Practical Strategies and Approaches to Support Tobacco Harm Reduction for People Who Use Drugs (PWUD)

HARM REDUCTION INTERNATIONAL

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Anthony Salandy, Ph.D., MSc.

Chief Program and Business Strategy Officer

National Harm Reduction Coalition

NATIONAL HARM REDUCTION COALITION

What is Tobacco Harm Reduction?

Tobacco harm reduction is a public health strategy aimed at minimizing the negative health effects of tobacco use, particularly for individuals who are unable or unwilling to quit smoking completely. It focuses on shifting smokers to less harmful alternatives - Safer Nicotine Products (SNP-e-cigarettes, SNUS), Nicotine Replacement Therapy (gums and patches) products, and medication (Chantix, Buproprion) - rather than trying to eliminate nicotine use altogether.

Summary of Tobacco Harm Reduction

Aspect	Description
Main Goal	Minimize health risks and negative consequences from tobacco use
Approach	Provide safer nicotine/tobacco alternatives or encourage less risky behaviors
Examples of Alternatives	E-cigarettes, heated tobacco, nicotine pouches, Swedish snus
Target Audience	Adults who continue to use tobacco and are unable or unwilling to quit
Relation to Cessation	Complements traditional cessation efforts; not a replacement for quitting
Public Health Impact	Aims to reduce tobacco-related disease and death at both individual and population levels

So why talk about Tobacco Harm Reduction?

- Globally, combustible tobacco use causes the death of over 8 million people each year. This includes over 7 million deaths from direct tobacco use and approximately 1.2 million deaths from exposure to secondhand smoke. (WHO, 2024)
- Cigarette smoking is common among users of other substances, especially those who use cocaine, meth, and heroin. (Harrell, 2012)

High prevalence of smoking among people who use drugs

- Heroin: 80- 97% of individuals on Methadone-maintenance smoke cigarettes with cessation rates generally below 10%. Some studies indicate more than 73% of active heroin users smoke. (Haas, et al., 2007, Pajusko et al., 2012)
- Cocaine: the prevalence of smoking among cocaine-dependent patients was 75%, compared to 22% in a matched general-population sample. (JAMA, 2023)
- Meth: Methamphetamine users smoke cigarettes at rates typically exceeding 80%. (McKetin, et al., 2021)

Should THR be part of services offered by HR orgs

YES, but there are obstacles.

What are some obstacles to integrating THR in HR services?

- Often, Opioid Prevention and HR program AND Tobacco Control are in different agencies/unit within the Health Department or Ministry. And, those agencies may have difference missions and mandates .
- SSP/HR orgs may lack resources to adequately and <u>ethically</u> address smoking among their program participants.
- Big tobacco can be seen as co-opting the HR movement and space.
- Staff at SSPs HR orgs may smoke cigarettes and/or not familiar with THR and/or have philosophical differences with THR.

Let us look at some practical steps to address the last obstacle mentioned - staff

1. Assess Current Knowledge and Attitudes: Begin by understanding your team's existing perspectives on tobacco harm reduction.

2. Make the Case for Tobacco Harm Reduction to your staff and Board.

3. Leverage Peer-Led Approaches and staff lived experience.

4. Address Resistance Compassionately

5. Create Organizational Support Structures

Let us look at some practical steps to address the last obstacle mentioned - staff

6. Offer staff comprehensive THR Education
7. Motivational Interviewing for Tobacco Harm Reduction
8. Implement a Train-the-Trainer Model
9. Leverage Peer Support Training Models
10. Partner with External Organizations

NHRC Tobacco Harm Reduction Education and Engagement (THREE) Project. Funded by Global Action to End Smoking

Project THREE Overview

Rationale	• People who use drugs (PWUD) smoke combustible tobacco at disproportionately high rates, leading to preventable health complications.[1] • Tobacco Harm Reduction (THR) remains underutilized across syringe service programs (SSPs) and Substance Use Disorder (SUD) care settings, perpetuating health disparities. • There is widespread misinformation about safer nicotine alternatives, including vaping and NRTs, among both providers and clients.[2]
Goals	• Reduce harms associated with combustible tobacco use among PWUD. • Increase understanding and adoption of THR approaches among SSP and SUD treatment providers. • Integrate THR strategies into harm reduction and treatment practices.
Target Populations	• SSP staff, peer workers, nurse practitioners, social workers, and other care providers working with PWUD. • PWUD, particularly those engaged in harm reduction and treatment programs.

Source 1: "Cigarette Smoking Trends Among People with Substance Use Disorders," National Institutes of Health (NIH), 2023.
Source 2: Majeed, B. A., Weaver, S. R., Gregory, K. R., Whitney, C. F., Slovic, P., & Pechacek, T. F. (2022). The effect of conflicting public health guidance on smokers' and vapers' e-cigarette harm perceptions. *Addictive Behaviors*, 125, 107179.

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For more information, Contact:

Tanagra Melgarejo (National Capacity Building Director) - melgarejo@hamreduction.org