

# *Damage decreasement* in tobacco consumption

Vera Lúcia Gomes Borges<sup>1</sup> (ORCID: 0000-0003-4822-4110) (velgomesborges@gmail.com)

Andréa Ramalho Reis Cardoso<sup>1</sup> (ORCID: 0000-0002-0353-3588) (cardosoareis@gmail.com)

Maria Raquel Fernandes Silva<sup>1</sup> (ORCID: 0000-0003-3392-4827) (mraquel@inca.gov.br)

Lucas Manoel da Silva Cabral<sup>2</sup> (ORCID: 0000-0001-6144-8050) (admlucascabral@gmail.com)

<sup>1</sup> Coordenação de Prevenção e Vigilância, Instituto Nacional de Câncer José Alencar Gomes da Silva. Rio de Janeiro-RJ, Brazil.

<sup>2</sup> Instituto de Medicina Social Hesio Cordeiro, Universidade do Estado do Rio de Janeiro. Rio de Janeiro-RJ, Brazil.

Received: 01/12/2021    Approved: 01/04/2022    Revised: 30/09/2022

DOI: <http://dx.doi.org/10.1590/S0103-73312022320401>

The Damage Decreasement Policy (DD) in the country, initiated in the 80's in the city of Santos, with the changing of sterile syringes among the injectable drugs user, aiming to reduce the transmission of HIV/ Aids, becoming one of the most successful strategies in Public Health Care in Brazil (INGLEZ-DIAS *et al.*, 2014). Giving the opportunity to collectively drastically reduce HIV/Aids transmission, mainly among the groups within a high vulnerability risk of exposure to the illness. Numbers from the Health Ministry (HM) show a reduction of the HIV prevalence among the injectable drug users from 28%, in 1993, to 10,2, in 2002. (BRITO *et al.*, 2001).

Taking it into account, the fact is that the damage decreasement strategies aim to minimize the harm associated with the drug abuse, even if the users choose to continue or can't stop doing them, in a determined time. The syringe exchange, as an initial milestone of the DD in Brazil, didn't run out of strategies, once other actions were conducted in an integrated way, such as the offering of drug dependence

treatment and the illnesses coming from it, vaccination against hepatitis, distribution of educational material, preservatives and kits for a safer injection.

Thus, it's evident that the core of the damage decreasement doesn't go through the reinforcement of the use, disqualifying the potentiality of the drug user to achieve the abstinence, but altogether with the care, both individual and collective, destined to those who are in situations of illness vulnerability.

In this aspect, register that the concept of vulnerability can not be associated only with the behavior or the choices of the individual. Must be considered in this process the environment, the sociocultural context in which he's inserted that facilitates his capacity to elaborate and incorporate it in his daily practice. Therefore, people are not essentially vulnerable, but inserted in a society that might expose them to potential weakening conditions (BARUFALDI *et al*, 2021).

Given the importance of the damage decreasing policy focusing on health, other aspects have been discussed, such as violence, social support to marginalized populations as well as drug abuse, composing this last scope, more recently, discussions around the tobacco consumption damage decreasement.

In this term, it's found not a strategy aiming the health of the user as a wellness measure, in the hall of duties of the State and rights prescribed in the Federal Constitution, but a new product commercialized by the tobacco industry. Which means, the new Smoking Electronic Device (SED) try attach its selling proposal to the damage decreasement concept, promising much less risks to the users, risks that have its aggravations overlooked by the industry, opening the commercial doors to one more artifact that enables the tobacco industry to continue to make it's astronomical profits in addition to sickening the population. Besides that, along this line, guaranteeing an advertisement that it is a less harmful product, making sure that with this statement an immense adherence of new consumers will follow suit.

This new strategy and these harmful arguments, from the public health point of view, can lead to the distortion of the society's comprehension, meaning that being submitted to any level of a harmful product is absolutely necessary and, therefore, worth taking the risk [it is shocking]. When it comes to a younger audience, it can be potentialized by the characteristics proper of this phase of development.

Despite being presented as an alternative to the comburent cigarettes, the electronic devices have the same function, which means, are products that deliver nicotine and promote chemical dependence to its consumers.

Many studies have pointed out an increasing risk of initiation with conventional cigarettes after the use of electronic devices by non-smokers; suggesting that smoking electronic devices may be a predictor to conventional tobacco consumption subsequently. Studies also discuss the potential of relapsing, meaning, coming back to conventional tobacco consumption for those who start to use electronic devices regularly (CAVALCANTE *et al.*, 2017; ADERMARK *et al.*, 2021; FILHO *et al.*, 2021; BARRADAS *et al.*, 2021).

It's a known fact that these new nicotine consumption products, the SEDs, work with batteries, may or may not contain nicotine, propilenoglicol, glycerine, flavors and other chemical additions, that might produce toxic and cancerogenous substances, having a direct health impact in the user. There's a big worry about what it's not known about the extension of the harms that those products might cause in the future.

In 2019, a new lung disease was found related to the use of electronic devices, and in 2020, according to the Disease Control and Prevention Center from the United States, around 2.800 people have gotten sick and 6 have been killed. After, this phenomenon was denominated EVALI, a lung injury linked to the vapor from these electronic cigarettes (CASEY; ELEANOR; LAURA, 2020; KALININSKIY *et al.*, 2019)(CASEY; ELEANOR; LAURA, 2020; KALININSKIY *et al.*, 2019).

Tobacco consumption is one of the most severe chemical addictions that can affect a human being. These products, in their different forms, put the user at a great suffering, physical and psychic (fissures, irritation, depression, anxiety, sleep disorder, among others), in cases of reduction or halt of the drug use. Thus, it is converted in loss of freedom between using and stopping, making the individuals continue the habit to avoid the suffering from abstinence. The attempts to stop smoking may add up to 4x or even more (MALBERGIER, 2005). These facts go straight against those arguments defending the habit of smoking as a free choice.

Many health professionals working with tobacco consumption treatment are witness of the suffering, the feeling of impotence, the necessity of many returns to the health unity in order to get rid of the drug, many patients already some signs of illnesses caused by tobacco products (RIBEIRO *et al.*, 2011; PEREIRA; DIAS; MARKUS, 2019).

According to the World Health Organization (WHO), tolerance is one of the diagnosis criteria when it comes to chemical addiction, characterized by the necessity of larger quantities of the psychoactive substance so as to reach the effect,

before achieved by smaller doses of the drug (WHO, 2021). The WHO has been registering, in its publications, that stop smoking is one of the key elements in any strategy against the tobacco use, and that the world goals to control tobacco consumption will not be reached if the smoker do not quit smoking, and that the help of appropriate intervention increase a lot the chances of obtaining success in leaving the habit behind (WHO, 2019; 2021).

The tobacco global epidemic report from the WHO from 2021, also reveals that, more than 60% of the smokers show the intention to stop smoking, however, only 30% has access to the tool to assist them to actually do it (WHO,2021).

In line with the concept of tobacco consumption as an addiction, and, therefore, as a n illness inserted in the International Illness Code, in the most updated IID-11 in the group of mental disorder, Behaviorist or in Neurological Development Due to the Use of Nicotine, Brazil, aware of the danger of this addiction and its responsibility before this pandemic, adopts adequate strategies for the maintenance of the illness, treating t, aiming to reduce future possibilities of cancer, respiratory and cardiovascular diseases, among other caused by the exposure to the toxic substances in these products.

Since 2002, the units from the Unified Health System (UHS) offer treatments in the tobacco abuse section, with clinic protocol and therapeutic guidelines, withholding the highest level of health recommendations, putting in disposition therapeutic approaches and medications, one measure that can actually decrease the damages to the users.

In 2019, the tobacco global epidemic report from the WHO refers to Brazil as the second country that has adopted integral cessation programs to the level of the best practices. Thus, there are no reasons to search for means to help the tobacco addiction apart from the health science itself (WHO, 2019).

It is important to point out that the action of damage reparation is an obligation of the Brazilian State, focusing part of the Health Ministry budget to purchase specific medications for tobacco addiction treatment. available at the UHS for the population who needs to stop smoking, once they're addicted to the chemicals from the commercialized products, the same ones that generate absurd profits for the tobacco industry. The fact to the matter is that societies have committed a historic mistake to wellness by inserting theses drug in the panel of licit products, giving to the population the false sense of consuming a safe product with no harms to health.

Coming to think about the defense of insertion of the SEDs among the smoking products, *vapers* or any other different expression to refer to the same harmful product, as a society, we'll be committing a mistake, by the second time, a historic mistake, and mainly the youngsters will see them as safe products, less harmful, and so, good to be consumed, obliterating the work of decades developed in Brazil for the decrease of illnesses and deaths due to tobacco consumption.

It is paramount to notice, and question, how grave the proposal of damage decrease in tobacco consumption defended by the tobacco industry is: This industry is appropriating and distorting the concept of public health, developed to reduce sickening and death due to an abuse of a certain product (syringe exchange to avoid the sharing of infected material during the use of injectable drugs, leading to the contamination by HIV/Aids), aiming to guaranteeing the commercialization of a product that sickens and kills (electronic devices). Moreover, it's not a new proposal to reduce the harms of tobacco consumption by the tobacco industry. Other actions in this way, and without any favorable result to the users, have been made as the cigarettes with filters, with low nicotine levels etc.

These promises won't result in any damage decrease to the tobacco user's health. It is evidenced by the 8 million deaths per year in the world, although their efforts are led by the oriented measures from the convention-chart for tobacco control, showing that there are no secure levels during the use of these products that showcase the reduction of the risks of getting sick or dying prematurely.

The question to be asked is: what kind of damage are we talking about when we follow the original damage decrease principle? As a society, it's necessary to reinforce the pillars of factors of the population protection, and it is fundamental to be against the changing of the regulation currently made by Anvisa, through the RDC 46, maintaining the prohibition of selling and commercializing the new nicotine delivery products as the SEDs.<sup>1</sup>

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## Note

<sup>1</sup> V. L. G. Borges, A. R. R. Cardoso, M. R. F. da Silva and L. M. da S. Cabral participated in the design and planning of the study, data analysis, text preparation, review and approval of the final version of the manuscript.

