

ALTERNATIVE RESEARCH INITIATIVE

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Students pledge for a smoke-free Pakistan

The Alternative Research Initiative (ARI) and its partner organizations have conducted a series of seminars at educational institutions across Sindh to raise awareness about the dangers of tobacco use among students. In collaboration with partner organizations, including 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, Rural Development Foundation in Jamshuru, Nari Foundation in Sukkur, and Insan Dost Social Organization (IDSO) in Khairpur, ARI organized these seminars at prominent educational institutions. These institutions included Federal Urdu University, Edhi Institute of Science and Technology, National Incubation Center, Sakki Institute, and The Concept Institute. Over 250 students participated in the seminars. Expert speakers, including Syed Jafar Mehdi, Junaid Ali Khan, Mir Zulfiqar Ali, Qazi Khizer Hayat, Fazul Chandio, Romas Bhatti, Anwar Ali Mehar, and Abdul Jabbar, highlighted the health risks associated with tobacco consumption, the benefits of quitting, and cessation services that can help individuals quit smoking. Junaid Ali Khan emphasized that cigarette combustion



produces over 6,000 toxic chemicals, causing fatal diseases like cancer and heart problems. He advocated for a Tobacco Harm Reduction (THR) strategy, citing Public Health England's findings that vaping—a THR product—is 95pc less harmful than smoking and can be a useful cessation tool.

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

The speakers urged the government to make cessation services available and include THR in national tobacco initiatives. They emphasized the importance of protecting students from tobacco's allure and encouraging them to make informed decisions about their health. The speakers also advocated 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.



Smokers' corner

No help, no quitting

Tariq, 40, a property dealer started his smoking journey at 15 with hookah and it soon became a habit. After five years, Tariq switched to cigarettes, and the occasional puff turned into a regular addiction, which resulted in severe health issues. "I feel shortness of breath. I can't walk or run properly. All this happens because of smoking," he told the Alternative Research Initiative (ARI), in Dera Ghazi Khan.

"I started smoking hookah with friends. Later, I moved to cigarettes," he said. "I knew it was harmful, so I threw away my cigarette pack and lighter once. I quit for a year."

But his break from smoking was short-lived. A few days later, Tariq found himself lighting up again. Today, he smokes around 26 cigarettes a day.

Over the years, he has made several attempts to quit. "I quit for a year once, then for six months, and another time for three months," he said. But each time, he found himself back to the same routine, overwhelmed by life's pressures.

The cigarette trap

Zeenat started smoking 12 years ago to manage stress, but slowly it became a habit, which made her ill. "I started smoking with friends to avoid tension and stay fresh, but it caused a cough and pain in the body," she told the Alternative Research Initiative (ARI) in Hyderabad.

According to estimates, more than 31 million people, with 5.8% women use tobacco products in Pakistan, resulting in over 160,000 deaths each year due to tobacco-related illnesses.

Zeenat now struggles to escape, but over the years, smoking has taken a toll on her health. She now deals with a persistent cough and body pain symptoms are directly caused by her smoking.

Zeenat has made efforts to quit. She once tried switching to a flavored alternative Tasty Sopari but the urge remained. "I gave it a try, but if somebody around me smokes, it appeals me to

No more smoking, Muskan's resolve

Muskan, a transgender tailor, started smoking in 2018 with friends to feel relaxed. Her friends believed cigarettes helped them unwind. One day, out of curiosity and peer pressure, she took her first puff. "It caused severe cough," Muskan recalls. But a friend reassured her that it was normal and that she would soon get used to it, she told the Alternative Research Initiative (ARI) in Faisalabad.

From hesitant puff to regular smoking, Muskan's habit grew. Initially, she smoked 5–6 cigarettes a day. Now, she has reduced her intake to about two cigarettes a day but recognizes the damage smoking causes to health.

According to estimates, Pakistan has over 31 million tobacco users, with more than 160,000 deaths every year due to smoking-related illnesses, including diabetes, heart disease, and chronic lung conditions.

In addition to cigarettes, Muskan also used sheesha for almost seven years—a habit she recently stopped. Muskan has begun to notice the toll smoking has taken on her body. "I feel

Tariq blames his struggle on economic stress. "I have the economic burden of my whole family, and I don't have proper resources," he said. "If I have no tension, I will quit."

According to estimates, over 31 million people use tobacco. Each year, more than 160,000 die in Pakistan from tobacco-related illnesses such as heart disease, lung problems, and cancer, with the estimated financial loss of Rs615 billion.

Despite his willingness to quit, Tariq doesn't know where to turn. "I have no idea what kind of help I need to quit," he admitted. Like many smokers, he's unaware of any smoking cessation services that could support him.

According to the World Health Organization (WHO), Pakistan's healthcare system lacks sufficient tobacco cessation resources. With fewer than 3 percent of smokers managing to quit successfully each year, people like Tariq are left to fight their addiction alone. "I want to quit but I just don't know how and where I should seek help," he said.

smoke too," she admitted.

According to estimates, oral tobacco leads to various types of cancer. In Pakistan, 7.7pc of people use smokeless tobacco products.

Like many smokers across Pakistan, Zeenat has never sought professional help or consulted a doctor about quitting. "I didn't consult a doctor, and I'm not aware of any expert doctors, smoking cessation clinics, or alternatives," she said. Pakistan's healthcare system provides limited support for smokers who want to quit. Awareness of existing services is low, especially among women, according to the World Health Organization.

Despite the challenges, Zeenat's will to quit is strong. "I want to quit. If I get information about smoking cessation services or an expert doctor, I will definitely consult them," she said.

smoking made my skin dry and caused dandruff in my hair," she shares. The turning point came during an awareness session conducted by ARI. There, Muskan learned about the harmful effects of smoking not just on her own health but also on those around her, especially children. "We should keep our children away from this," she says. These realizations have strengthened her resolve to quit, but Pakistan lacks smoking cessation services.

According to the World Health Organization (WHO), Pakistan's healthcare system lacks sufficient tobacco cessation resources, with fewer than 3 percent of smokers managing to quit successfully each year.

Although she hasn't tried quitting before and lacks information about cessation services, Muskan is now determined. "I want to quit smoking. It's harmful, and I don't want to continue this anymore. Awareness and accessible support services can help people like me quit," she says.

Peer pressure

Hameed started consuming Gutka in 2021, fueled by curiosity and a desire to fit in. "I felt everyone was using Gutka, so why couldn't I?" he shared with the Alternative Research Initiative (ARI) in Thatta. Initially, he faced challenges, including dizziness and shame, but soon became accustomed to it. According to estimates, over 31 million people in Pakistan use tobacco, with 7.7pc opting for smokeless tobacco products. Tobacco claims over 160,000 lives annually due to smoking-induced illnesses, including various types of cancer. Hameed does not have any health issues because of tobacco use. However, he knows about the health risks of smoking. Despite knowing the risks, Hameed continued using Gutka, rationalizing that cancer has multiple causes. "In our village,

many non-smokers have been diagnosed with cancer, proving that tobacco isn't the sole cause," he believed. Peer pressure and environment significantly influenced Hameed's habit. When he attempted to quit, friends would offer him Gutka, and he'd relapse. "Peer pressure and seeing others use Gutka at home make it hard for me to resist," he admitted. Hameed held the government responsible for the widespread availability of tobacco products. "The government and tobacco companies promote these products, making them appealing and accessible," he said, adding that "If my friends and family members don't use, I'll stop using too."

Protecting young people from smoking

Smoking remains a significant public health challenge in Pakistan, particularly among young people. Despite widespread awareness of its harmful effects, tobacco use continues to rise among adolescents and young adults. Recent studies indicate that 17.2% of Pakistan's population smokes, with male smokers accounting for 28.4% and female smokers 6%. The age group most affected falls between 25 to 44 years, but smoking is increasingly penetrating adolescent demographics.

Several factors contribute to the increasing prevalence of smoking among young people in Pakistan. These include peer influence, easy accessibility, lack of awareness, and aggressive marketing strategies. Many adolescents start smoking due to social pressure or the influence of friends who smoke. Friends are the main cause of initiating smoking among young people. And friends are also the reason for relapsing into smoking after making a quit attempt. Cigarettes and other tobacco products are widely available, often sold near schools and colleges. Though the law on tobacco control prohibits selling cigarettes and other tobacco products near educational institutions, the implementation remains weak.

It is critical to stop young people from taking up smoking. If Pakistan can successfully help young people stay away from smoking, the journey to a smoke-free future will be smooth. For this, Pakistan needs to review the strategies implemented by countries like New Zealand and England to end smoking. There is also a need to enforce stricter regulations on tobacco advertising, especially on digital platforms. It is also high time to launch nationwide awareness programs highlighting the dangers of smoking. Now that technology has provided numerous platforms for instant reach and contact, young people should be kept updated about the dangers of smoking constantly. It would be a good step if the dangers of smoking and its

effects on health are made part of the school curricula. Young people should be informed about the real-life stories of individuals affected by smoking-related diseases. Pakistan needs to implement strict no-smoking policies in schools, universities, and public spaces. Simultaneously, families should be encouraged to maintain smoke-free homes to reduce exposure to secondhand smoke.

A missing link in Pakistan's tobacco control efforts is the lack of smoking cessation programs. Every smoker, at some point in life, wants to quit smoking. At this occasion, a smoker should have knowledge and access to smoking cessation programs at the local levels. There is a need to establish accessible quit-smoking programs for young people, which should be backed by counselling and nicotine replacement therapies for those struggling to quit. In this regard, the role of healthcare providers is critical. They can help to support young people in quitting smoking.

A comprehensive approach to tobacco control requires interventions at multiple levels to effectively transform the system. The policy interventions include implementing tobacco taxation, restricting advertising and sponsorship, and enforcing regulations to deter smoking. The smoke free environments require establishing bans on smoking in public spaces like workplaces, and playgrounds while promoting plain packaging. Community can help strengthen local tobacco control initiatives. The support for smokers provides accessible quitting resources, including counseling and cessation programs, to help individuals transition away from tobacco use. The integration of the health system encourages healthcare providers to track and report smoking status, ensuring tobacco control remains a priority in medical settings.

France bans smoking on beaches, in parks and bus shelters

France has banned smoking on beaches and in parks, public gardens and bus shelters, effective from 29 June 2025, according to Dawn.com

The decree, published in the official government gazette, will also ban smoking outside libraries, swimming pools and schools, and is aimed at protecting children from passive smoking. The decree did not mention electronic cigarettes. Violators of the ban will face a fine of €135 (Rs44,849).

"Tobacco must disappear from places where there are children," Health and Family Minister Catherine Vautrin had said in May,

underscoring "the right of children to breathe pure air".

Cafe terraces are excluded from the ban.

Some 75,000 people are estimated to die from tobacco-related complications each year in France.

According to a recent opinion survey, six out of 10 French people (62 per cent) favour a smoking ban in public places.

https://www.dawn.com/news/1920800?utm_source=whatsapp&fbclid=IwY2xjawLbr3pleHRuA2FibQlxMQBicmlkETFGMUo4SEJJbU9DM3IRdEMwAR7yRnMgLLHHY78hBFllkfHbtu3MUZd83kDhW6ZbA3qsMmPIMr42WHV8dbbQ_aem_T-VD-QVYCKWHKxKazOE8A

Making future smoke-free

By Natasha Toropova

We already have the research and tools to end smoking's legacy as the leading cause of preventable death.

The only thing standing in our way? The need to spread evidence-based information—and empathy—widely to people who smoke, health care providers, and other key stakeholders.

That's where Global Action comes in: we're committed to our charitable mission of ending smoking. And now, we're proud to say that we can support this work until our mission is complete.

This month, we underwent an organizational restructuring that ensures we will be able to honor our existing commitments to research, community education initiatives, and other programs geared toward ending the smoking epidemic. We will also be able to fund future grants for years to come. Our ability to pursue our mission will allow us to save lives and reduce the harm caused by tobacco.

As part of this reorganization, it is my honor to join the team at Global Action as Chief Development Officer. I've dedicated my life's work to the vision I share with Global Action—one where people who smoke are treated with compassion on their journeys to quit—and I'm thrilled to arrive at such a promising moment.

I know firsthand the positive impact of Global Action's work. When I was the CEO of the nonprofit Healthy Initiatives, a GA grant enabled us to educate health care providers throughout Eastern Europe and Central Asia about tobacco harm reduction.

By highlighting the benefits of moving down the nicotine continuum of risk for people who will not or cannot quit smoking, many of whom live in conflict zones, we were able to better equip providers to meet patients where they are.

GA's recent restructuring reflects a commitment to its bold new grantees, including the National Harm Reduction Coalition and Northwell Health, both of which will support smoking cessation programs for adults that include tobacco harm reduction as part of their evidenced-based approaches. As Chief Development Officer, I'm excited to find like-minded individuals and organizations who will support this and other life-saving work.

Smoking's popularity is on the decline. Global tobacco consumption rates, among which smoking is the most popular form, decreased steadily in adults between 2000 and 2020, from 32.7% to 21.7%. Today, more people are choosing to quit or are choosing less harmful nicotine alternatives.

We are so close to making a world free of disease and death related to smoking. I'm confident that Global Action and our grantees will lead the way. But we still have a long way to go. We are prepared to dream bigger and even farther into the future. I can't wait to see what we achieve together.

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



Vaping saves lives – – Sweden shows the way

By Dr. Konstantinos Farsalinos, MD, MPH

Each year, on World Vape Day – May 30 –, we are reminded that the world continues to lose over 8 million people annually to smoking-related diseases—despite decades of tobacco control. But there is hope. The science is clear: combustion is the killer, not nicotine. And when smokers are supported to switch to safer, smoke-free alternatives such as vaping and oral pouches, the results are profound. Sweden is the proof. Once a country where nearly half of men smoked, Sweden has now achieved what no other country has: just 4.5% of Swedish-born adults smoke, meeting the official definition of a smoke-free society—15 years ahead of the EU's 2040 goal. While total nicotine use remains similar to other European countries, Sweden's strategy has led to 61% fewer male lung cancer deaths and a 34% lower total cancer death rate than the EU average.

This revolution was not driven by abstinence, but by innovation. Sweden's decline in smoking was made possible by embracing accessible, affordable, and socially acceptable alternatives, including snus, e-cigarettes, and nicotine

pouches. Since 2012 alone, the country has reduced its smoking rate by 54%, transforming its public health landscape.

Yet while Sweden moves forward, many other countries remain stalled—largely due to misinformation and moral panic, particularly around flavoured vaping products. This is a tragic mistake. In my review of international evidence, I found that flavours are not a marketing gimmick; they are a lifeline. It's time we catch up to the science and the success stories. Sweden is not an outlier—it is a blueprint. And it is being followed: New Zealand has nearly halved its smoking rate since 2018, coinciding with a major rise in daily vaping. Japan has seen cigarette sales plunge by 43% as smokers turn to heated tobacco products. And in the UK, nearly 3 million people have successfully quit smoking using vapes. This World Vape Day, I urge policymakers to stop vilifying vaping and start listening to the evidence. Flavours save lives. Vaping saves lives. Let's make nicotine safer and support—not sabotage—smokers who want to quit.

<https://tobaccoharmreduction.net/article/science-backed-vaping-flavours/>

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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