

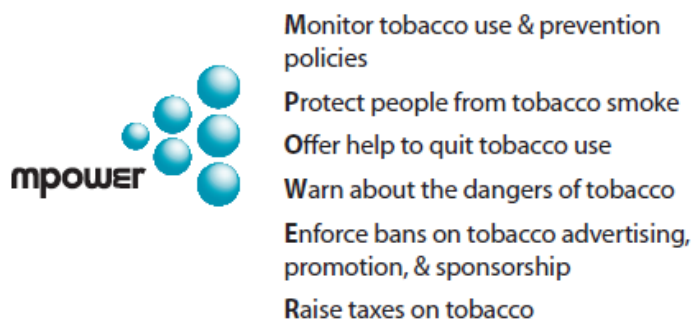
## EXECUTIVE SUMMARY

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The Global Adult Tobacco Survey (GATS) is the global standard for systematically monitoring adult tobacco use (smoking and smokeless) and tracking key tobacco control indicators. GATS Pakistan is a nationally representative household survey of non-institutionalized men and women aged 15 years and older. The survey was designed to produce internationally comparable data for the country as a whole, and by gender and place of residence (urban/rural).

GATS Pakistan was conducted by the Pakistan Bureau of Statistics (PBS) under the coordination of the Ministry of National Health Services, Regulations and Coordination (NHSRC). Technical assistance was provided by the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention (CDC). Financial support for survey was provided by Bloomberg Philanthropies.

GATS enhances a country's capacity to design, implement and monitor effective tobacco control programs and policies. It also fulfills Pakistan's obligations under the WHO Framework Convention on Tobacco Control (WHO FCTC), ratified in November 2004, to generate tobacco use data that are comparable within and across countries. WHO has identified a set of six evidence-based tobacco control strategies that are most effective in reducing tobacco use, known as MPOWER. These measures correspond to one or more of the demand-reduction measures included in WHO FCTC. The six proven strategies are:



## METHODOLOGY

GATS uses a standard survey protocol across countries. In Pakistan, GATS was conducted in 2014 as a household survey of persons 15 years of age and older, and was the first stand-alone survey on tobacco use. A multi-stage stratified cluster design was used to obtain nationally representative data. Survey information was collected using electronic handheld devices. A total of 9856 households were sampled, and one individual was randomly selected from each participating household to complete the survey. A total of 7,831 individuals completed interviews. The overall response rate, a combined household and person-level response rate, was 81.0%.

The survey collected information on background characteristics, tobacco use (smoking and smokeless), cessation, secondhand smoke exposure, economic indicators, exposure to tobacco advertising and promotion, as well as knowledge, attitudes and perceptions towards tobacco use.

## **TOBACCO USE**

In Pakistan, 19.1% (23.9 million) of adults (31.8% of men and 5.8% of women) currently (daily or less than daily) used tobacco products. Overall, 12.4% currently smoked tobacco. The prevalence of current tobacco smoking was 22.2% among men and 2.1% among women. Current tobacco smoking was higher in rural (13.9%) than in urban areas (10.0%). Among all current tobacco smokers, 11.5% were daily smokers and 0.9% were occasional (less than daily) smokers.

Almost 45% of current daily tobacco users (smokers and smokeless users) had their first tobacco product of the day within 30 minutes of waking up. Overall, daily cigarette smokers smoked an average of 13.6 cigarettes per day, with males smoking 13.7 and females smoking 10.3 cigarettes per day, respectively. The average age of daily smoking initiation among daily smokers (age 20-34 years) was 18.7 years.

Overall, 7.7% (9.6 million) of adults currently used smokeless tobacco products. The prevalence of current smokeless tobacco use was higher in rural as (8.2%) compared to urban areas (6.7%).

## **CESSATION**

Overall, among past-year tobacco smokers (current and former smokers who quit within past 12 months), 24.7% made a quit attempt in past 12 months. More past-year tobacco smokers in urban (33.6%) than in rural (20.5%) areas made a quit attempt. Education was positively associated with quit attempts, with past-year smokers with high school education or above having the highest prevalence of quit attempts (34.8%). Of the past-year smokers who visited a health care provider in the past 12 months, 51.8% were advised to quit smoking. Almost 1 in 2 (49.2%) past-year tobacco smokers attempted to quit without assistance in the past 12 months, while 22.3% of current smokers planned to or were thinking about quitting.

## **SECONDHAND SMOKE**

Among workers who usually worked indoors, or both indoors and outdoors, 69.1% were exposed to secondhand smoke (SHS) in the workplace in the 30 days preceding the survey. Almost half of adults (56.3 million) were exposed to SHS at home at least monthly. Over half of men and 45.7% of women were exposed to SHS at home. Among adults who visited each respective location in the past 30 days, 86.0% of adults (21.2 million) were exposed to SHS in a restaurant, 76.2% of adults (49.2 million) were exposed to SHS on public transportation, and 37.6% adults were exposed to SHS in a health care facility.

## **ECONOMICS**

Among current manufactured cigarette smokers, the most common purchase location for manufactured cigarettes was stores (90.4%), followed by street vendors (5.0%), kiosks (2.2%), and duty-free shops (1.7%). Among female cigarette smokers, 3.3% purchased cigarettes from another person, whereas only 0.2% of male smokers purchased from another person. The majority of current smokeless tobacco users purchased it from stores (73.8%), followed by street vendors (11.0%), kiosks (7.9%), and duty-free shops (2.9%). Among female smokeless tobacco users, 14.0% purchased it from another person, as opposed to only 1.0% of male users.

Over three-fourths (76.5%) of manufactured cigarette smokers purchased one of the five most popular brands. The average cost of 20 manufactured cigarettes was 40.9 Pakistani Rupee and the mean cost of 100 packs (or 2000 sticks) as a percentage of GDP [2014] was 2.8%. On average, current cigarette smoker spent 767.3 Pakistani Rupee per month on manufactured cigarettes and consumed 4500 cigarette sticks annually.

## **MEDIA**

In the 30 days preceding the survey, 37.7% of adults (35.1% of current tobacco smokers and 38.1% of non-smokers) noticed anti-cigarette information, which was mostly noticed on television or radio (29.9%). Among current smokers, 29.7% thought about quitting because of health warning labels on cigarette packages. A total of 17.6% of all adults noticed cigarette advertisements in stores where cigarettes were sold.

## **KNOWLEDGE, ATTITUDES AND PERCEPTION**

Overall, 85.8% of adults (87.8% current smokers and 85.5% non-smokers) believed that smoking causes serious illness. Overall, 85.9% adults believed that smoking causes heart attack, 84.6% believed it causes lung cancer, 88.1% believed it causes mouth cancer, 61.8% believed it causes stomach cancer, 55.5% believed it causes stroke, and 50.5% believed it causes bladder cancer. Similarly, 81.7% of adults believed that breathing SHS caused serious illness in non-smokers. Over 85% of adults were in favor of prohibiting smoking in various public places, and 74.8% favored increasing taxes on tobacco products.

## **RECOMMENDATIONS:**

In accordance with the six categories of recommendations outlined in the MPOWER package, the following evidence-based strategies have the potential to reduce tobacco use and tobacco-related disease and death:

1. Human and financial resources for effective tobacco control interventions as stipulated in the Tobacco Control Act of 2007 and Framework Convention on Tobacco Control (FCTC).
2. Tobacco cessation programs for tobacco users who are planning to quit, and increased access to nicotine replacement therapy and make it a part of the cessation program.
3. Health promotion and communication strategies to raise awareness about the social, environmental, economic, and health consequences of tobacco use and exposure to secondhand smoke at the country and community levels.
4. Enforcement of smoke-free work environments; of pictorial health warnings on tobacco packaging, including smokeless tobacco; and of the Tobacco Control Law provision on prohibiting cigarette sales by the stick.
5. Excise taxes on tobacco products.
6. Tobacco control education programs and anti-tobacco media messages.
7. Health services to effectively address tobacco-related diseases.

**Table 1: MPOWER Summary Indicators, Global Adult Tobacco Survey—Pakistan, 2014**

Indicator	Overall	Gender		Residence	
		Male	Female	Urban	Rural
M: Monitor tobacco use and prevention policies					
Current tobacco use	19.1	31.8	5.8	15.9	21.1
Current tobacco smokers	12.4	22.2	2.1	10.0	13.9
Current cigarette smokers	10.5	19.4	1.0	9.3	11.2
Current manufactured cigarette smokers	10.4	19.3	1.0	9.2	11.1
Current hand-rolled cigarette smokers	0.7	1.2	0.1	0.6	0.7
Current smokeless tobacco use	7.7	11.4	3.7	6.7	8.2
Average number of cigarettes smoked per day among daily smokers	13.6	13.7	10.3	14.1	13.3
Average age at daily smoking initiation among daily smokers of age 20-34 years	18.7	18.6	**	19.5	18.4
Time to first tobacco use within 30 minutes from waking among daily users	44.9	47.4	30.7	45.2	44.8
Former tobacco smokers among ever daily smokers	8.4	7.9	13.3	11.3	7.0
P: Protect people from tobacco smoke					
Exposure to secondhand smoke at home at least monthly	48.3	50.8	45.7	36.7	55.7
Exposure to secondhand smoke at work <sup>†</sup>	69.1	72.5	37.3	67.2	71.1
Exposure to second hand smoke in public places <sup>†</sup> :					
Government buildings/offices	64.6	69.1	45.1	62.3	66.5
Health care facilities	37.6	42.3	32.8	35.8	38.7
Restaurants	86.0	88.8	55.7	79.7	90.5
Public Transportation	76.2	84.6	61.9	75.4	76.7
O: Offer help to quit tobacco use					
Made a quit attempt in the past 12 months <sup>1</sup>	24.7	24.4	27.9	33.6	20.5
Advised to quit smoking by a health care provider <sup>1</sup>	51.8	52.8	36.3	56.6	49.1
Attempted to quit smoking using a specific cessation method <sup>1</sup> :					
Quit without assistance	49.2	49.4	47.0	40.4	56.2
Pharmacotherapy	9.1	9.7	4.3	10.5	8.1
Counseling/advice	14.7	13.9	21.7	13.4	15.7
Interest in quitting smoking <sup>2</sup>	22.3	22.9	15.4	29.1	19.2
W: Warn about the dangers of tobacco					
Belief that tobacco smoking causes serious illness	85.8	87.2	84.4	87.8	84.6
Belief that smoking causes stroke	55.5	58.8	51.9	61.5	51.7
Belief that smoking causes heart attack	85.9	88.3	83.3	87.5	84.9
Belief that smoking causes lung cancer	84.6	87.8	81.3	87.6	82.7
Belief that breathing other peoples' smoke causes serious illness	81.7	85.4	77.8	86.2	78.9
Noticed anti-cigarette smoking information at any location <sup>†</sup>	37.7	43.6	31.4	48.4	31.0

Thinking of quitting because of health warnings on cigarette packages <sup>2</sup>	29.7	31.0	15.8	37.4	26.1
<b>E: Enforce bans on tobacco advertising, promotion, and sponsorship</b>					
Noticed any cigarette advertisement, sponsorship or promotion <sup>†</sup>	36.6	49.7	22.1	38.0	35.8
Noticed any cigarette marketing in the stores where cigarettes are sold <sup>†</sup>	17.6	27.9	6.4	16.1	18.5
<b>R: Raise taxes on tobacco<sup>3</sup></b>					
Last manufactured cigarette purchase was in a store	90.4	90.6	87.6	88.2	91.6
Average manufactured cigarette expenditure per month ( <i>Pakistan rupee</i> )	767.3	786.6	385.7	844.0	727.3
Average amount paid for 20 manufactured cigarettes ( <i>Pakistan rupee</i> )	40.9	41.4	26.7	45.2	38.6

**Notes:**

-All estimates are representative of persons 15 years of age or older, unless otherwise indicated.

<sup>1</sup> Among past year smokers (current smokers and former smokers who quit within the last 12 months).

<sup>2</sup> Among current smokers.

<sup>3</sup> Among current smokers of manufactured cigarettes.

<sup>†</sup> In the last 30 days.

\*\*Estimate has been suppressed because the sample size was less than 25.