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Regulating heated tobacco products: What does it mean for Pakistan?

By Saba Thaheem

The Federal Cabinet Committee for Disposal of Legislative Cases (CCLC) of Pakistan, in a recent move, has approved the Ministry of Health summary with regard to an SRO to regulate Heated Tobacco Products.

For Pakistan, a country where 15 million adults smoke cigarettes, what does this move entail?

A cigarette, upon burning, releases 6,000 chemicals, 100 of which are the primary cause of many smoking-related diseases including pulmonary and cardiovascular diseases. Smoke-free alternatives, as the name suggests, eliminate the process of burning tobacco, thus eliminating the emission of smoke and consequently eliminating the release of toxic chemicals.

Some of these products, such as heated tobacco products, are designed in a way that they give smokers the same sense of ritual and feel so they can easily switch from cigarettes to these reduced-risk alternatives.

While at all times, the most effective response against the smoking epidemic has been to quit cigarettes completely, the prevalent global trend of smoking shows that only 3–12% of smokers are actually able to quit smoking completely.

Smoke-free alternatives, which are scientifically proven to be less harmful than cigarettes, therefore provide a more middle-ground approach for smokers who would otherwise continue to smoke cigarettes.

Several countries have been working on modifying their existing approach to tobacco control and have issued new guidelines to promote the use of less harmful products for adult smokers and reduce the burden of cigarettes on public health.

New Zealand, for example, has developed comprehensive strategies to promote the use of vaping, e-cigarettes and heated tobacco products, all types of smoke-free alternatives,

among the existing smokers with the goal of creating a smoke-free society by 2025.

Recently, Thailand announced its plans to legalize e-cigarettes to help adult smokers quit cigarettes and reduce harm to their health. Japan has also been working on smoke-free plans to encourage smokers to switch to reduced-risk alternatives.

Dr. Rodríguez González-Moro, a Spain-based expert in pneumology, believes that regulation of alternatives is the key to reducing the burden of smoking on public health. "There is a need to find a middle ground: do no harm to young people and avoid the risk of those who use combustion tobacco."

For Pakistan, setting a regulatory framework in light of scientific evidence available on the effectiveness of these less harmful, smoke-free alternatives and regulating them accordingly could dramatically reduce the number of smokers in the country and gradually help lead toward smoking cessation.

Reactionary knee-jerk responses of banning have never done any good. On the contrary, bans will only increase illicit penetration which would be disastrous for the economy and health of our people. Of course, policies such as setting a minimum age of purchase also need to be strictly implemented. Given how different tobacco control measures have turned out through the decades, it is now time to supplement the efforts with smoke-free products under the right regulations. Saba Thaheem is an MBBS graduate from Ziauddin Medical College. She cleared FCPS 1 in Medicine GMC Registered. Saba recently worked as an RMO at South City Hospital.

What is tobacco harm reduction?

With growing evidence on the case for tobacco harm reduction, we explore how smoke-free products are an alternative to cigarettes for adult smokers who would otherwise continue to smoke.

The reality for smokers today

Despite being aware of the evident health risks, many smokers continue to smoke cigarettes today. According to WHO, there are around one billion smokers worldwide, and it is estimated that this number will not change significantly in the coming years.

Smoking causes a number of serious diseases (including cardiovascular, pulmonary diseases and cancer) and increases the risk of early death. With around eight million attributed deaths every year, cigarette smoking is a formidable public health challenge for governments, regulators and public health authorities worldwide.

Quitting smoking is undoubtedly the right way to go. But how do we address those who would otherwise continue smoking? Harm reduction in the context of smoking continues to be a highly debated topic among public health officials. In some countries, the use of regulated tobacco and nicotine products to help smokers move away from cigarettes is encouraged by public health bodies. For instance, in England, the 'Stoptober' campaign encourages those who do not stop smoking to consider harm reduction alternatives.

When a cigarette is lit, the tobacco combusts (burns) generating a smoke that contains thousands of chemicals, many of which are toxic or carcinogenic and known to be the primary cause of smoke-related diseases. Quitting smoking – or better yet, never starting – is without a doubt the best option to reduce the risk of smoke-related disease. However, for adult smokers who do not quit, the opportunity to switch to scientifically substantiated, less harmful alternatives has the potential to accelerate the decline in the number of people smoking cigarettes and reduce smoking-related harm. This is the principle of tobacco harm reduction.

Many believe that nicotine is the primary issue when it comes to smoking. Nicotine is addictive and not risk-free, but—contrary to what many believe—experts agree that nicotine itself is not the primary cause of smoking-related diseases. Rather, it is the chronic exposure to the toxic chemicals in cigarette smoke that are generated when tobacco is burned that is the primary cause of smoking-related disease. On average, a cigarette burns tobacco at temperatures up to 800-900C and generates a smoke containing over 6,000 chemicals. Smoke includes around 100 toxicants that have been identified as the primary cause of smoking-related diseases such as cancer and cardiovascular disease.

Burning tobacco has been the principal source of nicotine delivery for the last 100 years or so. However, advances in science and technology have enabled the development of smoke-free products that can deliver nicotine without burning tobacco and can be a better alternative to cigarettes for adult smokers who do not quit.



Closing the awareness gap

Smoke-free products can effectively help smokers move away from cigarettes. For example, in Japan, a substantial decrease in cigarette sales was observed since the introduction of heated tobacco products in the country. The obstacles adult smokers face in adopting smoke-free alternatives lie in a number of critical areas: education, policy and regulation, and institutional support.

Proven across many industry and independent studies, smoke-free products, while not risk-free, have been shown to be better alternatives over continued smoking⁶. The challenge lies in educating adult smokers about the available scientific evidence behind smoke-free products. Raising awareness of smoke-free products that contribute to harm reduction practices requires a combined effort, not just from industry players but also from public health bodies that recognize its benefits and policies.

Tobacco control measures aimed at preventing smoking and supporting quitting play a key role in reducing the harm caused by smoking. In several countries around the world including the UK and New Zealand, the use of regulated novel nicotine and tobacco products is seen as an appropriate alternative for smokers who do not quit, and their use is encouraged by public health bodies.

We at PMI are also playing our part by working closely with regulators to share data from the clinical disease reduction studies we have been conducting for many years now, as our organization works towards delivering a smoke-free future. These studies allow us and the relevant bodies to understand the benefits of quitting smoking on public health in greater depth.

By integrating such studies with national health policies and, as a result, gaining institutional support, more people could be informed about smoke-free alternatives, making way for a smoke-free future. If enough adult smokers around the world using tobacco would switch to scientifically substantiated smoke-free alternatives, we can rapidly address the public health impact of smoking. This is what harm reduction is, and it is time to embrace this approach.

<https://www.arabianbusiness.com/industries/what-is-tobacco-harm-reduction>

US public health officials need to correct e-cigarette health misinformation

Authors: Michael F. Pesko, K. Michael Cummings, Clifford E. Douglas, Jonathan Foulds, Thomas Miller, Nancy A. Rigotti, Kenneth E. Warner

The Surgeon General of the United States (SG) recently launched an initiative to reduce health misinformation. In an advisory [1], he wrote: 'Health misinformation is a serious threat to public health. It can cause confusion, sow mistrust, harm people's health, and undermine public health efforts. Limiting the spread of health misinformation is a moral and civic imperative.'

We agree and applaud the SG for addressing this important issue, which has garnered media attention primarily due to COVID. Questions related to risks of e-cigarettes constitute another area where there is widespread misinformation. We focus upon two specific examples that continue to be propagated by the US public health officials, despite evolving scientific data contradicting these assertions. As the recent SG advisory on misinformation observed, 'updating assessments and recommendations based on new evidence is an essential part of the scientific process'.

E-Cigarette, or vaping product use-associated lung injury (EVALI)

EVALI was a lung disease resulting in serious illness and premature deaths in North America between mid-2019 and early 2020. It was originally labeled 'vaping associated pulmonary illness' (VAPI), but 'e-cigarette' was later added to the title by the Centers for Disease Control and Prevention (CDC). Canadian health authorities, by contrast, chose the label 'vaping associated lung illness' (VALI). While the CDC's name includes 'e-cigarette', all evidence points towards Vitamin E acetate-contaminated illegal tetrahydrocannabinol (THC) vapes as the cause, and no research has identified any chemicals found in nicotine e-cigarettes as the cause. Vitamin E acetate is not soluble in nicotine e-liquids and has never been detected in nicotine e-liquids.

Despite the evidence, the CDC continues including 'e-cigarettes' in the name EVALI. This naming has affected news coverage and contributed to distorted consumer beliefs about the risks of nicotine vaping. Smokers are twice as likely to incorrectly identify nicotine e-cigarettes as the cause of EVALI than to correctly identify illicit, adulterated THC products. EVALI contributed to an immediate increase in the perceived risks of e-cigarettes relative to more dangerous combustible cigarettes, and these increased misperceived risks have not fully abated. This increased perceived risk is associated with a 30% reduction in both e-cigarette demand and reduced use of e-cigarettes for smoking cessation. In August 2021, 75 experts asked the CDC to remove the reference to 'e-cigarettes' from the term 'EVALI' but the CDC refused, in part because '14% of EVALI patients report exclusive use of nicotine-containing products'. However, this ignores the reality that THC is illegal in many jurisdictions and so self-report on its use is unreliable, as shown by THC or its metabolites frequently being found in samples collected from EVALI patients claiming to only use nicotine-containing products.

Another issue is that the CDC lacks a clear definition of an e-cigarette. Under the CDC's unclear guidance, e-cigarettes can include non-nicotine-containing THC-only vaping products. The CDC can end this confusion by issuing an e-cigarette definition that separates nicotine-only forms of vaping from those containing THC, only the latter of which

caused EVALI. We suggest the following simple definition that accomplishes this goal: 'E-cigarettes are electronic devices that transform a liquid containing nicotine into an aerosol that is inhaled via a mouthpiece.'

New research papers continued to be published throughout 2022 with no mention of THC vapes as the source of Vitamin E acetate [13] or falsely claiming that specific brands of e-cigarettes cause EVALI. This demonstrates that, in addition to the public, clinicians and researchers continue to be confused by the name EVALI.

The CDC's EVALI response also differed from other types of outbreak; for example, when there is a listeria outbreak connected with lettuce consumption, the CDC very quickly identifies the brand, source location and dates of the offending lettuce to be recalled, clears the lettuce that is probably safe to eat and announces when the outbreak is over.

E-Cigarette use as a 'gateway' to cigarette smoking

However, significant evidence now exists that this association between vaping and smoking is not causal, which is a source of confusion for the lay public and health-care professionals. Survey data show youth cigarette use declining steadily despite vaping increasing. When past-30-day youth e-cigarette use rates were as high as 32.9% in 2019, youth smoking rates should have been rising if the SG's statement that 'e-cigarette use is associated with the use of other tobacco products' represents a causal relationship. Instead, by 2021 the youth cigarette use rate fell to a record low 1.9%.

Additional evidence inconsistent with the causal connection between youth nicotine vaping and smoking uptake comes from natural experiments evaluating how e-cigarette restrictions adopted by some localities but not others at a given point in time have impacted youth cigarette smoking. These natural experiments attempt to address confounding from common liabilities, and can provide causal inference if outcome trends in the pre-period can be shown to be parallel between adopters and non-adopters. There are seven natural experiment difference-in-difference-style studies of e-cigarette minimum legal purchase age laws and e-cigarette tax rates on youth, six of which find that these policies increase cigarette use. Collectively, these natural experiment studies suggest that e-cigarettes reduce youth cigarette use in the aggregate, which aligns with observed trends. This is inconsistent with the SG's assessment of the vaping-smoking relationship.

Despite this evidence, the website currently says: 'there is no evidence to support the claim that use of e-cigarettes by young people might "protect" them from using cigarettes'. The 2016 SG report also omitted two peer-reviewed natural experiment studies, then available, that found that e-cigarettes reduced cigarette use among young people.

Moving Forward

Association does not mean causation. Public health officials, in particular the SG and the CDC, must do a better job of explaining this difference to the public, as public health recommendations should be based on solid causal data and communicated clearly and appropriately to the lay public.

The two examples of e-cigarette-related misinformation addressed here continue to be widely disseminated even today, with recent examples in the lay press, from public health organizations, and from physician organizations. This misinformation often supports advocacy for aggressive e-cigarette regulation that many studies have shown leads to increase in combustible tobacco product use, which is more dangerous. This makes correcting this misinformation a public health priority.

We urge these public health officials to change the name EVALI to remove any reference to e-cigarettes, to issue an e-cigarette definition that separates nicotine-only forms of vaping from those containing THC and to update the

evidence on the relationship between e-cigarette use and subsequent smoking by youth. These updates should explain to the public the reasons for these changes. In the future, public health officials can reduce the risk of misinforming or confusing the public by acknowledging when evidence is incomplete or based on statistical association rather than clear evidence of causality and by updating any statements or recommendations quickly when plausibly causal or otherwise significant new evidence becomes available. Doing this could help to reverse the trend of declining trust in public health institutions and will benefit long-term public health.

<https://onlinelibrary.wiley.com/doi/10.1111/add.16097>

Tobacco demand grows to record 86m kilos

SWABI: The demand for tobacco has been set at a record 85.8 million kilograms for the next year, significantly higher than the current year's 53.575m kg, leaf managers and growers told Dawn on Wednesday.

The high requirements, announced by the buyers through the Pakistan Tobacco Board (PTB), have sent officials of multinational and national tobacco companies scurrying around the fields to secure agreements with farmers, sometimes on the spot. Tobacco demand from buyers was 45.6m kg in 2019 and 56.48m kg in 2021. Growers and company officials agreed that the next year's demand of 85.8m kg was a record high. The requirement for flue-cured Virginia (FCV) tobacco — used in cigarettes — is the highest at 82.7m kg, including 71.7m kg in the plain areas, 10m kg in sub-mountain regions and 1m kg in Punjab.

The demand for dark air-cured (DAC) tobacco, which is produced in Gujrat and Okara, is 1.7m kg. The requirement for sun-cured rustica tobacco (or white patta) is 565,000 kg and for light air-cured tobacco (burley) is 360,000 kg. Of the total FCV demand, 37.5m kg is planned to be exported to different countries, leaving 48.3m kg to be purchased and utilised in cigarette making by multinational, national and small cigarette manufacturers in Pakistan.

A PTB official told Dawn that different companies, dealers and agents exported some 22.4m kg of tobacco during 2021-22 for over \$77.3m and now expected more foreign exchange in the future.

A leaf manager, who wished not to be named, told Dawn that a few European countries considered Pakistan a cheap market for purchasing the crop and they had already nominated their agents who would purchase tobacco for them. "A tough competition to acquire tobacco is expected and officials of companies have already started approaching farmers, even visiting them in their fields and issuing agreements on the spot," he said.

<https://www.dawn.com/news/1727626>

ARI terms HTPs SRO a step in right direction

ISLAMABAD: Alternative Research Initiative (ARI) on Sunday termed the Heated Tobacco Products (Heat-not-burn, Printing of Warning) Rules 2022 a step in the right direction and called for making tobacco harm reduction part of Pakistan's tobacco control efforts.

"Tobacco harm reduction can help Pakistan overcome the epidemic of smoking, which at present, seems to be getting out of control," said Arshad Ali Syed, head of ARI.

The SRO on the HTPs, issued by the Ministry of National Health Services, Regulations and Coordination, defines them as "any form of tobacco product that is heated without combustion, allowing users to inhale nicotine"

According to the latest estimates, the number of tobacco users has reached 31 million in Pakistan.

Worryingly this year the demand for tobacco has been set at 85.8 million kilograms, compared to 53.5 million kilograms – an increase of 60%.

Arshad added that there is a need to go beyond the printing of warnings on HTPs.

He said the regulation of HTPs should be sensible and risk appropriate.

"The focus of regulations should be to help adult smokers to quit or switch to less harmful alternatives." He said the important thing to remember is that nicotine is addictive but does not cause cancer. "Many countries, including the UK, are exploring the potential of THR for a smoke free future."

It is pertinent to note that ARI provides researched-based solutions in social fields including health, education, governance, culture in Pakistan.

<https://www.pakistantoday.com.pk/2023/01/02/ari-terms-htps-sro-a-step-in-right-direction/>

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.

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