

### Inside

#### Page 2

How to cope with effects of quitting

Sweden 'way ahead' as EC sets smoke-free 2040 goal

#### Page 3

Smoking rate goes down as research, policy endorses THR in UK

Irish cabinet to approve ban on disposable vapes

#### Page 4

When pride hinders public health

## ARI for scaling up efforts to provide effective smoking cessation services

# Quitters Win!

When you're ready to commit to quitting smoking - we're here to help.



© 2014, Healthy World, Inc. Marketing & Fund Development 101

ISLAMABAD: The Alternative Research Initiative (ARI) has called for a significant scale-up in efforts to provide effective and affordable smoking cessation services across Pakistan, where an estimated 31 million people are tobacco users. "Smoking is a major public health issue in Pakistan, contributing to a wide range of diseases, including cancer, heart disease, and respiratory conditions," said Arshad Ali Syed, Project Director of ARI. "The economic and social costs of tobacco consumption are immense, with billions of rupees lost each year due to healthcare costs and reduced productivity. We cannot afford to delay further—smoking cessation services need to be made more accessible and affordable." Studies indicate that tobacco use results in approximately 160,000 deaths annually in Pakistan, placing a substantial burden on the healthcare system. Total costs attributable to all smoking-related diseases and deaths in Pakistan in 2019 were Rs615.07 billion. This was five times higher than the overall tax revenue the government generated from the tobacco industry – Rs120bn in 2019.

"Millions of Pakistanis are trapped in a cycle of addiction to tobacco, and many are unable to access the help they need to quit," Arshad said. "Effective smoking cessation programs have proven to be successful, but they remain out of reach for a large portion of the population, particularly in rural areas. We must expand these services to ensure they are affordable and widely available."

A comprehensive approach to smoking cessation that includes increasing public awareness, providing better access to counseling, and ensuring that nicotine replacement therapies are both affordable and accessible can help adult smokers quit smoking.

"Effective and affordable cessation services can significantly reduce the number of smokers and, in turn, ease the economic and social burden that smoking places on our country," Arshad emphasized. "We call on the government and all stakeholders to join us in this critical mission to promote public health and save lives."

# How to cope with effects of quitting

Every smoker faces different conditions after quitting smoking. When you quit smoking, your body and mind have to get used to not having nicotine, almost every smoker has some nicotine withdrawal symptoms. This article highlights some such symptoms and ways to prevent them.

The urge to smoke is the biggest challenge for a regular smoker when trying to quit. This desire or urge may be high or low.

The urge to smoke is triggered by thoughts and things associated with smoking, such as the people you used to smoke with, the places you used to smoke or the things you used while smoking, such as a cup of tea. The thought or feeling of smoking can also trigger the urge, but you have to remember why you quit the habit. Remember that this urge to smoke is temporary and will pass very soon, and all it takes is your strong will.

When you quit smoking, it's common to experience irritability as a result. Even many people who have never smoked know that it is due to quitting the habit. Knowing that this is normal can be helpful. Your body is getting used to being without nicotine. Take a few deep breaths and remember why you quit smoking.

It is also normal to feel anxious for days or weeks after quitting smoking. Just as your brain is the first to become anxious without nicotine, the rest of your body can become anxious as well. Certain physical activities can help reduce your anxiety. Take a short walk. Try to cut down on coffee, tea and other caffeinated beverages. Caffeine stays in your body longer when you quit smoking.

In the first few days after quitting smoking, you may find it difficult to concentrate. This is a common outcome. You will notice that some of the laziness remains. If possible, limit tasks that require a lot of attention.

When you first quit smoking, your sleep may be disturbed. Talk to your doctor about this as soon as possible because if you are tired because of little or poor sleep, it can be difficult to break the habit. If you regularly drink coffee, tea or other caffeinated beverages, avoid them in the afternoon or evening because the caffeine stays in your body longer after you quit smoking. Also, do not watch TV or use the phone and computer before going to bed at night.

It is normal for your appetite to increase somewhat when you quit smoking. Your sense of smell and taste improves, and you may eat more because of the pressure to quit the habit or to do things with your hands and mouth. If you gain weight, start exercising because any physical activity is better than nothing. If you can't go to the gym and don't want to run, just walking can improve your health.

Smokers are more likely to have anxiety or depression than non-smokers. Some people experience mood swings for a while after quitting smoking. Keep an eye out for mood swings, especially if you've ever suffered from anxiety or depression. Being physically active can improve your mood. Stay in touch with people who support your efforts to quit smoking. Keep yourself busy doing things you love. If you don't feel better in a couple of weeks, or if your symptoms persist, you should see a doctor.

## Sweden 'way ahead' as EC sets smoke-free 2040 goal

STOCKHOLM: Leading international health experts today backed the European Commission's call for a tobacco-free generation by 2040 while pointing out that Sweden has already cultivated multiple smoke-free generations through its pioneering harm-reduction strategies.

Sweden has seen an extraordinary 55% decline in smoking rates over the past decade by making safer alternatives to cigarettes - such as snus, modern oral nicotine pouches and vapes - acceptable, accessible and affordable.

In a global benchmark, Swedes are now set to be officially declared as smoke-free later this year.

Dr Delon Human, harm-reduction advocate and leader of Smoke Free Sweden, said: "Sweden's model is a testament to the power of offering safer alternatives to smoking."

"By making safer alternatives accessible and socially acceptable, Sweden has been able to drive down smoking rates more effectively than any other country and years ahead of target.

"Sweden is way ahead of the game and its approach should serve as a blueprint for the rest of the European Union as it strives for a smoke-free generation by 2040, as well as for the wider world."

The impact of Sweden's harm-reduction strategy is remarkable. Compared to the rest of the European Union, Sweden now has:

- 44% fewer tobacco-related deaths
- A cancer rate 41% lower
- 38% fewer deaths attributable to any form of cancer

"These extraordinary statistics demonstrate the long-term benefits of harm-reduction strategies, which prioritize reducing the harm caused by smoking through innovative alternatives," said Dr Human, who has acted as adviser to three directors-general of the World Health Organization and to the UN secretary-general on global public health strategies. Later this year, Sweden is expected to officially be classified as 'smoke-free' with its smoking rate falling below the 5% threshold.

"This milestone represents a significant victory in public health and has already created a ripple effect among the young," Dr Human said. "Today, only 3% of Swedes aged 16-29 smoke, signaling that Sweden's progressive approach has already produced an entire smoke-free generation.

"Smoke Free Sweden encourages EU member states to adopt Sweden's model of making safer alternatives to smoking widely available. Sweden's achievement is proof that a smoke-free Europe is within reach, and that proactive harm-reduction policies can save millions of lives."

<https://www.tobaccoharmreduction.net/en/article/SWEDEN-WAY-AHEAD-AS-EC-SETS-SMOKE-FREE-2040-GOAL>

## Smoking rate goes down as research, policy endorses THR in UK

The latest briefing paper from the Global State of Tobacco Harm Reduction (GSTHR), "A smokefree UK? How research, policy and vapes have cut smoking rates" explores some of the reasons behind the UK's rapid and growing embrace of vaping, and provides another important case study showcasing the potential of tobacco harm reduction through the adoption of safer nicotine products (SNP), following our recent Briefing Paper on the effect heated tobacco products have had in Japan.

One of a number of positive country profiles set to feature in the fourth biennial Global State of Tobacco Harm Reduction report, published later this year, this Briefing Paper shows the number of people who smoke has fallen by nearly 50% since the introduction of vapes nearly two decades ago (from 23.7% of adults in 2005 to 12.9% in 2022).

Our newest publication also includes a significant forecast, based on the latest available data from the Office for National Statistics and Action on Smoking and Health, that reveals the number of adults who smoke will continue to fall to just over 10% next year (2025). In contrast the number of adults who vape will keep rising from the 11% recorded in 2024, meaning vaping will overtake smoking for the first time in the UK. These changes provide further evidence that when consumers have access to safer nicotine products that are acceptable and readily available, they will make the decision to switch in ever-increasing numbers.

The UK has played host to some significant milestones in the study of smoking and safer nicotine products. The link between smoking and cancer was first established in the UK in 1950 and these studies led to the publication of the Royal College of Physicians' landmark report "Smoking and Health". It was the first to widely publicize information about the negative effects of smoking on health, and it is considered to be a turning point in the history of public health in the UK. Moving forwards to 2015, the predecessor of the Office for Health Improvement and Disparities, Public Health England, published independent evidence review that concluded

nicotine vapes were around 95% less harmful than smoking. Now referenced around the world as the foremost example of the relative safety of vaping, this report concluded vapes had the potential to help people quit smoking.

Armed with such strong and reliable evidence supporting the role it could play in reducing smoking rates, successive UK governments have continued to endorse vaping. Not only are vapes easy to access for those aged over 18, the government and the National Health Service (NHS) have encouraged people to switch from smoking to vaping. One of the most radical ideas came in 2023 when the government announced that one million people who smoked would be encouraged to switch from cigarettes to vapes. As part of the 'swap to stop' campaign, a world-first national scheme, around one fifth of those who smoked would be provided with a vape starter kit, alongside behavioral support, to help them quit. For its part, the NHS provides a wealth of evidence-based advice to those who smoke about the relative safety of vapes compared to cigarettes, though it does emphasize that the full benefits of vaping are only achieved by those who manage to stop smoking cigarettes completely.

David MacKintosh, a director of K.A.C, which runs the GSTHR project, commented that "In a similar vein to that seen in Japan, the fall in smoking rates in the United Kingdom reinforces just how rapidly situations can improve when people already consuming nicotine by smoking can access a safer alternative like vapes. When vaping overtakes smoking next year in the UK, it will not be simply the consequence of a consumer-led revolution, although this has been significant, it will also be the result of successive governments making pragmatic policy decisions based on the evidence in front of them. Maintaining a clear focus on reducing the use of combustible cigarettes provides an opportunity to achieve the ambitious 2030 'smokefree' target."

<https://gsthr.org/media-centre/vaping-set-to-overtake-smoking-for-the-first-time-in-the-united-kingdom-as-research-and-policy-endorses-tobacco-harm-reduction-new-gsthr-briefing-paper/>

## Irish cabinet to approve ban on disposable vapes

The Irish government is set to ban disposable vapes. Cabinet approval was given to draft laws tabled by Health Minister Stephen Donnelly.

Under the proposed laws there will be a complete ban on the sale, manufacture or import of single-use or disposable vapes in Ireland.

The legislation will also introduce a ban on a multitude of flavours that the government believe often appeal to children – it is estimated that as many as 15,000 flavor combinations exist.

'Disproportionately used by younger people'

The laws will also introduce a ban on point-of-sale display or advertising in shops, other than specialist shops that only sell the products.

Donnelly also wants to place restrictions on colors and imagery on packages and the devices to ensure they are not aimed at younger people.

Ireland has already banned the sale of all nicotine inhaling products to under 18s and a range of other curbs such as advertising, pop-up shop sales and a ban of sale from vending machines will commence next year.

The minister has said the plans to introduce a ban are on environmental and public health grounds.

Government research notes that single-use vapes are relatively inexpensive and are often "an impulse purchase in shops and disproportionately used by younger people who often experiment with them".

The impact on the environment includes littering and being incorrectly disposed of in bins (they should be recycled due to plastics and battery) and there are public health concerns that the devices could be resulting in the release of toxic compounds into the environment.

The minister for health says he is also concerned that the products sold in Ireland contain the maximum permitted allowed levels of nicotine (20mg) and on their own are not an effective means of quitting cigarette smoking.

The Irish Prime Minister, Taoiseach Simon Harris said that vaping is "the revenge of the tobacco industry". "We live in a country where around 13% of people between the ages of 12 and 17 have vaped in the last 30 days," he said. "We need to take action."

<https://www.bbc.com/news/articles/clynml545kyo>



# When pride hinders public health

By Clifford E. Douglas

Like most people, I'm uncomfortable having to say these three simple words: "I was wrong." But six years ago, while serving as the national vice president for tobacco control at the American Cancer Society, I found myself saying just that. I had led an intensive process of analysis featuring input from dozens of scientific experts that led me to realize I was incorrect about a core principle of my commitment to reducing the death and disease related to smoking.

With new evidence at our disposal, it became clear that reduced-risk nicotine products like e-cigarettes, nicotine pouches, the smokeless tobacco product called snus, and heated tobacco devices have a place in helping adults who smoke to stop, alongside traditional medicinal therapies. I have spent my 36-year career as an attorney and champion of public health promoting science-based policies and education and seeking accountability for tobacco industry misconduct in courts of law. I therefore first assumed these products were simply the next generation of harm. But through careful research and the advancement of scientific knowledge, it became clear to me that when these tools are used appropriately by individuals who smoke and are trying to quit, they can play a role in improving health.

This isn't to say that I believe these products are right for everyone, nor that I am recommending them universally as a tool to stop using lethal combustible tobacco products. On the contrary, I believe that given the fact that we know these products are not benign, we must continue to study their long-term effects and examine all research on their health effects closely and objectively. Furthermore, they must be kept away from those who are underage and their use discouraged for adults who have never used nicotine. However, given that global smoking rates remain stubbornly persistent, I believe that we have a duty to the more than 1 billion people who continue to smoke globally to provide them with as many tools to reduce their risk as possible. For the millions of people who smoke and cannot or will not otherwise stop smoking, the availability of such alternative sources of nicotine can be the difference between life and death. These products have already saved millions of lives, and the need for new tools to fight the smoking epidemic is urgent.

## Overcoming long-held beliefs

My work at the American Cancer Society followed three decades of experience as a lawyer and public health expert working in tobacco control, including once having been at the receiving end of a brutal cross examination under oath at the hands of industry lawyers. I spent years represented the grieving families of fathers and mothers who had died of

smoking, and succeeded in holding cigarette companies accountable for the illnesses and deaths of thousands of their misled customers.

Because my commitment is to public health, I assumed that any new product from tobacco companies had the

potential to be just as harmful as cigarettes. But as I engaged with emerging data, I saw that my biases were misleading me.

Eventually, my journey to understand the potential role of reduced-risk nicotine products led to the publication of The American Cancer Society Public Health Statement on Eliminating Combustible Tobacco Use in the United States.

I want to be clear that reduced-risk nicotine products are not a silver bullet. I am uncomfortable with the fact that those best positioned by the U.S Food and Drug Administration (FDA) to manufacture these products are those responsible for also making and promoting deadly cigarettes. I am also uneasy that in the current, poorly managed environment, youth can too easily access these products, most of which are now illicit due to failed regulatory strategy. While we may not be able to change the former, the latter is something that must be addressed by providing for a carefully regulated and robust marketplace of alternative, noncombustible sources of nicotine, along with much better enforcement of the minimum age law.

Still, if my public health colleagues objectively promoted these products for the tools they are—reduced-risk, and not risk-free—and regulatory authorities took needed action to prevent youth from accessing them, we now know that we could seriously increase quitting rates and decrease the number of deaths related to cigarettes.

Many leaders in the tobacco control field have similarly exercised scientific humility and similarly put the interests of people who smoke first based on the rapidly advancing science that guides us. But there are too few of us who have the resources to make a meaningful impact on the global smoking epidemic, especially when other prominent figures in the space cling to outdated misinformation.

This unwillingness to acknowledge uncomfortable change is very likely prolonging the epidemic of smoking-caused illness and death. But I nonetheless remain optimistic because it is never too late for others to evolve in recognition of what we now know is true.



<https://www.healthaffairs.org/sponsored-content/when-pride-hinders-public-health>

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 on Ending Smoking (GA), ARI established the Pakistan Alliance for Nicotine and Tobacco Harm Reduction (PANTHR) in 2019 to promote innovative solutions for smoking cessation.

To know more about us, please visit: [www.aripk.com](http://www.aripk.com) and [www.panthr.org](http://www.panthr.org)

Follow us on [www.facebook.com/ari.panthr/](https://www.facebook.com/ari.panthr/) | [https://twitter.com/ARI\\_PANTHR](https://twitter.com/ARI_PANTHR) | <https://instagram.com/ari.panthr>

Islamabad, Pakistan | Email: [info@aripk.com](mailto:info@aripk.com)