

Inside

Page 2

GFN23: Speakers offer a fresh perspective on nicotine

Page

What is snus ?

Page 4

Understanding Sweden's smoke-free revolution:
A model for global health

Achieving a future without smoking

It has now been almost two decades Pakistan ratified the WHO's Framework Convention on Tobacco Control (FCTC). Pakistan may have achieved some successes against tobacco use over the past 20 years, the dream of a future without tobacco smoking remains distant.

Apart from the fact that the tobacco control initiatives and plans remain stuck in the past, Pakistan is one of the top ten tobacco growing countries. This raises the important question about the direction of tobacco control over the coming years, especially by 2030 when the world will evaluate its performance vis-à-vis achieving the Sustainable Development Goals (SDGs).

Under the SDG 3, which aims for ensuring healthy lives and promotes well-being for all at all ages, there is a target 3.a, which calls for

strengthening "the implementation of World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate". Though Pakistan is not reporting its progress against this target, the numbers paint a gloomy picture. In 2020, the prevalence of current tobacco use among persons aged 15 years was 20.2%. On the other hand, 14.45% people aged 15 years and older smoked tobacco daily. Men are the main users of tobacco.

In 2020, 33% male adults aged 15 years and older used tobacco in any form, including cigarettes, cigars, pipes, or any other smoked tobacco product. Pakistan's death rate for smoking from 1990 to 2019 remained at 135.14% per 100000 people,

which is higher than India (98.78), Afghanistan (81.75), Sri Lanka (46.14), Bangladesh (87.13), and Bhutan (66.47). Collectively, the deaths attributed to smoking and secondhand smoke in Pakistan in 2019 were 165,208. These figures show the struggle for a smoke-free Pakistan is far from over. The country is not on the path to meet the target 3.a of the SDG 3.

In order to start the journey towards achieving a country without tobacco smoking, Pakistan needs to take multiple

measures. The first measure is new legislation. The Prohibition of Smoking in Enclosed Places and Protection of Non-Smokers Health Ordinance 2002 is now an outdated law. With the subject of health devolved to provinces since April 2010 when the 18th constitutional amendment was adopted, there is an urgent need for new tobacco control legislation at the provincial level.

Critically, Pakistan needs to review and adopt the tobacco harm reduction in its tobacco control plans. E-cigarettes and nicotine pouches are now used in urban centers of the country. However, their use remains unregulated, with the tobacco control activists calling for banning them. Instead of banning, tobacco harm reduction products should be sensibly regulated. In its own context, Pakistan should weigh how the use of tobacco harm reduction products can help adult smokers quit or switch to safer alternatives.

¹: SPDC. (2023). Survey Report: Consumption Behavior of Cigarette Smokers in Pakistan. Available at <https://spdc.org.pk/publications/survey-report-consumption-behaviour-of-cigarette-smokers-in-pakistan>

31 million tobacco users in Pakistan

The Global Tobacco Adult Survey (GATS) in 2014 estimated around 23.9 million tobacco users in Pakistan. Of them, 12.4% smoked tobacco, with the prevalence of smoking tobacco was 22.2% among males and 2.1% among females. In 2014, according to the GATS, tobacco smoking was higher in rural (13.9%) than in urban areas (10%). As the follow-up GATS has not been conducted in Pakistan, the country remains unsure about the number of tobacco users. According to one estimate, the number of users of tobacco in any form has reached 31 million. Of them, 17 million smoke cigarettes ¹.

GFN23: Speakers offer a fresh perspective on nicotine



Nicotine has been villainized for years and is generally blamed for being the main reason why people become addicted to cigarettes. On the other hand science has indicted that not only is the stimulant not all that bad, but also that it has some powerful medicinal properties. This was discussed at Global Forum on Nicotine (GFN23). A panel discussion titled “The changing face of nicotine” delved into how misunderstood nicotine is. Dr Paul Newhouse, a psychiatrist and physician scientist, explained that as a stimulant, nicotine activates the brain receptors involved in mood regulation. He added that it does not affect people in the same way, hence while it may be beneficial and improve brain function in some, in others it may not have any affect.

GP and educator Dr Carolyn Beaumont, discussed nicotine from the context of it being considered addictive. She said that the term “addiction” is a strong term and carries with it a lot of negative associations. She added that clearly these are derived from the fact that nicotine is considered the addictive component in cigarettes. However, she concluded, while cigarettes are known to be deadly, one must bear in mind that nicotine on its own is harmless.

Vape a ‘revolutionary product’

Director of We Vape and the Snus Users Association, Mark Oates, offered a refreshing perspective, saying that vaping is just there for people who smoke. He compared the vape to the electric car, in that it is a revolutionary product. “There are going to be people that start driving electric cars who never damaged the environment with a combustion engine vehicle. We shouldn’t say to them ‘you weren’t damaging the environment before so you should just not drive’. So, there are going to be people who never smoked who want to use nicotine. It’s much better if you use a safer version,” he explained.

Dr Garrett McGovern, a GP specializing in addiction medicine, said that in his practice he does not witness any damage from nicotine, but he actually sees benefits. He went on to say that he finds it exasperating when ‘experts’ discuss the alleged addictive effect of nicotine on the developing brain of young people. He explained that these arguments are based on mice study, and hence there is no real evidence of this in humans.

While paraphrasing Michael Russell who in 1976 had written, ‘People smoke for nicotine, but they die from the tar’, Dr Alex Wodak, a retired physician and former President of the Australian Drug Law Reform Foundation, added that actually

“people smoke for the nicotine, die from the hostility to harm reduction.”

The medicinal uses of nicotine

Meanwhile a Keynote held later in the day: “The role of nicotinic systems in brain disorders”, discussed the known therapeutic effects and uses of nicotine. Psychiatrist and physician scientist, Professor Paul Newhouse, discussed a pilot trial started in the early 2000s, in which 74 non-smoking patients with mild cognitive impairment were given to give transdermal nicotine to patients. “We saw an improvement in attention as well as a significant and sustained improvement to memory.”

“These were very promising results and we were pleased to see this. It was safe and we had no significant adverse effects. We found it also reduced weight a few pounds and there were no significant cardiovascular effects,” reported Newhouse. He added that in older individuals the use of nicotine was also found successful when administered as an antidepressant.

Groundbreaking research that is overlooked

Dr. Konstantinos Farsalinos, a renowned cardiovascular physician and senior researcher at the University of Patras in Greece, said that indeed the research looking into the medicinal properties of nicotine is very promising. However, he added, given the stigma that surrounds nicotine most researchers do not feel comfortable delving deeper into research related to it. “There have been a lot of hurdles for scientists who have been working with nicotine for neurological problems. There is a lot of prejudice against nicotine,” he highlighted.

Following the session, Vaping Post contacted Dr. Farsalinos asking whether he expects this situation and unease surrounding nicotine research and medical application, to improve in the near future. He explained that while doctors’ fields outside tobacco research may be less biased about nicotine, he still does not foresee it being openly used as a medicine any time soon. “I think that scientists not involved in tobacco research might be more open-minded in the issue of nicotine use as a medication. However, I still think there is a long way before establishing nicotine as a potential therapeutic agent for these conditions,” he said.

https://www.vapingpost.com/2023/07/02/gfn23-speakers-of-fer-a-fresh-perspective-on-nicotine/?fbclid=IwAR20w_ASLeGJZ3iz_xcmvaah1bi_wAMfVSG78SJAkHfIsVEczkA1FEXP8

What is snus?

Snus is an oral tobacco product that has been used for more than 300 years. Named after the Swedish word for snuff, snus is made from ground tobacco leaves that are mixed with salt and water. It may also contain food-grade tobacco smoke aroma, or other flavourings, and is placed under the upper lip either in small teabag-like sachets called portion snus or loose. Snus is most widely used in Scandinavia, particularly in Sweden and Norway, where a form of the product known as 'Swedish snus' dominates the market.

Snus is sometimes confused with a different product, nicotine pouches, as both are placed under the lip. But, unlike snus, nicotine pouches do not contain tobacco. Instead, they are made from plant fibres impregnated with nicotine.

What makes snus safer than cigarettes or high-risk oral tobaccos?

Snus use differs from cigarette use because it does not involve the burning of tobacco and therefore avoids many of the risks associated with smoking.

Swedish snus is also distinct from other types of oral tobacco products because of the way it is produced. The tobacco in Swedish snus is not fermented but is pasteurised instead. This heat-treatment process inhibits the growth of bacteria that help the formation of a range of toxicants found in tobacco products. Pasteurisation also contributes to its chemical stability and enhances the shelf-life of the final product.

Should smokers switch from cigarettes to snus?

Snus contains lower levels of a range of toxicants found in cigarette smoke. For example, the pasteurisation process reduces the quantity of tobacco-specific nitrosamines present in snus. These chemicals are one of the primary carcinogens found in tobacco, and they have been linked with cancers of the lungs, oral cavity, oesophagus and liver from both cigarette and smokeless tobacco usage.

There is no overall association between snus use and oropharyngeal cancer (a cancer affecting the part of the throat immediately behind the mouth). In contrast, 25 out of 100 of mouth and oropharyngeal cancers in the UK are caused by smoking. Swedish snus use does not appear to be implicated in the development of pancreatic cancer in men. Used as an alternative to cigarettes, snus also has the potential to reduce the incidence of cardiovascular disease. Studies investigating a potential link between snus use and diabetes have reported little overall association. They do suggest that high consumption of snus (four or more cans per week) may be associated with a higher risk of developing diabetes, but these results are not conclusive.

In Sweden and Norway, high levels of snus use are associated with very low levels of smoking and smoking-related disease. Swedish men have switched from smoking to using snus in large numbers, with 23% of men using it daily in 2018. Sweden has by far the lowest rate of smoking in Europe and is the only EU state to have reached 'smoke-free status', classically defined as less than 5% adult smoking prevalence, in the adult population aged between 15 and 54. By comparison, the average EU smoking rate for this population is 26 per cent. Swedish men also have Europe's lowest level of tobacco-related mortality, with 152 deaths attributable to smoking per 100,000 compared with the European average of 373 deaths per 100,000.

Norway also has very low rates of smoking – 8% of Norwegian adults smoke daily – and increasing uptake of snus use among the young. Only 1% of women aged 16–24 smoke, while some 12% use snus daily.

A gateway to smoking cigarettes?

According to the gateway hypothesis, it would be predicted that among those who have not previously smoked, users of snus would be more likely than non-users to subsequently take up smoking. But a review of the evidence examining the possibility of gateway effects in Sweden suggested that snus appeared to lead users away from smoking rather than towards it. With its status as a safer nicotine product, snus therefore not only acts as a tool to aid smoking cessation, it may also reduce the rate at which people take up smoking in the first place.

Is it legal everywhere?

No, snus is banned in 38 countries around the world, but its regulatory status in many of them is not straightforward. So, while it is illegal to buy snus online or import the product for trade in the European Union, there is no legislation to prevent people importing it for their own personal use. These rules apply to all the countries in the EU, with the exception of Sweden, which gained a derogation (exemption) when it joined the EU in 1995. The EU legislation came in 1992, after the UK banned oral snuff in response to the launch of a brand of moist smokeless tobacco called Skoal Bandits. Unfounded fears linking the product with mouth cancer, together with concerns that Skoal Bandits was being targeted at teenagers, led to the UK ban, which was then mirrored by the EU and other countries.

How might extending the availability of snus benefit public health?

If the EU ban on snus was revoked, it is calculated that around 320,000 tobacco-related premature deaths among men aged 30 years or older could be prevented each year in the EU. A European Commission review concluded that complete substitution of smokeless tobacco products for tobacco smoking would ultimately prevent nearly all deaths from respiratory disease currently caused by smoking and reduce the cardiovascular mortality that currently arises from smoking by at least 50%.

What have regulators and health bodies said about snus?

In its 2016 report *Nicotine without smoke: Tobacco harm reduction*, the UK's Royal College of Physicians referred to the potential of snus as a safer nicotine product. It said: "The availability and use of [...] snus in Sweden [...] demonstrates [...] that a substantial proportion of smokers will, given the availability of a socially acceptable and affordable consumer alternative offering a lower hazard to health, switch from smoked tobacco to the alternative product."

In October 2019, the US Federal Drug Administration (FDA) granted snus manufacturer Swedish Match the agency's first ever modified risk tobacco product (MRTP) orders. The decision authorized the marketing of eight of its General Snus

products alongside specific information about the lower risks of certain health effects compared to smoking cigarettes. The FDA's summary stated: "The available scientific evidence demonstrates that exclusive use of the eight General Snus products will significantly reduce harm and the risk of tobacco-related disease to individual tobacco users";

adding "the eight General Snus MRTPs will benefit the health of the population as a whole".

https://gsth.org/briefing-papers/what-is-snus/?fbclid=IwAR3ez7fNjYKfCSInuOPPCW3DMbi67j6pFA09c7_fLcZdKblv_I3Us75Qg

Understanding Sweden's smoke-free revolution: A model for global health

By Federico N. Fernández

The journey towards a smoke-free world has been complex, with various entities working tirelessly to navigate the intricacies. Sweden has emerged as a star, effectively managing its smoking prevalence down to an impressive 5.6 percent from over 30 percent in the 1980s. This remarkable turnaround places the nation on the precipice of achieving smoke-free status this year - writes Federico N. Fernández. A goal reached two years ahead of its own schedule and a staggering 17 years in advance of the broader EU ambition. On the other hand, the World Health Organization (WHO) and the European Commission (EC) have been spearheading the charge with the Framework Convention for Tobacco Control (FCTC) and the Tobacco Products Directive (TPD), respectively.

These bodies have enacted stringent regulations, including outright product bans and tax increases. While the initial application of these preventive and cessation-focused measures succeeded in reducing the smoking populace, recent trends have unfortunately seen a stagnation, and in some cases, an increase.

How did Sweden outpace the rest of Europe? What makes the

Swedish case revolutionary? The answer lies in its comprehensive approach to smoking reduction, which blends tradition and innovation and places consumers at the center. Sweden applies the FCTC's guidelines, scoring high in WHO's ranking of countries that have adopted measures recommended to curtail smoking, and it has transposed the EU's TPD. What sets Sweden apart from other countries is that multiple Swedish governments decided, against the Commission's and the WHO's advice, to use the Nordic tradition of oral tobacco products such as Snus to encourage smokers to stop. In recent years, Snus was joined by more modern and innovative products such as nicotine pouches, vapes, and heated tobacco. By effectively balancing traditional tobacco control measures and promoting safer



nicotine alternatives, Sweden has found a formula for success.

A closer look at Sweden's approach reveals that they have meticulously addressed four key factors to ensure smokers change to Alternative Nicotine Products (ANPs): accessibility, acceptability, gender sensitivities, and affordability. Sweden's holistic approach has resulted in impressive health outcomes: the lowest rates of smoking-related diseases in Europe. Looking at cancers associated with smoking, Swedish rates are 38 percent lower than the EU average, and cancer incidence rates are 41 percent lower.

The Swedish model, underscored by its impressive results, provides valuable lessons for the EU, WHO, and the world at

large. The success story suggests that a smoke-free society can be attained more swiftly through a comprehensive, non-prohibitionist approach. This involves embracing both traditional measures and innovative solutions, catering to individual preferences, ensuring affordability, and providing easy access to safer nicotine alternatives.

Despite Sweden's significant strides in tobacco control, acknowledgement from the WHO

and EC has been noticeably sparse. To bridge this gap, these organizations might consider conducting a case study on Sweden's successful strategy. By embracing such a dialogue, we can broaden our understanding and collaboratively improve our global approach to public health.

As we navigate our paths towards achieving this goal, drawing inspiration from Sweden's journey can help us address the pressing public health challenge of smoking more effectively. Learning from Sweden's comprehensive approach can accelerate our journey towards a smoke-free world.

https://www.eureporter.co/health/2023/06/19/understanding-swedens-smoke-free-revolution-a-model-for-global-health/?_ga=2.171009832.928054601.1688541708-703074282.1688541708&fbclid=IwAR2E0LMDENT2vzxwNv8xURT-W-P5djgh8bAVNblvRCdf3rJUWgCmZLb6lmc

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.

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