

SINDH INSTITUTE OF PHYSICAL MEDICINE & REHABILITATION

POLICY
‘NO SMOKING &



DOCUMENT
PROHEBITION OF

SMOKELESS/CHEWABLE TOBACCO’

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NO SMOKING & PROBATION OF SMOKELESS TOBACCO POLICY

1.0 Policy Statement

The Sindh Institute of Physical Medicine and Rehabilitation (SIPM&R)'s policy on smoking and smokeless tobacco is designed to secure a healthy and safe environment for students and staff as well as eliminating passive smoking and harms of smokeless/chewable tobacco its premises in keeping with the Smoking and smokeless tobacco/chewable tobacco, Health and Social Care. This is in the context that medical evidence continues to reinforce the link between the inhalation of tobacco using by smoke and smokeless, and particularly the associated toxins and carcinogens, either directly or by passive smoking, and serious illness.

A prohibition of tobacco policy serves to protect all non-using tobacco (smoking & smokeless) employees without necessarily limiting the rights of such employees who use tobacco. It helps companies to maintain a clean working environment, to uphold a proper institute image, and to prevent any potential fire accidents that may occur.

According to the World Health Organization (WHO), tobacco is the single most preventable cause of death in the world today. It is estimated that 5.4 million deaths currently occur every year due to tobacco use and projected figures show that by 2030 there will be more than 8 million deaths every year, of which 80% will take place in middle- and low-income developing countries.

Tobacco can be used in different ways, ranging from cigarette, cigar and pipe smoking to smokeless products, available in various forms and mixtures. The most common forms of smokeless tobacco (ST) available and used in Pakistan include:

- **1.1: Pan/betel with tobacco** – a chewed mixture of areca nut (Areca catechu), tobacco, catechu (Acacia catechu) and slaked lime (calcium oxide and calcium hydroxide), wrapped in a betel leaf (Piper betel) with sweetening agents.
- **1.2: Naswar** – a mixture of sun-dried, sometimes only partially cured, powdered local tobacco (Nicotianarustica), ash, oil, flavouring agents (e.g. cardamom, menthol), colouring agents (indigo) and lime.
- **1.3: Chalia/supari** – areca nut (used plain, flavoured with essences or coated with tobacco).
- **1.4 Gutka** – sun-dried roasted, finely chopped tobacco, areca nut, slaked lime and catechu mixed with flavours and sweeteners [3–6].

Most of the people place these forms of ST in the mandibular or labial groove or simply apply them to their teeth and gums and suck on them slowly for 10–15 minutes.

ST is highly addictive and is a high-risk factor for oropharyngeal cancers as well as cancers of the head and neck, esophagus and pancreas. The erroneous belief that chewing tobacco is a safe alternative to smoking may have led to this growing epidemic, despite the fact that it has multiple ill effects on human health.

Pakistan is one of the countries where the use of ST is a culturally acceptable habit. Various studies have reported the prevalence of chewing habits in different communities and locations. Studies from Karachi have shown that 21% of men and 12% of women use betel, for both men and women 7.3% use pan, 6.7% chalia, 7.5% gutka, 14.6% naswar and use of betel and chewed tobacco is 20% and 17%, respectively. In medical students, the rate of ST use was reported as 6.4%, while among primary-school children, the use of areca and betel was 74% and 35%, respectively.

Several studies have shown a clear independent link between the use of betel, areca and ST and oral submucous fibrosis, oral cancers, leukoplakia and other head and neck malignancies. A report from Pakistan has shown that people using pan without tobacco and those using pan with tobacco were 9.9 and 8.4 times, respectively, more likely to develop oral cancer, after adjusting for covariates such as smoking, oral submucous fibrosis, use of alcohol and naswar. Incidence rates of cancer of the oral cavity in both males and females were found to be among the highest in all urban cancer registries of south Asia relative to global data. Similarly, cancers of the oral cavity and pharynx are highly common malignancies among males and females in Pakistan. The age standardized incidence rate per 100 000 population of oral cavity cancer in Karachi city from 1 January 1998 to 31 December 2002 was reported as 21.3 in males and 19.3 in females, considered to be among the highest in the world.

The objective of this retrospective hospital-based review was to assess the burden of oropharyngeal cancer among cancer patients admitted in key teaching and cancer hospitals in Pakistan, and evaluate the frequency and association of oropharyngeal cancer with the use of ST.

2.0 Scope and Purpose

In order to promote the health and safety of both students and staff, the SIM&R will endeavor to ensure that its premises are free from using of tobacco and smoking. The smoking of tobacco is not permitted in the institute buildings and on all other premises covered by the Anti-smoking Act June 2003, or in institute vehicles.

The policy applies to all SIPM&R staff and students, as well as to visitors, contractors, and sub-contractors while on institute premises.

3.0 Procedure

3.1: Principles

It is the SIPM&R's policy not to intrude on the privacy of individuals, particularly in health matters, where their conduct or performance at work is not affected. Nor is it intended to discriminate against smokers or user of smokeless tobacco in recruitment and admissions arrangements. The institute will support individuals who wish to give up the habit of smoking and smokeless/chewable tobacco. However, violations of the policy may be considered under the institute's Disciplinary Policy. HR Advisors can provide advice on handling any staff disciplinary matters.

3.2 Applicability

This Policy applies to all buildings owned by or leased to Sindh Institute of Physical Medicine and Rehabilitation (SIPM&R) and occupied by employees, students, or other persons, as well as SIPM&R vehicles. At the discretion of local management, smoking is permitted in other grounds owned by the institute, provided that smokers do not obstruct access to or exit from the premises.

3.3. Procedure and Responsibility

Students and staff are expected to take personal responsibility for observing this policy and should feel able to draw this policy to the attention of colleagues, and of visitors to the SIPM&R. HR and management should be aware of the need to remind anyone found smoking on institution premises of this policy. Individuals who wish to smoke should be asked to leave the SIPM&R buildings.

4.0 Benefits

The benefits of operating this policy include reduced health and safety, including fire, risks, decreasing absence levels, and an improvement of the view taken of the University as a responsible employer, in addition to compliance with legislation.

4.1 Penalties

To discourage drug abuse and smoking, the HEI may impose the penalties detailed below.

7.2. Drug Abuse: For drug-related violations, the HEI may, on recommendation by the ADTC, take disciplinary action against students, staff, faculty, and visitors in the following way:

- i. For first time offenders in case of minor infractions, the ADTC may refer the offender to the in-house counselor/psychologist/psychiatrist to undergo medical and mental health treatment. This referral must be in writing and require the completion of the counseling or rehabilitative program within a set period.
- ii. In the event of a significant violation and/or repeated violations of this policy, the ADTC may recommend that the HEI issue a warning and ultimately suspend or expel the offender (and in case of students, notify the student's parents). Further, the HEI would have to comply with any reporting requirements under any applicable law.
- iii. If a student, faculty, or staff member is involved in the distribution or sale of illicit drugs, the HEI shall report the violation to the appropriate authorities including law enforcement agencies.
- iv. In the event a visitor is found on the premises engaging in any drug-related offense, campus security shall immediately report the violation to the appropriate authorities including law enforcement agencies.

7.3. Smoking: For smoking-related violations, the HEI may, on recommendation by the ADTC, impose the following penalties:



- i. For a first violation, the ADTC may recommend the HEI issue a warning letter and a notice of displeasure;
- ii. For a second violation, the ADTC may recommend suspension of the student for one week or more from the premises of the HEI with parental notification for students and disciplinary action for faculty and staff as per the HEI's regulations;
- iii. For a third violation or more, the ADTC may recommend a longer suspension depending on the severity of the violation and further disciplinary action for faculty and staff as per HEI's regulations;
- iv. In case any visitor is found smoking in the HEI's premises, the visitor shall be fined Rs. 1,000 by the HEI, and any further necessary action shall be taken in accordance with the Anti-Tobacco Legislation.
- v. In case of any unlawful sale or distribution of tobacco on the premises of the HEI, the violator shall be fined Rs. 5,000 by the HEI and shall be reported to the appropriate authorities including law enforcement agencies.

7.0. Definitions of the Key Terms

7.1. Smoking is a practice in which a substance is burned and the resulting smoke is typically breathed in to be tasted and absorbed into the bloodstream. Most commonly, the substance used is the dried leaves of the tobacco plant, which have been rolled into a small rectangle of rolling paper to create a small, round cylinder called a cigarette.

7.2. Passive Smoking is the inhalation of tobacco smoke, called secondhand smoke, or environmental tobacco smoke, by persons other than the intended "active" smoker. It occurs when tobacco smoke enters an environment, causing its inhalation by people within that environment. Exposure to secondhand tobacco smoke causes disease, disability, and death.





7.3. Cigarette is a narrow cylinder containing a combustible material, typically tobacco that is rolled into thin paper for smoking. The cigarette is ignited at one end, causing it to smolder; the resulting smoke is orally inhaled via the opposite end. Cigarette smoking is the most common method of tobacco consumption.

	
Cigarette	Bidi / Beedi

7.4. Health according to the World Health Organization, is "a state of complete physical, mental and social well-being and not merely the absence of disease and infirmity".

7.5. Social Care is primarily aimed at supporting individuals in ways that allow them to live independently. Social care tends to be provided within peoples' homes or in care-specific establishments, as opposed to hospitals or doctor's surgeries.

7.6. Smokeless/Chewable Tobacco: A type of tobacco that is not smoked or burned. It may be used as chewing tobacco or moist snuff, or inhaled through the nose as dry snuff. Smokeless tobacco contains nicotine and many harmful, cancer-causing chemicals. Using it can lead to nicotine addiction and can cause cancers of the mouth, esophagus, and pancreas. It may also cause heart disease, gum disease, and other health problems.

			
Niswar	Pan	Gutka	Chhalia/Supari

8.0. Review of Policy

The policy will be reviewed Insha'Allah in November, 2025.