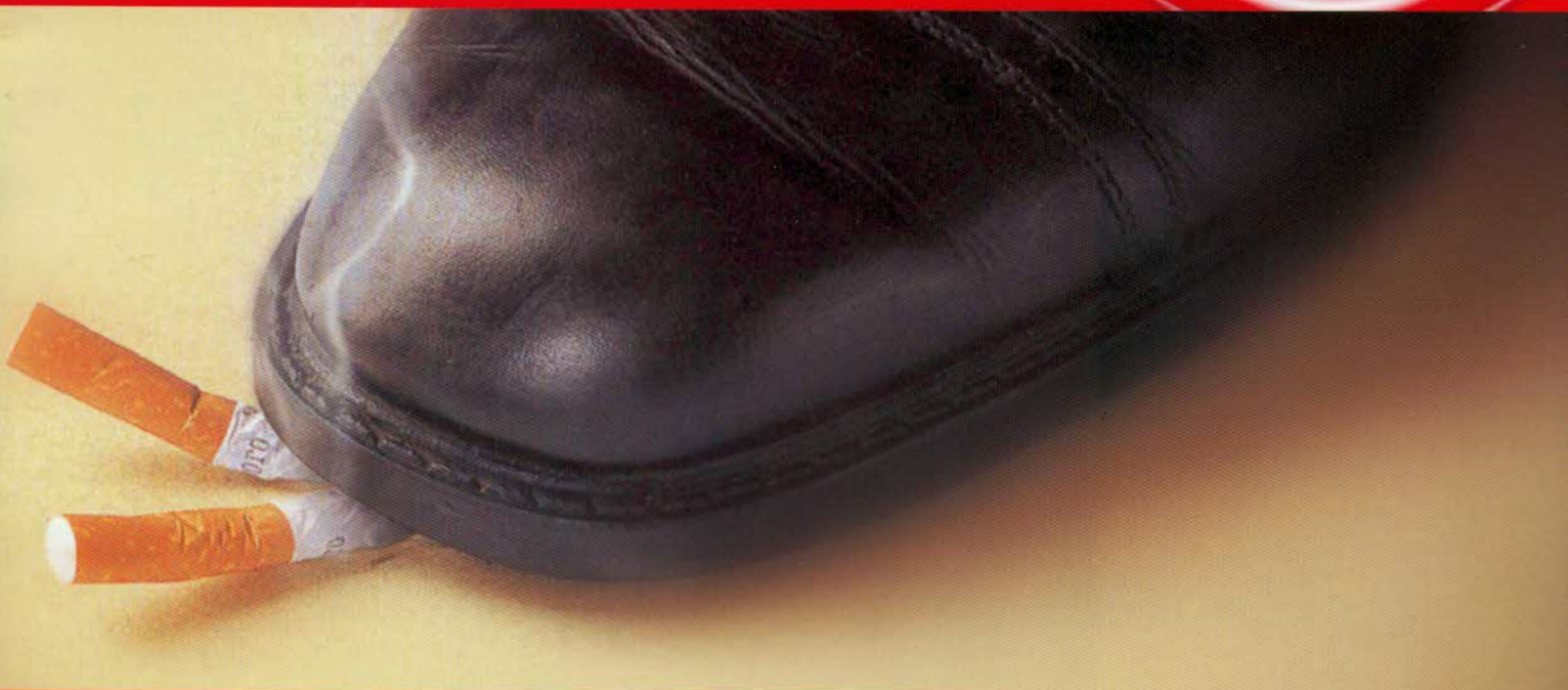


Tobacco Free Pakistan

A FACT-FILE



World Health
Organization




TheNetwork
for Consumer Protection

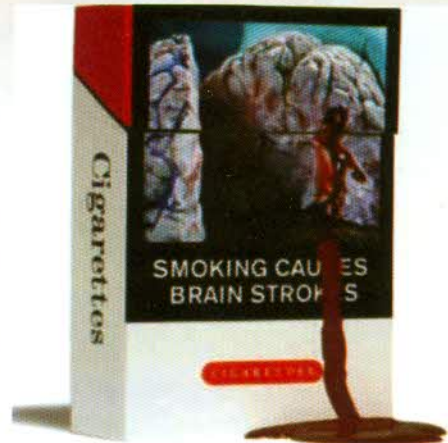
Global Tobacco Epidemic

- Tobacco is the single largest preventable cause of death.
- Tobacco is the only legally available consumer product that kills people when it is used entirely as intended.
- Tobacco epidemic killed 100 million people worldwide, in the 20th century. (WHO Report on the Global Tobacco Epidemic, 2008)

Tobacco kills more than 5 million people each year worldwide

(WHO Report on the Global Tobacco Epidemic, 2009)

- One billion estimated deaths will occur during the 21st century worldwide because of tobacco use. (WHO Report on the Global Tobacco Epidemic, 2008)
- By 2030 more than 80% of the world's tobacco-related deaths will be in low and middle-income countries. The tobacco industry aggressively markets to youth and women to tap this potential new market.



Impact of Tobacco in Pakistan

- 5000 Pakistanis are admitted to hospital every day because of tobacco-related illnesses.
- 55% of Pakistani households have at least one smoker.
- The youth are being targeted by the tobacco industry for recruitment as "replacement smokers".
- 1200 Pakistani children between ages 6 and 15 begin smoking every day.

Tobacco kills 274 Pakistanis everyday!

(Pakistan Health Education Survey, 1999)

- In Pakistan, the ratio between young urban male and females smokers has shrunk from 4:1 in 1996 to 2:1 in 2003, i.e. the percentage of female smokers is increasing.
- Apart from cigarettes and cigars, tobacco is used in other forms like 'beeris' (hand rolled cigarettes), 'huqqa', 'sheesha' (water-pipe) and chewing tobacco (naswar, qiwam). All these are also a cause of mouth cancer.



Health Hazards of Tobacco Use

- Tobacco causes 18 types of cancer, heart disease, strokes and in addition to many other diseases.
- World-wide, tobacco use is responsible for:
 - o 90% of all lung cancers deaths
 - o 20% of all other cancer deaths
 - o 25% of cardiovascular disease
- Diseases caused by tobacco use are:
 - o **Cancers:** Bladder, Cervix, Kidney, Larynx, Lung, Mouth, Pancreas, Throat
 - o **Cardiovascular:** Aortic aneurysm, Cardiovascular Disease, Stroke, Sudden Cardiac Death
 - o **Respiratory:** Asthma, Bronchitis, Chronic Obstructive Pulmonary Disease, Decreased Pulmonary Function, Emphysema
 - o **Reproductive:** Miscarriage/Spontaneous Abortion, Premature Babies, Reduced Fertility, Impotence
 - o **Neonatology:** Lower Birth Weight, Sudden Infant Death Syndrome (SIDS)
 - o **Endocrine:** Early Menopause, Irregular Menstrual Bleeding, Premature Wrinkling and Aging



**Cigarettes contain more than 4,000 chemicals;
69 of these are known to cause cancer**

- Smoking restricts arteries: this leads to impotence in males and wrinkling of the face in smokers, as early as the age of 20.
- Nicotine is a highly addictive drug, which, when inhaled, reaches the brain faster than any injectable drug, including heroin.

Smoking is an “addiction” and not just a “habit”
(World Health Organization)

Hazards of Passive Smoking (Second-hand Smoke)

- Passive smoking is the inhalation of smoke from tobacco products used by others.
- All people have a fundamental right to breathe clean air.
- There is no safe level of exposure to second-hand smoke.
- It is scientifically proven that exposure to second-hand tobacco smoke causes death, disease and disability.

Globally second-hand smoke kills 600,000 people each year

(WHO Report on the Global Tobacco Epidemic, 2009)

- Second-hand smoke exposure increases the risk of coronary heart disease by 25–30% and the risk of lung cancer in non-smokers by 20–30%.
- Spending two hours in a smoky office is equal to smoking four cigarettes.
- Spending two hours in the non-smoking section of a restaurant is equal to smoking two cigarettes.
- Living 24 hours with a person who smokes one packet of cigarettes a day is equal to smoking three cigarettes.
- Unlike most public health hazards, second-hand smoke exposure is easily preventable.
- Smoke-free indoor environments are proven, simple approaches that prevent exposure and harm.
- Second-hand Tobacco Smoke is as harmful as smoking itself.

Government of Pakistan has declared all public places as completely smoke free. "Designated Smoking Areas" in public places are now illegal according to SRO 51 (KE)/2009

Sheesha or Water-Pipe

- Sheesha smoke causes lung cancer, heart disease and other diseases.
- Sheesha is not a safe alternative to cigarettes.

A typical one hour long sheesha smoking session involves inhaling 100-200 times the volume of smoke inhaled through a single cigarette

- Heat sources applied to burn tobacco in sheesha (wood cinders, charcoal) increase health risks due to their own cancer causing chemicals.
- Sharing of a sheesha mouthpiece poses a serious risk of transmission of diseases like TB and hepatitis.
- Filtering through water does not make sheesha smoke safer.



Gutka / Paan

- In Pakistan the preparation of nut with or without betel leaf is commonly referred to as paan.
- It is also sold in ready-to-chew pouches called "Pan Masala" or supari, as a mixture of many flavors whose primary base is areca nut crushed into small pieces.



Pakistan currently tops the list of incidence of mouth cancer due to the excessive use of gutka & paan masala

- Paan Masala with a small quantity of tobacco and other ingredients is called gutka.
- Gutkha and Paan masala have been strongly implicated in the recent increase in the incidence of oral submucous fibrosis, especially in the very young. This condition may result in cancer.
- People who use paan and gutka increase their risk of getting cancer of the lips, mouth and throat.
- These forms of smokeless tobacco also damage gum tissues. They may lead to tooth disease and cause teeth to fall out.

What is in a cigarette?

- Each cigarette contains around 4,000 chemicals, many of which are known to be toxic.
 - o Acetone - widely used as a solvent, for example in nail polish remover
 - o Ammonia - found in cleaning fluids
 - o Arsenic - a deadly poison, used in insecticides
 - o Formaldehyde - used to preserve dead bodies
 - o Cadmium - a highly poisonous metal used in batteries
 - o Shellac - becomes a wood varnish when mixed with a form of alcohol
 - o Benzene - used as a solvent in fuel and chemical production
 - o Cyanide - a deadly poison
- **Tar** – a mixture of chemicals (including formaldehyde, arsenic and cyanide). About 70 per cent of the tar is left in smokers' lungs, causing a range of serious lung conditions, including TB.
- **Carbon monoxide (CO)** - an odorless, tasteless and poisonous gas; makes breathing more difficult as it combines with the blood that carries oxygen around the body. Up to 15 per cent of a smoker's blood may be carrying CO instead of oxygen, making the heart work harder, and potentially leading to heart disease and circulation problems.
- **Nicotine** – one of more than 4,000 chemicals found in the smoke of tobacco products such as cigarettes, cigars, and pipes, is the primary component in tobacco that acts on the brain.
Nicotine is recognized as an addictive substance.



“Prohibition of Smoking and Protection of Non- Smokers Health Ordinance, 2002” and Rules made under this Law.

Penalties (Section 11)

On violation of Section 5, 6 & 10

- First offence - Fine up to Rs.1000
- Subsequently - Fine not less than Rs.1,000 and up to Rs.100,000

On violation of Section 7, 8 & 9

- First offence - Fine up to Rs.5,000
- Subsequently - Fine not less than Rs.100,000 or imprisonment up to three months or both

- Section 12 empowers any authorized officer or a police officer (sub-inspector or above) to eject any person from any place of public work or use who contravenes the provisions of this Ordinance

- Magistrate of first class is to take cognizance of any offence under this Ordinance on a complaint in writing by an authorized officer with respect to an offence under section 5, 6 and 10 and on a report in writing by a police officer, not below the rank of sub-inspector, with respect to an offence under section 7, 8 and 9. (Section 13)

Authorized Persons

In Section 2(b), Authorized Officer = Authorized Person: Authorized persons, listed below, are authorised by law to

- (a) 'eject' persons who violate the law and
- (b) file a complaint in writing before a magistrate of the first class.

However, please note that in certain cases, there are limits set on the places with regard to which authorized persons are allowed to take these two actions.

Section 4 and S.R.O. 654 (I)/2003

The Federal Government is pleased to authorize and declare the following persons to be competent to act under the provisions of this Ordinance:

- a) Members Parliament and Provincial Assemblies in respect of sections 5, 6, 10, 12 and 13;
- b) District, Tehsil and Union Council Nazims and Deputy Nazims and councilors in respect of sections 5, 6, 10, 12 and 13;
- c) All officers in BPS-20 and above, in the places under their jurisdiction in respect of sections 5, 6, 10, 12 and 13;
- d) All Police Officers of the rank of Sub-Inspector and above in respect of sections 5, 6, 7, 8, 9, 10, 12 and 13;
- e) heads of the educational institutions, in respect of the school or the institution in respect of sections 5, 9, 10, 12 and 13;
- f) public transport, bus and wagon drivers and conductors, in respect of the violators in the vessel in respect of Sections 6, 12 and 13;
- g) train driver and conductor guards, in respect of the train in respect of sections 6, 12 and 13;
- h) managers of airport lounges, waiting rooms, at railway stations and bus stops in respect of sections 5, 10, 12 and 13;
- i) all crew members aboard an aeroplane in respect of sections 5, 6, 12 and 13;
- j) managers of establishments, where services are provided to the public in respect of sections 5, 10, 12 and 13;
- K) heads of hospital and other health care establishments in respect of sections 5, 10, 12 and 13;

Framework Convention on Tobacco Control (FCTC)

- FCTC is a multifaceted international legal instrument designed to reduce tobacco related deaths and disease around the world.
- The world's first public health treaty, unanimously adopted by all the 192 member states of WHO, including Pakistan.
- Pakistan signed and ratified FCTC in 2004.
- The FCTC addresses various diverse issues linked to tobacco control and takes a holistic view in promoting a range of measures.
- Implementation of the FCTC can act as a catalyst for strengthening national tobacco control legislation and programmes.
- As a signatory to FCTC, it is mandatory for Pakistan to develop and implement multi-sectoral national tobacco control strategies, plans and programs in accordance with FCTC and its protocols. Given below are its highlights.

Article No

5 General Obligations: Each Party shall:

- develop national strategies and program for comprehensive tobacco control program and
- establish or reinforce and finance a national coordinating mechanism or focal point for tobacco control.

6 Price & Tax measures to reduce the demand for Tobacco:

- Raising prices through tax increases and other means.
- Prohibit or restrict duty-free sales of tobacco products.

7 Non-price measures to reduce the demand for Tobacco

- Adapt and implement effective legislative, executive, administrative or other measures necessary to implement its obligations pursuant to Articles 8 to 13.

8 Protection from exposures to tobacco smoke:

- Measures to protect nonsmokers from tobacco smoke in public places.

9 Regulation of the contents of tobacco products:

- Measures for testing and measuring, and regulation.

Framework Convention on Tobacco Control (FCTC)

10 Product Regulation & Ingredient Disclosure:

- Measures for public disclosure of information about the toxic constitution of the tobacco products and the emissions that they may produce.

11 Packaging and Labeling:

- Not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions.
- Health warnings describing the harmful effects of tobacco use, and may include other appropriate messages. These warnings and messages:
 - i. approved by the competent national authority,
 - ii. rotating,
 - iii. large, clear, visible and legible,
 - iv. 50% or more of the principal display areas but shall be no less than 30%,
 - v. include pictures or pictograms.

FCTC develops a global response to a global killer and acts as a catalyst for strengthening national tobacco control legislation program

12 Education, communication, training and public awareness:

- Access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke, and benefits of tobacco cessation.
 - i. Public access, in accordance with national law, to a wide range of information on the tobacco industry as relevant to the objective of this Convention;
 - ii. Effective and appropriate trainings or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons;
 - iii. Public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption with participation of public and private agencies.

13 Advertising, Promotion and Sponsorship:

- The FCTC requires all Parties to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship within five years of ratifying the treaty. Countries with constitutional constraints are required to restrict advertising, promotion and sponsorship, including cross-border advertising.

Framework Convention on Tobacco Control (FCTC)

14 Demand reduction measures concerning tobacco dependents and cessations:

- Each country shall initiate measures to promote cessation of tobacco use and adequate treatment for tobacco dependents.

15 Illicit trade in tobacco products

- The Parties recognize that the elimination of all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing and counterfeiting, and the development and implementation of related national law, in addition to sub regional, regional and global agreements, are essential components of tobacco control.

16 Sales to and by minors

- Parties shall prohibit the sale of tobacco products to persons under the age set by national law, or eighteen years.

Governments all over the world are introducing strong policies backed by legislation to control the tobacco epidemic and save children, adolescents and youth from becoming tobacco addicts

- Parties shall prohibit or promote the prohibition of the distribution of free tobacco products.

17 Provision of support for economically viable alternative activities:

- Parties shall, in cooperation with each other and competent international and regional organizations, promote, as appropriate, economically viable alternatives for tobacco workers, growers, as the case may be, individuals sellers.

18 Protection of the environment and health of the persons:

- The parties agree to have due regard to the protection of the environment and the health of persons in relation to environment in respect of tobacco cultivation and manufactures within their respective territories.

19 Liability:

- The Parties agree to consider legislative and litigation approaches to advance tobacco control objectives. Parties also agree to cooperate with one another in tobacco-related legal proceedings.

Framework Convention on Tobacco Control (FCTC)

- 20 Research, Surveillance and Exchange of Information:**
- The parties shall initiate research and scientific assessments and encourage researches that address the determinants and consequences of tobacco conceptions and exposures to tobacco smoke as well as research for identification of alternative crops.
- 22 Cooperation in the scientific, technical, legal fields and provision of related expertise:**
- Each country shall cooperate directly or through competent international bodies to strengthen their capacity to fulfill the obligations arising from this Convention, taking into account the needs of developing country Parties and Parties with economies in transition. Such cooperation shall promote the transfer of technical, scientific and legal expertise and technology, as mutually agreed, to establish and strengthen national tobacco control strategies, plans and programmes.

Taxation and Pricing: A measure to reduce tobacco use

- The economic cost of tobacco-related deaths imposes a particular burden on the developing world, where four out of five tobacco deaths will occur by 2030.
- The net economic effect of tobacco deepens poverty.
- For the poor, money spent on tobacco means money not spent on basic necessities such as food, shelter, education and health care.

The most effective way to reduce tobacco use is to raise the price of tobacco through tax increases and ensure that the increases are reflected in prices
(WHO)

- Higher prices discourage youth from initiating cigarette smoking and encourage current smokers to quit.
- ☠ A 70% increase in the price of tobacco could prevent up to a quarter of all

Higher prices generate extra government revenue
(WHO)

smoking-related deaths worldwide. (WHO)

- Studies from many countries proved that significantly increasing tobacco taxes can result in increase in revenue despite a decline in tobacco consumption.
- Increasing tobacco taxes by 10% generally decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries, while tobacco tax revenues increase by nearly 7%.
- Higher taxes do not increase smuggling.
- All tobacco products should be taxed similarly.
- Taxes on cheap tobacco products should be equivalent to products that are more heavily taxed, such as cigarettes, to prevent substitution in consumption.
- In South Africa, every 10% increase in excise tax on cigarettes has been associated with an approximate 6% increase in cigarette excise revenues.

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

Comprehensive Ban on Tobacco Advertisement: Another measure to reduce tobacco use

- In developing countries, the tobacco industry pressurizes governments to block marketing restrictions.
- Widespread tobacco advertising “normalizes” tobacco, depicting it as being no different from any other consumer product.
- Tobacco advertising makes it difficult for people to understand the hazards of tobacco use.
- A comprehensive ban on advertisement and promotion of tobacco products is a powerful weapon against the tobacco epidemic.
- To be effective, a ban must be complete and apply to all marketing and promotional categories.

Studies from countries, having comprehensive ban on tobacco advertisement, proved reduction in smoking prevalence by:

- 9% in Norway
- 7% in France
- 6.7 % in Finland
- 4% in Canada

- Many other countries have imposed a comprehensive ban on tobacco advertisement. Some of them are India, Iran, Malaysia, Qatar, Hong Kong, Ireland and Cyprus.

Tobacco and Poverty

- Tobacco cultivation and curing also degrade the natural environment, because of heavy use of pesticides and large amounts of fuel wood to 'cure' tobacco.
- Tobacco's contributions to the economy (through employment and government tax revenues) are outweighed by its costs to households, to public health, to the environment and to national economies.

Tobacco increase the poverty of individuals and families

- The large tobacco companies earn billions of dollars, but the important question is: "Who pays, and who benefits most?"
- In the case of the poorest households, where a significant portion of income is devoted to food, expenditures on tobacco can mean the difference between an adequate diet and malnutrition.
- Given high rates of malnutrition in low-income countries and the aggressive marketing of tobacco products, the use of tobacco by the poor constitutes a serious challenge to human development.

Success Stories of Pictorial Health Warnings:

Communication of health risks

Brazil:

- More than half (54%) of smokers changed their opinion on the health consequences of smoking as a result of the warnings.

Canada:

- More than half (58%) of smokers thought more about the health effects of smoking as a result of the warnings.

Singapore:

- More than two thirds (71%) of smokers said they knew more about the health effects of smoking as a result of the warnings.

Thailand:

- Four out of five young people (aged 13-17) (81%) and more than half of adult smokers said the new pictorial warnings made them think more about the health impact of smoking.

Quitting or cutting down

Brazil:

- Two thirds of smokers (67%) said the warnings made them want to quit.

Canada:

- Nearly half of smokers (44%) said the warnings had increased their motivation to quit.

Singapore:

- More than one quarter of Smokers (28%) said they consumed fewer cigarettes as a result of the warnings.

Thailand:

- Nearly half (44%) of smokers said the pictorial warnings made them "a lot" more likely to quit over the next month.

And Now Pakistan! All cigarettes will be sold in packets that carry a pictorial health warning issued by the Ministry of Health, Government of Pakistan. All cigarettes manufacturers and importers must comply.



Knowing is not enough;
we must apply.
Willing is not enough;
we must do.

For information, please contact:
Tobacco Control Cell, Ministry of Health
Shan Plaza, Fazal-e-Haq Road
Blue Area, Islamabad, Pakistan.
Tel: +92-51-9213961-2
Email: Info@tcc.gov.pk URL: www.tcc.gov.pk