ALTERNATIVE RESEARCH INITIATIVE

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## Inside



# Sweden: A blueprint for a smoke-free future

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In the last few decades, Sweden has been a trailblazer in creating policies that encourage adults to quit smoking and dissuade those who have never smoked from picking up cigarettes. Sweden was one of the first countries to enforce smoke-free workplaces in 1993. Five years later, the country launched a national helpline for people trying to quit; it even promoted the number on cigarette packs which also included information about the dangers of smoking.

Since then, Sweden has supported the use of snus and other alternative tobacco and nicotine as a way for people who smoke to quit. Snus is a smokeless tobacco product made through a process that removes most of the harmful chemicals found in cigarettes and other forms of non-combustible tobacco. Other forms of reduced-risk nicotine products like nicotine pouches—which contain no tobacco—have also become available in Sweden, as have e-cigarettes.

This is tobacco harm reduction at work. Since 2004, the number of adults who smoke daily in Sweden has fallen from more than 16 percent of the population to around 5 percent. More importantly, key metrics of the country's public health have improved too: Sweden has among the lowest rates of lung cancer in Europe—of which smoking is a leading cause. By creating an environment where more adults can access alternative nicotine products, Swedish policy is saving lives.

Another example of tobacco harm reduction at work is the United Kingdom, where public health officials have strongly supported the use of reduced-risk tobacco and nicotine products in cases where individuals cannot or will not quit smoking.

In 2023, the government began offering people who smoke nicotine e-cigarette starter kits paired with behavioral support as part of the national smoking cessation program. The

decision to do this was based on research that demonstrated the large reductions in exposure to the dangerous chemicals in cigarettes, and that e-cigarettes have been shown to be an effective tool to help smokers quit.

We know that tobacco harm reduction saves lives, and now we have seen how this strategy can scale to the national level. It is important to highlight these successes and support efforts in more countries to build national programs based on the evidence and compassionate consideration of the needs of people who smoke.

Global Action's 38 grantees across 41 countries are conducting research that illuminates the many smoking cessation tools available around the world and supporting programs to educate adults who smoke, providers, and other key experts about the public health benefits of tobacco harm reduction. This work complements traditional smoking cessation programs for adults who cannot or otherwise will not quit. Working together, we can move faster toward a world without the death and disease caused by smoking.

https://globalactiontoendsmoking.org/global-action-community-newsletters/

# Smokers' corner

## Unbreakable craving

Rasheed, 48, started consuming chalia and pan in his childhood. He was impressed by people consuming chalia and pan at shop. But when chalia and pan became expensive then he switched to Gutka in 2005.

He spends Rs. 250-300 a day on Gutka, totaling Rs. 15,000 a month. Rasheed said Gutka consumption brought shortness of breath and weakness for him. "I feel tired and unable to work efficiently."

He did not try to quit. But now he feels to quit or reduce its consumption as smoking has negative health effects. Further, it is expensive. Even children might start its consumption copying us.

He said he faces cravings after meal and when he sat free. Rasheed is unaware about quit smoking strategies and cessation services. He said when he does not use Gutka, he feels time is not passing. He uses it even before driving, initiating any work, or go outside from home.

## Pleasure turned burden

Abdul Samad started smoking in his student life, influenced by his smoker friends. "What started as fun turned into addiction by 2020, when I was smoking over 20 cigarettes a day, which caused me serious health issues like shortness of breath, weakness, and chronic cough," he told the Alternative Research Initiative (ARI) in Sukkur.

"I used to smoke cigarettes whenever I was alone, couldn't sleep at night, while using my mobile, and with friends at hotels, said Samad. "Everybody was consuming, so I used to consume it too."

Samad said excessive smoking brought serious health issues for him. "I feel shortness of breath, and my physical health has weakened. One of my friend's fathers suffered a heart attack due to smoking"

Aware of the health risks associated with smoking, Samad decided to quit or reduce his cigarette consumption and successfully cut it down. "I have reduced my cigarette intake to 2-3 a day through willpower."

He now consumes cigarettes only in the evening, as his workplace has a no-smoking environment.

Although Samad has reduced his cigarette consumption, he still failed to quit completely due to lack of information about cessation methods and services. "I don't have any idea where to seek help for quitting."

Estimates suggest that fewer than 3 percent of smokers successfully quit due to a lack of affordable, accessible, and effective cessation services in Pakistan. As a result, many individuals like Samad find it difficult to break their habit.

"I need products or medicines that can help me quit smoking," he says.

# Communities pledge to end smoking, save lives in Pakistan

The Alternative Research Initiative (ARI) and its partners have conducted awareness sessions in eight districts, five in Punjab and three in Sindh, aiming to engage local communities and tobacco users to prevent youth from smoking and support adults in quitting.


In August, four community meetings were held in collaboration with Rural Development Foundation (RDF) in Jamshoro, Nari Foundation in Sukkur, Insan Dost Social Organization (IDSO) in Khairpur, and Future Development Foundation (FDF) in Sargodha. Seven organizations, including Dove Foundation in Lahore, Sun Consultants and Enterprises Services in Multan, RDF in Jamshoro, IDSO in Khairpur, Dove Foundation in Bahawalpur, Maimar Development Organization in Faisalabad, and Nari Foundation in Sukkur, held meetings with smokers, vapers, and tobacco users.

The meetings were attended by community leaders, civil society members, laborers, doctors, mothers, smokers, students, and people from different walks of life. Speakers elaborated on the health risks of tobacco products, benefits of quitting, cessation services, and strategies for community involvement to keep youth away from smoking and help adults quit. They shared valuable insights on the harmful chemicals produced by burning tobacco, which cause chronic diseases, including cardiac arrest, severe cough, COPD, loss of appetite, and various types of cancer. These diseases kill 160,000 people in Pakistan annually, with an economic cost of Rs. 615 billion, accounting for 1.6% of the country's GDP. Conversely, quitting smoking brings immediate benefits, improving health, life expectancy, and reducing the risk of cancer and cardiovascular diseases.

Speakers emphasized that tobacco control laws exist in Pakistan, but their implementation and provision of effective cessation services remain a challenge, resulting in less than 3% of smokers quitting successfully each year. They informed smokers about methods to cope with nicotine withdrawal symptoms and educated participants on effective cessation strategies, including tobacco harm reduction, nicotine replacement therapy, medication, and counseling.

The speakers highlighted Sweden's success in becoming the world's first smoke-free country by implementing anti-smoking laws and promoting alternative products like Swedish snus and e-cigarettes. They stressed the importance of community involvement in declaring homes and public places smoke-free, educating children about smoking hazards, encouraging open communication with youth, providing medical support to adult smokers, and promoting reduced-risk products. They also shared useful methods for educating children on managing stress, peer pressure, and resisting smoking.

# Make smoking cessation central to tobacco control strategy

Despite decades of tobacco control campaigns, graphic warnings, bans on advertising, and tax hikes, Pakistan remains trapped in a cycle of tobacco dependency. Over 31 million Pakistanis use tobacco in some form, and smoking-related illnesses claim over 160,000 lives annually. However, the smoking cessation remains ignored and almost forgotten, leaving the adult smokers who want to quit without any assistance.

According to the World Health Organization (WHO), Pakistan's healthcare system lacks adequate smoking cessation support, resulting in low quit rates. If people decide to give up smoking, they do not know where they should seek assistance. That is why only 25% of smokers attempt to quit annually, with a success rate of less than 3%.

Smoking cessation is not just a public health ideal—it's the most immediate and cost-effective way to reduce tobacco-related harm. Unlike preventive campaigns that target future smokers, cessation directly addresses the millions already addicted. Studies show that even brief counseling interventions can significantly increase quit rates, while pharmacological aids like Nicotine Replacement Therapy (NRT) and varenicline multiply the odds of success.

In countries like the UK, Australia, and Thailand, cessation services are integrated into primary healthcare, supported by national quitlines, subsidized medications, and public awareness campaigns. Pakistan, however, has yet to institutionalize cessation as a core component of its tobacco control strategy.

Despite ratifying the WHO Framework Convention on Tobacco Control (FCTC) in 2004, Pakistan has made little headway in implementing Article 14, which calls for accessible cessation services. The reasons are manifold. Tobacco control efforts have focused heavily on taxation and packaging, with cessation relegated to the margins. Most doctors receive no formal training in tobacco cessation, and cessation clinics are virtually nonexistent. The widespread misconception that nicotine directly causes diseases like cancer and heart disease complicates advice given to patients about smoking cessation services. Moreover, most smokers are unaware that quitting is possible with support—and that help even exists. Pakistan also lacks a toll-free quitline, a basic infrastructure in most countries with serious cessation programs.

To reverse the tide, Pakistan needs a national cessation strategy anchored in evidence and empathy, one that involves listening to smokers and making them part of efforts for a smoke-free future. Their participation in cessation efforts at the policy level will provide a critical link for understanding what help they need to quit. There is a need to establish a national quitline with trained counselors and multilingual support. A quitline was established in 2017 but it is no longer working. Similarly, smoking cessation should be integrated into primary healthcare. This integration should be backed by training for doctors and nurses. In a country like Pakistan, cessation medications should be subsidized. Unless the cessation medications are affordable and accessible, poor adult smokers will not use them.

Another critical aspect missing is the involvement of the communities. Smoking is perceived as an individual problem. However, to address this problem, collective efforts are a must. When communities get together, they are able to see smoking as everyone's problem and make collective efforts to address it.

Pakistan's tobacco control narrative must evolve—from punitive measures to supportive interventions. Cessation is not a luxury; it's a public health imperative. Until Pakistan invests in helping smokers quit, the cycle of addiction, disease, and death will persist. The question is no longer whether Pakistan can afford to prioritize cessation. It's whether it can afford not to.

# Punjab bans smoking in public parks

LAHORE: The Punjab government has banned smoking and sale of cigarettes/tobacco etc in public parks across the province in a bid to protect children and the youth from smoking hazards, including those that come with passive smoking, and to ensure a clean and healthy environment.

A notification has been issued by the Housing, Urban Development and Public Health Engineering Department, enforcing Section 5 and 7 of the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002.

The new policy prohibits smoking, use of e-cigarettes, vapes and all tobacco-related products in the parks. It also bans the sale of such items at tuck shops, cafes and vending points within or around the public parks.

According to the notification, visible 'No Smoking' signboards will be installed throughout the parks and designated staff will actively monitor compliance. All Parks and Horticulture Authorities (PHAs) have been instructed to fully implement the law within 10 days.

"The move reflects the Punjab government's broader commitment to sustainability, community well-being, and the intelligent use of public resources, reinforcing the province's goal of modernising urban life while preserving public health," he added.

Under the decision, all public parks across the province have officially been declared no-smoking zones.

The secretary inspected various parts of the Lawrence Gardens and emphasized the need to preserve and highlight the park's historic identity.

He directed that all the laws and regulations must be strictly enforced in public gardens and parks to ensure a peaceful and healthy environment for families and fitness enthusiasts.

However, it has not been announced how the ban would be implemented and what would happen in case of violation.

When France recently imposed a nationwide ban on smoking in parks and on beaches, it came with a clear rule of 90 euros fine on the violators and in case of nonpayment of fine within 15 days, the fine would go up to 135 euros.

According to the Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002, a violator may face a fine from Rs1,000 to Rs100,000, depending on severity and frequency of the violation.

https://www.dawn.com/news/1927508

# Flavour bans: cutting vaping, but reviving smoking?

Tobacco harm reduction has always been about balance: finding ways to minimize risks for people who use nicotine while avoiding unintended consequences. One of the most contested questions in this field concerns the role of flavours in safer nicotine products like vapes, heated tobacco and nicotine pouches. For some, flavours are an appealing gateway that could pull in youth who might otherwise never smoke or vape. For others, they are a lifeline—making alternatives to cigarettes palatable enough that people who smoke can actually switch.

A new study by researchers at Mass General Brigham, published in JAMA Network Open, adds fresh evidence to this debate. Looking at six U.S. states—Massachusetts, New Jersey, New York, Rhode Island, Maryland, and Utah—that enacted vape flavour bans in 2020, the study examined trends in vaping and smoking from 2019 to 2023. As expected, the results were not positive.

While vaping among young people and adults declined significantly in states with flavour bans, with vaping among 18–24-year-olds dropping by nearly seven percentage points in 2022, adult use by about one percentage point by 2023, and teen vaping from 24.1% in 2019 to 14.0% in 2023, compared to a decline from 24.6% to 17.2% in other states. This had a negative impact on smoking rates.

## Banning flavours, fueling smoke

Alongside these reductions came a less encouraging trend. Not only did smoking not fall as much in the ban states, in some groups, it actually ticked upward. Youth smoking rates were almost two percentage points higher than expected in 2021, while young adults showed a 3.7 percentage point increase. This pattern confirms what THR experts have been warning us about all along: flavour bans, while curbing youth vaping, are inadvertently slowing progress on reducing smoking—the much deadlier behaviour.

The state-level differences offer further nuance. Massachusetts, which implemented local bans before its statewide law and enforced restrictions strictly, saw the clearest reductions in vaping. States with exemptions—allowing menthol or sales in specialty shops—had weaker results. Even so, none of the states showed robust declines in cigarette use after the bans.

This of course, is not the first time research has suggested that limiting flavours may have unintended consequences. A 2020 paper in Nicotine & Tobacco Research found that U.S. adults who vaped non-tobacco flavours were more likely to quit smoking than those restricted to tobacco-flavoured options. Another study in Addiction (2021) concluded that adults who switched to flavoured e-cigarettes were more successful in sustaining cigarette abstinence over time. These findings echo what many harm reduction advocates have long argued: flavours are not just cosmetic—they are functional tools for substitution.

## Evidence vs. ideology

As usual, the challenge then is balance. Flavour bans may look attractive as a quick solution to youth vaping, but they risk removing one of the most effective incentives for adult smokers to switch. Worse, they may push people back to smoking, as the JAMA Network Open study warns. A more nuanced approach could involve restricting marketing and packaging that clearly targets youth, enforcing age verification more rigorously, and limiting the most obviously childlike flavour names—without eliminating adult-appealing options like menthol, fruit, or dessert profiles.

Ultimately, the conversation about flavours should be grounded in harm reduction. The question is not whether flavours are risk-free but whether they help more people escape the vastly greater risks of smoking. The evidence so far suggests they do. If policymakers want to protect young people while also driving down smoking-related disease, the goal should be regulation that preserves flavours as a tool for adult smokers while curbing irresponsible promotion and access by youth.

The Mass General Brigham study adds a crucial reminder: tobacco control policies don't operate in a vacuum. As experts in the field have consistently highlighted, every lever pulled to restrict one behaviour can shift another, for better or worse. If the goal is to save lives, then the evidence points clearly to this: maintaining access to flavoured alternatives, alongside smart regulation, may be the most effective way to reduce harm across the population.

https://www.vapingpost.com/2025/08/23/flavour-bans-cutting-vaping-but-reviving-smoking/

# GA backs FDA's green light for Juul e-cigarettes

Global Action has welcomed the U.S. Food and Drug Administration's recent authorization of Juul's tobacco and menthol flavored e-cigarettes to provide adults who smoke with options to help them quit or reduce their risks. By authorizing alternative reduced risk products, this decision furthers our charitable mission to end combustible tobacco use—the leading preventable cause of death globally.

A robust, science-backed regulatory and enforcement system is critical to ensure those who have never used nicotine do not begin, and that all adults who smoke receive evidence-based cessation education about the continuum of risk.

Adults who smoke and switch entirely to reduced-risk nicotine products, including e-cigarettes, can lower their long-term health risks. In fact, this evidence-based information was essential in the FDA's authorization of Juul's e-cigarettes, which it determined were appropriate for the protection of public health. We believe adults who smoke deserve access to alternative methods of quitting and reducing their risks and understand that each person's journey to stop smoking is unique.

https://globalactiontoendsmoking.org/news-and-press/press/global-action-to-end-smoking-supports-fda-authorization-juul/

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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