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Combustible smoking puts disease burden on country: speakers

Pakistan is facing a heavy burden of disease because of combustible smoking, with more than 25 million users of tobacco in the country. Some estimates say the number of tobacco users has reached 29 million.

This was stated at a consultation with the journalists of Rawalpindi and Islamabad on tobacco use in Pakistan and how to end combustible smoking in a generation.

If people decide to give up smoking, they do not know where they should seek assistance. That is why less than 3pc smokers successfully quit smoking in a year in Pakistan.

The total cost of all smoking attributable to diseases and deaths in Pakistan was 3.85 billion dollars in 2019.

Research analyst Dr Abdul Hameed Leghari informed the participants that tobacco harm reduction works as 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. If smokers can find satisfactory alternatives to cigarettes that do not involve combustion but do provide nicotine, then they would avoid almost all of the disease risk.

There are more than 7,000 chemicals in a single conventional tobacco cigarette. Tar is present in any tobacco product that is burned, which is the most dangerous chemical and contributes to lung diseases such as emphysema, chronic bronchitis, and lung cancer.

On the other side, Nicotine is an addictive drug that keeps people smoking, but it is the other harmful chemicals in cigarettes that make smoking so dangerous. Nicotine is less harmful and does not make smoking so dangerous. According to Public Health England (PHE), e-cigarettes are the significantly (95 percent) less harmful to health than smoking. ARI Project Director Arshad Ali Syed regretted that smokers' concerns have been ignored in Pakistan's tobacco control efforts.

He said that the smokers should be part of efforts for a smoke-free future, since their participation in cessation efforts at policy level will provide the critical link for knowing



what help they need to quit.

All policies formed by governments must ensure the opinion and needs of smokers are valued in line with Article 14 of FCTC.

The participants were told that Pakistan needs to provide effective and affordable smoking cessation services along with making tobacco harm reduction part of the national policy on tobacco control to reduce combustible smoking prevalence.

The speakers said that the role of media and journalists is critical in ensuring that Pakistan overcomes the endemic of combustible smoking prevalence and becomes a smoke free country in a generation.

They added that the outreach of the print, electronic and social media disseminates information that helps to curtail smoking prevalence and introduce the evidence-based innovative solutions to make Pakistan smoke free.

They maintained that the 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. They called for sensibly regulating innovative tobacco harm products in Pakistan.

Doctors' group opposes banning promotion of tobacco harm reduction

KUALA LUMPUR – A physicians' association has criticized the government's proposed prohibition on the promotion of vape or e-cigarettes as a harm reduction alternative to smoking tobacco.

The Federation of Private Medical Practitioners' Associations Malaysia (FPMPAM) pointed out that New Zealand and Australia have tobacco harm reduction (THR) programmes. New Zealand's planned generational tobacco ban – targeted at those born from 2009 – excludes vape, as vape is promoted instead as a tool to help smokers quit.

However, Malaysia's proposed "generational end game" (GEG) under the Control of Tobacco Product and Smoking

Bill 2022 prohibits not just the sale, personal possession, and consumption of tobacco to anyone born from 2007, but also vape and e-cigarettes, regardless of whether or not e-liquids have nicotine.

"The Bill seems to have totally disregarded the overwhelming scientific data that THR can work with the proper regulatory framework in place," FPMPAM president Dr Steven Chow said in a statement today.

This is comprehensively documented in the report of the Royal College of Physicians, UK 2016 ('Nicotine without smoke: Tobacco harm reduction').

According to the report by the UK's Royal College of Physicians (RCP), e-cigarettes appeared to be effective when used by smokers as an aid to quit smoking. The health hazard arising from long-term vapour inhalation from e-cigarettes, it said, is unlikely to exceed 5 per cent of the harm from smoking tobacco.

"There is a need for regulation to reduce direct and indirect adverse effects of e-cigarette use, but this regulation should not be allowed significantly to inhibit the development and use of harm-reduction products by smokers," said the RCP. "However, in the interests of public health, it is important to promote the use of e-cigarettes, NRT (nicotine replacement therapy), and other non-tobacco nicotine products as widely as possible as a substitute for smoking in the UK."

Dr Chow pointed out that Section 9(1) of the Control of Tobacco Product and Smoking Bill 2022 – which penalises the promotion or sponsorship of vape products as quit-smoking products – would effectively outlaw the dissemination of information on THR, such as discussing the UK's RCP report.

Non-compliance with Section 9(1) is punishable with a fine not exceeding RM20,000, up to one year's jail, or both for the first offence upon conviction for individuals. A body corporate faces a fine between RM20,000 and RM100,000, jail not exceeding two years, or both for the first offence upon

conviction.

"It would be worthwhile for the legislators on both sides of the House to revisit this authoritative document and consider implementing policies that have been proven to work before embarking on the GEG," Dr Chow said.

"Pushing the GEG without this preparatory work will be a dangerous social experiment."

FPMPAM also criticized the criminalization of personal possession and consumption of cigarettes, tobacco, or vape products by those born from January 1, 2007, which the doctors' group described as a "fundamental flaw" in the tobacco control bill.



These offences are punishable with a maximum RM5,000 fine upon conviction. If the GEG is enforced from 2025, this means those aged 18 that year and younger teenagers or children would face enforcement and prosecution when caught smoking or vaping, or found in possession of a cigarette or vaping device.

"Smoking, vaping, and the use of tobacco products have major health consequences and are diseases of addiction. Like all addictions, they are amenable to proper medical intervention and treatment by specially trained professionals, and not by criminalization of the addict," FPMPAM said. The physicians' association pointed out that its experience with community-based medical treatment for opioid addiction has shown that a specially trained nationwide network of general practitioners (GPs) and family physicians are best equipped to manage this.

"They are also the best first point of care for children caught experimenting with smoking and vaping. However, there are no provisions in the Bill to facilitate and to empower the medical professional for this task."

<https://codeblue.galencentre.org/2022/08/01/doctors-group-opposes-banning-promotion-of-tobacco-harm-reduction/?fbclid=IwAR1FZEBELO5TBz2oTgM6M2u4XHG9SkX7nubaqd1TmcUjLPfolv7iivmAfA>

New Zealand moves ahead with world-first tobacco laws in bid to create smoke-free generation

New Zealand legislators have vowed to break the “disgusting and bizarre” hold of cigarette companies, introducing world-first legislation that will stop the next generation from ever being able to legally buy cigarettes.

On Tuesday the government introduced its new laws to try to create a smoke-free generation, installing a steadily rising purchasing age so that teenagers will never be able to legally purchase cigarettes. The new measures, which were debated in parliament, are considered a world first – and have attracted a mixture of praise for innovation and concerns at their untested nature. As well as the shifting smoking age, they would dramatically reduce the nicotine in cigarettes, and force them to only be sold through specialty tobacco stores, rather than corner stores and supermarkets. “For decades we have permitted tobacco companies to maintain their market share by making their deadly product more and more addictive. It is disgusting and it is bizarre. We have more regulations in this country on the safety of the sale of a sandwich than on a cigarette,” said the associate minister of health, Ayesha Verrall, as she introduced the law for its first reading.

“Our priority in bringing this bill is protecting what is precious: our people, our whānau [families], our communities.”

The bill is at its first reading, and had near-universal cross-party support to pass through to select committee – the next stage of the legislative process, where MPs hear

from expert and public submissions. The law is expected to come into effect in 2023. The rules target only tobacco products, and vaping will remain legal.

Opposition National MP Matt Doocey said while the party would be supporting the bill at this stage, they had concerns about its experimental nature.

“Most of the measures being considered have yet to be widely implemented internationally, and in some cases, New Zealand would be the first in the world to implement them,” Doocey said. “I don’t have a problem that New Zealand is going to be the first in the world,” he said, but the policy’s untested nature meant there was “significant uncertainty in the outcomes”.

The Green party also supported the bill’s passage to select committee, but raised concerns about criminal prohibition pushing the industry underground. “The Greens have some serious concerns about the potential for a new kind of criminal prohibition,” said MP Chlöe Swarbrick. She also raised concerns about denicotinisation: “It’s untested, from my understanding, anywhere and, therefore, it is going to need some serious, robust kicking around.”

The libertarian Act party was the only party to oppose the bill at first reading.

[https://www.theguardian.com/world/2022-](https://www.theguardian.com/world/2022-jul/27/nz-moves-ahead-with-world-first-tobacco-laws-in-bid-to-create-smoke-free-generation)

[jul/27/nz-moves-ahead-with-world-first-tobacco-laws-in-bid-to-create-smoke-free-generation](https://www.theguardian.com/world/2022-jul/27/nz-moves-ahead-with-world-first-tobacco-laws-in-bid-to-create-smoke-free-generation)

Chewable Tobacco – Choice or addiction ?

BY SAMEER MANDHRO

KARACHI: Zulekha Latif, a housewife, does not remember exactly when she started chewing gutka. But she remembers that for the last three decades, she has been using one or the other form of chewable tobacco. She can hardly open her mouth, her gums hurt, there is occasional bleeding, but she does not want to stop. “It’s a habit and a life-long support,” she smiles without telling me what kind of support it is. She spends about Rs.50 daily for the gutka that is not easily available in her city Badin. “I used to chew betel nuts when I was just seven years old. It was replaced with paan and then gutka.”

Kiran, a home-based worker, spends Rs.100 daily for mawa, a form of gutka popular in Karachi. Like other women in her family, Kiran does not remember exactly when she started chewing gutka. “I cannot function without taking mawa. It stimulates my body and helps me to finish my tasks easily and quickly.” Showing the mawa packet in her hand, Kiran shares that her total earning in a day is just Rs.350 for six to eight hours of work. “Everyone chews mawa. It’s a habit and no one considers it a bad thing, at least in our area,” she adds. According to health professionals, factory workers, electricians, mechanics, drivers of public transport vehicles, rickshaw drivers, maids, security guards, and workers at restaurants, mostly, chew one or the other form of chewable tobacco. The common gutka is made of different ingredients, some of which are harmful—crushed betel nut, tobacco, catechu, lime, and sweet or savoury flavourings. Despite the knowl-

edge that it is illegal to carry gutka, the majority of the addicts carry stocks of the gutka or mainpuri while travelling from one place to another as they cannot live without it.

Doctors say that the constant use of mainpuri or gutka is one of the root causes for oral cancer. They also warn that a patient develops a non-healing ulcer in oral cancer, which is initially painless, but as time passes, it results in severe pain, occasional bleeding, and perforations. Its treatment becomes very difficult in an advanced stage. “Users know it is very harmful, but they do not give it up,” said Dr S M Qaisar Sajjad, Secretary General of Pakistan Medical Association (PMA). “In any form it causes oral cancer,” he added. He said that the PMA has been running campaigns for banning [chewable] tobacco and chhalia in all forms to save the lives of people because these are hazardous for health.

According to the data shared by the PMA, in Pakistan, 166,000 people die every year due to the use of tobacco in different forms. “It is also clinically proven that the juice of the good quality chhalia is carcinogen, and when it is mixed with tobacco, other hazardous items and chemicals, it becomes more dangerous for human health,” Dr Sajjad explained. Carcinogen is defined as a substance that causes cancer. PMA data shows that approximately, 200,000 new cases of cancer are reported every year, out of which 40,000 cases are of oral cavity cancer, which includes lips, gums, tongue, buccal cavity, and pharynx.

A research conducted in Pakistan shows that smokeless

tobacco is the number two cause of cancer related deaths in both men and women.

“Not only men but even teenage boys and girls are using gutka without taking care of their health,” Dr Sajjad said. He said that in some of the areas of Badin, Thatta and Sujawal, children under the age of ten, copying their parents, chew gutka.

Interestingly, different forms of chewable tobaccos are popular in different areas. Gutka is common everywhere. In some areas, like Tando Ghulam Ali, Gulab Laghari, Nao Dubalo and Tando Allahyar, choro is common, a form of tobacco mixed with betel nuts and clove. In Badin, Safina - an India product - is famous, and is even being used by educated people who neither consider it a bad habit or harmful for their health.

“Gutka users cannot even easily open their mouths,” Abdul Aziz, a shopkeeper in Seerani, a town in Badin district, said. “I know people who really want to give it up but cannot. It is a bad habit.”

Understanding the severity of the problem, and on the recommendations by the health department and health experts, the Sindh government, after consultation with different stakeholders, passed a bill on December 18, 2019. The Sindh Assembly’s bill, “Sindh Prohibition of Preparation, Manufacturing, Storage, Sale and Use of Gutka and Manpuri Bill, 2019”, bans the import, export, manufacturing, sale, and purchase of gutka, manpuri and their derivatives in the province. The bill states: “Tobacco consumption is one of the biggest challenges confronting the people today. Out of ninety percent tobacco related oral cancer cases, eighty-two percent pertain to mouth and throat. The survival ratio among cancer patients, who live for five years, is fifty-one percent, while forty-eight percent live for ten years after they are diagnosed.”

On the directives of the Sindh High Court, top police officials have issued orders to initiate a crackdown against the sellers and manufacturers of gutka, mainpur and mawa. Media reports confirm that the police have launched several raids and arrested some people involved in the crime, but the number of users is still increasing regularly. “I do not see the number of users declining,” Dr Sajjad said.

“Yes, the number is not going down,” a senior police official said on the condition of anonymity. He said that even some

politicians patronize this business. “It is a good business, people earn good money within months,” he explained. Although users of betel nuts are found across Pakistan, but gutka and mainpuri users are mostly concentrated in lower Sindh’s three divisions: Karachi, Hyderabad and Mirpurkhas. The situation is comparatively pathetic in the lower parts of Sindh, the coastal belt. Officials and health professionals say that the majority of the people in Thatta use chewable tobaccos.

A PMA health professional said that betel nut is the main cause of oral cancer and sub-mucous fibrosis. Approximately, 122 brands of chhalia (sweet Supari) are easily available

everywhere; chhalia is prepared by artificial colour and artificial sugar. It is proven that artificial color is also carcinogen.

It is important to note that chhalia does not grow in Pakistan, and a fungal infected chhalia is being imported. According to doctors, any fungal infected food eaten for a long time can cause liver cancer. Speaking to Express Tribune, Dr Sajjad said, “It is very unfortunate that even in the presence of law, gutka, mawa, manpuri, chhalia



and their derivatives are freely available in markets, and people are consuming them openly. And as a result, cases of oral cancer and sub-mucous fibrosis are increasing in the country, particularly in Sindh.”

Chachar is of the view that it’s a social issue. “I have faced at least twenty-five protests for taking action against sellers and consumers in the district,” he said. “There is a need of mass awareness across lower Sindh,” he urged.

Noman Khatri, an electrician and a gutka user in Karachi, is of the opinion that he has been seeing different forms of chewable tobacco since his childhood. “I am thirty-five now, and I have heard it causes dangerous health issues, but I do not see people taking the warnings seriously,” he said. He also mentions some of his acquaintances who died of mouth cancers. “I have seen their condition, and how they gave up gutka for a few days.” But, he added, it is hard to disconnect for long from this addiction.

<https://tribune.com.pk/story/2365288/chewable-tobacco-choice-or-addiction>

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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