The London Drug & Alcohol Policy Forum

A public lecture by
Prof Gerry Stimson
Emeritus Professor, Imperial College London
Visiting Professor London School of Hygiene and Tropical Medicine

Introduced by
Prof David Nutt
Edmond J. Safra Professor of Neuropsychopharmacology
Imperial College London
A tale of two epidemics: drugs harm reduction and tobacco harm reduction

Gerry Stimson

Guildhall, London, 14th April 2016

#harmreduction
30 YEARS AGO

April 1986 – public health and drugs
harm reduction

Gerry Stimson 14 April 2016
Context – ‘heroin screws you up’ anti-heroin campaign – 1985-6

SKIN CARE BY HEROIN.

As first you think you can control heroin
But before long you'll start looking ill, losing weight and feeling like death.
Then one day you'll wake up knowing that, instead of you controlling heroin, it now controls you.
So, if a friend offers you heroin, you know what to say.

HEROIN SCREWS YOU UP.
1986: The UK discovers the HIV epidemic.
Roy Robertson and colleagues in Edinburgh tested GP patients who were injecting

51% of injectors HIV positive within 2 years

1986 the year of the antibody test: similar levels of infection are reported from other European and N American cities

First HIV+ in blood sample from Aug 1982


Gerry Stimson 14 April 2016
1986 – alarm, and a harm reduction solution

- April 1986 Government alarm about Edinburgh
  - DHSS and Advisory Council on Misuse of Drugs alarm/uncertain

- Sept 1986 McLelland C’tee Scotland reccs distributing needles and syringes

- Oct 1986 Interdepartmental Ministerial Committee on AIDS, chair William Whitelaw

- Dec 1986 Norman Fowler Secretary of State for Health, advised by Chief Medical Officer Donald Acheson and Dorothy Black Senior Medical Officer announces needle exchanges

- Mar/Apr 1987 Needle exchanges launched. Evaluated by my team

- Within 12 months harm reduction emerges as a key UK response to HIV among drug users

It was harder than I suggest, behind the scenes – but no overt opposition in the UK; elsewhere it was and is worse

Gerry Stimson 14 April 2016
We have no hesitation in concluding that the spread of HIV is a greater danger to individual and public health than drug misuse... We must therefore... work with those who continue to misuse drugs to help them reduce the risk involved in doing so, and above all the risk of acquiring or spreading HIV.
Creating a conducive environment to enable change in drug using etiquette/culture

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<tr>
<th>Raise awareness, provide information</th>
<th>Social marketing</th>
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<td><strong>•</strong> safer drug use</td>
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<td><strong>•</strong> HIV prevention</td>
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<th>Provide resources</th>
<th><strong>•</strong> Needles and syringes</th>
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<td><strong>•</strong> Methadone + access to treatment</td>
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<th>Make contact</th>
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<td><strong>•</strong> Cascade messages</td>
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<th>Endorse and remove obstacles</th>
<th><strong>•</strong> Key opinion leaders</th>
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<td><strong>•</strong> Government</td>
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<td><strong>•</strong> Media</td>
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<td><strong>•</strong> Change laws etc</td>
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Much grass roots action, eventually endorsed by government

Stimson G V. AIDS and injecting drug use in the United Kingdom, 1988-1993: Social Science and Medicine, 41,5,699-716)
Using Drugs

If you are using drugs, this leaflet is for you. It’s a simple guide to using drugs more safely and doing less harm to your health. Using any drug can be dangerous. But a lot of the damage can be avoided if you are careful and take some simple steps to look after yourself.

Gerry Stimson 14 April 2016
Meanwhile in the US where needles were banned, Bleachman offered a creative solution.
Russell Newcombe, first to use the term ‘harm reduction’ in Druglink, Jan/Feb 1987

Follow him @TheNewImpostor

It is my view and increasingly the view of others who work with drug users or young people that it is high time for harm reduction.

AIDS was the impetus – but HR rolled out also to overdose prevention, pill testing, safer drug use...
Helping change the culture of drug use

Engagement with ‘affected’ populations – ‘nothing about us without us’

Partnership ethos

Destigmatisation

A supportive public health vision

Courageous public health leaders

Why was HR accepted in the late 1980s?

• Supportive drug policy and explicit HR strategy
• Supportive AIDS policy
  – political co-operation and consensus
  – ‘war emergency’ mood
  – AIDS prevention as a social movement
• Financial resources
• Infra-structures to deliver harm reduction - community based agencies
• Support across political spectrum
• HR Legitimised on back of general AIDS awareness campaigns – AIDS affects us all – safer sex > safer drug use

Stimson G V. AIDS and injecting drug use in the United Kingdom, 1988-1993: Social Science and Medicine, 41,5,699-716)
A public health vision

Strategies for health promotion

**Advocate:**

**Enable:** ... individuals must become empowered to control the determinants that affect their health

**Mediate:** ... success will depend on the collaboration of all sectors of government (social, economic, etc.) as well as independent organizations (media, industry, etc.).
Harm reduction for drugs/HIV – a UK public health success – the right approach helped prevent HIV infection


Gerry Stimson 14 April 2016
Harm reduction works
30 YEARS LATER

Public Health got it right with drugs harm reduction but gets it wrong with tobacco harm reduction

Gerry Stimson 14 April 2016
The tobacco harm reduction proposition:

- Nicotine is the second most popular drug
- Smokers risk disease and premature death
- Most smokers say they want to stop smoking
- Many have tried to stop
- Many find it hard to stop and many are unable or unwilling to give up nicotine – they like it
- Smoking tobacco is the most harmful way of delivering nicotine
- Providing safer ways to deliver nicotine enables people to continue using nicotine but to avoid the health risks of smoking

Gerry Stimson 14 April 2016
Tobacco harm reduction - origins

Pioneer - Mike Russell

“Smokers cannot easily stop smoking because they are addicted to nicotine.... People smoke for nicotine but they die from the tar”
1976 BMJ 1: 1430-1433

‘Rebalancing the market in favour of the safest nicotine products would provide choice, encourage safer nicotine use, and reduce morbidity and mortality.’ p240

Harm reduction in smoking can be achieved by providing smokers with safer sources of nicotine that are acceptable and effective cigarette substitutes.’ p241 2007

4000 chemicals in tobacco smoke

At the time apart from NRT (and snus) no attractive and viable sources of safer nicotine

Gerry Stimson 14 April 2016
E-cigarettes the game changer

- A low risk way to deliver nicotine
- Came on UK market in 2007
- Rapid innovation
- ‘Biggest disruption to tobacco consumption since Bonsack invented the cigarette rolling machine in 1880’ *


Photos courtesy Lynne Dawkins and Dave Dorn - VTTV
Nicotine products are not equally harmful - continuum of harm for different nicotine containing products

Differences in harm reported by David Nutt et al using expert ranking of harms; e-cigarette evidence since replicated manifold by lab and clinical studies

ENDS = Electronic Nicotine delivery Systems
There will be an increasing range of non-combustible nicotine products – in addition to e-cigs and Swedish snus (banned in EU except Sweden); tobacco heating products, hybrid e-cigs with tobacco flavour ....
Rapid rise of e-cigarette use in Britain 2015

Office for National Statistics

Unlikely that any Public Health initiative could have so much impact in such a short time, in terms of reach - 8.7 m have tried e-cigs; successful converts – 2.2m current users; or with such success - the nearly 1m e-cig users who no longer smoke cigarettes + + 

Gerry Stimson 14 April 2016
E-cigarette sales overtake NRT

(£M sales/Qr)

Source: Nielsen – this measures e-cigarette retail store data and not vape shops and online. Stock analysts estimate total volume would be 2X.

Gerry Stimson 14 April 2016
Smoking cessation services lose business - customers declined by 45% since 2011-12

Clients [i] 450,582
Successful quits [ii] 229,688

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<tr>
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<th>Total cost</th>
<th>Per successful quit</th>
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<tr>
<td>SSS service [iii]</td>
<td>£79m</td>
<td>£344</td>
</tr>
<tr>
<td>Prescribing (c 50% NRT)[iv]</td>
<td>(£49m) £39m adjusted</td>
<td>(£212) £169 adjusted</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>(£128m) £118m adjusted</td>
<td>£513 ****</td>
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**Total cost 2014-5**

Cost per successful quit 

*Cost per quit increases as clients decrease; service cost £235 in 2012-13, £344 in 2014-15.

**Prescribing costs est. based on 2013-14 reduced by £10m lower in 2014-15 England

[i] Setting quit date
[ii] Quit smoking at 4 week follow-up, not smoked since two weeks after the quit date
[iii] 2014-15 Table 4.12


Missing data = costs are understated
From ‘quitting’ to ‘switching’ and ‘pleasure’

• ‘Smoking cessation’ repositioned from medical ‘treatment’ to pleasurable experience
• From stigma and guilt to guilt-free enjoyment of nicotine
• Vaping and pleasure - a recreational alternative to smoking - Sarah Jakes http://nnalliance.org/blog/39-the-pleasure-principle
• For some, becoming a vaper an important transformation in personal identity; for some, a hobby (gadgets etc)
• Vaping and fun: Vapefest (there are no NRTfests)
• Normalisation of nicotine use – nicotine as a life style product

Gerry Stimson 14 April 2016
Self-help, mutual help

- DIY approach to switching from smoking
- Vapers helping vapers
- Vapers helping smokers - Chris Russell
- Vapers are experts
- Vapers are advocates
- Vapers do it for free—unpaid!
- Doing exactly what PH experts extol:
  
  WHO Ottawa Charter on Health Promotion - individuals must become empowered to control the determinants that affect their health

Gerry Stimson 14 April 2016
Visits to E-Cigarette-Forum.com
Website visits United Kingdom, 2015

3,607,461 total visits
10,000 average daily visits

(International total = 33,792,766)

1. England  3,191,126
2. Scotland  233,292
3. Wales     113,688
4. Northern Ire 50,032
5. (not set)  16,511
6. Isle of Man 2,812

Data courtesy of Neil Mclaren and Oliver Kershaw
Vapers become advocates

Gerry Stimson 14 April 2016
‘Public health’ response - v1

Meanwhile in a parallel universe – what was the Public Health response to smokers doing the right thing?

Antipathy – or quiescent

No public health vision

Predominantly a ‘threat’, ‘fear’ and ‘concern’ narrative from PH thought leaders. E-cigarettes -

- Undermine anti-smoking policy
- Encourage young people to smoke/become nicotine addicts
- Prolong smoking, delay quitting
- Normalise smoking
- No evidence for effectiveness
- Tobacco company plot
- Abstinence the best option
- Instead seek professional help

Some Public Health leaders deeply suspicious of and vilify vapers*; Pres. of the Faculty of Public Health insulted vapers on Twitter**.

Why are you against increased use of e-cigarettes?
If they were properly regulated as a medicine and we knew what was in
them and the dose of nicotine, then they might play a useful role in
stopping smoking. But they aren't, so at the moment we don't know their
safety or the dose they deliver. They are often aimed at children with their
flavourings – not only menthol but cookies and cream and bubblegum.
They are sold rather cheaply and many of them are made in China, so I
worry about what is in them. We have even got a verb for e-cigarette use:
to vape. I am worried about normalising once again the activity of
smoking. This matters particularly with children and adolescents.

So you are worried this could be a rerun of socially acceptable smoking?
Yes. Have you seen the adverts for e-cigarettes? They make them look cool
and chic. In the Metrocentre in Newcastle they have a vaping boutique,
which looks like a perfume boutique.
Nicotine is a poison and there are increasing reports, from several countries, of poisoning in young children who swallow nicotine-containing fluid...which is hardly surprising given their attractive packaging and flavours, such as bubble gum, that seem designed to appeal to children.

...e-cigarette manufacturers have engaged in intensive marketing that gives every impression of being targeted at young people.

...marketing...should not target children and young people or other non-smokers..and should not ‘renormalise’ or ‘re-glamourise’ smoking or undermine smoking prevention policies (which implies a ban on their use in enclosed public places).

People who want to quit smoking should consult their GP

"A key concern for everyone in public health is that children and young people are being targeted by mass advertising of e-cigarettes. There is a danger that e-cigarettes will lead to young people and non-smokers becoming addicted to nicotine and smoking....

For now, the best thing anyone who wants to stop smoking can do is to talk to their GP or ring the national quitline to get a referral to safe, evidenced-based services. We just don't know enough yet about e-cigarettes to be sure that they are a safe alternative to this proven method of quitting smoking for good.”

John Middleton, FPH 2016
Why the PH difficulty with e-cigarettes?

• PH strategy on smoking dominated by tobacco control narrative > to make tobacco use difficult > anti- smokers and industry > tobacco free world
• All tobacco use seen as a problem
• Make tobacco/smoking difficult - price, smoking bans
• Stigmatisation of smokers (contra drugs and HIV de-stigmatisation)
• ‘Anti’ framework makes it difficult to adopt a ‘pro’ position on nicotine
• Discombobulated that (a) the market and (b) industry might help solve some health problems
• PH thinking finds it difficult to embrace pleasure
• e-cigarettes not invented or implemented by medicine or PH
Public health response - v2
Public Health England launches strong positive position on e-cigarettes

• PHE evidence review communicates that e-cigarettes at least 95% less risky than smoking regular cigarettes (McNeill et al 2015).
• e-cigarettes pose no identified risks to bystanders
• e-cigarettes have the potential to help smokers quit smoking
• smoking cessation services need to become e-cigarette friendly (as pioneered by Louise Ross in Leicester)

http://www.stopsmokingleic.co.uk/category/ecigs/

Key PHE staff who led this (Kevin Fenton and Martin Dockrell) long term advocates for HIV/AIDS risk reduction.

* PHE the coordinating body for public health services; provides high-level analysis and positions.

Gerry Stimson 14 April 2016
Public Health England and e-cigarettes

PHE report an historical landmark - parallel to the 1988 ACMD report on AIDS and Drugs Misuse?

PHE consensus statement: key public health agencies accept publicly (though not all members privately) that ‘e-cigarettes are significantly less harmful than smoking’.

BUT a PH cabal launched a coordinated attack to discredit PHE
BUT - only 1 of 150 Directors of Public Health in the UK has made an unqualified pro e-cigarette statement.

Jim McManus

*How and why I changed my mind on e-cigarettes*

The New Tobacco Harm Reduction

There is a good future for tobacco harm reduction but a small role for Public Health

Gerry Stimson 14 April 2016
A new landscape of ‘smoking cessation’

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<th>Provide resources; make contact; raise awareness, provide information</th>
<th>Cost to taxpayer</th>
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| Research and development, science, product innovation, manufacturing marketing  
  • e-cigarette/tobacco companies | 0 |
| Front-line ‘staff’ and ‘outreach workers’  
  • c1 m vapers who have stopped smoking | 0 |
| Smoking cessation advice centres  
  • 1500-2000 dedicated vape shops  
  • 1500-2000 stores with significant trade + retail chains | 0 |
| • Self-help and mutual help (peer education)  
  • Social media, internet forums, websites | 0 |
| COST TO STATE | £0 |
| BENEFIT * | £62bn |

* 836,000 people use e-cigarettes and no longer smoke. NHS value a “successful quit” = £74,000, based on average 1.2 life yrs saved @ £60,000 per life year.
The New Tobacco Harm Reduction – a success for the health of the public without help from Public Health

E-cigarettes are a free gift to the health of the public.

E-cigarette makers, vaping stores, vaping forums and vapers are the new front line in helping people switch from smoking (Resources + Raise awareness + Make contact)

Public health objectives delivered without the involvement of Public Health professionals.

At no cost to the taxpayer

Gerry Stimson 14 April 2016
Two epidemics, two public health responses – what role for PH in Tobacco Harm Reduction?

Compared with HIV, the Public Health role in the tobacco harm reduction is small, cheap and easy.

Smokers, of their own accord are taking responsibility for their own health.

The landscape of nicotine is changing

The Public Health role, to:

- stop sowing doubts
- recognise the limits of tobacco control and the potential for tobacco harm reduction
- promote good science and analysis
- endorse and reassure

A Tobacco Control Plan for England or a Tobacco Harm Reduction Plan?

Gerry Stimson 14 April 2016
http://www.kachange.eu/