

ALTERNATIVE RESEARCH INITIATIVE

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Community unites for a smoke-free Pakistan

The Alternative Research Initiative (ARI) and its partner organizations have conducted awareness sessions on ending smoking in 11 districts, seven in Punjab and four in Sindh, aiming to engage local communities and tobacco users in efforts to save youth from smoking and help adults quit. In July, six community meetings and five sessions with the tobacco users were held in collaboration with various organizations across different cities. The meetings were attended by community leaders, civil society members, laborers, doctors, mothers, smokers, students, and people from diverse backgrounds. Speakers elaborated on the health risks of tobacco products, benefits of quitting, and strategies for community involvement in preventing youth smoking and helping adults quit.

They shared valuable insights on the harmful chemicals produced by burning tobacco, which cause chronic diseases, including cardiac arrest, severe cough, COPD, loss of appetite, and various types of cancer. Statistics revealed that smoking kills 160,000 people in Pakistan annually, with an economic cost of Rs. 615 billion, accounting for 1.6% of the country's



GDP. Conversely, quitting smoking brings immediate benefits, improving health, life expectancy, and reducing the risk of cancer and cardiovascular diseases.

Speakers emphasized that tobacco control laws exist in Pakistan, but their implementation and provision of effective cessation services remain a challenge, resulting in less than 3% of smokers quitting successfully each year. They informed smokers about methods to cope with nicotine withdrawal symptoms and educated participants on effective cessation strategies, including tobacco harm reduction, nicotine replacement therapy, medication, and counseling.

The speakers highlighted Sweden's success in becoming the world's first smoke-free country by implementing anti-smoking laws and promoting alternative products like Swedish snus and e-cigarettes. They stressed the importance of community involvement in declaring homes and public places smoke-free, educating children about smoking hazards, encouraging open communication with youth, providing medical support to adult smokers, and promoting reduced-risk products. They also shared useful methods for educating children on manag-



Smokers' corner

Inescapable desire

Rehmat Ullah, 69, started smoking at the age of 18 for fun, but what began as a casual habit quickly turned into a lifelong addiction, leading to severe health problems. "My chest hurts. I feel pain in my body," he told the Alternative Research Initiative (ARI) in Dera Ghazi Khan.

"I saw people everywhere— whether in DG Khan, Lahore, or Karachi — everyone had a cigarette in hand," he said. "I thought, if everyone's doing it, why shouldn't I?" recalls Rehmat.

In his younger years, Rehmat smoked up to five packs a day. Today, even at 69, he still smokes 10 to 12 cigarettes daily. Over the years, the reason behind smoking shifted. What once felt like a social norm has now become a way to cope. "Now, I smoke to escape tensions like economic pressures and family responsibilities," he shared.

But the toll on his health is undeniable. "I feel chest and body pain because of smoking," he admitted, acknowledging the damage caused by a habit that has spanned over five decades.

A life long regret

Tariq Bhatti started smoking with friends in 2010, initially taking a puff as a casual activity. However, he soon found himself consuming more than 10 cigarettes a day. "That first puff gave me satisfaction, and I continued smoking after that, which resulted in cough attacks and chest pain," he told the Alternative Research Initiative (ARI) in Hyderabad.

Pakistan is home to an estimated 31 million tobacco users, including 17 million cigarette smokers. Smoking causes around 160,000 deaths annually and imposes an economic burden of Rs. 615 billion – equivalent to 1.6% of the country's GDP.

Recently, Tariq attended a program organized by ARI and the Humanitarian Organization for Sustainable Development Pakistan (HOSDP), where he learned about the severe health and financial risks associated with smoking. "Today, I vow to quit," he said. "I believe that with willpower, I can successfully give up smoking." Smoking has taken a significant toll on Tariq's health. He experiences weakness, coughing fits, and

Quitting without support

Shamoon Gill, 40, began smoking at 18, influenced by his friends. Over the years, the habit took hold. "I used to smoke two packs a day, but now I've cut down to 10 cigarettes daily because it caused shortness of breath and skin allergies," he told the Alternative Research Initiative (ARI) in Faisalabad. Despite these health issues, Shamoon hasn't received much support from healthcare providers. "A doctor advised me to reduce my intake, but he didn't suggest any method to quit," he shared. "I want to quit completely to overcome the shortness of breath," he said. "I vow to quit."

Like many smokers in Pakistan, Shamoon has never accessed cessation services or learned about quitting strategies. "I've never visited a doctor specifically for this," he admitted. "I don't know where to go or what to do."

According to the World Health Organization (WHO), Pakistan's healthcare system lacks sufficient tobacco cessation resources. Fewer than 3 percent of smokers manage to quit each year,

Despite knowing the risks, quitting has never been an option he could fully pursue. "I thought about quitting once," he said. "But when I tried, I felt dizzy and uneasy, so I haven't tried again since."

Like many long-time smokers in Pakistan, Rehmat has never consulted a doctor, taken medication, or learned about any strategies to help him quit. "I don't know where to go or what to do. I've never heard of any services to help people quit," he confessed.

According to the World Health Organization (WHO), Pakistan lacks adequate tobacco cessation resources in its healthcare system. With fewer than 3 percent of smokers managing to quit successfully each year, individuals like Rehmat are left to battle their addiction alone — facing both the physical toll and emotional burden of long-term tobacco use.

Still, the desire to quit remains. "If there's a product that can help reduce stress and make it easier to quit, I would use it," he said.

chest pain—problems he never faced before starting to smoke. Reflecting on his habit, Tariq expressed regret: "Now I feel distressed and wonder why I started smoking in the first place."

Despite these health issues, Tariq has never consulted a doctor for treatment. Instead, he has tried to reduce his cigarette consumption on his own, unaware of quitting strategies or support programs available. "I extended the gaps between cigarettes," he explained. Initially, he smoked 4-5 cigarettes a day, which later increased to 10 and then 15. Currently, he consumes around 10 cigarettes daily.

Estimates suggest that fewer than 3 percent of smokers successfully quit due to a lack of affordable, accessible, and effective cessation services in Pakistan. As a result, many individuals like Tariq find it difficult to break their habit. Tariq emphasizes his need for awareness and motivation to successfully quit smoking. "Awareness programs, books, and support from friends and loved ones can help me quit," he says.

highlighting the urgent need for awareness, support services, and accessible treatment options for people like Shamoon. Shamoon noticed that during times of illness, such as throat or chest infections, his urge to smoke decreases. "During throat infections, I didn't feel like smoking, so I reduced it naturally," he said. "Working also helps me smoke less. Staying busy makes a difference."

He believes that emotional and social support could be key in helping him quit. "I think friends and loved ones can help," he said. "If my economic situation improves and the stress reduces, I believe I'll smoke less."

Stress from stagnant business and financial instability continues to fuel his addiction. "No progress in business means constant stress, which leads me back to smoking," he explained. Still, Shamoon is hopeful. He's now considering healthier alternatives like exercises to help him quit. "I'll focus on exercise and shifting my mind away from smoking," he said.

Unstoppable craving

Farzana Agha, 35, began smoking with friends in 2015 but soon found herself consuming up to three packets a day. “I’m a diabetic patient. I quit smoking for a whole year because I was unhappy with cigarettes—they made me weak,” she told the Alternative Research Initiative (ARI).

According to estimates, more than 31 million people in Pakistan use tobacco products, including 5.8 percent of women. Tobacco use causes over 160,000 deaths annually in the country due to related illnesses.

Despite her efforts, stress and tension led Farzana back to the habit. “During the year I quit, I experienced anxiety,” she said. “I want to quit again but find it difficult without proper help.”

Farzana has tried alternative products like Velo and vaping but

found no relief. “I consulted a doctor who advised me to stop smoking because it’s harmful, but they did not provide any help or quitting guidance,” she shared. “I would follow a doctor’s advice if they offered support on how to quit.”

Pakistan’s healthcare system lacks sufficient tobacco cessation resources, according to the World Health Organization (WHO). Estimates show that fewer than 3 percent of smokers successfully quit each year. The scarcity of accessible support and effective cessation programs leaves many, like Farzana, trapped in a cycle of addiction and health risks.

“I need a product or program that can help me quit smoking for good, because without proper support, it feels almost impossible,” Farzana said.

Pakistan’s struggle to regulate alternative tobacco products

Pakistan has been unable to come up with regulation regarding alternative tobacco products – electronic cigarettes and nicotine pouches. There have been calls to ban these alternative tobacco products. The Punjab government did ban the outlets selling electronic cigarettes, but the Lahore High Court overturned the ban.

It called for immediate closure of all vaping centers across the province. A bill has been submitted in the Senate, the upper house of parliament, which calls for extending prohibitions in the 2002 tobacco ordinance to Electronic Nicotine Delivery Systems. It also calls for the use of ENDS in public places and vehicles, restricting and regulating their sale to minors, banning advertisements inconsistent with prescribed guidelines, and prohibiting storage, sale, or distribution near educational institutions.

Since 2015, Pakistan has witnessed a steady increase in the sale and use of electronic cigarettes and a significant increase in the sale and use of nicotine pouches. Unlike rest of the countries globally, Pakistan has not taken any concrete steps to regulate the use of alternative tobacco products.

Pakistan enforces demand-side measures—such as prohibiting sales to minors, banning single-stick sales, and mandating health warnings—there remains a significant regulatory gap on the supply side. This vacuum is especially evident with emerging products like flavoured vapes, which are designed to attract younger users and have witnessed rapid market expansion in the absence of targeted legislation.

As of mid-2025, 46 countries have implemented comprehensive bans on the sale and distribution of electronic cigarettes (e-cigarettes or vapes). However, these bans vary in scope—some prohibit only sales, while others also restrict possession and use. On the other hand, 87 countries all sales but impose restrictions. These include age restrictions, flavor bans, advertising and sponsorship prohibitions, public use limitations, and packaging and labeling requirements. Seventy-four countries have no specific regulations on e-cigarettes, often due to legislative gaps or enforcement challenges. Notably, some bans are partial or region-specific. Malaysia bans nicotine-containing vapes in most states but has a thriving market for non-nicotine products, while Australia allows nicotine vapes only via prescription. UK plans to ban disposable vapes by 2025, not all e-cigarettes.

The mushrooming of vape shops in the metropolitans such as

Karachi, Lahore, Islamabad, and Rawalpindi is becoming a source of concern, and hence the calls for banning them.

Though no exact estimates are available on the number of vape shops, estimates show more than 800 outlets across Pakistan.

According to the Pakistan Bureau of Statistics, Pakistan legally imported 750,590 e-cigarettes and vaporizers between July 2023 and June 2024, with primary shipments originating from China, Hong Kong, Malaysia, the United Kingdom, and Russia. These figures reflect only documented imports—unofficial channels, particularly from China, are believed to account for a substantial volume of additional devices brought into the country through smuggling.

First things first, Pakistan needs to establish a clear legal framework for the sale and use of alternative tobacco products. This legal framework should be sensibly regulating these products, mainly relying on the continuum of risks associated with these products. Currently, the alternative products are used in a policy vacuum. There is a need for defining these products and their categories. Differentiate between e-cigarettes, nicotine pouches, heated tobacco, and oral tobacco. This should be followed by requiring importers, manufacturers, and retailers to register and comply with safety standards. Age restrictions should be finalized and implemented strictly. The minimum age for the purchase and use of these products should be 18+.

The next important step is quality control. There should be mandatory testing for nicotine concentration, contaminants, and labeling accuracy. Packaging regulations such as health warnings, usage instructions, and child-resistant features should be introduced and implemented. The most critical aspect is monitoring the imports and sale of these products. The availability of customs data and retail audits will help monitor legal and illicit flows.

Apart from these measures, there is an urgent need for educating the public about these products to clarify the risks and relative harm of vaping vs. smoking. To ensure that these products are used sensibly, healthcare providers should be trained. There is a need to equip doctors and counselors to guide smokers toward safer alternatives. Most importantly, Pakistan needs to study the experiences of the UK, Sweden, and New Zealand. These countries have successfully integrated harm reduction into tobacco control.

Switching cigarettes for vapes or HTPs improves fitness

By Kiran Sidhu

People who switch from smoking to vapes or heated tobacco products can improve their fitness levels in as little as four weeks, a new study has found. Besides being beneficial in itself, the researchers say this could be a persuasive motivation for younger people, especially, to swap cigarettes for safer nicotine options.

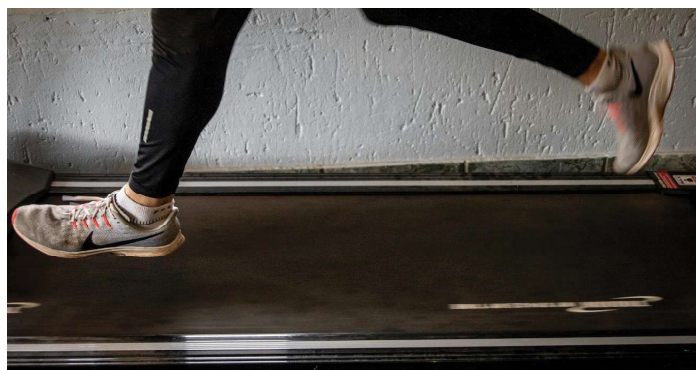
The study, published in the *Scientific Reports* journal and titled “Improved aerobic capacity in a randomized controlled trial of noncombustible nicotine and tobacco products,” was conducted by researchers at the Center of Excellence for the acceleration of Harm Reduction (CoEHAR) of the University of Catania, Italy. It looked at a measure known as $\dot{V}O_2\text{ max}$ —the top rate of oxygen consumption a person can achieve during physical exercise, which the paper described as “the gold standard measure of cardiorespiratory fitness.”

This was the first time research had examined the specific impact on $\dot{V}O_2\text{ max}$ of using e-cigarettes (EC) or heated tobacco products (HTP) versus smoking. The study was a secondary analysis of CoEHAR’s CEASEFIRE trial, which followed a group of 220 people who didn’t intend to quit smoking, and used the Chester Step Test to measure aerobic performance after four and 12 weeks.

Smoking reduces aerobic capacity. But the study found that people who quit smoking, or even just reduced it, showed significant increases in $\dot{V}O_2\text{ max}$, with the researchers noting that “these gains were observed equally in users of ECs and HTPs.”

“These gains in aerobic performance can be viewed as a collateral benefit of switching, reinforcing the potential of smoke-free alternatives as effective harm reduction tools.”

One of the authors was Riccardo Polosa, professor of internal



medicine at the University of Catania and founder of CoEHAR.

“In our trial, participants who completely switched to combustion-free nicotine products exhibited meaningful increases in $\dot{V}O_2\text{ max}$,” he told Filter. “These improvements were comparable to those reported in prior studies involving individuals who achieved complete smoking abstinence—defined as quitting all tobacco use without substituting with alternative nicotine products.”

According to Dr. Polosa, participants who used safer nicotine products to reduce their cigarette use achieved $\dot{V}O_2\text{ max}$ improvements of about 3 percent and 4.5 percent at four and 12 weeks, respectively. Those who switched entirely saw improvements of about 5.5 percent and 6 percent at those points.

“These gains in aerobic performance can be viewed as a collateral benefit of switching, reinforcing the potential of smoke-free alternatives as effective harm reduction tools,” he said.

<https://filtermag.org/quitting-cigarettes-vapes-boost-fitness/>

Tobacco harm reduction, cessation services key to achieving a smoke-free Pakistan

ISLAMABAD: Pakistan must integrate tobacco harm reduction and affordable cessation services into its national tobacco control strategy to support adult smokers who are unable to quit through conventional means and to curb the widespread use of combustible tobacco products.

This call was made by the Alternative Research Initiative (ARI) and its partners, who emphasized the urgent need for evidence-based approaches that prioritize public health. They stated that achieving a smoke-free Pakistan is within reach—provided current tobacco control efforts are diversified to include innovative and science-backed solutions. Despite two decades of progress, combustible smoking remains a leading health concern, with over 31 million tobacco users in the country, 17 million of whom are cigarette smokers. Alarming, fewer than 3% of adult smokers manage to quit each year due to inadequate cessation support services. While reaffirming their support for existing govern-

ment initiatives, ARI and its partners urged policymakers to examine emerging global evidence on the effectiveness of tobacco harm reduction.

The statement spotlighted Sweden as a case study: it is on track to become the world’s first “smoke-free” nation—defined as smoking among less than 5% of adults. By endorsing alternatives such as snus, nicotine pouches, and vapes, Sweden has slashed its smoking rate from 15% to 5.6% in just 15 years, ahead of the EU’s 2040 target.

To replicate such success, ARI called for ensuring the availability of affordable, accessible, and effective smoking cessation services. There is also a need for actively involving health professionals in making access to smoking cessation services easy. This should be backed by incorporating tobacco harm reduction into national policy frameworks. Critically, there is a need for sensibly implementing regulations for safer nicotine alternatives.

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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