

Inside

Page 2

Smokers' corner

ARI calls for district-level smoking cessation services across Pakistan

Page 3

Harm reduction or smoking cessation?

How vaping can reduce health disparities

Page 4

Tobacco use – still a public health challenge

GA announces grants for supporting high-risk population in quitting smoking

Working with smokers, communities for a smoke-free Pakistan



Alternative Research Initiative (ARI) and its Punjab partners held meetings with adult smokers, vapers, and tobacco users to help them quit and achieve a smoke-free Pakistan. In February, the meetings were conducted by Future Development Foundation in Sargodha, Maimar Development Organization in Faisalabad, Sun Consultant and Enterprises Services in Multan, Dove Foundation in Bahawalpur, Al-Emaan Development Organization in Dera Ghazi Khan, and Dove Foundation in Lahore.

The participants included smokers, vapers, tobacco users, doctors and members of civil society organizations. Syed Jafar Mehdi and Junaid Ali Khan from ARI also attended the meetings. ARI and partners informed the participants about the country's smoking prevalence, citing over 31 million tobacco users, with 17 million cigarette smokers. Smoking kills 160,000 people annually, with an economic cost of Rs.615 billion per year, equivalent to 1.6% of Pakistan's GDP. Tobacco users shared their personal stories, citing peer pressure and stress as reasons for starting to smoke. Many reported adverse health effects and unsuccessful quit attempts due to inadequate information. Despite their desire to quit, participants cited lack of aware-

ness and access to cessation services as major obstacles. ARI and its partners provided guidance on quit-smoking strategies and coping mechanisms, and distributed handouts on hazards and benefits of smoking and effective quitting methods.

Meanwhile, ARI's Sindh partners conducted community awareness sessions on ending smoking, aiming to save youth from smoking and help adults quit. The meetings were organized by Workers and Education Research Organization (WERO) in Karachi East, Humanitarian Organization for Sustainable Development Pakistan (HOSDP) in Hyderabad, Child and Labour Rights Welfare Organization (CLRWO) in Karachi South, Insan Dost Social Organization (IDSO) in Khairpur, and Nari Foundation in Sukkur.

Speakers highlighted health risks, benefits of quitting, and community involvement strategies. They urged parents and communities to designate smoke-free areas, encourage open discussion at home, and assist adults in quitting efforts. ARI and its partners stressed the need for collective efforts, provision of effective cessation services, making smokers part of national tobacco control policy to achieve smoke-free Pakistan.



Smokers' corner

Kicking out smoking at 63

Sarfaraz, a 63-year-old retired government servant, started smoking in 1980 at 18, largely due to peer pressure. Initially, his daily cigarette consumption was fewer than 10 cigarettes but he soon started smoking two-pack-a-day. "I felt I could leave food, but not cigarettes," Sarfaraz told Alternative Research Initiative.

Smoking cigarettes for over four decades brought severe health issues for him, including shortness of breath, and cardiac arrests. In 2016, Sarfaraz's health took a critical turn when he suffered a heart attack while at work. He was rushed to the Faisalabad Institute of Cardiology (FIC), where doctors suggested a bypass surgery and advised him to quit smoking. Sarfaraz turned to prayer, seeking divine intervention to restore his health and it did help as a subsequent angiography revealed that a stent would suffice. Despite this narrow escape, he continued to smoke, unable to resist the strong urge that followed meals. "I couldn't resist the strong urge," he added.

Four years later, he suffered a second heart attack. It was then

Unable to quit

Abdul Latif, a 60-year-old social activist, shared his 30-year-long journey with using pan and gutka – oral tobacco products. His journey began when he tried pan to overcome a toothache, on a friend's advice. "I tried pan to get relief from a toothache, but it didn't work. Within days, I started using pan regularly," Latif told Alternative Research Initiative (ARI) in Karachi.

According to estimates, Pakistan has 31 million tobacco users, including 17 million cigarette smokers and 7.6 million smokeless tobacco users. Between 2017-2018, 14.6% of males and 3.4% of females aged 15+ years used smokeless tobacco in the country. For three decades, Latif consumed pan and gutka, which resulted in severe health problems, including shortness of breath and fatigue. "I am unable to perform even simple tasks like staring up at a building," he said. Despite knowing about the health risks of oral tobacco and witnessing oral cancer cases, he continued to use these products. "Gutka causes 100% oral and chest cancer, and affects taste. It caused

that a doctor asked a stern question: "Why didn't you quit smoking?" It proved a wakeup call for Sarfaraz and he decided to quit. "I pledged to God to give me the willpower to quit smoking once and for all," he marked it the turning point in his journey to overcome his smoking habit.

Sarfaraz approached quitting with a strong determination. The initial ten days were grueling but he strongly resisted. "To avoid the strong urge, I once destroyed all the 18 cigarettes in a pack," said Sarfaraz. "I started by keeping healthy snacks like chickpeas and toffees handy, engaging in walks, and surrounding myself with supportive family members and friends." Today, Sarfaraz proudly proclaims that he has successfully quit smoking for half a year, relying solely on his willpower. "I did not use a cigarette for six months. I have successfully quit smoking," he added.

Quitting smoking is a daunting task for most smokers, with less than 3% of smokers in Pakistan succeeding in a year. However, Sarfaraz's story serves as a testament to the human spirit and capacity for resilience and transformation.

oral cancer in some of my family members."

In Pakistan, the most commonly used smokeless tobacco products include hookah, naswar, pan, and gutka. According to the US Centers for Disease Control and Prevention (CDC), smokeless tobacco causes cancer of the mouth, esophagus, and pancreas.

During Ramadan, Latif made his first attempt to quit after experiencing health issues. Surprisingly, he didn't experience any cravings, which helped him stay off Gutka for 2-3 months at a time. "I do not experience any craving for pan and gutka when I avoid their use," he said. Latif found that everyday stresses, including home, area, and community issues, posed a significant challenge to quitting, consistently driving him back to these products. "I use pan and Gutka to release tension." Yet, Latif refused to give up. He firmly believed that he could overcome his habit through sheer willpower. "I believe I can quit without medical help, relying on my strong determination," he added.

ARI calls for district-level smoking cessation services across Pakistan

ISLAMABAD: Alternative Research Initiative (ARI) and its partners have urged the federal and provincial governments to prioritize the provision of district-level smoking cessation services across Pakistan to combat the growing tobacco epidemic.

"Tobacco use is both a major health issue and a socio-economic crisis," said Arshad Ali Syed, Executive Director of ARI. He called for a comprehensive, accessible, and sustainable approach to help smokers quit. "District-level smoking cessation services are a critical step in this direction."

In this regard, he added that smoking cessation services may be integrated into existing primary healthcare systems to ensure accessibility for all citizens. Additionally, healthcare workers at the district level should be trained to provide evidence-based cessation support, including behavioral counseling and pharmacological interventions. These measures should be backed by nationwide campaigns to raise awareness about the availability of cessation services and a robust system to monitor the effectiveness of these services.

He also called for reviewing and adopting the United Kingdom's model of smoking cessation services, which has significantly reduced smoking rates over the past two decades. The UK's National Health Service (NHS) provides free, evidence-based cessation support, including counseling, nicotine replacement therapy, and access to medications like varenicline and bupropion. The local stop smoking service across England, Scotland, Wales, and Northern Ireland have advisers to support them in their journey to quit. This includes evaluating the smoking habit, the urge to quit, and the breath test to gauge the level of carbon monoxide – a poisonous gas in cigarette smoke – in the smoker's body.

"The UK's approach demonstrates that investing in smoking cessation services yields substantial returns in terms of public health and economic savings," said Arshad. "By establishing similar services at the district level in Pakistan, we can save lives, reduce healthcare costs, and create a healthier future for our citizens."

Harm reduction or smoking cessation?

We'll answer the question right away: firstly, quitting nicotine entirely is always recommended. However, THR recognizes the phrase "easier said than done", so no, it is not tobacco harm reduction (THR) or smoking cessation. Rather, it should be tobacco harm reduction and smoking cessation - with consumers being given the opportunity and knowledge to choose which approach works better for them. This also needs to be reflected in national policies, where THR stands hand-in-hand with, and not against, tobacco control.

As much as the end goal may always be cessation, research has already proven that "only 4 to 7 percent of people who try to quit "cold turkey" are successful in staying tobacco-free." In this situation, as a way to journey to the same destination, "the field of tobacco harm reduction can offer a respite to smokers who are unwilling or unable to quit smoking."

Moreover, research in the United Kingdom also shows that vapers are 5 times more likely to quit than those who go cold turkey.

So, what is tobacco harm reduction? And, though often pitched as contrary to tobacco control and cessation, how

does it work towards the same goal? As defined in the report Saving Lives, which uses the analogy of a fire escape for tobacco harm reduction, "THR science and products provide an evidence-based method for smokers to reduce the harm caused by smoking." It reduces harm by relying on substitution - replacing more harmful products with considerably less harmful products. This scale of harm can also be viewed visually as a risk continuum, with THR encouraging "smokers to move down the risk continuum by switching from high-risk tobacco products to far less harmful nicotine products." In fact, a study published in the Annual Review of Public Health found that the "risk continuum shows nicotine products can save lives at a faster rate than previously possible."

Last week, we looked at how nicotine is often mislabeled as the enemy. As we continue this series, we will explore the categories of products on the risk continuum, how countries have successfully embraced THR, how individuals can help promote harm minimization, and much more.

<https://www.tobaccoharmreduction.net/article/back-to-the-basics-tobacco-harm-reduction-or-smoking-cessation-which-approach-is-better>

How vaping can reduce health disparities

By Colin Mendelsohn

Nicotine vaping can significantly reduce health inequalities for low-income and indigenous communities, suggests a new study published in the Addiction journal, which I co-authored. My colleagues and I examined trends in daily smoking and vaping in Australia and New Zealand from 2016 to 2023. We found that smoking declined up to three times more rapidly in disadvantaged and indigenous communities in New Zealand compared to Australia, reflecting New Zealand's higher vaping rate.

In New Zealand, people who smoke have easy access to a wide range of regulated vaping products and flavors, which are sold as adult consumer products through licensed retailers—just like cigarettes and alcohol. This is similar to the approach taken in countries such as the United States and Canada, except that New Zealand government messaging fully embraces vaping as a harm reduction strategy.

Australia, on the other hand, has adopted a highly restrictive, medicalized approach, designed primarily to deter youth vaping. Legal vapes are available only through pharmacies, often requiring a doctor's prescription. Most flavors are banned, though enforcement efforts have largely failed to curb a booming illicit market.

The recent decline in smoking in New Zealand's disadvantaged communities has been remarkable. In the seven years in question, smoking prevalence in the lowest socioeconomic quintile fell three times faster per year than in Australia (12 percent per year versus 4 percent), mirroring a dramatic difference in vaping rates (15.8 percent versus 2.8 percent in 2023).

In Australia, intensive efforts under Close the Gap and other initiatives have had disappointing results: Smoking rates in the most disadvantaged quintile are three times higher than in the most advantaged quintile—and the gap is widening.

Smoking, which is increasingly concentrated in disadvantaged groups, is a leading driver of health inequalities in the form of

disproportionate impacts from smoking-related disease and death. Smoking is responsible for half the difference in life expectancy between societies' most and least advantaged groups.

Our study highlights vaping's potential to reduce these disparities by providing an effective, far less harmful alternative to smoking for high-risk populations.

The impacts of the two countries' policies on their general populations are also markedly different. New Zealand's overall smoking rate plummeted by an astonishing 10 percent per year—dropping from 14.5 percent to 6.8 percent over the seven-year study period. In contrast, Australia's smoking rate declined by only 5 percent per year, from 12.2 percent to 8.3 percent.

These declines closely reflected the vaping rates in each country: In 2023, 9.7 percent of New Zealand adults vaped daily—nearly three times Australia's rate of 3.5 percent. In both countries, the age group with the highest vaping rate, young adults, also had the fastest decline in smoking.

We can infer that the decline in smoking in New Zealand is almost certainly linked to the high vaping rate and government support for tobacco harm reduction. Of course, "cross-sectional" studies like this cannot definitively prove that vaping was the cause. Numerous other inter-country differences could have an influence on changes in the smoking rate. However, alternative explanations are unlikely for a number of reasons.

The solution isn't to ban vaping or to push it underground. It's to regulate it sensibly—encouraging people to switch from smoking while implementing reasonable safeguards to protect youth. New Zealand has shown what works. It's time for other countries to pay attention.

<https://filtermag.org/vaping-health-disparities-study/>

Tobacco use – still a public health challenge

Smoking is one of the leading causes of preventable deaths worldwide, claiming millions of lives annually. Despite widespread awareness of its harmful effects, tobacco use remains a significant public health challenge, particularly in countries like Pakistan.

According to the World Health Organization (WHO), tobacco kills more than 8 million people each year, including 1.2 million non-smokers exposed to secondhand smoke. Smoking is a major risk factor for numerous diseases, including cancer, cardiovascular diseases, respiratory illnesses, and diabetes. It is estimated that half of all long-term smokers will die from tobacco-related diseases. Smoking adversely affects almost the whole body.

Smoking damages the airways and alveoli in the lungs, leading to chronic obstructive pulmonary disease (COPD), emphysema, and chronic bronchitis. It is also the primary cause of lung cancer, accounting for 85% of all cases globally. Similarly, smokers are at a higher risk of developing respiratory infections like pneumonia and tuberculosis.

This habit increases the risk of coronary heart disease, stroke, and peripheral vascular disease. It contributes to the buildup of plaque in arteries, leading to reduced blood flow and increased risk of heart attacks.

Tobacco smoke contains over 7,000 chemicals, at least 70 of which are known carcinogens. Smoking is also linked to cancers of the mouth, throat, esophagus, pancreas, bladder, kidney, liver, stomach, and colon.

Smoking can cause infertility in both men and women. Pregnant women who smoke are at risk of complications such as preterm birth, low birth weight, and stillbirth. It weakens the immune system, making the body more susceptible to infections and delaying recovery from illnesses.

Other adverse effects include accelerated aging, leading to premature wrinkles and skin damage. It increases the risk of type 2 diabetes, rheumatoid arthritis, and vision problems like cataracts and macular degeneration.

Pakistan is one of the 15 countries with the highest burden of tobacco use, with approximately 24 million adults in Pakistan using tobacco in some form. Recent estimates say the number of tobacco users is more than 31 million. Nearly 40% of adults and 55% of children are exposed to secondhand smoke at home or in public places.

Though Pakistan has implemented measures such as higher taxes on tobacco products, graphic health warnings on cigarette packs, and bans on smoking in public places, enforcement remains weak. Additionally, the illicit trade of tobacco products continues to thrive.

Smoking is a deadly habit with far-reaching consequences for individuals, families, and societies. In Pakistan, the high prevalence of tobacco use poses a significant threat to public health and economic stability. By implementing effective tobacco control policies, raising awareness, and supporting smokers in quitting, Pakistan can reduce the burden of tobacco-related diseases and move toward a healthier future.

GA announces grants for supporting high-risk population in quitting smoking

Global Action to End Smoking, a leading authority in the fight to end the global smoking epidemic, announced that in late 2024 it had approved first-of-their-kind grants to the National Harm Reduction Coalition and Studio of the Americas. Both grants have been made for the charitable purpose of actualizing impactful ways to raise awareness of the toll of smoking in historically marginalized populations and to educate these groups on comprehensive cessation strategies.

These two grants fall under Global Action's Cessation Education area of grantmaking. Grant work that falls within this category educates people who smoke and their health care providers on the most up-to-date guidance from leading health authorities on holistic approaches to smoking cessation. These types of grants also seek to correct widespread misinformation in this complex area. Global Action has supported several charitable projects with this focus since the organization's inception in 2017 and has increased its concentration in this area since last year. In 2024, Global Action approved approximately \$7.5 million in grants for projects within Cessation Education, furthering its charitable mission to help people stop smoking and live healthier, longer lives.

Cliff Douglas, President of Global Action to End Smoking said

"Global Action is proud to support the life-saving work of the National Harm Reduction Coalition and Studio of the Americas. These two groups exemplify our focus on supporting historically marginalized populations and the unique challenges they face to quit smoking and improve the health and well-being of their communities."

The National Harm Reduction Coalition is an advocacy and capacity-building organization that promotes health and dignity for individuals and communities impacted by drug use. Individuals who currently or previously have been diagnosed with a substance use disorder in the U.S. are more than three times as likely to also use combustible cigarettes than the general population.

"We are grateful to be able to expand the depth and reach of our harm reduction programs with support from Global Action. By including education on nicotine use risk reduction, we are increasing the overall health impact of our existing harm reduction programs by meeting people where they are," said Dr. Anthony Salandy, the Chief Program & Business Strategy Officer at the National Harm Reduction Coalition.

Taken from globalactiontoendsmoking.org

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 to Ending Smoking (GA), ARI established the Pakistan Alliance for Nicotine and Tobacco Harm Reduction (PANTHR) in 2019 to promote innovative solutions for smoking cessation.

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