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KARACHI: A study, co-authored by researchers from three countries, has discovered the presence of second-hand smoke in an alarming 95 per cent of children in Pakistan and Bangladesh, putting them at an increased risk of respiratory tract infections and, in cases of babies with hereditary disorders, death.

The study, published in the *Nicotine and Tobacco Research* journal, was conducted by researchers at the Department of Community Health Sciences and Medicine at the Aga Khan University (AKU), University of York, UK, and ARK Foundation, Bangladesh.

Second-hand smoke (SHS) occurs when people around an active smoker inhale the exhaled tobacco fumes coming from the smoker. This highlights the deeply disturbing ripple effect of smoking, which can penetrate different social spaces, especially in places with poor smoking restrictions.

The study provides evidence of extremely high levels of SHS exposure in Karachi, where nearly all (99.4pc) of the children were found to be exposed to second-hand smoke, primarily due to male-dominated smoking cultures.

Researchers conducted survey of 2,769 children between 9 and 14 years in Dhaka and Karachi to assess their exposure to second-hand smoke.

The levels of SHS exposure in Dhaka and Karachi, the two study sites, indicate widespread and unrestricted smoking, according to the researchers. The research team conducted a survey of 2,769 children aged 9-14 from 74 primary schools in Dhaka and Karachi to assess their exposure to SHS.

To measure the exposure, they tested the children's saliva for cotinine. They examined the association between the smoking behaviours of adults in the homes and salivary cotinine levels in the children.

Compared to children living with non-smokers, those living with adult smokers had higher levels of SHS exposure. Similarly, children living in homes permitting indoor smoking had slightly higher levels of SHS exposure than those in homes where smoking was not permitted.



Infant Death Syndrome

Dr Romaina Iqbal and Prof Javaid Khan from AKU pointed out that "the high exposure of children to SHS is in contrast to figures from many developed countries where only a minority of children are now exposed to such risks".

The effects of second-hand smoke, researchers point out, have been long observed and analysed by scientists around the world and are nothing short of horrendous. It has been proven to contribute to a variety of respiratory tract infections in newborns, infants, and children up to adolescence.

Moreover, research suggests that children born with hereditary disorders are less likely to survive when exposed to second-hand smoke and may have an increased frequency of sudden infant death syndrome.

"The research findings are really alarming. If we cannot protect the children from SHS exposure, they will develop an increased risk of respiratory infections and associated deaths and will be at risk of lower academic performance and a high rate of smoking uptake in later life," said Prof Rumana Huque from ARK Foundation, Bangladesh, and a co-author of the paper.

Chief Investigator of the study Prof Kamran Siddiqi of the University of York said: "It is important to advocate for smoke-free homes and cars to protect children from SHS exposure. However, in addition to these initiatives, it is also important to enforce smoking bans in public places and transportation, especially those public spaces that children frequently visit, such as playgrounds, parks, and fairgrounds." He emphasised that it is essential to complement smoking restrictions with tobacco cessation advice and support in these settings.

The research team called for a comprehensive approach to protect children from this harm, underscoring the need for smoking restrictions in households and the enforcement of smoking bans in public places.

https://www.dawn.com/news/1845044/994pc-children-in-karachi-found-to-be-exposed-to-passive-smoking-study?fbclid=IwZXh0bgNhZW0CMTAAAROCx4P77KUiG7mOT83xv0AL8RchnNgxz8o6dIAYFEMECzrKW1xu0NsG0nM_aem__xHdMMR27p4RwLdS4uUG8Q

WHO's guidelines for tobacco cessation in adults

The World Health Organization (WHO) recommends a comprehensive set of tobacco cessation interventions, including behavioural support delivered by health-care providers, digital cessation interventions and pharmacological treatments in a first guideline on tobacco cessation. The guideline focuses on helping the more than 750 million tobacco users who want to quit all forms of tobacco. The recommendations are relevant for all adults seeking to quit

various tobacco products, including cigarettes, waterpipes, smokeless tobacco products, cigars, roll-your-own tobacco, and heated tobacco products (HTPs).

"This guideline marks a crucial milestone in our global battle against these dangerous products," said Dr Tedros Adhanom Ghebreyesus, WHO Director-General. "It empowers countries with the essential tools to effectively support individuals in quitting tobacco and alleviate the global burden of tobacco-related diseases."

Over 60% of the world's 1.25 billion tobacco users – more than 750 million people – wish to quit, yet 70% lack access to effective cessation services. This gap exists due to challenges faced by health systems, including resource limitations.

"The immense struggle that people face when trying to quit smoking cannot be overstated. We need to deeply appreciate the strength it takes and the suffering endured by individuals and their loved ones to overcome this addiction," said Dr Rüdiger Krech, Director of Health Promotion at WHO. "These guidelines are designed to help communities and governments provide the best possible support and assistance for those on this challenging journey."



Effective therapies for quitting tobacco

Combining pharmacotherapy with behavioural interventions significantly increases quitting success rates. Countries are encouraged to provide these treatments at no or reduced cost to improve accessibility, particularly in low- and middle-income countries.

WHO recommends varenicline, Nicotine Replacement Therapy (NRT), bupropion, and cytisine as effective treatments for

tobacco cessation. In 2023, WHO initiated a prequalification procedure for medicinal products against disorders caused by tobacco use to improve global access to recommended tobacco cessation medications. In April 2024, Kenvue's nicotine gum and patch became the first WHO-prequalified

NRT products.

WHO recommends behavioural interventions, including brief health worker counselling (30 seconds to 3 minutes) offered routinely in health-care settings, alongside more intensive behavioural support (individual, group, or phone counselling) for interested users. Additionally, digital interventions such as text messaging, smartphone apps, and internet programmes can be used as adjuncts or self-management tools. WHO encourages health-care providers, policy-makers, and stakeholders to adopt and implement this guideline to promote tobacco cessation and improve the health of millions of people in need worldwide.

<https://www.who.int/news/item/02-07-2024-who-releases-first-ever-clinical-treatment-guideline-for-tobacco-cessation-in-adults#:~:text=WHO%20recommends%20varenicline%2C%20Nicotine%20Replacement,to%20recommended%20tobacco%20cessation%20medications.>

WHO needs to broaden focus: ARI

Alternative Research Initiative (ARI) and its partners across Pakistan have called the WHO's guideline for tobacco cessation in adults a step in the right direction but regretted that some crucial aspects have been ignored or sidelined. The clinical treatment guideline for tobacco cessation in adults admits over 60% of the world's 1.25 billion adult tobacco users want to quit, but around 70% of them have no access to comprehensive tobacco cessation services due to the challenges that face health systems, such as limited human and financial resources, and limited capacities of tobacco cessation services at the country level. "However, the guideline approach to defining cessation is narrow and restrictive, focusing only on abstinence of tobacco and nicotine," said Arshad Ali Syed, Project Director of ARI. Further, he added that smokers over the age of 40, who may be heavy smokers and struggling to quit, have not been discussed as an exclusive group requiring urgent support. Tobacco kills more than 8 million people per year and imposes a significant economic burden throughout the world. Globally, there are still 1.25 billion people who use tobacco. Though the guideline utilized the recent Cochrane systematic reviews on tobacco cessation interventions, Arshad regretted that the guideline did not acknowledge the significant role of vaping as a cessation tool. In Pakistan less than three percent adult smokers successfully quit smoking in a year. While on the other hand, there has been a steady increase in the number of vaping outlets in major cities of the country. As vaping use remains unregulated, concerns have been raised regarding youth using e-cigarettes. "This highlights the need for sensibly regulating the innovative and safer alternative products. Additionally, health professionals should be on board in the use of these products," Arshad said. He added that as quit rates globally remain below 25%, innovation can help to increase them. He also highlighted the crucial issue of lack of data about the smoking quit rates, especially in a country like Pakistan. "An effective cessation plan can only be based on real data."

For health's sake

By Junaid Ali Khan

Quitting smoking brings immediate relief for most smokers. This is a fact every smoker should know and understand. A dependence on tobacco can lead to severe diseases and prove fatal. It is important to remember that no matter how long one has smoked cigarettes, quitting has benefits. In Pakistan, smokers, more than ever, need to know and understand that quitting smoking brings health benefits. Yet, less than three per cent of adult smokers successfully quit smoking in a year. This is mainly because of limited smoking cessation support.

The major benefits of quitting include improved health and increased life expectancy, along with a lower risk of 12 types of cancers. Additionally, when one stops smoking, there is a lower risk of cardiovascular disease.

It also lowers the risk of some reproductive health outcomes. Most importantly, quitting helps people who have been diagnosed with coronary heart disease or COPD.

It is critical to remember that cigarette smoke has more than 7,000 chemicals. According to the US CDC, 69 of these chemicals can cause cancer.

As smoking weakens the immune system of the body, it becomes difficult for the body to kill cancer cells. As a result, cells grow and spread. Smoking can also damage or change a cell's DNA. CDC maintains that when "DNA is damaged, a cell can begin growing out of control and create a cancer tumour." But the most important question, especially for adult smokers, is how to quit smoking. Peer pressure and friendship are major barriers to smoking cessation in Pakistan. Additionally, lack of knowledge seems to be a major reason for not seeking medical assistance for quitting smoking.

The first step in quitting smoking is seeking counselling. Apart from preparing a plan to quit, counselling is critical in terms of coping with stress and the urge to smoke, a normal condition after quitting. Though Pakistan has a national quit line, it is not as active as it should be. This leaves the adult smokers, who want to quit, literally helpless. Counselling backed by medication, according to the CDC,

helps "manage withdrawal symptoms and cravings..." The medication can include nicotine replacement therapy, which includes over-the-counter forms such as patches, gums, lozenges, inhalers and nasal sprays. It is important to remember that they provide nicotine—the addictive component found in cigarettes and tobacco—without some of the other harmful chemicals. They can help alleviate the withdrawal symptoms associated with quitting smoking.

A nicotine patch gradually releases nicotine into your system to maintain a steady level. Fast-acting products like sprays, inhalers, or gum provide quick relief for immediate craving. It is important to consult a doctor before using a pill prescription medication – varenicline or bupropion. CDC recommends using "a long-acting form of NRT (nicotine patch) together with a short-acting form (such as nicotine gum or lozenge). Compared to using one form of NRT, this combination can increase your chances of quitting."

This combination of counselling and medications gives "the best chance of quitting for good."

Of late, vapes have been presented as cessation tools. Experts acknowledge that vapes are not without risks, however most of them agree that these risks are significantly lower compared to those associated with smoking cigarettes. According to the UK's NHS, "switching to vaping significantly reduces your exposure to toxins that can cause cancer, lung disease and diseases of the heart and circulation like heart attack and stroke. These diseases are not caused by nicotine. However, vaping is not risk-free. Non-smokers and young people under 18 should not take up vaping." It adds that "the healthiest option is not to smoke or vape. So, if you are vaping to quit smoking, you should aim to eventually stop vaping too."

Pakistan has more than 31 million tobacco users currently. Of them, 17 million are smokers. Currently, adult smokers in Pakistan are on their own if they decide to quit. To reduce the smoking prevalence, it is important to give adult smokers widely accessible cessation services.

<https://www.thenews.com.pk/tns/detail/1204862-for-healths-sake>

Northern Ireland on course to join UK smoking ban

Stormont has backed Northern Ireland becoming part of a new Westminster law that would stop young people born since 2009 from ever smoking.

The Tobacco and Vapes Bill aims to phase out the sale of cigarettes. It would make it illegal to sell tobacco products to anyone born on or after 1 January 2009, after they turn 18. It would also provide powers aimed at addressing vaping among young people.

The bill is part of the UK government's plan for a "smoke-free generation". The Northern Ireland Assembly recently endorsed a legislative consent motion (LCM) to enable the bill to apply to Northern Ireland. Northern Ireland Health Minister Robin Swann said the bill aims to "stop people from ever starting to smoke, thus preventing a lifetime of addiction".

More than 2,000 people die from smoking-related illnesses in Northern Ireland every year.

Treating these conditions costs the NHS in Northern Ireland

more than £200m, according to the department of health. On vapes, he said the bill includes regulation-making powers to allow for future restrictions on vape flavours, packaging and point-of-sale displays.

The bill is progressing through Parliament despite opposition from several leading Tory figures.

DUP assembly member Diane Dodds said it was "important that we are part of the UK-wide legislation".

She added the bill "as drafted does have significant challenges" and her party's MPs "will be working to try to use their influences".

Traditional Unionist Voice (TUV) leader Jim Allister told assembly members the Republic of Ireland and Denmark had been unable to introduce similar laws due to EU rules.

The Irish government is instead planning a ban on the sale of tobacco products for those aged under 21.

<https://www.bbc.com/articles/cd11npg67ngo>

What's the best way to quit smoking?

Smoking is on the decline. But if you are one of the 28 million Americans still smoking, you probably know how hard it is to quit.

Close to 70% of smokers report that they want to stop smoking. Of those, 55% said they tried to quit in the previous year. Only around 7% succeeded.

There are plenty of reasons to try to reduce your nicotine addiction: Tobacco use – and smoking, in particular – accounts for about one-third of all cancers, and up to 90% of lung cancer cases. It also contributes to heart disease, stroke and lung disease.

“The best way to quit smoking is with a combination of medication and counseling,” says Maher Karam-Hage, M.D., medical director of the Tobacco Research and Treatment Program at MD Anderson. “They both help. But you double your chances by using both compared with one of them.”

What products can help you quit smoking?

There are several products that can help reduce your nicotine cravings.

Prescription medication

Smoking cessation options that require a doctor’s prescription include:

Varenicline (formerly sold as Chantix) works in two ways. First, it provides a mild version of nicotine’s effects. This helps reduce withdrawal symptoms and cravings. Second, it stops your brain from feeling the pleasurable effects of nicotine when you smoke. This makes smoking less appealing.

Varenicline is the most effective single medication, Karam-Hage says. But it’s also the most expensive. According to the National Health Services (NHS) of England, Varenicline (brand name Champix) is not currently available in UK. “It has been withdrawn as a precaution because of an impurity found in the medicine. It’s not yet known whether it will be available again in future.”

Bupropion (also sold as Zyban or Wellbutrin) blocks the effects of nicotine in your brain. This makes smoking feel less pleasurable, but it does not replace the effect of nicotine. Nicotine nasal spray is a nicotine replacement therapy that is sprayed into the nostril and absorbed into the nasal lining and bloodstream. This product provides nicotine without the other harmful effects of cigarettes.

Over-the-counter options

Over-the-counter nicotine replacement therapies partially satisfy nicotine cravings by giving the body small amounts of nicotine. This can help with cravings and make it easier to stop smoking.

The over-the-counter nicotine replacement therapies available in the United States are:

Nicotine patches are 3- or 4-inch-wide patches that release a steady dose of nicotine. They are applied to the upper body and changed daily. They come in 7 mg, 14 mg and 21 mg doses.

Lozenges release nicotine as they dissolve in the mouth. They are available in mini and regular sizes and 2 mg and 4 mg doses.

Nicotine gum users follow the ‘chew and park’ method. The gum is chewed for 5 to 10 seconds then parked between the teeth and cheek for another 5 to 10 seconds. This process is then repeated in different parts of the mouth. It comes in 2mg and 4 mg doses.

Why is counseling important?

Working with a counselor can help you better understand your medication. A counselor can also give you the tools to cope with setbacks, stress and cravings by building skills in several areas. These include:

Problem solving

We all run into problems in life, like personal conflicts, that can make us feel helpless. Working with a counselor to tackle them one at a time can help you build knowledge and skills that can be used in other areas.

Coping strategies

Anything from a traffic jam to a death in the family can set off a strong urge to smoke. Learning strategies like deep breathing exercises, meditation and mindfulness can help a smoker get to the other side of a crisis without smoking.

Behavior change

Smokers who quit may miss the “hand-to-mouth” act of smoking. Counseling can help them find substitutions like using a straw, cinnamon stick or gum.

Identifying triggers

Counseling can help you identify what triggers you to smoke, like that morning cup of coffee or spending time with friends who smoke. Once you identify your triggers, you can learn to deal with them or avoid them.

Once smokers start counseling, they appreciate the tools and support it provides in their effort to quit smoking, Karam-Hage says.

“Finally, somebody understands the struggle they’re going through,” he says. “Someone is acknowledging that it’s not a simple thing to quit. That is very helpful.”

Taken from mdanderson.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 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.

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