

Ljudi iza Philip Morris nauke Intervju sa Tomoko Iidom

The People behind Philip Morris Science Interview with Tomoko Iida



Blaine Phillips

Tomoko Iida je regionalni direktor za naučno angažovanje u Aziji u kompaniji Philip Morris International (PMI). Pre toga je bila direktor za spoljne i naučne poslove u Japanu i pomagala u nadzoru pri predstavljanju PMI-evog sistema za zagrevanje duvana (THS), komercijalizovanog kao IQOS, u zemlji.

Koji je uticaj predstavljanje THS-a imalo na smanjenje štetnosti od pušenja u Japanu?

Tokom 2000. godine približno 47,4% muškaraca i 33% svih odraslih u Japanu pušilo je cigarete. Međutim, 2015. godine, tokom i nakon predstavljanja THS-a, prodaja cigareta je počela da opada pet puta brže nego prethodnih godina, sa prosečnim godišnjim padom od 9,5%, prema istraživačima iz studije Američkog udruženja za borbu protiv raka. Kada sami pogledamo podatke, možemo jasno videti da je, čak i nakon što su nesagorevajući duvanski proizvodi (HTP) postali dostupni, prodaja svih duvanskih proizvoda (uključujući i HTP i konvencionalne cigarete) nastavila da opada. Podaci iz Istraživanja nacionalnog zdravlja i ishrane iz 2019. (ankete nisu sprovedenje tokom pandemije) pokazuju da 76% potrošača koji koriste HTP to čine ekskluzivno. Samo 24% korisnika HTP-a je nastavilo da puši cigarete. Korišćenje HTP-a u Japanu

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What impact has the introduction of the THS had on tobacco harm reduction in Japan?

In 2000, approximately 47.4 % of men and 33% of all adults in Japan smoked cigarettes. But in 2015, during and after the introduction of the THS, sales of cigarettes began declining five times faster than in preceding years, an average annual decline of 9.5%, according to researchers of the American Cancer Society study. When we look at the data ourselves, we can also clearly see that even after heated tobacco products (HTPs) became available, sales of all tobacco products (including both HTPs and conventional cigarettes) continued to fall. Data from the 2019 National Health and Nutrition Survey (surveys were not conducted during the pandemic) indicates that 76% of consumers who use HTPs do so exclusively. Only 24% of HTP users continued to smoke cigarettes. HTP use in Japan has also had a minimal impact on

takođe je imalo minimalan uticaj na neplanirane korisnike – nepušače, bivše pušače i adolescente.

Zašto je Japan bio jedna od prvih zemalja u kojima je THS predstavljen na tržištu i zašto je bio tako dobro inicijalno tržište?

Japan je jedinstven zbog društvenih vrednosti kao što su higijena, čistoća, učtivost, kao i interesovanje za nove tehnologije i inovacije i njihovo usvajanje. Preferencija potrošača za HTP u poređenju sa cigaretama pokazana je kroz ispitivanje i istraživanje potrošača. Smatrano je da HTP imaju znatnu prednost u odnosu na cigarete zbog nekih od ključnih karakteristika koje su kulturološki odgovarale pušačima u Japanu, posebno na početku. Recimo, HTP proizvodi ne stvaraju pepeo (nema potrebe za čišćenjem pepeljara), nema vatre (ublažava se rizik od požara u domaćinstvima), manje mirišu i nema dima (drugima manje smetaju).

Kako Japan može poslužiti drugim zemljama kao primer uspešnog smanjenja štetnosti od pušenja?

Iskustvo i podaci iz Japana pokazuju da bezdimni proizvodi mogu da igraju značajnu ulogu u smanjenju štetnosti od pušenja i javnom zdravlju. Podaci o prodaji i prevalenci iz Japana i dalje pokazuju da su HTP proizvodi imali pozitivan uticaj na smanjenje prevalencije pušenja jer je veliki broj odraslih pušača prešao na njih sa cigareta. Prihvatanje HTP-a u Japanu takođe je praćeno naglim padovima u prodaji cigareta. Prema najnovijem industrijskom izveštaju iz Instituta za duvan Japana, potrošnja cigareta smanjena je za 44% tokom 5 godina nakon predstavljanja THS-a – što je najveći pad sa kojim se Japan ikada suočio. Naravno, morate uzeti u obzir raspoloživi prihod, preferencije korisnika i regulatorno okruženje za rešavanje potrebe za pravim proizvodom za zemlju u pravo vreme, ali iskustvo iz Japana se svakako može preslikati u druge zemlje. Švedska predstavlja još jedan primer koji se javio pre priče o smanjenju štetnosti u Japanu. Zabeleženo je da je upotreba snusa igrala važnu ulogu u smanjenju prevalencije pušenja u zemlji, posebno među muškarcima, a u toj zemlji su zabeleženi i niža stopa raka pluća i infarkta među muškarcima. Morate imati pravi proizvod na koji će preći pušači koji ne žele da prestanu da puše.

Recite nam nešto o istraživanjima koja je PMI sproveo u Japanu.

Studija pasivne izloženosti predstavlja jednu od nekoliko značajnih istraživačkih studija koje je PMI sproveo u Japanu u cilju procene korišćenja THS-a u realnom okruženju na korisnike proizvoda i one koji proizvod ne koriste.

U studiji su nepušači izlagani THS aerosolu u restoranu u Tokiju. Uzorci urina uzimani su pre i posle kako bi se utvrdilo prisustvo štetnih materija u organizmu. Rezultati su pokazali da korišćenje THS-a nije dovodilo do stvaranja dima u okruženju i da nije imalo štetna

unintended users – nonsmokers, former smokers, and adolescents.

Why was Japan among the first countries where the THS was launched and what made it such a good initial market?

The uniqueness of Japan comes across through societal values of hygiene, cleanliness, and courtesy as well as through interest and adoption of new technologies and innovations. Consumer preference for HTPs compared to cigarettes was shown through consumer testing and research. HTPs were considered to have a significant advantage over cigarettes because of some of the key features that had a cultural fit with Japanese smokers, especially in the early days. For example, HTPs do not generate ash (no need for anyone to clean ashtrays), no fire (mitigates the risk of household fires), less smell, and no smoke (bothers others less).

How can Japan serve as an example of successful tobacco harm reduction to other countries?

The experience and data from Japan show that smoke-free products can play a significant role in tobacco harm reduction and public health. Sales and prevalence data from Japan continues to show that HTPs have had a positive impact on decreasing smoking prevalence by transitioning a large number of adult smokers away from smoking cigarettes. The uptake of HTPs in Japan has also been accompanied by sharp declines in cigarette sales. According to the latest industry report from the Tobacco Institute of Japan, cigarette consumption decreased by 44% in 5 years after the introduction of the THS – the highest decline that Japan has ever had. Of course, you must consider disposable income, users' preference, and the regulatory environment to address the need for the right product for the country at the right time, but the Japanese experience can certainly be replicated in other countries. Sweden is another example, which came before the harm reduction story in Japan. It has been reported that the use of snus played an important role in decreasing smoking prevalence in the country, especially among men, and a lower rate of lung cancer and heart attacks among men in the country was observed. You have to have the right product to help smokers who won't quit to switch.

Tell us about some of the research PMI has conducted in Japan.

The passive exposure study is one of several important research studies PMI has conducted in Japan to assess the impact of THS use in real-life settings on users and non-users of the product.

This study exposed nonsmokers to THS aerosol in a restaurant in Tokyo. Urine samples were taken before and after to determine the presence of harmful chemicals in the body. The results showed that the use of THS didn't generate environmental smoke and had no adverse effects on indoor air quality. Also, non-

dejstva na kvalitet vazduha u zatvorenom prostoru. Kod pušača takođe nije bilo povećanog izlaganja nikotinu i nitrozaminima specifičnim za duvan (TSNA) usled pasivnog izlaganja THS aerosolu. Ministarstvo zdravlja sprovelo je sopstvene studije i zaključilo da „rezultati ne negiraju uključivanje HTP-a u regulatorni okvir za podnošljivu upotrebu u zatvorenom prostoru u pogledu izloženosti HTP aerosolu, za razliku od dima cigareta.” Revidirani Zakon o unapređenju zdravlja navodi nove propise o pušenju cigareta u malim prostorijama. U većim objektima pušenje je dozvoljeno samo u posebnim kabinama za pušenje u kojima konzumiranje hrane i pića nije dozvoljeno. Ipak, HTP se mogu koristiti u posebnim zonama za HTP u kojima je konzumiranje hrane i pića dozvoljeno. Još jedna važna studija sprovedena je u Tokiju i Fukuoki. Ta klinička studija je pokazala da su uklanjanje zubnog kamenca i plaka kod pacijenata sa parodontitisom korisni za pacijente koji su pušili ili koji su prešli na THS, ali su ishodi među pacijentima sa parodontitisom koji su prešli na THS bili bolji na mestima sa većom početnom dubinom sondiranja. Postoji još nekoliko studija koje su sprovedene u Japanu.

Recite nam više o nezavisnim istraživanjima. Šta japanski istraživači kažu o duvanu koji se zagreva/THS-u?

Postoje četiri važne nezavisne studije koje bih ovde da pomenem, a koje su sproveli japansko Ministarstvo za zdravlje, rad i socijalna pitanja (MZRSP) i njegove pridružene institucije. U studiji smanjene emisije, objavljenoj u časopisu Journal of UOEH, Nacionalni institut za javno zdravlje (NIJZ) zaključio je da su „Koncentracije nikotina u mešavini duvana i aerosol proizvoda IQOS bile skoro iste kao i kod cigareta sa konvencionalnim sagorevanjem, dok je koncentracija TSNA iznosila jednu petinu, a CO je iznosio jedan stoti deo od onih u konvencionalnim cigaretama koje sagorevaju.” MZRSP i Nacionalni centar za proučavanje raka (NCR) sproveli su dve studije za proveru uticaja HTP-a na kvalitet vazduha u zatvorenom prostoru. U njima je otkriveno da se „procenjuje da je izloženost aerosolu iz HTP-a u posebnoj prostoriji za pušenje u uobičajenim uslovima podnošljiva jer se očekuje da rizik od karcinoma bude ispod određene praktično bezbedne doze (VSD) od 10–5 (1/100.000), što je tri reda veličine niže od onog za cigarete koje se puše pod istim uslovima.” Istraživanje Odseka za zdravstvene usluge, Biroa za zdravstvene usluge pri Ministarstvu za zdravlje, rad i socijalna pitanja objavljeno u časopisu *International Journal of Environmental Research and Public Health* poredilo je koncentraciju nikotina i čestica (PM_{2,5}, čestice prečnika 2,5 mikrona ili manjeg) u vazduhu nakon 50 izdaha tokom upotrebe HTP-a ili cigareta u maloj tuš-kabini. Oni su otkrili da „rezultati ne negiraju uključivanje HTP-a u regulatorni okvir za upotrebu u zatvorenom prostoru u pogledu izloženosti HTP aerosolu, za razliku od dima cigareta.” Na kraju, podaci iz istraživanja sa Tottori univerziteta koje je naručilo Ministarstvo za zdravlje, rad i socijalna pitanja

smokers didn't have an increase in exposure to nicotine and tobacco-specific nitrosamines (TSNA) as a result of passive exposure to the THS aerosol. The Ministry of Health (MOH) conducted its own studies and concluded that the “results do not negate the inclusion of HTPs within a regulatory framework for indoor tolerable use from exposure to HTP aerosol, unlike cigarette smoke”. The revised Health Promotion Law imposed new regulations on smoking cigarettes in small premises. In larger establishments, smoking is allowed only in a dedicated smoking booth, in which eating and drinking are not permitted. However, HTPs may be used in dedicated HTP areas, in which eating and drinking are also allowed. Another important study was conducted in Tokyo and Fukuoka. This clinical study showed that scaling and root planning in periodontitis patients was beneficial to patients who smoked or who had switched to THS, but the outcomes among periodontitis patients who switched to THS were better at sites with higher initial probing depth. There are several other studies which were conducted in Japan.

Tell us more about independent research. What do Japanese researchers say about heated tobacco/THS?

There are four important independent studies that I'd like to mention here that were carried out by the Ministry of Health, Labour and Welfare (MHLW) of Japan and its affiliated institutions. In a reduced emission study published in the Journal of UOEH, the National Institute of Public Health (NIPH) concluded that “The concentrations of nicotine in tobacco fillers and the mainstream smoke of IQOS were almost the same as those of conventional combustion cigarettes, while the concentration of TSNA was one fifth and CO was one hundredth of those of conventional combustion cigarettes.” MHLW and the National Cancer Center (NCC) conducted two studies to examine the impact of HTPs on indoor air quality. They found that the “exposure to aerosol from HTPs in a designated smoking room under usual conditions is estimated to be tolerable since the lifetime cancer risk is expected to be below a VSD of 10–5 (1/100,000), which is three orders of magnitude lower than that for cigarettes smoked under the same conditions”. Research by the Health Service Division, Health Service Bureau, MHLW, published in the *International Journal of Environmental Research and Public Health* compared the concentration of nicotine and particulate matter (PM_{2.5}, particles that are 2.5 microns or less in diameter) in the air following 50 puffs from HTPs or cigarettes in a small shower cubicle. They found that the “results do not negate the inclusion of HTPs within a regulatory framework for indoor tolerable use from exposure to HTP aerosol, unlike cigarette smoke”. Finally, research data from Tottori University commissioned by MHLW demonstrates low levels of HTP use by young people, both in absolute and relative terms, compared to combustible cigarettes.

pokazuju niske nivoe upotrebe HTP-a među mladim ljudima, i u apsolutnom i u relativnom smislu, u poređenju sa cigaretama.

Poruka za kraj?

Iako je ovde fokus na Japanu, to nije jedina zemlja koja prihvata smanjenje štetnosti od pušenja. Recimo, Institut za javno zdravlje Engleske naveo je da „Alternativna sredstva za isporuku nikotina, kao što su nikotinski vejping proizvodi, mogu da igraju krucijalnu ulogu u smanjenju ogromnog opterećenja zdravstvenog sistema, koje pušenje cigareta sa sobom nosi.” Američka agencija za hranu i lekove (FDA) ustanovila je putanju duvanskih proizvoda sa modifikovanim rizikom koja omogućava kompanijama način da dobiju ovlašćenje da pruže važne informacije o svojim bezdimnim proizvodima. Jedva čekam da vidim koje uticaje na zdravlje ćemo imati – ukoliko i kada – veliki broj odraslih pušača pređe na bezdimne proizvode u tim i drugim zemljama gde je smanjenje štetnosti od pušenja dobija sve veće priznanje.

Any last thoughts?

Even though the focus here is on Japan, it's not the only country that is embracing tobacco harm reduction. For example, Public Health England has stated that “Alternative nicotine delivery devices, such as nicotine vaping products, could play a crucial role in reducing the enormous health burden caused by cigarette smoking.” And the U.S. FDA has established the Modified Risk Tobacco Products pathway which allows companies a way to gain authorization to provide important information about their smoke-free products. I'm looking forward to seeing what population health impacts we will see – if and when - a large number of adult smokers switch to smoke-free products in these and other countries where tobacco harm reduction is gaining more recognition.

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