

# ALTERNATIVE RESEARCH INITIATIVE NEWSLETTER

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## Inside

### Page 2

The problem with burning  
Huge new drive to wipe out smoking in England by 2030

### Page 3

Growing support for tobacco harm reduction  
Malaysia's tobacco endgame 2040

### Page 4

Health misinformation can be deadly

## Overhaul tobacco control efforts in Pakistan

We are in May 2022. Again in Pakistan, we are hearing the demands of imposing higher taxes on tobacco use to discourage cigarette smoking. As the federal and provincial governments will be announcing budgets in June, the tobacco control activists are again making demands for increasing tax on tobacco.

They argue that the purpose is to discourage tobacco consumption, instead of revenue generation. However, they also present higher tax on tobacco a win-win situation for everyone – for economy, fewer children initiating smoking, and more adults quitting. And additionally, the revenue from higher taxes on tobacco would “fund health, and tobacco prevention programs”.

There should be higher taxes on tobacco in order to discourage its use. However, to present it as the only solution, rather a panacea, for the smoking problem in Pakistan may not work in the long work. It can be one of the critical measures to reduce smoking prevalence but not the ultimate solution. Mainly because the issue of smoking in Pakistan is widespread and complex and requires multi-prong measures to address it.

If Pakistan imposes higher taxes on tobacco, it should also effectively address illicit production of cigarettes. If this does not happen, the poor cigarette smoker would have the option of shifting to harmful and illicit alternatives in the local market. This is a real possibility even if one accepts the argument of the tobacco control activists that the issue of

illicit cigarettes is not as serious as the tobacco industry is claiming.

With inadequate smoking cessation facilities in Pakistan, the chances of adult smokers quitting smoking are low. Less than 3% adult smokers successfully quit smoking in a year in

Pakistan. Given the number of smokers – 29 million – in the country, the cessation facilities are almost non-existent. The fight against tobacco use needs a complete overhaul. Pakistan has to embrace the new approaches to ending combustible smoking. Tobacco harm reduction (THR) has been successfully employed to bring down smoking prevalence in countries in like UK, Japan, and Sweden.

Twenty years after ratifying

the FCTC, the fight against tobacco control has stalled in Pakistan. It can only invigorated if Pakistan comes up with a national policy on tobacco control and makes THR its central plank. Most importantly, the country needs to carefully review and regulate all alternatives to combustible smoking. Instead of calling for ban on every alternative except cigarettes themselves.

A smoke-free Pakistan is possible. For this, effective cessation services should be accessible and affordable and smokers' views should be heard in order to see what kind of help they need to quit. THR should be part of the national tobacco control policy and innovative THR products should be sensibly regulated.



# The problem with burning

When a cigarette is lit it burns tobacco at temperatures of up to 900°C. This burning process is commonly referred to as 'combustion.' The high temperatures created by the process of burning (combusting) tobacco causes the production of the majority and high levels of harmful chemicals detected in cigarette smoke.

In a cigarette, heating (providing energy to) tobacco (fuel) in the presence of oxygen results in combustion producing smoke.

## ~ 900°C A burning cigarette

When a cigarette is lit, it burns at temperatures up to 900°C. At these temperatures the generation of more than 6,000 different chemicals is triggered. Many of which, are considered harmful or potentially harmful.

## ~ 400°C Onset of combustion

At these high temperatures the process of tobacco combustion begins. The tobacco ignites, resulting in the tobacco burning and smoke being generated.

## < 247°C Nicotine released

Nicotine is one of the reasons why people choose to smoke. It is one of the factors, alongside taste and ritual, that plays an important role in switching adult smokers from cigarettes to smoke-free products. While nicotine is addictive and not risk-free, it is not the primary cause of smoking-related diseases.

## Smoke-free alternatives

The best choice a smoker can make: quit tobacco and nicotine altogether. However, many don't. Thanks to science and technology, smoke-free alternatives such as e-cigarettes, heated tobacco products and snus have been developed for those adults who would otherwise continue to smoke. When scientifically substantiated and manufactured under appropriate quality and safety controls, they can be a better choice than continued smoking. That said, these products are not risk-free and contain nicotine, which is addictive.

## The scientific concept behind these products

As the burning of tobacco produces the vast majority of harmful chemicals in cigarette smoke, eliminating the burning process—as is the case with smoke-free products—means that the levels of harmful chemicals generated can be significantly reduced compared with cigarette smoke. Whether a product reduces emissions of harmful chemicals compared to cigarette smoke has to be scientifically assessed for each product.

## For smokers to switch, the alternatives need to be acceptable

For adult smokers to switch to these products completely and abandon cigarettes, they need to find them acceptable in terms of factors such as taste, ritual and sensory experience.

<https://www.unsmokeyourworld.com/za/learn-the-science/burning/>

# Huge new drive to wipe out smoking in England by 2030

A review commissioned by the Department of Health is expected to recommend promoting e-cigarettes as a less harmful alternative for existing smokers, when it reports later this month.

Health Secretary Sajid Javid appointed former Barnardo's Chief Executive Javed Khan to lead the inquiry in February. Ministers want to make England "smoke free", defined as fewer than one in 20 people smoking, by the end of the decade.

E-cigarettes heat up a liquid containing nicotine, which is then inhaled. They are considered to be less harmful than traditional cigarettes and the British Medical Association has suggested they should be licensed as medicine, which would allow doctors to recommend them to smokers trying to quit.

Mr Khan said: "In my review I have considered a range of critical interventions that will make the most difference. For example, I've looked at the promotion of vaping as a less harmful alternative; a greater role for the NHS in ending smoking and the need to tackle illicit tobacco sales". He added: "Tobacco is the single largest cause of preventable illness and death, with a quarter of deaths from all cancers estimated to be from smoking in 2019. "Despite national progress such as the ban on indoor smoking implemented in 2007, smoking remains very high in certain parts of the country – particularly in poorer areas."

"I have been tasked by the Health and Social Care Secretary to help the government achieve its ambition to be smokefree by 2030. The evidence is clear that taking action on smoking will be critical to dramatically improving the health and wealth of the nation.

"Smoking costs society around £17 billion, of which the NHS alone spends £2.5 billion a year on treating smokers, and that cost is spiralling. A greater focus on prevention is needed." His findings will contribute to the Government's Health Disparities White Paper, designed partly to cut huge differences in life expectancy across the country, and a planned Tobacco Control Plan for England. Both are due to be published this year. The government sees reducing health differences as a key part of its "levelling up" agenda. Currently, life expectancy varies wildly by location, with men from Blackpool, in the North West, living 74 years on average, while men in Kensington and Chelsea in London live an average of 84 years. Reducing smoking would also provide a boost to household finances, with the average smoker spending £2,000-a-year on tobacco on average. Anti-tobacco campaigners initially feared that e-cigarettes might prove attractive to non-smokers. But this does not appear to have happened and it's now thought vaping can be promoted as a less harmful alternative for existing smokers.

Taken from [Express.co.uk](https://www.express.co.uk)

# Growing support for tobacco harm reduction

Rozina Khan

Experts all over the world have been hailing tobacco harm reduction (THR) as a pragmatic approach to control the smoking epidemic which effects 1.1 billion people worldwide. Unfortunately, majority of countries still classify e-cigarettes, heated tobacco products (HTPs) and other smoke-free nicotine delivery systems same as combustible tobacco products, and hence they are regulated in the same way as cigarettes. This overshadows the potential of less harmful tobacco alternatives in reducing tobacco harm and suppresses the right of smokers to make well-informed decisions about their health.

There are a number of scientifically substantiated, smoke-less products and technologies that are recognized as reduced-risk alternatives to curb harm caused by cigarettes under the umbrella of tobacco harm reduction. These products function differently from cigarettes and have the potential to minimize risk for smokers who would

otherwise continue to smoke. An e-cigarette or vape is a battery-powered device that heats a liquid containing nicotine into a vapor that is inhaled like a cigarette while HTP, also electronically powered, heats the tobacco at a lower temperature resulting in a clear vapor instead of hazardous cigarette smoke. Snuff, nicotine pouches, and chewable tobacco products, are also smokeless and less harmful than cigarettes. Public Health England, a leading health body in Europe, affirmed results of peer-reviewed studies showing that vaping, or the use of electronic cigarettes, is 95-percent less harmful than smoking tobacco.

In this regard, the European Parliament has adopted a special

committee report that calls for stronger EU action on how to prevent cancer, with a provision on the role of e-cigarettes in helping smokers quit, making it the first legislative body in the world to officially recognize tobacco harm reduction as a public health strategy.

The report, introduced by the Parliament’s Special Committee on Beating Cancer (BECA), promotes smoking cessation through the use of smokeless tobacco alternatives. BECA has also asked for evaluations of the health risks related to electronic cigarettes, heated tobacco products (HTPs) and

novel tobacco products, including the assessment of the risks of using these products compared to consuming other tobacco products, and the establishment at European level of a list of substances contained in, and emitted by, these products. The Independent European Vape Alliance (IEVA) also lauded this measure and said that over six million smokers in the EU have been able to significant-

ly reduce the damage to their health by switching completely to reduced-risk alternatives such as the e-cigarette.

This move serves as an inspiration for policy makers and regulatory bodies all over the world to incorporate THR strategies in their tobacco control laws. With proper regulations, instead of blanket bans and unnecessary taxes, these alternatives can prove to be a valuable public health opportunity for smokers and pave way for new and improved technologies in the future.

<https://nation.com.pk/2022/04/26/tobacco-harm-reduction-and-growing-support/>

## Global Forum on Nicotine 2022 THR – here for good

The theme for #GFN22 is ‘Tobacco Harm Reduction - here for good’. Harm reduction through safer nicotine products can hasten the end of smoking and other risky tobacco use. #GFN22 will explore the science behind the approach, the policy and regulatory changes needed to maximise its potential and the barriers to its implementation around the world. The conference theme is optimistic - because tobacco harm reduction is here for good.

# Malaysia’s tobacco endgame 2040

Author of evidence-based self-help guide Stop Smoking Start Vaping, Dr, Colin Mendelsohn, is an Australian smoking cessation and tobacco harm reduction (THR) expert. “It should be encouraged as a quitting aid for the many Malaysian adult smokers who are unable to quit with other methods, as is the case in the United Kingdom and New Zealand,” said Mendelsohn as quoted by FocusM.

The government’s Tobacco Endgame 2040 is a strategy to make Malaysia a tobacco-free nation by 2040, and as part of the programme the local government has recently announced plans to prohibit the sale of cigarettes, tobacco products, vape, and e-cigarettes to anyone after 2005.

“This is by making it illegal for the sale of tobacco and other smoking products to anyone born after 2005,” said Jamaluddin. “Malaysia feels that it will have a significant impact on preventing and controlling NCDs (non-communicable diseases),” he added. The health minister stated that there will come a time when the next generation “will no longer know what a cigarette is.” Echoing Mendelsohn’s sentiment, a local medical practitioner with experience in addiction therapy in Malaysia Dr Arifin Fi, recently

highlighted that tobacco harm reduction (THR) approaches would help reverse the problem caused by smoking across the country.

Tobacco harm reduction approaches strike the right balance while Mendelsohn added that without the endorsement of safer alternative products, it is unlikely that the country will reach its smokefree goal. “It is highly unlikely that Malaysia will reach its zero-tobacco goal by 2040 without it,” he added. The THR expert explained that a regulatory system that facilitates the reporting of harmful effects and recalls for unsafe products must be introduced.

“Regulations for vaping need to strike a balance between making high quality, regulated products available for adult smokers while restricting access to young people who do not smoke,” he noted. “Restrictions on vaping should be proportionate to risk as vaping is far less harmful than smoking.”

[https://www.vapingpost.com/2022/04/26/malysias-tobacco-endgame-2040/?fbclid=IwAR3pYR9iL8orMshaHn6YtOUPeltaKCKjk7TugG\\_KiuW0HXdniT2nNMgE](https://www.vapingpost.com/2022/04/26/malysias-tobacco-endgame-2040/?fbclid=IwAR3pYR9iL8orMshaHn6YtOUPeltaKCKjk7TugG_KiuW0HXdniT2nNMgE)

# Health misinformation can be deadly

By Kim Murray

Every 4 seconds, someone in the world dies from the morbidities caused by smoking. However, it is a little-known fact that it's the smoke that causes disease and death, not nicotine. For those who can't or won't quit smoking, tobacco harm reduction products offer a safer alternative to combustible tobacco.

Unfortunately, too many people mistakenly believe that the most dangerous thing about smoking is nicotine. Marginalized communities have the highest prevalence of smoking and, as a result, they suffer the greatest health inequities. Many falsely believe that nicotine causes cancer. When people who smoke perceive nicotine replacement therapy or nicotine vapor products to be as harmful or more harmful than smoking, they are less likely to use less harmful products when attempting to quit smoking.

The widespread misperception about nicotine is due to misinformation. This misinformation is prevalent in media and government messaging and can have detrimental effects on public health. Unfortunately, the number of people believing the misinformation about nicotine vapor products is rising. One of the biggest sources of misinformation is fake news shared on social media. For example, in the United States and the United Kingdom, adults who smoke were less likely to try nicotine vapor products as a harm reduction strategy because of misinformation on Twitter.

There is a real need for informative and accurate information about smoking and nicotine, but most people don't know where to find the information. A logical resource should be their health care provider. However, most of the time, that would be the wrong choice because 60 percent of nurses incorrectly perceive nicotine as carcinogenic and 72 percent believe that nicotine patches could cause heart attacks. One study found that the majority of physicians in the United States were incorrect when they "strongly agreed" that nicotine directly contributes to the development of cardiovascular disease (83.2 percent), COPD (80.9 percent), and cancer (80.5 percent).

Due to the overwhelming amount of misinformation about nicotine, safer nicotine products are subjected to heavy taxation and regulatory bans. In most places, it remains easier to smoke than it is to access products that reduce risks to

people who smoke.

Regulators and public health organizations should be concerned about the public's lack of knowledge about the relative risks between smoking and reduced-risk nicotine alternatives. The public cannot make informed choices for the good of their health if they are not fully aware of the facts. Barriers to tobacco harm reduction products need to be addressed to ensure the maximum impact on reducing the smoking epidemic.

However, it is not just the public who are confused. Lawmakers, medical professionals, and the media are also woefully misinformed about nicotine. Those misperceptions can be deadly if it discourages people from transitioning away from the most harmful forms of nicotine to safer nicotine alternatives.



It will take a lot to change minds and dispel the now entrenched, and largely mistaken, mistrust of nicotine. As in many areas of public life, urban myths and half-truths which are ingrained over time are often easier to believe than the truth for many in society. It is difficult to persuade people that the beliefs that they hold are wrong.

For the benefit of public health, there need to be awareness campaigns focusing on the difference between combustible tobacco use and devices that deliver nicotine in a far safer form. The medical profession needs to be better trained on modern harm reduction products in order that they can disseminate accurate information to their patients, especially in areas where smoking rates are high, instead of misinforming them as is currently happening. Media oversight is lacking in this area. It may be true that bad news sells, but the avalanche of inaccurate clickbait scare stories about products that could reduce the burden of smoking-related disease and death must be stemmed.

Consumers deserve accurate information to enable them to make informed choices. The country won't achieve health equity and social justice if we continue to misinform those who choose to use nicotine in a safe manner.

[https://www.thecentersquare.com/opinion/op-ed-health-misinformation-can-be-deadly/article\\_38dd8158-c1b5-11ec-acb6-7799d6127118.html?fbclid=IwAR2wumXTMtRe6wGsYK0YotD7U0H9AQ66kelPgNlbMxSyOv6U9QhS7aX3FXE](https://www.thecentersquare.com/opinion/op-ed-health-misinformation-can-be-deadly/article_38dd8158-c1b5-11ec-acb6-7799d6127118.html?fbclid=IwAR2wumXTMtRe6wGsYK0YotD7U0H9AQ66kelPgNlbMxSyOv6U9QhS7aX3FXE)

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 Foundation for A Smoke-Free World (FSFW), 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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