

# Alternativprodukte zur Verbrennungszigarette

# Ansätze der Risikoabschätzung

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# Conflict of Interest

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- Es bestehen keine Interessenskonflikte bezüglich der angesprochenen Thematik

# Gliederung

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- Warum braucht es eine Risikoabschätzung?
- Ansätze der Risikoabschätzung
- Wie bekannt sind Risikobewertungen?
- Fazit

# Produktvielfalt

Eine  
Risikoabschätzung  
dient vor allem als  
Orientierungshilfe für  
Verbraucher, Politik  
und Ärzte



Anti-Raucher-Forum e.V.

# Rauchen und Herz-Kreislaufkrankungen

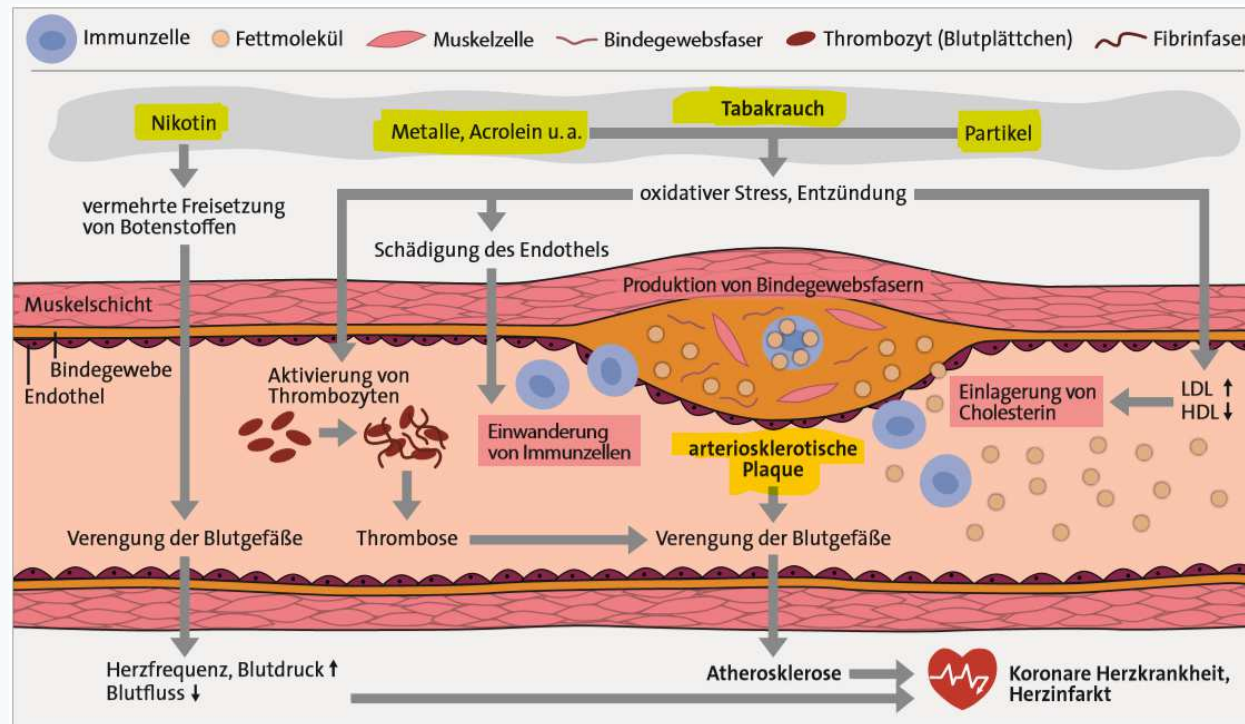


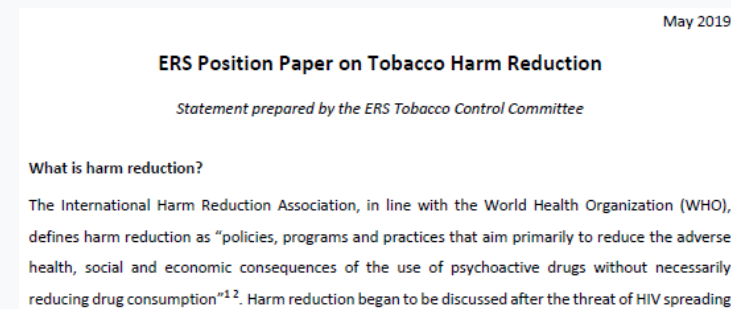
Abbildung 1: Mechanismen, über die Rauchen Herz-Kreislaufkrankungen verursacht<sup>7,12</sup>. Darstellung: Deutsches Krebsforschungszentrum, Stabsstelle Krebsprävention, 2018

# Kritik am Fehlen von Langzeitstudien – ERS (2019)

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*“The **tobacco harm reduction strategy** is **based on incorrect claims** (smokers cannot or will not quit smoking), **undocumented assumptions** (alternative nicotine delivery products are highly effective as a smoking cessation aid and are generally harmless; smokers will replace conventional cigarettes with alternative nicotine delivery products).”<sup>1</sup>*

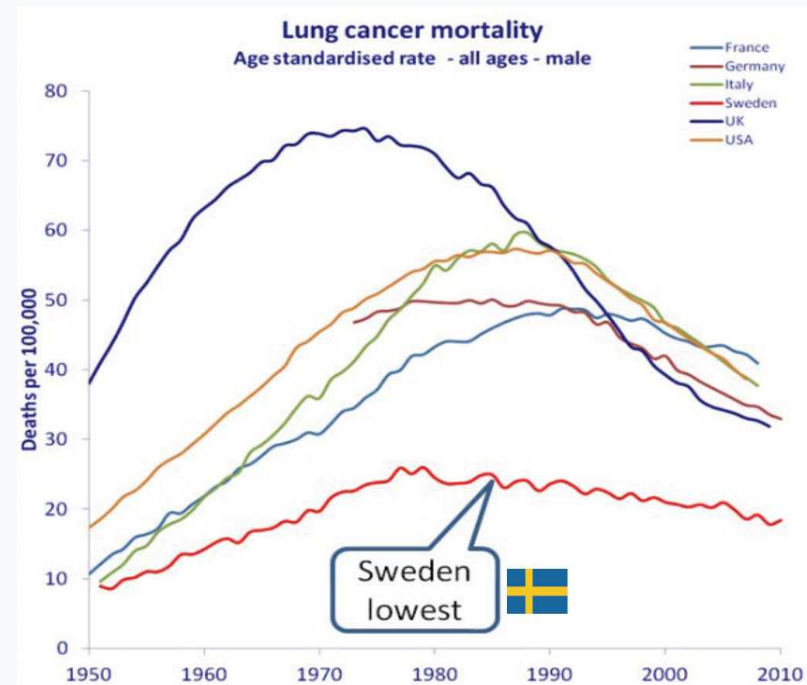
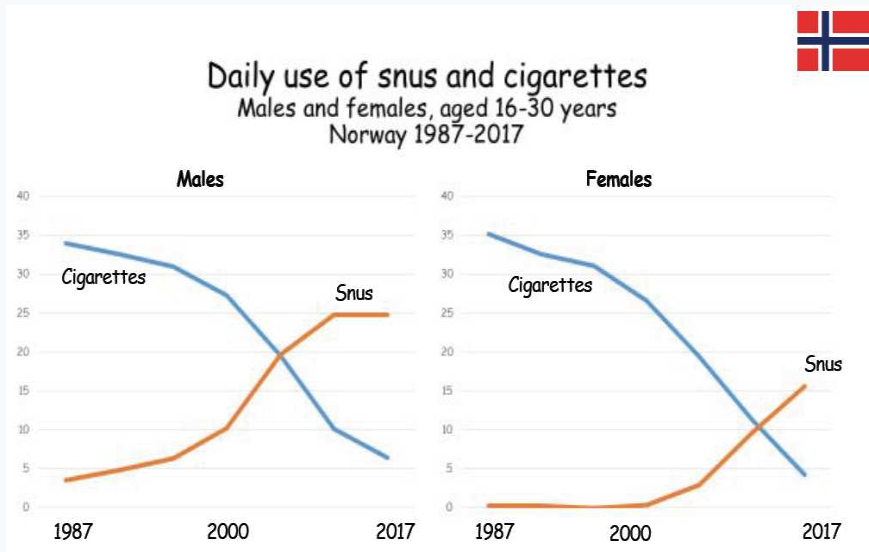


*“most independent studies indicate potential harm, but **evidence is so far limited** and we have **no evidence on the long-term health effects of using e-cigarettes.**”<sup>2</sup>*

(1) Loukides, ERS e-learning: ERS Position Paper on Tobacco Harm Reduction (June 2019). <https://www.ersnet.org/professional-development/respiratory-digests/digest-ers-position-paper-on-tobacco-harm-reduction>

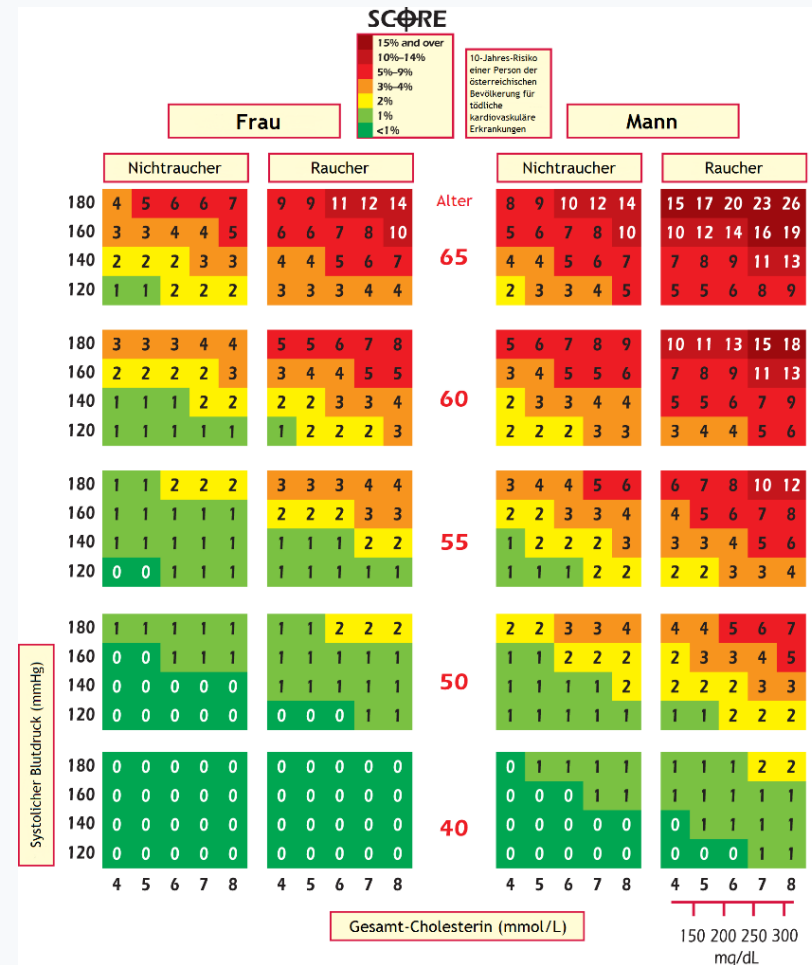
(2) ERS Tobacco Control Committee: ERS Position Paper on Tobacco Harm Reduction (May 2019) [https://pneumologie.de/fileadmin/user\\_upload/2019\\_Harm\\_reduction\\_position\\_paper\\_Final\\_2.pdf](https://pneumologie.de/fileadmin/user_upload/2019_Harm_reduction_position_paper_Final_2.pdf)

# Beispiel Snus – Langzeitstudie



Lund KE, Future perspectives for reducing tobacco related harm — what have we learnt. Lisbon Addictions 2019. <https://www.lisbonaddictions.eu/lisbon-addictions-2019/presentations/future-perspectives-reducing-tobacco-related-harm-%E2%80%94-what-have-we-learned>

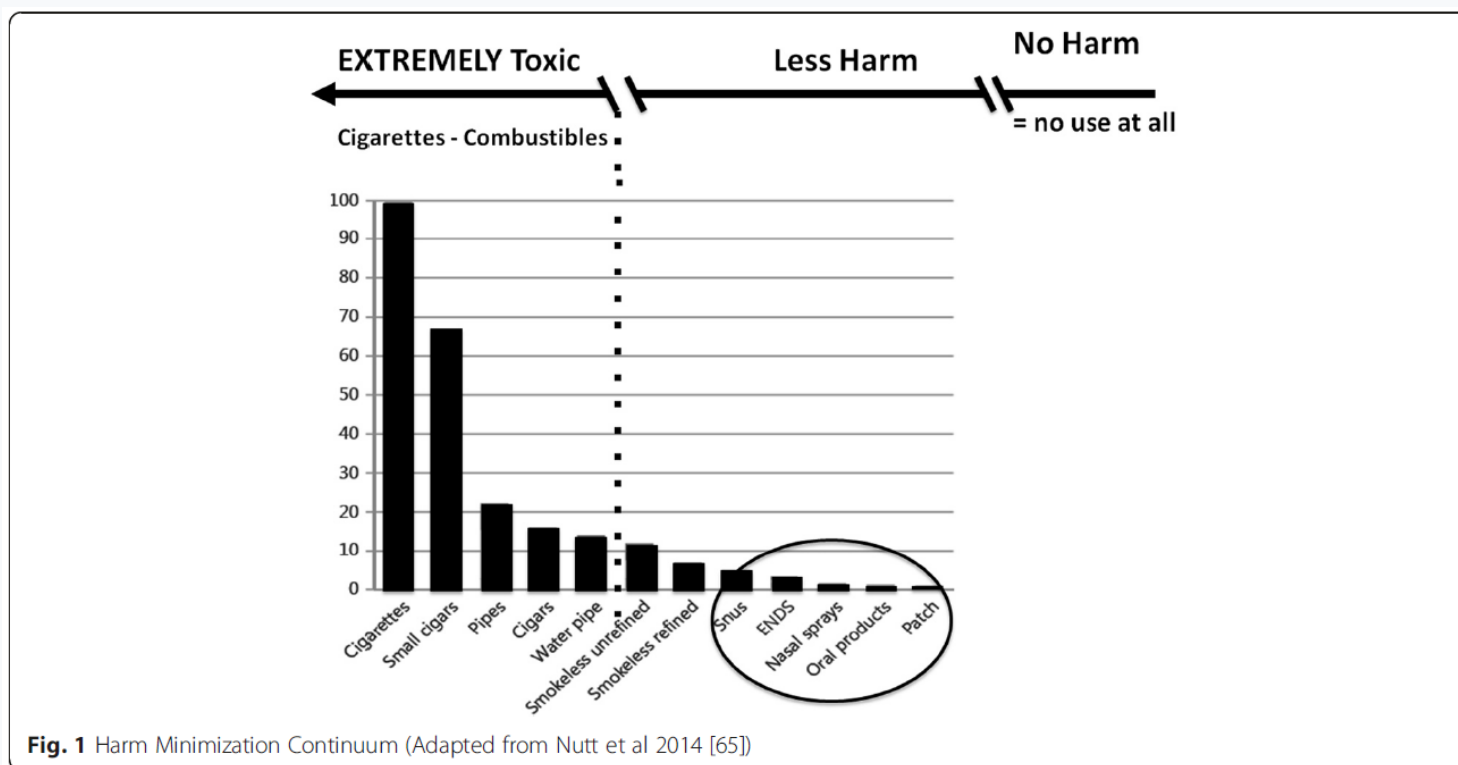
# Ansätze der Risiko- abschätzung: Scores



<https://mein.sanofi.at/therapiegebiete/hypercholesterinaemie/risikofaktor-ldl-c-und-therapieoptionen/kardiovaskulaere-risikostratifizierung>

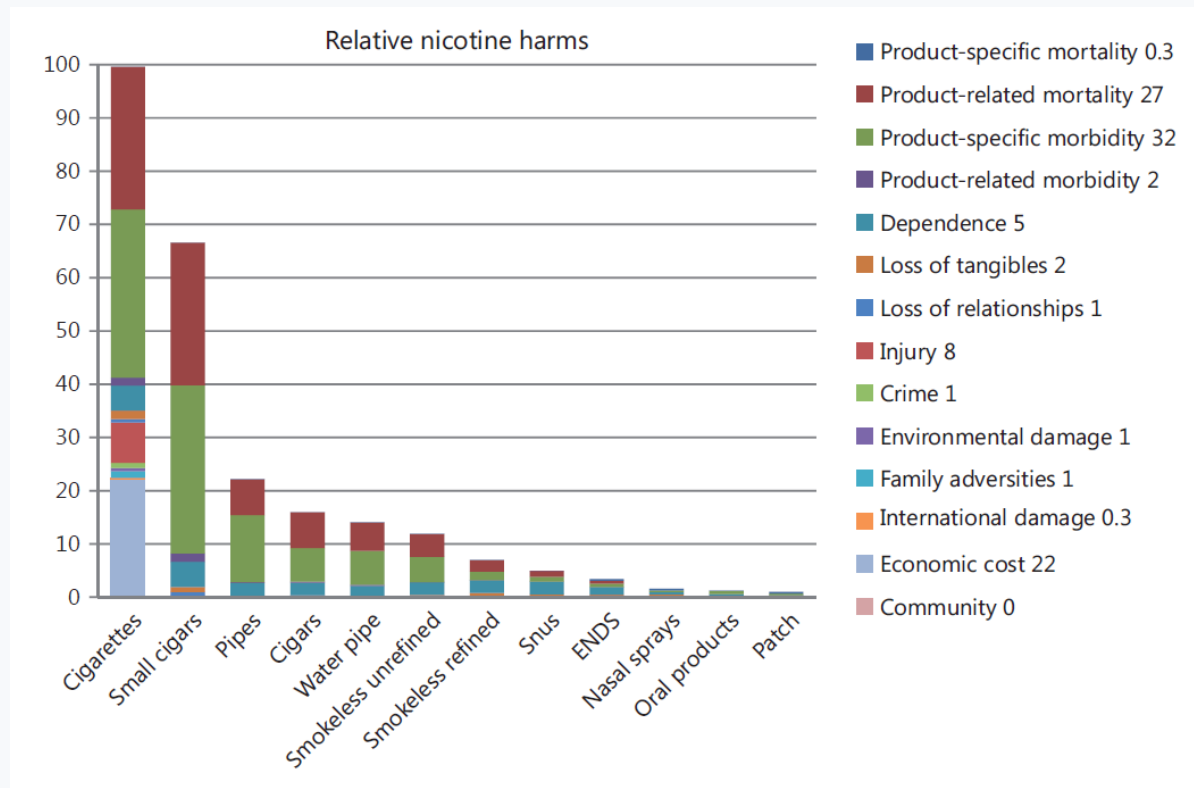


# Methode: Internationaler Expertenkonsens / MCDA (2014)



Kozlowski and Abrams. Obsolete tobacco control themes can be hazardous to public health: the need for updating views on absolute product risks and harm reduction. BMC Public Health (2016) 16:432. DOI 10.1186/s12889-016-3079-9

# Methode: Internationaler Expertenkonsens / MCDA (2014)

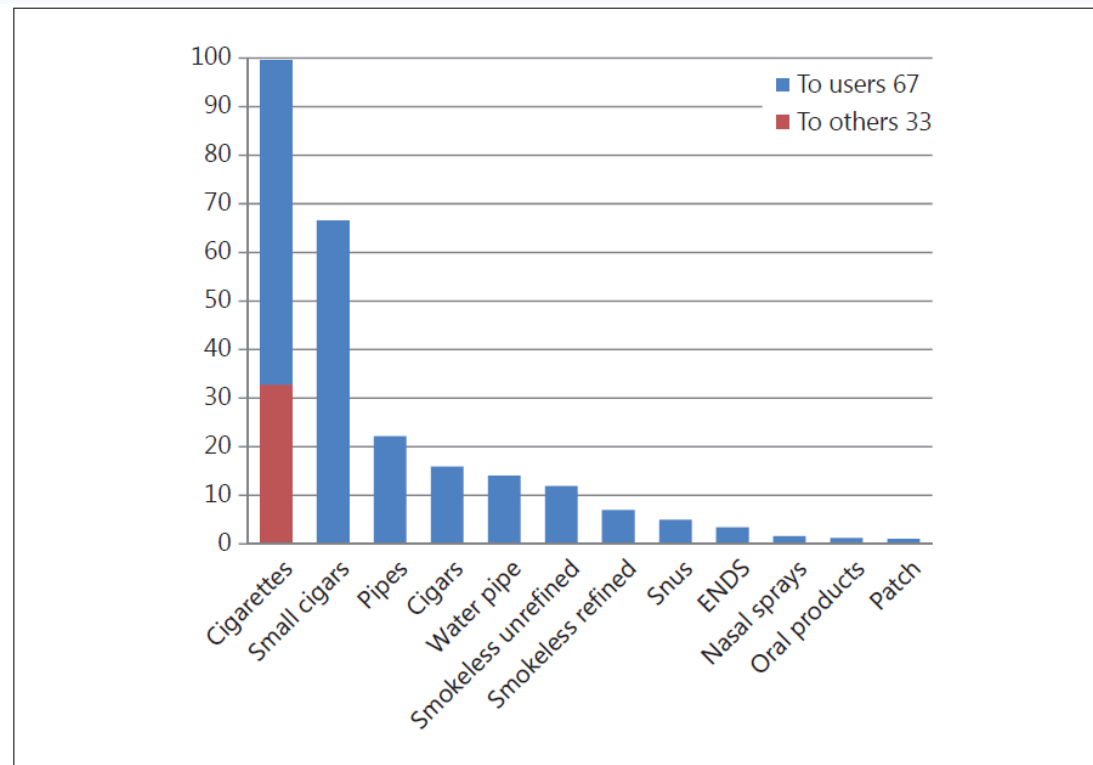


Nutt et al. Estimating the Harms of Nicotine-Containing Products Using the MCDA Approach. Eur Addict Res 2014;20:218–225. DOI: 10.1159/000360220

# Methode: Internationaler Expertenkonsens / MCDA (2014)

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**Fig. 3.** The products ordered by their overall harm scores, with the stacked bar graphs showing the contribution to the overall score of harms to users and harm to others. The numbers in the legend show the sums of the normalized weights at each node.



# Methode: Literatur-Review (PHE, UK, 2015) – E-Zigaretten

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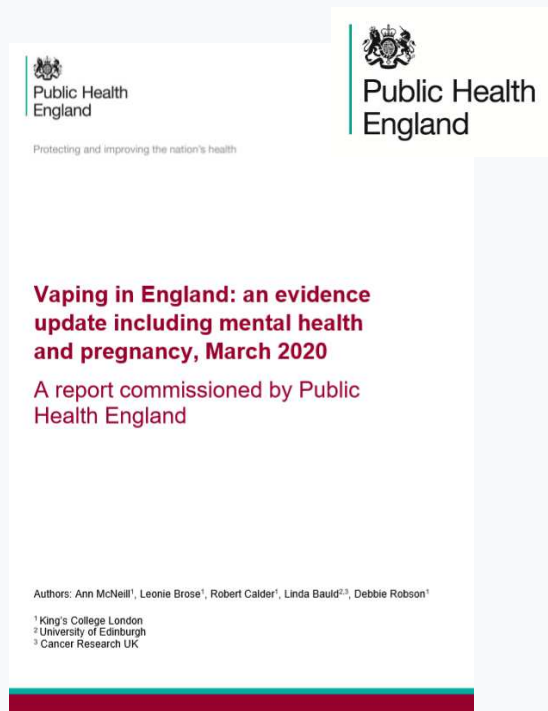


*“An expert review of the latest evidence concludes that **e-cigarettes** are around **95% safer** than smoked tobacco and they can help smokers to quit.”*

McNeill et al., E-cigarettes: an evidence update. A report commissioned by Public Health England. 2015.  
<https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update>

# Update: Literatur-Review (PHE, UK, 2020) E-Zigaretten

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## Public health matters

Organisations: [Public Health England](#)

### 8 things to know about e-cigarettes

[John Newton](#), 5 March 2020 - [Health Improvement](#)



*“Vaping is not risk free but is far less harmful than smoking. **Our advice remains** that people who smoke are better to switch completely to vaping but if you have never been a smoker, don't start to vape.”<sup>2</sup>*

(1) McNeill et al., Vaping in England: an evidence update including mental health and pregnancy, March 2020. A report commissioned by Public Health England. [https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/869401/Vaping\\_in\\_England\\_evidence\\_update\\_March\\_2020.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/869401/Vaping_in_England_evidence_update_March_2020.pdf)

(2) 8 things to know about e-cigarettes. <https://publichealthmatters.blog.gov.uk/2020/03/05/8-things-to-know-about-e-cigarettes/>

# Methode: Schadstoff-Messung – Tabakerhitzer

Letter to the Editor, News and Views | [Open Access](#) | Published: 05 May 2018

Levels of selected analytes in the emissions of “heat not burn” tobacco products that are relevant to assess human health risks

Nadja Mallock , Lisa Böss, Robert Burk, Martin Danziger, Tanja Welsch, Harald Hahn, Hai-Linh Trieu, Jürgen Hahn, Elke Pieper, Frank Henkler-Stephani, Christoph Hutzler & Andreas Luch

*Archives of Toxicology*, 92, 2145–2149(2018) | [Cite this article](#)



Parameter	Unit	Stick variant 1		Stick variant 2		Combustible cigarettes (Counts et al. 2005)	Reduction
		Mean ± SD	n	Mean ± SD	n	Min-max (mean ± SD)	%
Puff count	Puff/stick	12 ± 0		12 ± 0		5.5 ± 0.3–13.6 ± 0.5	
TPM	mg/stick	52.6 ± 3.2	24	51.2 ± 3.2	24	27.5 ± 2.4–60.9 ± 3.3	
Nicotine	mg/stick	1.1 ± 0.1	24	1.1 ± 0.1	24	1.07 ± 0.06–2.70 ± 0.14	
Water	mg/stick	31.7 ± 5.5	24	28.5 ± 4.6	24	9.82 ± 1.42–21.35 ± 2.23	
NFDPM	mg/stick	19.8 ± 6.5	24	21.6 ± 5.9	24	16.3 ± 1.3–37.6 ± 2.1	
Acetaldehyde	µg/stick	179.4 ± 10.5	18	183.5 ± 10.1	14	930 ± 85–1540 ± 153	80.5–88.2
Acrolein	µg/stick	9.9 ± 1.2	18	8.9 ± 1.0	14	89.2 ± 7.3–154.1 ± 13.6	89.5–93.9
Formaldehyde	µg/stick	5.3 ± 0.4	18	4.7 ± 0.3	14	29.3 ± 3.8–130.3 ± 10.8	82.9–96.2
Crotonaldehyde	µg/stick	< 3.0	18	< 3.0	14	32.7 ± 1.5–70.8 ± 9.0	
1,3-Butadiene	µg/stick	0.22 ± 0.02	6	0.20 ± 0.02	6	77.0 ± 4.8–116.7 ± 14.3	99.7–99.8
Benzene	µg/stick	0.63 ± 0.07	6	0.54 ± 0.05	6	49.7 ± 7.7–98.3 ± 4.3	98.8–99.4
Isoprene	µg/stick	2.10 ± 0.35	6	1.82 ± 0.24	6	509 ± 41–1160 ± 65	99.6–99.8
Styrene	µg/stick	0.47 ± 0.06	6	0.49 ± 0.09	6	15.4 ± 0.8–33.3 ± 2.8	96.9–98.6
Toluene	µg/stick	2.15 ± 0.37	6	1.96 ± 0.23	6	86.2 ± 11.0–176.2 ± 15.7	97.6–98.8

„...**Tabakerhitzer ... erhebliche Reduktion** von gesundheitsschädlichen Emissionen (**80–99 %**) im Vergleich zu ... **Tabakzigaretten**“ <sup>2</sup>

„Eine **Abschätzung und Bewertung** der verbleibenden Risiken für tabakassoziierte Erkrankungen ist derzeit noch nicht möglich und **erfordert die Entwicklung entsprechender Modelle.**“ <sup>2</sup>

(1) Mallock et al., Levels of selected analytes in the emissions of “heat not burn” tobacco products that are relevant to assess human health risks, Arch Toxicol (2018).

(2) Pieper et al., Tabakerhitzer als neues Produkt der Tabakindustrie: Gesundheitliche Risiken; Bundesgesundheitsblatt, 04 OKT 2018, <https://doi.org/10.1007/s00204-018-2215-y>  
<https://doi.org/10.1007/s00103-018-2823-y>

# Methode: mathematische Modellierung des Krebspotenzials (2017)

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Research paper

Comparing the cancer potencies of emissions from vapourised nicotine products including e-cigarettes with those of tobacco smoke **FREE**

[William E Stephens](#)

Correspondence to Dr William E Stephens, School of Earth & Environmental Sciences, University of St Andrews, Irvine Building, North Street, St Andrews, Fife KY16 9AL, Scotland, UK; [Ed.Stephens@st-andrews.ac.uk](mailto:Ed.Stephens@st-andrews.ac.uk)



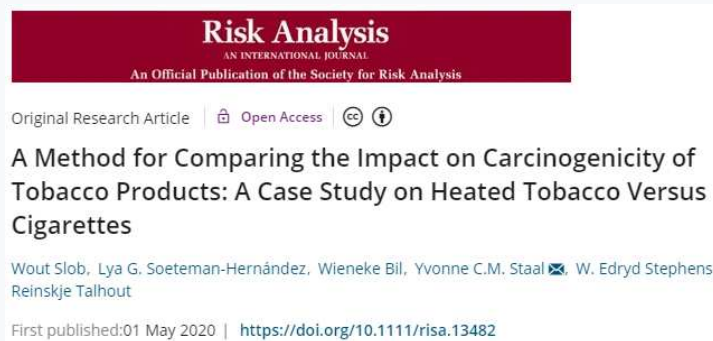
## Mittleres lebenslanges Krebsrisiko im Verhältnis zu Zigarettenrauch

- 1 Verbrennungszigarette
- 0,024 Tabakerhitzer (42-fach reduziert)
- 0,004 E-Zigarette (250-fach reduziert)



# Modellierung: Krebspotenzial (2020) – Beispiel Tabakerhitzer

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- 10- bis 25-fach reduzierte **Karzinogenität** geschätzt
- Deutlicher Gewinn an **Lebenserwartung** geschätzt bei Nutzung von erhitzten Tabakprodukten im Vergleich zu **Verbrennungszigaretten**

Slob et al. A Method for Comparing the Impact on Carcinogenicity of Tobacco Products: A Case Study on Heated Tobacco Versus Cigarettes. Risk Analysis. First published: 01 May 2020. <https://doi.org/10.1111/risa.13482>



# Modellierung von Todesfällen (2017) E-Zigarette

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Article Text

Research paper

Potential deaths averted in USA by replacing cigarettes with e-cigarettes 

Article info

Citation Tools

PDF

David T Levy<sup>1</sup>, Ron Borland<sup>2</sup>, Eric N Lindblom<sup>3</sup>, Maciej L Goniewicz<sup>4</sup>, Rafael Meza<sup>5</sup>, Theodore R Holford<sup>6</sup>, Zhe Yuan<sup>7</sup>, Yuying Luo<sup>7</sup>, Richard J O'Connor<sup>4</sup>, Raymond Niaura<sup>8</sup>, David B Abrams<sup>1, 8</sup>

## USA

*“Compared with the Status Quo, replacement of cigarette by e-cigarette use over a 10-year period yields 6.6 million fewer premature deaths with 86.7 million fewer life years lost in the **Optimistic Scenario**. Under the **Pessimistic Scenario**, 1.6 million premature deaths are averted with 20.8 million fewer life years lost.*

Levy et al. Potential deaths averted in USA by replacing cigarettes with e-cigarettes. Tobacco Control 2017; <https://tobaccocontrol.bmj.com/content/27/1/18>

# Methode: Marktbeobachtung (Deutschland, 2019)

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## Rauchverhalten unter 12- bis 17-Jährigen

- 8,7 % Verbrennungszigarette\*
- 5,1 % E-Zigarette\*\*
- 0,1 % Tabakerhitzer\*\*

\*ständig/gelegentlich

\*\*30-Tage-Prävalenz

# Marktbeobachtung: E-Zigaretten (UK)

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„The **increase in prevalence of e-cigarette use** by smokers in England has been **positively associated with an increase in success rates of quit attempts and overall quit rates**”

With 7 million current smokers in 2017 and prevalence of current e-cigarette use at 18.5% in that **year...this would equate to 69 930 additional past-year smokers** who report that they are **no longer smoking** as a consequence of e-cigarettes **in 2017.**”

Beard et al. Association of prevalence of electronic cigarette use with smoking cessation and cigarette consumption in England: a time-series analysis between 2006 and 2017. *Addiction*. First published:16 October 2019 <https://doi.org/10.1111/add.14851>

# Marktbeobachtung: Tabakerhitzer (Japan)

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Research paper

Effect of IQOS introduction on cigarette sales: evidence of decline and replacement



Michal Stoklosa<sup>1</sup>, Zachary Cahn<sup>1</sup>, Alex Liber<sup>1</sup>,  
Nigar Nargis<sup>2</sup>, Jeffrey Drope<sup>1</sup>

Author affiliations ×

1. Economic and Health Policy Research, American Cancer Society, Atlanta, Georgia, USA
2. Economic and Health Policy Research, American Cancer Society, Washington, District of Columbia, USA



*„Cigarette sales begin to substantially decline at the time of the introduction of IQOS in each of 11 Japanese regions.”*

*“The introduction of **IQOS** likely reduced cigarette sales in Japan.”*

Wie bekannt sind diese  
Risikobewertungen?



# Kommt der aktuelle Stand der Risikobewertung an? Umfrage BfR

BfR-Verbrauchermonitor 2019 | Spezial E-Zigaretten

## Einschätzung des gesundheitlichen Risikos: E-Zigarette gegenüber Zigarette



# Fazit

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- ▶ **Langzeitdaten** zu E-Zigaretten und Tabakerhitzern stehen aus und werden so schnell nicht verfügbar sein
- ▶ **Risikoabschätzung** kann einen wesentlichen Teil der Wissenslücken schließen
- ▶ Verschiedene Methoden der Risikoabschätzung für **E-Zigaretten** und **Tabakerhitzer** bestätigen deren Potenzial für Risikoreduktion
- ▶ **Differenzierte Risikokommunikation** an Raucher – ob durch Behörden der öffentlichen Gesundheit, durch Ärzte oder die Politik – sollte diese Ergebnisse berücksichtigen

# Diskussionspunkte

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- ▶ E-Zigaretten und Tabakerhitzer sind nach aktueller Risikoeinschätzung weniger schädlich als fortgesetztes Rauchen und daher schon jetzt geeignet, einen Beitrag zur Risikoreduktion beim Rauchen zu leisten.
- ▶ Das heute schon vorhandene Wissen zur Risikoabschätzung sollte Teil einer umfassenden Tabakkontrollstrategie werden.
- ▶ *kontakt: martin.storck@klinikum-karlsruhe.de*