ALTERNATIVE RESEARCH INITIATIVE

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Inside

Helping older adults to quit

By Dr. Ehsan Latif

In many countries, older adults have the highest smoking rates. Yet they're often overlooked in smoking cessation efforts.

In the U.S. for example, 15% of adults between ages 45 and 64 smoke—the largest percentage of any other age demographic in the country. The second-highest rate of smoking is among those 65 and older at roughly 9%. However, these individuals make up most of smoking-related deaths, likely due to years of combustible tobacco use.

Older adults who smoke stand to gain a lot by stopping. After quitting, people over 55 can enjoy a lower heart rate and blood pressure, easier breathing, and more success in managing conditions such as diabetes. One study found that older adults who quit on average enjoyed an increased life expectancy of about two to three years—that's a lot of life to live.

The benefits of quitting smoking extend into neurological health, too. Consider Alzheimer's disease, the most common form of dementia. Age is a major risk factor for developing Alzheimer's and other dementias—but another major factor is smoking. Smoking damages the body's vascular system, which in turn increases the risk of stroke, a major risk factor for dementia. Quitting smoking, therefore, may reduce the risk of developing dementia.

Despite these clear health benefits, older people are often left out of conversations about ending the smoking epidemic. Providers avoid broaching the topic with their older patients because they feel uninformed about smoking cessation in this population, or they don't fully grasp the potential benefits of quitting for someone who has smoked for several decades. Some providers assume that older people are more likely to fail at attempts to quit, or that they simply can't or won't try. But research shows that the opposite is true: When older people try to quit, they often succeed. A large study of people over 55 years old in the U.S. found that more than half of those alive at the end of the 20-year study period had successfully quit smoking for at least 2 years. Another study found that even older adults with a low motivation to quit did so successfully more than twice as often as younger adults with low motivation to quit.

It is imperative that we support older adults who smoke—especially those who come from places where smoking is common. Estimates suggest that by 2050, more than 70% of the world's dementia cases will occur in people who live in low- and middle-income countries. These countries also have the highest rates of smoking. In order to ease the potential burden of dementia, we must support individuals in these spaces to quit using any means possible, whether with traditional nicotine replacement therapies or by switching to reduced-risk nicotine products.

It's never too late for someone to stop smoking. Even if a person has started to experience health problems from smoking, there are often benefits to quitting, such as better response to treatments, being more likely to recover, and improved quality of life. We have an opportunity to reach out to this group with cessation support, which could potentially add years to their lives shared with loved ones.

Smokers' corner

Cost of smoking

Danish, 28, a bike rider and a father of two, began smoking at 13, influenced by his peers. By 22, he had developed a habit of smoking 10 cigarettes a day. In 2023, Danish started experiencing severe health issues, including digestive problems, gas, and swelling. "Sometimes, smoking would even give me headaches when I'd smoke 4 or 5 cigarettes at once," he told the Alternative Research Initiative (ARI).

After consulting a doctor in Rawalpindi, Danish was diagnosed with smoking-related health issues and advised to quit immediately. "I told the doctor it's become a habit, and quitting is very difficult," he said. Although the doctor prescribed medication, Danish opted not to take it, fearing addiction. Instead, he attempted to quit on his own, reducing his intake by two cigarettes. "Earlier, I'd smoke two cigarettes before breakfast, but now I don't. Over the last month, I've cut down two cigarettes. My goal is to quit completely within a year," Danish explained.

Danish believes quitting requires willpower and determination, saying, "medicine alone won't work." He relies on smoking to cope with fatigue and stress. "When I smoke, my tiredness and sluggishness disappear, and it distracts me from my problems. But without a cigarette, I feel exhausted and weak," he confessed. Financial pressures and a demanding work life contribute to Danish's smoking habit. "I think about my children and want to do something for them. I must quit smoking and spend that money on them instead," he said resolutely. However, Danish is unaware of any local resources or support groups that could aid his quit journey. "I don't know where to find help or support for quitting," he admitted.

According to the World Health Organization (WHO), smoking cessation support is lacking in Pakistan's primary care facilities, hospitals, and healthcare offices. Only 25% of smokers in Pakistan attempt to quit each year, with a success rate of less than 3%.

When pleasure turns to pain

"Khalid, 27, began smoking at 14 with cousins at a wedding ceremony in 2013. After just one cigarette, he became dependent. "On my return from school, I felt a strong urge to smoke," he recalled. Soon, he was consuming three cigarettes daily, sneaking them outside home and school. "When I couldn't smoke, I'd feel irritable, with dryness in my throat and headaches," he told the Alternative Research Initiative (ARI).

Within two years, Khalid's habit escalated to marijuana, introduced by a cousin. "It changed my flavor," he said. Experts believe smoking can be a gateway to drug addiction. Marijuana's expense led Khalid to take money from his grandmother.

He consumed three cigarettes-worth daily, facing severe withdrawal symptoms like memory loss, anxiety, and anger. Desperate for relief, Khalid mixed cough syrup with a cold drink, worsening his situation. "Once, I hit my wife and hurt her badly," he confessed, his voice laced with regret. Khalid later used whitener's powder in cigarettes for a year, stopping in Ramadan 2017. He switched to Refinal tablets as drugs, feeling relaxed, but was eventually caught and admitted to rehabilitation.

After five months of treatment, Khalid remained sober for years, occasionally smoking a cigarette for digestion. "Once a month or two," he said.

Achieving a smoke-free Pakistan

The Alternative Research Initiative (ARI) in collaboration with its partners conducted awareness sessions with communities, smokers, vapers, and tobacco users in eight districts, six in Punjab and two in Sindh, aiming to sensitize community in helping adults to quit and prevent youth from smoking to achieve a smoke-free Pakistan.

In September, six community meetings were held by Humanitarian Organization for Sustainable Development Pakistan (HOSDP) in Hyderabad, Sun Consultants and Enterprises Services in Multan, Al-Eimaan Development Organization in Dera Ghazi Khan, Rural Development Foundation (RDF) in Jamshoro, Maimar Development Organization in Faisalabad, and Dove Foundation in Bahawalpur and Lahore.

Three organizations, including Sun Consultants and Enterprises Services in Multan, Maimar Development Organization in Faisalabad and Future Development Foundation (FDF) in Sargodha 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 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.

They 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.

Speakers 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 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.

Doctors and harm reduction: the fight for honest tobacco policy

For more than a century, smoking has been a leading driver of preventable death worldwide. In India alone, it claims over a million lives every year. In the United States, it kills nearly half a million annually. And across Europe, youth nicotine use is becoming entangled in black markets and online loopholes. Despite the clear human cost, policies in many countries continue to treat harm reduction with suspicion—or ignore it altogether.

Some doctors are challenging the status quo

Recently, two physicians from the All-India Institute of Medical Sciences (AIIMS), Dr. Vaibhav Sahni and Dr. Abhishek Shankar, broke ranks with their institution's official stance. Their commentary emphasized that evidence-based regulation, not blanket prohibition, would better serve public health.

The response was swift. AIIMS distanced itself from the doctors, reaffirming its opposition to all forms of nicotine use and reiterating its full support for the 2019 ban. Yet the fact that respected clinicians are openly questioning policy marks a shift in India's debate. These voices—drawn from daily experience treating cancer patients—highlight the urgent need to align tobacco control with scientific realities rather than moral absolutes.

Advocates argue India could adopt similar frameworks, acknowledging that while quitting entirely is always best, safer alternatives should be available for those who cannot or will not stop smoking.

In US, a recent white paper from Philip Morris International's U.S. businesses spotlighted a major gap: doctors themselves are under-informed about tobacco harm reduction. Based on a national survey of more than 1,500 healthcare providers, the paper revealed that 93 percent of professionals believe the U.S. Food and Drug Administration (FDA) has a duty to share findings when a smoke-free product is proven less harmful than cigarettes. Almost all said they would pass that information along to patients. Yet the FDA has been largely silent, and most clinicians remain unaware of which products have been authorized after regulatory review.

This silence fuels dangerous misconceptions. Nearly two-thirds of surveyed providers either mistakenly believed or were unsure whether nicotine causes cancer. In reality, nicotine is addictive but not the main driver of smoking-related disease. The harm comes from combustion—the toxins created when tobacco burns. By conflating nicotine with smoke, many doctors unintentionally deprive patients of accurate information and perpetuate an "all-or-nothing" model: either quit entirely or continue smoking.

The consequences are profound. Thirty million Americans still smoke, many of them unreached by cessation-only approaches. Harm reduction could help reduce this toll, cut healthcare costs, and ease the burden on Medicaid populations disproportionately affected by smoking. But progress requires more than scientific consensus—it demands education for health professionals, regulatory clarity from the FDA, and policies that differentiate between combustible and non-combustible products. Tax structures that treat smoke-free products the same as cigarettes only undermine incentives to switch.

Prohibition fuels black markets

Europe, meanwhile, faces its own challenges. Flavoured disposable vapes were banned in early 2024, but they remain widely available on the black market—often with far higher nicotine levels than legal products. Dutch doctors warn that without better regulation and enforcement, young people will continue to access unsafe devices, undermining public health while fueling organized crime.

Across these diverse contexts, the pattern is the same: prohibition breeds black markets, misinformation leaves doctors unprepared, and patients are left with few real choices. What unites India's cancer wards, America's under-informed clinics, and Europe's struggling regulators is the urgent need for a shift in approach.

Equipping doctors, empowering smokers

Doctors—those who witness the devastation of smoking firsthand—are increasingly at the center of this call. Whether in Delhi, Washington, or Amsterdam, many are no longer content with abstinence-only strategies that have failed millions. Instead, they are pushing for pragmatic, science-based harm reduction: policies that recognize a continuum of risk, empower clinicians with accurate knowledge, and give adult smokers access to safer alternatives.

https://www.vapingpost.com/2025/09/08/doctors-and-harm-reduction-the-fight-for-honest-tobacco-policy/

Sindh University bans new tobacco products on campus

HYDERABAD: The University of Sindh, Jamshoro, has imposed a complete ban on the possession, promotion and sale of new tobacco products within its educational premises, in compliance with directives issued by the Government of Sindh, the Sindh Higher Education Commission and the Provincial Tobacco Control Cell.

According to a circular issued by the Office of the Director Student Affairs, the prohibition applies to all forms of new tobacco products, including vapes, e-cigarettes, nicotine pouches and similar items.

The notice further warned that strict disciplinary actions will be initiated against individuals or vendors found violating the ban.

The circular signed by Director Student Affairs Dr. Muhammad Younis Laghari emphasized that the university will not tolerate any form of tobacco product promotion or sale within or near its premises. Violations will be formally reported and necessary legal and disciplinary proceedings will be pursued.

The move comes as part of a broader campaign by the provincial government to curb the growing use of new tobacco and nicotine products among students and young people across Sindh's educational institutions.

https://www.brecorder.com/news/40380820/sindh-university-bans-new-tobacco-products-on-campus

Safer nicotine alternatives transform public health: report

International experts urge policymakers to embrace harm reduction ahead of WHO tobacco summit.

A landmark new report by international health experts reveals how safer nicotine alternatives are slashing smoking rates, preventing disease and saving lives across the world – and calls on policymakers at the WHO's forthcoming global tobacco summit to embrace harm reduction as a proven strategy to accelerate the end of smoking.

The report, The Safer Nicotine Revolution: Global Lessons, Healthier Futures, highlights the real-world success stories of four countries that have integrated safer alternatives into their public health approach:

- Sweden has cut smoking to just 5.3%, the lowest in Europe, by making snus and nicotine pouches widely accessible. Swedish men now have 61% lower lung cancer rates than the EU average, and overall cancer deaths are a third lower. Without smoke-free alternatives, smoking-related male mortality would have been 70% higher. Sweden is now poised to become the world's first officially smoke-free nation, saving an estimated 3,000 lives every year.
- Japan has halved its cigarette sales since the introduction of heated tobacco products a decade ago. Smoking prevalence dropped from 21% to 16%, and health modelling suggests switching just half of smokers to heated tobacco could prevent 12 million cases of smoking-related disease.
- The United Kingdom has integrated vaping into NHS quit-smoking services, with smoking rates falling from 20.2% in 2011 to 11.9% today. Around 5.5 million adults now vape, more than half of whom have quit smoking entirely. Vaping is projected to prevent 166,000 premature deaths by 2052, while real-world data already show declines in cardiovascular deaths, cancer mortality, COPD cases and smoking-related hospital admissions.
- New Zealand halved its smoking rate in just six years after legalizing and promoting vaping and heated tobacco, while vaping prevalence rose more than fourfold. Almost 80% of daily vapers are ex-smokers. COPD hospitalizations have fallen nearly 30%, smoking-related cardiovascular deaths are down 20%, and biomarker modelling projects a gain of 195,000 quality-adjusted life years for the population.

"These figures make one thing clear: safer nicotine alternatives are saving lives today," said Dr. Delon Human, leader of Smoke Free Sweden and co-author of the report, which comes ahead of the WHO Framework Convention on Tobacco Control conference (COP11) in Geneva in November, when governments from around the world meet to shape global tobacco policy.

"COP11 is a moment of truth. If Parties adopt harm reduction within the framework of the FCTC, millions of lives could be saved worldwide. This report should be essential reading for every policymaker in Geneva."

Fellow author Dr. Marewa Glover, a leading New Zealand-based tobacco control researcher, said: "Our report shows that if you make safer nicotine alternatives accessible, acceptable and affordable, smokers will switch – and the result is healthier lives.

"We're already seeing fewer hospitalizations for lung disease, fewer cardiovascular deaths and longer life expectancy in countries that embrace safer nicotine alternatives. This is the true measure of success, and it's a lesson the world should learn from."

https://tobaccoharmreduction.net/article/safer-nicotine-alternatives-are-transforming-public-health/

ARI applauds move to ban all tobacco and nicotine products in Sindh's schools

ISLAMABAD: The Alternative Research Initiative (ARI) and its partner organizations have commended the Sindh government's decision to prohibit all tobacco and nicotine products—including cigarettes, vapes, heated tobacco devices, and nicotine pouches—across public and private educational institutions in the province.

"This is a vital step toward safeguarding student health and fostering a safer, substance-free learning environment," said Arshad Ali Syed, project director of ARI, in a statement.

On 11 September 2025, the Sindh School Education and Literacy Department formally issued the directive, warning that any breach of the tobacco and nicotine ban in educational institutions will be met with strict legal action.

"If we shield our youth from the grip of smoking today, we pave the way for a healthier, smoke-free Pakistan tomorrow.," said Arshad. He added that it's time for the government to introduce smart, corrective policies that steer public behavior toward healthier, more responsible choices—for the benefit of both individuals and society as a whole.

Regarding the alternative tobacco products, he added these should be used only after consultation of health professionals with the intention of quitting smoking. "We are absolutely clear that the young should not under any circumstances take up smoking or vaping."

Research indicates that reduced-risk products can serve as a viable alternative for smokers who are unwilling or unable to quit traditional combustible cigarettes. While not risk-free, products such as snus and other scientifically validated alternatives have shown potential in minimizing harm compared to combustible smoking. Introducing these alternatives as part of a comprehensive smoking reduction strategy could be a significant change for Pakistan.

This approach should be backed by the provision of effective, accessible, and affordable smoking cessation services. This includes counseling, behavioral therapy, and nicotine replacement therapies to help smokers quit for good. Currently, such resources remain limited in Pakistan, particularly for those in rural and underserved communities. Scaling up cessation support will empower millions of smokers to make healthier choices.

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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