

Inside

Page 2

Smokers' corner

Pakistan tops annual smoking death toll in South Asia

Page 3

Sweden's "smoke-free" model

Norway nears smoke-free parity with Sweden

Page 4

Lack of smoking cessation services – a missing link in Pakistan's tobacco control
GA supports FDA's rule on nicotine reduction

Cessation services, community support key to helping adults quit smoking

Alternative Research Initiative (ARI) and its Sindh partners have conducted meetings with adult smokers, vapers and tobacco users, aiming to help adult smokers quit and achieve a smoke-free Pakistan.

In January, these meetings, each in a district, were held in collaboration with the Workers Education and 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, Sindh Sujag Social Welfare Association (SSSWA) in Thatta, Insan Dost Social Organization (IDSO) in Khairpur, and Nari Foundation in Sukkur.

The participants included smokers, vapers, tobacco users and representatives of the civil society. Jafar Mehdi and Junaid Ali Khan from ARI also attended the meetings.

During the meetings, representatives from ARI and its partner organizations briefed participants on the prevalence of smoking in the country, stating that Pakistan has more than 30 million tobacco users. Of them 17 million are cigarette smokers. Smoking kills 160,000 people annually while the economic cost of smoking-induced deaths and diseases is estimated Rs.615 billion per year, equivalent to 1.6% of Pakistan's GDP.

Smokers expressed their desire to quit but cited lack of access to cessation services as a major obstacle. Less than 3% of smokers successfully quit a year. ARI emphasized the importance of listening to smokers to develop effective cessation strategies.

Tobacco users shared their personal stories, citing peer pressure and stress as reasons for starting to smoke. Most reported adverse health effects, including coughing and shortness of breath. Despite being aware of smoking-induced diseases, many made unsuccessful quit attempts due to lack of information about cessation services.

ARI and its partners provided guidance on quit-smoking



strategies and mechanisms to cope with effects after quitting. Handouts on hazards and benefits of smoking and effective methods of quitting were distributed.

On the other hand, ARI's Punjab partners have conducted community awareness sessions on ending smoking; aiming to save youth from smoking and help adults quit their habit. The Future Development Foundation in Sargodha, Maimar Development Organization in Faisalabad, Sun Consultant and Enterprises in Multan, Dove Foundation in Bahawalpur, Al-Emaan Development Organization in Dera Ghazi Khan, and Dove Foundation in Lahore organized the community awareness meetings.

The organizations brought together community leaders, civil society members, students, and other stakeholders. Speakers highlighted the health risks of tobacco products, benefits of quitting, and strategies for community involvement in preventing youth smoking and encouraging adults to quit. By emphasizing the importance of community support and cessation services, ARI and its partners aim to help Pakistan achieve a smoke-free future.

Smokers' corner

Irresistible urge

Zafar, 54, a businessman, has tried to quit smoking several times over the last 34 years but without success. This includes a whole year where he did not smoke a cigarette.

"But then one of my smoker friends insisted one year of abstinence is enough. And I started smoking again," recalls Nawaz.

Unlike other smokers in Pakistan, he started smoking late. "I think I was around 20 when I started smoking. I was impressed by the style of smokers. Initially, I was not a regular smoker. But now, I smoke 30 cigarettes a day." In Pakistan, two of every five adult smokers started smoking before the age of ten.

Though he has faced no health problems because of smoking, he has made several quit attempts. "I know the adverse effects of smoking on health. Still, the desire to smoke is too strong to give it up."

The number of tobacco users in Pakistan is estimated to be

A failed struggle

Abdul Qadir Baloch, a university student, has started smoking in 2023 but his cigarette consumption reached to 20 in a day. Smoking turned his lips black. He switched to vaping to quit smoking but it didn't work for him. "Vape does not meet my nicotine requirements and it has no taste," Qadir told ARI in Lyari, Karachi.

According to estimates, Pakistan has more than 31 million tobacco users. Of them, 17 million are cigarette smokers.

"I used to persuade my friends to quit smoking as it is harmful but peer pressure stuck me to the habit. I started using Mint flavor with friends and then my cigarette consumption reached a pack in a day," recalls Qadir.

After realizing that Mint flavor is more harmful and can cause severe chest and throat infections, he switched to normal cigarettes. Qadir successfully stopped Mint and started consuming regular cigarettes. "I switched to normal cigarettes but found them tastier. That's why I continued smoking with consuming 10 hard cigarettes a day."

He used to play boxing, but he thought that because of the side-effects of the smoking, he wouldn't be able to play

more than 31 million. A little more than half of them – 17 million – are smokers.

As Zafar has not faced any major health issues, he thinks he can overcome his smoking habit. In the month of fasting – Ramazan – he fasts regularly, not smoking from early morning to evening. However, he admits that after breaking the fast, the urge to smoke is almost irresistible.

Like most of the smokers in Pakistan, he has little or no information about smoking cessation services. "Who will help me quit smoking," he asks. He also did not know the various ways to quit smoking.

According to WHO, smoking cessation support is missing in Pakistan's primary care facilities, hospitals, and offices of health professionals. Only one-fourth of smokers (25%) make a quit attempt every year in Pakistan. The success rate of quitting smoking is less than 3% in Pakistan.

boxing as a healthy person. "Smoking turned my lips dark and its overall health-risk will prevent me to play boxing like a non-smoker," Qadir said.

Smoking takes lives of 160,000 smokers a year in Pakistan. While the annual economic cost of smoking-induced diseases and death is Rs. 615bn – 1.6% of the country's GDP.

Qadir did not consult a doctor to quit smoking. However, he was searching for ways to quit. YouTube video introduced him to vaping. Qadir tried vape but it didn't help him in quit smoking as he found it a product with low-nicotine and no taste. Further, I use hard cigarettes and vape contains low-nicotine."

Like most of the Pakistani smokers, Qadir lacks information on quitting strategies. However, he tried to avoid places where people smoke. Additionally, he doesn't smoke at home but all this is insufficient for him to quit. "I can't stay at home all the time and avoid all such places where people smoke."

In Pakistan, smoking cessation services and guidelines for smokers remain a missing link. As a result, only three percent of smokers successfully quit smoking a year.

Pakistan tops annual smoking death toll in South Asia

Pakistan's annual death toll from smoking is the highest in South Asia and higher than the global average, according to Gallup Pakistan's analysis of the Global Burden of Disease 2024 report.

According to the Global Burden of Disease 2024 report, Pakistan reported an annual death rate from smoking of 91.1 per 100,000 people, notably higher than the averages for South Asia (78.1) and the rest of the world (72.6).

"Between 1990 and 2021, Pakistan experienced a 35 per cent relative decrease in smoking-related death rates, which is lower than the reductions achieved by India (37pc), South Asia (38pc), and the global average (42pc)," Gallup Pakistan said in its report.

According to the World Health Organisation, purchasing 100 packs of the most-sold cigarette brand in Pakistan requires 3.7pc of the GDP per capita. This figure is considerably lower than India's 9.8pc and Bangladesh's 4.2pc, it went on to say.

"From 2012 to 2022, the share of GDP per capita required to purchase 100 packs in Pakistan has increased by 38pc, reflecting rising cigarette prices.

According to a Gallup Pakistan opinion poll conducted in 2022, an overwhelming 80pc of smokers expressed a desire to quit smoking.

In November, the Khyber Pakhtunkhwa Health Department was 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. In June, a study discovered the presence of second-hand smoke in an alarming 95pc 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.

<https://www.dawn.com/news/1885383>

Sweden's "smoke-free" model

By Kiran Sindhu

"Sweden has successfully reduced smoking rates by combining innovation, legislation and consumer empowerment," Jesper Skalberg Karlsson told the audience.

Karlsson, a member of Sweden's parliament, was speaking at an event held in London to celebrate Sweden's dramatic lowering of its smoking rate, and to draw out lessons for the rest of the world.

In November, after rapid declines in smoking over many years, the country recorded a smoking rate of just 4.5 percent among Swedish-born adults—well below what countries have typically established as their "smoke-free" target of 5 percent. The rate among migrants living in Sweden is higher, at 7.8 percent (though still well below rates in migrants' countries of origin), leaving the population as a whole with a smoking rate of 5.3 percent.

Sweden's success can be attributed principally to one type of product. Snus is traditional in the country, and has gained increasing traction there as a smokeless alternative to cigarettes in recent decades. Its use involves placing a small tobacco pouch under the lip, where it slowly releases nicotine. Consuming nicotine in this way avoids the harms of combustible tobacco, and scientists consider snus, along with modern nicotine pouches that don't contain tobacco, to be among the safest nicotine products. Sweden has Europe's lowest rate of lung cancer.

"We wanted to show that achieving what once seemed impossible—nearly eliminating smoking—isn't about

restriction," Federico Fernandez, CEO of We Are Innovation, told Filter of the event. "It's about empowering people with better choices and innovative solutions."

Swedes still consume nicotine at similar rates to people in other European countries. But widespread availability and cultural acceptance of smokeless products means they smoke much less—with 44 percent fewer tobacco-related deaths per capita than the rest of the European Union.

Karlsson identified "innovation in alternatives, such as snus, cultural adoption of tobacco-free pouches and focus on harm reduction" as key factors behind this remarkable story.

You might think that other countries would take note.

A briefing released in January detailed how 16 percent of Norway's population now use snus. Only 7 percent currently smoke—a rate that plummeted from 25 percent just two decades ago, as snus use correspondingly rose.

"The easy answer to help reduce smoking rates would be to say that everyone should use snus instead of cigarettes to reduce cancer rates," Karlsson told Filter, "but I am not sure the cultural adoption of stuffing things under your upper lip will be smooth sailing in all of Europe."

"So let me say it in another way," he continued. "Do not ban alternatives to smoking cigarettes, ensure that information about the harmfulness of products is readily available and allow people to make wise choices about their own health. Then it will, over time, go in the right direction."

<https://filtermag.org/sweden-smoke-free-future/>

Snus - a substitute for cigarettes in Norway

Sweden's historically low smoking rate hit the headlines late last year, and now a Briefing Paper from the Global State of Tobacco Harm Reduction (GSTHR) explores how neighboring Norway is treading a similar path.

Smoking has had a significant impact on the lives and health of Norway's population. Researchers revealed in 2015 that one in five of all premature deaths before the age of 70 were caused by smoking, and in 2021, a study showed that more than 8 in 10 lung cancer cases in Norwegian women could have been avoided if those individuals had been non-smokers. With the Tobacco Act of 1975, Norway took action to reduce smoking before many other countries; it ranks in the top five in Europe for the strictness of its tobacco control measures. But while smoking was already in decline in Norway, the last two decades have seen the drop accelerate significantly, coinciding with a rise in the use of the oral tobacco product snus. In comparison to smoking tobacco, snus offers a much safer way to consume nicotine.

According to official statistics in 2005, 25% of Norwegians aged 16 to 74 smoked daily; among young people aged 16 to 24, that figure was 24%. Meanwhile, 5% of Norwegians aged 16 to 74 used snus daily. By 2023, daily smoking rates among Norwegians aged 16 to 74 had plummeted to 7%, and just 3% among those aged 16 to 24. Snus use, however, had increased to 16% by 2023 among those aged 16 to 74. More than twice as many people now use snus compared to cigarettes (16% vs 7%).

Norwegian consumers' adoption of snus since the early 2000s is due to many factors.

Snus is considered a viable option for those seeking to give up

smoking, as it delivers a comparable amount of nicotine to combustible cigarettes. The latest GSTHR Briefing Paper finds that snus appears to be a widespread substitute for cigarettes in Norway. Researchers have observed that, as well as helping people who were already smoking to switch to a less harmful product, snus may also be contributing to a reduction in uptake of smoking among young adults, particularly young men.

The product's reduced risk profile in comparison to smoking is not, however, something that has been widely or systematically communicated to the public. Snus is covered by a ban on tobacco advertising, and there has been no official endorsement of harm reduction by the Norwegian health authorities. In fact, the Norwegian Government has not officially recognized the role that snus is playing in reducing smoking, and is focused on achieving "a tobacco-free society", with all tobacco products being treated equally, irrespective of their relative harms.

David MacKintosh, a Director of K-A-C, which runs the Global State of Tobacco Harm Reduction project, said:

"The profound shifts in nicotine consumption in Norway demonstrate that neighboring Sweden's smokefree status doesn't have to be unique. Norway's plummeting smoking rates are also due to widespread substitution of deadly combustible cigarettes for much safer snus. In both countries, this has occurred without official endorsement from the authorities. Consumers have embraced harm reduction on their own – and the data tells the story. Imagine what an integrated tobacco harm reduction strategy could achieve."

<https://gsthr.org/media-centre/norway-on-track-to-equal-swedens-smokefree-status-gsthr-briefing-paper-explores-widespread-substitution-of-cigarettes-by-snus/>

Lack of smoking cessation services – a missing link in Pakistan’s tobacco control

After two decades of campaigns against smoking, Pakistan has reported an annual death rate from smoking of 91.1 per 100,000 people, notably higher than the averages for South Asia (78.1) and the rest of the world (72.6). This is an extremely worrying development for a country that the World Health Organization (WHO) has awarded for its tobacco control initiatives.

Pakistan’s tobacco control campaign has not been without success. In 1997, Pakistan took the first step of banning tobacco advertisements on electronic media – mainly Pakistan Television. This was the step to ending the ubiquitous smoking ads in print and electronic media. Today we do not see ads for cigarettes anywhere in the country. After ratifying the FCTC, Pakistan focused on disrupting the access of smokers to cigarettes – a task in which it failed miserably. Pakistan introduced pictorial health warnings (PHWs) on cigarette packs in 2009. These warnings are periodically updated and currently cover 60% of the front and back of cigarette packs. However, the target is to cover 80% of the pack with the PHWs.

Similarly, to discourage tobacco consumption, the government has increased taxes on cigarettes and other tobacco products. Pakistani substantially increased the Federal Excise Duty (FED) on cigarettes during the fiscal year 2022- 23. However, because of the increase in the prices of premium to economy brands, smokers switched to cheaper brands and bought loose cigarettes. This is despite the fact that the sale of loose cigarettes is banned. There is also a ban on sale of tobacco products within a 50-meter radius of educational institutions, though its implementation remains an issue. However, one area that Pakistan has ignored completely is the provision of smoking cessation services. Pakistan lacks a comprehensive, government-supported national smoking

cessation program. While some private organizations and NGOs run small-scale initiatives, their limited reach and resources prevent them from addressing the issue at a national level.

Additionally, many tobacco users are unaware of the availability or importance of cessation support. Public awareness campaigns rarely emphasize smoking cessation as a viable option, focusing more on the harms of tobacco use. This limits demand for such services and leaves smokers without motivation or knowledge about how to quit.

There is also a shortage of trained healthcare professionals specializing in smoking cessation. Doctors, nurses, and counselors often lack the necessary training to provide evidence-based cessation advice, behavioral therapy, or pharmacological interventions.

Smoking cessation services are not integrated into primary healthcare systems. Routine consultations in clinics and hospitals seldom include discussions about smoking cessation or referrals to specialized services, missing critical opportunities to engage smokers.

Pharmacological aids such as nicotine replacement therapy (NRT) and prescription medications for smoking cessation are not subsidized or widely available. Their high cost makes them unaffordable for many tobacco users, particularly those from low-income backgrounds.

A future without combustible smoking is possible in Pakistan. There is a need to develop and implement a nationwide smoking cessation strategy. This should be backed by establishing smoking cessation clinics in public hospitals across all provinces and districts, training healthcare professionals in cessation techniques and counseling, and providing affordable or free access to NRT and cessation medications. There is also a need to include cessation counseling in routine health check-ups.

GA supports FDA’s rule on nicotine reduction

Global Action supports the U.S. Food and Drug Administration (FDA) proposed rule that would limit the nicotine content in cigarettes to non-addictive levels. If finalized, this rule would save hundreds of thousands of lives as people who smoke quit and others forgo cigarettes entirely.

But eliminating the addictiveness of cigarettes alone is not enough to move the public health needle. The reality is that there are tens of millions of Americans who smoke who require an accessible and lawful off-ramp to support their cessation journeys.

Adults who smoke should be encouraged through multiple avenues to move away from deadly cigarettes. Reducing nicotine levels in cigarettes is only one action that needs to be taken. For real change to occur, the FDA must enable a robust marketplace of alternative, less harmful nicotine products, such as e-cigarettes and nicotine pouches, while also finalizing the ban on menthol cigarettes and flavored cigars.

Thus far, the FDA has created a virtual ban on these alternative products, even though they significantly reduce the risk of disease and early death when compared to cigarettes. This de-facto ban has led consumers to turn to the illicit, unregulated market. At the same time, the agency has authorized thousands of lethal, conventional cigarettes for sale on the grounds that they are “substantially equivalent” to cigarettes already on the market. It is vital that the FDA remains true to its statutory mandate to regulate nicotine and tobacco products in a manner that is appropriate for the protection of public health.

The latest U.S. Surgeon General report noted that 490,000 individuals die annually because of tobacco-related disease – the highest number ever reported. There is a clear and urgent need to help individuals move away from combustible cigarettes.

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 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

Follow us on www.facebook.com/ari.panthr/ | https://twitter.com/ARI_PANTHR | <https://instagram.com/ari.panthr>

Islamabad, Pakistan | Email: info@aripk.com