

Session White Paper

Smoking Cessation:

“Ending Tobacco Use Starts with Me”

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Tobacco consumption is the leading cause of preventable disease and death worldwide. Despite overwhelming evidence linking tobacco use to cancer, heart disease, lung disorders, dental health, reproductive health, and countless other health complications, millions continue to smoke and consume different forms of tobacco, including Hookah and Naas (tobacco that is sniffed).

There is no safe type of tobacco, nor is there a safe level of consumption. Cigarette smoke contains more than 7000 chemicals, and at least 70 of them are known to cause cancer. Some of the carcinogens found in tobacco smoke include: 1) Acetaldehyde; 2) Arsenic; 3) Benzene; 4) Cadmium; 5) Formaldehyde; 6) Hydrazine; 7) Lead; 8) Nickel; 9) Polycyclic aromatic hydrocarbons (PAHs); 10) Radioactive elements, such as uranium-235 and polonium-210; 11) Tobacco-specific nitrosamines (TSANs); and 12) Vinyl chloride.

Although the prevalence of current and former smokers is on decline in the West, the same is on rise in most of the low and middle-income countries, including India. In many parts of the world—including Kashmir—the impact of tobacco use is particularly devastating. Beyond the toll on health, tobacco contributes to significant economic hardship. Families often face high out-of-pocket medical expenses, while governments must allocate scarce resources to treat diseases that could have been prevented through early detection and prevention.

Ending Tobacco use and smoking begins with individual action. **Education First!**

Every person who decides to quit takes a powerful step toward better health and a longer life. It is also a step that benefits the entire community by reducing exposure to second-hand smoke, lowering healthcare costs, and setting an example for younger generations.

Together, we can build a healthier, smoke-free future.

The Kashmir Care Foundation will convene a two-part program on Tobacco Cessation with the message that is simple but powerful: Ending Tobacco Use Starts with Me.

It starts with each of us recognising the dangers, making informed choices, and helping others do the same.

Part 1 of the program on September 27th, 2025 presented Dr. Naveed Shah, Dr. Shumayl Bashir and Dr. Syed Nisar Ahmed for a free-flowing conversation on lung diseases and cancer caused by tobacco consumption. On a date to be announced soon, Part 2 of the program will focus on the effect of tobacco use on heart diseases, stroke, dental and reproductive health.

According to the World Health Organization (WHO), the tobacco epidemic is one of the biggest public health threats we are facing today. There are 1.13 billion smokers, and half of them will die from a tobacco-related disease. It is responsible for the death of 8.7 million people annually, while \$1.4 trillion is lost to health care spending and reduced worker productivity.

About 80% of the 1.13 billion tobacco users live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest and contributes to poverty by diverting household spending from basic needs such as food and shelter to tobacco.

As the country with the second-highest level of tobacco consumption worldwide, India faces a huge public health and economic challenge. Because of the health risks and the health care costs, tobacco use has been framed as an epidemic. According to a study in 2008, more than one million deaths in India can be attributed to tobacco consumption.

In 2017, approximately 266.8 million adults in India used tobacco in one form or another, a figure that is more than twice as high as in the European Union. There is evidence to suggest that over 80 per cent of Chronic Obstructive Pulmonary Disease (COPD) in India is attributable to tobacco smoking.

The complex tax structure in India has resulted in relatively low taxes on cigarettes and very low taxes on bidis and smokeless tobacco products, compared to other countries.

A 2007 study has suggested that approximately 23 million people would stop smoking bidis and 4.7 million people would stop smoking cigarettes if taxes were increased. This study recommended that the taxes and/or prices be raised for tobacco products to reduce the overall prevalence of tobacco use in India substantially.

A Global Youth Tobacco Survey was conducted in the state of Jammu and Kashmir among students aged 13-15 years, who were generally in the 8th -10th grade. The survey revealed that a vast majority of current smokers expressed a desire to discontinue smoking, and most of the current smokers had also tried to quit in the past year. About 70% of never-smoking students felt that smoking should be banned from public places.

Humanity Always....Education First!

According to the National Family Health Survey (NHFS-5), approximately 32 per cent of men and one per cent of women in Jammu and Kashmir consume tobacco, with cigarettes being the predominant product of choice. The NHFS-5 survey revealed that Jammu and Kashmir has the 6th highest prevalence of tobacco use in India. In a study conducted to ascertain the incidence of lung cancer in Kashmir, it was concluded that Srinagar, the summer capital of Jammu and Kashmir, has the highest incidence of lung cancer among males in India.

Another study has concluded that Hookah smoking is associated with a significantly higher risk for lung cancer in the Kashmiri population, with about a 6-fold elevated risk as compared to non-smoking controls.

The Burden of Obstructive Lung Disease (BOLD) study, which measures COPD, was conducted in Kashmir. This study concluded that Spirometrically confirmed CAL is highly prevalent in Indian Kashmir and seems to be related to the high prevalence of smoking, predominantly in the form of hookah smoking.

Smoking can cause cancer almost anywhere in the body. Smoking can also weaken the body's immune system and damage or change a cell's DNA. Smoking can cause cancer almost anywhere in the body, including in the: 1) bladder; 2) blood (acute myeloid leukemia); 3) cervix; 4) colon and rectum; 5)

esophagus; 6) kidney and renal pelvis; 7) larynx (voice box); 8) liver; 9) lung; 10: bronchus and trachea; 11) mouth and throat; 12: pancreas; and 12) stomach.

Studies have suggested that men with prostate cancer who smoke may be more likely to die from prostate cancer than men who do not smoke. In the United States, lung cancer is the leading cause of cancer death, and cigarette smoking or second-hand smoke exposure causes 9 out of 10 lung cancer deaths.

People who smoke increase their risk of developing lung cancer by about 25 times compared to people who don't smoke. Second-hand smoke is smoke from burning tobacco products, which also occurs when people breathe in smoke exhaled by someone who is smoking. Second-hand smoke can cause lung cancer in people who have never smoked. In the United States, more than 7,300 people die each year from lung cancer caused by second-hand smoke.

Quitting smoking is one of the most important actions people can take to improve their health. This is true for all people who smoke, regardless of their age. How long they have smoked, or how much they smoke. Quitting smoking lowers the risk of 12 different cancers. Patients with diagnosed cancer who quit smoking have better outcomes than those who continue to smoke. These facts strongly support increased efforts to promote smoking cessation after cancer diagnosis.

About Naveed Nazir Shah: Dr. Naveed Nazir Shah is the Professor & Head of Chest Medicine at Government Medical College & Chest Disease Hospital, Srinagar, holding an MD and FCCP, and serving as department head since 2007. With over 20 years of experience, he specialises in bronchoscopy, interventional pulmonology, and complex conditions like bronchiectasis, asthma, TB, and pneumonia. He has authored over 110 peer-reviewed publications on topics such as COPD, tuberculosis, COVID-19, cytokine storms, and lung cancer biomarkers. He has led studies on COVID-19 treatments (e.g., neutralising antibodies, convalescent plasma), TB prevalence in Kashmir, and chronic respiratory illnesses. He was featured during PM Narendra Modi's "Mann Ki Baat" broadcast, recognising his contributions as a key pulmonologist from Kashmir.

About Shumail Bashir: Dr. Shumail is an Associate Professor at GMC Baramulla. She graduated from SKIMS and holds a master's degree in respiratory medicine from Apollo Delhi. She has completed a year-long fellowship in sleep medicine, so I could discuss that point. She has worked in the chest disease hospital before I joined her current institution.

About Syed Nisar Ahmed: Dr. Syed Nisar is an Associate Professor with around 15 years of experience in Medical Oncology; served at GMC Srinagar previously, and now working at SKIMS Soura Srinagar. Dr. Nisar, an alumnus of GMC Srinagar, did MD, General Medicine and DM Medical Oncology from SKIMS in 2014. He did the John N Kapoor Travelling Fellowship in Breast Medical Oncology at MD Anderson Cancer Centre, Houston, Texas, USA (2016) and Observer ship in Genito-Urinary Cancers at Roswell Park Cancer Centre, Buffalo, New York, USA (2018). He has mentored many DM Medical Oncology and PHD scholars, published more than 60 articles in peer-reviewed journals, participated in various national consensus guidelines, and been actively engaged in providing affordable, accessible and quality cancer care at SKIMS Srinagar. He has been involved in a leading role in the recently started comprehensive multispecialty single window breast cancer care at SKIMS.

About Altaf Ahmed Lal: Dr. Altaf Ahmed Lal is the President of Global Health and Pharmaceuticals Consulting Inc., providing strategic guidance to public and private sector organizations on health policy,

disease elimination, and product development.

Dr. Lal is President of the Kashmir Care Foundation and serves on boards such as FDEC India, Sun Pharma Healthcare Society, and the RBM Partnership to End Malaria. Dr. Lal holds a PhD in Chemistry from Kanpur University, with research conducted at the Central Drug Research Institute, Lucknow. He earned his undergraduate degree with honours from Kashmir University and completed his postgraduate studies in Biochemistry from Lucknow University.

Dr. Lal has held key positions in major U.S. health institutions, including the National Institutes of Health (NIH), the Centres for Disease Control and Prevention (CDC), the Food and Drug Administration (FDA), and the Department of Health and Human Services (HHS). He served as the U.S. Health Attaché to India and the HHS Regional Representative for South Asia. He was the founding CEO of Hilleman Laboratories and later served as Director of the FDA India Office. He also played a key role in a successful malaria elimination initiative. Dr. Lal has authored over 260 scientific publications and continues to influence global health initiatives through research, leadership, and collaboration.

