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Smoking, vaping health risks

Afnan, 29, a businessman, started smoking back in 2010 when he was 14. He soon became hooked and started consuming 20 cigarettes a day, leading to severe health issues, including sinus, chest infection, tiredness, and headache. In February 2024, he switched to vaping to overcome his health problems, and it worked. He successfully quit smoking after making the switch but added that vaping also led to health problems. "Vaping helped me quit smoking, but now, my stomach remains upset," Afnan shared his quit-smoking experience with the Alternative Research Initiative (ARI) in Blue Area, Islamabad.

According to estimates, there are 31 million tobacco users in Pakistan. Of these, 17 million are cigarette smokers. The economic burden of smoking-induced deaths and diseases is Rs. 615 billion – 1.6% of the country's GDP. E-cigarettes are legally imported but used in a regulatory vacuum.

Like scores of other smokers in Pakistan, Afnan's started smoking because of peer pressure. Initially, he consumed fewer than 10 cigarettes a day, but after two years he started smoking 20 cigarettes daily. He used various cigarette brands. Smoking brought severe health issues for him, including sinus, chest infection, tiredness, and headache. Afnan visited an ENT doctor and discovered he had a sinus issue. The doctor recommended surgery but advised him to quit smoking first. "The ENT specialist told me that smoking causes mucus, and the operation will not work until you quit. I experienced headaches after consuming 12-13 cigarettes a day."

Answering a question, Afnan said the ENT specialist did not recommend any health practitioner for help in quitting smoking, nor did he consult one himself. He noted that trends were changing, and smoking was no longer socially acceptable due to its bad smell.

Before switching to vaping, Afnan smoked cigarettes for two years while considering quitting. "I was seriously thinking of quitting it, as I was fed up with smoking." His friends and business associates introduced him to vaping, terming it socially acceptable and useful for indoor use because vaping

products did not have a bad smell.

He maintained that "my friends were using e-cigarettes, and I also heard from people that many had switched from smoking to vaping." Afnan switched to vaping in February 2024 and successfully quit smoking without becoming a dual user. He used tobacco flavor with a 50mg nicotine intake, then reduced it to 30mg.

"I started vaping using tobacco flavor to cope with cigarette cravings, and it helped me. Nowadays, my nicotine intake is 20-30mg." Afnan did not consult a doctor before switching to vaping. He decided on his own after his friends advise.

According to a KAP study conducted by ARI, friends are the main source of introduction on vaping in Pakistan. Importantly, the smokers who switch to vaping do not consult a doctor. However, after vaping for eight months, he discovered it was worse and had more health risks than smoking.

"I found vaping dangerous and believe it is 90% more harmful than cigarette smoking," Afnan said.

"E-cigarettes are not risk-free; they contain nicotine and other harmful chemicals. My general physician friends also believe vaping products have more health risks than smoking.

E-cigarettes have only one benefit – they do not have a bad smell, making them socially acceptable," he added.

When asked about cigarette and vaping prices, Afnan responded, "e-cigarettes are comparatively less expensive than regular cigarettes since you buy a device once. Vaping devices cost between Rs. 3,000-20,000 while flavor packs cost Rs. 2,600-3,500. "I was spending Rs. 15,000 on smoking in a month. After switching, "I spent Rs. 6,000 on the device and now spend Rs. 2,600 on flavors a month," he said.

Afnan said after finding the e-cigarettes more harmful than regular cigarettes, he tried nicotine patches and gum to give it up but all in vain.

Afnan maintained he did not find any smoking and vaping cessation clinic. "I will give up vaping if found any effective cessation services," he said.

Cessation services for a smoke-free Pakistan

Smoking is a significant health issue in Pakistan, with an estimated over 31 million tobacco users. A little more than half of them are smokers. Though smokers are aware of the health risks, most of them find it challenging to quit. In Pakistan's context, the main reason is the lack of smoking cessation services.

Smoking is deeply ingrained among men. There is also limited awareness of the dangers of secondhand smoke, making it harder to promote cessation in family settings. Only less than 3% of smokers manage to quit in a year. Pakistan has a law to control smoking in enclosed places, but it does not say much about helping people quit smoking.

Smoking is a leading cause of several preventable diseases, including cardiovascular disease, chronic respiratory illnesses, and various forms of cancer, particularly lung cancer. The health burden is immense, with smoking-related diseases leading to hospitalizations and premature deaths.

The economic cost is also staggering, with estimates suggesting that Pakistan loses billions of rupees annually in healthcare costs and lost productivity due to tobacco-related illnesses. In 2019, the cost of diseases and deaths caused by smoking was a huge amount - 615.07 billion rupees (US\$ 3.85 billion). Most of this cost (70%) is because of the impact of smoking on people's productivity and the economy, not just direct medical expenses.

Though Pakistan has a national smoking quit line, unfortunately, it is not working properly. The main reason is the lack of support services for making the quit line effective.

There are few smoking cessation programs available in Pakistan, particularly in rural areas. Public healthcare facilities are often overburdened and lack specialized programs or resources, such as nicotine replacement therapy (NRT) and counseling, which are essential for helping smokers quit. Providing comprehensive cessation services is crucial for helping adult smokers quit smoking and improve public health. With the appropriate support and resources, smokers can overcome their addiction and lead healthier lives.

Comprehensive resources and support systems, including personalized counseling, group therapy, and behavioral therapy are essential elements of an effective cessation service.

This is supported by access to medical treatment including nicotine replacement therapy, prescription medications, and combining the NRT and medications.

The first step in effective cessation services is the one-on-one counseling sessions tailored to individual needs and smoking habits. Group sessions help generate peer support and sharing experiences while techniques such as cognitive behavioral therapy help manage cravings and triggers. Products like patches, gums, and lozenges help manage withdrawal symptoms, and medications like varenicline (Champix) and bupropion reduce cravings.

It is important to realize that the smokers who have the first steps to quit are not left to their own. Smoking cessation clinics provide scheduled follow-up appointments to monitor progress and provide ongoing support. Carbon monoxide monitors are an integral part of the process as they help to track the harmful substances in the body of a smoker.

Therefore, clinics must be easily accessible, with options for in-person, phone, and video consultations, and offering consultations outside of regular working hours to accommodate different schedules.

A constant factor in the process of quitting is providing the smoker with information on the health risks of smoking and the benefits of quitting.

In developed countries, effective cessation services have proved to be a critical factor in reducing smoking rates. In the UK, the NHS Stop Smoking Services offer comprehensive cessation services, including one-to-one and group sessions, access to NRT, and prescription medications. These free services have been shown to significantly increase the chances of quitting.

In the US, the University of Colorado Anschutz Medical Campus has developed a patient-centered tobacco cessation workflow that includes comprehensive screening, assessment, and treatment plans. This approach integrates cessation into primary care settings and making accessible to smokers who want to quit.

Pakistan needs to provide a complete and comprehensive support system to adult smokers to reduce the smoking prevalence.

ARI calls for strengthening national quit-line, smoking cessation services

ISLAMABAD: Alternative Research Initiative (ARI) and its partner organizations have called for making the national smoking quit-line functional and effective and supported by human and financial resources, to assist adult smokers in giving up the habit.

The statement said effective cessation is a critical part of making Pakistan smoke-free. "This dream cannot be achieved if effective cessation services are not widely available across Pakistan," said Arshad Ali Syed, Project Director of ARI.

Apart from making the quit-line functional and effective, there is also a need for supporting it with human and financial resources, the statement said.

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. This is followed by NHS-endorsed stop-smoking treatments, including nicotine replacement products. A stop-smoking advisor can also provide support with regard to the use of e-cigarettes for quitting combustible smoking.

Stop smoking advisers can also help you identify difficult situations when there may be a strong temptation to relapse and start smoking.

The statement said Pakistan needs to study and adopt smoking cessation services available in developed countries. "Unless we assist adult smokers in quitting, the dream of smoke-free Pakistan will remain unachieved."

According to WHO, around 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries. Pakistan today has more than 31 million tobacco users, with more than half of them smokers.

New Zealand to reach local smokefree 2025 goal ahead of time

The Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA) sounds optimistic that the Smokefree Aotearoa 2025 Action Plan of "less than five percent of all groups of New Zealanders to smoke daily by 2025" will be reached imminently.

New Zealand is set to achieve its Smokefree 2025 goal ahead of schedule, with smoking rates reaching unprecedented lows, according to CAPHRA. Data from the New Zealand Health Survey revealed a dramatic decline in smoking rates, which have dropped from 11.9% in 2020 to just 6.8% in 2023. While youth smoking rates have reached historic lows, reflecting the success of this harm-reduction strategy.

Moreover, Australian smoking cessation expert Dr. Colin Mendelsohn informed Vaping Post that New Zealand's Census 2023 published last week, indicated that adult 'regular' smoking was at 7.7%. In a press release, CAPHRA's Executive Coordinator Nancy Loucas, praised New Zealand's progressive approach to tobacco harm reduction, particularly its embrace of vaping and other safer alternatives.

Staunch ideologies

On the other hand, Loucas voiced frustration over the reluctance of some public health advocates to acknowledge the effectiveness of New Zealand's approach, noting their focus on potential issues with vaping instead of celebrating this milestone. CAPHRA encourages other countries, such as Australia, to reconsider prohibitionist policies and adopt evidence-based harm reduction strategies that have proven effective in reducing smoking.

As part of the group's 2023 submission to the Government's



consultation on tobacco regulations, CAPHRA had highlighted that some measures aimed at youth vaping would come in the way of smokers trying to quit. At the time, Loucas had expressed particular concern over restrictions on adult community spaces, such as universities. The group also opposed limiting vape product sales to tobacco retailers, emphasizing the need for wider availability

of safer nicotine products. They noted that the focus on reducing the number of tobacco retailers to 600 must not neglect alternative options for smokers.

Paddling against the current

Earlier this year, CAPHRA highlighted that during a presentation for Parliament's Health Select Committee on New Zealand's smokefree bill, the Royal New Zealand College of General Practitioners (RNZCGP) shared inaccurate facts about local teen vaping trends. In a press release on the presentation, Loucas explained that while the RNZCGP did mention vaping's role as part of the local smoking cessation strategy, the concerns it voiced about non-smoking teens taking up vaping were misguided.

She referred to the latest ASH Year 10 Snapshot which surveyed 26,000 New Zealand students aged 13 and 14 years old on their nicotine use behavioral patterns, and explained that the data indicated there was no need for concern, as only 3% of those who vape daily were never smokers. Moreover, she highlighted, ASH's 2021 survey also found just 1.3% of year 10s are smoking daily, down from 2% in 2019.

<https://www.vapingpost.com/2024/10/18/new-zealand-is-set-to-reach-the-local-smokefree-2025-goal-ahead-of-time/?fbclid=IwY2xjawGf7fiteHRuA2FibQixMQABHZ0vBL7JlceVolPm2I7cTuhh-LVURJ4Q4uL4Nf2KfKx5ahFV-ESZIG>

KP health authorities urged to enact anti-tobacco bill

PESHAWAR: The Khyber Pakhtunkhwa Health Department has been urged to swiftly enact the eagerly awaited "KP Prohibition of Tobacco and Protection of Non-Smokers Health Bill" by the Provincial Alliance for Sustainable Tobacco Control. The bill has been pending since the Law Department reviewed it in 2016.

This crucial piece of legislation aims to protect public health by ensuring smoke-free public spaces and shielding non-smokers from the dangerous effects of passive smoking. Tobacco use remains a leading cause of death and disease in Pakistan, claiming over 163,600 lives annually. Of these, nearly 31,000 deaths are due to exposure to secondhand smoke alone. Shockingly, tobacco use accounts for 16.0 per cent of all male deaths and 4.9 per cent of female deaths, contributing to 10.9 per cent of all deaths nationwide.

These figures paint a sobering picture of the impact of tobacco on country's public health, underscoring the urgency of strong tobacco control measures in Khyber Pakhtunkhwa.

The alliance believes that passing this legislation on smoke-free public spaces is a critical step in protecting the population from preventable harm. Tobacco-free environments not only reduce the health risks associated with smoking but also promote a cleaner, healthier public space for all residents. Additionally, this bill will align Khyber Pakhtunkh-

wa with global standards for public health protection, bringing long-term benefits to the province.

The alliance is urging Chief Minister Khyber Pakhtunkhwa Ali Amin Gandapur to take immediate action to move the legislation forward in the provincial assembly. It also calls on the Standing Committee on Health to fulfill its oversight responsibilities and address the significant delays in enacting this life-saving law.

Qamar Naseem, alliance's provincial coordinator highlighted the pressing need for this legislation. He said, "The prolonged delay in enacting the 'KP Prohibition of Tobacco and Protection of Non-Smokers Health Bill' is not only disheartening but also dangerous. We are losing lives every day to tobacco-related illnesses."

Yar Mohammad Shaheen, president of the Traders Association, emphasized the broad support for this law from the business community. He stressed, "As traders, we believe in creating a healthy environment for both our workforce and customers. Smoke-free public spaces are essential for promoting health and well-being. We demand that the government take swift action to pass this legislation, which will benefit everyone by creating cleaner and safer public spaces across Khyber Pakhtunkhwa."

<https://www.dawn.com/news/1869908?ref=whatsapp>

When pride hinders public health

By Clifford E. Douglas, Katherine Ellen Foley

Disproving an idea in science can't happen with a single study or experiment. Science depends upon a rigorous commitment to the truth, and results must be replicated in order to verify their validity.

It is therefore understandable that it has taken so long to develop the evidence that alternative nicotine products like e-cigarettes, snus, nicotine pouches, and heated tobacco products can be used effectively to assist some people on their journeys away from smoking.

Given the horrific history of the tobacco industry's fraud on the public and health authorities, the skepticism felt by many must be respected. We should not trust the tobacco industry any more than we trust environmental polluters or others with bleak histories of wrongdoing. But we must verify whether and when these actors are taking appropriately regulated steps in the right direction.

Few of us alive today can remember the time, earlier in the last century, when cigarettes and their manufacturers were regarded as benign, or even recommended by doctors. As a result of advertising and marketing throughout the 20th century, smoking was widely accepted as the norm and even promoted by many leading scientific journals and medical experts.

Part of the passion that led to me and others dedicating ourselves to this corner of public health resulted from the outrage of realizing that the cigarette industry had maliciously duped millions of innocent human beings into believing their lies. Ultimately, many thousands of independent research papers reported that there was a strong causal link between cigarette smoking and lung cancer, heart disease, and other pulmonary conditions. Eventually, this mounting evidence led to the Master Settlement Agreement of 1998, and later the 2006 federal court ruling that the industry had fraudulently hidden the truth.

And yet it took years for the idea that smoking was dangerous to become well accepted with medical authorities. The first evidence that smoking directly caused cancer was documented as early as 1950—a time when cigarettes were a part of soldiers' daily rations. Yet even a decade later, many U.S. doctors believed there was enough evidence to officially convict cigarettes as the lethal products they were.

By the time I joined the fight for public health in the late-1980s, the science was straightforward: inhaling the smoke from combustible tobacco exposed individuals to nearly 70 carcinogens and more than 7,000 chemicals overall. Nicotine, especially in combination with other additives engineered into the modern cigarette, was highly addictive and kept people coming back for more. And the repeated exposure to all those dangerous chemicals caused the deaths

of one out of two long-term users, making cigarette smoking the leading preventable cause of death globally.

The world rightly lost all trust in the tobacco industry. We were wrong to believe the fraudulent information they infamously peddled—at the cost of 100 million lives worldwide in the 20th century. It would also take the development of an impressive body of new scientific evidence by independent researchers to change the public health community's minds about newer, far less harmful nicotine products.

Humility to move forward

We have reached that threshold. We have that evidence. While it will continue to grow for some time to come, it is already powerful. It is enough for major health authorities such as the FDA to have announced that such products, which are far down the continuum of risk of tobacco and nicotine products, can provide a significant reduction in risk for smokers who switch completely. Many individual studies along with large-scale meta-reviews have produced data demonstrating that reduced-risk products have a critical role to play as a complement to traditional—and too often less effective—nicotine replacement therapies.

There are, of course, studies highlighting that some of alternative nicotine products present health risks. Some of these studies are valid: These products are certainly not risk-free.

However, it must also be recognized that a number of the analyses that have allegedly found these products to be as dangerous as cigarettes, many of them produced by the same authors, have been shown to suffer from deeply flawed study designs or incomplete data reporting. Some have been retracted.

Smoking also persists at much higher levels in marginalized communities and is most prevalent in low- and middle-income countries, where 80% of the people who smoke live. The traditional, medicinal cessation tools currently available have not worked nearly well enough to drive down smoking prevalence. This means that, strictly in service of saving more lives, we must be ready to deploy all tools that help people discontinue using cigarettes—including newer products. I will continue following the science in my collaborative quest to end smoking. I invite others to reinvigorate their commitment to data-driven humility as we move forward and better serve the public—who are at the heart of why we entered this field in the first place.

<https://www.healthaffairs.org/sponsored-content/when-pride-hinders-public-health>



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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