



Consumption of tobacco has not declined in Pakistan

The latest study done by Lahore University of Management Sciences (LUMS) confirms consumption of tobacco has not declined in Pakistan.

The study says tobacco industry has shifted from a legitimate industry to tax-evading cigarette manufacturers in a big way. The LUMS has estimated it is going to cause an annual loss of Rs300 billion to national exchequer during the ongoing financial year.

Two renowned academic institutions—NUST and LUMS—came up with studies concluding policy of hiking FED by 200 percent

proved counterproductive because volume of legit industry started decreasing, while share of illicit witnessed a phenomenal jump in recent years.

A recent study by LUMS, titled "Impact of Taxation on Cigarette Sector in Pakistan", has uncovered a issue that demands immediate impact of tax policies, particularly Federal Excise Duty (FED) adjustments, on cigarette industry which is causing more loss to government in revenue sloss than in revenue collection.

The study, led by Kashif Zaheer Malik, Associate Professor of Economics at LUMS, reveals frequent and substantial increases in FED have had a profound effect on cigarette industry. It states FED was hiked by over 200 percent in last two fiscal years after which the share of duty-paid cigarettes shrank to 42pc, while share of illicit cigarettes went up to 58pc.

The LUMS study highlights need for a balanced and effective tax policy that addresses tax evasion challenges and supports a level playing field for all manufacturers. It underscores importance of comprehensive enforcement, broader tax base expansion and public awareness to mitigate detrimental effects of illicit trade on Pakistan's economy.

The report provides a detailed assessment of revenue losses

caused by alarming trend of shifts from legitimate to illicit cigarette consumption following tax hikes.

The primary research reveals 42pc of sales are DP brands, while 58pc comprise illicit brands, including locally manufactured tax-evaded and smuggled products. This translates to tax evasion of Rs300 billion.

The research states the brunt of increased excise rates over the past two years have fallen solely on the legitimate companies which has caused their volumes to decline. Illicit cigarettes continue to sell in the market due to lower prices and uninter-

rupted availability due to lax enforcement by the government.

Malik said, "Government has implemented various initiatives to address the extent of illicit sector to bring more companies and illicit sector under tax net. These, however, have not been successful in reducing illicit trade in Pakistan".

LUMS report says success of Track and Trace System hinges on a genuine,

all-encompassing rollout across every industry, coupled with a consistent enforcement campaign. This approach, along with government's focus on expanding tax base, could reduce prevalence of illicit trade and tax evasion, offering a brighter future for the industry, Malik added.

The report recommended based on profound price sensitivity prevalent in Pakistani market, as well as widespread availability of illicit brands, existing excise tiers must be reconsidered and re-evaluated to reel in potential lost tax revenues. This approach often results in substitution of higher priced legit brands to illicit brands selling at lower prices, it concluded.

https://www.thenews.com.pk/print/

1196994-study-shines-light-on-cigar ette-industry-in-pakistan





Global Action on Ending Smoking's response to WHO alert

The World Health Organization has released an advisory statement about Global Action to End Smoking and the work that we support, citing repeated concerns about the original funder of our organization. I know you share our disappointment the WHO has dissuaded others not to work with us, particularly when Global Action and the WHO have a profound common goal that requires collaboration and partnership: to end the death and disease caused by the global smoking epidemic. I am personally reaching out to the senior leadership at the WHO and some of the organizations they have contacted to ensure we are on the record correcting the misinformation the alert is spreading. We have taken aggressive steps to satisfy the guidelines laid out by public health leaders Cohen, Zeller, et al. in 2009, ensuring that we are both transparent and strictly independent in everything we do. All questions of our independence have been answered in full with documentation available publicly on our website. In fact, Global Action to End Smoking has earned the

2024 Platinum Seal of Transparency from Candid, a leading global source of information about nonprofit organizations. According to Candid, the seal recognizes Global Action's exceptional dedication to transparency. Global Action is among the top 0.1% of U.S.-based nonprofit organizations to achieve the Platinum Seal, setting an outstanding example of open and clear communication with the public. While it is unlikely we will change the WHO's mind, I feel it is important that this targeted attack does not go unchallenged. I have worked in the trenches of legal and public policy advocacy for many years and will always fight tooth and nail for what is right. It is unacceptable to me that we would not use all the funds at our disposal to conduct life-saving research and educational efforts to accelerate the end of this terrible epidemic. We are proud to support you and grateful for your continued work in this important field. Please let us know if this WHO alert is in any way hindering your ability to conduct your invaluable grant work.

Govt urged to set up hospitals to treat oral cancer cases

A health expert has asked the government to set up oral cancer hospitals separately in the country in view of the prevalence of the disease.

Speaking at an awareness lecture, Prof Dr Shahjahan Katpar said that oral cancer was one of the major health problems in Pakistan which is ranked amongst the top three countries with the highest prevalence of the disease in the world. The public awareness lecture on Oral Cancer and Dental Health was held in the lecture hall of the LEJ National Science Information Center at the International Center for Chemical and Biological Sciences (ICCBS), University of Karachi.

He said that an extensive use of smokeless tobacco products, like paan, gutkha, chaalia, naswar, mawa and tobacco cigarettes, is one of the major causes of oral cancer in Pakistan.

The lecture was jointly organised by the Dr Panjwani Center for Molecular Medicine and Drug Research (PCMD) and the Sindh Innovation Research, and Education Network (Siren). Prof Shahjahan said that early detection in the treatment of oral cancer, and oral cancer screening were crucial, as mouth cancer could strike in several places, including the lips, tongue, gums, and cheeks. The screening of oral cancer starts with a clinical exam of a patient's mouth and throat, he maintained.

Talking about oral submucous fibrosis (OSF), he said that OSF resulted in marked rigidity and an eventual inability to open the mouth.

Talking about the symptoms of oral cancer, he said some major symptoms included a lump in your neck, loose teeth, swelling or a sore on your lip that won't heal, difficult or painful swallowing, changes in speech, bleeding or numbness in the mouth, white or red patches on the mouth, tongue or gums, and unexplained weight loss.

https://www.dawn.com/news/1837565?ref=whatsapp

PM calls for joint efforts to build a 'tobacco-free' Pakistan

PM calls for joint efforts to build a 'tobacco-free' Pakistan On the World No Tobacco Day, Prime Minister Shehbaz Sharif has pledged to intensify his efforts to reduce tobacco production and consumption, with the ultimate goal of creating a tobacco-free Pakistan.

The prime minister, in his message on WNTD 2024, urged the stakeholders including the civil society, professional associations, non-governmental organizations, and the media to collaborate with the government in its national efforts for eliminating the menace from the society.

"By firmly rejecting tobacco, we can establish the groundwork for a healthier and more prosperous Pakistan. Let's resolve, say "No to Tobacco" and work together for building a tobacco-free Pakistan," he added.

He said the Day served as a powerful reminder of the collective effort needed to combat the pervasive and devastating impact of tobacco use on public health.

This year's theme "Protecting Children from Tobacco Industry Interference" focuses on safeguarding our future generations by ensuring that tobacco use continues to decline.

It is important to note that tobacco not only impacts the individuals who consume it but also has detrimental effects on the well-being of those in close proximity.

PM Shehbaz said Pakistan was amongst the 15 countries of the world, having a heavy burden of tobacco-related ill health and "faces a double burden of disease primarily cancers, cardiovascular diseases, diabetes and chronic respiratory diseases".

The government, he said, had taken stringent measures to curb tobacco use. However, to completely eliminate from Pakistan, both production and consumption of tobacco must be reduced. He said the government had raised taxation on cigarettes to about 150% to discourage the use of tobacco.

"Moreover, all forms of tobacco advertising and promotion are prohibited, including advertising on national tv, radio, print media, billboards, point of sale advertising and product display. Restrictions are also in place on sponsorship of cigarette companies and the publicity of such sponsorship," he added.

Taken from Urdupoint.com



An urgent call for action on WNTD 2024

The global combustible tobacco epidemic remains a formidable public health challenge, with devastating disparities in smoking rates across nations. As we reflect on the progress made in countries like the United Kingdom, it becomes evident that a one-size-fits-all approach is inadequate and unacceptable.

Instead, we must prioritize countries grappling with alarmingly high smoking rates, particularly those at the early stages of their tobacco control journey. On World No Tobacco Day 2024, we must rally together to address this urgent crisis with renewed vigor and ingenuity.

The statistics paint a sobering picture. Smoking rates among men in Indonesia and Jordan today stand at about 60 percent—a grim reflection of the UK's rate in 1978, the year the first baby was born through in vitro fertilization. This historical parallel underscores the stagnation in tobacco control efforts in certain regions where advances in health technologies have not been matched by progress on smoking prevalence.

Similarly, men in countries like Armenia, China, Egypt and Kiribati today have smoking rates of around 50 percent reminiscent of the UK's rate in 1985, the year the ozone hole over Antarctica was discovered. This period marked a significant environmental wake-up call; in many countries, urgency around smoking has not reached a comparable tipping point.

"It is unconscionable that as some countries approach the endgame by embracing effective harm reduction options, others are still at the starting line."

Countries such as Lebanon, Lesotho, the Philippines, Tunisia and Türkiye are currently contending with smoking rates of about 40 percent among men—akin to the UK in 1990, the year the Hubble Space Telescope was launched into orbit, revolutionizing our understanding of the cosmos. Despite leaps in scientific understanding and technological advances around nicotine since then, these countries continue to suffer the health impacts of high smoking rates.

Among women, meanwhile, smoking rates in Bulgaria, Croatia and Hungary today stand at about 30 percent—reministrate of the LIK in 2000, the secret has fact to the leaves of the laws.

Croatia and Hungary today stand at about 30 percent—reminiscent of the UK in 2000, the year the first map of the human genome marked a significant milestone in scientific progress. The persistent high smoking rates among women in these countries highlight continuing gender disparities in tobacco control efforts.

It is hardly less alarming that countries like Argentina, Austria, Chile, Lebanon, the Solomon Islands and Türkiye are today grappling with smoking rates of about 20 percent among women—equivalent to the UK in 2010, the year the Arab Spring protests swept across the Middle East, and the Affordable Care Act (Obamacare) was signed into law in the United States.

Transformative events can shape public health landscapes. We've seen this happen with smoking, particularly in a number of wealthier countries. Yet across much of the world, progress has been inexcusably slow.

One beacon of hope in this landscape is Sweden, which has achieved remarkable success through tobacco harm reduction. Sweden's use of snus, a smokeless tobacco product, has contributed to one of the lowest smoking rates in Europe. By

providing an alternative to combustible tobacco, Sweden has demonstrated that harm reduction can be an effective tool. Countries like Japan and, as we've seen, the UK, have taken their own, quite different pathways to tobacco harm reduction successes. The wider world must learn from their experiences by incorporating harm reduction into tobacco control strategies, offering safer alternatives to people who smoke and are unable or unwilling to quit nicotine.

"Acceleration can be achieved by making a range of different product types simultaneously available."

But even in the UK, it has taken far too long for smoking rates to reach their current level of around 10 percent. In 2024, with an unprecedented range of tools, experiences and knowledge at our disposal, we must aim higher.

Current strategies must be reviewed, and effective cessation and tobacco harm reduction measures must be made available to facilitate rapid progress. These measures should draw on the scientific and technological innovations of the last few decades—despite the failure of the World Health Organization (WHO) to embrace them.

We cannot afford to deny countries in dire need the chance to leapfrog over the slow pace of change characterized by the WHO's MPOWER programs. It is unconscionable that as some countries approach the endgame by embracing effective harm reduction options, others are still at the starting line.

We need to promote harm reduction tools such as vapes, pouches and heated tobacco products, all of which have helped many people transition away from combustible tobacco. Acceleration can be achieved by making a range of different product types simultaneously available, rather than limiting people to one or two categories, as even some of the most successful countries have done.

While these products are not without controversy, evidence demonstrates that they can all play a valuable role in the broader strategy to reduce tobacco-related harm, especially in countries where smoking rates remain stubbornly high.

"By prioritizing countries with the highest smoking rates, we can speed up progress and save countless lives."

We cannot expect governments of lower-and-middle-income countries to do this by themselves. However, international collaboration and support are crucial. Wealthier nations with advanced tobacco control programs have a moral obligation to assist lower-income countries in developing and implementing effective strategies. This assistance could take the form of financial aid, technical expertise and sharing best practices.

World No Tobacco Day should serve as a clarion call for urgent and decisive action against a global toll of over 8 million preventable smoking-related deaths each year. By prioritizing countries with the highest smoking rates and adopting a comprehensive, innovative harm reduction approach, we can speed up progress and save countless lives.

On World No Tobacco Day 2024, let us be inspired by the remarkable scientific and social achievements of the past. If we channel that spirit of innovation and determination, we can win the fight for a healthier future for all.

https://filtermag.org/world-no-tobacco-day/

Ensure effective and accessible cessation services for adult smokers across Pakistan

Alternative Research Initiative (ARI) and its partners have called upon the federal and provincial governments to ensure effective and accessible cessation services for adult smokers in districts, tehsils and union councils across Pakistan. "Adult smokers who have been unable to quit smoking need a helping hand. Helping them in quitting is critical to end combustible smoking in Pakistan," said Arshad Ali Syed, project director of ARI, in a statement on the occasion of World No Tobacco Day (WNTD). He added that the national quit line should not only be publicized extensively but its services need drastic improvement.

However, he emphasized the role of provincial governments in providing cessation services at the district level. After the 18th amendment, health is a provincial subject, he said. "Provincial governments should reach adult smoker in districts, tehsils, and union councils, especially those who have been unable to quit despite multiple attempts." The benefits of quitting smoking are immediate and lifelong. The day a smoker gives up this habit, the body starts clearing itself of all those nasty toxins and the repair process begins. According to WHO, within 20 minutes of cessation, heart rate and blood pressure drop, and after 12 hours, the carbon monoxide level in blood drops to normal. In 1-9 months,

coughing and shortness of breath decrease, as the risk of coronary heart disease is about half that of a smoker's in a year. The risk of stroke is reduced to that of a nonsmoker 5 to 15 years after quitting.

Arshad said the federal and provincial governments need to expand the cessation choices for adult smokers. He said the UK's NHS has included in its cessation aids NRTs, nicotine vapes, nicotine pouches, and prescription-only medicines. "Pakistan needs to carefully examine the available options and sensibly regulate them for adult smokers." Almost two decades on after ratifying the FCTC in 2005, Pakistan is facing an uphill task in controlling the use of tobacco. Today the country has 31 million tobacco users. Tobacco is consumed in 45.5% of the households, more in poor (48.8%) than in rich (37.9%) households. The majority of these users are smokers. With little or no smoking cessation services available, smokers are on their own in their quit attempts. Less than 3% smokers successfully quit smoking in a year in Pakistan.

He said ARI and its partners support all official measures against tobacco control in Pakistan. "We support all efforts to keep the young and never-smokers away from any sort of tobacco, including the reduced risk products."

Health benefits of quitting smoking

Over time, people who quit smoking see many benefits to their health. After you smoke your last cigarette, your body begins a series of positive changes that continue for years.

Length of time after quitting	Benefits
Minutes	Heart rate drops.
24 hours	Nicotine level in the blood drops to zero.
Several days	Carbon monoxide level in the blood drops to level of someone who does not smoke.
1 to 12 months	Coughing and shortness of breath decrease.
1 to 2 years	Risk of heart attack drops sharply.
3 to 6 years	Added risk of coronary heart disease drops by half.
5 to 10 years	Added risk of cancers of the mouth, throat, and voice box drops by half.
	Risk of stroke decreases.
10 years	Added risk of lung cancer drops by half after 10 to 15 years.
	Risk of cancers of the bladder, esophagus, and kidney decreases.
15 years	Risk of coronary heart disease drops to close to that of someone who does not smoke.
20 years	Risk of cancers of the mouth, throat, and voice box drops to close to that of someone who does not
	smoke.
	Risk of pancreatic cancer drops to close to that of someone who does not smoke.
	Added risk of cervical cancer drops by about half.

Established in 2018, ARI is an initiative aimed at filling gaps in research and advocacy on ending combustible smoking in a generation. Supported by the Global Action on Ending Smoking (GA), ARI established the Pakistan Alliance for Nicotine and Tobacco Harm Reduction (PANTHR) in 2019 to promote innovative solutions for smoking cessation.

To know more about us, please visit: www.aripk.com and www.panthr.org