SCIHRIA
Scientific Insights in Harm Reduction in Africa

ASIA FORUM ON NICOTINE

27 August 2025
Online Webinar, Singapore

The Asia Forum on Nicotine (AFN) aims to provide a comprehensive overview of tobacco harm reduction (THR) – including scientific, medical and consumer perspectives – with a focus on the unique challenges and opportunities in the Asia Pacific Region.

DISCUSSION SESSIONS

This newsletter covers only a few highlights from the Conference, visit afn.asia for more information.

Speakers and Biographies

Ms Nancy Loucas

Executive Coordinator, CAPHRA

Nancy is a passionate THR advocate who co-founded Aotearoa Vapers Community Advocacy (AVCA) New Zealand in 2015. She is also the executive coordinator of the Coalition of Asia Pacific (Tobacco) Harm Reduction Advocates (CAPHRA) where she applies her experience in THR advocacy to guide and mentor consumer advocates throughout the entire Asia Pacific region (and beyond). Nancy has a diverse skill set, with experience in scientific research administration (grants, proposals, journal article writing), corporate IT administration, online media along with mentoring and support of community organisations. She owns and runs a virtual business management consultant company, Paraclete Associates Limited.

Professor Tikki Pang

Senior Global Health Consultant, Centre for Healthcare Policy and Reform Studies, Jakarta, Indonesia

Professor Tikki Pang is an Indonesian citizen and has served as an independent consultant and board member of many organisations in the health sector, in both public, NGO and private sectors. Professor Pang has a recognisable profile as a public health expert both nationally and internationally. His research interests are in the epidemiology, pathogenesis, laboratory diagnosis and prevention of infectious diseases, biosecurity and dual-use research, genomics and health, and in health research policy, health research systems, global health governance, development of research capabilities in developing countries, linkages between research and policy, vaccine confidence and harm reduction approaches to mitigate public health problems.

Professor Doctor Sharifa Ezat Wan Puteh

Chair of the Malaysian Society of Harm Reduction (MSHR)

Professor Sharifa Ezat Wan Puteh is a public health physician whose work is at the confluence of medicine, health economics and public health. As Professor of Public Health (Health Management and Health Economics) at National University of Malaysia, she is well-versed with the burden of non-communicable diseases on Malaysia's health system and recognised as a figure in public health, specialising in policy, economics, and community medicine. Her work with MSHR particularly in advocating for tobacco harm reduction and abstinence from tobacco addiction. She has extensive experience as a case-mix consultant and coding specialist, having conducted research and capacity building initiatives aimed at improving accessibility, efficiency, and quality of care in health systems, particularly in developing countries.

Professor Doctor Rohan Savio Sequeira

Consultant Cardio-Metabolic Physician, Specialist in Non-Invasive Cardiology, Diabetes, Endocrinology and Obesity Management

Professor Rohan Savio Sequeira, a distinguished Consultant Cardio-Metabolic Physician with an extensive career spanning over 25 years. He specialises in Non-Invasive Cardiology, Diabetes, Endocrinology, and Obesity Management, and holds senior consultant positions at prestigious institutions such as Jaslok Hospital, St. Elizabeth Hospital, S.L. Raheja Hospital, Holy Family Hospital, and Breach Candy Hospital in India. His wealth of experience extends to cross-country healthcare implementation and the international medical and para-medical domain. With a keen understanding of addressable market needs and a vast network in the medical and pharmaceutical sectors, Prof Sequeira plays a vital role in advancing healthcare solutions.

Doctor Alex Wodak AM

Doctor Alex Wodak AM, a retired physician, was the Foundation Director of the Alcohol and Drug Service at St Vincent's Hospital in Sydney, Australia (1982-2012). He was very involved in harm reduction efforts to control HIV among and from people who inject drugs initially in Australia but subsequently in many Low- & Middle-Income Countries. He was the Foundation President of the International Harm Reduction Association (1996-2004). Dr Wodak is the Tobacco Harm Reduction Adviser to the Harm Reduction Australia Board. He has never received funds from the tobacco or vaping industries.

Mr Asa Saligupta

Director / founding member of End Cigarette Smoking in Thailand (ECST)
Member of the Parliament's committee on Laws and Regulations of E-Cigarettes

Asa is a former smoker who smoked for over 37 years and had tried almost all quit methods until he found vaping in 2005 and completely switched over 15 years ago (there were some years of dual-use) which made him successfully quit smoking ever since. Asa is an avid advocate for Tobacco Harm Reduction who resides in Thailand, the country that prohibits importation and distribution of vape products. ECST is a consumer group that Asa founded over 10 years ago when vaping became illegal. ECST had sent petition letters to various governmental and related entities asking for the right to choose. The primary goal is to legalise THR as an alternative for those who want to quit smoking.

Mr Samsul Arrifin Kamal

President, Malaysian Organisation of Vape Entity (MOVE)

Samsul Arrifin Kamal is a leading advocate for harm reduction awareness and the regulation of vaping in Malaysia. Since 2014, he has been actively engaged with government agencies and ministries, shaping policy discussions, and promoting evidence-based approaches to tobacco harm reduction. As the President of MOVE (Malaysian Organisation of Vape Entity), he plays a pivotal role in advancing consumer rights, regulatory frameworks, and public education on safer nicotine alternatives.

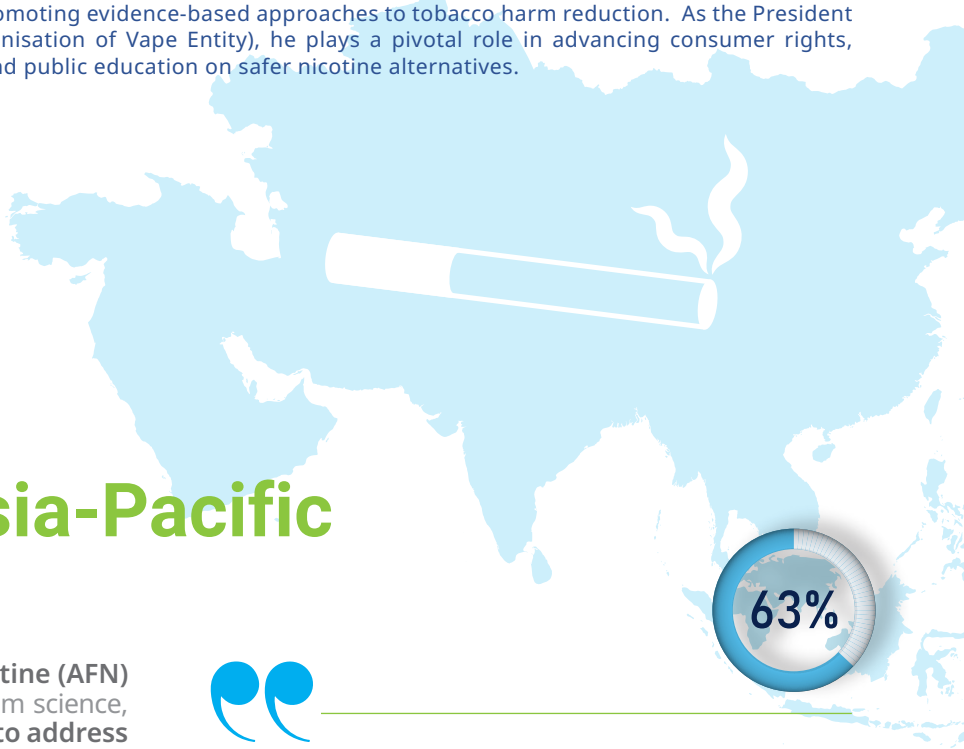
INTRODUCTION

Reimagining Tobacco Harm Reduction in Asia-Pacific

Nancy Loucas

The inaugural **Asia Forum on Nicotine (AFN)** brought together leading voices from science, public policy, and lived experience **to address the urgent challenge of advancing tobacco harm reduction (THR) across the Asia-Pacific region.**

With **COP11** approaching in November, harm reduction continues to be falsely framed as part of the tobacco industry's narrative rather than a public health tool, calling for a **rethinking of tobacco control policies and active implementation of THR strategies.**



> Asia has the highest number of tobacco users globally – 781 million people, representing 63% of the world's total.

SCiHRIA

Scientific Insights in Harm Reduction in Africa

The **Scientific Insights in Harm Reduction in Africa society (SCiHRia)** is a non-profit organisation dedicated to delivering appropriate, quality patient care supported with the latest scientific evidence-based data. **The society is administered by harm reduction experts** and as such has a latitudinous collaboration across both African and global harm reduction focus groups and research networks. **Patient advocacy and Public Health are an integral focus** of the Society and to this end, information and resources are made available to patients and their families on all aspects of harm reduction throughout Sub-Saharan Africa and more recently the Africa Continent.

ADVOCACY IN **ACTION**

Support the cause

scihria.org.za

KEYNOTE ADDRESS

The WHO FCTC, 20 years on

Prof Tikki Pang

Achievements

- Adopted in 2005, the World Health Organization **Framework Convention on Tobacco Control (FCTC)** was the first **international public health treaty**, ratified by 183 countries representing 90% of the world's population.
- Helped **avert an estimated 22–24 million deaths**, mainly in high-income countries, through tobacco control measures like public smoking bans and health campaigns.
- Professor Tikki compared its impact to the **eradication of smallpox**, calling it a landmark achievement for global health.

Persistent Challenges

> Despite early successes, smoking continues to claim 8 million lives annually, with 80% of deaths in low- and middle-income countries, and 40% occurring in people aged 50–69.

Prof Tikki identified two major weaknesses:

1. Slow implementation

- Only **38% of ratifying countries** have full public smoking bans.
- A mere **9%** have banned all forms of tobacco advertising, promotion, and sponsorship.
- The WHO target of a **30% reduction in tobacco use by 2025 will be missed**, possibly delayed to 2030.

2. Failure to embrace harm reduction

- Despite Article 1 of the FCTC implicitly including harm reduction, **WHO and the FCTC COP actively oppose safer alternatives like vaping and nicotine pouches**.
- WHO **equates alternative products with cigarettes** and rewards countries that ban them — even though **120 million people worldwide currently use these safer products**.

A New Way Forward

Prof Tikki argued that attempting to directly change WHO's anti-THR stance may be futile:

> WHO is the elephant in the room, a chief barrier to wider acceptance of tobacco harm reduction.

Instead, he proposed building independent, evidence-driven platforms outside of the WHO's FCTC COP structure to unite stakeholders:

- **Producers** of alternative tobacco products (ATPs).
- **Consumers**, forming a counterweight to the anti-THR Global Alliance for Tobacco Control (GATC).
- **Investors**, who could accelerate corporate transitions toward safer products by influencing share prices.

These platforms could eventually evolve into a global tobacco reduction coalition with five goals:

1. **Demand transparency and inclusivity** in WHO processes.
2. **Place THR in the broader context** of non-communicable diseases and universal health care.
3. **Foster multi-stakeholder collaboration** across civil society, governments, and industry.
4. Advocate for **proportional regulation** that differentiates safer products from cigarettes.
5. Highlight **success stories** from countries embracing harm reduction.

Final Reflections

Prof Tikki closed with optimism, quoting Dr Wodak of Australia:

> WHO's position will collapse at some point, just like the fall of central command economies in the 1980s. We just don't know when.

Despite WHO's current opposition, Prof Tikki expressed confidence that global momentum for tobacco harm reduction will eventually prevail, especially with Asia-Pacific bearing the heaviest burden of tobacco-related deaths.

REGULATORY FRAMEWORKS

Balancing Innovation and Public Health

Prof Dr Sharifa Puteh, Prof Tikki Pang, Dr Alex Wodak

Malaysia's THR landscape

1. Current perception

- A lot of **confusion** exists at the **level of policymakers**.
- Harm reduction is nothing new in a way that medical harm reduction has been used in many settings like HIV and illicit drug use.
- **THR is widely seen as part of "big tobacco"**, with **nicotine products treated the same as cigarettes** under WHO's FCTC guidelines.
- Policymakers fear that endorsing safer alternatives will **normalise nicotine use** rather than reduce harm.

2. Lack of research and discussion

- **Academic exploration of THR is effectively banned**, with no sponsors or funding for independent studies.
- This creates a **vacuum where misinformation thrives**, leaving decision-makers ill-informed.

3. Enforcement failures

- **Weak and fragmented enforcement** enables drug-laced and adulterated vapes to flood **illicit markets**, leading to public health scares and reinforcing calls for prohibition.

4. Way forward

- **Address inadequacy** in enforcement of regulations.
- **Promote THR** at the level of important stakeholders i.e. government officials.

Prof Sharifa warned that outright bans will strengthen criminal markets, push smokers back to cigarettes, and endanger public health.

Prof Tikki stressed that three stakeholder groups are essential for moving THR forward:

> Producers, consumers, and investors must unite to build independent platforms outside the WHO's FCTC structure. Together they can bypass entrenched barriers and ultimately make the WHO's position irrelevant.

Singapore: Harsh New Punitive Measures

Nancy mentioned that Singapore has escalated its anti-vape stance by introducing new criminal laws, and this was confirmed by Prof Tikki, who indicated that Singapore is now targeting:

1. Manufacturing of vaping products
2. Distribution and retail
3. Personal use and possession

This blanket approach has failed to curb demand. Prof Tikki explained that hundreds of thousands of Singaporeans simply cross the border or order from Malaysia, fuelling Malaysia's black market instead. He advocated for the introduction of regulations for vaping products that would ensure quality and safety, preventing adulterated products in the market.

Indonesia and the United States (US)

WHO Influence Despite No Ratification

- **Neither Indonesia nor the US** has signed or ratified the WHO FCTC treaty.
- Despite this, **Indonesia still follows WHO's lead**, due to a lack of in-country scientific research and technical expertise to develop independent policies.
- Prof Tikki highlighted **a shift in WHO regional authority, with Indonesia** now managed under the Western Pacific Region (WPRO) instead of SEARO (South-East Asia Region).
- This has **intensified the spread of anti-THR policies** in the region.

Economic and Political Dimension of Tobacco

- Prof Tikki noted that the is a strong tobacco control lobby in Indonesia however this is complicated by strong economic and political ties. Giving an anecdote, Prof Tikki, indicated that **10% of Indonesia's government revenue comes from tobacco taxes**, and millions of people depend on the tobacco industry for their livelihood – as farmers and in the manufacturing arena.
- Some government ministers ask difficult questions when confronted by the promotion of tobacco harm reduction evidence: **'How do we reduce the size and impact of the tobacco industry without impacting the economy?'**
- **This tension creates major resistance to** introducing and regulating **THR alternatives**.

Australia: A Case Study in Policy Failure

Dr Wodak presented Australia as a cautionary tale of what happens when policies go wrong:

- Australia has been the **most extremist country** in terms of cigarette, tobacco and tobacco-alternative product **control and regulation**.
- **Cigarette taxes rose 340% over two decades**, driving 50% of cigarette sales into the black market.
- **90% of vape products are sourced illicitly**, according to a National Strategic household survey.
- There has been **gang-related violence**, including homicides, over black market control.
- A **polling company, Roy Morgan**, revealed that **official smoking rate figures are unreliable**, showing much higher actual rates of tobacco use than reported.
- A **wastewater analysis** showed **nicotine consumption increasing**, contradicting government claims of success. This increase is supplied by either the illicit cigarette market or by the illicit vape market, or both.

> Australia shows how bad things can get when policy settings are wrong.

Global Industry Dynamics: PMI, BAT, and China

Phillip Morris International's (PMI) shift to smoke-free products has been rapid:

- From **$200 million in 2015** to **$14.7 billion in 2024**, now 43% of total revenue.
- British American Tobacco (BAT) is **close to profitability** with its safer nicotine division, signalling a tipping point in global markets.

China National Tobacco Corporation (CNTC) now holds the largest global patent portfolio for harm reduction products, surpassing PMI.

- CNTC operates a massive research centre with **hundreds of PhD scientists**.
- If China pivots fully to THR, Tikki noted, "this debate will be over in nanoseconds."
- China has already started **regulating nicotine pouches**, suggesting early steps toward a THR framework.

WHO, COP11, and the Anti-THR Barrier

- Despite Article 1d of the FCTC explicitly referencing harm reduction, the **WHO and COP** have taken a hard-line anti-THR position, equating safer alternatives with cigarettes and **rewarding countries that ban them**.
- The **upcoming COP11 meeting in Geneva** will be pivotal. Many expect the WHO to double down on bans, making **independent alliances of consumers, producers, and investors** even more vital for advocacy.

Cultural Contexts: Oral Tobacco and Health Risks

- In **South Asia and the Pacific**, crude oral tobacco use is widespread, especially among **poor women**, leading to **high rates of head and neck cancers**.
- Dr Wodak advocated for introducing **pasteurised smokeless products**, like Swedish snus, as a culturally relevant and safer alternative.

Closing Messages

- **Prof Tikki:** "Safer nicotine products will replace cigarettes sooner rather than later."
- **Dr Wodak:** emphasised that consumer-driven reform is unstoppable, drawing parallels to other major public health shifts like needle exchange programs and marriage equality movements.
- Nancy Loucas closed the session by reiterating the urgent need for **transparent regulation**, warning that policies built on prohibition will only empower illicit markets:

> If something is taxed, then it's not really illegal — but when it's untaxed, suddenly it becomes a crime.

CONSUMER PERSPECTIVES

Voices from Asia Pacific

Asa Saligupta, Samsul Arrifin Kamal, Professor Dr Rohan Sequeira

Malaysia

Samsul Kamal Ariffin

Samsul painted a vivid picture of Malaysia's decade-long struggle with vaping policy, describing it as a rollercoaster of inconsistent government decisions, where policies swing wildly between regulation and outright bans.

Key Issues

1. **10 years of uncertainty**
   Malaysian vapers and businesses have faced continuous upheaval with vaping alternately **regulated, banned, then regulated again**, creating confusion for both consumers and authorities.

2. **Drug-laced disposable vapes**
   - Recently, a major health scare erupted when disposable **vape pods were found laced with drugs**.
   - This sparked public panic and **political pressure for a full ban**, even though the issue was isolated to a small number of products.
   - Samsul stressed that **banning safer nicotine products will not stop this problem**, as black market operators will continue to smuggle and sell dangerous products unchecked.

3. **Disposable dominance**
   - **95% of Malaysian vapers use disposables**, which are cheap, convenient, and easy to smuggle.
   - Many come from **factories in China**, often with **no oversight**, leading to safety concerns and quality issues.

4. **Regulation missteps**
   - The Ministry of Health has focused on **limiting bottled vape liquids** to 10mL, claiming this will reduce misuse.
   - Samsul criticised this as **missing the point**, since the actual risk lies in **unregulated disposable pods**, not regulated liquids.

5. **Patchwork of state laws**
   - Some Malaysian states, particularly in the **North and East Coast**, have **outright bans** on vaping.
   - Others allow sales under loosely regulated frameworks, creating confusion and unequal access.

6. **Petitioning for change**
   - Samsul's advocacy group has gathered over **101,000 signatures**, which they plan to deliver to the Deputy Prime Minister.
   - Their aim is to push for **rational regulation** that separates drug enforcement from harm reduction efforts.

7. **Lesson from Singapore**
   - Samsul pointed to Singapore's **total vape ban** as evidence that prohibition fails.
   - Despite criminalising **manufacture, distribution, and use**, youth vaping rates in Singapore are **still rising**, proving bans drive products underground.

> The government is panicking and reacting to perception rather than science. Prohibition won't work — we need regulation based on facts.

Thailand

Asa Saligupta

Asa shared Thailand's experience with a longstanding vape ban dating back to 2013-2014. Unlike Malaysia, where policy changes frequently, Thailand has remained firmly prohibitionist, with severe restrictions on both import and sale of vaping products.

Key Issues

1. **Scope of the ban**
   - **Importation of vape products** – completely illegal.
   - **Distribution and sale** – illegal.
   - **Using a vape is not illegal**, but since buying one is, this leaves consumers in a **legal grey zone**, vulnerable to arrest.

2. **Recent scare over Etomidate-laced pods**
   - Etomidate, a powerful sedative, was discovered in some high-end vape pods.
   - This issue was confined to **wealthy elites**, but anti-THR groups seized on it to label vaping as dangerous and addictive.

3. **Government silos**
   - Asa works tirelessly across ministries to present THR as a **multi-faceted issue**, not just a health matter:
     — **Finance Ministry** – highlighting potential tax revenues from regulated vaping.
     — **Tourism Ministry** – stressing that tourists should not be arrested simply for having a vape.
     — **Agriculture Ministry** – showing how local farmers could **grow nicotine crops** for legal e-liquids, creating rural jobs.
   - Despite these efforts, Ministry of Public Health dominates the narrative, blocking reform and maintaining the ban.

4. **Lack of transparency**
   - Asa expressed frustration that Thailand's **representatives** at WHO COP meetings are **selected behind closed doors**, with no public input or accountability.

> Tourists shouldn't fear arrest just for carrying a vape. This is about economics, jobs, and health — but the Ministry of Health refuses to see the bigger picture.

South Asia
Prof Sequeira's Perspective

Professor Sequeira focused on South Asia's unique challenge, where smokeless tobacco dominates rather than cigarettes. This creates a different set of problems compared to Western countries.

Key Issues

1. **90% of tobacco users use smokeless products**
   - Products like gutkha, khaini, and betel quid are **deeply entrenched in culture** and **extremely cheap**.
   - These habits lead to some of the world's highest rates of oral cancer, throat cancer, and lung disease.
2. **Traditional nicotine replacement therapies (NRT) fail**
   - Gums and lozenges **fail in 93% of cases**, partly because **they don't fit cultural norms** (e.g., chewing gum is not common in South Asia).
3. **Nicotine pouches as a solution**
   - Nicotine pouches mimic local habits — users can **keep them in their mouth all day**, similar to traditional smokeless tobacco.
   - These could **save millions of lives** if priced affordably.
4. **China's influence**
   - If China approves nicotine pouches, it could create a **regional ripple effect**, encouraging South Asian governments to adopt similar policies.
5. **Economic priorities over health**
   - In Bangladesh, a recent policy meeting focused entirely on **GDP and government revenue**, with **no mention of health impacts**.

> Governments must wake up to their moral duty. Bans only push people to the black market, while millions suffer preventable diseases.

Shared Regional Challenges

Across Asia, advocates face common obstacles

1. **Misinformation and disinformation**
   - NGOs with anti-THR agendas heavily influence WHO and national governments.
   - These groups spread fear by labelling harm reduction products as **"just as bad as cigarettes."**
2. **Government outsourcing**
   - Policymakers often **outsource decision-making to these NGOs**, allowing misinformation to dictate public health laws.
3. **Flip-flopping policies**
   - Nancy highlighted how countries like **Indonesia and Malaysia** constantly oscillate between bans and regulation, creating uncertainty for consumers and businesses.
4. **Lack of trust**
   - Consumers are often left without accurate information, pushing them toward **unsafe black market products**.

Cultural and Environmental Factors

1. **Cultural fit is critical**
   - Western-style harm reduction tools don't always work in Asia.
   - Products must align with **local customs, habits, and affordability**.
2. **Environmental concerns lag behind**
   - Unlike the West, where vape recycling programs are common, **Asia lacks infrastructure** to manage disposable vape waste.
   - This issue is not yet a political priority.

Consumer Advocacy and Grassroots Power

Both Samsul and Asa emphasised the power of grassroots movements:

1. Asa's group **ENDS Cigarette Smoke Thailand (ECST)**, has over **100,000 members**.
2. Samsul's current petition demonstrates that **large numbers of citizens** can pressure governments more effectively than scientific data alone.
3. Nancy distinguished **activists** (who raise awareness) from **advocates** (who drive tangible policy change).

COP11 and the Global Picture

The upcoming COP11 in Geneva looms large:

1. WHO's provisional agenda falsely frames harm reduction as a **"tobacco industry construct."**
2. Decisions made at COP will **directly affect policies in Asia**, where governments often **look to WHO for guidance**, even in countries like **Indonesia and the US**, which haven't ratified the FCTC.
3. Advocates fear that without strong consumer voices, **harm reduction will continue to be sidelined globally**.

Closing Messages

- **Policymakers need to separate drug enforcement from THR, focusing on facts rather than fear.**
- **Economic and tourism impacts of prohibition and the need for cross-ministry collaboration.**
- **Urgent need for culturally appropriate harm reduction tools to prevent millions of avoidable deaths.**
- **Unity across Asia and a collective pushback against misinformation.**

The Need for Evidence-Based Approaches to Tobacco Harm Reduction

Prof Dr Rohan Sequeira , Dr Alex Wodak, Prof Dr Rohan Sequeira

Asia's Crisis

Asia houses over 50% of the world's smokers – approximately 500 million people.

Annual	Global	Asia
Deaths from tobacco	8.5–8.7 million	4 million*
Economic impact	£1.85 trillion	£1.6 trillion**

* Largely from smoking and smokeless tobacco use.
** Costs to healthcare and productivity exceed £1.6 trillion annually.

Professor Sequeira described Asia-Pacific as the "epicentre of tobacco harm", comparing it to the 2004 Banda Aceh earthquake due to the scale of devastation caused by tobacco.

Scientific Basis for THR

Traditional tobacco control strategies like graphic health warnings and bans have failed to reduce tobacco use effectively.

- Evidence from
  — **UK Public Health: Vaping is 95% less harmful** than smoking.
  — **Sweden:** Use of pasteurised oral tobacco (snus) led to **90% reduction in oral cancer rates**.
- **Nicotine is addictive but not the main cause of harm.**
  — Harm comes primarily from **combustion, or the use of unprocessed tobacco**, producing **7,000 toxic chemicals**, leading to cancer, cardiovascular disease, diabetes, and other chronic illnesses.
  — Nicotine has **not** been identified as the main causative chemical in harm from tobacco use.

South Asia's Unique Challenge: Smokeless Tobacco

90% of South Asian tobacco users consume chewable smokeless tobacco, which causes oral cancers, heart disease and COPD and respiratory illnesses.

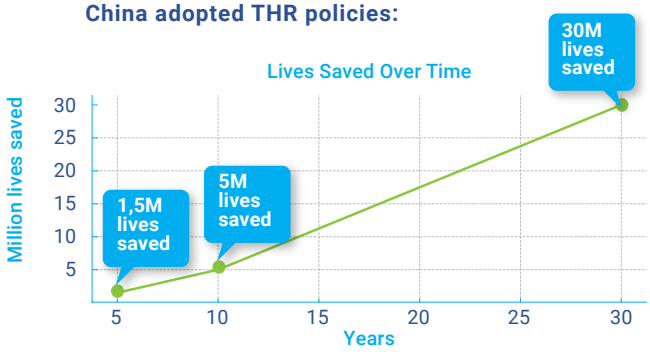
- Users are often poor, rural farmers or daily wage labourers earning just $1–$2 per day, with easy access to cheap chewable tobacco.
- **Safer alternatives like nicotine pouches must be:**
  — **Affordable**,
  — **Accessible**, and
  — Backed by **government policy**.
- **Sweden's model** provides a template for reducing oral cancer and harm in these populations.

Policy Barriers

- **Restrictive bans** across Asia, including in India and Pakistan, **lump all nicotine products together**, preventing access to safer alternatives.
- **Governments cite "protecting youth"** as justification for bans, but this approach ignores harm reduction for adults.
- **WHO FCTC Article 5.3** is often misused to **exclude THR advocates and medical professionals** from policymaking.
- **Misinterpretation of FCTC guidelines results in:**
  — Promotion of unsafe traditional tobacco,
  — Resistance to modern harm reduction products.

Projection: Potential Lives Saved

- **Prof Sequeira presented a simulation model that if China adopted THR policies:**



- This demonstrates the **massive life-saving potential of THR** in Asia-Pacific.

Medical Community's Role

- In Africa, **80% of attendees** at a recent Harm Reduction in Sub-Saharan Africa (HRiSSA) THR conference were **medical professionals**, showing successful engagement.
- In contrast, Asia lacks medical involvement in THR debates.
- Prof Sequeira urged doctors to **lead THR advocacy** and **educate policymakers**, integrating THR into disease prevention for conditions like diabetes, kidney disease cardiovascular disease, and cancer.

Examples of Successful THR Policies

Japan
Heated tobacco products led to 30% reduction in cigarette sales in 5 years.

New Zealand
Progressive THR policies yielded major public health gains.

Philippines
Early THR adoption showing promising health improvements.

Thailand (ECST group)
Despite restrictive laws, grassroots THR advocacy has documented personal success stories.

Definition and Philosophy of Harm Reduction

Dr Alex Wodak

Harm reduction: Policies and programs aimed at reducing health, social, and economic harms of drug use without necessarily reducing consumption.

Key principles

- **Evidence-based** and **human rights-based**.
- **Pragmatic and inclusive** – guided by the motto, **"nothing about us without us"**, emphasising the inclusion of affected communities.
- **Cost-effectiveness** is crucial due to limited public health resources.

Tobacco vs. Other Harms

- **Tobacco causes more disability-adjusted life years (DALYs) and deaths** than all illegal drugs combined.
- It worsens other diseases, such as **HIV and tuberculosis**, especially in Sub-Saharan Africa.

Safer Nicotine Products Work

- **Evidence shows safer nicotine products reduce harm and smoking rates because**
  — they are less harmful than cigarettes.
  — they are popular and enjoyable, ensuring wide reach.

- **Four key product categories**
  1. Vaping
  2. Heated tobacco products
  3. Snus
  4. Nicotine pouches

The Three Key Stakeholders in THR

Prof. Tikki Pang

1. **Consumers** – must find products attractive, affordable, and accessible.

2. **Producers** – including multinational and state-owned tobacco companies.

   Philip Morris International (PMI) pivoted in 2004 to focus on safer products:

   - **2015**: $200M revenue (1% net profit).
   - **2024**: $14.7B revenue (40% net profit).
   - **Q2 2025**: 43% net profit from safer products, now more profitable than cigarettes.

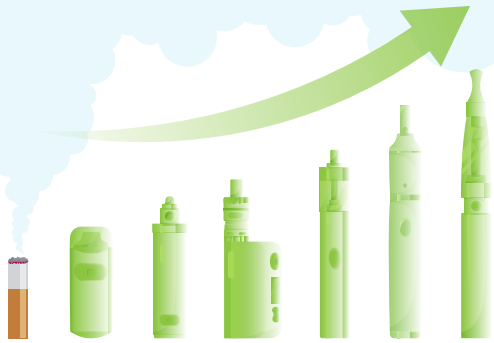
3. **Investors** – encourage rapid transformation of tobacco companies.

Market Trends and Future Outlook

Safer products now have 10% of the global market, with 120–130 million users.

- Adoption is accelerating
  — First 10% took 15 years,
  — Next 10% will come **much faster**.

- Dr Wodak predicts combustible cigarettes will be replaced by safer products sooner than expected.



Resistance to THR

- **Opposition comes from:**
  — WHO,
  — many governments,
  — billionaire philanthropists i.e. **Mike Bloomberg** and **Bill Gates**,
  — traditional tobacco control organisations.

- Tobacco control remains **stuck in an abstinence-only mindset**, ignoring new technologies.

Comparisons & Lessons

- Harm reduction for drugs or sexual health has always faced **ferocious resistance**, similar to THR now.

- **Analogy to seatbelts and road safety**: harm reduction was once controversial but is now universally accepted.

- Dr Wodak argues that combustible cigarettes will inevitably be phased out.

Key Takeaways

- **Asia-Pacific bears the brunt of the global tobacco epidemic**, with 60% of smokers and 90% of smokeless tobacco users.

- **Current abstinence-only policies are failing**
  Deaths and economic costs continue to rise.

- **THR offers a pragmatic, evidence-based solution**
  — Potential to save 30 million lives in China alone over 30 years.
  — Vaping and oral nicotine products are proven safer and effective.

- **Medical community involvement is critical**
  Doctors must lead the shift towards science-based policymaking.

- **Global market forces (consumers, producers, investors)**
  Driving transformation despite resistance from WHO and traditional tobacco control groups.

- **Transformation is accelerating**
  Safer nicotine products will soon dominate, making combustible cigarettes obsolete.

PANEL DISCUSSION

Tobacco Harm Reduction as a Medical Issue

Professor Dr Rohan Sequeira, Dr Alex Wodak

The panel explored the challenges of positioning tobacco harm reduction (THR) as a public health and medical issue, separate from its perceived association with the tobacco industry.

Nancy highlighted that collaboration between consumers, producers, and investors—as mentioned in a talk by Prof. Tikki Pang —remains essential, but faces scepticism, with advocates often dismissed as "industry shills".

IMAGE SOURCE: FREEPIK.COM

Entrenched Resistance and Limited Progress

Dr Wodak expressed frustration at the slow global progress

- After more than a decade of THR advocacy, **few countries have adopted meaningful reforms**.
- **Success stories** include the United Kingdom (UK), New Zealand, and the Philippines, while most nations remain resistant.
- He predicted change would come only when current systems **collapse under their own weight**, drawing parallels to other unstoppable social and technological shifts such as **electric vehicles** and **streaming replacing CDs**.

> There is so much consumer power in this. The demand for safer products will eventually force change, even if governments resist.

Medical Professionals: Education Gaps and Misconceptions

Prof Sequeira described profound knowledge gaps among medical professionals in South Asia:

- **95% of doctors** at regional medical conferences have **never heard of THR**.
- Many **incorrectly believe nicotine causes cancer**, equating it with tobacco.
- Prof Sequeira called for **massive literacy campaigns** to educate healthcare providers, presenting harm reduction using science-based information to reduce disease and healthcare costs.

He proposed a four-zone framework for understanding tobacco use and THR

1. **Initiators:** Socioeconomic and psychological factors driving tobacco use.
2. **Amplifiers:** Harmful products such as cigarettes and unregulated oral tobaccos.
3. **Outcomes:** Medical consequences including cancer, cardiovascular disease, and other chronic illnesses.
4. **Solutions:** Safer nicotine alternatives that don't require drastic lifestyle changes.

> We're not stopping nicotine use. We're simply offering safer alternatives to reduce harm.

Policy, Prohibition, and Black Markets

Both panellists criticised prohibitionist policies, citing bans that fail to stop access

- Prof Sequeira shared a case of a **heart surgery patient who returned to smoking** because legal alternatives were unavailable, even though **illegal vapes were easily accessible online**.
- Prohibition does not eliminate demand: surveys show **70–80% of heroin users in Australia still find it "easy" to obtain** it decades after criminalisation.
- Prohibition drives consumers to the **black market**, undermines tax revenue, and shifts use toward cheaper, **more harmful products**.
- **THR threatens the survival of both tobacco companies and regulatory bodies**, creating entrenched opposition.
- In Australia, political support for THR is limited, though rural and cannabis-focused parties show openness due to the disproportionate harm among poorer populations.
- Advocates for THR, like needle exchange pioneers, face **public hostility and professional consequences,** including loss of research funding.

> When there is strong demand, people will find a way — legally or illegally.
>
> **Dr Wodak**

Economic and Political Barriers

Prof Sequeira highlighted how tobacco production underpins economies in countries like China, India, and Brazil, complicating reform.

- Political leaders resist harm reduction policies due to **economic dependency and voter dynamics**.
- Even simple harm reduction measures — like **pasteurising smokeless tobacco to reduce carcinogenic nitrosamines by 20-40%** — face rejection because they raise production costs, even slightly despite medical benefit.

Australia's Experience and Public Opinion

Despite New Zealand's progressive THR policies, Australia remains highly restrictive.

- **Only two political groups support THR:** the **National Party** (representing rural areas) and the **Legalised Cannabis Party**.
- Public surveys show **strong support** for THR, but mainstream parties remain resistant.

Nancy noted that governments often ignore black markets, as untaxed products are treated as "unofficial" and therefore politically invisible, even though health system costs are far greater than lost tax revenue.

Cultural and Historical Parallels

Prof Sequeira compared current resistance to THR to the sugar industry's misinformation campaigns decades ago, where fats were wrongly blamed for health issues.

Dr Wodak noted that tobacco control organisations see THR as an existential threat, fearing their role will disappear as safer nicotine products replace cigarettes.

Equity Concerns (Nancy and Prof Sequeira)

- Smoking-related disease disproportionately affects the **poorest communities**, impacting on families reliant on daily wages, where an estimated **one billion deaths from smoking-related diseases are expected between 2025–2100**, mostly in low- and middle-income countries.
- Health care costs of smoking vastly outweigh tobacco tax revenues, yet policymakers often prefer the **status quo** and push issues into the black market.
- **THR is framed as an ethical obligation:** safer alternatives could prevent deaths and reduce government health expenditure.

Key Takeaways for the Medical Community

- **Education is urgent**
  Most doctors lack basic understanding of THR and nicotine science.
- **Policy reform is inevitable**
  Consumer demand will drive change, just as with other disruptive innovations.
- **Prohibition fails**
  Bans increase black markets, harm public health, and deprive governments of tax revenue.
- **Focus on low- and middle-income countries**
  These regions will bear the brunt of the projected 1 billion smoking-related deaths by 2100.
- **Language matters**
  Dr Wodak suggested "safer nicotine products" as a clearer term than "THR" for public communication.

PANEL DISCUSSION

Balancing Regulation and Consumer Access to Safer Alternatives

Consumer Advocacy and Policy Change

Martin Cullip emphasised that science strongly supports safer nicotine products, and despite smear campaigns, **"safer products are here to stay."** He urged consumers not to lose heart.

Asa Saligupta stressed the **power of consumer advocacy**: testimonies and numbers are critical in influencing policymakers. Every former smoker's story is **"a nail in the coffin of tobacco control."**

Dr Wodak highlighted that **consumers may be more effective in driving policy change** than doctors, provided they speak directly to politicians.

Nancy Loucas noted advocacy is happening across Asia-Pacific, but consumer voices often get silenced or ignored.

Cultural Contexts in Advocacy

Professor Sequeira pointed out that in South Asia, **governments respond more to medical and scientific voices than to consumer groups**. Advocacy strategies must therefore adapt to cultural and political contexts.

Nancy echoed this, stressing collectivist traditions in Asia-Pacific where advocacy is tied to community responsibility rather than individual rights.

WHO, Regional Influence & Geneva Meeting

Dr Wodak argued the **WHO remains deeply entrenched in opposition to harm reduction**, repeating historic resistance seen with HIV harm reduction. It was suggested that change will come from nations shifting policies—like marriage equality's global cascade.

Martin Cullip and others criticised WHO's regional offices (SEARO & WPRO) for promoting punitive policies that criminalise vaping while allowing cigarettes, describing these as harmful and counterproductive.

Panellists pointed to the **upcoming COP10 meeting in Geneva**, where WHO delegates will debate global nicotine policy. Many fear it could harden bans and restrictions rather than embrace harm reduction.

Speakers stressed that consumer voices and scientific evidence must be present in Geneva to counterbalance entrenched narratives.

On-the-Ground Realities

China paradox
Around 90% of the world's vapes are manufactured in China and 90% of this is in Shenzhen - yet the products are banned locally. Dr Wodak described the absurdity: a 14-minute train ride from Hong Kong to Shenzhen brings you to the world's vape-production capital—yet you cannot buy one there. Instead, vapes are shipped out globally, with **Hong Kong acting as a transit hub** where even shipping rules had to be altered to exempt vape products on cargo vessels.

Asa Saligupta added a personal anecdote
While visiting Shenzhen, he asked to see a vape shop and was told he'd need to cross into Hong Kong because there were none legally operating in Shenzhen. **Yet even in Hong Kong, purchases happen underground, through back doors or close personal contacts**.

Hong Kong clampdown
Advocacy is effectively banned; health officials have threatened academics and professionals with career consequences for attending THR-related events. **Body cameras and strict enforcement measures** now target vapers, while cigarettes remain legal.

India crackdown
Professor Sequeira described plainclothes officers penalising vapers, including outside clubs and in cars, with confiscations at airports. **He likened it to being arrested for wearing a helmet to protect oneself**.

Closing Reflections

Speakers agreed bans and criminalisation do not work, only fuelling black markets and harming public health.

The panel underscored the importance of persistent advocacy, testimony, and consumer engagement as a "stream of drops" that can build into a policy-changing flood.