

***“No Fire, No Smoke: The Global State of Tobacco Harm Reduction”***

**Report Launch in Malawi**

**Activity Report**

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## **1. Executive Summary**

The launch of the “*No fire, No smoke: The Global State of Tobacco Harm Reduction*” report in Malawi was a collaborative initiative involving the UK based Knowledge Action Change (K•A•C), the Tobacco Harm Reduction Malawi project (THR Malawi) and the Journalists Association against AIDS (JournAIDS). The GSTHR report launch is part of K•A•C’s work to show the science behind Tobacco Harm Reduction (THR) and a public health approach aimed at tackling the growing burden of tobacco smoking related non-communicable diseases. It is a snapshot of policy and prevalence of smoking across the world and each country’s approach to safer nicotine products. It is also available online at <https://www.gsthr.org/>.

The report was launched at an event attended by government and civil society stakeholders drawn from various fields ranging from health, agriculture, trade and industry, academia, media, smallholder farmers and nicotine consumers. The key note speaker and Guest of Honour was Dr. Charles Mwansambo, Chief of Health Services at the Ministry of Health and Population Services who was delegated by the Minister of Health who was unable to attend due to a personal tragedy.

Amongst other things, the launch of the report identified that in excess of 5,700 people die from smoking related illnesses in Malawi each year.

The report launch was conducted under the theme, “*Safeguarding public health; the role of tobacco harm reduction*”. Although there is recognition in the health sector that tobacco smoking harms public health, the country has no policy to safeguard public health from harms caused by smoking, and there are no smoke-free policies in place. It is a huge concern to public health and there is a growing consensus that the country needs to move faster to devise and implement policies and initiatives that protect people’s health.

One of the aims of the report was to explore how the public health strategy of *harm reduction* can play a role in helping to address this crisis in Malawi and elsewhere. The concept of Harm Reduction lies at the heart of the K•A•C report, presenting the scientific and clinical evidence of the potential gains that adopting harm reduction policies could bring to the health of Malawians and the rest of the world.

## **2. Background to the Report**

The report defines *harm reduction* as policies, regulations and actions that are focused on reducing health risks, usually by providing safer forms of hazardous products, or encouraging less risky behaviours, rather than simply focusing on eradication of products or behaviours. It is a pragmatic and evidence-based approach to public health.

Our everyday lives are replete with examples of potentially dangerous products or behaviours being modified – often by manufacturers, regulators or consumers – to enable use of the product while reducing risk of harm. Consider, for example, the design of motor vehicles and roads to make travel safer (such as seat belts, road signs and airbags), laws that separate drinking and driving, and driver licensing and education.

A broad interpretation of harm reduction would also include innovations in new products offering safer options, such as refrigerators and improved food storage, leading to a reduction in disease due to food contamination. This is harm reduction in practice, though rarely in name. It is notable too that many interventions to reduce risk emanate from manufacturers and consumer demand, or from regulators, and not always from public health practitioners.

People who injected drugs were similarly at risk from HIV/AIDS, and new movements arose around the world to campaign for health interventions such as needle and syringe exchanges, opiate substitute therapy, overdose prevention and drug consumption rooms, that would help preserve the lives of those who, for whatever reason, continued to inject drugs. Drug harm reduction is defined by Harm Reduction International as “Policies, programmes and practices that aim to reduce the harms associated with the use of psychoactive drugs in people unable or unwilling to stop. The defining features are the focus on the prevention of harm, rather than on the prevention of drug use itself, and the focus on people who continue to use drugs”.

This means that harm reduction is more than just health and safety, more than just the equivalent of wearing seats belts or crash helmets. It sits at the intersection of public health and human rights as expressed in the WHO Ottawa Charter on Health Promotion, which states that “People cannot achieve their fullest health potential unless they are able to take control of those things which determine their health”.

### **3. Progress for the report launch**

#### 3.1 Government and policy maker participation

The event had a strong delegation from the Ministry of Health which is the main policy holder for the health sector, a five-person delegation was sent, which would have been led by the Minister of Health (who was unable to attend due to a family tragedy). Dr Charles Mwansambo, Chief of Health Services, attended on his behalf. The Ministry of Agriculture and the Ministry of Trade and industry were also represented. The presence of government at the event was critical in establishing a serious dialogue to move the agenda forward, and enabling the development of public policy in Malawi.

The Government’s position on the work was that it was committed to protecting public health from smoking. But this needed to be balanced with the transitioning process from tobacco to other sustainable crops and protecting interests of the national economy and livelihoods of the farmers. In addition, the Government expressed its commitment to exploring alternative livelihood opportunities to diversify away from tobacco.

#### 3.2 Speakers and presenters on the report launch

The event speakers and presenters included: Professor Gerry Stimson, Director of Knowledge Action Change; Kevin Molloy, Global Tobacco Harm Reduction Scholarship manager for Knowledge Action Change; Jessica Harding, from the UK New Nicotine Alliance; Wilfred Jekete, a Global Tobacco Harm Reduction scholarship holder; Chimwemwe Ngoma, a THR

Malawi project manager and lead organizing chairperson of the event; and Sahan Lungu, a THR advocate. The key note address and the official launch of the report was done by the Ministry of Health's Chief Health Services Director, Dr. Charles Mwansambo. David Luka from the Ministry of Agriculture also addressed the event.

All the papers presented at the event can be accessed on: [www.thrmalawi.info/gsthrafricalaunch/](http://www.thrmalawi.info/gsthrafricalaunch/)

### 3.3 Level of media coverage

In the run up to the event, JournAIDS, K•A•C and the THR Malawi Scholarship programme worked together and mobilized a total of 15 local media outlets. In the context of awareness raising of the event and highlighting tobacco harm reduction, public health and other key issues, a press release was published in *The Nation* newspaper; also two sponsored articles were subsequently published in the *The Nation* and *Sunday Times*.

In addition, a total of 10 news stories were monitored on 6 radio stations including Zodiak Broadcasting Station, Timveni Radio and Malawi Broadcasting Station, Pentecostal Life FM Radio, Luso TV and others. The increased media coverage of the event shows the potential for stronger engagement with the media in the future.

### 3.4 Policy responses in tobacco and health

Currently Malawi does not have any smoke-free policies in place. Indeed the 2017-2022 Health Sector Strategic Plan (HSSP) does not clearly mention tobacco and its negative impacts on public health. The glaring policy gaps were noted to be an opportunity for further policy engagement. In addition, the event noted the lack of knowledge and interventions around tobacco harm reduction, in that there are very few safer nicotine products (SNPs) widely available, and that most of those that are available are expensive. This has the effect of leaving the smoking population with few alternatives other than to continue smoking, which poses a huge health hazard. Also the science around nicotine and tobacco, and public awareness of harm reduction options were lacking in Malawi. On a more positive note it was identified that snus, a smokeless tobacco product widely used in Sweden and Norway, and which is made using Burley tobacco - the tobacco most widely farmed in Malawi - could have potential as a harm reduction strategy due to its low cost, low tech nature.

As an important step towards building a strong tobacco and health policy landscape, the need for capacity development and engaging in policy and research was noted to be very critical.

### 3.5 Status of the Global THR Scholarship Program

Stakeholders in the event had an opportunity to learn about the Global THR Scholarship programme run by K•A•C and its application processes. Clearly the K•A•C team made a commitment to continue supporting the scholarship program which will this year run in several African countries including Malawi, Nigeria, Ghana and Kenya. The scholarship supports research capacity building, promoting evidence and nicotine science policy. At present, Malawi tops on the list with five scholars. Its grants range between \$10,000 to the much bigger \$25,000.

K•A•C is also a founder of the City Health International conference (<https://cityhealthinternational.org/>) aimed at improving urban health through identifying opportunities for cost cutting initiatives which improve health and reduce cost. It was launched in 2012.

### 3.6 Tobacco harm reduction and smokeless tobacco products

In the K•A•C report, it notes that in only a few years there has been a rapid uptake in the use of the newer safer nicotine products (SNP) in many countries, while in both Sweden and Norway snus has replaced smoking over a relatively short space of time.

In Japan the uptake of heat-not-burn products has seen the biggest ever drop in cigarette sales. This indicates an appetite for SNP, and that where available – and if they are attractive and suitable alternatives to smoking – many smokers will choose them over smoking.

A key question is whether use of SNP drives down smoking and improves public health. The strongest evidence so far comes from Sweden where the uptake of snus and the decline in smoking has given this country the lowest smoking related mortality in Europe. The adoption of SNP has mostly occurred in the absence of government, tobacco control and public health endorsement. It has been the ordinary consumers whose interest in SNP has driven this and who have been active in offering help and advice to those who wish to switch from smoking. The advent of new SNP presents challenges to tobacco control regimes at both a national and international level.

Consumers can vape reasonably freely in the USA, UK and New Zealand, but face fines or imprisonment in some countries including Thailand and Australia. Legislators and politicians are no less immune than health professionals or ordinary consumers in being confused by contradictory research findings or influenced by the work of ideologically driven anti-harm reduction organisations, poor science and sensationalized media reporting.

To use the law to deny or inhibit access to SNP denies the robust and independent evidence base, and paradoxically perpetuates use of cigarettes (which are freely available the world over) and ensures continuing profits for tobacco companies.

Appropriate regulation ought to ensure consumer safety and confidence, encourage product innovation, and favour use of SNP over cigarettes. It is imperative to focus on the end game – an end to smoking – and not allow over-proscriptive regulation and control to deny access to safer products. SNP have the potential to be one of the most dramatic public health coups of modern times. While most global public health interventions come at great financial cost, this strategy costs governments, international agencies and NGOs nothing.

## 3.7 The stakeholder feedback and dialogue to the report launch

### 3.7.1 Position of Malawi on WHO FCTC

During the event, it was noted that Malawi's position on the WHO FCTC remains that ratification of the convention may take place at some time in the future, but that the Government is still concerned about the consequences of accession to the treaty. Also there is a need to

explore all the alternatives to tobacco as a cash crop to keep the national economy afloat and protect the livelihoods of farmers. Some stakeholders noted that Malawi Government seemed to be delaying the identification of the alternatives. Others argued that WHO FCTC ratification would not harm the economy as most of the tobacco Malawi produces is exported. However the decline in the global demand for tobacco due to the growing anti-smoking lobby and changing habits and behaviours continues to be a worry, hence a need for Government to work with all stakeholders to explore sustainable solutions as a matter of urgency.

### 3.7.2 Addressing public smoking

The GSTHR report launch also noted the need for Malawi to work towards putting in place smoke-free laws as part of a public health approach to protect people from second hand smoke which is in itself a significant public health issue. The Sixth Global Tobacco Atlas shows that more than 5,700 people die in the country from smoking related illnesses.

Putting in place smoke-free laws and bans in public smoking would help curb various tobacco related non communicable diseases. However, stakeholders felt that there is a need for political will for such smoke-free legislation to be put in place. Another key point was that having smoke-free laws would not harm the economy as many think. Tobacco grown in Malawi is predominantly for export, whereas the tobacco smoked in Malawi is largely imported. In term of policy and research, the event emphasized the need for Malawi to start generating research evidence on the costs of tobacco on public health and the feasibility of putting in place smoke-free legislation.

### 3.7.3 Adopting smokeless tobacco products in Malawi

In the GSTHR report launch, many stakeholders wanted to establish if the Malawian Government is willing to introduce new SNP, and supported by better subsidies. At present there are few smokeless products in Malawi, while e-cigarettes are very scarce and expensive to the majority of smokers who want to quit.

However, over the last decade, there are other options for ingesting nicotine which are not only less reinforcing than nicotine delivered in a combustible cigarette, but which do not involve the high-level release of toxic chemicals. The K•A•C report calls them safer nicotine products (SNP) and they break down into three main types: e-cigarettes, heat-not-burn (HNB) devices and an option that is very far from new but enjoying a renaissance: smokeless tobacco, in the form of snus from Sweden. To encourage people away from smoking, the new devices need to be easy to use and cost effective, but must also offer choice.

### 3.7.4 Plight of tobacco farmers and occupational health and safety

In advance of the GSTHR report launch, JournAIDS, K•A•C and the THR Malawi project went on a road trip to the central region tobacco growing district of Mchinji. The visit took the team to see two tobacco farmers. The visit brought out the issue of occupational health and safety for the farmers, especially green tobacco sickness. In addition, the farmers explained that to protect themselves from tobacco harms in the farm, companies like Alliance One provide protective gear.

The team also wanted to appreciate the plight of farmers in terms of prices offered under contract farming, while another farmer who is outside the contract farming system also complained that tobacco prices are plummeting unlike in the past.

At the report launch event it was observed by stakeholders that tobacco groups such as the Tobacco Association of Malawi (TAMA), the Tobacco Control Commission and others need to harmonize their work and reform to respond to the anti-smoking lobby and also work towards providing alternatives for farmers and protecting their economic livelihoods. The fact still remains that from now to the year 2030, global demand for tobacco will continue to fall which will affect farmers in the long term.

#### **4.0 Achieved Outputs/Deliverables**

- 85 GSTHR hard copy reports and executive summaries distributed to participants (The report is also available online at <https://www.gsthr.org/>);
- 13 journalists from print, radio, television and online publications covered and participated in the event and a press conference where they had the opportunity to ask questions regarding the report and the events;
- At least 95 stakeholders from academia, civil society, media, Government, farmers and nicotine consumers were represented at the launch of the GSTHR report in Malawi;
- At least 95 stakeholders were introduced to tobacco harm reduction through presentations;
- At least 10 noted news stories featured in radio and television outlets;
- A strong presence of awareness through Twitter about the event, with at least 40 tweets and at least 20 people tweeting about the event;
- 3 pre-event articles featured in the main print media companies in Malawi: Nation Publications Limited and The Sunday Times;
- Two 15-minute television interviews were conducted with two local television stations which aimed to brief the nation of Malawi on what transpired during the events in regards to tobacco harm reduction and smallholder farmer livelihood opportunities.

#### **5.0 Way forward and Next Steps**

##### 5.1 Need for a national tobacco and public health policy

The launch of the GSTHR report in Malawi is a huge step forward. Currently there is a tug of war between WHO FCTC advocates and tobacco harm reduction advocates and scientists, yet millions of people globally and thousands here in Malawi are dying due to tobacco related NCDs. Thus it is imperative for donors, and development partners, to come round the table to examine the policy landscape on tobacco and health. There is a need for a robust and well-funded national policy on tobacco, harm reduction and public health to be formulated regardless of the economy's status quo in view of the WHO FCTC. It is critical to note that among all health policies in Malawi, there is none that talks about tobacco and health. Hence a national policy that is multi-sectoral and integrates aspects of health, agriculture, environment, harm

reduction, urban health and other dynamics needs to be formulated as soon as possible through a national consultative process.

### 5.2 Establishing smoke-free places

Malawi is one of the countries that is lagging behind in the African region. It has no smoke-free policies whatsoever (as measured against the WHO MPOWER checklist), and as a result all places in Malawi may be exposed to second hand smoke. This is a major public health issue and Government should work towards establishing a smoke-free policy that will pave way for a smoking ban in public buildings in order to curb tobacco related NCDs such as obstructive pulmonary diseases, lung cancer and other NCDs related to tobacco.

### 5.3 Introducing Smokeless Tobacco Products and other Safer Nicotine Products

At present, Malawi does not have many safer nicotine products and active smoking cessation programmes in place. This implies that the over one million tobacco smokers in Malawi have no easy access to alternatives for nicotine consumption apart from cigarettes which pose a significant health hazard. Nicotine itself is not carcinogenic, and indeed can have many benefits. In this case, Government must work towards helping and supporting people to have easy access to safer nicotine products such as e-cigarettes and snus to help curb the use of combustible cigarettes.

### 5.4 Establishing an inter-ministerial committee to oversee the exploring of alternatives to tobacco production and accessible Safer Nicotine Products

As a matter of urgency, Malawi needs to take concrete steps to explore tobacco alternatives to keep the economy afloat and protect the livelihoods of farmers. It is paramount to put in place an inter-ministerial committee to explore alternatives to tobacco production and also work towards introduction of affordable and accessible SNPs.

### 5.5 Research and technology around tobacco and public health

Malawi should now start to work on investing in research on tobacco and public health to be able to generate evidence on the costs of tobacco to public health, loss of business and socio-economic impacts. Additionally, new technologies have to be brought in to tackle tobacco related NCDs, such as medicines, medical equipment, laboratories, active smoking cessation programmes and also new technologies to help tobacco farmers in the transitioning phase to other alternatives.



**ANNEX 1: Programme for the events**  
Safeguarding Public Health, the Role of Harm Reduction

<b>13 March 2019 at Huangshan Hall, Sogecoa Golden Peacock Hotel</b>	
<b>8:30</b>	<b>Registration</b> <i>All delegates</i>
<b>9:00</b>	<b>Opening remarks from Peter Jegwa Kumwenda</b> <i>Peter Jegwa Kumwenda - Master of Ceremonies</i>
<b>9:20</b>	<b>Establishing the health and socioeconomic impact of tobacco smoking in Malawi</b> <i>Wilfred Jekete - Tobacco Harm Reduction Scholarship holder &amp; Tobacco Harm Reduction, Malawi</i>
<b>9:40</b>	<b>Tobacco economics and tobacco harm reduction</b> <i>Sahan Benjamin Lungu - Tobacco Harm Reduction Advocate, Malawi</i>
<b>10:00</b>	<b>Screening of “The True Cost of a Cigarette” documentary, followed by official remarks</b> <i>Chimwemwe Ngoma - Tobacco Harm Reduction, Malawi</i>
<b>10:30</b>	<b>Official Keynote Address</b> <i>The Hon. Atupele Muluzi - The Minister of Health</i>
<b>10:50</b>	<b>Refreshments and networking</b> <i>All delegates</i>
<b>11:20</b>	<b>Setting the scene</b> <i>Kevin Molloy - Knowledge-Action-Change, UK</i>
<b>11:40</b>	<b>Experiences of a smoker who quit with vaping</b> <i>Jessica Harding - New Nicotine Alliance, UK</i>
<b>11:50</b>	<b>Official unveiling of “No Fire, No Smoke: the Global State of Tobacco Harm Reduction” report</b> <i>Professor Gerry Stimson - Knowledge-Action-Change, UK</i>
<b>12:20</b>	<b>Q&amp;A for plenary session</b> <i>Peter Jegwa Kumwenda – Rapporteur</i>
<b>12:40</b>	<b>Reflections: the way forward and next steps</b> <i>All delegates</i>
<b>13:00</b>	<b>End of session lunch and networking</b> <i>All delegates</i>
<b>14:10</b>	<b>Press conference: sharing findings from “No Fire No Smoke: the Global State of Tobacco Harm Reduction” report with Malawi media</b> <i>Peter Jegwa Kumwenda - Moderator for the Press Conference</i> <i>Professor Gerry Stimson - Knowledge-Action-Change, UK</i> <i>Kevin Molloy - Knowledge-Action-Change, UK</i> <i>Jessica Harding - New Nicotine Alliance, UK</i>

**15:20 End of session**

**Dialogue Session on Public Health and Tobacco Harm Reduction**

**14 March 2019 at Huangshan Hall, Sogecoa Golden Peacock Hotel**

<b>9:00</b>	<b>Registration</b> <i>All delegates</i>
<b>9:30</b>	<b>Opening remarks from the Chair</b> <i>Kevin Molloy - Knowledge-Action-Change, UK</i>
<b>9:50</b>	<b>Tobacco use in Malawi, drawing lessons from the sixth Global Atlas report</b> <i>Dingaan Mithi – JournAIDS</i>
<b>10:10</b>	<b>Experiences in advocating for tobacco harm reduction in the UK</b> <i>Jessica Harding - New Nicotine Alliance, UK</i>
<b>10:30</b>	<b>Refreshments, networking &amp; group photos</b> <i>All participants</i>
<b>11:00</b>	<b>Q&amp;A for plenary session</b> <i>Peter Jegwa Kumwenda – Rapporteur</i>
<b>11:30</b>	<b>A stocktake on the way forward for multistakeholder engagement and approach</b> <i>Professor Gerry Stimson - Knowledge-Action-Change, UK</i>
<b>12:00</b>	<b>End of session lunch and networking</b> <i>All participants</i>

**SPEAKERS BIOGRAPHIES**

**Professor Gerry Stimson - Knowledge-Action-Change, UK**



A public health social scientist, with over 40 years' experience of public health research and advocacy in the field of psychoactive substance use.

He is an advocate for tobacco harm reduction as a key public health strategy for reducing smoking related harms, including the use of lower risk nicotine products to help smokers switch from smoking. He was a member of the UK National Institute for Health and Clinical Excellence guidelines group on tobacco harm reduction, and is a member of the British Standards Institution working group on ecigarette standards. He helps to organise the annual Global Forum on Nicotine conference which brings together policy analysts, academics, consumer organisations, manufacturers of nicotine products, and regulators to discuss the science and policy of new nicotine products.

Gerry Stimson has published over 220 scientific publications and several books. His academic career focused on reducing harms from psychoactive substance use, and improving public health through social and health policy.

He was one of the founders of drugs harm reduction in the 1980s and instrumental in the development and evaluation of harm reduction in the UK as a response to HIV/AIDS. He has advised the UK Government, the World Health Organization, UNAIDS, the UNODC, the World Bank and numerous governments on issues relating to drugs, hepatitis, HIV infection and AIDS, alcohol and tobacco.

He is Honorary Professor at the London School of Hygiene and Tropical Medicine, Emeritus Professor at Imperial College London, and recent past Editor of the International Journal of Drug Policy. He was Executive Director of the International Harm Reduction Association from 2004 to 2010.

### **Kevin Molloy – MBA, BA (Hons), UK**



Kevin is the Global Tobacco Harm Reduction Scholarship Programme Manager for Knowledge-Action-Change (K•A•C) overseeing scholarship projects across Asia, Africa, the USA and Europe. He is also vice chair of the New Nicotine Alliance (NNA), an organisation which promotes safer alternatives to smoking.

He has worked in Harm Reduction and Substance Misuse for over 30 years. He has worked in all settings, including residential rehabilitation, crisis intervention, harm reduction services, recovery oriented services, detoxification services, social enterprise development, and prison and other criminal justice services. He was Director of Operations at Addaction and at KCA(UK), and was Drug Action Team Coordinator for the Medway Towns in the UK. He was a board member of Kent Probation Area, Coca, BUBIC, the Princedale Trust and the Conference Consortium. He was also a member of the All Party Parliamentary Group on Drugs, Alcohol and Criminal Justice chaired by Lord Ramsbotham. More recently he has become involved in developing services for ex-armed forces veterans with Substance Misuse

and Post Traumatic Stress Disorder issues with Combat Stress, piloting case management models in nine areas across England and Scotland.

### **Jessica Harding, UK**



Jessica became the NNA's first administrator in December 2016. She is passionate about the potential for tobacco harm reduction products to improve lives and has devoted much her time and energy to vaping consumer activism. She helped establish Vapers in Power (ViP), and helped to get ViP registered as a political party. Her primary role in NNA is fundraising, external communications, helping NNA campaigns, and supporting the work and development of NNA. Before having children she worked as an English teacher, in the UK and abroad.

### **Chimwemwe Ngoma**



Chimwemwe is a social scientist, Global Tobacco Harm Reduction Scholarship holder implementing the first information dissemination project on tobacco harm reduction and nicotine science in Malawi. He leads a group of 24 tobacco harm reduction volunteer ambassadors in Malawi and Zimbabwe. Chimwemwe has worked as a Project and Resource Mobilisation Officer at Drug Fight Malawi. Whilst in college he undertook a research study on the prevalence of drug and substance abuse in Malawi colleges.

### **Dingaan Mithi**



Dingaan has worked for the Journalists Association Against AIDS for 10 years, and he is passionate about sustainable development work with considerable expertise in advocacy, communications and media engagement. He has a special interest in noncommunicable diseases, environment, health financing and other development topics. He has a diploma in media studies from ABMA UK, and certificate in policy communication in health from the College of Medicine/PRB Washington DC. He has attended several international UN events and has taken part in various policy dialogue on work related themes. He is also an award-winning science fiction writer in the first Malawi Writers Union National Literary Award. He divides his time between writing, travelling, watching soccer and following the music industry keenly. He is married and lives in Malawi's capital, Lilongwe.

### **Sahan Lungu**



Bachelor of Arts Business Communication, a Communications Expert, Sahan is a Communications advisor and volunteer tobacco harm reduction advocate with the Tobacco Harm Reduction Malawi project. He uses his research, writing and social marketing skills to raise awareness of the harmful effects of tobacco smoking, economics, control, nicotine science and tobacco harm reduction policies, regulations, public health and safer nicotine products. His longterm plan is to pursue a career in the health sector, behavior change advocacy and communication as well as project management for international development.

### **Wilfred Jekete**



Wilfred is a Tobacco Harm Reduction Scholarship holder working on a research study aimed at establishing evidence based on health and the socioeconomic impacts of tobacco harm materials (e.g. Tar) and promoting interventions to enhance public and professional understanding on Tobacco Harm Reduction. He worked as a Research Student at the Lilongwe University of Agriculture and Natural Resources before joining the Malawi Alcohol Policy Alliance as a Project officer under Drug Fight Malawi. He graduated with Credit in Agriculture Extension from Lilongwe University of Agriculture and Natural Resource.

**ANNEX 2: List of Participants at the report launch**

# **POLICY DIALOGUE ON TOBACCO HARM REDUCTION**

## **Activity Report**

**Golden Peacock Hotel, Lilongwe**

**Prepared by  
Chimwemwe Ngoma and Dingaani Mithi**

**March, 2019**

## **01. Background to the event**

Following the launch of the Global State of Tobacco Harm Reduction (GSTHR) report, the organizations, Knowledge Action Change (K•A•C), Journalists Association Against AIDS (JournAIDS) and the THR Malawi project conducted a policy dialogue session to explore policy options and shape the policy dialogue on tobacco harm and public smoking. The policy dialogue involved the participation of the Ministry of Agriculture, Ministry of Trade and Industry, local civil society organizations, local media and other key stakeholder groups. The session aimed to explore how Malawi should move forward in terms of tobacco harm reduction and smallholder farmer livelihood support.

Currently Malawi's policy landscape on tobacco and public health is not vibrant, and all health policies, including the Health Sector Strategic Plan 2017-2022 do not address public health and the tobacco smoking epidemic. In the policy dialogue, some of the policy issues included the need to have smoke-free policies, a national policy on tobacco and health, while other stakeholders proposed that the Malawi Government introduces subsidies on safer nicotine products (SNPs) to help in smoking cessation.

The need to intensify tobacco harm reduction and the formulation of policies aimed at protecting public health using a multi-sectoral approach was noted to be critical. However, one of the key policy messages in the dialogue was that global demand for tobacco is declining and will have serious consequences for the national economy in the long-term future, hence a need to explore alternatives. One of the policy options discussed was the need to explore industrial hemp or Solaris, a new crop breed whose successful trials have been concluded by the Agricultural Research and Extension Trust (ARET). Solaris is seen as a hugely profitable crop whose seed yields biofuel and jet fuel vital for the aviation industry globally.

In addition, stakeholders observed the need to implement bans on tobacco advertising, promotion and sponsorships (TAPS). Although some participants doubted if this was feasible, tobacco companies typically respond to marketing restrictions by reallocating resources to the remaining open channels. For example,<sup>1</sup> when the government prohibits magazine and billboard advertising, the industry simply moves to other strategies, such as direct mail, internet, point of sale, package branding and discounting. When regulation successfully eliminates all channels, the tobacco market will freeze up and dwindle over time.

## **02. Achieved Outputs/Deliverables**

- At least 40 key stakeholder groups from the civil society, media, Government, donor community and academia represented and engaged in the dialogue;
- At least 4 event stories featured on 4 local TV and radio stations;
- Two 15-minute television programmes were conducted with two local television stations which aimed to brief the nation of Malawi on what transpired during the events with regards to tobacco harm reduction and smallholder farmer livelihood opportunities.

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<sup>1</sup> The 6<sup>th</sup> Global Tobacco Atlas

### **03. The Policy Options**

#### 3.1 Paving way for smoking cessation interventions

Malawi is one of the countries in the Southern Africa Development Community (SADC) that has no meaningful interventions aimed at helping smokers quit and possibly migrate to safer nicotine products as a tobacco harm reduction measure. As a policy option, it would be critical for Government and key stakeholders such as donors, civil society and policy makers to work towards bringing safer nicotine products and bring subsidies, although this is controversial among WHO FCTC advocates as tobacco harm reduction is seen as a way to encourage smoking in other forms. Replacing cigarettes with SNPs has shown in countries such as the UK to have greatly helped in curbing smoking and improve the health of smokers.

Additionally, there is a need to have a national quit line which can be managed by the Department of NCDs and Mental Health to offer counseling and advice, and even local or international NGOs can take up the role to host the national quit line. During review of the 2017-2022 HSSP,<sup>2</sup> policy makers need to consider smoking cessation as one of the policy interventions and actions.

#### 3.2 Bringing smoke-free laws and policies to light

At present, Malawi does not have any smoke-free laws or policies in place, in addition smoking in public buildings is not banned, exposing a lot of people to second-hand smoke, and potentially creating a tobacco related disease burden. Having smoke-free policies will be the right policy approach and represents best practice which many other countries are already implementing around the world.

Exposure to<sup>3</sup> secondhand smoke is associated with numerous adverse health effects, even among children and unborn babies, and causes substantial mortality and morbidity globally. In 2016 alone, for example, it caused an estimated 884,000 deaths. The years of life lost due to ill-health, disability, or early death because of secondhand smoke was 6.4 million years for lower respiratory infections, 2.5 million for chronic obstructive pulmonary disease, and more than 200,000 for middle ear infection.

#### 3.3 Protection of tobacco farmers' livelihoods amid the growing anti-smoking lobby

One of the major concerns about the global downturn in smoking is that it will cause a steep decline for demand for tobacco, in turn affecting the economic livelihoods of farmers who depend on tobacco for their income. However, some experts suggest this will be felt over a long time and has no impact in the short term. Still the fact remains that many farmers are experiencing low prices, as tobacco is no longer appealing.

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<sup>2</sup> HSSP is the Health Sector Strategic Plan

<sup>3</sup> The 6<sup>th</sup> Global Tobacco Atlas

There are many experts who think industrial hemp could be part of the solution to help farmers migrate from tobacco, while a new crop,<sup>4</sup> Solaris, is being touted as a magic bullet, its seed yields high quality biofuel and jet fuel which has a huge demand in the global aviation industry.

### 3.4 Investing in tobacco health policy and research

As a policy solution there is a need for more communication initiatives to help the country understand and use evidence to formulate and implement tobacco and health related policies and to make better health choices.

A huge policy research gap exists where there is no tangible research on the costs of the tobacco burden on the health sector, while there is no policy that links tobacco and health which presents a huge challenge in addressing the tobacco related NCD burden. Hence policy makers and researchers and donors should invest more resources and expertise in this area to build a platform for policies that are multi-sectoral and respond to the health needs of the people, while building a sustainable development agenda aligned to the<sup>5</sup> SDGs.

### 3.5 Science communication around tobacco and health

There is a growing recognition that the delivery and communication of accurate messages and disseminating real-time evidence based information informed by good science can play a huge role in tackling the tobacco disease burden caused by smoking. Many experts on tobacco harm reduction argue that inaccurate and misleading information distorts the picture and ends up harming smokers who have quit and are using alternative products, often encouraging them to continue smoking rather than to maintain their switch to safer alternatives.

Also there are a lot of concerns that the tobacco industry is using science and the mass media to sell its products and harm more young people and adults who would otherwise not have entered into smoking. As a policy response, it is important for Malawian civil society and the mass media to jointly work together and reach out to scientists and public health experts to save lives from the smoking epidemic.

### 3.7 Holding tobacco companies accountable in protecting public health

It is argued that the tobacco industry wields huge influence and resists any efforts in tobacco control and public health. However, stakeholders and experts in the policy dialogue noted the need for tobacco companies to take responsibility to establish clinics and help in curbing tobacco related NCDs and invest in corporate social responsibility for protecting public health.

**ANNEX 3:** Photos captured during the events can be viewed from this link;  
<https://thrmalawi.info/gsthrafricalaunch/>

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<sup>4</sup> Solaris is being championed by DDN Energy Solutions Limited, while ARET has successfully concluded trials on the crop

<sup>5</sup> Sustainable Development Goals



## **ANNEX 4: List of Participant**