ALTERNATIVE RESEARCH INITIATIVE

ALTERNATIVE
RESEARCH INITIATIVE NEWSLETTER
January 2022

Inside

Smoking cessation - A challenge for Pakistan

By Dr. Abdul Hameed Leghari

Globally, tobacco is a leading cause of over 8 million deaths each year and a substantial risk factor for developing illnesses, including lung, liver, oral, and throat cancers, chronic obstructive pulmonary disease, heart disease, and stroke. A major fraction of these deaths—roughly 7 million—are caused by direct tobacco use, whereas 1.2 million are caused by second-hand smoke exposure. The majority of smokers come from low- and middle-income countries (LMICs), each with their own socioeconomic profile. Cigarette smoking raises the illness load and the risk of mortality. Cigarette usage has decreased in many parts of the world, especially in the developed countries. Despite the fact that the number of smokers is down, population expansion – mainly in LMICs - continues to drive up cigarette use.

With a large number of tobacco and cigarette users, Pakistan, India, and Bangladesh are the most susceptible nations in South Asia. In Pakistan and Bangladesh a large proportion of people aged 15 to 65 consume tobacco. There are around 25 million tobacco users in Pakistan, and a variety of tobacco products are accessible, including cigarettes, water pipes ("shisha"), stoves, "gutka," and "niswar." Smoking is a leading cause of heart disease, lung cancer, emphysema, and chronic bronchitis in the country.

In Pakistan, tobacco use rises with age and declines between by 65 and beyond. In 2017-18, 23 percent males and 5 percent females in Pakistan smoked tobacco in some form, including cigarettes, "hookah," "shisha," "paan," "gutka," and "niswar," according to the Pakistan Demographic and Health Survey (PDHS). Of them, PDHS says, 22 percent males and 3 percent females smoke cigarettes.

Within the context of the WHO recommendations on tobacco control, Pakistan has taken a number of steps, including raising tobacco pricing and taxes, enforcing warning legislation, prohibiting public smoking and advertising, and prohibiting the sale of cigarettes in educational institutions. However, the implementation of these measures remains weak.

In 2016, a pricing comparison of 20-stick packages of premium and cheap cigarette brands revealed that Sri Lankan costs were higher than those in Pakistan, Bangladesh, and India. It has been proved that greater costs lead to reduced predominance. Cigarette smoking is less common in Sri Lanka than in India, Pakistan, and Bangladesh. According to prior research, a typical 10% increase in the price of 20-stick cigarette packs would lower adult cigarette consumption by 4 percent.

The tobacco tax rationale is derived directly from economic theory. A higher tax rate raises the cost of cigarettes, and this in turn lowers the consumption. With various econometric adjustment models, several studies reveal the dynamics of the links between taxes and consumption. With the significant assumptions of economic theories, price is the main determinant of supply and demand for any economic product.

However there is a catch when this formula is attached to LMICs, including Pakistan.

Tobacco and cigarette taxes fail to play a significant role in reducing tobacco and cigarette use in Pakistan and other low and middle-income countries because of the low tax ratio and other variables influencing cigarette demand. In Pakistan, cigarette usage has steadily grown over time. In 2013, Pakistan changed its tobacco excise tax scheme. For cigarettes, it now has a two-tiered specific excise tax. The two levels are Rs880 per 1000 cigarettes for cigarettes having a retail price (price before VAT) less than or equal to Rs2286 per 1000 sticks, and Rs2325 per 1000 cigarettes for cigarettes with a retail price (price before VAT) greater than Rs2286 per 1000

sticks. The lowest tier costs Rs17.6 for a pack of 20 cigarettes, whereas the highest tier costs Rs46.50 for a pack of 20 cigarettes. The tax reduces the complexity of a three-tiered, mixed system. However, there is still a significant price difference between the economy and mid-priced cigarette groups and premium cigarettes.

Pakistan has some of the lowest cigarette prices in the world. Cigarette excise taxes account for a little over half of the total price paid by smokers. This is lower than in nations that have adopted a comprehensive strategy for tobacco use reduction, where excise taxes account for 70 percent or more of the retail price. Despite this, the major threats are the significant quantity of illicit cigarettes and the poor quality of local cigarettes. The typical average price of a 20-stick of these low-cost cigarettes is said to be between Rs30 and Rs45.

Only a tax increase is insufficient to justify smoking cessation or a decrease in cigarette use in developing nations with inadequate governance, trade, and cessation strategies. Though the majority of research has shown that increasing cigarette pricing via higher taxes is effective in reducing smoking among teenagers, young adults, and those with low socioeconomic status, there is a dearth of research on the influence of rising cigarette prices on long-term smokers' smoking behaviors and the impact on smoking cessation. Age, gender, money, peer and family factors and school status, all impact the smoking habit. Because smoking is an addictive substance, it will react more slowly to price increases than non-addictive commodities, so long-term returns may be greater than short-term gains.

All this points to the notion that quitting smoking is a multifactor phenomenon. In the long term, a tax increase alone does not justify smoking cessation or a decrease in cigarette use. The research shows the desire to stop smoking is there, but the policies and infrastructure required for effective cessation are lacking.

Along with taxation, Pakistan has to focus on two fronts: raising public knowledge about the dangers of combustible smoking and enforcing tobacco regulations, and offering inexpensive and accessible smoking cessation platforms throughout the country. To back these two fronts, Pakistan can also make use of the tobacco harm reduction (THR) and nicotine replacement therapy (NRT). This would help the country in significantly lowering the smoking prevention levels.

The number of people utilizing THR and NRT products has steadily increased in Pakistan during the past five years. However, as compared to the number of tobacco smokers, their numbers are still insignificant. THR and NRT products are expensive and only available in premium areas, and they are utilized in an unregulated environment. Smokers use them without seeking medical counsel.

As a result, the choice to switch from combustible smoking to THR and NRT products is an individual decision. The majority of smokers are unaware that THR and NRT products are available. Friends are their primary sources of knowledge about these items, which they mostly utilize out of curiosity. The high cost and poor quality of THR and NRT products are a key deterrent for combustible smokers who want to make the most of quitting. Simultaneously, efforts should be made to prevent teenagers from starting to smoke or vape. The government should broaden its circle of interaction with stakeholders in order to achieve this goal. The most essential stakeholders should be smokers, who have been largely ignored in tobacco control initiatives.

Overall Pakistan needs to take four initiatives to reduce or even end the use of combustible smoking. These are availability of accessible and affordable smoking cessation services, making voices of smokers of part of tobacco control polices, including THR in the national tobacco control policy and sensibly regulating THR products.

Thailand government mulls legalising e-cigarettes to reduce number of cigarette smokers

A Thai government ministry is discussing the legalisation of e-cigarettes in a bid to reduce the number of cigarette smokers in the country. According to a Nation Thailand report, the Digital Economy and Society Ministry wants to be able to offer smokers an alternative to cigarettes.

The development has been welcomed by Asa Salikupt from the End Cigarette Smoke Thailand network. He says the ECST coalition supports DES Minister Chaiwut Thanakamanusorn as he considers making e-cigarettes legal. The ECST says that not only can e-cigarettes offer smokers a safe alternative, the Excise Department can also benefit from a tax on the products. Asa says he hopes the discussions are transparent and that the working group considers public opinion and is open to receiving advice from e-cigarette users.

"We believe the legalisation of e-cigarettes will help Thailand achieve the goal of reducing cigarette smokers and protecting non-smokers from the danger of second-hand smoke."

Asa's fellow ECST member, Maris Karanyawat, says there are now many studies available that prove that e-cigarettes are a safer alternative to traditional cigarettes. He says this is reflected by the policies of some countries, pointing out that Britain, New Zealand, and the Philippines are likely to promote e-cigarette usage for those unable to quit smoking cold turkey.

"More than 70 countries have legalised e-cigarettes as it can reduce the number of smokers."

Meanwhile, Nation Thailand reports that the Move Forward MP Taopiphop Limjittrakorn has said he would back a proposal to make e-cigarettes legal and has discussed the matter with Commerce Minister Jurin Laksanawisit. He too cites lost tax revenue, the lack of a safer alternative for cigarette smokers, and a missed opportunity for the Tobacco Authority of Thailand to make money from the legalisation of e-cigarettes and associated products.

https://thethaiger.com/news/national/government-mulls-legalising-e-cigarettes-to-reduce-number-of-cigarette-smokers?fbclid=IwAR0y7I5cTJ5j3pZq9XCyS8rxKB9fyGoNWPisx81_xv_U-QtunSzXp8dgxPA

The CDC's EVALI screwup

By Marc Gunther

The Centers for Disease Control and Prevention describes itself as "the nation's leading science-based, data-driven, service organization that protects the public's health." It pledges to "base all public health decisions on the highest quality scientific data."

So why has the CDC refused to admit it was wrong about the deadly disease that it misnamed EVALI? EVALI stands for "E-cigarette or Vaping use-Associated Lung Injury." The CDC says that 2,807 people were hospitalized and 68 died from the 2019 EVALI outbreak. But there is no evidence–none at all— that anyone got sick with EVALI from using e-cigarettes.

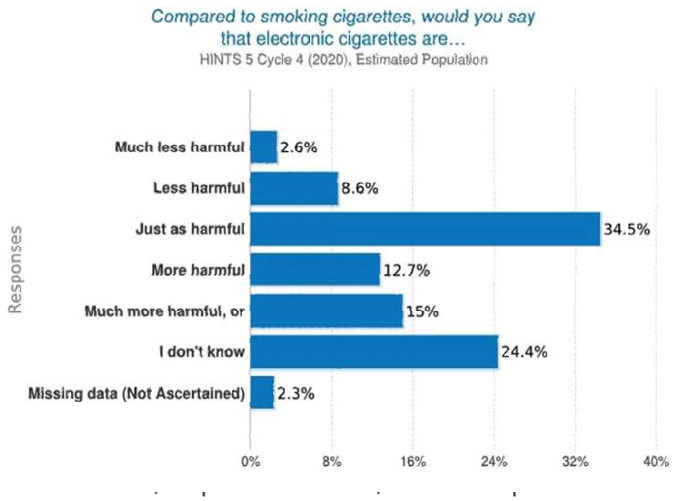
This is much more than a question of semantics. The CDC's reluctance to rename EVALI and correct its communication around the disease has almost surely discouraged smokers from switching from combustible cigarettes to e-cigarettes, which are much less dangerous. No one has died from vaping e-cigarettes; smoking causes about 480,000 deaths a year.

The CDC's error has spread the idea that e-cigarettes cause EVALI. On its website, Johns Hopkins Medicine warns that there has been "an outbreak of lung injuries and deaths associated with vaping." Yale Medicine says "the primary risk factor for EVALI is current or previous use of a vaping device."

Harvard's health blog about EVALI includes this chart:

In fairness, the Hopkins, Yale and Harvard websites all go on to explain, correctly, that you probably can't get EVALI from buying legal e-cigarettes. The disease, they go on to explain, has been definitively linked to Vitamin E acetate, a sticky, oily substance used in illicit THC vaping devices.

But the damage has been done. Misinformation about EVALI has led people to wildly overestimate the dangers of e-cigarettes. This survey comes from the National Cancer Institute:



That's crazy. Only 11.2 percent got the question right, by saying that e-cigs are less harmful or much less harmful than combustible cigarettes, as public health authorities including the CDC acknowledge. But a stunning 62.2% say e-cigs are equally harmful or more harmful than smoking.

"The CDC made a gross error," says Michael Pesko, a health

the Robert Wood Johnson Foundation; and Kenneth Warner, dean emeritus of the University of Michigan's public health school. All are devoted to the cause of reducing death and disease from smoking.

The letter said: "There is concern that the misleading EVALI name, coupled with the inaccurate communication surrounding it from the media and other sources, may be suppressing e-cigarette use by adult smokers who want to quit smoking, because of resulting fears of and/or stigma around using e-cigarettes. There is no reason to let this misconception persist any longer, which likely results in higher prevalence of combustible tobacco product use than would otherwise occur.

The CDC responded, conceding, as it has publicly, that most EVALI cases were caused by tainted vapes containing THC. But the letter from Peter Briss, a physician and the CDC's EVALI incident manager, says that some EVALI patients reported consuming only nicotine vapes, so they cannot be ruled out as a cause. "CDC declines to rename EVALI," he concluded.

The CDC response "seems to suggest that the burden is on nicotine products to prove they aren't the cause of EVALI, rather than the CDC needing to prove they are the cause," Pesko noted on Twitter. "This is analogous to being assumed guilty unless proven innocent."

As anyone paying attention knows, messaging around COVID has been a problem for the CDC. Fast-moving science has forced the agency to constantly update its guidance, leading to confusion and mistrust. COVID is devilishly complicated. EVALI is simpler. Renaming EVALI might not do much good at this point, but it would send a signal to public health experts and the media to take more care when explaining the dangers of vaping.

It would also help restore the CDC's credibility. "We need a strong CDC," says Pesko, who did a fellowship at the agency. There's no shame in being wrong. We all make mistakes. It is, however, shameful to fail to admit and correct a mistake — especially when lives are at stake.

https://medium.com/the-great-vape-debate/the-cdcs-evali-screwup-ff09f4c3e187

Bloomberg refuses proposed discussion of vaping evidence

By Jim McDonald

Over the past year, pro-harm reduction tobacco control and public health experts have sought to meet privately with philanthropist Michael Bloomberg and his foundation Bloomberg Philanthropies' anti-vaping leadership. They have been rebuffed, according to an article by reporter Marc Gunther.

The article provides an interesting look at how Bloomberg responds to criticism from outside experts: he doesn't. In response, his minions offered little more than a recital of Bloomberg Philanthropies' greatest hits—the tobacco control talking points that serve as gospel for tens of thousands of anti-tobacco and anti-vaping activists around the world who are funded by the billionaire.

Bloomberg has dedicated over a billion dollars to tobacco control efforts over the last decade. And along with a Bloomberg grant comes a demand that funding recipients adopt the billionaire's puritanical dedication to stamping out nicotine use of all sorts—including low-risk alternatives to cigarettes. In 2019, Bloomberg dedicated $160 million—managed by the Campaign for Tobacco-Free Kids—solely to banning flavored vaping products.

Last March, Gunther's article in the Chronicle of Philanthropy, describing Bloomberg's anti-vaping zeal, brought much-needed attention to the issue. Following that, some of the experts quoted in Gunther's article, and others, wrote to Michael Bloomberg to request a private discussion with the former New York City mayor.

The letter, signed by 23 experts in tobacco control, drug policy and harm reduction, proposed a meeting between a "small expert delegation" and Bloomberg. The authors offered to make a brief, data-oriented presentation and then discuss the issues. "This would be a private meeting for you to engage with and test data and ideas that suggest a different approach to tobacco control may now yield great benefits," the letter says.

The authors received a response from Bloomberg Philanthropies' Public Health Program Lead Kelly Henning, who essentially told them that the science on vaping was settled, and thanks but no thanks.

Citing the existence of "evidence" from a variety of anti-vaping organizations supposedly proving her point, Henning wrote, "From our perspective, the evidence that flavored e-cigarettes attract, and addict youth is strong and the evidence that flavored products are contributing in a meaningful and measurable manner to reducing cigarette use in the US on a population basis is weak."

"We have not come to these positions lightly," Henning concluded, "and know that others, including those of you who took the time to write to us, have a different perspective. Please share with us any new or emerging data that you have

that is critical to this discussion or contradicts the position I have outlined."

The response was a dismissal, despite the purported willingness to review new data. Henning and the anti-vaping tobacco control fundamentalists—chiefly Tobacco-Free Kids president Matthew Myers—that have shaped Bloomberg's positions on vaping and tobacco harm reduction have no desire to confuse the boss by exposing him to debate on these issues. He has already adopted their written-in-stone positions. Why risk raising doubts in his mind?

Many of the experts who had sought the meeting with Bloomberg, and some others, responded to Henning's letter last September. They asked again for an in-person dialogue, but followed the polite request with a brutal 16-page, point-by-point takedown of Henning's claims—with citations, since Henning had asked for "new or emerging data." The authors described Bloomberg Philanthropies' lack of accountability and transparency, and offered multiple examples of the organization's conflicts of interest and influence-peddling in low-and-middle-income countries. Referring to the $1.1 billion spent on tobacco control over the last decade by Bloomberg Philanthropies, the authors asked, "While much of this work may be beneficial, what happens if Bloomberg Philanthropies makes policy errors that work against the public interest? If it does make such errors, how does it correct them quickly? In short, what is the governance and accountability for the public interest behind this flow of philanthropic money?

"How does the foundation respond to informed critics with concerns that it may be doing more harm than good?"

That last one's easy. Bloomberg responds to critics by buying them off, overwhelming them with well-funded opposition, or ignoring them. What he doesn't do is consider their positions or change his mind. And he's not starting now.

https://vaping360.com/vape-news/112873/bloomberg-refuses-proposed-discussion-of-vaping/?fbclid=IwAR1XpDRVYIiv7MPT3WEDnQyf0_VxjDS5FxNWaMHdN6iZ7RBEA1Ewf_IE3UE

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 Foundation for A Smoke-Free World (FSFW), ARI established the Pakistan Alliance for Nicotine and Tobacco Harm Reduction (PANTHR) in 2019 to promote innovative solutions for smoking cessation.