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Inside

Page 2

Pakistan's Tobacco Control Cell is no more

Page 2

FSFW applauds FDA move to ban menthol cigarettes and flavored cigars

Page 3

Motivation to quit smoking in Asia relatively low

Parliamentary group wants UK to challenge WHO opposition to vaping

In a report released on March 31, 2021, the All-Party Parliamentary Group (APPG) on Vaping has called upon the UK government to make the most of Brexit by challenging the World Health Organization's opposition to vaping at the upcoming Framework Convention on Tobacco Control (FCTC) Conference of Parties (COP).

The call follows a four-month Inquiry into the FCTC by the APPG which investigated the FCTC's history, governance and approach to evidence-based decision-making. It was prompted by the WHO encouraging and applauding bans on vaping.

At a time when the UK government has set an ambitious target to make England smoke-free by 2030, and Public Health England has asserted vaping is at least 95% less harmful than smoking, Members of the House of Commons and the House of Lords wanted to ensure the WHO doesn't turn its back on the lives of 1 billion people worldwide who still smoke, including 7 million in the UK.

The Parliamentarians have called on the government to consider "dramatically scaling back our funding" if they don't see a change in the approach from the WHO with the FCTC better reflecting the UK's national interests. The main recommendations from the report include:

- Ensuring the WHO returns to the founding principle of the Treaty which includes harm reduction.
- Restricting any decision to ban vaping and other reduced risk alternatives to smoking.
- Sending experts and consumers to sit alongside the Department of Health and Social Care officials at the multilateral event.

- Establishing a Working Group to look at the science and evidence for new and emerging products.
- Ensuring openness and transparency instead of secretive decision making.

The Inquiry heard evidence from Clive Bates, former Director of anti-smoking group ASH, as well Professor Lynne Dawkins from the London South Bank University, and consumer groups the New Nicotine Alliance and We Vape, among others.

They called for the delegation of Departmental of Health officials, diplomats and activists usually sent to these events to be strengthened with experts who have real world experience, and even former smokers who can attest to the benefits of vaping and other reduced risk products. It was strongly felt that the voice of the consumer has been missing in these debates so far.

Now that the UK has left the EU, the UK delegation is no longer bound to a common European position on tobacco and nicotine policy. The COP9 meeting would be one of the first opportunities for the UK to take a stand at a UN forum.

The MPs called for coalitions to be built with like-minded countries that have embraced tobacco harm reduction and have their own good stories to tell. At previous COP meetings, member states have often been afraid to speak up, but the Inquiry encouraged the UK government to stand firm in defending our strong domestic position, even if the WHO continues with its prohibitionist approach.

Full report and recommendations are available at:
<https://copinquiry.co.uk/report-and-press-release>

Pakistan's Tobacco Control Cell is no more

In Islamabad, the Ministry of National Health Services has dissolved the Tobacco Control Cell (TCC), which was established on July 1, 2007 to accelerate tobacco control activities in Pakistan “through multifaceted efforts starting from planning, resource mobilization, institutional strengthening, public-private partnership, and monitoring.”

The TCC was created to fulfill Pakistan's obligations under Article 5.2 of the Framework Convention of Tobacco Control (FCTC) signed by the country in May 2004. These obligations necessitated the establishment of a proper and effective national coordination mechanism for multi-sectoral coordination of tobacco control efforts, which the TCC was envisaged to serve as.

At the time of its creation, the TCC was placed under the Director General (Implementation) as a part of the

non-development budget. Its objective was to reduce prevalence of tobacco use in Pakistan by taking administrative, legislative and coordination measures for implementation of FCTC Articles. At the time of its dissolution, the Cell was functioning under the Ministry of National Health Services, Regulations and Coordination. In a letter announcing the decision, the Ministry said, “The project ‘Pictorial Health Warning Reforms’ is closing on May 31, 2021. All the record/files may be handed over to the deputy director's section by May 3. All financial matters may be cleared by TCC and reports may be submitted to the sponsors. Office space may also be vacated by May 3.”

The decision is being criticized for having effectively shelved Pakistan's fight against tobacco use at a time when the world is planning for and embracing new interventions in connection with the upcoming World No Tobacco Day.

FSFW applauds FDA move to ban menthol cigarettes and flavored cigars

The Foundation for a Smoke-Free World has applauded the FDA's proposal to ban menthol cigarettes and flavored cigars. This move will save lives and help reduce health disparities caused by these products, which are disproportionately used by Black Americans. The inclusion of small cigars, which are popular among young people, is a positive step toward keeping these harmful products away from youth.

The Foundation is also encouraged by their decision to keep menthol-flavored harm reduction products (e-cigarettes, nicotine replacement therapy gum, heated tobacco, and snus) on the market. This is sound public policy that will give menthol cigarette users the option to switch to lower-risk products. There is precedent for this type of legislation: last year, the EU implemented a ban on the manufacture and sale of menthol cigarettes for its 27 member countries. Harm reduction products have remained on the market and there have been some positive results.

The Foundation's survey of menthol cigarette smokers in eight EU countries before and after the ban found that some menthol users quit or switched to less harmful products as a result of the ban. However, the survey also offers warnings of possible negative outcomes of the ban, including increased home-based mentholation of cigarettes and some increases in illicit trade.

The FDA's proposed legislation must be accompanied by a larger plan to reduce smoking rates, including government-led consumer education programs. This type of

communications effort is needed to inform the public about the relative risks of harm reduction products, with the ultimate goal of encouraging behavior that promotes personal and public health.

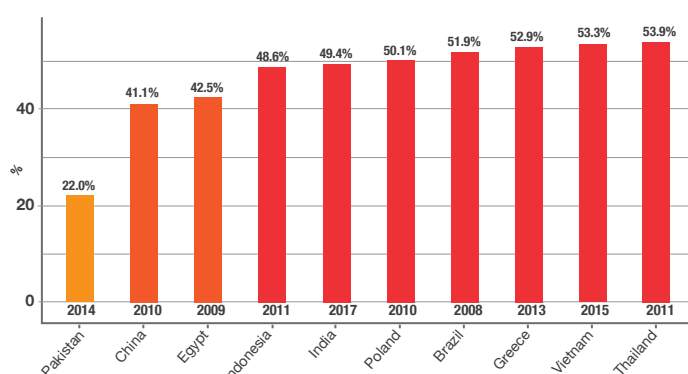


Photograph taken from
<https://www.checkout.ie/a-brands/menthol-cigarettes-flavoured-cigars-face-ban-united-states-130139>

Motivation to quit smoking in Asia relatively low

Where available, data on quit plans suggests that motivation to quit smoking in Asia is lower than in many other parts of the world. Of the ten countries with the lowest number of smokers intending to quit either in the next month, next year or sometime in the future, six are in Asia, informs the 'Global State of Tobacco Harm Reduction' (GSTHR).

Countries with the lowest proportion of current smokers who intend to quit



Data source: WHO. (2019). WHO Report on the Global Tobacco Epidemic 2019. World Health Organization.

Two hundred and sixty million people or 89% of the world's consumers of Smokeless Tobacco (SLT) live in Asia. The region is home to all five of the countries with the highest global prevalence rates of SLT use: Myanmar, Bangladesh, India, Bhutan, and Nepal.

The main way of consuming SLT in the region combines tobacco in a betel quid which is then chewed. Common ingredients are the areca nut, fresh betel leaf and slaked lime paste. Apart from Indian gutka, all these chewed products will include tobacco, while there are several regional varieties of snuff-type tobacco products for oral or nasal use. From a public health perspective, the widespread use of these oral products results in high rates of oral cancer, caused by both tobacco and the areca nut. Four of the five countries with the highest global rates for oral cancer are in Asia: Pakistan, Bangladesh, India and Sri Lanka.

The WHO developed the MPOWER strategy as an implementation tool for tobacco control measures outlined in the Framework Convention on Tobacco Control (FCTC). The acronym covers the monitoring of tobacco use and prevention policies, protecting bystanders, warning about dangers, enforcing bans and raising taxes. But the most important and most immediate strategy for trying to reduce death and disease from smoking is the 'O', which stands for 'Offering help'. By its own admission, this aspect of the WHO strategy has largely failed.

In its 2019 report on the Global Tobacco Epidemic, the WHO admit that 70% of the world's population have no access to "appropriate tobacco cessation services." And that even where such services exist, "many countries do not cover the costs of tobacco cessation services for those using them" and "few countries carry out regular monitoring and evaluation that helps improve tobacco cessation services."

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Regarding Nicotine Replacement Therapy (NRT), the only countries in Asia which claim to fully cover costs are Brunei, Malaysia and India. The WHO reported that most countries provided some form of cessation support services. But as few countries have proper monitoring and evaluation processes in place, it is impossible to say how effective these are in terms of numbers attending, quit rates and relapse rates. However, we do know from studies elsewhere that the relapse rate from NRT is high (whether part of a stop smoking service or not) while counselling services alone are relatively ineffective without other interventions. Using vaping devices as a recognised part of official stop smoking services has proved particularly effective in the UK.

In its 2019 Global Tobacco Epidemic report, the WHO devotes several pages to dismissing evidence in favour of the benefits of the use of Safer Nicotine Products (SNP) in reducing the harms from tobacco. The WHO has made its position clear that SNP do not serve a purpose as an exit route from smoking. This has had consequences around the world, as governments look for guidance and leadership on regulation or legislation to respond to new products, and consumers look to apparently credible sources of information on how to improve their own health outcomes.

Yet the WHO continues to promote harm reduction interventions in other areas of global health such as HIV and AIDS prevention. Its failure to accept the opportunity offered by tobacco harm reduction is a failure of public health policy of epic proportions. Major progress could be made in reducing the toll of smoking-related death and disease in Asia and worldwide by encouraging smokers and SLT users to switch to safer products while continuing to use nicotine.

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Smoking cessation poorly addressed in Pakistan

In Pakistan, smoking prevalence is decreasing among men but not women, and at a rate below the World Health Organization's target reduction levels. Despite ratifying the FCTC in 2004, enforcement and implementation of tobacco control laws in Pakistan remain weak, and cessation is poorly addressed. Work remains for moving forward with harm reduced products to support smoking cessation.

Views to this effect were expressed at the first of a series of webinars that the Foundation For A Smoke-Free World has planned on the 'Economics of Ending Smoking.' The event brought together experts with a deep understanding of tobacco issues from Bangladesh, Canada, Georgia, Indonesia, Ireland, Italy, Kazakhstan, Malaysia, Pakistan, Philippines, The Russian Federation, Ukraine, Uzbekistan, and the US, among others. Some of the key discussion point relevant to Pakistan have been reproduced below.

In Pakistan, more than 160,000 people die of tobacco related illnesses every year. According to PDHS 2012-2013, tobacco use prevalence in males was around 45%, while WHO STEPS survey conducted in 2014 showed that 13.9% of the population (28% of men and 4% of women) were daily smokers and 6.9% (9.9% of men and 4.7% of women) used smokeless tobacco. The legal minimum age for smoking is 18 years, but underage smoking is a major problem. Other than smoked tobacco, smokeless tobacco use is also prevalent and is not regulated in Pakistan.

According to GATS, one in every four smokers tried to quit smoking in the last 12 months. However, Pakistan's report to the FCTC in 2018 has no discussion of diagnosis and treatment of tobacco dependence and counseling services for cessation of tobacco use in any national plan. While NRT was added to the National Medicines List in 2018, it is unclear what level of help is available at the primary, secondary or tertiary level, and there is also no data or statistics related to usage of NRT.

Illicit trade is another problem. Approximately 1 out of every 4 cigarettes sold in Pakistan is illicit, which is 137 basis points higher than the global average. The tobacco taxation policy has evolved substantially over time. The government has shifted between two and three tiers of value added tax, with a two-tier system being most recently implemented in 2019. The rationale for these shifts includes fulfilling FCTC requirements as well as controlling the illicit segment.

Any product that consists of tobacco, either combustible or non-combustible, is covered under the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance 2002. However, harm-reduced products do not come under this law. A cost comparison of harm reduced products versus combustible cigarettes showed that while the former do have an initial high cost, there is a reduced cost in terms of long term health costs, and can also lead to reduced duty-free losses. Given that harm reduced products have been shown to be 95% safer than normal combustibles, this may help generate a debate for harm reduced products to be subsidized.

Little or no data exists nationally in Pakistan on harm reduced product usage, but local studies have shown that 39% people report using e-cigarettes, while around 81% of people showed the intention of wanting to use them. A basic reason for why these respondents were not using e-cigarettes was because of their high price. Moreover, the prices for harm reduced products are also currently not regulated.

Some key recommendations for moving forward with efforts to end smoking in Pakistan include:

1. Introduce an umbrella tobacco control policy, with a dedicated section on harm-reduced products.
2. Develop Pakistan-specific research to design strategies for more workable solutions.
3. Suggest a taxation regime for harm reduced products.
4. Promote an advocacy campaign to create a friendly regulatory environment for harm-reduced products.
5. Perform a comparative study of the health costs of combustible tobacco products versus those of harm-reduced products.
6. Compare the per capita costs of NRT and harm-reduced products to see if the latter should be adopted as part of the essential drug list.

Complete recommendations and proceedings of the Fall 2020 webinar are accessible at:
www.smokefreeworld.org/wp-content/uploads/2021/04/Economics_Webinar_Simmary.pdf

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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