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# Missing safer alternatives

A new study by Gallup Pakistan has revealed a striking gap in public awareness about tobacco harm reduction (THR) products. Only 17 per cent of Pakistanis are aware of vaping devices (e-cigarettes), and just 20 per cent know about alternative nicotine products such as snus, nicotine pouches and patches.

Yet despite this limited awareness, an estimated 1.2 million Pakistanis are already using e-cigarettes. Interestingly, only 3 per cent of those who are aware of vaping devices report using them — underscoring both the limited penetration of these products and the broader absence of informed public discourse around smoking cessation alternatives.

These numbers are particularly significant in a country that is home to more than 31 million smokers, of whom approximately 17 million are cigarette users. Smoking is responsible for an estimated 160,000 deaths annually in Pakistan, while the economic cost of smoking-related diseases and premature deaths stands at a staggering Rs615 billion each year. Given this burden, the low level of awareness about potentially less harmful alternatives raises important policy questions.

Unlike combustible cigarettes, vaping devices do not involve tobacco combustion. According to the UK's National Health Service (NHS), because vaping does not burn tobacco, it exposes users to significantly fewer toxic substances than smoking. Cigarette smoke contains thousands of chemicals, including tar and carbon monoxide, both of which are known to cause serious disease, including cancer and cardiovascular illness. Public Health England has previously stated that vaping is approximately 95 per cent less harmful than smoking and has endorsed it as a cessation tool for adult smokers. Globally, tobacco harm reduction has become an increasingly debated but widely implemented strategy. An estimated 82 million people worldwide use vaping devices. Countries such

as England, New Zealand and Sweden have incorporated harm reduction approaches into their tobacco control frameworks, encouraging adult smokers who struggle to quit to switch to less harmful alternatives.

Sweden offers a particularly notable example. Its smoking prevalence has declined from around 15 per cent to 5.3 per cent, placing it on the brink of becoming one of the world's first officially "smoke-free" countries. While multiple factors contribute to this decline, harm reduction products have played a recognized role.

In contrast, Pakistan has yet to meaningfully examine the role of tobacco harm reduction within its broader tobacco control

strategy. Although certain tobacco control measures exist, there is no comprehensive framework addressing safer nicotine alternatives. As a result, these products are legally imported and used in a regulatory grey area, without clear standards, consumer education, or cessation guidance.

The debate around THR is not about promoting nicotine use. It is about acknowledging a public health reality: millions of adults continue to smoke despite repeated efforts to quit. For many, complete abstinence remains difficult. In such cases, evidence-based harm reduction may offer a pragmatic pathway to reducing disease and death. Pakistan urgently needs a balanced, evidence-driven review of its approach. Policymakers should study international experiences, assess the scientific literature, and develop a clear regulatory framework that protects youth while providing adult smokers with accurate information and safer alternatives. Without innovation and informed policymaking, the goal of a smoke-free Pakistan will remain a distant aspiration rather than an achievable public health milestone.



# Smokers' corner

## Unable to quit for long

Irfan, 33, a salesman with intermediate-level education, started smoking in 2018 due to intense emotional stress. His grandfather was seriously ill and hospitalized, and he found smoking to be a coping mechanism. "I was under a lot of tension at that time and wanted to resist stress, so I turned to smoking," he told the Alternative Research Initiative (ARI) in Islamabad.

Since 2018, Irfan has smoked about two cigarettes a day. Despite being aware that smoking can cause tuberculosis and lung damage, he claims he has not experienced any health problems so far. "I don't have any health problems," he said. Irfan is determined to quit smoking and has made several

failed attempts. Every year during Ramadan, he quits completely. "I don't smoke at all in Ramadan," he explained. However, once the month ends, he resumes smoking. He said cravings are strongest after meals. "After eating, the urge becomes very strong," he added. He has heard about smoking cessation alternatives such as e-cigarettes and tried one, but it did not work for him. "It didn't satisfy me, so I didn't continue," he said. He also admitted he had no information about formal smoking cessation services. "I don't know where to go for help," Irfan said, adding that quitting would require more than just personal effort. "I need motivation and medical assistance to quit smoking." Unfortunately, only 25 percent of smokers in Pakistan try to quit each year, and fewer than 3 percent succeed.

## From fun to habit

Junaid, 25, a matriculate and a security guard, recalls smoking his first cigarette in 2019 out of curiosity. What began as fun soon turned into a habit he kept hidden from his family and relatives. However, what was once fun became a burden after he fell ill.

"I've reduced my intake by 80 percent, and now want to quit completely," he told the Alternative Research Initiative (ARI) in Islamabad. From 2019 to 2023, Junaid smoked between 20 and 30 cigarettes a day. Smoking gradually lost its appeal, especially after his dengue diagnosis, when weak immunity made coping difficult. "It became a turning point. That's why I decided I should quit," he said. "Smoking isn't fun anymore. I

now smoke around four cigarettes a day." Despite being aware that smoking can cause lung damage and reduce stamina, he claims he has not experienced any health problems so far. Junaid admits he has no knowledge of smoking cessation services, medications, or healthcare practitioners who could help him quit. "I don't know about any medical help for quitting," he said. He believes quitting depends largely on willpower and is determined to stop smoking completely during the upcoming Ramadan. "I hope to quit smoking for good in the coming Ramadan," he said. According to the World Health Organization (WHO), Pakistan's healthcare system lacks adequate support for smoking cessation.

# Hope for a smoke-free generation

By David MacKintosh

Most people know quitting smoking can transform their health. Data from multiple countries and communities consistently shows that many want to give up or reduce combustible tobacco use. Yet quitting is the New Year's resolution tens of millions don't keep, year after year. By now, it's clear this isn't a problem of willpower or motivation. Instead, people need better support. While traditional nicotine replacement therapies, pharmaceuticals, and counselling may work for some adults, others may still not be able to quit. In these cases, tobacco harm reduction—or the use of reduced-risk nicotine products—may be helpful. The good news is that some countries are leading the way in making smoking a relic of the past. In Sweden, Norway, New Zealand and the United Kingdom, declines in smoking rates have been accelerating, approaching or even falling below the five percent prevalence, which is often the target public health officials aim for when setting goals to eliminate smoking.

In part, some of these declines in smoking are related to restrictions, effective tax regimes, and cessation support for adults who want to quit. But the countries with the most success in lowering smoking rates also have widespread consumer uptake of one or more safer nicotine products. We can definitely say that tobacco harm reduction is happening. Our next challenge is to ensure that it's accessible to every adult who needs it.

Effective public health is built on a solid foundation of

evidence, and there's already plenty of science backing the efficacy of tobacco harm reduction. At Knowledge-Action-Change (KAC), we have been committed to gathering and disseminating this information since 2018, when we created our Global State of Tobacco Harm Reduction project. With support from Global Action, we've told the tobacco harm reduction story in landmark biennial reports and regular thematic Briefing Papers in 13 languages. The Global State of Tobacco Harm Reduction project makes this information available to all, including the people leading public health efforts in low-and middle-income countries, which shoulder a disproportionate amount of the disease and death caused by smoking. We update this project regularly with the newest data about smoking prevalence, associated mortality, and the accessibility of nicotine replacement therapy across 198 countries. We also map the availability, regulatory status and use of less-risky nicotine products, information overlooked by most sources. In 2026, KAC will continue providing comprehensive, evidence-based information about smoking cessation, including tobacco harm reduction. Tobacco harm reduction offers adults who smoke hope for a life after combustible tobacco. Broader understanding of this fact would be a huge win for global health, helping millions make their new year's resolution to quit one that sticks.

<https://globalactiontoendsmoking.org/global-action-community-newsletters/>

# Switching to reduced-risk products

Making new year's resolutions just to watch them pass us by is, unfortunately, a tale as old as time. Even with the best of intentions, our start-of-year goals can turn out to be harder, trickier or more complicated than we expected! Rather than waiting for the next year, the secret to success lies in taking practical, achievable steps that help build and maintain momentum with resolutions that stick – and we break it down for you below. If reducing the harm from smoking is on your list this year, here's a resolution guide for an evidence-based tobacco harm reduction approach.

## Step one: Set a specific goal

Ask yourself, "What does success in this goal look like for me?" Being concrete sets you up for success.

For example, instead of saying "I want to smoke less", a specific goal might say:

- "I will switch from cigarettes to oral nicotine pouches (ONPs) by the end of February"
- "I will reduce my daily e-cigarette consumption by half within three months"

## Step two: Define your intent

It's easy for goals to be deprioritized if you aren't sure of your intent. Knowing what you're making a change for fuels persistence.

Switching from cigarettes to reduced-risk alternatives can:

- Reduce exposure to harmful chemicals found in smoke
- Improve cardiovascular and respiratory health over time
- Provide greater control over tobacco and nicotine intake

What is your deeper purpose for setting this resolution? Knowing your why helps direct your steps.

## Step three: Break it down into manageable steps

Break your goal into smaller, bite-sized chunks to make it achievable and less daunting. Resolutions don't have to be scary!

A sample plan for a goal of switching from cigarettes could be:

1. Week 1-2: Research and choose your preferred

2. harm-reduced alternative – taking into account accessibility, price and personal preferences  
Week 3-4: Substitute your first cigarette of the day with your chosen alternative. It's okay if you miss a day – make the switch for the next time you plan to smoke!
3. Week 5-8: Track your use and gradually replace more cigarettes until you have fully switched or significantly reduced smoking

This is just one of many possible plans. Take time to make one that works for you and feels manageable.

## Step four: Plan for obstacles

Around February, many resolutions hit a bump. Cravings, stress, or social triggers are common factors that stand in the way of our best intentions. To prepare for these inevitabilities:

- Make sure your risk-reduced product is close at hand
- Let your friends and family know about your resolution so they can support you
- Identify situations where you reached for a cigarette and plan for substitutions

Acknowledging that this journey will not be perfect and setting proactive strategies can prevent minor setbacks from turning into dropped resolutions.

There are many online spaces and communities that can also support you with your resolution.

## Step five: Track progress and adjust

Documenting progress helps you see how far you've come and reinforces your commitment to achieving your goals. It also allows you to redirect yourself if your chosen approach isn't working. Perhaps another harm-reduced option or a longer timeline can help? Flexibility increases your chance of long-term success.

## Step six: Celebrate success

Rewarding yourself helps with motivation – and you deserve it! Celebrate the weekly, monthly and quarterly milestones and share them with others. Celebrating helps reinforce the positive change you are making.

With this 6-step guide, you're ready to get started! We wish you all the best on your harm-reduction journey!

<https://tobaccoharmreduction.net/article/tobacco-harm-reduction-new-years-resolutions/>

# Underage smokers

I recently saw two children, barely seven or eight years old, asking for cigarettes at a local shop. When questioned, they claimed they were buying them for their family elders. The shopkeeper refused, but later informed me that nearly 15 to 20 children of the same age visit his shop every day with similar demands.

This practice is alarming and dangerous. Allowing children to purchase cigarettes, even on behalf of adults, exposes them to smoking at a very early age, and increases the risk of addiction. The problem worsens when shopkeepers hand over cigarettes without questioning. Parents must closely monitor their children's activities and friendships, while shopkeepers should strictly refuse to sell cigarettes to minors under any circumstances.

More importantly, the authorities must enforce existing laws, and take action against shops that violate age restrictions. Protecting children from early exposure to smoking is a shared responsibility and should not be ignored any longer.

<https://www.dawn.com/news/1967126>

## Vapers face up to \$190 fines in Vietnam

Vietnam: People who use e-cigarettes or heated tobacco products in Vietnam will face fines ranging from VND3 million to VND5 million (US\$114–190) and will be required to destroy the products, a government decree stipulates.

Under Decree No. 371, individuals who allow the use of e-cigarettes or heated tobacco products at premises under their ownership or management will be fined between VND5 million and VND10 million. For organizations, the fines will be doubled. The decree defines e-cigarettes as products consisting of an electronic device, a container holding e-cigarette liquid, and the liquid itself. Heated tobacco products are defined as those comprising an electronic device and specially processed tobacco. Vietnam's National Assembly agreed at its November session to ban the production, trading, importation, storage, transportation, and use of e-cigarettes and heated tobacco products to protect public health.

The government was tasked with enforcing the ban and raising public awareness, particularly among children and adolescents, about the harms of these products. Health Minister Dao Hong Lan said the ban was introduced due to the negative health impacts associated with e-ciga-

rettes and heated tobacco products.

E-cigarettes and heated tobacco products are considered new-generation products that operate by heating liquids containing nicotine or flavorings dissolved in propylene glycol or glycerine. At least 60 chemical compounds have been identified in e-cigarette liquids, along with numerous toxic substances present in the aerosol or smoke produced. Vietnam is the sixth country in Southeast Asia and one of 43 countries worldwide to ban e-cigarettes and heated tobacco products. Use of these products in Vietnam has risen rapidly, particularly among children and adolescents. From 2015 to 2020, the prevalence of e-cigarette use among adults aged 15 and above increased from 0.2% to 3.6%.

Among students aged 13–17, usage rose from 2.6% in 2019 to 8.1% in 2023. A preliminary survey conducted in 11 provinces and cities found that 4.3% of girls aged 11–18 used e-cigarettes in 2023.

The Health Ministry warned that the trend poses serious risks to young people. In 2023, 1,224 people in Vietnam were hospitalized due to poisoning or illnesses linked to e-cigarettes and heated tobacco products.

<https://e.vnexpress.net/news/news/e-cigarette-users-face-up-to-190-fines-in-vietnam-5001033.html>

## New Zealand cuts smoking and youth vaping

By Kiran Sidhu

In countries where nicotine vapes are generally available to adults, with corresponding reductions in smoking, youth vaping has again and again been used to attack and roll back vape access.

The extent of youth vaping has often been exaggerated, and it has never been tenable to argue it's a problem comparable to millions of smoking-related deaths. Such arguments are nonetheless politically potent.

That's why it's so significant that youth vaping in New Zealand, one of the world's outstanding tobacco harm reduction success stories, has reportedly halved in recent years.

The Year 10 Snapshot Survey from Action on Smoking and Health (ASH NZ), released in late 2025, involved over 30,000 participants aged 14 and 15. It revealed that "regular" vaping—defined as vaping at least once a month, so not necessarily at a level that might risk dependency—had dropped from 20.2 percent in 2021 to 11.2 percent today.

Daily vaping, meanwhile, fell from 10.1 percent in 2022 to 7.1 percent. And the proportion of teens who have never smoked continues to rise, hitting a record 89.4 percent.

These findings provide valuable insight on how countries can successfully implement tobacco harm reduction. According to ASH Director Ben Youdan, it all comes down to responsible regulation.

Youdan told Filter it's important to note that in the early, unregulated days of vaping in New Zealand, the country saw "rapid" uptake of vaping in both adults and youth.

"Policies to regulate vaping only came into place in 2021," he noted. The survey, he said, shows how impactful those regulations have been.

New Zealand's balance has involved measures designed to make it harder for youth to vape without unduly obstructing harm reduction. "Harsh penalties for retailers that sell to minors, limiting flavor names [but not the actual range of available flavors] to reduce marketing appeal to kids, and restricting most sales to R18 stores seem to have got the vaping market more under control," Youdan said.

Plummeting youth-vaping rates should help protect adult vape access from political opposition going forward. When the country is one of a handful closing in on "smoke-free" status (a smoking rate of under 5 percent), it's vital to keep that momentum going. Back in 2011/12, New Zealand's daily smoking rate was 16.4 percent; in 2024/5, it was 6.8 percent. "Despite claims that vaping leads to youth smoking, we have seen no evidence of this," Youdan commented. "In fact, the biggest gains in reducing smoking since 2021 have been the younger age groups."

"[Our] regulated industry model has also almost entirely avoided the illicit market that plagues our neighbors in Australia and has greatly expanded the harms of smoking and vaping to include significant social costs," Youdan said, referencing problems such as violence over control of Australia's unregulated vape market.

<https://filtermag.org/new-zealand-cuts-smoking-youth-vaping/>

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 Global Action to Ending Smoking (GA), 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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