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# Helping adult smokers to quit

By Sarnawaz Salamat

The adult smokers in Pakistan need a helping hand, especially those who have been unable to quit smoking despite multiple attempts. Every year one-fourth of the smokers in Pakistan make an attempt to quit smoking, but only less than three percent successfully give up this habit. According to WHO cessation index, Pakistan offers nicotine replacement therapy and/or some cessation services with at least one cost covered. However, the primary tobacco law in Pakistan - the Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002 – does not talk about smoking cessation. Strangely, in a country with more than 31 million tobacco users, which include 17 million smokers, cessation services are conspicuous by their absence. More strangely, tobacco control initiatives in Pakistan have almost ignored the availability of cessation services.

Pakistan ranks among the 15 countries with the highest tobacco consumption. Alarmingly, nearly 40% of adults and 55% of children are routinely exposed to second-hand smoke. The toll on health is immense: smoking is a leading contributor to cancer, cardiovascular disease, diabetes, and respiratory illnesses such as COPD and tuberculosis. According to the WHO, tobacco causes over 8 million deaths globally each year, including 1.2 million from secondhand smoke. Within Pakistan, the annual smoking-related death rate stands at 91.1 per 100,000 people—higher than both the South Asian and global averages.

On the other hand, the rest of the world realizes the importance of access to effective cessation services. According to the US National Cancer Institute, "Smoking cessation lowers the risk of cancer and other serious health problems. Coun-

seling, behavior therapy, medicines, and nicotine-containing products, such as nicotine patches, gum, lozenges, inhalers, and nasal sprays, may be used to help a person quit smoking." Every smoker, at some point in life, wants to quit smoking. At this occasion, a smoker should have knowledge and access to smoking cessation programs at the local levels. There is a lack of structured quit programs, counseling services, and accessible nicotine replacement therapies (NRTs). Public hospitals rarely offer dedicated smoking cessation programs, and private healthcare options are often expensive. Additionally, low awareness of cessation methods and limited government



funding exacerbate the issue. The absence of evidence-based quit-lines and professional counseling further reduces quit success rates.

There is a need to establish accessible quit-smoking programs at the federal, provincial and local levels, which should be backed by counselling and nicotine replacement therapies for those struggling to quit. In this regard, the role of healthcare providers is critical. Unfortunately, up till

now, they are not part of the efforts to help the adult smokers quit smoking.

The role of health professionals, mainly doctors, is critical in helping the adult smokers quit. However, doctors seem to be aloof from the initiatives on decreasing the burden of tobacco use and seldom actively engage in supporting smokers to quit the habit. It is essential that doctors are sensitized on tobacco harm reduction and made part of the efforts to highlight this concept and how it can assist in reducing smoking prevalence.

# Smokers' corner

## No escape

Ali Khan, 75, a laborer, started smoking at 25 with friends which soon became a routine part of his daily life. "People around me were smoking, so I picked it up," he told the Alternative Research Initiative (ARI) in Islamabad, recalling how easily the habit took hold in his early years.

In the beginning, Ali smoked only one to four cigarettes a day, maintaining this pattern for nearly a decade. Over time, however, his consumption gradually increased. He soon found himself smoking 10 to 12 cigarettes daily—a level he has sustained for many years. Over the course of his smoking life, he remained loyal to brands such as 555 and Gold Leaf, before switching to Capstan, which he has been using for the past 12 years.

Despite smoking for nearly five decades, Ali claims he has little understanding of the health risks associated with tobacco use. "I don't know much about its harms," he admitted. Like many long-term smokers, he believes his personal experience

defines the risk. "Despite smoking for 50 years, I don't have any health issue," he said.

Unlike those who are fully resistant to quitting, Ali has made some attempts to cut down. His efforts, however, have been limited and largely unsuccessful. "I reduced smoking to three cigarettes a day in Ramadan," he shared. Encouraged by this, he tried to go further. "I tried to reduce to one or two for a week to quit, but cravings forced me back to my routine. I didn't succeed in quitting."

Although he continues to smoke, Ali wants to quit but a lack of awareness appears to be a major barrier. "I don't have any information about quitting strategies and cessation services," he said.

He also revealed that he is unfamiliar with alternatives or newer cessation aids. "I haven't even heard about things like vapes or nicotine pouches," he added. Reflecting on this, Ali believes that better information could have made a difference in his journey. "If I had known about cessation methods, I would definitely try to quit," he said.

## Early exposure becomes a lifelong habit

Muhammad Zakaria, 65, a retired government servant was introduced to tobacco at an age when most children are still unaware of its dangers. Growing up in an environment where hukkah use was common in homes and social gatherings, he began consuming it when he was between five to 10 years. "It was normal in our house and society," he told the Alternative Research Initiative (ARI).

Years later, after moving to Islamabad, Zakaria's tobacco use took a different turn. He started smoking cigarettes, initially in secrecy. "At first, I used to smoke one or two cigarettes with friends, hiding it from my family," he said. However, like many smokers, what began as occasional use quickly escalated. By the age of 18, while working as a catering serviceman, his intake rose to around 10 cigarettes a day—a pattern he maintained for over two years. Eventually, this increased further to a full pack daily. Today, despite his age, Zakaria continues to smoke between 10 and 20 cigarettes a day. Zakaria is not unaware of the health risks associated with smoking. He acknowledges that it can damage the lungs and lead to shortness of breath, persistent coughing, and heart disease. Yet, like many long-term smokers, he believes his personal experience tells a different story. "I don't have any health problem due to smoking," he said. He recalled falling ill

in 2016 due to a kidney stone but was quick to clarify that it was unrelated to his smoking habit. "I recovered soon. I never fell ill because of smoking," he added.

Over the years, Zakaria has made several attempts to quit. Unlike some smokers, his desire to stop is clear—but success has remained out of reach. "I tried to quit several times through willpower, reducing to two or three cigarettes," he explained. However, cravings and social influences often pulled him back. "Then it increased again because of peers and cravings," he admitted.

While he is aware of alternatives such as nicotine pouches and e-cigarettes, Zakaria remains skeptical. "I've heard they are more dangerous than cigarettes," he said, referring to information he believes is based on research. Instead, he feels stronger policy action is needed. "If the government wants to end smoking, it should ban cigarette factories," he suggested. Despite decades of smoking, Zakaria has not given up on the idea of quitting. He says he will continue trying, relying on personal determination and medical advice. "An Islamabad-based doctor at Polyclinic, Mehdi Naqvi, recommends a gradual reduction approach—cutting down cigarette consumption step by step—as a practical method to quit," he said. "I will gradually try my best to reduce or quit smoking completely."

# GA backs FDA's guideline

The recent draft guidance on certain flavors of e-cigarettes from the U.S. Food and Drug Administration (FDA) recognizes that electronic nicotine delivery systems (e-cigarettes) with flavors other than tobacco may provide benefits to some adults who smoke. The agency notes that certain e-cigarette flavors—such as coffee, tea, or spices—that are known to be less appealing to youth may be considered appropriate for the protection of public health if they benefit adults who smoke and cannot otherwise quit.

This draft guidance reflects the agency's prior stance that adults who smoke and switch entirely to reduced-risk products like e-cigarettes can significantly lower their long-term health risks. It also recognizes that every adult who smokes

has unique needs and preferences on their journey to quit—and that, in some cases, certain flavors may increase the likelihood that a person will completely switch to less risky nicotine alternatives, thereby improving their health.

Global Action remains committed to protecting youth from using any form of nicotine. We also firmly believe that a robust regulatory framework for all nicotine products is crucial to protecting and improving public health. We applaud the FDA for recognizing the potential public health benefits of a wider range of solutions to help adults move away from cigarettes.

<https://globalactiontoendsmoking.org/news-and-press/press/global-action-welcomes-the-fdas-draft-guidance-on-certain-flavored-e-cigarettes/>

# A practical guide for smokers to consider switching

If you're a smoker thinking about switching, you've probably Googled questions like "Are disposable vapes safe?" or "Does nicotine cause cancer?". The conflicting search results can make it difficult to separate fact from fear. That's where we come in.

This guide breaks down what we know using a tobacco harm reduction lens. We're not claiming vaping is risk-free – it isn't. We're asking a more practical question: How does vaping compare to smoking?

## Does nicotine cause cancer?

No. Nicotine is often blamed for smoking-related cancers, but the science tells a different story.

Nicotine is addictive and one of the reasons quitting smoking can be so difficult. However, nicotine itself does not contain the toxic byproducts of burning tobacco that can cause cancer.

Nicotine replacement therapies – such as patches, gum, and lozenges – have been used for decades. If nicotine alone were a major cancer driver, long-term use of these products would have already shown cancer signals, which they have not. Equating nicotine with cancer risk misrepresents the product components and blurs the distinction between smoking and non-combustible alternatives.

## Do e-cigarettes cause popcorn lung?

No. Despite the effective fearmongering claiming that widespread popcorn lung is caused by e-cigarettes, this is not true. "Popcorn lung" is the informal name for bronchiolitis obliterans, a rare lung disease first found among factory workers exposed to the high levels of diacetyl – a chemical used in microwave popcorn production to add the butter flavour. The original cases involved intense, industrial-level exposure, not consumer vaping. Moreover, diacetyl has been removed or tightly restricted in many regulated vaping markets. To date, confirmed cases of popcorn lung directly caused by regulated nicotine vaping products has not been established at the same threshold as the original factory cases. E-cigarettes already contains little to none of the diacetyl found in cigarettes and the evidence does not support the claim that regulated vapes are causing widespread popcorn lung among adult users.

## Are vapes and disposable vapes safe?

Here, the answer depends on our definition of safe. If by safe

we mean "harmless," then no nicotine product – including nicotine replacement therapy – is completely risk-free. But that's not the comparison most adult smokers are trying to make.

Instead, most smokers want to know whether vapes are safer than continuing to smoke combustible cigarettes – and that is a resounding yes.

Cigarettes work by burning tobacco. That combustion produces smoke containing thousands of chemicals and dozens of known carcinogens – cancer-causing agents. It's this smoke – not the nicotine – that drives the overwhelming majority of smoking-related diseases.

Vapes don't burn tobacco. Instead, they heat a liquid into an aerosol. Without combustion, the number and levels of toxic chemicals are dramatically lower than in cigarette smoke. When it comes to a question of reusable vapes versus disposable vapes, there are a few distinctions:

### Disposable vapes:

- Designed for single use
- Pre-filled and pre-charged

Disposable vapes are beginner-friendly with a lower immediate cost but more expensive in the long run and create more environmental waste.

### Reusable vapes:

- Rechargeable and refillable
- Adjustable nicotine strengths and flavours

Reusable vapes have lower costs over time and great flexibility in user preferences but have a slight learning curve and require charging.

From a risk perspective, they remain categorically identical as long as they are well regulated in a legal market. Your best option will be whichever successfully replaces cigarettes completely for you.

Tobacco harm reduction is built on a simple principle: while abstinence is ideal, not everyone is ready or able to quit. For those individuals, moving down the risk spectrum can significantly reduce harm. Nicotine keeps people smoking – but tobacco makes smoking deadly.

When seeking other answers to your nicotine-related questions, a harm-reduction lens can help you find answers while accommodating the level of change that works for you.

<https://tobaccoharmreduction.net/article/does-nicotine-cause-cancer-vaping-guide/>

# High tobacco taxes alone not enough

Syed Ali Wasif Naqvi

Pakistan stands at a decisive moment in its struggle against tobacco use. As a signatory to the World Health Organization's Framework Convention on Tobacco Control (FCTC), the country has committed itself to using price and tax measures to reduce tobacco consumption, as outlined in Article 6. The evidence supporting this approach is overwhelming: higher tobacco taxes are among the most effective tools for reducing smoking, preventing youth initiation, and lowering

tobacco-related disease.

Yet in Pakistan, as in several other countries, the promise of tobacco taxation has not been fully realized. The reason is simple but often overlooked—higher taxes do not automatically translate into higher prices or lower affordability. Much of the policy debate in Pakistan revolves around tax rates and revenue collection, but this focus can be misleading. What matters for public health is not how much tax is levied

on paper, but whether cigarettes become meaningfully more expensive for consumers.

International experience shows that a high tax share of the retail price does not guarantee reduced smoking if cigarettes remain cheap in absolute terms. Bangladesh offers a striking example where taxes account for more than 80 percent of the retail price of cigarettes, a figure that would appear exemplary by global standards.

Yet cigarettes in Bangladesh are still widely affordable, especially in lower price segments, and smoking prevalence remains high. The low base price of cigarettes has allowed even very high tax shares to coexist with easy access to tobacco.

Türkiye presents another cautionary case. Cigarette taxes there also exceed 80 percent of the retail price, and yet smoking prevalence remains above 30 percent, one of the highest rates in the

region. Over time, income growth, inflation, and incomplete transmission of tax increases to retail prices have eroded the real impact of taxation. Cigarettes did not become decisively less affordable, even as tax rates rose. The result has been a persistence of high smoking rates despite decades of tobacco control efforts. These experiences are highly relevant for Pakistan. Cigarettes in

Pakistan remain among the most affordable in South Asia. A pack can still be purchased for a trivial share of daily income, making smoking economically painless for many users. Periodic tax increases have raised nominal prices, but these increases have often been offset by income growth, inflation, and industry pricing strategies.

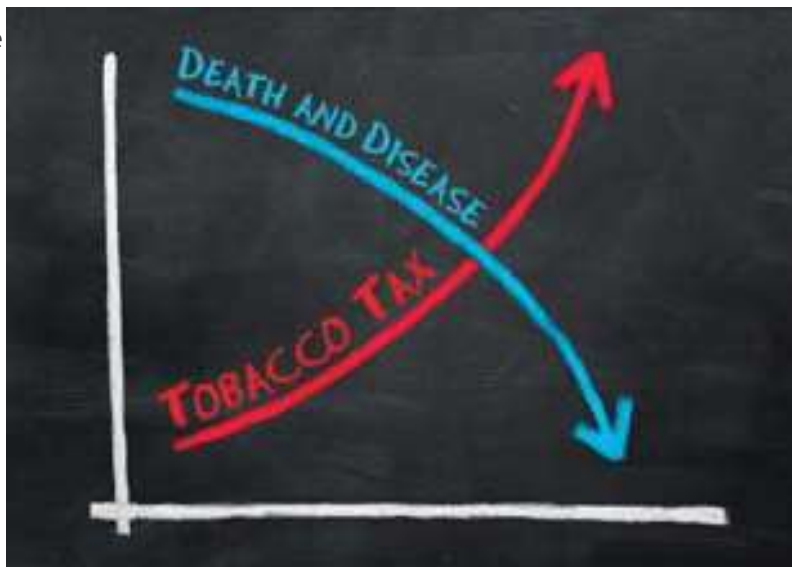
The persistence of a multi-tier tax structure has further weakened the impact of taxation by allowing manufacturers to shift production and marketing toward lower-taxed brands, ensuring that very cheap cigarettes remain widely available. FCTC Article 6 does not merely call for higher taxes; it calls for effective price and tax measures that reduce tobacco consumption. This distinction is crucial. Taxes that are absorbed by manufacturers, diluted by tiered systems, or eroded by inflation fail to meet the spirit of Article 6, even if they generate revenue.

Effective taxation must ensure that tax increases are reflected in retail prices and that these prices rise faster than income over time. Without this, cigarettes remain affordable, and consumption patterns change little.

Pakistan's tobacco policy must therefore move beyond symbolic compliance and toward substantive reform. The goal should not be to achieve an impressive tax share statistic, but to make cigarettes genuinely expensive and progressively less affordable. This requires a tax system that is simple, predictable, and resistant to manipulation.

Uniform specific excise taxes, applied equally across all brands, are far more effective than complex tiered systems. Equally important is ensuring that tax increases are fully passed on to consumers, particularly in the lowest-priced segments of the market where price sensitivity is highest. Inflation and income growth must also be taken seriously. One-off tax hikes may produce temporary reductions in affordability, but their impact quickly fades if taxes are not regularly adjusted.

Automatic indexation of tobacco taxes to inflation and income growth is essential to preventing cigarettes from becoming cheaper in real terms over time. Without such mechanisms, even well-intentioned tax reforms will fail to deliver lasting public health benefits. The stakes could not be higher. Tobacco use imposes enormous costs on Pakistan's healthcare system and economy, while inflicting preventable suffering on millions of households. The burden falls disproportionately on low-income families, where spending on



cigarettes diverts resources away from food, education, and healthcare. High tobacco taxes, when properly designed and implemented, are among the most pro-poor public health interventions available to the state.

Pakistan still has an opportunity to learn from international experience. Bangladesh shows that high tax shares mean little if cigarettes remain cheap. Türkiye shows that high taxes alone cannot overcome affordability if price increases do not outpace income growth.

FCTC Article 6 points toward a clearer path—one that prioritizes real price increases and sustained reductions in affordability.

If Pakistan is serious about protecting public health, it must ensure that tobacco taxes do what they are meant to do. Raising tax rates is necessary, but not sufficient. Cigarettes must become increasingly expensive, increasingly unaffordable, and increasingly out of reach. Anything less risks turning tobacco taxation into a technical exercise rather than a life-saving policy.

<https://www.brecorder.com/news/40410125>

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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