

# Herzlich willkommen zum 1. Arud-Symposium Schadensminderung durch E-Zigaretten

- Das Symposium beginnt um 14 Uhr
- Bitte schalten Sie Ihr Mikrofon stumm
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# Das Modell der Schadensminderung in der Suchtmedizin

Philip Bruggmann  
Chefarzt Innere Medizin

# Arud Zentrum für Suchtmedizin



# Arud Zentrum für Suchtmedizin

- Akzeptierende Haltung
- Patient\*innen auf Augenhöhe begegnen
- nicht primär abstinenzorientiert, sondern einer bestmöglichen Lebensqualität verpflichtet
- Negative Folgen auch für Gesellschaft und Umfeld vermeiden



# Schäden durch Tabak-Rauch

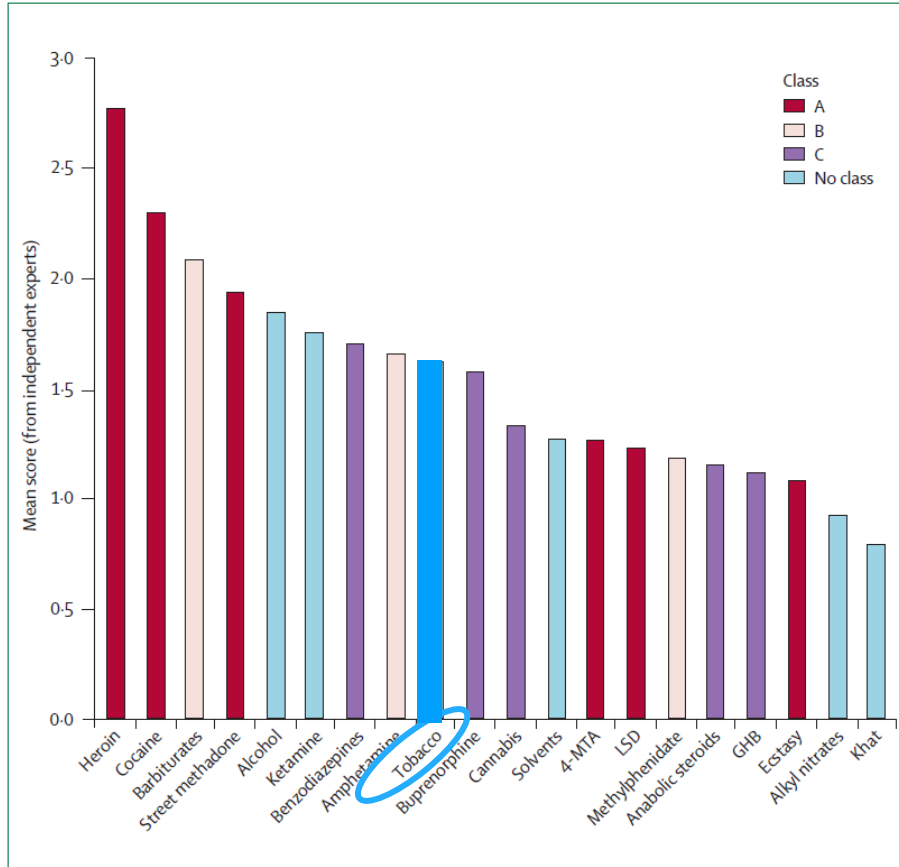


Figure 1: Mean harm scores for 20 substances  
Classification under the Misuse of Drugs Act, where appropriate, is shown by the colour of each bar.

Table 1. Mean score given by 19 experts to assess the harm of 19 drugs at individual and population level

	Mean harm score		Physical harm			Depen- dence	Social harm		difference
	individual level	population level	mean physi- cal harm	acute toxicity	chronic toxicity	individual level	population level		
Crack cocaine	2.63	2.41	2.51	2.39	2.63	2.82	2.55	1.89	0.66
Heroin	2.53	2.30	2.20	2.37	2.03	2.89	2.50	1.78	0.72
Tobacco	2.20	2.27	1.71	0.53	2.89	2.82	2.06	2.28	-0.22
Alcohol	2.16	2.36	2.18	1.89	2.47	2.13	2.16	2.76	-0.61
Methamphetamine	2.06	1.67	2.11	2.03	2.18	2.24	1.84	0.56	1.29
Cocaine	2.06	1.93	2.00	1.95	2.05	2.13	2.05	1.66	0.39
Methadone	1.94	1.68	1.68	1.95	1.42	2.68	1.42	0.68	0.73
Amphetamine	1.84	1.64	1.80	1.71	1.89	1.95	1.76	1.18	0.58
GHB	1.53	1.32	1.32	1.84	0.79	1.71	1.55	0.92	0.63
Benzodiazepines	1.33	1.36	0.87	0.97	0.76	1.89	1.24	1.32	-0.08
Buprenorphine	1.31	1.00	0.99	1.21	0.76	1.71	1.24	0.29	0.95
Cannabis	1.19	1.26	1.18	0.84	1.53	1.13	1.26	1.47	-0.21
Ketamine	1.07	0.82	1.24	1.55	0.92	0.84	1.13	0.39	0.74
Ecstasy	1.06	1.03	1.34	1.34	1.34	0.61	1.24	1.13	0.11
Methylphenidate	0.85	0.69	0.88	0.92	0.83	0.86	0.81	0.33	0.47
Anabolic steroids	0.78	0.67	0.84	0.45	1.24	0.71	0.79	0.45	0.34
Khat	0.66	0.52	0.67	0.39	0.95	0.76	0.55	0.13	0.42
LSD	0.65	0.46	1.08	1.47	0.68	0.03	0.84	0.26	0.58
Magic mushrooms	0.40	0.31	0.51	0.89	0.13	0.03	0.66	0.39	0.26

The mean harm score is the averaged score of physical harm (toxicity), dependence and social harm. Drugs have been ranked according to the value of the mean harm score at individual level. Difference: social harm at individual level – social harm at population level.

Was ist «Harm Reduction»?

# Single, Drug Alcohol Review 1995

*Drug and Alcohol Review* (1995) 14, 287–290

## Defining harm reduction

ERIC SINGLE

*Canadian Centre on Substance Abuse, Toronto, Canada*

### Abstract

Harm reduction attempts to reduce the adverse consequences of drug use among persons who continue to use drugs. It developed in response to the excesses of a "zero tolerance approach". Harm reduction emphasizes practical rather than idealized goals. It has been expanded from illicit drugs to legal drugs and is grounded in the evolving public health and advocacy movements. Harm reduction has proved to be effective and it has gained increasing official acceptance; for example, it is now the basis of Canada's Drug Strategy. However, the concept is still poorly defined, as virtually any drug policy or programme, even abstinence-oriented programmes, attempt to reduce drug-related harm. The principle feature of harm reduction is the acceptance of the fact that some drug users cannot be expected to cease their drug use at the present time. Harm reduction is neutral about the long term goals of intervention while according a high priority to short-term realizable goals. Harm reduction should be neutral about legalization. The essence of the concept is to ameliorate adverse consequences of drug use while, at least in the short term, drug use continues. [Single E. Defining harm reduction. *Drug Alcohol Rev* 1995; 14: 287–290.]

**Key words:** harm reduction definitions; public health; abstinence-orientated treatment; harm reduction goals.

### The meaning of harm reduction: an illustration

Harm reduction is perhaps best described in an anecdote related by one of its founders and key proponents, Pat O'Hare of the Merseyside drug programme. At a Toronto public forum in which he took part along with Alex Wodak and others, Pat told the story about his young daughter playing on a swing [1]. As young children are wont, his daughter leaned back until her head was almost touching the ground as she swung higher and higher. This exaggerated the sensation of speed and sense of fun for her. Unfortunately, it was also dangerous. Her head was within an inch of the ground at the bottom of her arc. The swing also tended to drift sideways

as it got higher and her head came alarmingly close to the hard metal supporting poles. From past experience, Pat knew that if he told her to stop doing that, she would likely do it again once he was out of sight. So instead, he explained his concern. He made it clear he would rather she not do it all, but if she must, he showed her how to hold her head in, not letting it sway or drop too low. This still gave her the sensation of speed and letting go, but it was much less dangerous, as her head was no longer as close to the ground or to the supporting poles.

That, in a nutshell, is harm reduction. Harm reduction developed in response to prevailing con-

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0959-5236/95/030287-04 © Australian Professional Society on Alcohol and Other Drugs, 1995

# Harm Reduction

- Aus dem Bereich der illegalen Substanzen, aus den Anfängen der HIV-Epidemie
- **Evidenz-basierte** Methoden, Programme und Praktiken
- Aufbauend auf den Menschenrechten
- Zielgruppe: Menschen, die nicht in der Lage oder nicht willens sind, ihren Gebrauch einzustellen





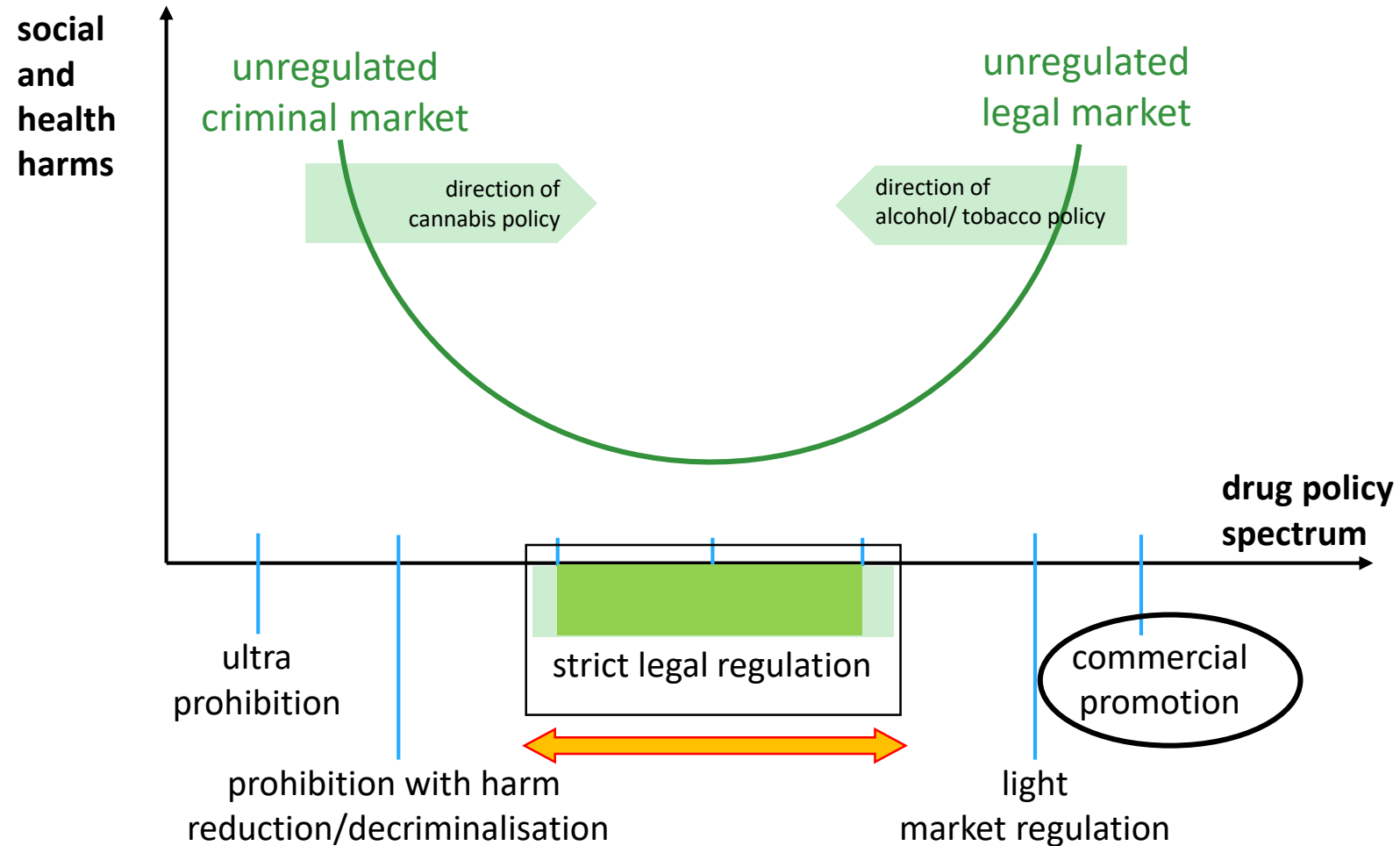
# Definition Harm Reduction

- ***Ziel: Reduktion gesundheitlicher, sozialer und ökonomischer Schäden des Gebrauchs von legalen und illegalen Substanzen***
- Reduktion des Konsums nicht zwangsläufig
- hilft Menschen, die Drogen konsumieren, aber auch deren Familien und dem Gemeinwesen
- praxisorientiert, effektiv und kostenwirksam

# Hierarchie der schadensmindernden Massnahmen



# Suchtpolitik und Harm Reduction



Was «Harm Reduction»  
nicht sein sollte

# WHY QUIT?



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## What is harm reduction?

Why risks for smokers and the population both matter for tobacco harm reduction

“...the best option, you know, for a smoker would be to quit, but unfortunately, that's not the reality. The reality is that people continue, ...”



Dr. Patrick Picavet, Global Head of Scientific & Medical Affairs, answers the question "What is Harm Reduction?" in the context of our research.

We have about 1 billion people who continue to smoke, and we all know that it causes major diseases like cardiovascular disease, pulmonary disease, and cancer. And that number of smokers, by the estimate of the WHO, will remain that high at minimum until 2025.

There is a real need for an alternative – for a less harmful, less

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# E-Zigarette als Harm Reduction

## Philip Morris International: money over morality?

In the ongoing UnSmoke Your World campaign, Philip Morris International (PMI) calls for never-smokers to stay away from cigarettes, for smokers to quit, and for those smokers who do not quit to change to better alternatives. The development of those better alternatives, PMI suggests, is incumbent upon them and fulfils its commitment to help move the world towards a smoke-free future. PMI is now navigating consumers away from cigarettes and towards its own e-cigarettes and heat-not-burn products. Yet, controversial marketing strategies targeting young people and ongoing forceful rebranding of cigarettes in low-income countries indicate an unprecedented degree of corporate hypocrisy, and serious concerns about the safety of the smoke-free alternatives are mounting. One might say that PMI is looking a little bewildered on its path towards a smoke-free destination.

The tobacco industry is notorious for misleading consumers and the general public about the addictiveness of nicotine and the harmful effects of tobacco smoking. PMI no longer denies that tobacco smoking causes life-threatening cardiovascular and pulmonary disease, but it justifies with an unbearable lightness the role it has in fuelling the enormous disease burden that is directly related to smoking. According to the Global Burden of Disease Study, in 2015 alone, smoking caused more than one in ten deaths worldwide and killed more than 6 million people, resulting in a global loss of nearly 150 million disability-adjusted life-years. The business continues, PMI says, because fully informed consumers make personal choices to start smoking regardless of the health risks, and as long as there is a demand for cigarettes, PMI will supply them. With sales of more than 740 billion cigarettes each year, 90% of revenue stemming from cigarette sales, rising sales and expanding market share in developing countries, aggressive lobbying, and relentless efforts to curtail controls and restrictions on smoking put in place to protect the public, never has there been so duplicitous or nonsensical a corporate manoeuvre as PMI's campaign in promoting a smoke-free future while whitewashing its role in subverting global tobacco control efforts.

Last week, PMI released *Unsmoke - Clearing the way for change*, its second white paper under the UnSmoke Your World campaign this year. A narrative highly characteristic of the industry disentangles PMI from any public health

responsibility. "Everybody knows that cigarettes are harmful and addictive, and yet people continue to smoke; cigarettes are still permitted by governments and regulators; they are still manufactured by tobacco companies including Philip Morris International (PMI); they are still legally sold." Blaming others—the consumer, health advocates, authorities, other tobacco companies—is a recurring theme. Claiming to be clearing the way for change is hypocritical for a company that refuses to end its cigarette production until it makes enough money from smoke-free products or as long as other tobacco companies exist to fill the market gap. These are cowardly excuses. Calling for a smoke-free future starts with the courage to cease all cigarette production instantly.

Themes of the white paper are "mindsets toward smoking, the barriers that are preventing some smokers from stopping, and the extent to which people are aware of smoke-free alternatives". Drawing on findings from a self-funded online survey, it makes claims that individuals can strengthen relationships and social lives by shifting from cigarettes to alternative smoke-free products. Highlighting peer pressure is a tactic that young people might be particularly sensitive to. Indeed, vaping products have gained popularity in this age group. In this week's issue, Robert Beaglehole and colleagues make a case for accepting vaping products as a reasonable harm-reduction strategy, arguing that although increases in youth vaping are likely, the public health impacts of these trends will be small. At the time of press, the US Centers for Disease Control and Prevention and the US Food and Drug Administration are investigating one death and nearly 200 cases of sudden severe pulmonary disease, primarily in adolescents and young adults—all believed to be linked to the use of vaping products. Clearly, urgent research from longitudinal studies is in order.

PMI continues to thrive on a global addiction to tobacco. It is a tragedy that money trumps morality when it comes to taking corporate responsibility for a global health disaster, and it is grotesque for industrial giants to undermine the enormous public health efforts and investments designed to inform and protect the public. Vaping as a harm-reduction strategy will require rapid but robust research and rigorous safety monitoring systems. Everyone deserves a smoke-free future, but the path must be transparent, informed, and navigated with caution. ■ *The Lancet*



See Comment page 718  
For the Global Burden of Disease Study see Articles  
*Lancet* 2017;389:1885-906

For the UnSmoke Your World campaign see <https://www.unsmokeyourworld.com/>

For more on Philip Morris International's controversial marketing strategies see [http://web.archive.org/web/20170101121210/http://global.tobaccofreekids.org/content/what\\_we\\_do/industry\\_watch/yourethetarget\\_report.pdf](http://web.archive.org/web/20170101121210/http://global.tobaccofreekids.org/content/what_we_do/industry_watch/yourethetarget_report.pdf)

For Philip Morris International's white paper see <https://www.unsmokeyourworld.com/whitepaper/>

Danke für Ihre Aufmerksamkeit!

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