

ALTERNATIVE RESEARCH INITIATIVE

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Smoke-free Pakistan now!

The Alternative Research Initiative (ARI) and its partners held 15 awareness sessions across 10 districts in Punjab and Sindh to highlight the risks of tobacco use, discourage youth smoking, and support adults in quitting for a smoke-free Pakistan.

In November, ARI organized six awareness seminars for students in collaboration with the Future Development Foundation in Sargodha, Sun Consultants and Enterprises Services in Multan, Maimar Development Organization in Faisalabad, Al-Eimaan Development Organization in Dera Ghazi Khan, and Dove Foundation in Lahore and Bahawalpur. The sessions were held at the University of Management and Technology Lahore, the University of Education Multan, Government College University Faisalabad, a government degree college in Dera Ghazi Khan, and private colleges in Sargodha and Bahawalpur. Nearly 1,000 students participated.

Separately, four sessions for smokers, vapers, and tobacco users were organized by ARI and its partners, including Dove Foundation in Bahawalpur and Rural Development Organization in Jamshoro. Al-Eimaan Development Organization conducted two of these sessions in Dera Ghazi Khan.

ARI also organized community meetings in collaboration with the Workers Education and Research Organization in Karachi East, the Child and Labour Rights Welfare Organization in Karachi South, while the Humanitarian Organization for Sustainable Development Pakistan held a session in Hyderabad. Participants included people from diverse backgrounds. Expert speakers — including Syed Jafar Mehdi, Junaid Ali Khan, Mir Zulfiqar Ali, Fazul Chandio, Romas Bhatti, Nasir

Goraya, Sultan Mehmood, and Kamran Azeem — highlighted the health risks associated with tobacco consumption, the benefits of quitting, and the availability of cessation services such as tobacco harm reduction (THR).

Junaid Ali Khan noted that Pakistan has over 31 million tobacco users, with more than 160,000 deaths annually from tobacco-related diseases, including cancer, diabetes, heart disease, stroke, and chronic lung disease. He added that tobacco use imposes an economic burden of Rs615 billion on the country.



Syed Jafar Mehdi explained while quoting research that cigarette combustion produces over 6,000 toxic chemicals, leading to fatal diseases such as cancer and heart problems. He noted that

although Pakistan ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004, smoking rates have increased due to weak implementation. He advocated adopting a Tobacco Harm Reduction strategy, citing Public Health England's findings that vaping is 95 per cent less harmful than smoking and can serve as an effective cessation tool.

The speakers shared practical strategies to help children avoid tobacco use and support adults in quitting, including coping mechanisms for nicotine withdrawal. They urged the government to protect students from tobacco use, strengthen awareness campaigns, integrate THR into national tobacco control policies, ensure access to cessation services, and enforce existing laws such as the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002, to achieve a smoke-free future.

Smokers' corner

Unmanageable cravings

Muhammad Ali, 45, a security guard with a matric education, never imagined that smoking would become part of his life. Unlike many smokers who start young, Ali took his first puff at the age of 25, largely out of curiosity. "At that time, I didn't think it would turn into a habit. I just wanted to try it once," he told the Alternative Research Initiative (ARI) in Islamabad. Within six months of that first cigarette, occasional smoking turned into a routine. After two to three years, Ali was smoking up to 12 cigarettes a day. "It happened gradually," he explained. "I didn't even realize when it became necessary for me."

Over time, the effects on his health became noticeable. Ali began experiencing chest pain and shortness of breath, symptoms that worried him. "After two or three years of smoking, I started feeling breathless," he said. "Sometimes I felt pain in my chest, and I was told smoking damages the lungs." Despite these warning signs, quitting proved difficult. Ali

made two serious attempts to quit smoking through willpower alone. On both occasions, he managed to stay smoke-free for three to four months. "I stopped completely," he recalled. "But the urge was very strong. I felt restless and uncomfortable, and eventually I started smoking again."

Ali believes these urges were due to nicotine withdrawal, though he admits he is unaware of formal quitting strategies or alternatives. "I don't know much about ways to quit or any alternatives," he said. He is also unaware of any smoking cessation clinics operating in Pakistan.

Still, Ali remains confident that quitting is possible. "I don't think I need medical help," he said. "A person can quit through willpower, but consistency is very important." He believes discipline and determination are key to overcoming addiction. Today, Ali says he is mentally prepared to quit again. "I know it's harmful, and I don't want these health problems to get worse," he said. "This time, I want to stay consistent and leave smoking for good."

Giving up, step by step

Shakeel, 40, a government servant, started smoking at 22 due to peer pressure. "Everyone around me was smoking. I didn't want to feel left out, so I tried it," he told the Alternative Research Initiative (ARI) in Islamabad.

For the first year, his smoking remained occasional. Gradually, however, it turned into a regular habit, and he began consuming a full pack of cigarettes daily. He has smoked the same brand—Gold Leaf—since the beginning.

In recent months, Shakeel has made a conscious effort to cut down. About a month ago, he reduced his cigarette consumption

significantly and now smokes around 10 cigarettes a day. "I decided to reduce it gradually," he explained. "I've set a schedule for myself so that I can slowly bring it down."

Shakeel admits that he is not fully aware of formal quitting strategies or alternatives. However, he knows about a smoking cessation clinic in Islamabad. Despite this, he has not consulted any professionals yet. "I want to do it on my own. I believe willpower is enough if a person is committed," he said.

He remains confident that reducing smoking step by step will eventually lead him to quit completely. "It's not easy, but I'm determined," he said. "I've already reduced it, and I believe I can take it down to zero."

Smoking to stay awake

Karamat Ali Shah, 54, has been smoking for the past 30 years. He took his first puff to resist sleep while working as a driver. "Driving for long hours made it difficult to stay awake, so I started smoking to keep myself alert," he told the Alternative Research Initiative (ARI) in Islamabad.

From the very beginning, his smoking remained consistent. He has been consuming around one pack of cigarettes daily since he started and has always used the same brand—Capstan. On average, he spends about Rs. 250 per day on cigarettes.

Karamat is aware that smoking causes serious health problems, including lung disease and shortness of breath. However, he has not experienced any health issues related to

smoking so far. "I know it affects the lungs and breathing, but I haven't faced any problems because of smoking," he said. He admits that he has never tried to quit. According to him, smoking is closely tied to his profession. "If I quit smoking, how will I drive?" he questioned, explaining that cigarettes help him stay awake during long driving hours.

Karamat is not aware of smoking cessation strategies or alternatives and has no knowledge of smoking cessation clinics or professional support services. He believes that quitting smoking is only possible if he changes his career. "If I change my profession, then I will try to quit," he said.

For now, smoking remains a part of his daily routine, closely linked to his work demands and lifestyle, leaving quitting as a possibility for the future rather than a present goal.

A strong urge

Faheem, 42, a government servant, took his first puff at 17 during a wedding ceremony due to peer pressure. "Everyone around me was smoking, so I tried it," he told the Alternative Research Initiative (ARI).

Initially, Faheem smoked around two cigarettes a day. Over time, however, his smoking gradually increased, and he now consumes about 20 cigarettes daily.

Faheem is aware of the health risks associated with smoking, including cancer and tuberculosis (TB). He shared that he was diagnosed with TB about 15 years ago, although he believes the exact cause was uncertain. "TB is a disease that can have many causes," he explained, adding that he does not directly

link it to smoking. He also said that he has not experienced any other major health issues due to smoking.

He admits that he has never tried to quit. According to Faheem, smoking has become a strong habit. "I feel a strong urge to smoke," he said. "If I don't have a cigarette on time, it affects my mood and causes mood swings."

Despite this, Faheem believes he does not need professional help to quit. He remains confident in his own ability to stop smoking if he decides to make the effort. "I don't need any help. I can quit if I try," he said.

For now, smoking continues to be a regular part of his daily routine, shaped by habit and dependence, with quitting remaining a personal decision for the future.

Advancing a more inclusive tobacco control framework

Tobacco harm reduction (THR) encompasses strategies and policies designed to minimize the health risks linked to tobacco use — especially for individuals who either cannot or choose not to quit nicotine entirely. Rather than treating abstinence as the sole acceptable goal, THR promotes the use of safer nicotine alternatives (SNAs) that carry significantly lower risks compared to combustible tobacco. These alternatives include vaping devices (e-cigarettes), heated tobacco products (HTPs), oral nicotine pouches (ONPs), and snus—all of which deliver nicotine without producing the vast array of toxic by-products associated with burning tobacco.

While tobacco control measures under the WHO Framework Convention on Tobacco Control (FCTC), including smoking bans, taxation, advertising restrictions, and health warnings, have significantly reduced smoking rates in many countries, they are no longer

sufficient. The current global tobacco control paradigm, shaped by the World Health Organization (WHO) and the FCTC, is falling short of its own objectives. To meet these goals and address the evolving landscape of nicotine use, it is imperative to fully embrace and operationalize the third pillar of tobacco control: harm reduction.

The FCTC, which came into effect in 2005, remains the cornerstone of global public health efforts to combat tobacco-related death and disease. Its central objective is to alleviate the health, social, and economic burdens associated with tobacco use. In parallel, the United Nations Sustainable Development Goals (SDGs) reinforce this mission through Target 3.4, which aims to reduce premature mortality from non-communicable diseases (NCDs)—including those linked to smoking—by one-third by the year 2030. Despite two decades of concerted global efforts, tobacco control goals remain off course. Over 1.1 billion people worldwide continue to smoke, and tobacco use still accounts for more than 7 million deaths annually — the overwhelming majority occurring in low- and middle-income countries (LMICs). While the WHO FCTC's tools—such as bans, taxes, and

warnings—are vital, they are no longer sufficient on their own. In many countries with high smoking prevalence, progress has stalled or slowed to a troubling pace. Crucially, though often overlooked, the FCTC explicitly recognizes harm reduction as a foundational principle in Article 1(d) of its preamble—yet this pillar remains underutilized.

The WHO, along with many national health agencies, continues to approach tobacco control through a rigid binary of “quit or die,” often dismissing harm reduction as either insufficiently validated or a potential risk to youth. This narrow framing fails to account for the growing body of independent scientific evidence demonstrating that SNAs can significantly reduce exposure to toxicants and lower health risks compared to smoking. Although harm reduction is explicitly recognized in the principles of the FCTC—notably in

Article 1(d)—current guidance frequently adopts a prohibitionist stance, sidelining this third pillar and creating a clear tension with the treaty's own foundational text.

The burden of smoking-related illness falls disproportionately on LMICs, where health systems are under strain and access to cessation services remains limited. In such settings,

THR presents a pragmatic, cost-effective, and scalable approach. Products like nicotine pouches and affordable vaping devices can be introduced with minimal infrastructure and adapted to local needs—offering a humane alternative for populations underserved by conventional cessation programs.

The global community should revisit and fulfill the original vision of the FCTC by advancing a more inclusive and effective tobacco control framework. Integrating THR and safer nicotine alternatives into the core of global policy can deliver substantial public health gains—particularly for populations underserved or overlooked by existing strategies. This shift is not just a policy refinement; it is a moral and strategic imperative to ensure no one is left behind in the fight against tobacco-related harm.



Maldives bans smoking for younger generations

The Maldives has banned young people born on or after 1 January 2007 from smoking tobacco, becoming the only country in the world to enforce a nationwide generational tobacco prohibition.

The archipelago's health ministry has announced that it would be illegal for younger generations to use, buy or sell tobacco within the country.

The ban "reflects the government's strong commitment to protecting young people from the harms of tobacco", the ministry said.

Ahmed Afaal, vice chair of the archipelago's tobacco control board, told BBC World Service's Newshour programme that the country's general vaping ban last year had been a "good step towards a generation of tobacco-free citizens".

The new ban "applies to all forms of tobacco, and retailers are required to verify age prior to sale", the health ministry said, adding that it aligned with the Maldives' obligations under the World Health Organization Framework Convention on Tobacco Control.

According to the UN's health body, this convention "provides a global response to a global problem – namely, the tobacco epidemic".

Afaal said the country's crackdown on vaping had been an important first step because "these new stylish gadgets are tactics of the industry to approach the younger generations to uptake addictive processes, which definitely harms their health".

Last year, the Maldives made it illegal for anyone to import,

sell, possess, use or distribute electronic cigarettes and vaping products, regardless of age.

Tourists coming to visit the Maldives' islands will also have to adhere to the law, but Afaal argues the smoking ban will not have a detrimental impact on tourism.

"People don't come to the Maldives because they're able to smoke. They come for the beaches, they come for the sea, they come for the sun, and they come for the fresh air," he added.

Quoting tourism data, Afaal argued that despite the new regulations there had been no tourist cancellations and the number of arrivals had grown in the past year.

"We're projecting more than 2m [tourists] in the next year," he said.

Plans by New Zealand to pass a generational smoking ban were scrapped in 2023 after a new government took power. The move was seen as a blow to many health experts and Māori people in particular, who have one of the highest smoking rates.

Last year, the UK's then-Prime Minister, Rishi Sunak, had hoped to introduce a law that would ban young people born on or after 2009 from smoking.

A new version of the legislation, introduced by the current government, has passed through the Commons and is now at the committee stage at the House of Lords - nearing its last hurdles before it gets royal assent.

<https://www.bbc.com/news/articles/crux31548jo>

Bill introduced in Senate calls for regulating use and sale of e-cigarettes in Islamabad

ISLAMABAD: A bill has been introduced in the Senate to regulate the Electronic Nicotine Delivery Systems (ENDS), popularly known as e-cigarettes, in Pakistan's capital Islamabad.

The bill, introduced by Pakistan Peoples' Party Parliamentarian (PPPP) Senator Sarmad Ali, calls for prohibiting the use of e-cigarettes in open public spaces and vehicles, restricting, and regulating their sale to minors, banning advertisements inconsistent with prescribed guidelines. The bill also calls for banning the sale of e-cigarettes near educational schools. The bill defines ENDS as "any device or appliance, whether battery-operated or otherwise, that delivers nicotine, flavored vapor, aerosol, or similar substances for inhalation. This includes, but not limited to, e-cigarettes, vapes, vape pens, e-shisha, sheesha devices, pods, cartridges, e-liquids, and their accessories."

On the packaging and labelling of the ENDS product, the bill

recommends "tamper-resistant and child-resistant package which shall be protected against breakage and leakage." It added that the packaging must not include any element or feature that depicts real or fictitious characters or objects that are likely to appeal minors, including comic or cartoon characters, toys, or confectionary.

Regarding product standard requirements, the bill maintained that a unit of ENDS product "must not contain nicotine in excess of 40mg/ml as prescribed by the Pakistan Standards and Quality Authority."

It recommends ban on the advertisement of ENDS. However, it allows for the sale and distribution of ENDS online, with ban on selling them to children under 18. The bill recommends probation of use of ENDS in public places, public service vehicles, sale to minors, and distribution near educational institutions. The bill recommended penalties for violating its various sections.

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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