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# A smoke-free Pakistan is possible

Today Pakistan has nearly 29 million users of tobacco, up from 23.9 million estimated in 2014. Tobacco is consumed in 45.5% of the households, more in poor (48.8%) than in rich (37.9%) households. The majority of these users are smokers. More than two-thirds of the people (72.5%) who work indoors in Pakistan are exposed to secondhand smoke. Annually the economic cost of smoking for the country has been estimated at Rs615.07 billion, which is 1.6% of GDP.

Though Pakistan ratified the FCTC on 3 November 2004, the country still remains without a national policy on tobacco control. 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.

Under SDG 3 – good health and well-being – the target 3a calls for strengthening “the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate. Pakistan has chosen to commit any progress against this target.

To make matters worse, the implementation of tobacco control measures under the Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance 2002 remains weak. Worryingly the ordinance makes no mention of smoking cessation.

This shows combustible smoking may remain part of the people's lives in Pakistan in the foreseeable future.

However, a smokeless Pakistan is possible in the near future. The first step in this direction can be broadening the horizon of the tobacco control efforts. Make tobacco harm reduction the central plank of efforts for smoke-free future.

Tobacco harm reduction or THR is based on the idea that people smoke for the nicotine but die from the tar. It works because almost all of the disease risk attributable to smoking arises from the smoke: the particles of tar and toxic gases that are inhaled from burning tobacco. Nicotine creates dependence, which keeps people smoking. The smoke

contains thousands of toxic agents, many of which are formed in reactions during combustion. If smokers can find satisfactory alternatives to cigarettes that do not involve combustion but do provide nicotine, they would avoid almost all of the disease risk.

Countries such as the United Kingdom, Japan, and Sweden are successfully employing various forms of THR in their efforts to completely wipe out combustible smoking. Globally cessation is an essential part of tobacco control efforts. Access to smoking cessation services is now considered a human right. Almost two decades after ratifying FCTC, access to smoking cessation services in Pakistan remains low. Only one-fourth smokers (25%) make a quit attempt every year. The success rate of quitting smoking is less than 3%.

A smoke-free Pakistan is possible. However, for this we have to listen to smokers' voices. They 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 formed by governments must ensure the opinion and needs of smokers are valued in line with article 14 of FCTC.

All tobacco control efforts made over the last two decades are essential and critical to reducing the smoking prevalence.

However, ignoring the emerging solutions to ending combustible smoking would only add to Pakistan's burden of disease because of smoking.

For a smoke-free Pakistan, we believe four steps are essential.

- Effective cessation services should be accessible and affordable
- Smokers' views should be heard
- THR should be part of the national tobacco control policy
- Innovative THR products should be sensibly regulated.

# Lousy vaping studies: A master list of junk science

By Cameron English

The media reports the results of sloppy vaping research, then quickly forgets them. We do not. What follows is a list of many of the low-quality studies that have investigated the alleged health risks of e-cigarette use. When we examined these studies in more detail, we identified their serious flaws.

## Could vaping cause erectile dysfunction? Don't panic just yet.

"Vaping doubled the risk of erectile dysfunction in men 20 and older," CNN reported last December. What they left out was that all the data gathered for the study was self-reported. The researchers also relied on study participants to report how much they vaped or smoked. Strangely, the study did not find a link between daily smoking and ED. It's not clear why only vaping would carry this risk, since cigarettes often contain more nicotine than the liquids consumed by vapers.

## Vaping and stroke risk: New study hypes the wrong conclusion

When the American Heart Association (AHA) announced that researchers had linked vaping to stroke risk, the media went berserk, reporting that "E-cigarette users have a 15% higher risk of stroke at a younger age than traditional tobacco smokers, according to preliminary findings."

The study was never published as it could be because the results were less impressive upon closer inspection. While vapers suffered strokes earlier in life, smokers actually had a substantially higher overall risk, 6.75% compared to 1.09% for e-cigarette users.

## Does vaping cause bone damage?

In November 2021, MSN reported that "The evidence against vaping is mounting, and a new study now links e-cigarettes with an increased risk for broken bones." This was a misleading summary at best. The researchers actually found that current vapers had a lower prevalence of fractures than

former vapers. If vaping causes bone damage, why would quitting e-cigarettes be linked to more bone damage?

## The smoking "relapse" myth

Smokers who switch from smoking to vaping are counted as having "relapsed" if they have so much as "one or two puffs" of a cigarette. We've examined two recent studies with this design. The problem here is that many smokers quit gradually, initially replacing some of their cigarette consumption with vaping, many of them ultimately giving up smoking entirely.

## There's a "teen vaping epidemic"

This claim isn't based on bad research so much as it's based on no research at all. Two important conclusions leap out of the evidence we've gathered so far: a minority, roughly 20 percent, of high school students have reported vaping at some point. However, the majority of these individuals are former cigarettes smokers, according to the authors of a 2021 study. "This [result] is consistent with other recent research showing that declines in cigarette use have accelerated after the introduction of [electronic cigarettes]," they wrote.

## Conclusion

Vaping has proved very popular among ex-smokers, myself included. As a result, it's smart for public health researchers to investigate the risks and benefits of e-cigarettes. Whatever danger vaping poses should be honestly reported to the public. That said, poorly designed epidemiological studies that make unreasonable assumptions or ask the wrong questions only muddle the discussion, leaving consumers misinformed about vaping. Hopefully we'll see less of this low-caliber research in the future. If not, this list will continue to grow.

<https://www.acsh.org/news/2022/02/24/lousy-vaping-studies-master-list-junk-science-16142>

# Pakistan: The challenge of tobacco control

Dr. Abdul Hameed Leghari

Tobacco was not cultivated in Pakistan when the country gained freedom. It had to be imported to meet local demand. Tobacco manufacturing began on a trial basis in 1948. Prior to 1968, however, the standard of tobacco cultivation was poor, necessitating massive tobacco imports. To promote the cultivation, production, and export of tobacco and tobacco products, Pakistan Tobacco Board was founded in 1968 as a federal public sector institution. Till today the board is responsible for regulating, controlling, and promoting the export of tobacco and its products along with fixing grading standards. One of its important functions is to "collect statistics on any matter relating to tobacco and tobacco industry." This is one area where the board and those making calls for tobacco are lacking. Tobacco-related data, both in terms of its production and its use in Pakistan is out of date.

According to available data, globally Pakistan ranked ninth in terms of raw tobacco production in 2016-17, 18th in terms

of area cultivated, and 31st in terms of yield per hectare. According to Food and Agriculture Organization statistics, the country's cigarette output surged by more than 60 billion cigarettes between 2000 and 2016. From 2000 to 2017, the total area of tobacco planted increased by 0.27 percent per year, from 45.6 to 47.7 thousand hectares. Similarly, tobacco production increased from 85.1 to 113.4 thousand tonnes between 2000 and 2017, with a 1.90 percent annual growth rate due to an increase in per ha yield (at 1.64 percent per year) and a 0.27 percent annual increase in crop area. The tobacco industry, directly and indirectly, employs 350,000 people, generates about Rs300 billion in yearly revenue, and employs 1.2 million people. In 1948, Pakistan was a net importer of tobacco. By 1969, it had become self-sufficient due to the adoption of new tobacco varieties, advanced tobacco cultivation methods, and collaboration between industry, government, and tobacco farmers. According to the Pakistan Institute of

Development Economics study, the most effective strategy to minimize tobacco usage is to increase prices by increasing taxes and ensuring that the tax increases are reflected in pricing. Higher costs deter people from starting to smoke cigarettes in general, and young people in particular, and urge existing smokers to stop.

In 2013, Pakistan changed its tobacco excise tax system. For cigarettes, there is currently a two-tiered special excise tax system in effect. The lowest and highest grades of cigarettes cost Rs17.6 and Rs46.50 for each pack of 20 cigarettes, respectively.

However, the tobacco industry's tax contribution grew to Rs120 billion in 2019, up from Rs92 billion in 2016, since the government eliminated the third tax category in 2019, limiting the tobacco industry's ability to provide cheaper cigarettes by avoiding taxes.

The tobacco industry's portion of overall tax revenue increased from 2.15% to 3% in FY17. The government's aversion to changing tobacco tax policy stems in part from a misunderstanding of the share of health and social expenses that may be attributed to smoking. As a result, its benefit-cost analysis of tax revenue is wrong, putting overall health outcomes in jeopardy.

The entire cost of all smoking-related illnesses and deaths in Pakistan in 2019 was Rs615.07 billion (\$3.85 billion), with indirect expenses (morbidity and mortality) accounting for 70% of the total cost. Rural residents bear 61% of the total cost, men 77%, and those aged 35–64 years bear 86% of the burden.

The total tax payment (Rs120 billion in 2019) accounts for roughly 20% of the total cost of smoking-related hazards. The overall direct and indirect costs of smoking-related cancer, cardiovascular disease, and respiratory diseases amount to Rs437.76 billion (the US \$2.74 billion), or 3.65 times the tobacco industry's total taxable income. Direct mortality costs account for 23% of total expenses, whereas indirect mortality costs account for 64%.

The government of Pakistan along with health-related national and international organizations, NGOs, and civil society groups devote a substantial amount of taxpayer money to tobacco-reduction programs. These interventions include increasing tobacco-related lobbying, changing the image of tobacco by forbidding direct and indirect advertising and implementing hard-hitting anti-tobacco public education campaigns, protecting nonsmokers from second-hand smoke, and so on.

Recently, the World Health Organization has recognized the Tobacco Control Cell of Pakistan's health ministry with a World No Tobacco Day 2021 Award. According to Pakistan's tobacco control activists, the award was given to Pakistan for its efforts over the last decade, which included significant policy work on tobacco control, implementation of the Tobacco-Smoke Free City model, mandating pictorial health warnings on cigarette packs, and gradually increasing the size of the warning, and so on.

However, this success has been questioned given the fact that the number of tobacco users has reached 29 million, according to Pakistan's Household Integrated Economic Survey 2018–19. The consumption of tobacco is higher in poor (49 percent) than in rich households (38 percent). Commenting on the reward, daily Dawn said: "Access to smoking products is easy and the availability of the ostensibly banned single



cigarettes is especially tempting for students and other young people."

Smoking remains the largest preventable cause of death in Pakistan. Tobacco is responsible for around 160,100 fatalities in Pakistan each year. Every day, more than 1,200 Pakistani children aged 6 to 15 begin smoking.

According to the Global Adult Tobacco Survey, roughly 24 million individuals (19.1 percent) used tobacco in some form in 2014–15. Tobacco use has increased to 15.6 million (12.4 percent), with 3.7 million using water pipes, hookahs, or shisha and 9.6 million (7.7 percent) using smokeless tobacco. Further, cigarettes can be purchased and smoked at universities, colleges, hospitals, airports, railway stations, and bus stations. It is simple to obtain loose cigarettes.

Smoking cessation still remains a weak link in the tobacco control efforts in 2022. Only in 2017, Pakistan made nicotine replacement therapy (NRT) part of the Essential Drugs List. There is only one smoking cessation clinic working in a public hospital in Islamabad. NRTs are expensive and not easily available in Pakistan.

A dedicated quit line has been introduced but it is not widely advertised. Its performance remains disappointing. The quit line received 2,371 calls from 1 January 2015 to 1 September 2020. Of the 2,371 smokers registered through the quit line, 1,439 were referred to the National Institute of Rehabilitation Medicine (NIRM), which houses a tobacco cessation clinic, and of the 1,439 smokers referred to NIRM, only 73 succeeded in quitting smoking during the last five years. Another 932 callers availed online consultations. Only less than 3% of smokers successfully quit smoking in a year in Pakistan. It is important to highlight that the Smoking and Protection of Non-Smoker's Health Ordinance 2002 makes no mention of smoking cessation. The main issue is determining how to reduce the health dangers linked with tobacco usage while simultaneously saving Rs615.07 billion in human lives and intellectual endeavors. The shift in the cigarette business is the answer.

Pakistan ratified WHO FCTCs in 2004. Eighteen years on, the country still lacks a national policy on tobacco control. Additionally, the tobacco control efforts seemed to have stalled in a time warp. A number of countries, including the UK, Japan, and Sweden, are making the concept of harm reduction part of their tobacco control plans and setting targets for completely ending combustible smoking. Pakistan seems to be completely ignoring this aspect.

Overall, Pakistan must take significant measures to reduce its use of combustible tobacco. These include making smoking cessation programs more accessible and affordable, including smokers' perspectives in tobacco control policies, incorporating NRT into national tobacco control strategies, and sensibly regulating NRT products.

<https://www.theasianmirror.com/pakistan-a-challenge-to-quitting-smoking/>

## National tobacco policy, cessation services needed to achieve 'Healthy China 2030' target

China is the world's largest tobacco producer and consumer of tobacco products. In China, more than 300 million people are tobacco users while more than one million Chinese people die from smoking-related diseases every year. If current trends continue, China's annual death toll from tobacco will reach 2 million by 2030 and 3 million by 2050. According to the China Country Report 2022, China has released and amended a series of national laws and policies on tobacco control in recent years. However, there is no national-level tobacco control legislation, which poses a substantial challenge to achieve the goal of "Healthy China 2030" to reduce adult smoking prevalence from 27.7% to 20% by 2030. The prevalence of smoking is higher in western rural areas; it increased among youth from 8.3% in 2003 to 12.5% in 2013; men (50.5%) had a much higher smoking prevalence than women (2.1%).

The awareness of risks from smoking is lower in rural areas. People lack correct knowledge on "low-tar" options. In China, Noncommunicable diseases caused about 90% of all deaths. Smoking is the leading risk factor for disability adjusted life-years in China. Cardiovascular diseases, chronic respiratory diseases, and neoplasms are the top three smoking-attributed diseases.

The number of all-age deaths due to tobacco increased by 21.5% in females and 55% in males from 1990 to 2019. Cardiovascular disease (CVD), chronic respiratory diseases, and neoplasms are the top three causes of disease due to tobacco use in China. Smoking reduced life expectancy by 2.04 years overall, with 3.05 years lost for men living in the western regions.

According to the World Health Organization (WHO), direct costs related to tobacco-related illnesses in 2014 totaled China 53 billion Yuan (about \$9 billion USD), accounting for 1.5% of the total national health expenditures that year. Additionally, loss in productivity due to smoking-related illnesses contributed to indirect costs of 297 billion Yuan (about \$48 billion USD). A systematic review of publications from 1995 to 2019 estimated the total (direct plus indirect) costs attributed to smoking in China ranged from 57.16 billion to 378.27 billion Yuan.

China is the world's largest e-cigarette manufacturer,

accounting for more than 90% of global e-cigarette production. However, the tobacco monopoly system has a clear ban on heated tobacco products, and only export is permitted. China National Tobacco Corporation (CNTC) has already started deploying new tobacco products. Tsinghua University Public Health and Technical Supervision Research Group in a report strongly supported the establishment of e-cigarette industry legislation and regulation. This report also pointed out that e-cigarettes are not harmless, although they are less harmful than regular cigarettes and do not cause secondhand smoke hazards to

others, which is a potential alternative to drive smokers away from combustible cigarettes. Quitting smoking is considered the most effective measure for preventing lung cancer and other smoking related diseases. However, the availability of smoking cessation services is extremely limited in China, and most cessation attempts are not successful. The major cessation measures available are pharmacotherapy in the form of Nicotine Replacement Therapy (NRT) or other western prescription medications, cessation clinics, and help lines.

The overall cessation rate increased from 18.7% in 2015 to 20.1% in 2018, the latest year for which such statistics are available. Current smokers receiving advice on cessation from health care professionals dropped from 58.2%

in 2015 to 46.4% in 2018. However, 90.1% of smokers tried to quit without any quitting assistance, and few people received additional cessation help.

Further, counseling services are available in 96% of clinics, but only 43% provide smoking cessation medications and 80% of physicians did not receive formal training in smoking cessation and have little knowledge of cessation guidelines. The overall use of prescription medication and NRT products is low and continues to decline.

To achieve "Healthy China 2030" goal. China has to devise an effective national tobacco control policy, provide accessible and affordable cessation services and make Tobacco Harm Reduction (THR) part of the tobacco control initiatives.

*Taken from China Country Report Feb 2022.*



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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