ALTERNATIVE RESEARCH INITIATIVE

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## Inside



# WNTD 26: unmasking the appeal – but are we seeing the full picture?

By Catchatiger

The World Health Organization's (WHO) 2026 World No Tobacco Day campaign raises legitimate concerns about youth initiation and industry tactics. But without acknowledging the life-saving potential of regulated, reduced-risk alternatives for adult smokers, the campaign risks widening the gap between global tobacco control policy and the evidence base it claims to reflect.

As public health advocates, we are absolute: no child or adolescent should ever use any nicotine or tobacco product. The WHO's campaign highlights that at least 40 million children aged 13–15 globally report current use of at least one tobacco product, a public health disaster that demands a serious regulatory response. Age verification, marketing restrictions, and enforcement mechanisms are essential, and we support their implementation fully.

The real question is not whether nicotine products should be regulated, they must be. It is whether regulation will be proportionate to risk, or whether presenting only half the picture will inadvertently prevent adult smokers from accessing potentially life-saving alternatives. Tobacco harm reduction must remain part of the conversation!

Nicotine itself is not the primary cause of smoking-related disease. It is the combustion of tobacco that causes the overwhelming majority of smoking-related cancers, cardiovascular disease, and chronic respiratory illness. Oral nicotine pouches (ONPs) do not involve combustion. They produce no tar, no carbon monoxide, and no smoke. As tobacco-free products, they eliminate the tobacco-specific nitrosamines responsible for oral lesions and cancer, with biomarker studies confirming reductions of 60–90% in carcinogen exposure when smokers switch from combustibles to non-combustible alternatives.

This principle already underpins nicotine replacement therapies such as patches, gums, and lozenges, which the WHO has recognized as essential medicines for smoking cessation since 2009. The 2025 Cochrane Review, one of the most respected evidence synthesis bodies in healthcare, found no evidence of serious health harms associated with ONPs when used as a transition tool, while confirming cessation efficacy. The Oral Nicotine Commission's 2025 report, From Cigarettes to Smiles, further documents measurable oral health improvements among smokers who switched, including a 28% reduction in gingival inflammation compared to continued smokers.

If the purpose of World No Tobacco Day is to identify what works, Sweden is the most important case study in the world in 2026. Sweden is approaching smoke-free status ahead of the EU's 2040 target, not through prohibition, but through a regulated, accessible ecosystem of safer nicotine alternatives: snus and, since 2016, oral nicotine pouches. By 2024, Sweden's female smoking rate had fallen to 5.7%, significantly closing the gender gap.

Sweden demonstrates something critically important: when adult smokers are given the tools and information to move away from combustible tobacco, measurable public health gains follow. That reality deserves serious consideration, not dismissal.

The global nicotine debate is framed as a choice between protecting young people and supporting harm reduction for adult smokers. Effective public health policy must do both simultaneously. Governments can enforce robust age verification and restrict youth-targeted marketing while ensuring adult smokers have access to regulated, lower-risk alternatives. These are not competing objectives, they are the components of coherent, evidence-based regulation.

We call on the WHO, national governments, and the global public health community to ensure that their campaign serves its stated purpose, reducing tobacco-related harm and saving lives by:

### Adopting risk-proportionate regulation

Distinguish between combustible tobacco and non-combustible, tobacco-free alternatives. Treating products that are more than 95% less harmful as equivalent to cigarettes is not precaution, it is a misrepresentation of the science.

### Protecting youth through targeted, evidence-based measures

Strict age verification, independent marketing controls, and enforcement must be non-negotiable, and designed to coexist with regulated adult access to reduced-risk alternatives.

### Applying differential taxation

Lower excise rates on reduced-risk products relative to combustible cigarettes incentivise switching. Sweden's outcomes demonstrate what this can achieve at a population level.

### Closing the FCTC policy gap

Elaborate the harm reduction provisions in Article 1(d), develop standardized definitions distinguishing tobacco-free oral nicotine products from smokeless tobacco, and provide member states with clear, risk-aligned regulatory guidance.

### Investing in LMIC-specific evidence and access

Expand research in high-burden LMIC settings and priorities risk-proportionate pricing and gender-sensitive cessation strategies so that the populations carrying the greatest burden are not the last to benefit.

https://tobaccoharmreduction.net/article/world-no-tobacco-day-2026/

# Smokers' corner

## Unexpected path to smoking

Hamza, 35, a tailor, started smoking at the age of 32 under unusual circumstances. He says someone falsely told his father that he was smoking, even though he had never smoked before. The accusation upset him and eventually led him to try cigarettes.

"Someone wrongly told my father that I smoke. After that, my father beat me for something I had never done. As a reaction, I secretly started smoking," Hamza told the Alternative Research Initiative (ARI) in Islamabad.

Initially, he smoked only two to three cigarettes a day. At the time, he was living with his family and occasionally used his father's hukkah at home. About a year after getting married, he moved to a separate house, but his smoking habit continued. "Although my wife knows that I smoke, I continue to do it secretly," he said. For the first year, Hamza smoked around two to three cigarettes daily. Over time, however, his consumption gradually increased to five cigarettes a day. Since January 2025, he has been smoking around six to seven cigarettes daily, mostly smoking Capstan cigarettes.

Although Hamza is aware that smoking can cause serious health problems, particularly lung diseases, he says he has not experienced any smoking-related health issues himself. However, he has seen the devastating effects of smoking on others. "My sister's father-in-law was a smoker and died from lung disease," Hamza recalled. "Smoking causes lung diseases, but I do not have any health problems because of smoking at the moment."

Unlike many smokers who make repeated attempts to quit, Hamza has never seriously tried to stop smoking. He believes that smoking has become a habit but insists that quitting would not be difficult if he decided to do so.

"If I want to quit, I can quit. It is not a difficult task," he said.

Hamza has little knowledge about smoking cessation services, clinics, or professional support available to smokers who want to quit. He says he has never heard of cessation programs or doctors who specialize in helping smokers stop smoking.

He is also skeptical about alternative nicotine products. According to him, products such as nicotine pouches, vaping devices, and other newer alternatives are fashionable products mainly used by young people. He believes they are more harmful than cigarettes and has never considered using them.

"These alternatives are fashionable products for youngsters. They are more hazardous," he said.

Despite acknowledging the health risks associated with smoking, Hamza says he does not feel the need for any assistance to quit and remains confident that he can stop smoking whenever he chooses.

## Unable to quit

Abid Hussain, 38, a laborer, started smoking at 23 with friends for fun, but what began as a social activity gradually developed into a long-term habit. Despite making several attempts to quit, he was unable to stop smoking. "I tried to quit three times, but cravings led me back to smoking," Abid told the Alternative Research Initiative (ARI) in Islamabad.

From the very beginning, he smoked Gold Leaf cigarettes. For the first five years, he smoked around three to four cigarettes a day. Over time, however, his consumption increased, and he now smokes around eight to ten cigarettes daily.

Today, smoking costs him approximately Rs. 300 a day, adding a significant expense to his routine.

Abid is aware of the health risks associated with smoking. He knows that smoking can cause serious illnesses, including lung and heart diseases, as well as shortness of breath.

Although he says he has not experienced any health problems due to smoking, he has still found it difficult to quit despite being aware of its dangers.

At the request of his family, he made three attempts to stop smoking using willpower alone. On each occasion, he managed to stay away from cigarettes for up to six months. However, exposure to cigarette smoke and the smell of tobacco eventually triggered cravings that led him back to smoking.

"I would see other people smoking or smell cigarette smoke, and then I would smoke one or two cigarettes. After that, I would start smoking regularly again," he said.

Interestingly, Abid says he does not feel the urge to smoke when he visits his village. However, in his daily life, he considers smoking a necessity rather than a choice.

"Smoking has become a need for me," he said.

He once tried vaping as an alternative to smoking but did not enjoy the experience. He also believes that vaping products are more dangerous than conventional cigarettes.

"I tried vaping, but I did not like it. It is another product that is even more dangerous than cigarettes," he said.

Despite his unsuccessful attempts, Abid still wants to quit smoking. However, he identifies cravings triggered by seeing other people smoke as one of the biggest barriers to success. He also says he would not be comfortable using medication to help him quit.

"I want to quit, but when I see others smoking, the craving becomes difficult to control," he said.

# Tobacco control assessment – a mixed result

By Junaid Ali Khan

Two decades after ratifying the FCTC, the tobacco control fight stands at a crossroad in Pakistan. With millions exposed to tobacco's deadly grip, the country faces rising cancers, heart disease, and oral health devastation.

Smoking remains one of Pakistan's most pressing public health challenges. With over 23 million tobacco users nationwide, this habit contributes to thousands of preventable deaths each year and places immense strain on families and the healthcare system. Other estimates say the number of tobacco users is now more than 31 million in Pakistan.

Though out of the 31 million tobacco users, more than half of them are those who smoke cigarettes, the use of bidis, paan with tobacco, gutka, and naswar are widely consumed across regions and social classes. Smoking is linked to heart disease, stroke, cancer, chronic lung conditions, and complications in pregnancy. Secondhand smoke harms children and elders, and tobacco spending often diverts household income from essentials.

Pakistan ranks among the 15 countries with the highest tobacco consumption. Alarmingly, nearly 40% of adults and 55% of children are routinely exposed to secondhand 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.

Drawing on the WHO Global Tobacco Epidemic Report (2023), the WHO FCTC Implementation Report, and the WHO Investment Case/NCD Report, it will be instructive to examine Pakistan's performance across key indicators of tobacco control. It is important to recognize that the INDEX, as published in the BMJ, identifies these factors as fundamental to ensuring the sustainability of tobacco control.

In terms of adopting MPower framework, Pakistan has achieved a mixed result. Though a national tobacco control law exists, and tobacco control is included in the national health policy, the country lacks a comprehensive national tobacco control strategy, and evaluation mechanisms for policy implementation are absent. At best this can be described as a fragmented approach. Making matters the enforcement of the tobacco control law remains weak.

Now that health is a provincial subject, the provinces seem least bothered to tackle the issue of tobacco control. None of the provinces has come up with legislation on tobacco control. Provinces must take the lead in enacting stronger tobacco control laws, moving beyond the outdated 2002 ordinance to curb tobacco use.

Reliable and up-to-date data regarding smoking and vaping is missing. Estimates vary about the number of tobacco users. The country participated in the Global Tobacco Surveillance System surveys and has partial systems for monitoring tobacco-related mortality and morbidity. However, economic and social cost data remain incomplete, and there is no national evaluation framework. Without robust data, evidence-based policymaking is compromised.

Though Pakistan did establish a national Tobacco Control Cell in July 2007, there was a lack of allocating a consistent annual tobacco control budget, as it relied on WHO, Bloomberg Initiative, and other international partners for funding. After initial establishment, the Tobacco Control Cell saw its funding reduced and eventually absorbed into the broader Non-Communicable Diseases Desk, limiting its independence.

The most critical void in Pakistan's tobacco control strategy is the absence of structured smoking cessation support. Without national cessation clinics, subsidized therapies, or trained health professionals, most tobacco users are left to quit without guidance—if they attempt at all. 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.

In 2023, Pakistan announced regulatory measures for alternative tobacco products such as e-cigarettes and heated tobacco, signaling the government's intent to expand tobacco control beyond conventional cigarettes. These measures were tied to the launch of the National Tobacco Control Strategy (2022–2030), but enforcement remains weak and fragmented.

Now the question is where does Pakistan's tobacco control drive go from here. The tobacco control over the last two decades paints a troubling picture: strong laws but weak enforcement, partial policies but no funding, and institutional structures without capacity.

Tobacco control needs to be adopted by the provinces as they have the subject of health. Unless the provinces move forward with forward looking legislation and policies, tobacco control will remain stagnated. Moreover, Pakistan must ensure the availability of effective and affordable smoking cessation services, while integrating tobacco harm reduction into its national tobacco control policy to curb the prevalence of combustible smoking. Smokers should be part of efforts for a smoke-free future, since their participation in smoking cessation efforts at policy level will provide the critical link for knowing what help they need to quit or switch. All policies may ensure the opinion and needs of smokers are valued in line with Article 14 of FCTC. A smoke-free Pakistan is possible to achieve before 2030 provided the country ensures effective cessation services are accessible and affordable, and the tobacco harm reduction is made part of the national tobacco control policy.

# ARI calls for timeline for ending combustible smoking in Pakistan

ISLAMABAD: The Alternative Research Initiative (ARI), together with its partners, has urged both federal and provincial governments to establish a clear timeline for phasing out combustible smoking in Pakistan.

"Ending combustible smoking in Pakistan is possible over the next ten years," said Arshad Ali Syed, project director of ARI, in a statement on the occasion of World No Tobacco Day (WNTD). The focus of this year's WNTD is "Unmasking the appeal – countering nicotine and tobacco addiction."

He said ARI and its partners support all official measures against tobacco control in Pakistan. "We support all efforts to keep the young and never-smokers away from any sort of tobacco, including the reduced risk products."

However, he added that combustible smoking still remains the main tobacco use. "Out of estimated more than 31 million tobacco users, 17 million are cigarette smokers."

Almost two decades on after ratifying the FCTC in 2005, Pakistan is facing an uphill task in controlling the use of tobacco. Today the country has more than estimated 31 million tobacco users. Tobacco is consumed in 45.5% of households, more in poor (48.8%) than in rich (37.9%) households. The majority of these users are smokers. With little or no smoking cessation services available, smokers are on their own in their quit attempts. Less than 3% smokers successfully quit smoking in a year in Pakistan.

By recognizing cessation services as a basic human right, he said Pakistan will be taking the first step towards completely ending combustible smoking. "Adult smokers who have been unable to quit smoking need a helping hand."

In this regard, he emphasized the role of provincial governments in providing cessation services at the district level. "Provincial governments should reach adult smoker in districts, tehsils, and union councils, especially those who have been unable to quit despite multiple attempts."

The benefits of quitting smoking are immediate and lifelong. The day a smoker gives up this habit, the body starts clearing itself of all those nasty toxins and the repair process begins. According to WHO, within 20 minutes of cessation, heart rate and blood pressure drop, and after 12 hours, the carbon monoxide level in blood drops to normal. In 1-9 months, coughing and shortness of breath decrease, as the risk of coronary heart disease is about half that of a smoker's in a year. The risk of stroke is reduced to that of a nonsmoker 5 to 15 years after quitting.

He also called for risk-appropriate policies for the use of alternative tobacco products in Pakistan. He emphasized the need for combining reduced-risk products, effective smoking cessation services, and forward-looking legislation to combat the tobacco crisis and steer Pakistan toward a smoke-free future.

# Global tobacco use is at record low; time for endgame

By Katherine Ellen Foley

Almost 40 years ago, the World Health Organization (WHO) recognized the first World No Tobacco Day. At the time, smoking was ubiquitous, with roughly four out of ten adults smoking regularly.

We have a lot to celebrate: Today, the WHO reports that just under 20% of adults smoke. This massive public health achievement has been made possible by the cooperation of public health leaders, health care providers, scientists, regulators, and the millions of people who smoked and successfully quit. By working together, we have all reduced the toll of the leading preventable cause of death.

But now is not the time to back down: Roughly 1.3 billion people continue to smoke—and within this figure, major disparities persist: for example, four out of five adults who smoke live in low- or middle-income countries. Additionally, those who are living with serious mental illness or substance use disorders are also disproportionately likely to smoke, as are older adults, veterans, racial and ethnic minorities, and gender and sexual minorities.

At Global Action to End Smoking, we believe that all adults who smoke deserve compassion. We support the cessation efforts of all people who smoke, no matter how long they've been smoking, if they've tried to quit previously, or if they're just beginning to explore what life without cigarettes could look like.

We are a nonprofit charitable grantmaking organization that funds research and initiatives in service of ending combustible tobacco use for good. To date, we've awarded more than 175 grants to institutions that have enabled the work of over 100 scientists, covering 49 countries on six continents.

Our grantees tackle the complex problem of smoking from all angles.

For example, our grantees include those who have taught more than 800,000 smallholder farmers in Malawi how to transition away from farming tobacco to grow more economically and environmentally sustainable crops as demand for cigarettes wanes. Others have analyzed the real-world economic impact of policies designed to curb smoking rates. And in several parts of the world, our grantees have provided training for health care providers and community leaders to support adults who are trying to quit.

We're so glad you're here with us as we recognize World No Tobacco Day 2026. So much progress has been made in the fight against combustible tobacco use; now is the time to keep pushing forward. Together, we can put an end to smoking.

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

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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