

SESSION II EXAMINATION OF ALTERNATIVE TREATMENT GOALS

Introduction

Jack E Henningfield

I shall be your next presenter on our current goal of smoking cessation, but I should first like to introduce my fellow presenters, Drs Reuter and Hughes, and my panelists, Drs Hurt, Rand, and Vocci.

Peter Reuter is a professor of the School of Public Affairs at the University of Maryland, and head of the social policy specialisation programme there. Before coming to Maryland, Dr Reuter was the co-director of the Drug Policy Research Center of the RAND Corporation, and there he led the multidisciplinary research programme that covered the entire range of drug policy issues from epidemiology to crop eradication. He is one of the harm reduction "warriors". He has been one of the people that have seen first hand why this is a controversial issue, and he will show that there are some controversies that may apply to tobacco and others that may not as readily apply.

John R Hughes is a professor of Psychiatry, Psychology, and Family Practice at the University of Vermont in Burlington. He is the current president of the Society for Research on Nicotine and Tobacco and the chair of the nicotine dependence task force and nicotine dependence treatment guidelines committee for the American Psychiatric Association.

Richard D Hurt is the director of the Nicotine Dependence Center and chair of the Division of Community Internal Medicine at the Mayo Clinic in Rochester, Minnesota. He has performed innovative research on effective smoking interventions and has developed a model for what comprehensive smoking cessation in a hospital could be, ranging from inpatient to community intervention approaches.

Cynthia S Rand is an associate professor of Medicine in the School of Medicine, Division of Pulmonary and Critical Care Medicine at the Johns Hopkins University. She has been heavily involved in smoking cessation research, including the lung health study, which gave her some special insights in what happens in large populations when you are trying to monitor them and when they have access to nicotine replacement over a long period of time.

Frank J Vocci is the deputy director of the Medication Development Division of the National Institute on Drug Abuse. He was also at Food and Drug Administration when nicotine polacrilex, or gum, was approved, and he now sees these issues both through the perspectives of other drugs and from the perspective of nicotine.

**Clinical
Pharmacology
Branch, National
Institute on Drug
Abuse, Addiction
Research Center, PO
Box 5180, Baltimore,
Maryland 21224, USA**
J E Henningfield

Introduction to tobacco harm reduction as a complementary strategy to smoking cessation

Jack E Henningfield

Reducing the prevalence of tobacco use through prevention and treatment efforts is universally supported by health professionals because of the enormous potential for reducing the devastating public health effects of tobacco use. In contrast, efforts to reduce the adverse effects of tobacco in those who continue to smoke have generally been viewed as ineffective and counterproductive. Recent data and projections suggest that this latter assumption needs re-evaluation.

Background

In the United States, the prevalence of cigarette smoking has been relatively stable at about 26-27% for nearly five years, and smoking by youth has been stable or possibly

even increasing over the past decade.¹⁻³ Thus, in the absence of a dramatic lowering of prevalence of tobacco use or of the consequences of its use, more than one million people will continue to die prematurely every two to three years for many years to come, and many millions more will suffer unnecessarily and be disabled by tobacco.⁴

The worldwide scenario is even bleaker. Annual morbidity is expected to increase from three million per year to 10 million per year over the next two decades, with half a billion of the world's current population dying of tobacco related disease.⁴ Some of these deaths will be among non-smokers who cannot escape environmental smoke because of the high prevalence of smoking.

These grim projections do not detract from

**Clinical
Pharmacology
Branch, National
Institute on Drug
Abuse, Addiction
Research Center, PO
Box 5180, Baltimore,
Maryland 21224, USA**
J E Henningfield

Correspondence to: Dr Jack E Henningfield.