



Switching to safer alternative

Syed Yawar, 35, a manager in a private firm, started smoking in 2009. Hooked to the habit, he was smoking a packet of 20 cigarettes a day. However, this also brought cough attacks, chest infection and shortness of breath. In the meantime, like all adult smokers in Pakistan, Yawar made quitting attempts but could not give up smoking.

In 2021, he was able to finally quit combustible smoking, thanks to help from vaping. "I found vaping less harmful and a possible solution to quit smoking," Yawar told Alternative Research Initiative (ARI). Apart from the fact that vaping helped him to quit smoking, Yawar is inching towards giving up vaping also. "Now I am in the process of reducing my use of e-cigarettes."

vaping also. "Now I am in the process of reducing my use of e-cigarettes."

According to estimates, there are 31 million tobacco users in Pakistan. Of them, 17 million are cigarette smokers. On the other hand, the total cost of the deaths and diseases caused by smoking in

Yawar recalled he started smoking at the behest of his friends. As his health problems multiplied, he started looking for solutions. He tried naswar and nicotine patches, but it did not work as kept returning to combustible smoking. "I simply could not give up smoking."

When asked whether he consulted a doctor to quit smoking he said though many of his friends were, they could not help as they were

the country was 3.85 billion in 2019 - 1.6% of the GDP.

themselves smokers.

In 2021 a friend introduced Yawar to e-cigarettes. "My friend recommended vaping for giving up smoking." Initially, he remained a dual user of vaping and smoking. However, he successfully quit smoking after switching to vaping in six months.

He said at the start, he was using 50mg of nicotine but gradually he

has decreased it to 25mg. Yawar said his aim was to quit vaping also. He said before switching to vaping, he was spending Rs5000 a month on smoking. Now, he is spending Rs5000-6000 on vaping but believes it is cost-effective in the long run and helpful in quitting smoking. According to Public Health England (PHE), "E-cigarettes are 95% less harmful than smoking and



helpful in quitting combustible smoking." In Pakistan, E-cigarettes are legally imported but are being used in a regulatory vacuum. Currently, there are more than 400 outlets of e-cigarettes located in the major cities of Pakistan including Islamabad, Rawalpindi, Karachi, Lahore, and Peshawar.

Yawar said most smokers want to quit smoking, but they are unable to because of the lack of cessation services in the country. He thinks vaping can help adult smokers quit smoking. He urged the government to devise awareness campaigns and make cessation services accessible for smokers who want to quit smoking but are unable to do so.



Tobacco harm reduction: The way forward

Arshad Ali Syed

As in the rest of the world, approaches to effective tobacco control have faltered in Pakistan. Currently tobacco control efforts are at a standstill. Globally, the World Health Organisation estimates 8.5 million tobacco-related deaths annually. These tobacco-related deaths are projected to increase to 10 million every year before registering a decrease.

In Pakistan, the number of tobacco users is on the rise. It is now estimated at 31 million. Over half of them, 17 million, are smokers. In Pakistan, the disease burden related to tobacco use is significant. It includes heart disease, chronic obstructive pulmonary disease, lung cancer, stroke and tuberculosis. Additionally, the country faces high levels of oral cancer because of the use of toxic smokeless tobacco and areca nut products. Pakistan seems to be nowhere near achieving any of the tobacco control targets. The tobacco control approaches appear to be in a time warp.

According to a report on Integrating Harm Reduction into Tobacco Control, authored by various doctors and researchers from different countries including Pakistan, new interventions based on THR products... are gaining traction but have not been embraced as key to cutting premature deaths. In some developed countries, tobacco harm reduction products are seen as part of the solutions for a smoke-free future. Effective cessation services and tobacco harm reduction products can help Pakistan become a smoke-free country in ten years. However, there has yet to be a movement on these approaches. Around 27 per cent of smokers in Pakistan make at least one attempt in a year. Out of them, 2.8 per cent quit smoking successfully.

Tobacco harm reduction is based on the idea that people smoke for nicotine but die from the tar. The idea is that most of the disease risk attributable to smoking arises from the smoke: the tar particles and the gases that are inhaled from burning tobacco. Nicotine creates dependence, which keeps people smoking. The smoke contains thousands of toxic agents, many of which are formed during combustion. If smokers can find satisfactory alternatives to cigarettes that do not involve combustion but do provide nicotine, they might lessen the disease risk.

The report estimates that if Pakistan embraces the THR, the current prevalence rate of tobacco use – 34.3 per cent – will go down to eight per cent in 2045 and five per cent in 2060. In other words, the 163,000 deaths annually related to tobacco will come down to 114,000 in 2045 if THR products are adopted and sensibly regulated. The number of deaths will drop further by 2060 to 76,000 if smokers in Pakistan get effective cessation services. The combination of tobacco control, THR and early diagnosis and treatment of lung cancer can save 1.2 million lives, according to the study. Currently, adult smokers are on their own when they decide to quit smoking. Effective cessation services are not available to many. Further, the policymakers have opposed tobacco harm reduction products without looking into their efficacy. If Pakistan continues to oppose THR products and fails to provide effective cessation services, it will face a surge in disease and deaths among adult smokers by 2060. Middle-aged smokers today may be the main victims of this inaction.

THR products can help save lives – first, by offering adult smokers alternatives that are safer than combustible cigarettes and second, by setting them on the path to successfully quitting this habit.

THR products are being imported and sold legally across the country. However, there is no policy regarding these. From time to time, some organisations working on tobacco control call for banning these. These organisations ignore the elephant in the room – combustible smoking – and call for banning everything else.

There is a need to regulate THR products in proportion to the risks they cause. If these are regulated just as combustible cigarettes are, their efficacy in assisting smokers to switch to safer alternatives will be compromised.

There is scientific evidence that smoke-free alternatives can help adult smokers who might otherwise persist in smoking away from traditional cigarettes. A smoke-free future is achievable by fostering appropriate regulatory incentives.

https://www.thenews.com.pk/tns/detail/1161158-tobacco-harm-control

ARI for improving smoking cessation services across Pakistan

ISLAMABAD: Alternative Research Initiative (ARI) has called for improving the access to smoking cessation services across Pakistan, calling them a human right, especially for adult smokers who want to quit combustible smoking. "Currently the availability of smoking cessation services is limited. It is not surprising that Pakistan has one the lowest quit globally," said Arshad Ali Syed, head of the ARI. He added that after the devolution of health to the provinces, the provincial governments need to take lead on ensuring the availability of smoking cessation services.

According to research, less than three percent adult smokers quit smoking successfully annually in Pakistan. Only some of the costs of the cessation services are covered. Pakistan has a national quit line (0336-5655654), but it has not been made public as it should have been. The quit line received 2,371 calls between 1 January 2015 to 1 September 2020. Of the 2,371 smokers registered through the quit line, only 73 succeeded in quitting smoking during the five years.

Arshad said the access to cessation services should be a basic human right, adding that in Pakistan the adult smokers were on their own when it comes to quitting combustible smoking. The human approach is based on the right to life and right to health, as tobacco use is the leading cause of death. He added that apart from improving the access to cessation services, Pakistan should look into the possibility of making the tobacco harm reduction part of its tobacco control efforts. He said today science is offering solutions that are helping developed countries set deadlines for completely ending combustible smoking over the next two decades. "Tobacco harm reduction is an important part of these countries' smoke-free strategies." In this regard, he said Sweden is set to become the world's first "smoke-free" country. Smoking prevalence rate has come down to 5.6% from 15% over the past 15 years. Sweden's groundbreaking strategy includes assisting smokers switch to "less harmful" alternatives, such as snus, nicotine pouches and vapes.

2



Health advocates urge policymakers to replicate smoke-free Sweden

Public health experts have called on the WHO to adopt a Swedish-style approach to beating smoking after it blatantly ignored the Swedish story at its Tenth Conference of the Parties on Tobacco Control (FCTC COP10).

In response to the recent summit in Panama, at which the WHO refrained from endorsing the progress Sweden has made in dramatically reducing smoking rates, public health experts from the Smoke-Free Sweden movement convened a roundtable with politicians to look at what can be done to drive adoption of tobacco harm reduction-based policies around the world.

With its imminent 'Smoke-Free' status, meaning smoking rates are about to fall below 5%, Sweden is a prototype for how THR can work in practice. Backed by a 41% lower cancer incidence and a 38% lower cancer death rate than its EU neighbours, the country offers proof that THR saves lives. Participants at the round table expressed disappointment at the WHO's refusal at COP10 to acknowledge sensible tobacco harm reduction measures that have already been deployed in countries such as Sweden.

Dr Delon Human, leader of the Smoke-Free Sweden Campaign said "The world is burning with smoking-related diseases, and COP10 refuses to acknowledge the fire escape Sweden has built. Tobacco harm reduction offers smokers a safer way out, and it's time for global health leaders to embrace it."

Bengt Wiberg, founder of the EUforSnus initiative, noted: "It is imperative that policymakers are presented with clear and understandable data regarding the health benefits of tobacco harm reduction. Sweden could be the blueprint for this since the Swedish government has studied this for years and has placed full and comprehensive regulations in place for all tobacco-free nicotine products, and it works" Professor Karl Fagerström, an internationally recognized expert in addiction research and smoking cessation, said: "As the Sweden example shows, the key to advancing efforts in global tobacco harm reduction messaging is reframing our understanding of nicotine. Nicotine in itself has an impact



on an individual's health close to that of caffeine, which has virtually no stigma associated with it."

Carissa During, a psychology student and founder of Considerate Pouchers stated "Alternative products change people's lives for the better. They have enabled them to make healthier choices for themselves and provided a route for people to enjoy nicotine without endangering themselves. Some women do enjoy the burning sensation that oral nicotine pouches provide (on the gum), but some women don't - It's important to have a range of products to satisfy all needs".

Jessica Perkins, THR.net co-founder remarked "We must ensure that we get product labelling guideless correct. Many policymakers and consumers do not realise that many oral nicotine pouches do not contain tobacco. Oral nicotine products are a form of nicotine replacement therapy. But the perception of these products is often demonised and incorrect - which leads to confusion over how to regulate them appropriately".

https://www.tobaccoharmreduction.net/en/article/health-advo-cates-urge-policymakers-to-replicate-smoke-free-sweden?fbclid=lwAR3zq8SgwsajLHL7AxaQUybtMvjMnO_tNwdgHQ9ik7yuWWUA1G_7tJ08OiA

New Zealand set to scrap world-first tobacco ban

WELLINGTON: New Zealand will repeal on Tuesday a world-first law banning tobacco sales for future generations, the government said, even while researchers and campaigners warned of the risk that people could die as a result. Set to take effect from July, the toughest anti-tobacco rules in the world would have banned sales to those born after Jan. 1, 2009, cut nicotine content in smoked tobacco products and reduced the number of tobacco retailers by more than 90%. The new coalition government elected in October confirmed the repeal will happen on Tuesday as a matter of urgency, enabling it to scrap the law without seeking public comment, in line with previously announced plans.

Associate Health Minister Casey Costello said the coalition government was committed to reducing smoking, but was taking a different regulatory approach to discourage the habit and reduce the harm it caused.

"I will soon be taking a package of measures to cabinet to increase the tools available to help people guit smoking,"

Costello said, adding that regulations on vaping would also be tightened to deter young people.

The decision, heavily criticised over its likely impact on health outcomes in New Zealand, has also drawn flak because of fears it could have a greater impact on Maori and Pasifika populations, groups with higher smoking rates.

Repeal flies in the face of robust research evidence, ignores measures strongly supported by Maori leaders and will preserve health inequities, said Otago University researcher Janet Hoek.

"Large-scale clinical trials and modelling studies show the legislation would have rapidly increased the rates of quitting among smokers and made it much harder for young people to take up smoking," said Hoek, co-director of a group studying ways to reduce smoking.

https://tribune.com.pk/story/2457772/new-zea-land-set-to-scrap-world-first-tobacco-ban?fbclid=lwAR2DIXyPSliIYdxZhp7ZIAWIqW8Toxl Jeo1tdw4K_oRfG-4ni1gEDURuYYo

Harm reduction efficacy of vapes

By Kiran Sidhu

Earlier in February, the New England Journal of Medicine published both a study highlighting the harm reduction efficacy of vapes and an accompanying editorial, stating that "US public health agencies and professional medical societies should reconsider their cautious positions on e-cigarettes for smoking cessation."

Coming from one of the world's most prestigious peer-reviewed journals, these felt like highly significant choices. The editorial was authored by Harvard Medical School Professor Nancy Rigotti and represented her own view, though the publication made the decision to solicit it. It added that, "The evidence has brought e-cigarettes to a tipping point. The burden of tobacco-related disease is too big for potential solutions such as e-cigarettes to be ignored."

The new study, led by researchers at the University of Bern, Switzerland, tracked 1,246 participants who wished to stop smoking. A control group received smoking-cessation counseling and a voucher which they could put toward options including nicotine replacement therapy (NRT). An intervention group received the same counseling, plus the option of NRT (which they'd have to pay for) and free nicotine vapes.

The participants were tracked for six months. The proportions with "validated continuous abstinence from tobacco smoking" throughout were 16.3 percent for the control group and 28.9 percent for the vapes group. Abstinence from smoking in the seven days prior to six-month follow-up was found to be 38.5 percent in the control group and 59.6 percent in the vapes group. The addition of e-cigarettes to standard smoking-cessation counseling resulted in greater abstinence from tobacco use among smokers than smoking-cessation counseling alone," the authors concluded.

A spokesperson for the University of Bern told Filter that most people who smoke want to stop, but are unable to do so even with traditional cessation products: "According to the study, this is where vapes could help as part of a smoking cessation counseling."

"The study sees a pragmatic approach in recommending vapes to smokers instead of leaving them alone with their dependence and the health consequences of their habit," the spokesperson continued. "By using vapes, smokers could reduce the risk of tobacco-related diseases until they later decide to stop using nicotine altogether."

Much past evidence has shown the positive health impacts of switching from cigarettes to vapes. But most people who do so don't participate in any formal cessation program. Many would also object to the suggestion that quitting low-risk nicotine consumption, which can have benefits, should be everyone's goal.

Both the findings of the study and its platform have been

welcomed by tobacco harm reduction experts.

"Critics of e-cigarettes and vapor products have complained that there is no clinical trial evidence that they help smokers quit," despite persuasive evidence of a population-level transition, Brad Rodu, professor of medicine at the University of Louisville in Kentucky, told Filter.

Such complaints just became that bit harder to justify. Noting the reputation of the New England Journal of Medicine, Dr. Rodu added that the publication of this research "should remove any doubt among practicing physicians about recommending [vapes]—indeed any smoke-free tobacco products—as cessation options for adult smokers." Dr. Rigotti, author of the NEJM editorial, also told Filter that she was "cautiously hopeful that the journal's reputation and its decision to publish the trial" would help dispel skepticism around vapes as harm reduction, though "much more is needed."

Why, then, does such skepticism persist?

According to Rigotti, there are numerous reasons, including widespread misunderstanding of nicotine's role in smoking-related disease and death, among both clinicians and the public. "And honestly," she added, "there are many in health care (and even the public) who are wary of products whose sale benefits the tobacco industry, given its long history of deception about cigarettes."

In her article, Rigotti described the study as adding "valuable new data" on the question of vapes helping people quit cigarettes, and wrote that, "It is now time for the medical community to acknowledge this progress and add e-cigarettes to the smoking-cessation toolkit."

Asked to elaborate on her editorial's assertion that we've arrived at a "tipping point," Rigotti told Filter: "I think that the evidence about the efficacy and short-term safety of e-cigarettes for smoking cessation has reached a point where the health care community should move from 'whether' to 'how and in what circumstances' e-cigarettes can contribute to ... reducing the enormous toll of tobacco-related suffering, disease and death."

"Any reluctance to recommend vastly safer cigarette substitutes among health professionals," Rodu said, "must be balanced by this fact: Nearly a half-million [US] smokers die prematurely each year."

 $https://filtermag.org/new-england-journal-medicine-vapes-harm-reduction/?utm_source=facebook\&utm_medium=social\&utm_campaign=filter\&fbclid=lwAR28nsqo9oPfYGHS2B8-jHmU8Y3xxwL4MyfOmyh8UHXL9tTV1lj9MP82vtg_aem_AR-rT3dkPpCp76d7daGeRrbq5gSYt1YNh5WJw4iKoDVYEMY2x_0jUX2cwPdttq6kM-t2ZoaR20DPLvE6cGBD84Ov$

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