



# Knowledge Brief

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## Tobacco in Transition: Global Practices, Regional Insights, and Pakistan's Policy Imperative

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### Executive Summary

Tobacco use in Pakistan continues to pose a serious challenge to public health and the national economy. While Pakistan ratified the WHO Framework Convention on Tobacco Control (FCTC) in 2004 and later launched the National Tobacco Control Strategy (2022–2030) (Ministry of National Health Services, Regulations and Coordination, 2022), the implementation of these measures has been inconsistent. This brief examines the current status of tobacco control efforts in the country, evaluates them in light of global and regional practices, and offers realistic, evidence-based policy suggestions. Findings highlight persistent issues such as weak enforcement, a complicated tax system, an unregulated smokeless tobacco market, and insufficient cessation programs. To lessen the country's growing health and economic burden from tobacco, it is vital to streamline the tax framework, strengthen and align regulations, and adopt a harm reduction strategy built on scientific evidence.

### 1. Introduction: The Burden of Tobacco in Pakistan

Tobacco use has been a serious problem in Pakistan for a long time. Every year, it takes thousands of lives and adds more pressure to a healthcare system that's already struggling to keep up. The World Health Organization (2023) reports that around 164,000 people in Pakistan die each year because of tobacco-related diseases. But the harm isn't just to people's health it's hitting the economy hard too. Pakistan loses almost PKR 700 billion every year, roughly 1 percent of its GDP, through medical costs and lower work productivity (PIDE, 2022). Over the past decade, these losses have gone up by about 31 percent, showing how weak and inconsistent policies have failed to tackle the issue. Just imagine if even a small part of that

money went toward improving schools, hospitals, or social programs it could make a huge difference in people's lives.

Although the government has tried to control tobacco use, progress has been slow. Without stronger action, Pakistan will continue to struggle in reaching its bigger goals better health, less poverty, and a stronger, more developed society.

## 2. Tobacco Control Policy in Pakistan and the Implementation Gap

Pakistan has developed a clear policy and legal framework for tobacco control. It has signed the WHO Framework Convention on Tobacco Control (FCTC) and launched the National Tobacco Control Strategy (2022–2030). However, translating these commitments into consistent action remains a major challenge. The gap lies in uneven enforcement, weak regulation of smokeless tobacco, and inefficiencies in the tax system.

- **Uneven Enforcement:** Tobacco laws are applied disparately across provinces, creating regulatory loopholes and weakening national efforts.
- **Smokeless Tobacco (SLT) Regulation:** Products such as naswar and gutka are widely consumed, particularly among men and youth, yet remain largely outside the regulatory purview, representing a critical oversight in public health policy.
- **Taxation Inefficiencies:** While recent IMF-driven tax hikes reduced cigarette sales by an estimated 20–25%, the multi-tiered excise tax system keeps budget brands affordably priced, undermining public health objectives. Furthermore, e-cigarettes and other novel products lack a specific tax framework.
- **Illicit Trade:** The implementation of a track-and-trace system has been initiated but suffers from incomplete digital integration, limiting its effectiveness in curbing smuggling and illegal sales, which account for an estimated one-third of the market.
- **Inadequate Cessation Support:** Access to quitting support remains extremely limited in Pakistan. This reflects a broader pattern across low- and middle-income countries, where few nations offer cost-covered cessation services or national quit lines. As shown in Table 1, only a small proportion of these countries provide both nicotine replacement therapy (NRT) and counseling that are publicly funded (World Health Organization, 2025).

Table 1. Availability and Coverage of Tobacco Cessation Services by Country Income Level

Income Group	National quit line, both NRT and some cessation services cost-covered (%)	NRT and/or some cessation services, at least one cost-covered (%)	NRT and/or some cessation services, neither cost-covered (%)	None (%)	Data not reported (%)
High-income	18	39	4	3	0
Middle-income	12	58	18	17	0
Low-income	1	5	7	12	1

Source: World Health Organization, Report on the Global Tobacco Epidemic, 2025.

Note: The table shows the proportion of countries offering cessation services, including nicotine replacement therapy (NRT) and counseling, and whether these services are cost-covered across income groups.

### 3. Global and Regional Models in Tobacco Regulation

Global experience makes one thing clear: effective tobacco control only works when there’s steady political will, simple and practical rules, and strong follow-through. A number of countries have shown what this looks like in action and their examples hold useful lessons for Pakistan.

In Sierra Leone, the Tobacco and Nicotine Control Act passed in 2022 was a major step forward. It banned smoking in indoor public spaces, required large graphic health warnings on cigarette packs, and outlawed all forms of tobacco advertising. What made this reform stand out was the groundwork behind it a national “Investment Case for Tobacco Control” that spelled out how enforcement could improve both public health and the economy. That evidence helped win political backing and pushed the law through parliament (World Health Organization, 2023).

Uzbekistan’s story is one of persistence. Over nearly thirty years, the government kept tightening smoke-free laws, extending them from public offices to restaurants and public transport. In 2023, it went a step further with Law No. ZRU-844, which not only strengthened enforcement but also brought new products like e-cigarettes and snus under regulation. Steady attention to policy, combined with strong advocacy from civil society, gradually changed public attitudes and improved compliance (WHO, 2025).

In the regional context, India shows how even the strongest laws can fall short if they aren’t enforced well. The country requires 85 percent pictorial warnings on cigarette packs and banned e-cigarettes under the 2019 Act. Yet tobacco use still claims over 1.35 million lives every year and drains about 1.16 percent of its GDP (WHO, 2021; GATS India, 2016). The lesson here is that good legislation is only half the battle real success depends on consistent enforcement and continued help for people who want to quit.

For Pakistan, these experiences underline a simple truth: laws alone won’t solve the problem. Progress will depend on how well they are enforced, how coordinated fiscal policies are, and how much support is given to those trying to stop smoking. Experience from other countries also shows that carefully regulating safer alternatives without marketing them can help reduce the harm caused by tobacco. When policies are based on clear evidence and applied consistently, harm reduction becomes a realistic part of the solution. Learning from these examples can help Pakistan strengthen its National Tobacco Control Strategy (2022–2030) and close the persistent gap between policy and practice.

**Table 2: Global Models in Harm Reduction and Regulation**

Country	Notable Strategy	Outcome and Relevance for Pakistan
United Kingdom	Regulation of vaping and e-cigarettes within the national tobacco control framework	Evidence from Public Health England and the UK Health Security Agency shows that vaping has helped adult smokers quit and is much less harmful than smoking. The key lesson for Pakistan is to explore harm reduction within a strong regulatory setup.
Sweden	Widespread use of low-risk products such as snus	Daily smoking rates dropped to 5.6 percent in 2022, the lowest in the European Union. This shows the benefit of allowing low-risk products under strict rules (Smokefree Sweden, 2023).
New Zealand	“Smoke-free Generation” law and a mandate to reduce nicotine content	Adult daily smoking fell to 8 percent in 2021–22, the lowest level ever recorded. The approach shows the impact of comprehensive, equity-focused policies (New Zealand Ministry of Health, 2022).

Sources: Public Health England (2021); Smokefree Sweden (2023); New Zealand Ministry of Health (2022).

## 4. South Asia's Tobacco Control Landscape

Across South Asia, most countries have laws to control tobacco, but their enforcement and impact differ sharply. The region shows progress on paper but uneven results in practice.

**India** has one of the toughest policy frameworks. It requires 85 percent pictorial warnings on cigarette packs and has banned e-cigarettes since 2019. Yet tobacco still kills more than 1.35 million people every year and costs the economy around 1.16 percent of GDP (WHO, 2021; GATS India, 2016). The gap between law and action remains wide, mainly due to enforcement challenges and weak cessation support.

**Bangladesh** aims to become tobacco-free by 2040. The goal is ambitious, but the country struggles with a complicated tax system that keeps low-cost products within reach. Tobacco causes about 161,000 deaths annually, with an estimated loss of USD 3.6 billion to the economy (WHO, 2022). A simpler, higher tax structure could make a real difference.

**Sri Lanka** has made strong moves on packaging and advertising. It enforces 80 percent pictorial warnings and bans all smokeless tobacco. Still, about 20,000 lives are lost each year, and tobacco-related diseases cost over LKR 89 billion (Amarasinghe et al., 2018; Movendi International, 2023). Enforcement remains uneven, especially against illicit trade.

**Nepal** will require 100 percent pack warnings by 2025, a regional first. Even so, tobacco kills more than 27,000 people a year, and health costs continue to rise (WHO, 2022). Limited public resources make it hard to sustain prevention and quitting programs.

Together, these cases show a clear pattern. South Asian countries have strong laws but weak follow-through. Taxes are complex, enforcement is patchy, and quitting support is limited. Pakistan fits this regional picture. Its policies are sound, but enforcement is inconsistent, low-cost cigarettes remain available, and smokeless tobacco remains outside regulation. Turning written commitments into real outcomes will require stronger coordination and investment at both national and provincial levels.

The regional comparison indicates that clear, consistent, and uniformly enforced regulations are most effective. As compiled from various national policy reviews, the regional landscape shows:

Global	Regional (South Asia)	Pakistan
Smoking Down	Advances with Gaps	Smoking stagnant
Revenue Protected	Fiscal losses	Huge costs
Strong Enforcement	Patchy enforcement	Weak enforcement
Public Health gains	Health burden grows	160,000+ deaths yearly

Global and regional lessons make clear: Pakistan saves lives and revenue if it enforces smarter, simpler and harm-reduction-driven policies.

Source: Global, regional, and Pakistan tobacco control landscape (author's compilation from WHO, UNDP, and national policy sources cited above).

Experience from around the world and within the region shows a clear pattern. Countries that keep their tobacco control policies straightforward, consistent, and grounded in solid evidence tend to see real improvements in public health and in their economies. Pakistan can take direct lessons from these examples by tightening enforcement, applying fair and balanced taxes, and paying closer attention to the regulation of smokeless tobacco products. Aligning national efforts with what has already proven effective elsewhere, while keeping local conditions in mind, could turn Pakistan’s tobacco control strategy into one that produces real, lasting results.

## 5. Analysis: The Core Challenges in Pakistan’s Tobacco Control Approach

Pakistan’s struggle with tobacco control isn’t about having too few laws, it’s about weak policy design and uneven enforcement. Each province applies the rules in its own way, leaving gaps that make it easier for illicit trade to grow. The World Health Organization’s (2025) data show this isn’t unique to Pakistan; many low- and middle-income countries face the same problem, falling well behind wealthier nations when it comes to enforcing smoke-free laws.

**Table 3. Global Implementation of Smoke-Free Laws by Country Income Level**

<b>Income Level</b>	<b>Full Smoke-Free Coverage (%)</b>	<b>Partial Coverage (6–7 Places) (%)</b>	<b>Limited Coverage (3–5 Places)(%)</b>	<b>Minimal or No Ban (%)</b>
<b>High-income</b>	26	7	15	16
<b>Middle-income</b>	43	14	24	24
<b>Low-income</b>	10	2	3	11

Source: World Health Organization, Report on the Global Tobacco Epidemic, 2025.

Note: The table shows the proportion of countries with comprehensive smoke-free laws by income level, reflecting differences in enforcement and policy coverage.

The data clearly show that countries with stronger governance and better enforcement tend to achieve higher compliance with tobacco control laws. At present, only about 10 percent of low-income countries have comprehensive smoke-free legislation, compared with 26 percent of high-income nations. This gap reflects broader institutional weaknesses and limited regulatory capacity in many developing countries, including Pakistan.

In Pakistan, enforcement is further undermined by a tiered tax structure that keeps cheaper cigarette brands easily accessible, particularly to young people. This affordability fuels youth addiction and weakens overall control efforts. Smokeless tobacco remains largely outside regulatory oversight, and no clear framework exists for managing safer alternatives.

Support for quitting is also limited, leaving many users without access to help when they want to stop. The consequences of these gaps are severe — rising health costs and long-term dependency. Evidence from the Pakistan Institute of Development Economics (PIDE, 2021) study “Burden of Diseases among Elderly in Pakistan” identifies tobacco-related illnesses as a major contributor to poor health among older adults. Another PIDE (2020) study, “Parental Smoking and Child Health,” finds that children exposed to parental smoking are at greater risk of negative health outcomes. Together, these findings underline tobacco’s intergenerational impact and highlight the urgent need for stronger enforcement, fair taxation reform, and accessible cessation support.

## 6. Implications for Policy

The analysis of the policy-implementation gap indicates that bridging it requires a multi-pronged, evidence-based strategy. The findings point toward several key implications.

### 1. Tax System Rationalization:

Evidence from around the world shows that raising tobacco prices is one of the most effective ways to cut consumption. In Pakistan's case, this highlights the urgent need to replace the current multi-tiered excise system with a single, high specific tax. Research by the Pakistan Institute of Development Economics (PIDE, 2022) supports this shift, noting that the existing setup marked by multiple tax tiers and frequent mini-budgets creates uncertainty and undermines both fiscal planning and economic stability.

PIDE (2022) also points out that the present system carries high compliance costs and sets unrealistic revenue goals. Moving toward a simpler, single-tier structure would make administration easier, close loopholes, and raise cigarette prices across all brands especially the cheaper ones most accessible to young people and low-income communities. This reform reflects the key principles of sound tax policy emphasized by PIDE (2022): fairness, clarity, and predictability, ensuring that no group shoulders an unequal share of the burden.

The revenue collected from higher tobacco taxes should be directed toward public health programs, turning tax reform into an investment in better health outcomes. This approach is particularly urgent as tobacco use remains a major driver of non-communicable diseases (NCDs) among Pakistan's aging population (PIDE, 2021).

### 2. Enhanced Enforcement and Regulatory Coherence

Differences in enforcement across provinces, along with the ongoing issue of illicit tobacco trade, make it clear that stronger and more coordinated action is needed. Thailand's experience offers an important reminder: when those responsible for implementing policies have easy access to clear and consistent information, enforcement goals are much more likely to be met (Action on Smoking and Health Foundation Thailand, 2017).

In practical terms, this translates into several key areas of action:

- **National coordination** must be strengthened so that tobacco control laws are applied evenly throughout the country, without leaving space for uneven enforcement or loopholes.
- **Digital track-and-trace systems** should be implemented to take full advantage of technology in identifying and limiting illicit trade, as global reports continue to recommend (WHO, 2023).
- **Smokeless tobacco regulation** should ensure that these products are no longer treated as exceptions but are brought under the same regulatory and taxation systems as other tobacco products to close a long-standing policy gap.

### 3. A Science-Based Harm Reduction Framework

For adults who smoke, taking a risk-proportionate approach could play a part in wider efforts to cut the harm caused by tobacco. Still, it only really works if people have access to real, practical help when they decide to quit. The World Health Organization (2025) has made it clear that electronic cigarettes "are harmful to health and are not safe." With that in mind, attention needs to stay on two main areas.

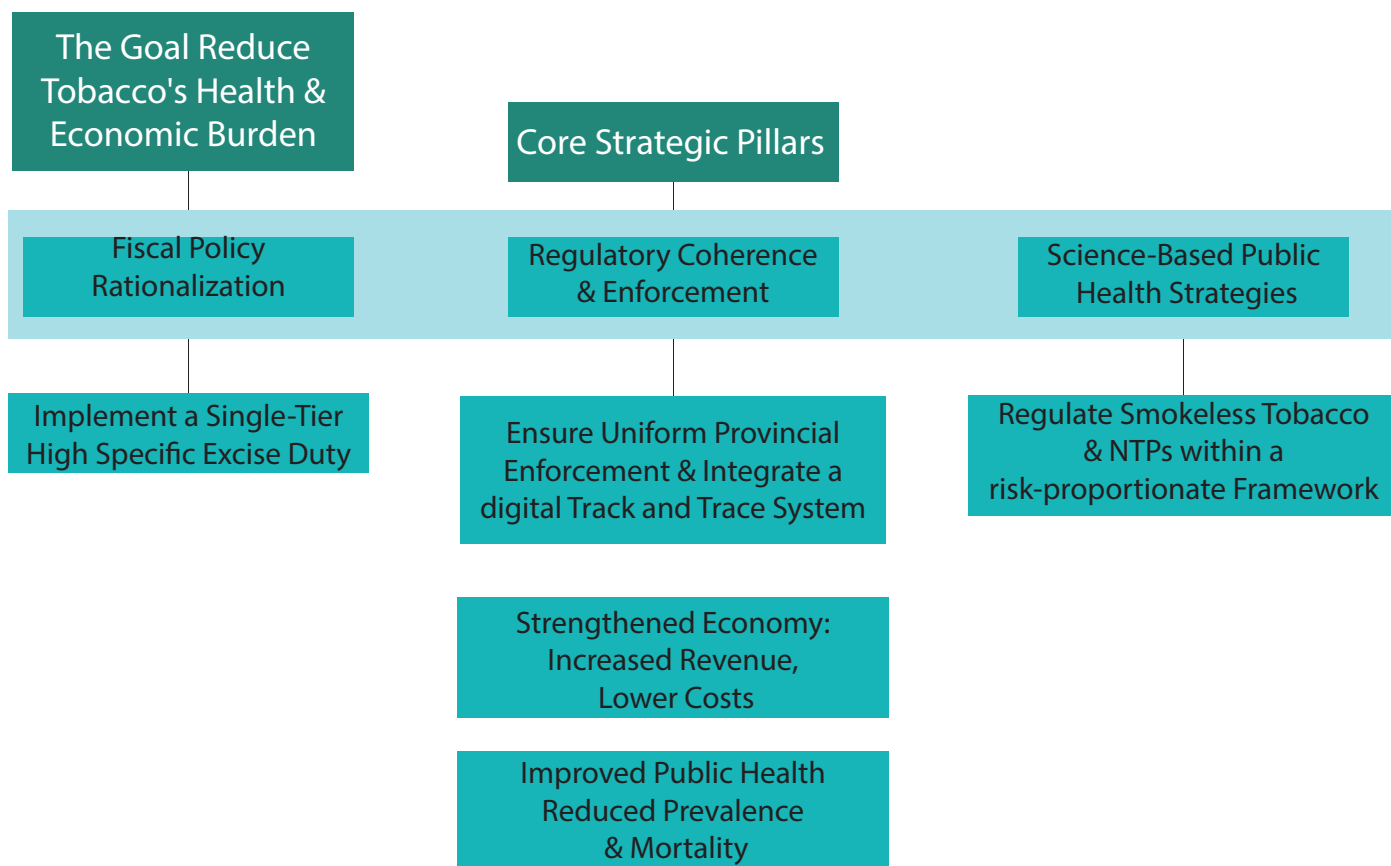
- **Expanding Support to Quit**

Across the country, there’s still a clear shortage of effective, evidence-based quitting services. Many smokers simply don’t have anywhere to turn when they want to stop, and that gap needs urgent attention. Making this kind of help easy to reach should be at the heart of national tobacco-control policy (WHO, 2024).

- **Enforcing Strong Regulations**

If alternatives to regular cigarettes are going to be discussed, they have to come under strict oversight. That means solid quality checks and tight limits on marketing specially to keep young people from getting caught up in them.

**Figure: Core Strategic Pillars for Tobacco Control in Pakistan**



Note. This figure synthesizes the three evidence-based strategic pillars: tax rationalization, enforcement coherence, and a science-based framework, derived from the analysis of national data and international evidence within this brief.

## 7. Conclusion

The analysis of the policy-implementation gap indicates that bridging it requires a multi-pronged, evidence-based strategy. The findings point toward several key implications. Tobacco keeps taking a serious toll on Pakistan. Its consequences are visible in the rising number of premature deaths, the growing pressure on hospitals, and the steady slowdown of economic growth. It’s not that Pakistan lacks sound policies or practical plans; the real problem is keeping up the political focus and follow-through needed to make them work. Meaningful progress will start with a few basic but important steps: fixing how tobacco taxes

are designed, helping different enforcement bodies work together more smoothly, and basing every rule on clear, credible science. If the country can stay committed to these goals, it could prevent thousands of early deaths and give the economy a real lift. But each year of inaction only adds to the suffering that families already endure and the costs the nation can hardly afford.

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