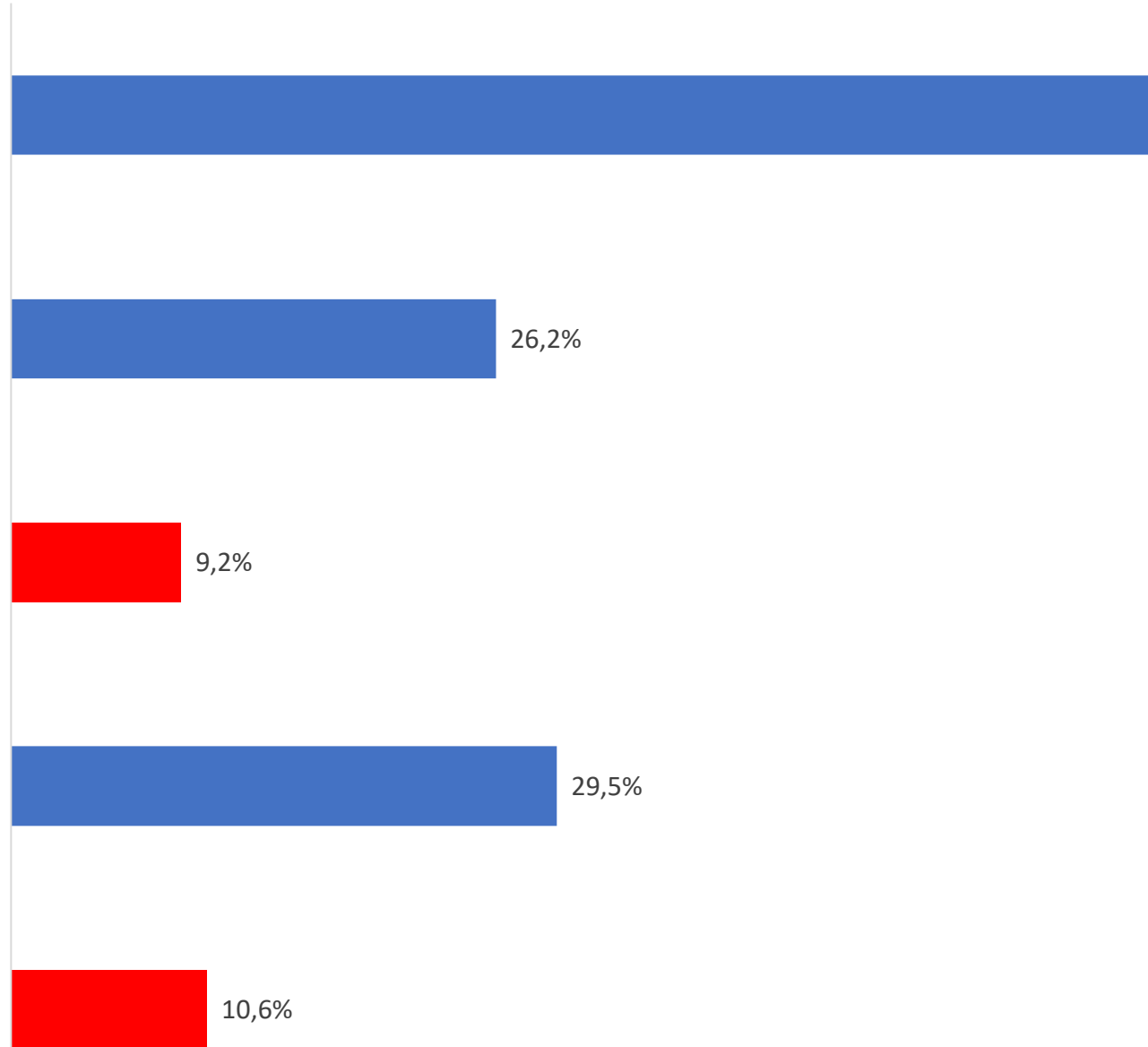
9,2%

past 30 days vaping

29,5%

daily vaping

10,6%

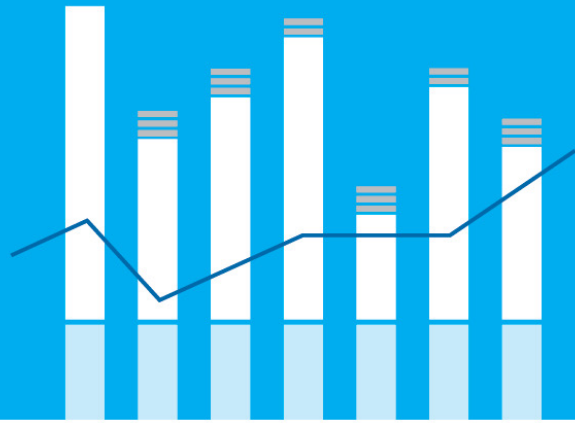




Recommendations

1. Reducing the consumption of nicotine products through the effective use of tax policy.
2. Limiting the physical availability of nicotine products.
3. Elimination of advertising and promotion of nicotine products.
4. Professional and comprehensive health education aimed at reducing the initiation and consumption of nicotine products.
5. Launching a comprehensive program to help people addicted to nicotine, including minors.
6. Monitoring the market for nicotine products, their use and preventive activities.
7. Limiting the relationship and influence of the tobacco industry on decision-making processes, including harm reduction issues.

WHO TECHNICAL MANUAL ON
**TOBACCO TAX POLICY
AND ADMINISTRATION**



Tobacco/nicotine taxes

Tobacco tax increases are the **most effective measure** to reduce tobacco use and its associated health and economic burdens - particularly among young and low-income people.

Effectiveness conditions:

- They must grow faster than the growth rate of individual incomes and inflation
- The increase in taxes on e-cigarettes and other nicotine products should go hand in hand with the increase in taxes on regular cigarettes

Taxes should serve as source of funding for prevention and treatment

World Health Organization. (2021). WHO technical manual on tobacco tax policy and administration. Geneva: World Health Organization.

Chaloupka, F. J., Swenor, D., & Warner, K. E. (2015). Differential Taxes for Differential Risks--Toward Reduced Harm from Nicotine-Yielding Products.



Limiting the physical availability of nicotine products.

- imposing a mandatory obligation on sellers to verify the age to purchase products containing nicotine
- licensing points of sale of these products
- raising the age for purchasing nicotine products to 21

Kilińska-Pękacz, A. (2018). Prawne aspekty ochrony małoletnich przed nikotynizmem. Studia Prawnoustrojowe, (42), 13-31.

Astor, R. L., Urman, R., Barrington-Trimis, J. L., Berhane, K., Steinberg, J., Cousineau, M., ... & McConnell, R. (2019). Tobacco retail licensing and youth product use. Pediatrics, 143(2).

Liber, A. C., Xue, Z., Cahn, Z., Drope, J., & Stoklosa, M. (2022). Tobacco 21 adoption decreased sales of cigarette brands purchased by young people: a translation of population health survey data to gain insight into market data for policy analysis. Tobacco Control, 31(3), 452-457.



Elimination of advertising and promotion of nicotine products.

- any type of advertising and promotion of these products - public or private - should be prohibited by law and its violation punished

Balwicka-Szczyrba, M., & Balwicki, Ł. (2022). Zakaz reklamy i promocji podgrzewanych wyrobów tytoniowych (heated tobacco products). W: Namysłowska M. (red.), Reklama. Aspekty prawne. Nowe wyzwania. Warszawa.





Professional and comprehensive health education aimed at reducing the initiation and consumption of nicotine products.

- Educational tools should be constantly adapted and updated, with particular emphasis on the role of mass media
- It is necessary to ensure stable financing for effective, long-term and attractive anti-tobacco education
- the need to adapt health education depending on the gender of the recipients

National Institute for Health and Care Excellence. (2010). Pobrane z: <https://www.nice.org.uk/guidance/PH23/chapter/1-Recommendations#recommendation-5-coordinated-approach>

Perry, C. L., Pirie, P., Holder, W., Halper, A., & Dudovitz, B. (1990). Parent involvement in cigarette smoking prevention: Two pilot evaluations of the "Unpuffables Program". Journal of School Health, 60(9), 443-447.

Wilhsson, M., Svedberg, P., Högdin, S., & Nygren, J. M. (2016). Girls and boys strategies to handle and cope with school-related stress: Marie Wilhsson. The European Journal of Public Health, 26(suppl_1), ckw170-038.

TIPS FROM
FORMER
SMOKERS®

Impact of CDC's *Tips From Former Smokers*® Campaign

Helping people quit smoking | Improving health outcomes | Reducing healthcare costs

The *Tips From Former Smokers*® campaign features compelling stories from real people living with serious long-term health effects from smoking and secondhand smoke exposure.

From 2012 through 2018, the campaign was associated with:

ESTIMATED

129,000

EARLY DEATHS
AVOIDED



ESTIMATED

804,000

LIFE YEARS
GAINED



ESTIMATED

1.38
million

QUALITY-ADJUSTED
LIFE YEARS GAINED



ESTIMATED

\$7.3
billion

IN SMOKING-RELATED
HEALTHCARE COSTS
SAVED



Learn how CDC's *Tips From Former Smokers*® campaign continues to save lives and lower healthcare costs: [CDC.gov/TipsImpact](https://www.cdc.gov/TipsImpact)





Launching a comprehensive program to help people addicted to nicotine, including minors.

- It is necessary to launch a modern program for recovering from nicotine addiction, also available to minors.
- Universal access for smokers (at the level of family doctor care, specialist care and in hospitals) should be ensured to behavioral support interventions (individual and group), medical advice and reimbursed products approved for medical use and with confirmed effectiveness in clinical trials
- Counseling should also be offered remotely using modern technologies.
- The direct assistance program should be accompanied by a system of active identification of addicts (in outpatient and inpatient care) and active invitations to participate in treatment.

Bała, M. M., Cedzyńska, M., & Balwicki, Ł. (2022). Wytyczne leczenia uzależnienia od nikotyny. Med Prakt, 22-40.

Xu, X., Alexander Jr, R. L., Simpson, S. A., Goates, S., Nonnemaker, J. M., Davis, K. C., & McAfee, T. (2015). A cost-effectiveness analysis of the first federally funded antismoking campaign. American journal of preventive medicine, 48(3), 318-325.



Monitoring the market for nicotine products, their use and preventive activities.

- Consumption of all nicotine products across demographic groups should be regularly monitored using standardized research methods.
- It is worth monitoring market practices and activities of nicotine industry companies, including violations of the law, in order to effectively counteract practices that may threaten public health.
- Strategies and programs to reduce the use of nicotine products and treat tobacco dependence, including the results of these strategies or programs, should be monitored and evaluated
- Data on the performance of smoking cessation services should be routinely and independently monitored and, importantly, these results should be made publicly available

World Health Organization. (2013). WHO Framework Convention on Tobacco Control: guidelines for implementation Article 5.3; Article 8; Articles 9 and 10; Article 11; Article 12; Article 13; Article 14 – 2013 edition. <https://apps.who.int/iris/bitstream/handle>

National Institute for Health and Care Excellence. (2021) Tobacco: preventing uptake, promoting quitting and treating dependence. NICE Guideline 209. : www.nice.org.uk/guidance/ng209



Limiting the relationship and influence of the tobacco industry on decision-making processes, including harm reduction issues.

- it should be clearly recommended to fully implement the provisions of the FCTC, including by taking all actions to exclude representatives of the tobacco industry from the process of shaping anti-tobacco and health-promoting policies, and, moreover, not to take into account the interests of this industry in the decision-making processes.
- There are numerous scientific reports indicating that the nicotine product industry uses discussions about tobacco harm reduction to promote new products

Balwicki Ł, Stokłosa M, Balwicka-Szczyrba M, et al Tobacco industry interference with tobacco control policies in Poland: legal aspects and industry practices Tobacco Control 2016;25:521-526.

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Corrêa, P. C. R. P. (2022). No controversy: e-cigarettes are not a treatment for tobacco/nicotine cessation. Jornal Brasileiro de Pneumologia, 48.

Prof. Andrzej Fal: Redukcja szkód jest racjonalną metodą walki z paleniem, ale pod warunkiem, że jest właściwie adresowana



PIOTR WÓJCIK

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– Świetne narzędzie, jakim jest redukcja szkód, jeśli jest skierowana właściwie, czyli do tych, którzy szkodzą sobie paląc klasyczne papierosy, jest racjonalną metodą, pozwalającą osiągnąć cel. To precyzyjne narzędzie, które musi być bardzo precyzyjnie wprowadzone. W Polsce nie ma żadnego racjonalnego, długoterminowego planu walki z paleniem. Wydaje nam się, że zakazem możemy osiągnąć wszystko – powiedział w rozmowie z Medexpressem prof. Andrzej Fal, prezes Polskiego Towarzystwa Zdrowia Publicznego.



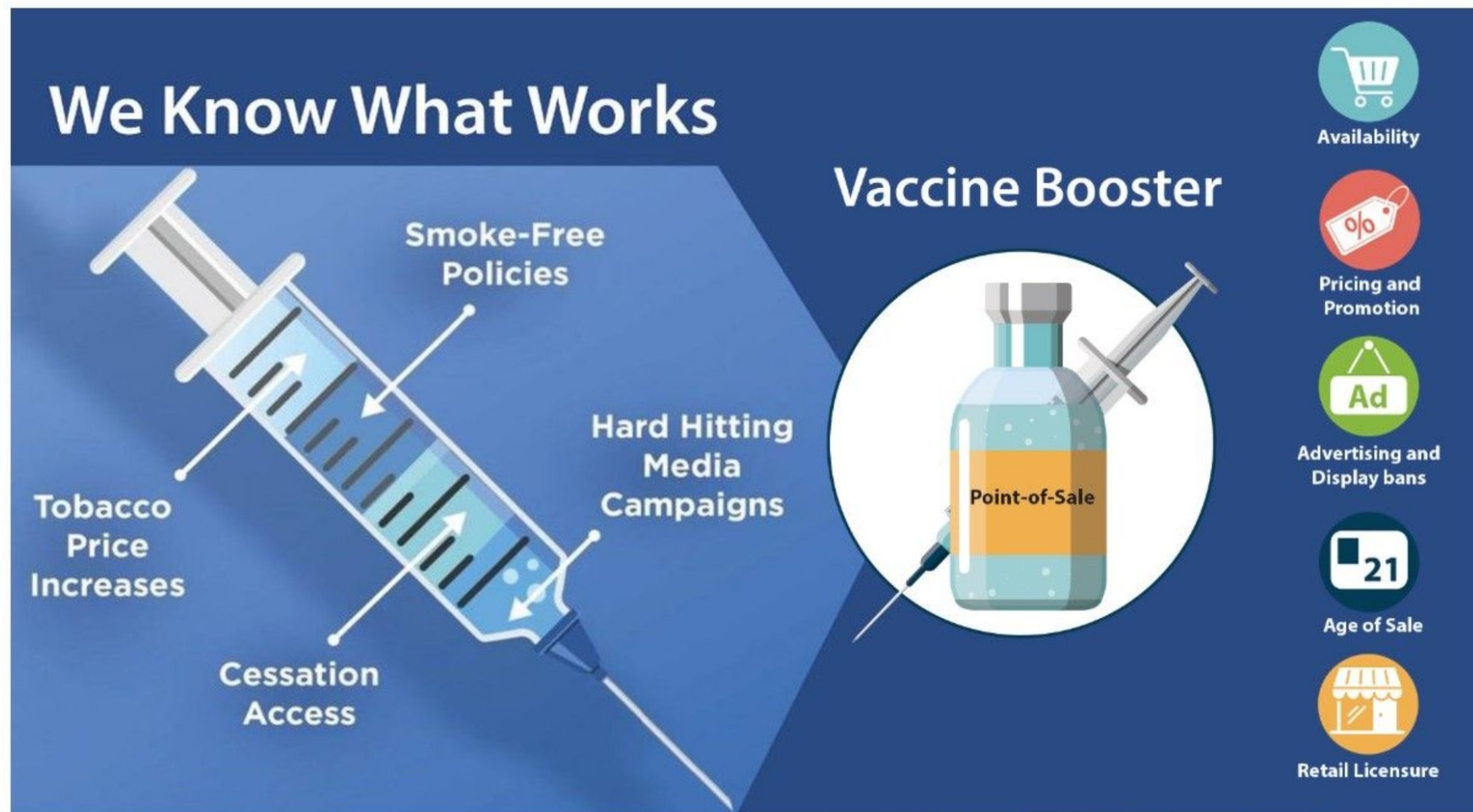
Prof. Andrzej Fal: Redukcja szkód jest racjonalną metodą walki z paleniem, ale pod warunkie...

 Udostępnij





**Thank you
for attention**



King, B. A., & Graffunder, C. (2018). The Tobacco Control Vaccine. Kong, A. Y., & King, B. A. (2020). Boosting the Tobacco Control Vaccine.