SCIHRIA

Scientific Insights in Harm Reduction in Africa

The Cape Town Declaration

Delivering quality, evidence-based care with dignity and advocacy for all

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Cape Town, 1 August, 2024.

No less than nineteen tobacco harm reduction experts from 8 Sub-Saharan African countries met in Cape Town to discuss the huge and growing toll of smoking tobacco in the region and new measures promising to accelerate the decline in smoking.

None of our members have vested interests in the tobacco or vaping industry.

We bring together diverse scientific, clinical, and lived experience to ensure our work remains independent, evidence-based, and patient-focused.

I.

The majority of smokers in the world now live in Low-and-Middle Income Countries (80%) with approximately half the smoking related deaths in the world occurring in these countries. A number of Sub Saharan African countries are signatories to the Framework Convention on Tobacco Control (2003).

Despite the number of smokers in the world declining slightly over the last twenty years, the AFRO region is one of the two regions to show increases in tobacco smokers, e.g., South Africa the number of smokers have increased (GATS, 2021). In 2015 there was 66 million smokers and the projected increase by 2025 is an estimated **84 million people**.[1]

II.

Smoking is considered the most important preventable cause of deaths and disease in the African region and in the world. There are globally almost **8,000,000 deaths per year** from smoking.

It is estimated that over 1 billion people around the world will die from smoking related conditions between now and the end of the century. 1,3 billion smokers currently need assistance with tobacco harm reduction.[2]

III.

Worldwide, more than 1.1 billion people smoked tobacco in 2019, resulting in about 8 million deaths. **1 in 5 adults** worldwide are consuming tobacco.

Globally, over 22 000 people die from tobacco use or second-hand smoke exposure every day — that equates to one person every 4 seconds.[3&4]

IV.

Most tobacco in the world is consumed by smoking cigarettes. **Up to 50% of long-term smokers will die from a smoking related condition**, each of these smokers losing on average more than 10 years of expected life.

In 1976, Professor Michael Russell observed that "people smoke for the nicotine, but die from the tar". The combustion of tobacco is primarily responsible for the cancers, heart and lung diseases caused by smoking.

V.

Tobacco harm reduction is the concept of reducing the health and other adverse effects of smoking by providing nicotine without combustion in forms which are safe, attractive, accessible and affordable.

VI.

There are now four much less risky ways of ingesting nicotine. **First, snus**, an oral, moist, pasteurised tobacco provided in a pouch, has been used by men and women in Sweden for over 200 years.

Extensive research has demonstrated that health problems resulting from snus are minimal. Snus replaces high risk smoking. The smoking rate in Sweden, now 5.6% (2023), is expected to soon drop below 5%, a level considered to be effective elimination of smoking. Swedish snus provides proof of concept of tobacco harm reduction.

VII.

Second, vaping which involves a handheld electronic device producing a mist ("vapour") which is inhaled. These electronic nicotine delivery systems heat a liquid of nicotine, flavouring, propylene glycol and other additives into an aerosol that is inhaled through a mouthpiece.

VIII.

Third, heated tobacco products are also handheld electronic devices but these heat sticks of compressed tobacco leaf to sub combustible temperatures, thereby releasing nicotine in an aerosol which can be inhaled.

IX.

Fourth, nicotine pouches are a small bag containing organic or synthetic nicotine, flavouring and a filler. The bag is placed between the upper gum and a cheek.

X.

These four options are much less risky than smoking cigarettes but are not considered harmless. Smokers switching completely from cigarettes to these options are at much reduced risk.

XI.

There is **compelling scientific evidence that vaping assists smokers to quit**. Cigarettes and these four reduced risk options appear to be economic substitutes.[5&6]

XII.

In countries with **higher rates of use of reduced risk options**, the **decline of smoking rates** appears to accelerate.[7]

XIII.

As with many previous drug harm reduction interventions when first introduced, tobacco harm reduction has often been fiercely opposed. However the **widespread introduction of some Reduced Risk Options in Sub Saharan African countries is likely to have substantial health benefits**, reduce poverty and mitigate the negative health effects of smoking in people living with HIV.

Using Sweden as a case study, if smokers had access to **alternatives that do not require combustion, were less harmful than smoking** and still satisfied their need for nicotine, vital progress could be made to achieving the same smoke free society.[8]

XIV.

In the recent study, **Belete** *et al*. the authors noted: "**these results underscore the growing rates of tobacco use in Sub-Saharan Africa**, reinforcing the idea that high smoking prevalence is increasingly concentrated in low-income regions like Sub-Saharan Africa. Without collective action, smoking rates in SSA could rise, triggering serious health and economic issues. The smoking epidemic is shifting toward low-income countries. **Without urgent policy action, SSA risks falling short of the WHO's 2025 goal to cut tobacco use by 30%.**"[9]

XV.

We call for countries in this region to consider these options as adult consumer products regulated proportionate to risk. **We would be delighted to politely and respectfully discuss or debate these issues privately or publicly with those opposed to tobacco harm reduction.**

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Signatories

The Founding members are highlighted with an asterix as the Society has grown over the last year to 35 members and growing.

Solomon Rataemane*	Mervyn Mer*	Alex Wodak*
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Edwin Maina*	Brighton Mufakwadziya*	Ndumiso Tshuma*

Et al.

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Addendum

About SCiHRiA

The Scientific Insights in Harm Reduction in Africa (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 in Sub-Saharan Africa

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