

ALTERNATIVE RESEARCH INITIATIVE

NEWSLETTER

October 2025

Inside

Page 2

Smokers' corner

Senate bill seeks ban on sale of vapes and e-cigarettes to under-18s

Page 3

Harm reduction: a next public health pillar

Vaping overtakes smoking in Britain

Page 4

Communities drive change toward a smokefree Pakistan

Quitting smoking: a path to health and freedom

By Junaid Ali Khan

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. But quitting is possible—and transformative.

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. Alarming, 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.

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.

Now the question arises what a smoker in Pakistan should do if he or she wants to quit. The first thing is to reflect deeply on why they want to quit. The reasons may include health, family, finances, or faith. First things first, set a quit date and commit to it. The next step is to seek professional help. The decision to quit is yours but there is no doubt you need professional help to complete the journey of quitting. Visit a doctor or chest specialist. Pakistan Chest Society offers national guidelines for smoking cessation. Inquire about nicotine replacement therapy (NRT), medications like bupropion or varenicline, and behavioral counseling.

Hospitals like Aga Khan University Hospital in Pakistan offer

dedicated smoking cessation services, including medical consultations, behavioral therapy, and access to nicotine replacement treatments tailored to individual needs. These programs are designed to help smokers understand their addiction, manage withdrawal symptoms, and build sustainable strategies for quitting. In addition to hospital-based care, individuals can reach out to national helplines or join support groups—many of which now operate through WhatsApp and online platforms—providing peer encouragement, expert advice, and round-the-clock assistance. These resources make quitting more accessible, especially for those in remote areas or with limited mobility.

Next you should be prepared for withdrawal symptoms, which is a critical stage. These will include cravings, irritability, and mood swings. Nothing to worry about. Use distraction techniques: walk, chew gum, drink water, or call a friend. Importantly, avoid triggers such as tea stalls, stress, social gatherings with smokers. Friends who smoke may be sincere, but not when they ask you to restart smoking.

Apart from professional help, it is vital to develop a support system comprising your family and friends – of course friends who do not smoke. Inform them you have given up smoking and seek their support. It will not be a bad idea if you join an activity or cause for collective good.

When you have given up the habit of smoking, celebrate milestones, that is days without smoking – one day, one week, and one month smoke-free. Keeping count of the money you saved by not smoking is also a critical factor in continuing to achieve the future without smoking.

However, keep in mind that relapsing into smoking after quitting is possible. But remember that is not the end of the world and you don't have to become a smoker again. It's not failure—it's feedback. Look back and understand what triggered relapse and restart over again and recommit to quitting. Each attempt builds resilience.

Nobody else but yourself can decide about your smokefree future. It's a healthy future not only for yourself but also for your family and friends.

Smokers' corner

Stepping towards a smoke-free life

Ibrahim, a daily-wage laborer, began smoking at 16 after being influenced by his friends. "My friends were smokers. I asked them what benefits it had, and one day, I took a puff just out of curiosity. I enjoyed the feeling — and soon, it became a habit. I was even impressed by the way cigarette smoke looked," he told the Alternative Research Initiative (ARI) in Karachi.

According to estimates, Pakistan has more than 31 million tobacco users, including 25 million cigarette smokers. Smoking-related diseases kill over 160,000 people annually in Pakistan, imposing a loss of Rs. 615 billion on the national exchequer — about 1.6% of the country's GDP.

What started as casual experimentation turned into a long-term addiction spanning more than two decades. For nearly 10 to 12 years, Ibrahim smoked 40 cigarettes a day. "At first, it was just fun with friends, but then it became something I couldn't do without," he said. Over the years, his health began to show signs of strain. "I don't have any major health issues except shortness of breath. My parents, relatives, and friends all say it's because of smoking."

Whenever Ibrahim visited a doctor for fever, cough, or chest pain, he was asked about his smoking habit and advised to quit. "The doctors always told me to stop smoking," he said. "But whenever I was around friends who smoked, I'd forget

their advice and feel the urge again."

During his years working in Dubai, Ibrahim tried to hide his smoking from his family. "I used to smoke two or three cigarettes secretly from my uncles," he said. After returning home, his mother urged him to quit. "I promised her that I would. Since then, I've reduced my smoking. I used to smoke 40 cigarettes a day; now I only smoke two or three."

Ibrahim said his decision to cut down has already improved his health. "I feel better now — no more irritation or anger if I don't get a cigarette," he said. Recently, he attended an awareness session on quitting smoking, which strengthened his resolve. "I went there because I wanted to know more about quitting," he explained.

Although he continues to smoke a few cigarettes a day, Ibrahim insists he's close to quitting entirely. "When I don't get a cigarette, I don't feel any serious symptoms. I've reduced my smoking through willpower," he said confidently.

To manage cravings, Ibrahim sometimes chews chalia or mawa — forms of smokeless tobacco. "When I feel the urge, I use one packet of mawa instead of smoking," he admitted. "I spend around Rs. 3,000 a month on cigarettes and mawa combined." Now, Ibrahim is determined to quit both. "I'll stop completely in the next few months," he said resolutely. "I don't need any help — I'll quit through willpower alone."

When pleasure turns to pain

Meher, a social worker, took her first puff of a cigarette at just 10 years old. "I used to bring cigarettes for my uncle, so one day I took out one for myself and tried it," she recalled. "At first, I only took a puff, and since then, I would smoke occasionally with friends or when I felt stressed," she told the Alternative Research Initiative (ARI) in Karachi.

Growing up, smoking wasn't entirely unfamiliar to her. "My mother was a hookah smoker, but I never tried it," she said. "Later, when I grew older, my cousin was a smoker, and I would sometimes take a cigarette from them."

By the time Meher was in the ninth or tenth grade — around the age of 14 — she smoked her first full cigarette. What began as casual experimentation never developed into daily dependence. "I never became a chain smoker," she said. "I'm

not addicted. But when I smoke, I feel relaxed."

Now an adult and active in social work, Meher says she smokes occasionally, mostly in certain moods or settings. "When I travel or feel depressed, I have a cigarette or two," she shared. "Once, during a visit to Kashmir, I smoked seven cigarettes in a single day."

She admits her smoking habits depend on her social interactions. "I usually smoke one or two cigarettes a day, but only sometimes," she said. "Normally, I don't feel an urge to smoke. But if I attend more gatherings, maybe I'll smoke more."

Meher prefers one brand — Gold Leaf — and says she last smoked about five months ago. "I haven't felt any health issues because of smoking," she noted. "It's something I do occasionally, not something I depend on."

Senate bill seeks ban on sale of vapes and e-cigarettes to under-18s

A bill seeking to prohibit the sale of e-cigarettes, vapes, and e-hookahs to individuals under 18 years of age has been submitted to the Senate Secretariat.

The bill was tabled by Senator Sarmad Ali, aiming to regulate the sale, packaging, and advertisement of electronic nicotine products across Pakistan.

According to the draft law, electronic nicotine products refer to any battery-operated device that produces nicotine vapors intended for inhalation.

The proposed legislation mandates that all electronic nicotine products must be sold in tamper-proof packaging that is child-resistant and clearly labeled. Each packet must list its ingredients and display a warning stating that it is not suitable for persons under 18 years of age and that the contents are addictive in nature.

The bill further stipulates that such products cannot be sold unless they meet the standards of the Pakistan Standards and Quality Control Authority (PSQCA). It prohibits the import, manufacture, or sale of electronic nicotine products without fulfilling the required legal and quality conditions.

In addition, the bill seeks to ban all forms of advertising, promotion, and sponsorship of electronic nicotine products. It specifically prohibits their advertisement on billboards, print media, or electronic media.

Retailers will also be barred from selling e-cigarettes or vapes within 50 meters of educational institutions.

Violations of these provisions will result in a fine of Rs 50,000, while repeat offenses will carry an increased penalty of Rs 100,000.

Taken from propakistani.pk

Harm reduction: a next public health pillar

Athens: Gathering over 200 scientists, clinicians, and public health leaders from 51 countries, the 8th Scientific Summit on Tobacco Harm Reduction held in Athens, Greece, sent a strong, unified message: harm reduction is no longer optional—it must become a central strategy in public health.

Key takeaways

It's not nicotine that kills

Much of the resistance to harm reduction stems from misconceptions about nicotine itself. During a panel led by Prof. Konstantinos Farsalinos, experts like Prof. Giovanni Li Volti emphasised that nicotine is not the primary cause of smoking-related disease, combustion is. Still, many doctors, policymakers, and the public treat nicotine as the enemy. The panel spotlighted urgent challenges from India, where smokeless tobacco use contributes to high rates of oral cancer. It also offered a hopeful counterbalance: engaged consumers can help shift the narrative. As Damian Sweeney said, real stories, shared openly, can cut through misinformation and move public policy forward.

Europe's ticking clock

In a panel chaired by Prof. Andrzej Fal, experts from Slovakia, Croatia, and the Czech Republic agreed: prevention is no longer a luxury, it's an economic necessity. Harm reduction, they argued, isn't just medically sound, it's fiscally responsible. Dr. Stelios Kypourouopoulos, psychiatrist and former MEP, outlined five key policy priorities for EU lawmakers. Chief among them: regulation must be "smart and practical," science-led, and focused on balancing youth protection with adult access to safer alternatives.

Greece, too, is making strides. Christina-Maria Kravvari, Secretary General of Public Health, shared the country's new legislation (July 2025) on minors' protection from tobacco and alcohol products, highlighting a science-first approach that led to Greece achieving the second-largest reduction in smoking rates in the EU between 2020 and 2023.

The FCTC: a "good idea gone wrong"?

Clive Bates didn't mince words. The Framework Convention on Tobacco Control (FCTC), once a groundbreaking global treaty, has lost its way, he argued. In his address, Bates listed

five ways the FCTC has drifted from its purpose:

1. Misjudging risk between combustible and non-combustible products
2. Over emphasizing nicotine itself
3. Fixating on youth use while ignoring adults who still smoke
4. Targeting the industry while neglecting public needs
5. Prohibiting safer alternatives rather than supporting them

"The objective should be simple," Bates said. "Transform nicotine use from high-risk to low-risk behaviour."

Trust is fragile, science builds it back

In a world increasingly sceptical of authority, David T. Sweeney chaired a session on the decline of public trust in health institutions. The numbers aren't reassuring: only 52% of people globally trust their governments, and this figure is even lower in many Western democracies. But science still holds weight.

"We need honesty," said Martin Cullip during the panel. "Tell the truth. Trust can't be rebuilt on shaky messaging." As Sweeney pointed out, markets are moving forward with or without permission. Smokers are switching, whether public policy catches up or not.

It's time to unite, and act

Experts from Italy, the Czech Republic, and other countries emphasized the importance of collaborating across sectors and borders to integrate THR into mainstream health policy. Professor Ignatios Ikonmidis, President of SCOHR, the International Association for Smoking Control and Harm Reduction, put it plainly:

"The evidence is undeniable: switching from cigarettes to less harmful nicotine products can save lives. But misconceptions, resistance, and misinformation continue to hold back progress. Science, not ideology, must guide policy."

The bottom line

If we fail to integrate harm reduction into public health, we're choosing ideology over lives.

<https://tobaccoharmreduction.net/article/harm-reduction-in-public-health-science-over-stigma/>

Vaping overtakes smoking in Britain

By Kiran Sidhu

For the very first time, more adults in Great Britain are using vapes than are smoking cigarettes.

New data from the Office for National Statistics show that 5.4 million people over 16 were vaping daily or occasionally in 2024, while 4.9 million were smoking. That's 10 percent of the population vaping, with 9.1 percent smoking—a figure that's down from 10.5 percent in 2023.

Daily vaping is most common among adults between the ages of 25-49. Vaping fell slightly among men from 2023-24, but rose among women.

Other data indicate that 55 percent of those who vape formerly smoked and no longer do. Another 40 percent are engaging in dual use—which typically means they're smoking less than they were, and often means they're on a path to quitting cigarettes. The majority of Brits who manage to quit smoking use vapes to help them do so.

British tobacco harm reduction expert Clive Bates, of Counter-

factual Consulting, described the vaping-smoking crossover point as "a massive milestone" on the way to a smoke-free future for the United Kingdom.

"This is consumers figuring it out for themselves, and making life-altering behavior changes."

"Everyone with a stake in public health should be delighted and encourage the process to go much further and faster," he told Filter. The ONS data confirmed that smoking rates remain highest among people working in "routine and manual" occupations (18.8 percent), and those defined as unemployed (17.5 percent).

The national trajectory in ditching lethal combustibles in favor of safer nicotine products has been helped by the UK's early pro-harm reduction policies, from giving out free vapes to people who smoke, to the National Health Service encouraging people to make the switch. The message, as established by a landmark Public Health England review in 2015, was

clear: Vapes are much safer than cigarettes.

"Consumers are now doing this for themselves, on their own initiative and at their own expense," Bates said. "The more people switch out of cigarettes, the more others will try it, and the faster the process will go. This is consumers figuring it out for themselves, and making life-altering behavior changes."

According to Action and Smoking and Health (ASH UK), 53 percent of people who currently smoke have been misled into believing that vaping is as harmful as smoking or worse.

Access to harm reduction is simultaneously being hampered. In June, a national ban on disposable vapes—low-barrier options, particularly popular among low-income groups that smoke at high rates—took effect.

"The main danger to this consumer-led revolution comes from the very people who should be supporting it but insist on standing in the way."

Meanwhile, the UK government is still trying to get its Tobacco and Vapes Bill through parliament. Advocates warn

that the legislation entails numerous restrictions on vapes, including powers to ban the flavors that are key to helping many people quit smoking. The bill would also make it illegal for anyone born after 2008 to buy tobacco. In October, more than 1,200 health professionals wrote to the government, calling for it be swiftly pushed through.

Bates has been highly critical of the bill, arguing that it addresses the wrong targets and would impede tobacco harm reduction.

"The main danger to this consumer-led revolution comes from the very people who should be supporting it but insist on standing in the way," he said, adding that far too many politicians, officials and other professionals see vaping as a "threat" rather than an "opportunity."

"The thing we need is for those obstructing progress to get out of the way and to find something useful to do," Bates continued. "They aren't adding anything, just pushing people towards illicit markets and breaking small businesses."

<https://filtermag.org/vaping-overtakes-smoking-britain/>

Communities drive change toward a smokefree Pakistan

The Alternative Research Initiative (ARI) and its partner organizations conducted a series of seminars at educational institutions, along with awareness sessions for communities, smokers, vapers, and tobacco users in six districts of Sindh and four districts of Punjab. The aim was to raise awareness about the dangers of tobacco use, prevent youth from initiating smoking, and help adults quit in order to achieve a smoke-free Pakistan.

In collaboration with the Workers and Education Research Organization (WERO) in Karachi East, Child and Labour Rights Welfare Organization (CLRWO) in Karachi South, Humanitarian Organization for Sustainable Development Pakistan (HOSDP) in Hyderabad, Nari Foundation in Sukkur, Insan Dost Social Organization (IDSO) in Khairpur, and Rural Development Foundation (RDF) in Jamshoro, ARI organized six seminars at prominent educational institutions. These included Sir Syed University of Engineering and Technology in Karachi, the University of Sindh in Jamshoro, Shah Abdul Latif University in Khairpur, ICMA Institute in Sukkur, and a government degree college in Jamshoro.

More than 400 students participated in the seminars. Separately, six sessions with smokers, vapers, and tobacco users were held by ARI and its partners, including Maimar Development Organization in Faisalabad, WERO in Karachi East, CLRWO in Karachi South, Nari Foundation in Sukkur, Dove Foundation in Lahore, and Future Development Foundation in Sargodha.

Likewise, ARI organized four community meetings supported by Sun Consultants and Services in Multan, WERO in Karachi East, CLRWO in Karachi South, and Nari Foundation in Sukkur. Expert speakers highlighted the health risks associated with tobacco consumption, the benefits of quitting, and cessation services such as tobacco harm reduction (THR) that can help

individuals quit smoking.

Junaid Ali Khan emphasized that cigarette combustion produces over 6,000 toxic chemicals, causing fatal diseases such as cancer and heart problems. He advocated for adopting a Tobacco Harm Reduction (THR) strategy, citing Public Health England's findings that vaping — a THR product — is 95% less harmful than smoking and can be an effective cessation tool.

Syed Jafar Mehdi noted that although Pakistan ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004, the smoking rate has increased drastically due to weak implementation. According to estimates, Pakistan has over 31 million tobacco users, with more than 160,000 deaths annually from tobacco-induced diseases such as cancer, diabetes, heart disease, stroke, and chronic lung disease, imposing an economic burden of Rs615 billion.

The speakers highlighted the critical role community members can play in ending smoking by educating children on how to resist stress, peer pressure, and smoking, and by providing assistance to adults in their quit-smoking efforts. They shared practical strategies and methods for helping children stay away from tobacco use and assisting adults in quitting, including ways to cope with nicotine withdrawal symptoms.

The speakers urged the government to make cessation services widely available and include THR in national tobacco control initiatives. They also emphasized the importance of protecting students from the allure of tobacco and encouraging them to make informed decisions about their health. Furthermore, they called for the implementation of existing laws — such as the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002 — to achieve a smoke-free future.

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.

To know more about us, please visit: www.aripk.com and www.panthr.org

Follow us on www.facebook.com/ari.panthr/ | https://twitter.com/ARI_PANTHR | <https://instagram.com/ari.panthr>

Islamabad, Pakistan | Email: info@aripk.com