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The Future of Tobacco Control In Pakistan

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Contents

Introduction 1
The Future of Tobacco Control in Pakistan

Tobacco Control as part of National Action Plan for NCD Prevention, Control and Health Promotion in Pakistan 4
Context 4
Data on tobacco use in Pakistan 6
Tobacco production in Pakistan 7
Tobacco control strategies 8
Restricting youth's access to tobacco 8
Clean air policies 9
Tobacco cultivation 11
Public and professional education 13
Advertising promotion and sponsorship 14
Health Warnings 17
Price, excise and taxation 18
Dependence and cessation 19
Illicit trade 19
Liability and compensation 20
Research and surveillance 21

Tobacco - Action Agenda 22

Notes and References 23

Integrated Framework for Action (Tobacco Control Component) 27

National NCD Forum-(Tobacco Section) 32

International Advisory board (Tobacco and Chest Diseases) 34

Natioal Tobacco Control Forum 36

Introduction

The future of tobacco Control in Pakistan

The consumption of cigarettes and other tobacco products and exposure to tobacco smoke is now recognised as the world's leading preventable cause of death, responsible for about 5 million deaths a year, mostly in poor countries and poor populations. The latest estimates quoted in the 2003 World Health Report reveal that the developing countries suffer almost 70% brunt of this toll, which is predicted to double in next 20 years unless available and effective interventions are urgently and widely adopted.

Tobacco use is a global public health challenge that requires a unified effort by all stake holders to save future generations from a plethora of adverse effects, ranging from common respiratory problems to cancer and premature deaths, linked to tobacco use. This epidemic is being reinforced worldwide by a complex mix of factors with cross-border effects, including trade liberalization, foreign direct investment, and other factors such as global marketing, transnational tobacco advertising, promotion and sponsor-ship, and the international movement of contraband and counterfeit cigarettes. Recognition of this situation led to the adoption by 192 Member States at the World Health Assembly in May 2003 of the WHO Framework Convention on Tobacco Control (FCTC). This, the first treaty negotiated under the auspices of WHO, constitutes a major turning point in tackling a major global killer: it signals a new era in global and national tobacco control activities. Pakistan after ratifying this treaty in June 2004 has already shown its commitment towards tobacco control but needs to assess its priorities for the future.

One of the considerations in this regard would be the misrepresentation of tobacco consumption by the tobacco industry as a matter of personal choice. Tobacco consumption encompasses various policy and environmental factors. It affects not only its users but also tobacco growers, traders, advertisers, public health advocates and policy makers. For effective tobacco control the aim therefore should be not only to change the personal behaviors but also to alter the legal, social, fiscal, economic and physical environment related to this epidemic.

There is now a growing concern over the efforts undertaken by governments in developing countries in preventive health care and decreasing the disease burden caused by non-communicable diseases focusing especially the alleviation of risk factors. Tobacco consumption is one such area which is now a well established risk factor for major chronic diseases like cardiovascular diseases, diabetes, cancer and chronic respiratory diseases collectively categorized as Non-Communicable Diseases (NCDs). These NCDs accounted for an estimated 33.4 million deaths worldwide in the year 2002; of these, 72% occurred in the developing countries. NCDs are also amongst the top ten causes of mortality and morbidity in Pakistan. Estimates indicate that these account for approximately 25% of the total deaths within the country.

These considerations lent impetus towards forming a National Action Plan (NAP) of the prevention of NCDs in Pakistan and resulted in the formulation of a tripartite alliance between the Ministry of Health, Government of Pakistan, the World Health Organization, Pakistan office, and a non-governmental organisation 'Heartfile'. The Tobacco Free Initiative - Pakistan was entrusted with the task of developing a strategy for the future of tobacco control in Pakistan. This public-private partnership aims at the development and implementation of a long-term national strategy for prevention and risk factor control of NCDs and health promotion in Pakistan and outlines recommendations for future strategic direction for tobacco control.

The NAP also provides the empirical basis for health sector reform in the area of public-private collaboration and uses an integrated approach to NCDs.

In Pakistan, 54 percent males and 20 percent females are addicted to tobacco in one form or other. This tobacco consumption and resultant NCDs contribute significantly to adult mortality and morbidity and impose a heavy economic burden on individuals, societies and health systems as an estimated one hundred thousand people die from these annually in Pakistan. In most cases, it is the economically productive workforce, which bears the brunt of these diseases. Against this backdrop, the NAP aims at preventing and controlling these diseases and tackling tobacco consumption as a major risk factor.

It also needs to be recognized that addressing the issue of tobacco consumption in a developing country such as Pakistan is a multidimensional challenge with implications at different levels. Lobbying for appropriate investments and policies to facilitate the inclusion of tobacco control and prevention of NCDs as part of the global development and health agenda is a critical aspect of the issue. However, on the other hand, the implementation of policies for the control of

tobacco consumption is a challenge in its own right because of the diverse nature of strategies that need to be instituted in tandem. These include institutional, community and public policy level changes set within a long-term and life-course perspective.

In developing and formulation of the action plan for tobacco control, consideration was given to various factors associated with tobacco control. The emphasis was on one hand to assess the steps required for effective tobacco control, while on the other the role of the tobacco industry in enhancing its consumer base was also considered. The NAP therefore recommends both price and non-price measures taking the national scenario into consideration. The NAP also recommends steps that have been prioritized with an overall objective of decreasing tobacco consumption in Pakistan, consequently decreasing the disease burden caused by non-communicable diseases.

The legislative framework in Pakistan for tobacco control through the promulgation of the ordinance on tobacco control entitled 'Prohibition of Smoking and Protection of Non-Smokers Health Ordinance 2002' and the amendment of the 1975 Act on 'Printing of Health Warnings on Cigarette Packs', covers the health aspects of tobacco consumption support the NAP for tobacco control but for any substantial improvement in the health status of the people stresses on the need for these statues to be implemented effectively. The NAP also draws strength from the recent ratification by Pakistan of the first ever health treaty negotiated by the World Health Organization for tobacco control entitled 'Framework Convention on Tobacco Control' (FCTC). Pakistan ratified the Framework Convention for Tobacco Control (FCTC) on 3rd November 2004. Though ratification of the first ever international health treaty by Pakistan is itself a historic landmark in tobacco control, efforts are now required to translate this commitment into actions that can effectively address the issue, as in Pakistan the international treaties need to be translated into local laws or ordinances to be enforceable.

The areas which need to be addressed in the future include holding the tobacco industry liable for the damage it has caused to the health of the people by denying that nicotine is an addictive substance. The truth behind the tactics used by the tobacco industry through its 'Corporate Social Responsibility' reporting also needs to be exposed.

Tobacco Free Initiative - Pakistan (TFI-Pak) is working towards decreasing tobacco consumption in Pakistan and is committed to work with its allies and partners in achieving its objectives. The tobacco control component of NAP developed by Heartfile and TFI-Pak in collaboration with their partners is being reproduced for wider dissemination for people and organizations working for tobacco control.

Tobacco

Reliance on revenue generated from tobacco is a barrier to effective tobacco control

Context

The annual death toll attributable to tobacco is expected to rise from its current estimates of 5 million per year to 10 million by the year 2025. Parallel to this trend, there are also projections for a shift in the disease burden from its current split between the developed and the developing countries to a scenario where 70% of these deaths will occur in the developing countries by the year 2025[1] . However, the devastation caused by tobacco goes much beyond this picture with implications for individuals, societies and health systems.

Clearly, tobacco is an enormous public health challenge. Its use appears to be a matter of a simple individual choice; however, the dynamics influencing this choice are linked to economic factors and are embedded in a complex interplay of several policy and environment parameters with implications for growers, transporters, traders, advertisers, public authorities, the health sector and the tobacco industry. Consequently, the control of tobacco use has to be a combination of measures that integrate public health interventions to alter individual behaviours with the objective of reducing demand on the one hand. On the other hand, such measures should focus on interventions to alter the legal, social, fiscal, economic and physical environment. The tobacco industry puts forward the argument that it runs a legitimate business; markets and sells a legal product and has the constitutional right to communicate with their consumers. This highlights the need for generating a dialogue on fundamental issues at the global level. The development of an international strategy on the future of product modification should be part of this approach.

Reliance on revenue generated from tobacco is one of the fundamental barriers to effective tobacco control in Pakistan. This will continue to remain a hurdle, undermining any strategy that aims to address tobacco control in a comprehensive manner. The government relies heavily on revenue generated from tobacco. In the year 2000, tax revenues from cigarettes totalled Pak Rs. 19.8 billion (including Pak Rs. 18.5 billion in excise and sales tax); this represented approximately 25% of all excise revenue and more than 6% of all taxes collected in the country for that year.[2],[3] Against this backdrop, there are no data available on the social costs of tobacco compared with revenues earned. Clearly, this

highlights a public health challenge of a significant magnitude and places the onus of responsibility on the government to institute measures to seek alternative means of revenue generation.

The tobacco issue has a larger international context; liberalization of international trade makes the developing countries a natural market for tobacco. Within this context, it became increasingly clear that the absence of a global set of binding rules would jeopardize regulatory efforts within countries. The World Health Organization responded to this challenge by taking a lead in developing the Framework Convention on Tobacco Control (FCTC) by exercising its constitutional right (Article 21) to negotiate a set of globally-binding rules.[4] The FCTC is aimed at building an international regulatory framework, which will assist and support countries in national regulatory policies within the framework of tobacco control. Unanimously adopted by all the 192 member states of WHO, including Pakistan, at the 56th session of the World Health Assembly in May 2003, the FCTC needs to be officially adopted and ratified by 40 countries that wish to integrate the protocols stipulated in this treaty into their tobacco control legislative frameworks, before it comes into force globally.

The FCTC includes the most effective measures known to reduce the incidence of tobacco use including higher taxes, smokefree areas and bans on advertising

The Framework Convention on Tobacco Control (FCTC) marks a watershed in global tobacco control. The FCTC includes the most effective measures known to reduce the incidence of tobacco use including higher taxes, smokefree areas and bans on advertising. But turning the promise of the FCTC into concrete legislative and regulatory gains will require that policymakers and advocates understand and take a holistic approach to the issue. The Action Plan revolves around the different provisions of the FCTC and can form a baseline for the process of ratification of FCTC in Pakistan. Some of the issues earmarked in the Action Plan such as those requiring further research and understanding can be achieved in collaboration with the global community. This cooperation is ensured under FCTC and countries that ratify FCTC can look forward to benefiting from and sharing of research and knowledge in this respect.

The Action Plan revolves around the different provisions of the FCTC and can form a baseline for the process of ratification of FCTC in Pakistan

One of the major areas where Pakistan can benefit from FCTC ratification is the issue of tobacco growing, especially in small land holdings which were dedicated to growing food previously. Being a tobacco growing country, Pakistan would require sharing of experiences from other countries for the diversification of crops and finding suitable alternatives for tobacco growers. FCTC encourages governments to promote, as appropriate, economically viable alternatives for tobacco growers in cooperation with each other, and

with competent international and regional intergovernmental organizations. Other cross-border issues related to tobacco control like illicit trade, advertising through internet and opening of trade barriers to cheaper foreign brands which form a part of global cooperation for tobacco control, are all tackled under FCTC.

Data on tobacco use in Pakistan

The National Health Survey of Pakistan showed that tobacco use was common in Pakistan, with 54% men and 20% women using tobacco in one form or the other; prevalence of smoking increased with age among both males and females. Men in the age range of 25-44 years had the highest prevalence of smoking (cigarettes and beedis) whereas in the case of women, prevalence was highest between the ages of 45-64 years. On the other hand, huqqa and chewing tobacco was commonest among men and women aged 65 years and above. According to this survey, smoking was commoner in rural compared with urban areas and among the illiterate as opposed to the literate population.[5] A recently conducted survey reported a higher prevalence among the illiterate (41.2%);[6] however, lack of comparability between this and earlier surveys obviates the possibility of comparing results. A recent cross-sectional survey on a random sample of 632 urban schoolgoing children in Islamabad carried out by The Network for Consumer Protection has revealed that 28% of the urban adolescents between the ages of 15-18 years currently smoke. Of these, 75% are regular smokers and 58% have been smoking for the last two years; 92% of those who smoke were aware of the hazards of smoking and 78% had even tried to give up. Peer pressure was reported as the pre-dominant cause for initiating smoking, with 76% of the smokers in this survey referring to it. In the remainder, portrayal of style through advertising was outlined as the initiating factor.[7] A recent surveillance effort introduced in Pakistan is the Global Youth Tobacco Survey (GYTS). Focusing on adolescents aged 13-15 years, this school-based survey provides an insight into students' knowledge, attitudes, and behaviours as these relate to tobacco, inclusive of issues pertaining to access and availability, exposure to passive smoke, tobacco use cessation, media advertising, and school curricula.

More than 40% men and 12.5% women use tobacco in one form or the other

Results of the survey demonstrate that cigarettes are used far less often than other tobacco products. For example, in Islamabad, while only 1.7% of the students (2.5% boys and 0.5% girls) reported use of cigarettes in the last month, 10.3% of the students (11% boys and 8% girls) reported use of other tobacco products. These results also demonstrate relatively high exposure to passive smoke; in Islamabad, almost three in 10 students live in homes where others

smoke in their presence, and almost four in 10 are exposed in places outside their home. More than nine in 10 students thought that smoking should be banned in public places. Just over half the students (57.3% in Islamabad and 55.8% in Lahore) reported being taught in school in the past year about the dangers of smoking. One encouraging finding was that although eight in 10 students reported seeing cigarette advertisements in the previous month, about eight in 10 also reported seeing anti-smoking media messages. Finally, a significant proportion of students reported being offered free cigarettes by tobacco company representatives (22.8% in Lahore and 18.5% in Islamabad). These results can be used to guide the development of programmes and policy, and to monitor the implementation of such policies along provisions of the FCTC.[8] The need to establish surveillance mechanisms that track NCD risk factors over time has been clearly laid out at the end of this docment; such systems will make it possible to track changes over time in smoking trends. Surveillance of tobacco use must, therefore, be integrated with a population-based NCD surveillance system.

Eight in ten students reported seeing anti-smoking media messages

Tobacco use is known to have a strong causal association with a number of diseases in western populations;[9] association of tobacco use with diseases has also been demonstrated in the native Pakistani setting. Association of current, past and passive smoking has been documented with angiographically defined CAD in a recently reported case-control study from Pakistan.[10]

Associations have also been demonstrated between tobacco use and cancer in Pakistan. A case-control study of biopsy proven carcinoma of the oral cavity and oro-pharynx and age and sex matched controls has revealed that the risk of developing cancer when pan was used was 4.2 and 3.2 times higher in males and females respectively, compared with controls; when both pan and tobacco was chewed, the risk increased six times for females and nine times for females whereas the combination of pan, chewing tobacco and smoking caused the risk to increase 23 times for males and 35.9 times for females.[11] The demonstration of significant causal associations in the native Pakistani setting makes a very strong case for addressing tobacco as a risk factor at all levels of prevention within the country. Furthermore, a strong causal association has also been demonstrated between tobacco use and tuberculosis in India.[12,13] This may well be the case in Pakistan and needs to be further explored in our setting.

Tobacco production in Pakistan

According to estimates for the year 2002, Pakistan produces 62.3 billion sticks annually. However, officially reported data on cigarette

production are usually an under-estimation as these do not include cigarettes that are smuggled, counterfeited and produced by the tax-evaded sector. Furthermore, these data do not take into account, the non-cigarette tobacco products traditionally used in Pakistan such as beedis, handmade sticks, and various forms of chewed tobacco such as, patti and qivam. Currently, 24 tobacco manufacturers operate in Pakistan; two of the largest account for 40-50% of the total cigarette production and have 98% of the market share.[14] Financial highlights of tobacco companies over the last five years indicate a great boom in their businesses, this being an indirect evidence of the rising magnitude of tobacco consumption in Pakistan.[15]

Tobacco control strategies

There are a range of policy and environmental strategies that are known to reduce tobacco consumption; these involve regulating access and limiting demand through restrictions of advertising, marketing, promotion and through price and taxation. There is evidence in the western world that comprehensive tobacco control programmes are most effective when they also have community programmes including school programmes, enforcement of tobacco control policies, cessation programmes, mass media counter-marketing campaigns for both prevention and cessation, and surveillance and evaluation of efforts.[16] Smoking bans are also effective in reducing exposure to passive smoking, as well as reducing consumption and cessation.[17] These strategies have been discussed with regard to their relevance in the Pakistani setting. Efforts aimed at tobacco control within these domains must, however, be paralleled with efforts to mitigate reliance on revenues generated from tobacco on the one hand, and must ensure alternative means of livelihood for those dependent on the tobacco trade, on the other.

Smoking bans are also effective in reducing exposure to passive smoking, as well as reducing consumption and cessation

Restricting youth's access to tobacco

Most smokers begin smoking in their teenage and continue to smoke throughout their lives. Early starters are known to develop a stronger physical addiction, which makes it more difficult to quit.[18] This has important implications for prioritizing efforts to restrict youth's access to tobacco. Pakistan's history of legislative measures to restrict the access of youth to tobacco dates back to 1918, with the state of Bahawalpur adopting the Juvenile Smoking Act; a similar act was subsequently passed by NWFP and Punjab prohibiting sale to minors.[19] In 1959, the West Pakistan Juvenile Smoking Ordinance was adopted by the government, repealing other Acts. This Ordinance, in effect until 2002, was replaced by the Prohibition of Smoking Ordinance 2002, imposing a ban on sale to minors. As part of this, both minors that

attempt to buy cigarettes and sellers can be held accountable for their actions. However, there are issues with the implementation of this Ordinance due to considerations relevant to developing country settings; these include the issue of sale to minors and sale by minors.

The trend of child labour in Pakistan has forced many children into becoming vendors; sale of cigarettes is a very profitable commodity in that respect. It is, therefore, extremely difficult to implement such legislative measures when their enforcement is dependent on a range of factors rooted in other social issues. In spite of being anecdotally aware of such practices, hardly has a case ever been reported where a minor has been booked for sale or purchase of tobacco products and clearly, there is no baseline data to guide further action in this regard. It is, therefore, a priority to look into the determinants of these behaviours and to study strategies that could potentially mitigate such trends. As part of the stipulations of the Prohibition of Smoking Ordinance, 2000 schools have also been declared smoke-free in Pakistan. Experiences from developed countries show that a school smoking ban, combined with other smoking prevention and education efforts, is associated with decreased levels of smoking in adolescents.[20] There are isolated examples of the integration of smoking cessation with school health initiatives in Pakistan. These initiatives utilize behavioural change strategies to influence knowledge and practices.[21,22]

The trend of child labour in Pakistan has forced many children into becoming vendors

However, there is a need to include tobacco-related health education in a comprehensive school health programme. This would require active support and involvement of the Ministry of Education and will have to be taken up as a policy decision, with implications for educational institutions both in the public and private sectors. It is essential to get all those involved in piloting school health experiences together to devise a comprehensive school health strategy, of which, tobacco cessation would be a part. Active commitment and involvement of the ministries of Health and Education and regulating bodies of private sector schools, the civil society and textbook professionals that design school curricula would be essential to this exercise.

The development of school and college curricula and school-based prevention programmes is more effective if accompanied by community-wide tobacco control programmes that involve parents, mass media, community organizations and other elements in the adolescent's social environment.[23] These have been discussed elsewhere in this chapter.

Clean air policies

The promotion of clean air policies is one of the most effective public health measures. This can be enforced in different settings: public

buildings, schools, restaurants, and private worksites. In the last decade, recognition of the harmful effects of passive smoking has lent an added impetus to such efforts, as a result of which many countries in the world have set into place, effective legislative measures to ban smoking in public places. In Pakistan, the Prohibition of Smoking Ordinance 2002, which bans tobacco use in all public places, transport and indoor workplaces, was promulgated after a time lapse of four decades since the earlier enactment of the 1959 Ordinance. This Ordinance came into effect on the 30th of June, 2003. If enforced in its true spirit, this legislative measure has the potential to reduce tobacco consumption to some extent and decrease exposure to second-hand smoke in public places.

The promulgation of this Ordinance gives the Ministry of Health the mandate to ensure its enforcement, wherever applicable. The Ministry has since taken a number of tangible steps aimed at enforcing this Ordinance; as an initial step, an implementation committee has been set up with broad-based representation; based upon the recommendations of this committee, several steps have been taken to-date. These include issuance of official orders and dissemination of the Ordinance to all institutes within the federal, provincial and private sector domains; information and transport-related institutions inclusive of the Pakistan International Airlines (PIA) and the Pakistan Railways and local governments. In addition, several conferences and seminars have been conducted with broad-based representation to create awareness among the professional society and to orient the media to this concept.[i]

Worksites are excellent sites for tobacco control efforts because of the availability of a captive audience

These efforts have been backed by print and electronic media interventions and give-away materials to create awareness about various sections of the Ordinance.[ii]

The successful enforcement of this Ordinance is a multidimensional issue with implications for those enforcing it and those abiding by it. A comprehensive strategy with clear guidelines will have to be developed for this purpose. Possible lack of commitment on part of decision makers in the long term; lack of awareness about specific aspects related to its enforcement and lack of clarity relating to the mandate of the responsible officers in charge of enforcing the

[i] *Advocacy Conference on 'Implementation of Prohibition of Smoking and Protection of NonSmokers Health' held on April 27, 2003; World No Tobacco Day observed on May 31, 2003; Two press conferences organized by the Ministry of Health to coincide with the launch of the Ordinance; Six WHO-assisted provincial workshops on the Ordinance held with media representatives in Lahore, Karachi, Quetta, Peshawar and Muzaffarabad and Islamabad; Five WHO-assisted 'Alliance building Workshops with NGOs' held at Bahawalpur, Quetta, Karachi, Islamabad and Peshawar; Inter-Provincial Health Ministers' and Secretaries' Conference held on July 30-31, 2003.*

[ii] *With the inscription: 'Smoking is prohibited by law and it is a punishable offence'*

Ordinance, are barriers to its successful enforcement.

Most importantly, the absence of resources and lack of capacity and commitment are also perceived as barriers. There is, therefore, the need to periodically assess the quality and degree of implementation of tobacco control measures as stipulated in the Ordinance.

The effective enforcement of the Ordinance also requires active support of the professional community and scientific forums; endorsement of professional societies must be actively sought and their potential harnessed in this initiative. Public support and commitment needs to be generated in order to support its enforcement within a variety of environments. Clean indoor air policies also need to be actively supported in the working environment. A smoking cessation programme, combined with a clearly publicised smoking policy and heath education campaign that discourages tobacco use, is one of the most cost-effective strategies for tobacco control in worksites. Worksites[24] are also excellent mediums for such efforts because of the availability of a captive audience. Every support should be provided to worksites in order to enable them to adopt and implement this strategy.

Tobacco-growing continues to be practiced despite clear evidence in the agricultural sector of the presence of other more profitable and environment-friendly options

Tobacco cultivation

The cultivation of high-quality tobacco in Pakistan was initiated after 1947, with initial experimental plantations in Sindh; the crop was subsequently moved to NWFP where the climate and soil was found to be most conducive for tobacco cultivation; the crop remains to-date, the major cash crop in NWFP and is the only crop grown in Pakistan whose yield per acre (currently estimated around 2400 kg) is well above the world average; this yield has consistently been on the rise since 1947.[2] According to estimates, Pakistan grew 107,000 metric tons of tobacco on an area of 49,150 hectares in the year 2002.[25] Clearly, there have been alternative forces responsible for these trends.

The tobacco-growing areas in Pakistan are centred on NWFP, Charsadda, Mardan, Swabi, Nowshera and Dargai. Tobacco-growing continues to be practiced despite clear evidence in the agricultural sector of the presence of other more profitable and environment-friendly options. There are several factors that favour tobacco cultivation. These include increase in export prices, increase in the import value, increase in demand and subsidies. The Ministry of Agriculture does not give direct subsidies to tobacco growers, and in their own words, the government neither encourages nor discourages tobacco cultivation and has left the dynamics of tobacco cultivation to market forces. A number of subsidies are permissible as part of the

stipulations of the WTO Agreement on Agriculture, Article 6.2; these include input as well as investment support to farmers. However, the Government of Pakistan does not provide any direct subsidies of this nature -negative or positive - to farmers. Indirect mechanisms do, however, protect the interests of growers. For example, stipulations of the Martial Law Order (MLO) of 1985 dictate that tobacco companies cannot offer rates less than those fixed for the previous year to farmers for buying crops; this implies that the price of tobacco has not fallen since 1985.

The tobacco industry facilitates tobacco cultivation at several stages, particularly at the time of plantation with special assistance packages aimed to facilitate plantation and ensure quality. The tobacco crop has a guaranteed market; however, there are at times, disagreements between the grower and the buyer over the terms that underlie financial transaction involving issues that stem from grading and rating of the crop.[26]

Developing alternatives to tobacco cultivation and crop substitution are recognized as being a part of comprehensive tobacco control efforts

Developing alternatives to tobacco cultivation and crop substitution are recognized as being a part of comprehensive tobacco control efforts. However, as long as a market exists for the crop, measures aimed at regulating its plantation may not be comprehensively effective. There are, nevertheless, several strategies that are known to discourage tobacco cultivation; these include provision of guidance to farmers, crop substitution and mixed cropping and ensuring better marketing of alternative crops. These efforts must be initiated alongside other tobacco control efforts albeit with a clear understanding that they have a limited role in tobacco control.[27]

There are several views with regard to developing alternatives to tobacco cultivation. A group of farmers from NWFP deny the possibility; however, such views are not reflective of a long-term vision as part of which crop substitution can clearly be addressed. Majority of the growers in Pakistan agree that if they are ensured alternative income, they would switch over to other crops and businesses and feel, in particular, that alternative crops such as orchards have an equivalent yield by value.[iii] However, the time lag that elapses between experimental plantation and sustainable fiscal yield and the uncertainty with marketing the crop compared with the situation that exists with tobacco is a strong disincentive for them to diversify their businesses.

The government can take several measures to discourage tobacco

[iii]The investment per acre for tobacco cultivation roughly amounts to Rs. 125,000 in Pakistan; the net return on the crop per acre is around Rs. 25,000-30,000 under favourable conditions.

cultivation and assist with diversification. Firstly, all indirect subsidies must be withdrawn; secondly, technical assistance for the cultivation of equally remunerative crops should be provided; this should be guided by studies to determine what is feasible and economically viable. Alternative crops, promoted as part of such arrangements, can be given insurance protection. Thirdly, the government should assist with providing income support for tobacco farmers until the process of diversification is complete and sustainable. All these suggested measures have implications for operational research, and for building a working relationship with the growers and ties in the role of the ministries of Agriculture, Commerce and Finance; farmers associations and local NGOs. Such an effort must begin with mapping and registration of growers as such data are presently unavailable.

Majority of the growers in Pakistan agree that if they are ensured alternative income, they would switch over to other crops and businesses

Public and professional education

The Ministry of Health has been investing in anti-tobacco health awareness campaigns for the last 40 years. However, the budgets allocated for this activity are meagre compared with allocations for tobacco advertising and promotion. This is evidenced by a comparison of the tobacco-related health education budget of the Ministry of Health with the advertising budgets of companies with 98% of the market share. In the year 2002, the former amounted to Rs. 2 million whereas the latter totalled Rs. 61 million.[iv]

There is a general impression that consumers are more aware of the harmful effects of tobacco today than they were decades ago. This can be attributed to investments made in anti-tobacco health education interventions over the years; however, due to the lack of a system to monitor this intervention, an assessment of its impact cannot be made. It is, therefore, imperative that future interventions should encompass sound evaluation strategies and process evaluation measures. Tobacco should be featured prominently as part of the comprehensive behavioural change communication strategy for NCDs; the principles of this approach have been outlined at the end of this document. Anti-tobacco health education interventions should also provide information on the magnitude of the damage tobacco can cause and should be able to provide critical information related to the role of tobacco advertisements in the initiation of smoking. In addition, information on quitting must be provided.

High-risk groups such as young women and adolescents deserve

[iv]Total health education budgets for that year amounted to Rs. 255 million.

special attention. Women in Pakistan are more vulnerable to tobacco use because the socio-cultural norms that previously prevented them from smoking are weakening. This, coupled with a rise in women's spending power and the impact of advertising images of freedom, emancipation, glamour and wealth, are enticing more and more women in urban settings to smoke. In addition, huqqa and naswar use is socially acceptable in rural areas. There is a clear need to create culturally-relevant awareness among women both in the urban and rural areas through appropriate channels. Such efforts should strongly integrate messages that highlight the ill-effects of tobacco on the foetus during pregnancy, the health hazards of passive smoking and the potential illeffect on young children in the house.

The tobacco-related health education budget of the Ministry of Health amounted to Rs. 2 million in the year 2002

There is also a potential in using the religious argument for anti-tobacco campaigns. The recently published monograph by EMRO summarizes Islamic rulings on tobacco.[28] This monograph encourages the use of Islamic fatwas for tobacco control and highlights the magnitude of influence that the clergy can exercise in promoting tobacco cessation. This potential needs to be harnessed. Tobacco was non-existent in the times of the Holy Prophet Mohammad (Peace Be Upon Him) and, therefore, there is no guidance on this matter or else that pronouncement would have been binding. However, by analogy, tobacco has been declared makroh (undesirable) by the Council of Islamic Ideology, which supports a complete ban on advertising.

Involvement of the media is critical to the public awareness approach. In addition to drawing on their support to disseminate information relevant for health education; it is important to draw their attention to the ways in which tobacco companies have worked hard to thwart policy change over the last several years.[29] Media activities around dedicated days such as the World No Tobacco Day provide a platform for accelerating such efforts.

Islamic fatwas can be used for tobacco control

Professional organizations and groups have a responsibility to sensitize their members to the importance of serving as non-smoking models. This is particularly important as cigarette smoking rates are known to be high among health professionals and students.[30] Help from professional societies and organizations is essential to achieve this objective. Moreover, engaging health professionals to lobby for anti-tobacco activities at the community level is critical. Healthcare providers play an important role in influencing lifestyles of their patients. It is necessary to involve all levels of healthcare providers in this loop through an approach that has been discussed at the end of this document.

Advertising promotion and sponsorship

Tobacco advertising increases the desirability of use as it associates tobacco use with athletic prowess, sexual attractiveness, professional success, adult sophistication, independence, adventure and self-fulfilment. Such advertisements suppress full disclosure in the media, of the health hazards of smoking.

Tobacco companies in Pakistan have vast advertising budgets; the collective marketing expenses of two of the largest companies with 98% of the market share was close to Rs. 1.5 billion in 1999.[31] Numerous sports, cultural and social events in Pakistan have been financed by tobacco industry contributions, largely due to the perceived lack of other financial support mechanisms. Several diverse and innovative strategies are used for advertising and promoting tobacco; these range from the straightforward point of sale, print and electronic media and outdoor advertising, to other more focused efforts that aim at building incentives for wholesalers and retailers and promotional strategies that focus on sport, art, culture and cause related sponsorships.

There are two kinds of advertising bans: statutory and voluntary. A few of the leading multinational tobacco companies in Pakistan, in compliance with international stipulations, are imposing voluntarily restrictions on advertising. As part of this policy decision, they do not purportedly target non-smokers, conform to international marketing standards by regulating their advertising content and refrain from identifying their advertising displays with sexual or sporting pleasure. They do, however, stress that their advertising campaigns are aimed at brand-switching and target those that have already chosen to smoke.

The Pakistan Tobacco Company (PTC) accepts that sale to minors should be discouraged and has taken measures to discourage adolescent smoking; they recognize that the electronic media is most effective in influencing behaviours of adolescents; this realisation has been the impetus for imposing a voluntary ban on electronic media advertising. This strategy has been set forth despite the clear understanding that this would have a significant negative effect on their business. Whether they truly intend to stop marketing to youth could, however, be questioned as the tobacco industry in the western world has been known, via its own internal documentation, to put forth voluntary bans in order to avoid more stringent governmental regulations.[32,v] The industry continues to engage in regulated advertising, without clear evidence to suggest that this strategy does not influence adolescent choices.

Professional organizations and groups have a responsibility to sensitize their members to the importance of serving as non-smoking models

[v]For example, billboard sizes have been reduced to 35 square metres.

In any case, advertising in any form is unacceptable from a public health perspective. Even the concept of promoting switching of brands is opposed to the public health stance on tobacco control, which does not stop at deterring non-smokers from taking up this habit but also encompasses the more important dimensions of quitting and cessation, where the public heath impact is the greatest. Any form of advertising from a public health perspective is, therefore, opposed to this principle.

There is a general impression that tobacco sponsorship for sports is indispensable. However, that may not be the case. The Pakistan Cricket Board (PCB) disassociated itself from PTC's sponsorship in 1997-98; yet both cricket and PCB have continued to flourish. Another similar success story can be quoted from international experiences with FIFA declaring World Cup 2002 as smoke-free.[33]

The Framework Convention on Tobacco Control (FCTC) recommends gradual phasing out of all types of tobacco promotion and advertising by 2005. It recommends this for countries with constitutional constraints, otherwise a comprehensive ban is recommended.

Advertising in any form is unacceptable from a public health perspective. Even the concept of promoting switching of brands is opposed to the public health stance on tobacco control

Statutory restrictions on tobacco advertising in Pakistan were non-existent prior to the promulgation of the Prohibition of Smoking Ordinance 2002; earlier laws dealt with the issue of sales to minors and inscription of health warnings. In 1997, the Lahore High Court Bench banned all kinds of cigarettes advertisements on the electronic media on a petition filed by the Pakistan Chest Foundation. However, a larger bench repealed that order citing technical reasons. Subsequently, the federal government came up with Prevention of Smoking Ordinance 2002. The recently promulgated 2002 Ordinance imposes restrictions on tobacco advertising in Pakistan. However, there are issues with this Ordinance as it imposes a partial ban on advertising. This creates ambiguities, making its implementation vague and exploitable. Evidence suggests that while comprehensive bans on all forms of tobacco promotion can be effective in reducing tobacco use, partial restrictions have limited or no effect.[34,35]

These gaps notwithstanding, the promulgation of this Ordinance is a step in the positive direction and in line with international trends which call for gradual phasing out of all kinds of tobacco advertising, sponsorship and promotion by 2005. The Ordinance and its preamble provide the scope around which rules of business can be drafted.

Active lobbying efforts are required by all stakeholders to push for further amendments in the Ordinance aiming for a comprehensive ban

on tobacco promotion, advertising and sponsorship; groups such as the Tobacco-Free Initiative, Pakistan (TFI-Pakistan) will hopefully play an active part in this endeavour. These efforts come at a critical time when the Ministry of Health acknowledges and has indicated that it is possible to aim for a total and comprehensive ban on tobacco advertising. Nothing less than that is acceptable or effective.

The Prohibition of Smoking Ordinance 2002 is a step in the positive direction

Warnings

The Cigarettes (Printing of Warning) Ordinance 1979 made it binding for manufacturers to print on all cigarette packs, both in English and Urdu, the following warning 'Warning: Smoking is Injurious for Health';[36] a subsequent amendment of this Ordinance in 1980 exempted cigarettes meant for exports from carrying this health warning.[37] Subsequently, the 1979 Ordinance was amended in 2002,[38] making it necessary for warnings to occupy 30% of the front and back of cigarette packs. In addition, it is now mandatory for all electronic media advertisements to devote 20% of the air time to warnings. The larger and more conspicuous warnings come to the consumer at no additional cost to the government; however, they may only be marginally better than the previous pattern of warnings in altering health behaviours of smokers. It is, therefore, necessary to bring about innovations in warning styles based on feedback received from pilot studies conducted in local settings. Successful examples exist of how such innovations have been effective in bringing about behavioural changes. Studies conducted in Canada, where pictorial warnings cover 50% of the pack surface, have also suggested that such approaches are effective.[39,vi] In light of this evidence, conscious and culturally-relevant efforts need to be initiated to make warnings more effective.[40,41] Given the high illiteracy rate in Pakistan, this may also require pictorial representation of the warning.

There is a need for conscious efforts to make warnings more effective

The overall design of the cigarette pack also plays an important role in how warnings are internalized - the same way as it plays a part in coining brand image. Many countries are advocating plain packaging. Some also propose the banning of words such as Mild or Light, as they may convey the impression that these cigarettes are less harmful or contain fewer harmful constituents. Every effort should be made to integrate these lessons to further strengthen warnings.

[vi] *Some successful examples are: "Your children imitate you"; "Cigarettes cause cancer of mouth, diseases of gums and teeth"; "Cigarettes cause strokes"; "Tobacco smoke hurts babies."*

Price, excise and taxation

In terms of the price index, tobacco products are cheaper and hence more accessible in Pakistan today than they were 15 years ago. This is an inevitable consequence of the lack of use of price and tax policies as a tool to control tobacco consumption despite evidence that the demand for tobacco is strongly affected by price. For example, increase in the real price of cigarettes in Canada (because of tax increases) between 1982 and 1992 led to a substantial decrease in cigarette consumption. Similar evidence is available from South Africa, the UK and several other countries. Price increase is known to impact consumption patterns; those in low-income countries are more likely to respond to price increases. Researchers have calculated that if there were a sustained and real 10% rise in the price of cigarettes over the average estimated price in each region of the world, 40 million people worldwide would quit smoking, and many more who would otherwise have taken up smoking, would be deterred from doing so.[42] This calls for the development of a comprehensive price policy for tobacco products, recognizing its special nature and appreciating evidence which points to a clear inverse relationship between cigarette prices and smoking rates. However, the optimum level of taxes for this purpose needs to be determined in Pakistan's context.

Increase in taxes has a flip side also as it leads to an increase in tobacco smuggling. Pakistan faces acute problems in this regard since smuggling of highly taxed products into Pakistan from bordering countries is already a well established industry. The dynamics of this interrelationship are of interest to the Revenue Department in relation to the possible negative impact that smuggling can have on revenue generation. However, in a public health context, price increase is known to be effective and should be actively pursued. The World Bank and the IMF both agree on the effectiveness of price increase on tobacco consumption. The latter supports the idea of a specific tax on tobacco in order to reduce consumption.[43] With rising poverty and lower incomes in Pakistan, consumption is likely to be more sensitive to price changes, regardless of the inelasticity of demand.

Policy thinking needs to be diverted from the focus on gains in the form of revenue to the health costs of tobacco use

Tobacco is a significant source of revenue in Pakistan.[44,vii] Dependence on revenue generated from tobacco is an impediment for tobacco control. Policy thinking needs to be diverted from the focus on gains

[vii] Tobacco tax as a percentage of the total revenue: Argentina 4.34%, Australia 3.38%, Brazil 7.37%, Bulgaria 3.63%, Chile 4.10%, China 2.79%, Egypt 1.34%, Finland 2.03%, Greece 8.69%, India 2.43%, Indonesia 3.38%, Mexico 1.41%, Nepal 6.37%, Poland 3.26%, Spain 2.37%, South Korea 3.46%, Uruguay 2.64%, UK 3.23%, Venezuela 2.30%.

in the form of revenue to the health costs of tobacco use. It needs to be fully realized that tobacco control is highly cost-effective as part of a basic public health package in low- and middle-income countries and it compares well with other interventions like child immunization.

There are no dedicated smoking cessation clinics in Pakistan

Dependence and cessation

One of the two most important measures that have the potential of impacting tobacco mortality trends is the widespread use of effective means of treating tobacco dependence, especially if cessation rate is dramatically increased.[45,46] Majority of the smokers realize the need to give up smoking but finds it difficult to do so in the absence of any organized effort on smoking cessation. Against this background, there are no smoking cessation clinics in Pakistan even in tertiary care settings; smoking cessation advice is given on an ad hoc basis in clinics. In addition, there is no formal training of healthcare providers on smoking cessation and no printed information is available to them through a structured and sustainable mechanism. Moreover, Nicotine Replacement Therapy (NRT), which is an affordable and effective deterrent against smoking, is not registered in Pakistan.

There is, therefore, the need to integrate smoking cessation with healthcare delivery at all levels and to address it as part of professional education. Investment in smoking cessation clinics with equitable outreach is also overdue. These can be developed in the setting of major public sector hospitals; in addition, it should be made mandatory for private sector hospitals to offer such services and guidance. Healthcare providers in BHUs and THQs should be provided with simple tools enabling them to assist patients with smoking cessation. In the context of tobacco use cessation, it is also important to make NRT available in Pakistan through the process of formal registration.

Illicit trade

There are three varieties of illicit trade in tobacco: smuggling, tax evasion and counterfeiting. All three practices contribute to increasing the availability and accessibility of cigarettes in the market and incur losses to the exchequer.

According to estimates in Pakistan, the tax-evaded sector has grown from holding 10% of the market share in 2001 to 20% in 2002.[15] This results in yearly revenue losses approximating to Rs. 1.2 billion.

Counterfeit cigarettes have 2.4% of the market share in Pakistan.[2] The tobacco industry tends not to acknowledge the magnitude of this issue publicly, as this would have implications for consumer

confidence and brand image. Counterfeiting has public health implications as it makes cigarettes more accessible by increasing availability and reducing cost. In case of counterfeiting, manufacturing details, retail mechanisms and trade routes are well established; however, being a sustainable activity, it is hard to break. The government can address this issue by enhancing market intelligence and fixing a minimum price.

Cigarettes are the world's most widely smuggled[47] legal consumer product. According to estimates, 4-6% of world cigarettes are smuggled. Cigarettes are not imported into Pakistan; any cigarette packing which does not have a warning in Urdu is a smuggled item. Ninety percent of the tobacco smuggling in Pakistan is due to trade arrangements with Afghanistan. This practice is becoming rampant in the absence of effective monitoring and surveillance of this trend both at the entry and sale points. The response to this issue involves effective implementation of laws that exist on smuggled contrabands and raising the economic cost of smuggling, thus narrowing the margin between the price of the legitimate and the smuggled product in the market.[48] The use of difficult-to-forge tax-paid markings, excise stickers and printing of unique serial numbers is known to be effective since any tobacco product not carrying such stickers offered for sale can be seized and destroyed even after it enters the country. This is one area where cooperation with the tobacco industry can prove helpful since they have a vested interest in reducing the scope for untaxed tobacco products. Addressing this issue in a comprehensive manner brings in the role of Customs, the ministries of Finance, Commerce and Industries and the local governments.

Liability and compensation

Only three product liability cases have been filed to date

There are several successful examples of tobacco litigation in the developed countries; the internationally recognized Minnesota trial being one of them.[49] However, there is no precedent in Pakistan where a case for liability against the tobacco industry has been filed; public litigation is not a priority and to date only a few product liability cases have been filed.

Litigation in the area of tobacco control can be approached in two ways. Using articles 186 and 199, the state itself can sue the tobacco industry for losses incurred to the state budget due to the healthcare costs of treating patients who have suffered at the hands of tobacco use. However, this has to be a political decision. Personal liability litigation, which involves demanding compensation based on personal injuries caused by a specific product, is the other

mechanism. However, in Pakistan's setting, its application is cumbersome because of underdevelopment of the Law of Totts and antecedent difficulties in establishing causal associations at a personal level. However, there is potential in creating awareness about consumers' rights in this connection.

Many products with health benefits are often effectively banned from the marketplace due to burdensome regulatory standards. Against this backdrop, it is ironic that tobacco products are excluded from consumer protection laws, such as food and drug legislation. It is, therefore, necessary to lobby for legislation as part of which tobacco should be subjected to stringent regulations governing pharmaceutical products.

It is essential to pursue epidemiological and behavioural research and to establish surveillance mechanisms for monitoring tobacco use trends

Research and surveillance

As Pakistan grapples with the major toll that tobacco takes on individuals, communities and the health system and establishes a concerted national tobacco control programme, it is essential that policy makers have access to data. For this purpose, data must be generated to inform the decision making process. It is essential to pursue epidemiological and behavioural research and to establish surveillance mechanisms for monitoring tobacco use trends. In addition, it is imperative to pursue policy research of local relevance and to examine tobacco tax policies, marketing and advertising strategies with a view to promoting a smoke-free norm. Research on impact of the non-formal tobacco sector on employment and policy also needs to be locally conducted.[50]

Most importantly, however, with reference to the above-mentioned strategies, it needs to be recognized that there is inadequate capacity both within the public and private sectors in Pakistan to understand the technical and operational aspects of tobacco control. Urgent attention should be given to developing expert capacity so that an effective tobacco control community can be developed within Pakistan.

A number of tobacco control measures can be instituted in the Pakistani setting. However, broad and widely-targeted public health measures entail a more cost-effective use of scarce public health resources than individually oriented measures. Based on this approach, a strategy has been devised to guide future efforts aimed at tobacco control in Pakistan. The Action Agenda items as part of this strategy have been listed below. However, as part of the **Integrated Framework for Action**, tobacco as a risk factor has been grouped alongside other NCDs in an integrated model which combines a range of interventions and actions across NCD domains.

Tobacco - Action Agenda

- Integrate surveillance of tobacco use with a population-based NCD surveillance system. Monitor trends in tobacco use and its determinants.❖
- Feature tobacco prominently as part of the comprehensive NCD behavioural change communication strategy; provide wide-ranging information relevant to all aspects of tobacco prevention and control and smoking cessation.❖
- Institute means to reduce dependence on revenues generated from tobacco and seek alternative means of revenue generation.
- Aim for gradual phasing out of all types of advertising and complete ban on advertising.❖
- Develop and enforce legislation to subject tobacco to stringent regulations governing pharmaceutical products.
- Allocate resources for policy and operational research around tobacco.❖
- Build capacity of health systems in support of tobacco control. Integrate public health programme monitoring and evaluation with NCD surveillance.❖
- Build a coalition or network of organizations at the national, provincial and local levels facilitated by federal and provincial health services to add momentum and legitimacy to tobacco control as part of a comprehensive effort for the prevention of NCDs.
- Integrate guidance on tobacco cessation into health services as part of a comprehensive and sustainable, scientifically valid, culturally appropriate and resource-sensitive CME programme for all categories of healthcare providers.
- Adopt measures to discourage tobacco cultivation and assist with crop diversification.
- Ensure availability and access to Nicotine Replacement Therapy.
- Implement effective legislation on smuggling contrabands and counterfeiting.

❖ **Priority Action Areas**

Priorities within other Action Areas will be determined subsequently

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Tobacco Free Initiative-Pakistan (TFI-Pak)

A project of TheNetwork for Consumer Protection

TheNetwork for Consumer Protection has been working to protect and promote the Consumer rights particular to the health sector.

Tobacco Free Initiative Pakistan (TFI-Pak) is a project of TheNetwork for Consumer Protection housed in Advocacy and Research unit. TFI-Pak is working for the tobacco control in Pakistan in a holistic manner through a mix of price and non price measures since May 2000.

The primary goal of TFI-Pak is to mount resistance to the onslaught by the tobacco industry, educate people about the hazards of tobacco control and pressurize the government to introduce adequate control on tobacco sale and promotion. TFI approaches the tobacco issue in a way to address problems on both demand and supply sides.

In collaboration with the World Health Organization's Tobacco Free Initiative, Department for International Development United Kingdom, the international anti-tobacco movement and active national and local groups, TFI-Pak's lobbying and advocacy helped in promulgation of first national tobacco control law in Pakistan in June 2003. The efforts to bring forth stricter tobacco control in the country led to ratification of FCTC in May 2004 and having tobacco control as a major component of 10 years' national program for non-communicable disease control in Pakistan, launched in June 2004.

Activities of TFI-Pak

- The project is advocating for effective implementation of existing anti-tobacco laws in Pakistan in addition to operational research to fill knowledge gaps for effective control on tobacco consumption.
- TFI-Pak represents the civil society in the statutory committees named "Committee on Tobacco Advertisement Guidelines" and "Committee on Implementation of Prohibition of Smoking and Protection of Non- smokers Health Ordinance 2002." While TFI-Pak is engaged with the government in its various initiatives for tobacco control, it also keeps a critical vigil over the developments taking place with respect to tobacco control and the tactics used by the tobacco industry to undermine such efforts.

- TFI-Pak is advocating for incorporation of FCTC provisions related to tobacco promotions. This can be advocated through execution of National Action Plan for Tobacco Control in Pakistan, and monitoring of the implementation of existing tobacco laws.

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About The Network

The Network for Consumer Protection was formed in 1992 with a focus on public health, later expanding its attention to consumer protection. Since then, the organization has become an effective advocacy group, working at the grassroots, national and international levels. The Network activities include public policy advocacy, community mobilization, research and publication.
The Network's programme seeks to assist citizens-consumers to influence public policies in order to meet their livelihood needs and to develop informed opinion on relevant policies. The Network enjoys a track record of compiling and disseminating information for citizens and mobilizing action around key issues.

To join activities of The Network and receive its publications, consider becoming a member of the organization.
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TheNetwork
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