
GENDER BASED ANALYSIS OF SELECTED TOBACCO CONTROL PROGRAMS IN PAKISTAN

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Gender Based Analysis of Selected Tobacco Control Programs in Pakistan

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1. Introduction

Pakistan is a developing country with an astounding population of almost 160 million people. Out of these almost 50% are women. Currently Pakistan is on the brink of facing a devastating health and economic disaster as the use of tobacco is rising steeply amongst its youth especially young girls and women. Pakistan had ratified the FCTC on 3rd November 2004 but up until now little has been done to curb the epidemic of tobacco use in Pakistan. The programs and actions undertaken by the government in conjunction with curbing the tobacco use are not gender sensitive. There are an estimated 25 million smokers in Pakistan, with the male to female ratio being 4:1. This means that 36% of the adult males and 9% of the adult females in Pakistan are tobacco users ¹.

The Global Youth Tobacco Survey conducted by the World Health Organization (WHO) has found that the boy to girl tobacco use ratio has shrunk to 2:1. It used to be 7:1 a decade ago. This evidence of the closing gender gap in terms of tobacco use is true for both rural as well as urban women. An estimated 12.4 percentage of boys and 7.5 percent of girls use tobacco in Pakistan. While an estimated 2.3 percent of boys and .6 percent of girls smoke in Pakistan.

Moreover another form of tobacco menace has currently engulfed the female population in Pakistan i.e. “Sheesha”. The water-pipe, commonly known as ‘sheesha’ or ‘hukka’ is becoming increasingly popular among young women in urban areas, while it is already an acceptable norm in rural areas. The women and girls see this form of smoking as a healthy way of smoking ².

¹ National Health Survey 1994).

² “Knowledge, Attitudes And Practice Of University Students Regarding Water-Pipe Smoking In Pakistan” Aga Khan University Hospital's Department Of Pulmonary And Critical Care Medicine And The Dow University Of Health Sciences (DUHS); Jawaid A, Zafar AM, Rehman TU, Nazir MR, Ghafoor ZA, Afzal O, Khan JA. 2008

The current sharp rise in women and girl smokers in Pakistan is a wakeup call for the policy makers, legislators and tobacco control organizations that the current tobacco programs in Pakistan are not gender sensitive. Article 4 of the FCTC is dedicated to women's health by proposing that measures are needed to address gender-specific risks when developing tobacco control strategies. But so far we do not see this article to be considered under any ordinances or the health policy.

Along with FCTC the need for a gendered response towards tobacco control has been stressed by CEDAW. According to Article 10 in the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), women have the right to have access to specific educational information to help to ensure the health and well-being of families. Furthermore, women have the right to the protection of health and safety in working conditions, for example smoke-free environments.

This research study is aimed at providing an analysis of the current ordinances and relevant tobacco control programs undertaken by the government of Pakistan and analyze their effectiveness from the gendered point of view so as to filter out the weaknesses and loopholes in the three pertinent sections in the ordinances where gender sensitive approach needs to be strengthened or developed so as to effectively implement FCTC in Pakistan.

2. History of Tobacco Control in Pakistan

2.1 Tobacco Related Policies (pertinent to the study in question) in Pakistan

There are a range of activities and laws that can curtail the use of tobacco in countries around the world. Three such effective laws have been implemented in Pakistan through the promulgation of Prohibition of Smoking Ordinance 2002. These laws can prove effective if proper research on the background of laws and implementation practices can be carried out. Although significant improvement has been made in promulgation of ordinances and legislation yet the implementation of the said laws need to be backed up by thorough research on the socio-economic determinants that hinder the implementation of these laws. The government of Pakistan also notifies Statutory Regulation Orders (See Table 1) for effective implementation of the tobacco control ordinances.

2.1.1 Sales Restrictions to Minors

This law prohibits sale of cigarettes to minors within Pakistan. The history of this law can be traced to 1959. This Ordinance, in effect until 2002, was replaced by the Prohibition of Smoking Ordinance 2002, imposing a ban on sale to minors. Based on this ordinance sellers can be held accountable for selling cigarettes to minors.

2.1.2 Clean air policies

The promotion of clean air policies is one of the most effective public health measures to curtail the amount of tobacco used in public places and to safeguard the health of non-smokers. The Prohibition of Smoking Ordinance 2002 bans tobacco use in all public places, transport and indoor workplaces. This Ordinance came into effect on the 30th of June, 2003. This ordinance has been especially successful in banning smoking in the Pakistan International Airlines and the Pakistan Railways and some local government offices. But it is yet to be implemented in true spirit and one can still see many violations of this ordinance by higher government officials throughout Pakistan.

2.1.3 Tobacco Taxation and Policy

A total of three different taxes are levied on tobacco and cigarettes in Pakistan. These are General Sales Tax (GST), Central Excise Duty (CED) and the Tobacco Cess (TC), totaling about 78% of the sale price of the cigarettes. The government of Pakistan has been steadily increasing the tobacco tax. Although the taxes on tobacco have been rising steadily, the tobacco companies in Pakistan have been collecting more taxes and paying less to the government. Therefore the tobacco taxes are helping them more instead of bringing down the incidence of cigarette use in Pakistan. Despite the increase in tobacco taxes they are cheaper and hence more accessible in Pakistan today than they were 15 years ago since the real price of cigarette has gone down in monetary term due to inflation and a multifold increase in prices of other products³. The availability of cigarettes in single sticks also make them more affordable to youth.

³ Tobacco control – An integral component of the national action plan on non communicable diseases in Pakistan; Sania Nishtar, Ehsan Lateef;2006

Table 1: Statutory Regulation Orders (SROs) for the effective implementation of the promulgated Ordinances

S.No	Ordinance/legislation	Year	Description
1.	Cigarettes (Printing of Warning) Ordinance 1979	1979	Cigarette packs and advertisements should have health warning
2.	Prohibition of Smoking and Protection of Non- smokers Health Ordinance No. LXXIV" 2002	2002	The Ordinance prohibits smoking in public places, public transport, restricts advertisement and prohibits sale of cigarettes to minors.
3.	The Cigarette (Printing of Warning) (Amendment) Ordinance No.LXXV "	2002	The law allows the government to replace the current health warning with stricter and specific health
4.	HW Rules 2003	2003	Repealing Cigarette Printing of Warning Rules 1982 and setting new printing of warning rules in motion
5.	Notification 1001-2003	2003	Health Warning Changes
6.	Notification F13-5-2003	2003	Revised rules on advertisements and promotion of tobacco products
7.	Notifications 652 & 653	2003	Smoking is banned in public places and public transports
8.	Notifications 654 &655 2003	2003	Officers authorized for implementation of 2002 ordinance declared and committee formed on advertisement guidelines
9.	SRO 1068	2006	Powers to make rules
10.	Notification 882-2007	2007	Comprehensive restrictions on tobacco advertisements
11.	SRO 956 DSA 2008	2008	Complete ban on smoking in all public place rescinding the earlier legislation on Designated Smoking Areas
12.	SRO 1219 / 2008	2008	The statutory notification requires printing of rotational health warnings every six months
13.	SRO 51 /2009	2009	The notification declares all public places to be completely smoke-free.
14.	SRO 53 (Free Goods, Cash rebates),2009	2009	Bans free goods and cash rebates pertinent to cigarette promotion
15.	SRO 86 (KE)/2009	2009	Specifications and placing of Pictorial Health Warnings
16.	SRO 01 (KE)/2010	2010	Amended SRO on pictorial health warnings 2010
17.	SRO on Extension of RHW 2010	2010	Extension of Rotational Health Warnings

2.2 Increase in Consumption of Cigarettes over the Years

The annual consumption of the cigarettes in Pakistan has increased from 292 cigarettes per capita in 1994 to 406 in 2007 ⁴. This raises serious health concerns. A proven intervention to reduce smoking is to raise the price of cigarettes relative to other products. Although Pakistan adjusts its cigarette excise duty almost every year, the rates have not kept pace with inflation and the growth of per capita incomes.

2.3 Tobacco Production and Manufacturing:

Tobacco is now becoming a very attractive crop for farmers in certain areas. Farmers across Pakistan have switched from growing wheat to growing tobacco. In a bid to push more farmers towards tobacco growing the Pakistan Tobacco Board in a strategic move set the minimum price for 1Kg of tobacco to Rs. 98⁵ so that the farmers can make up their mind whether they want to grow wheat or grow tobacco. Currently the tobacco is grown on two percent of the total cultivable land and Pakistan is the fifth largest tobacco producing country. The share of this crop in GDP is around 4 percent ⁶.

According to a recent report by Pakistan Tobacco Company (2009) the sale of tobacco is approx. 108,000 tons per annum with the sales of 40,000mn cigarettes in Pakistan. The tobacco industry in Pakistan generates around PKR 61bn revenues annually. Major shares of the market are occupied by Pakistan Tobacco Company with sales revenues of PRs31bn and market share of 44%. The position is followed by Lakson Tobacco Limited, which holds 36% market share with PRs18bn sales revenues. Cumulatively, these two giants control almost 80% of the overall market. The remaining PRs12bn (20%) market share is divided into either spurious brands or

⁴ Taxation Of Cigarettes In The Bloomberg Initiative Countries: Overview Of Policy Issues And Proposals For Reform: Emil M. Sunley (December 2009)

⁵ The Balochistan Times December 09, 2009: Available online at <http://www.thefreelibrary.com/PTB+announces+tobacco+support+price.-a0214007821>

⁶ The Daily Times February 21, 2010: Available online at http://www.dailytimes.com.pk/default.asp?page=2010%5C02%5C21%5Cstory_21-2-2010_pg5_10

smuggled products. The brands sales under this spurious head are either manufactured in AZAD JAMU and KASHMIR, TRIBAL AREAS of Pakistan, or imported.

Pakistan has the 18th largest cigarette market in the world. There are 57 tobacco manufacturers currently operating and around 78% of the market share belongs to two corporate giants: Pakistan Tobacco Company, a subsidiary of British American Tobacco, and Phillip Morris International (PMI), which acquired Lakson Tobacco Pakistan, in February 2007. The Federal Board of Revenue collected Rs 66 billion as sales tax and central excise duty from tobacco industry (2009)⁷.

⁷ The News Tuesday, June 16, 2009;; Online <http://www.thenews.com.pk/print1.asp?id=183301>

3. Methodology

A comprehensive review of the available literature has been carried out in order to determine to what extent the existing legislation has taken gender into consideration in its development and implementation of the three tobacco control policy legislations in Pakistan: taxation and pricing of tobacco products, restrictions on sales, and restrictions on smoking in public places. A Gender-based analysis has been employed on the collected literature. On the basis of the gender based analysis a Framework for Gender Sensitive Tobacco Control Policies has been prepared.

3.1 Literature Review:

The intended literature for review for this research were studies that contained research on women and girls within the age group of 13 to 26 years. Studies that contained information on women from the higher economic classes of the developed cities in Pakistan, especially those attending college and university, were particularly added in the inclusion criteria as the girls and women from these classes have a high propensity to initiate smoking and also start smoking from a young age^{8 9 10}. Studies pertinent to pregnant women also formed part of the literature review of this study since high levels of secondhand smoke exposure are found in Pakistan, where about half of all pregnant women and their young children are frequently or always exposed to secondhand smoke. About one in ten

⁸ Smoking trends in Medical Students: Are they influenced by difference in gender and financial status? Pak J Chest Med Dec 2002;8(4):3-

⁷Prevalence of Cigarette Smoking among Peshawar University students Pak J Chest Med Dec 2002;8(4):9-18. Peshawar University, Peshawar, KHYBER PAKHTOONKHAWA

¹⁰ Clinical profile & outcome of TB patients seen in a private Teaching Hospital of Pakistan Pak J Chest Med Dec 2002;8(4):25-8. The Aga Khan University Hospital Karachi, Javaid Khan, Sabita Davidson, Fayyaz Hussain.

pregnant women at a site in Pakistan reported that they had tried cigarette smoking¹¹

3.2 Data

The data for this study was collected through two sources of information: Experimental literature and Contextual Literature.

As this is a pilot study therefore the literature strictly related to Pakistan was chosen. After the successful completion of this project we intend to launch a similar study to carryout Gender Based Analysis on Tobacco Control Policies and Legislation across the South Asian Region (Except Afghanistan).

Experimental literature was collected from literature that had been published in peer-reviewed journals or other formats (such studies have to be available on the internet either free of cost or as paid access or have to be available in hard copy within Pakistan). This literature should relate to the evaluation of efficacy or effectiveness of any of the three aspects of tobacco control policy.

As there is a dearth of research studies in Pakistan, the collection of data took a lot longer than anticipated and the volume of data that was found was not very high.

Contextual literature included publications, studies, newspaper data on gender and health, women's health, and different aspects of programming and policy. There was also a dearth of contextual data in Pakistan and the research team had to go through hundreds of publications.

¹¹ Tobacco use, secondhand smoke exposure during pregnancy, may threaten health of women and children Public release date: 28-Feb-2008 NIH/National Cancer Institute

3.3 Experimental Literature¹²

Experimental Literature corresponds to inclusion of literature that directly meets the inclusion criteria. Evidence from Pakistan regarding the three tobacco control policies of interest was retrieved from peer reviewed journals, government reports, reports printed or published online by civil society, policy reports, books, book chapters, news articles, material presented at conferences, newspapers and material under review. The search and retrieval of the evidence involved use of on-line and library databases (Annexure 1: Online Databases Used), key contacts in the tobacco control movement¹³, and publications published by provincial and federal governments in Pakistan and by other non-government organizations with relation to Pakistan. Since GYTS also fulfils the criteria of literature to be conducted research upon therefore GYTS report was also included.

Experimental Literature that adhered to the following criteria was shortlisted for this research:-

- i. The study has to be related specifically to Pakistan and published (or conducted, if unpublished) after the year 2000.
- ii. The study was designed to explore the impact of at least one of the three identified aspects of tobacco control policy.
- iii. The study tested one of the outcome measures of interest: tobacco use related to incidence of initiation or cessation; prevalence of smoking; prevalence of tobacco sales; rise in smoking; smoking patterns amongst different strata of society;
- iv. The study's population included either the general population, or one of the populations of interest: youth; College going girls, University going female students, girls and women within the age group of 13 to 26 years.
- v. The study has to relate to tobacco projects, programs, policies, legislation etc in Pakistan related to tobacco control in Pakistan

¹² Greaves L, Johnson J, Botorff J, et al. Reducing harm: a better practices review of tobacco policy and vulnerable populations. Vancouver, BC: BC Centre of Excellence for Women's Health, 2004

¹³ Stakeholders like media, organizations related to tobacco control, government personnel related to the Tobacco Control cell

3.4 Contextual Literature¹⁴

Contextual Literature consists of literature that is related to tobacco and smoking in Pakistan but has a wider scope and does not directly meet the inclusion criteria. Information on diversity, gender and health, women's health, women-centered care, gender-specific, women-specific, and girl-specific programming and policy was collected in order to provide context to any recommendations arising from this review. A full search of the literature included examining peer-reviewed journals, government reports, and books related to Pakistan. The literature under review was not only be limited specifically to governmental publications but also included publications from civil society in Pakistan, to international NGOs, universities, research institutes, tobacco control institutes, studies carried out at the health centres, newspapers, scientific journals etc.

¹⁴ Greaves L, Johnson J, Bottorff J, et al. Reducing harm: a better practices review of tobacco policy and vulnerable populations. Vancouver, BC: BC Centre of Excellence for Women's Health, 2004

4. Sales Restrictions to Minors

4.1 Background

Prohibition of Smoking Ordinance 2002, imposes a ban on sale to minors. Minors in Pakistan constitute individuals below the age of 18 years. Although this law has been in place since 2002, the incidence of smoking among youth all across Pakistan especially young girls around the age of 15 has been increasing at an unprecedented rate. Despite that the sale of cigarettes to people below the age of 18 years is prohibited under the ordinance 'Prohibition of Smoking and Protection of Non-Smokers Health 2002', the sale of the cigarettes to youngsters is on the rise. The incidence of youth smoking in developed cities of Pakistan is much higher than in other areas. According to estimates an approximate 1200 teenagers pick up smoking daily in Pakistan.

Majority of youth in Pakistan initiate smoking from a very young age and most of them become habitual smokers before the age of 18. Although most of the large general stores and chains are not found to be in practice of selling tobacco products to young people below the age of 18 years,¹⁵ the so called tent shops in Pakistan that are located in every community sell cigarettes to almost anyone who is willing to purchase them. In a recent survey carried out by WELDO it was found that girls below the age of 18 years were sold cigarettes in almost 99% of the cases as compared to boys who were asked mostly “who are you buying the cigarettes for”, “are you accompanied by an adult” etc. Therefore a majority of young males were more prone to buying cigarettes from tent shops than from large superstores.

These restrictions and implementation of these restrictions also differ from province to province. It was seen that the laws were more properly implemented in Punjab and Sindh as compared to the provinces of

¹⁵ Youth Smoking Patterns in Pakistan and the Effectiveness of Ordinance on Prohibition of Smoking Section 8

KHYBER PAKHTOONKHAWA and Balochistan. But the number of young smokers in Punjab and Sindh were in majority as compared to the other two provinces where most shopkeepers and people were unaware of the law. In KHYBER PAKHTOONKHAWA and Balochistan although the number of young women smokers below the age of 18 were almost never found buying any cigarettes from markets yet young males under the age of 18 years had no problems buying cigarettes from anywhere.

4.2 Assessment Of The Evidence

Collection of data pertaining to the set criteria was the most difficult part of the project as there is a lack of data available on the internet or anywhere else in Pakistan relating to the study criteria or smoking. As only four studies¹⁶ were found that met the criteria for inclusion in the evidence and these studies did not take the age, city and education background of the cigarette buyers into account therefore WLEDO conducted one comprehensive study as well pertaining to Sales Restrictions to Minors by the name of Youth Smoking Patterns in Pakistan and the Effectiveness of Ordinance on Prohibition of Smoking Section 8. The study was aimed at carrying out a comprehensive survey to analyze 1) Merchant Compliance to the law and 2) Effectiveness of the Policy to lower smoking by youth.

4.2.1 Merchant Compliance to the Law

It was seen that the merchant compliance differed from place to place. Although in some localities the merchants were not selling cigarettes to

¹⁶ Refer to Annexure 2 under Experimental Literature

youth but in a majority of places the shopkeepers did not make any distinctions regarding the cigarette buyer's age. The merchant compliance was non-existent in KHYBER PAKHTOONKHAWA and Balochistan.

Only two studies¹⁷ relating to sales restrictions were found that included age, gender and other socio-economic factors were to be found which indirectly adhered to the analysis in question.

A study consisting of 3000 students (50% girls) was conducted in all four provinces of Pakistan. The age groups for the study were segregated as 13-15 years of age and 15-17 years of age. The study took into account not only the age of the cigarette buyers but also their social, educational and location background.

Out of the 1000 selected in the province of Punjab nearly 15% of the girls and 26% of the boys smoked. All subjects were under 18 years of age. It was seen that boys and girls under 10 years of age belonging to good socio economic classes who wanted to purchase cigarettes from good departmental stores were not sold cigarettes in almost 95% of the cases. But were able to buy cigarettes from makeshift shops in downtown areas in Rawalpindi, Islamabad and Lahore in 35% of the cases.

Boys and girls between the age groups of 13 to 15 years of age, were able to buy cigarettes from nearly all shops and department stores across the cities in questions irrespective of their gender in 85% of the cases and the boys and girls in the age group of 15-17 years of age were able to buy cigarettes in 99% of the cases.

Out of the 1000 subjects selected in the province of Sindh from the area of Karachi almost 29% boys and 14% girls smoked. In Karachi the shopkeepers were reluctant to sell cigarettes to boys and girls under the age of 10 years in almost 80% of the cases but had no problem selling cigarettes to boys and girls in the age group of 13-15 and 15-17 years of age. The boys

¹⁷ Correlates of cigarette smoking among male college students in Karachi, Pakistan Shafquat Rozi, Zahid A Butt and Saeed Akhtar

Cigarette smoking among adolescent females in Pakistan: H. A. Ganatra, S. Kalia, A. S. Haque, J. A. Khan

and girls in the age group of 13-15 years of age were able to buy cigarettes in 90% of the cases and the boys and girls between the age groups of 15-17 years of age were successful in buying cigarettes in 100% of the cases.

In the city of Quetta in Balochistan, a total number of 200 boys and girls were studied. Almost 19% of the boys and less than 2% of the girls were found to be habitual or occasional smokers. Although the boys had no trouble buying cigarettes in any age group the girls refrained from buying cigarettes based on some social taboos. Therefore gender analysis of sales restrictions was not possible.

In Peshawar, Khyber Pakhtoonkhwa a total of 800 students were studied for this report. Almost 27% male students and 5% of the females were smokers. It was found that no male students had any problems acquiring any cigarettes from anywhere. Youth between the age groups of 13-15 and 15-17 years of age were able to buy cigarettes in 100% of the cases. The girls in this age group were able to buy cigarettes from huge departmental stores in almost 100% of the cases.

Therefore all around Pakistan no matter what the age, it is never difficult to buy cigarettes. It is easy to deduct from the study that shopkeepers and merchants did not follow the law.

Table 2: Prevalence Of Smoking Among Youth Aged Between 13-17 Years Of Age

Province	Girls	Boys
Punjab	15%	26%
Sindh	14%	29%
Balochistan	1.9%	19%
Pakhtoonkhawa	5%	27%

Table 3: Percentage of Successful Attempts in Purchasing Cigarettes

Province	Girls / Boys(13-15)	Girls/ Boys (15-17)
Punjab	85%	99%
Sindh	90%	100%
Balochistan	100% *	100% *
Pakhtoonkhawa	100%	100%

*In Balochistan the data of girls buying cigarettes could not be collected as no girls were found to be buying cigarettes in the study areas.

4.2.2 Effects of Policy on Youth Smoking Trends

Although no literature could be found online or in hardcopy that referred to the current and baseline figures on whether such a policy has helped decline the trend of youth smoking yet, according to the recent GYTS report it was seen that the incidence of youth smoking has increased multifold across Pakistan therefore the policy is not effective in reducing the incidence of smoking prevalence in Pakistan amongst youth.

4.3 Gender-based analysis

The merchants or shopkeepers did not make any distinctions based on the gender of the cigarette buyer although in about 5 out of 20 incidences the girls were sold cigarette packs at higher prices.

As there is no provision in law that takes into account the differential demands of both male and female sex when it comes to tobacco control therefore the ordinance has proved to be most unsuccessful for cessation of smoking for the female gender or stopping the initiation of smoking by minor girls. And according to the current GYTS survey the boy to girl smoking ratio has shrunk to 2:1.

One of the crucial steps for controlling such steep rise in smoking is to initiate studies that take into account the socio-economic and behavioral patterns of young girl smokers in Pakistan and to assess which changes need to be made in the policy so that this spiraling situation can be controlled and the number of young girl smokers in Pakistan be decreased.

4.4 Conclusions

One of the main difficulties in the project was lack of experimental and contextual Literature. For this reason WELDO had to conduct comprehensive detailed studies which resulted in elongating the time period of the project. As no information regarding age, gender, social and economic background of the cigarette buyer was previously available therefore the study provided a strong footing for the project to analyze the effectiveness of the policy in general and the effectiveness of the policy in relation to tobacco control through a gendered perspective.

The ordinance has been put in place with no consideration for age, gender and socio-economic background of the smokers or future smokers. Furthermore the ordinance did not take into account the socio-economic characteristics of the population at large as well as the problems on implementing the ordinance.

5. Location Restrictions

5.1 Background

Location Restrictions are an integral part of tobacco control initiatives. Increasingly workplaces, government offices, schools, public transport and Pakistan International Airline have altogether banned smoking. Pakistan railways will also be imposing a ban on smoking in all its trains.

The Prohibition of Smoking Ordinance 2002 bans tobacco use in all public places, transport and public workplaces. This Ordinance came into effect on the 30th of June, 2003. This ordinance has been especially successful in banning smoking in the Pakistan International Airlines and the Pakistan Railways and some local government offices. Although not all government offices are free from smoking, some of the smaller ones are. Although the ordinance has been in place since 2002 to create smoke free environments yet even now it is not very effective in controlling tobacco use in public places, parks, higher public and private offices.

The ordinance is focused on saving non-smokers from Environmental Tobacco Smoke. But more attention seemed to be paid on protecting children from ETS than adults. Recently a health warning appeared on the cigarettes pack cautioning the smoker to “Protect children. Do not let them breath your smoke. Ministry of Health”, insinuating that it was allowed to smoke in public when children were not around.

In November 2008 the government of Pakistan issued an SRO which allowed smokers in offices, airports and other enclosed places to smoke in Designated Smoking Areas. As a majority of offices could not allocate rooms for smoking it became a normal practice for everyone to smoke anywhere in the offices, airports and other enclosed places. On the World No Tobacco Day 2009 the government withdrew this controversial SRO. Although there is a ban on smoking in all public places, transport and indoor workplaces but it is being violated all over Pakistan. Although the ban is

very effective in airlines, railways and in some government offices but it is not respected in other areas.

Although one finds no smokers in airlines yet it is easy to find smokers in public transports. Schools have implemented the ordinance in true spirit and no teachers or school staff members are allowed to smoke in the premises of the school yet students can be found smoking in enclosed vicinities in schools, colleges or universities.

in public places have been known not only to encourage smokers to quit smoking but also decrease the number of cigarettes consumed by a smoker. Smoke-free environments not only protect non-smokers, they have the added advantage of reducing tobacco use in continuing smokers by 2–4 cigarettes a day¹⁸ and help smokers who want to quit, as well as former smokers who have already stopped, to quit successfully over the long term. Per capita cigarette consumption in the United States is between 5% and 20% lower in states with comprehensive smoke-free laws than in states without such laws¹⁹.

Based on the evidence collected it is safe to say that the section 5 of the Ordinance of Tobacco Control 2002 is somewhat successful as compared to other sections in the ordinance and in the due course of time if this section is thoroughly implemented and enforced, not only will the lives of non-smokers be saved but also this ordinance will help smokers in kicking this habit.

5.2 Prohibition of Smoking and Other Tobacco Use

Prohibition of Smoking and Other Tobacco use is referred to as section 5 of the Ordinance of Tobacco Control 2002 clearly stating that “No person shall smoke or use tobacco in any other form in any place of public work or use.

¹⁸ MPOWER: Evans W et al. Do workplace smoking bans reduce smoking? *American Economic Review*, 1999, 89:728–747

¹⁹ MPOWER: Levy D, Friend K. Clean air laws: a framework for evaluating and improving clean air laws. *Journal of Public Health Management and Practice*, 2001, 7:87–97

The Federal Government may however issue guidelines for permitting designated smoking areas in premises or places where adequate arrangements are made to protect the health of non-smokers”.

Due to the loophole of the Designated Smoking Areas (DSA), section 5 of the ordinance could never be implemented in true spirit because the public place of work or use could not allocate DSAs therefore anyone could smoke anywhere without any consequences. In a landmark decision on World Tobacco Day in May 2009 the government rescinded the DSA clause from the Ordinance of Tobacco Control 2002. Thereby prohibiting the use of tobacco in any form anywhere within public work places or places of public use.

In a monitoring study²⁰ conducted by the Tobacco Control Cell, Government of Pakistan the effectiveness of the implementation of the ordinance was monitored it was found that the “No Smoking Sign” was displayed in places of public use like cinemas, restaurants, banks, offices, health facilities and educational institutions in 36% of the incidences. 43% of the staff was found to be smoking in No Smoking Zone while 79% of the people were seen smoking in the no smoking zone. Only about 64% of the staff was aware of the ban on smoking in public places.

5.3 Prohibition of Smoking in Public Service Vehicles

According to section 6 of the Ordinance on Tobacco Control 2002 “Prohibition of smoking in public service vehicles.-Without prejudice to the provisions of the Provincial Motor vehicles Ordinance, 1965 (W. P. Ordinance XIX of 1965), no person shall smoke or use tobacco in any other form in a public service vehicle”.

But there is a rampant violation of this section of the article as many people can be seen smoking in all public service vehicles including the drivers and

²⁰ First Monitoring Report on Implementation of the Ordinance, 2002

conductors of these public service vehicles. Although 100% of the people traveling in public transport are aware of the ban yet due to the lax attitude of the authorities there is no restriction on smoking in public use vehicles. In a recent study around 76% of the people including the drivers and the conductors of the public vehicle were found to be smoking in vehicles.²¹

5.4 Prohibition of Storage, Sale and Distribution of Cigarettes in the Immediate Vicinity of Educational Institutions

Section 9 of the Ordinance of Tobacco Control 2002 stresses that no tobacco products may be distributed or sold within 50 meters of educational institutions. In spite of the ordinance, shops were found to be within 50 meters of the educational institutions selling cigarettes in 57% of the cases. Even educational institutions' canteens were found to be selling cigarettes in 8% of the cases.

5.5 Effects of Policy on Smoking Trends

No data relevant to assessing the impact of implementation of policy to protecting people from ETS was found.

If the existing measures on smoking restrictions in public places could be strengthened and enforced section 8 of the ordinance might actually prove effective in changing the attitude of the people towards smoking. Around the world it has been found that imposition of restrictions on smoking in public places²² can also lead to cessation of smoking in certain cases. Therefore this

²¹ First Monitoring Report on Implementation of the Ordinance, 2002

²² Evans W et al. Do workplace smoking bans reduce smoking? American Economic Review, 1999,

law can be effective in not only protecting non-smokers from ETS but may also help in cessation of smoking.

5.6 Gender Based Analysis

No evaluations of the impact of location restrictions on smoking have been carried out in Pakistan and as such no effect of restrictions based on sex have been examined as well.

Although such studies could be found throughout the world (in smaller numbers) but no such studies have ever been carried out in Pakistan. Therefore carrying out Gender-Based Analysis of Location Restrictions could not be evaluated.

No evidence of any clues could be found that pointed to the fact that gender considerations were taken into account while compiling the Ordinance for Tobacco Control 2002 as well.

5.7 Dearth of Literature

There is serious dearth of literature regarding evaluations, monitoring and study of smoking patterns related to location restrictions and evaluating gender consideration with regards to the ordinance on location restriction.

Little attention has been paid to the differential impact of these restrictions and the various methods of enforcement.

Levy D, Friend K. Clean air laws: a framework for evaluating and improving clean air laws. *Journal of Public Health Management and Practice* 2001

Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. *British Medical Journal*, 2002

Bauer JE et al. A longitudinal assessment of the impact of smoke-free worksite policies on tobacco use. *American Journal of Public Health*, 2005

In addition, when tobacco programs are being evaluated, it is difficult to isolate the effects of location restrictions or assess the effect of workplace, home and school smoking bans.

5.8 Conclusions

In summary, it has been found that location restrictions on smoking are very useful in protecting non-smokers from ETS but further efforts need to be made to strengthen these restrictions and enforce them to achieve full results of the benefit of this law.

Lack of proper documentation, studies and research related to location restriction indicate the need for further research in this area and furthermore in order to effectively implement this ordinance it is also of utmost importance that the behavior of the society and smokers be analyzed so that such measures can be compiled around their behavior and can be more effective.

6. Price And Taxation

6.1 Background

Nearly all governments around the world tax tobacco products and have been doing so since many years. The history of taxation on tobacco can be traced back to The Tobacco Adulteration Act of 1773. It is believed that higher taxes induce quitting, prevent relapse, reduce consumption and prevent starting (Chaloupka *et al.*, 2000)

People in lower middle income countries are more likely to cut down consumption of cigarettes or give up smoking with a substantial rise in taxation.

6.1.1 Raised Prices coupled with Raised Taxes will Prove Effective

Smokers in Pakistan pay the highest tax in the world second only to Denmark and the UK where 85 per cent and 82 per cent of the retail price respectively goes toward taxation. In Pakistan, 78 per cent of the retail price of premium brands (all brands whose retail price is over Rs 10 per 20 sticks) and 58 per cent of the retail price of low segment brands go toward taxation. But the even in view of such higher taxes the price of cigarettes remains low due to strategic price fixing by the tobacco companies²³.

In the past decade the prices of food items have increased 400% while the cheapest cigarette brand in Pakistan is available at less than Rs 7²⁴ while

²³ The Pakistan Economist: Online <http://www.pakistaneconomist.com/issue2000/issue31/i&e4.htm>

²⁴ US\$1 = PKR85

single cigarettes on sale make it easier for youngsters to buy cigarettes at the cheapest prices. To make matters worse the government has fixed the minimum price for a cigarette pack at around Rs. 8 per 10 cigarette per pack same as the price for a single orange. Therefore the real price of cigarettes even after raised taxation has decreased when it is compared to other amenities of life like food, shelter, utilities etc. For the reductions in youth and adult smoking resulting from a cigarette price increase to be effective over time, the cigarette price must be sustained in real terms (adjusted for inflation) (Chaloupka, 1998b).

FBR has fixed a minimum price formula for the cigarette packs which is eight rupees and eight paisas (inclusive of sales tax) for 10 Cigarette pack and sixteen rupees and sixteen paisas (inclusive of sales tax) for 20 cigarette pack. Over 70 per cent of the cigarette brands in Pakistan are available at very low prices, and hence are easily accessible to the poor.

Therefore in Pakistan the government needs to increase the minimum price level for cigarettes and tobacco products along with the taxes on cigarettes if it is really committed to making Pakistan smoke free. As higher prices coupled with higher tax rates can bring about a decline in tobacco users in Pakistan. Several studies (Biener et al., 1998; 2000; Chaloupka, 1998a; 1998b; Chaloupka & Wechsler, 1997; Laugesen & Swinburn, 2000) have found a strong positive relationship between higher taxes and lower consumption, suggesting that raising tobacco taxes and the price of tobacco is an effective strategy to reduce not only the number of smokers, but also the amount of tobacco smoked.

There is strong empirical evidence presented from a number of studies that a 10% increase in real price (by increasing taxes) decreases smoking by approximately 4% among adults and an even greater rate among teens (Jha & Chaloupka, 1999). But the situation in Pakistan also demands that the prices of the cigarette packs be also increased so that higher taxation can bring about a considerable rise in the prices.

The tool that governments use to increase the price of tobacco is taxation (Chaloupka et al., 2000b). In the experimental literature, tax increases and price increases are often assumed to be synonymous. This is not necessarily the case. But every time the government raises the taxes the cigarette companies lower the prices of their cigarettes in order to make them affordable to the middle income and lower income class which are the main targets of the cigarette companies. The Pakistan Tobacco Company in order to lower the prices of its cigarettes and lower taxes (thereby attaining lower prices and lower taxes threshold) decreased the prices of its brand by more than 50% from Rs. 19 to Rs. 9 thereby lowering the excise duty from 63% to 43% while the sales tax remained at 15% of the actual price. Despite such steep price slashing the Pakistan Tobacco Company was able to break even due to increased sales.

6.1.2 Tax Collection

Another problem that has recently emerged in Pakistan along with lower prices of tobacco is the problem of tax collection from the big tobacco companies as it has been found that the tobacco companies are not the biggest tax payers but the biggest tax collectors. A source from the Federal Board of Revenue recently declared ““Some cigarette manufacturing factories evading taxes are not only hindering government’s initiatives to expand tax revenue but also badly affecting the local tobacco industry. The FBR has decided to hold these factories accountable by conducting their audits””.

Therefore the taxes are providing the much needed monetary leverage to the cigarette companies instead on lowering cigarette consumption in Pakistan. Therefore the problem of tax collection is also an issue in Pakistan.

6.2 Assessment of the evidence

Many studies have been found around the world dealing with tobacco taxation and its resultant effects on per capita cigarette consumption and government revenue. But no such studies are available for Pakistan which assess the direct impact of taxes on cigarette consumption and government revenue. Furthermore as the real price of cigarettes are actually going down all the time just increasing taxes alone cannot make much of a difference unless the government couples higher taxes with increased prices of tobacco products in Pakistan.

6.3 Effects of Taxation on Youth

In several surveys that were conducted by WELDO²⁵ during the past five years it was found that minors did not consider the prices of cigarettes to be high. They were of the opinion that they could afford it easily. And since cigarettes could be bought in units of 1,2 or 3 and more instead of the whole pack therefore price and affordability was not a big issue.

Although several studies (Biener et al., 1998; Chaloupka et al., 2000a; Glied, 2002;

Lewit et al., 1997; Tauras et al., 2001). across the world have pointed out that teens are very responsive to cigarette pricing, raising taxes alone in Pakistan has not yet created the favorable impact of reducing youth smoking. Other factors like prices of tobacco products, prices of cigarettes and selling of cigarettes in separate units have to be controlled as well along with increased taxation.

Otherwise a worthwhile decrease in youth smoking trends cannot be brought about.

²⁵ Women Empowerment Literacy and Development Organization

6.4 Gender-Based Analysis

Initiatives undertaken by the government related to levying taxation or raising taxation on tobacco products are mostly aimed at attaining certain goals such as tobacco control or to provide health relief to the non-smoker. It is clear that while raising taxation is effective but there has never been any studies carried out in Pakistan which assess how raising taxation affects the smoking trends in Pakistan leave alone any studies that analyze the differential effects of raising taxation on the male and female population of Pakistan.

Much research has been carried out on the affects of taxation and pricing in developing countries some of which point to the fact raised taxation affect women smokers more and decreases their smoking habits ²⁶(Townsend, et al. 1994). But such studies may be true for one country and may not apply to another country.

For carrying out a comprehensive relationship review between taxation and pattern of smoking amongst males and females it is of outmost necessity that research studies around these themes be carried out so that effective smoking control measures can be implemented.

²⁶ Population-Based Strategies for Controlling the Tobacco Epidemic Among Women January 27, 2003 | Heather Selin

7. Conclusions

In order to manage the current spiraling situation of tobacco use in Pakistan more attention needs to be made to research and monitoring of the tobacco situation and ordinance that is already in place for tobacco control.

Pakistan is suffering from a dearth of research studies and data that can point out the severity of the current situation and that can help provide and help reach conclusions on how to control the tobacco endemic in Pakistan. Until and unless the necessary literature is available it would be difficult to come up with the right policies or to implement them properly.

Because there is a lack of significant qualitative and quantitative data, the ordinances made in Pakistan lack proper control measures for the diversity of population. Therefore the ordinances and tobacco control programs do not take into account various aspects of diversity like gender, socio-economic status and educational level of old and new tobacco users. Since pattern studies are missing therefore proper implementation of policies and ordinances is not possible.

Furthermore the Government does not take tobacco control seriously as the current Health Policy 2002 does not contain tobacco control at all. Furthermore no allocation in the budget has ever been allocated to safeguard the health of non-smokers or to help smokers quit smoking. The government only spent US\$20,000 on tobacco control last year while the tobacco companies spent millions of dollars on publicity.

Monitoring the activities of tobacco companies should also be undertaken so as to counter act their various initiatives with counter measures as well as to assess when and where they are breaking the law.

A comprehensive tobacco control policy and program should be undertaken by the government that is based on thorough research studies. The gender aspect of all laws is missing and the laws do not take into account the separate identity, needs and requirements of both sexes and the tobacco control laws in Pakistan are unisex in nature.

8. Recommendations

The following recommendations can make the tobacco control efforts in Pakistan more effective. These recommendations have been developed after a thorough study of the available literature on Pakistan and the rest of the world as well as special studies undertaken for this particular project. It is foreseen and hoped that the following recommendations can help Pakistan develop and implement the tobacco ordinance, policy and programs in a much more effective and practical manner.

8.1 Research

1. Initiate national programs that solicit research proposals for better understanding of tobacco control
2. Develop a method of systematic tobacco control research that is based on evaluating the effectiveness of the current ordinance on tobacco control.
3. Ensure the inclusion of sex, gender and socio-economic status variables in all research on tobacco ordinance.
4. Develop programs to measure the changing trends in new tobacco users.
5. Carryout research that evaluate the real price of tobacco products in Pakistan.
6. Carry out and encourage research that includes both quantitative and qualitative aspects of tobacco control programs

8.2 Monitoring and Evaluation

1. Develop and undertake new measures for monitoring and evaluation of tobacco control programs and ordinances.
2. Initiate monitoring of impact on tobacco control ordinance on the current health and socio-economic status of smokers and their immediate families.
3. Launch programs that individually undertake monitoring and evaluation of separate sections in the tobacco control policy based on gender, sex, age and socio-economic status of the smokers
4. Based on the monitoring and evaluation results of the tobacco control ordinances develop a new policy that is based on thorough research for tobacco control and which takes gender, sex, age and socio-economic status of smokers and non-smokers into account.

8.3 Policy Implementation

1. Develop measures that initiate tobacco control efforts at all level of social life for example home, community etc.
2. Allocate the task of implementation of tobacco control programs to one implementation agency. It makes it easier to hold one agency accountable for failure of policy implementation.

8.4 Gender

1. Develop new programs that aim at controlling the tobacco endemic amongst the female population in Pakistan
2. Develop a policy framework that makes it necessary to initiate the gender based analysis of all future policies and programs before they are implemented.

Annexure 1

1.1 Online Databases Used

SSRRN: Social Science Research Resources Network, EBSCO, Science Direct, BMJ and IDRC research database collection including Academic Search Complete, AGRICOLA, Business Source Premier, CAB Abstracts, Econlit, EIU Country Reports, ERIC, Fuente Academica, LISTA, MEDLINE, Public Affairs Index, Refworks, Scopus, SocINDEX, SCRIBD, TOC Premier and IDRC Research Library.

1.2 Keywords Used for Online Research

Gender and Tobacco, tobacco control, health impacts of tobacco, gender based analysis of tobacco, tobacco control in Pakistan, Pakistan tobacco programs, tobacco policy recommendations in Pakistan, tobacco in Pakistan, Rate of Smoking in Girls in Pakistan, Global Youth Tobacco Survey Pakistan, Consumption of Cigarettes in Pakistan, Pakistan tobacco Tax, Health Policy and Smoking in Pakistan, Health Policy of Punjab, Health Policy of KHYBER PAKHTOONKHAWA, Health Policy of Balochistan, Health Policy of Sindh, Tobacco laws in Pakistan, SROs, Monitoring reports on tobacco control, Pakistan Tobacco Control Cell, Tobacco Studies in Pakistan, Male and female cigarette use data, Tobacco use and attitudes, MPOWER, tobacco prevalence among pregnant women, ETS and pregnant women, tobacco use in schools, tobacco use in colleges, tobacco use in universities, tobacco companies in Pakistan, tobacco growers of Pakistan, Pakistan Tobacco Board, tobacco use by minors, cigarette use by minors, smoking by minors and cultivation of tobacco in Pakistan.

Annexure 2

2.1 Experimental Literature

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2nd report Monitoring of the Ordinance on Tobacco Control LXXIV (2002);

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2.2 Contextual Literature

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