

Harm reduction by heated tobacco, electronic cigarettes and oral nicotine products: not for the population

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Nicotine is highly addictive, interacts with particulates and infection in respiratory disease and promotes cancer in the lung and other organs. Cardiovascular morbidity and mortality were related to fine and ultrafine particles, free radicals, reactive oxygen species, nicotine and other toxins inhaled by smoking, second hand smoking, use of water pipe, heated tobacco, and to vaping e-cigarettes. Steepest increase of risk is observed in the low dose range, explaining the considerable increase of chronic disease by regular passive exposure and its acute hazards for risk groups like persons with ischemic heart disease or asthma. All forms of tobacco are harmful, and there is no safe level of exposure. Oral nicotine does not expose bystanders, but in users of smokeless tobacco cardiovascular disease, oral cancer and pancreatic cancer may increase and like exposure to tobacco smoke in pregnancy it raised rates of stillbirth and low birth weight. Sudden infant death is associated with prenatal and postnatal exposure of the child and also long-lasting effects of parental smoking were observed on respiratory health of children and on the development of their brains. Regulation of all nicotine products should be based on the World Health Organization (WHO) Framework Convention on Tobacco Control. Long-term goal is to raise a nicotine-free generation and to stop selling nicotine products on the free market. Regulation of all nicotine products is needed urgently and takeovers of pharmaceutical companies by the tobacco industry have to be prevented.