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GATS 2024 falls short of clarity on Pakistan's tobacco crisis

By Junaid Ali Khan

The Global Adult Tobacco Survey (GATS) 2024 for Pakistan has left more questions than answers. Considered as the most authoritative national survey on tobacco use, it provides nationally representative data on tobacco use, cessation, secondhand smoke exposure, and public attitudes. Conducted by the National Institute of Population Studies Training and Research (NIPS&TR), and the Ministry of National Health Services, with the support of WHO, the household survey used a multi-stage clustered sample design, covering a total of 11,167 adults across Pakistan.

According to the GATS 2024, Pakistan reduced tobacco consumption by 15.7% between 2014 and 2024 thanks to measures implemented to fulfill its international obligations under the WHO's Framework Convention on Tobacco Control (FCTC). However, it adds that despite progress, tobacco products are still consumed by 16.1% of the Pakistani population aged 15 and above – in other words 22.7 million use tobacco, including 14 million smokers.

GATS 2024 also reported significant decline in exposure to secondhand smoke. The exposure to secondhand tobacco smoke decreased in all locations measured in the two surveys: homes (48.3% to 28.8%), workplaces (69.1% to 35.9%), government buildings (64.6% to 40.7%), private buildings (77.3% to 54.8%), healthcare facilities (37.6% to 24.5%), restaurants (86.0% to 55.2%), marriage halls (65.7% to 50.3%), public transportation (76.2% to 45.4%), universities (44.2% to 33.3%), and schools (25.1% to 11.5%). Despite decline, a source of worry identified by GATS 2024 is that female consumption of tobacco increased slightly by 1.7% – with 5.9% of women aged 15 and above smoking. More worryingly, there was also no improvement in quit attempts made by adult smokers in the past 12 months (from 24.7% to 24.1%).

These findings make a case of hope and assurance and the need to continue the work on tobacco control. However, they do not provide the complete picture.

Unlike the GATS 2014 report, there has still been no report accompanying GATS 2024. The GATS 2014 report provided insights into a number of aspects of tobacco use, which are up till now missing in the current findings. The findings of GATS

2024 did not disclose the average number of cigarettes a smoker smokes in a day, and critically what was the age when the current adult smokers started to consume tobacco products.

Ten years ago, 29% of ever daily smokers 20–34 years old started smoking daily before the age of 17 years. It will be interesting and critical to know if there has been any change in the age of initiating smoking. Similarly, the survey a decade ago informed that 8.4% of those who have ever smoked on a daily basis have quit smoking. There seems to be lack of clarity on the reduction in the tobacco use as highlighted by GATS 2024. Is it because of the increase in the population or has the number of smokers quitting successfully increased? In 2014, one of the critical findings was 8.4% of those who ever smoked daily quit smoking. Currently, there is no information regarding the adult smokers who have successfully given up this habit.

The most crucial missing part is the demographic characteristics of selected population for the GATS 2024. The demographic characteristics help understand various aspects of tobacco use and smoking. The initiation of smoking before the age of 18 years was a concern in 2014, as initiation of daily smoking before the age 17 years was seen in 32.7% adults living in rural areas and 18.8% in urban areas. Currently, there is a lack of such information.

The surest way to bring down the smoking prevalence is keeping the young people away from initiating smoking or use of another tobacco product, including the alternative tobacco products. However, this can only be achieved when there is credible information about the number of underage and young smokers, and their socio-economic background, and where do they live.

The GATS 2014 report provided numbers for the smoking prevalence among the 15-24 years age bracket in terms of any smoked tobacco product, any cigarette, manufactured, hand-rolled, waterpipe and other smoked tobacco. Given the fact that in the last decade Pakistan has seen the introduction of alternative tobacco products, this information about the 15-24 years age bracket becomes even more pertinent.

Young people today face an expanded array of tobacco products, with their choices—and risks—growing wider than ever before. In this scenario, it is absolutely essential that their socio-economic background and use of tobacco products, along with other factors, is known. This will help in coming with plans and strategies to keep them away from their use. Unfortunately, the public release of GATS 2024 seems designed more to downplay than to clarify the extent of smoking and tobacco use. It would have been much better if a comprehensive report regarding the tobacco use over the last years was released, containing indicators used, along with

information about sample, the complete questionnaire, and of course, the recommendations.

There is a need to release a comprehensive report on GATS 2024 covering methodology, tobacco use, cessation and methods used for cessation, secondhand smoke exposure, economics of tobacco use, media, tobacco marketing, knowledge, attitude and perceptions of smokers and non-smokers, and of course, the recommendations. Ideally, this should have been done with the release of the findings. Additionally, the data should be made available publicly.

Smokers' corner

Heart attack changed everything

After suffering a heart attack in 2019, the doctor advised 55-year-old Akbar to quit smoking, he gave up the habit of the last three decades. "I took doctor's advice seriously."

Without help or counselling, Akbar, who works as a driver, recalls he was told to quit smoking in phases. "But I decided to quit there and then." To counter the effects of quitting, he would take fennel and toffies.

However, before the heart attack seven years, he was taken aback when his younger son asked him to drink milk instead of smoking. "I was amused and kept thinking about this remark of my young son... a child telling me to drink milk and not smoke cigarette."

Going back to teen years, Akbar says he started smoking along with his friends in his ancestral village in Fatehjang, a town southeast of capital Islamabad. He started smoking before the age of 18 years. "As we would not have money to buy cigarettes, we would collect leftovers of elder smokers."

When his father, a farmer, came to know about it, he was told not to smoke. But he continued to smoke, he should buy his own cigarettes. "That happened when I started working as an

apprentice with a local jeweler. One of my duties was to take care of his cigarettes. This allowed me to have access to cigarettes."

Akbar started buying his own cigarettes as he received his first salary. "This was the start of 35 years of smoking." He went to establish his shop of jewelry, followed by stints of working as driver in various public and private institutions in Islamabad. "Smoking remained a part of myself without any concern for its health hazards. I would smoke a pack of cigarettes almost everyday."

When the reality struck in 2019, Akbar decided to quit smoking as he had a family to look after. Seven years on, he is still working six days a week as driver. "Now I take proper care of my health. Definitely, my health has improved since quitting." Today he is a changed man. "Now I cannot stand the smoke of a cigarette. If somebody is smoking in the room, I try not to be in that room. And if somebody is smoking near, I try to get away."

Akbar says he should have given up smoking much earlier but added he never realized that this habit was a disaster for his health until the heart attack in 2019.

Senate health committee approves e-cigarette regulation bill

ISLAMABAD: The Senate Standing Committee on Health Services has approved the Electronic Nicotine Delivery Systems (Regulation) Bill, 2025.

The meeting was chaired by Senator Amir Waliuddin Chishti and attended by Senators Masroor Ahsan, Rubina Khalid, Nadeem Ahmed Bhutto, Rahat Jamali, Shahzaib Durrani, Nasir Mehmood Butt and Sarmad Ali. Federal Health Minister Syed Mustafa Kamal was also present along with officials from the ministry.

The committee considered the Private Member's Bill titled "The Electronic Nicotine Delivery Systems (Regulation) Bill, 2025", introduced by Senator Sarmad Ali during the Senate sitting held in December 2025 and subsequently referred to the committee for consideration.

During the discussion, Senator Sarmad Ali said the bill had remained pending for a considerable period, while the federal minister informed the committee that Private Member's Bills were required to follow the prescribed procedure and Standard Operating Procedures of the Ministry of Law under Rule 28.

The Additional Secretary Health briefed the committee that such bills required government consent, detailed examination by the concerned ministry, stakeholder consultation and assessment of financial implications.

Over the last ten years, Pakistan has witnessed the emergence of vaping devices and nicotine pouches. These products are often referred to as alternative nicotine products and are associated with tobacco harm reduction strategies aimed at reducing the health risks associated with tobacco use without necessarily requiring complete abstinence. However, these products have emerged in a policy vacuum. Although their use is rising, it remains far below that of cigarettes, while fears and misconceptions about them continue to persist.

The regulatory framework needs to adopt risk-appropriate measures for the manufacture, import, sale and use of these products and clearly define who can and cannot use them. The committee observed that all relevant stakeholders had already been consulted and that the Pakistan Standards and Quality Control Authority possessed laboratory capacity to test nicotine levels. Members expressed concern over the prolonged delay and noted that implementation of the proposed legislation would not create financial implications for the government.

Following the discussion, the committee voted and unanimously recommended the Electronic Nicotine Delivery Systems (Regulation) Bill, 2025, as proposed by the mover.

<https://www.dawn.com/news/2024175>

Is smoking still a major health problem in 2026?

Yes—smoking remains the leading preventable cause of death worldwide.

Despite decades of progress, globally about 20% of the world's adult population continues to smoke. Within that figure, about 80% of the world's tobacco users live in low- and middle-income countries.

In wealthier countries, smoking rates are often lower than the global average, but smoking has become more concentrated among certain populations. Military veterans, people with substance use disorders or other serious mental health conditions, people in rural areas, members of the LGBTQ+ community, and racial or ethnic minorities all face higher smoking rates.

Globally, more than 7 million people die from tobacco use every year. Most of these deaths are attributable to direct smoking, making it the single largest contributor to the tobacco death toll. Second-hand smoke is responsible for an estimated 1.6 million deaths per year.

Why is smoking so dangerous?

Smoking exposes the body—particularly the lungs and cardiovascular systems—to thousands of chemicals, many of which are harmful or thought to be harmful to human health. About 70 of these compounds are known to cause cancer. These chemicals all come from burning tobacco leaf, which is the main component of cigarettes.

Tobacco also contains nicotine, which is an addictive stimulant. Nicotine isn't safe on its own: It raises the heart rate and creates a dependency that can be challenging to quit. However, it is not what causes the disease and death caused by smoking.

Are all nicotine and tobacco products equally harmful?

No. Cigarettes and other forms of combustible tobacco, like cigars, are the most dangerous way of consuming nicotine and tobacco. Smokeless (oral) tobacco is not burned, so it exposes the body to fewer harmful chemicals than smoking, but it is not safe. It still contains known cancer-causing components and is linked to oral and other cancers. Risk levels vary across these products with some carrying lower-risk profiles than others.

Non-combustible products such as snus, nicotine pouches, and e-cigarettes carry substantially lower health risks than smoking, though they are not risk-free. Major health authorities agree that for adults who smoke and have not been able to quit, switching to these reduced-risk products entirely can lower long-term health risks. That said, because nicotine is addictive and not risk-free, youth must be protected from nicotine addiction, and must not be able to access these products.

<https://globalactiontoendsmoking.org/news-and-press/-/press/is-smoking-still-a-major-health-problem-in-2026/>

Nicotine vapes best chance to quit smoking, major review finds

London: Smokers who want to quit have the best chance of doing so if they use nicotine e-cigarettes, a review has found. The Cochrane team looked at 80 major trials involving nearly 30,000 people and found that nicotine vapes were more effective than traditional aids such as patches, gum and support plans - increasing the success rate by about 60%, from around six in every 100 managing to quit smoking to one in every 10.

They outperformed non-nicotine vapes too, although researchers say switching to these afterwards might help with weaning off nicotine. And they could prove more effective than the new anti-smoking pill cytisine, which the NHS has started to roll out - although more research is needed. Experts say vaping, although not entirely risk-free, is far safer than smoking. In the UK, there are now more over-16s using vapes or e-cigarettes than smoking cigarettes, figures show. Around 5.3 million people or 10% of adults say they smoke, while around 5.4 million use vapes daily or occasionally.

The review of the most recent and best quality evidence to date applies to regulated vapes that are checked for quality and compliant with strict safety laws.

It doesn't look at unregulated ones that can contain illicit

substances, like spice or THC.

One of the report authors, Dr Jamie Hartmann-Boyce, cautioned: "Unlicensed e-cigarettes are potentially dangerous, with issues including unstable batteries and harmful chemicals.

"Anyone looking to use e-cigarettes to quit smoking should

only purchase devices that have been tested and approved by their country's regulatory body."

The review found no evidence of any increased risk of serious harm from using e-cigarettes to quit.

The long-term risks of vaping are not yet clear though, and the NHS says children and non-smokers should never vape. Doctors say vaping could lead to health harms in children and should be made "less attractive" to them.

Around two in three people who smoke long-term will die from a tobacco-related illness, says the charity Action on Smoking and Health.

According to the World Health

Organization, smoking is the leading cause of preventable disease and death, killing over seven million people a year. Quitting smoking reduces your risk of serious illnesses like heart disease, lung cancer, and stroke.

Almost every local NHS stop smoking service provides vapes or other support to help people quit.

<https://www.bbc.com/news/articles/c1e5p51n2p2o>



First step to quitting smoking

By Sarnawaz Salamat

There comes a moment or moments in the lives of smokers when they think about quitting. More often than not, they let that thought pass by and continue smoking. That is mainly because they fail to plan and prepare for life without smoking, which is part of their daily lives. Despite knowing and understanding the fact that smoking is harmful for them, they keep

going until serious ailment strikes and the doctor warns them to quit, saving their health and wellbeing. So, what are first steps a smoker should think and plan if they come to the conclusion that it is time to quit? The first step will be to think about the reasons that they smoke and how compelling are those situations in which they take up smoking. Then the most important question - thinking about reasons for stopping smoking. Many people take up smoking during their teenage years, often influenced by friends or in an attempt to appear more mature. For others, the habit begins later, perhaps in college, at the start of a new job, or within a social circle where smoking is common. And sometimes, there is no clear reason at all; it simply happens without conscious thought. In a country like Pakistan, underage smoking because of peer pressure is a real and strong possibility.

When one is ready for the critical decision of quitting, one needs to make a quit plan, take one step at a time, and set small goals. Ask yourself what the reason and benefit for quitting is. Is to be healthier, save money, family and children, or there are other reasons. Keeping visiting the reason(s), especially when the craving for smoking is strong.

At the same time, keep note of the emotional triggers for smoking. These may include feeling stressed, anxious, down,

lonely, bored etc. In other words, situations where you would light a cigarette without giving it a thought. Then comes the habits that trigger smoking. These may include talking on the phone, watching TV, driving, finishing a meal, drinking tea or coffee, or during a work break, etc. And, of course, the most compelling trigger is one sees others smoking and it becomes

more compelling if they are your friends also.

That is the time to fight back. Cravings only last a few minutes-but those minutes can be hard. One needs to break the link between the situation and the cigarette. This can be done by changing routine at home and social gatherings. Home should be considered as a place which is strictly smoke free, and if possible, avoid social gatherings where one will confront smoking. One may experience withdrawal symptoms, even if they are mild. These arise from nicotine cravings and the loss of a deeply ingrained habit. With the right support, getting through the first 72 hours can make all the difference. The encouraging news is that, for most smokers, the toughest phase of withdrawal fades with time—usually easing within a month.

In the times of stress and craving, walk away from it – take a break, have a drink of water or juice. Try deep breathing and stretching your back, neck and arms – even just for a few minutes. Be more active and take exercise if you can – walking and swimming are good. Phone a friend who makes you laugh – laughter is relaxing

and a great stress reducer. Plan to watch something on TV that you like or have been looking forward to seeing. A common trap is the thought, 'one cigarette will not hurt' or 'I'll just have one to prove I've quit.' Yet even the occasional cigarette reignites the craving. One must recognize these tricks for what they are— weakening of resolve—and stamp them out firmly.



Established in 2018, ARI is an initiative aimed at filling gaps in research and advocacy on ending combustible smoking in a generation. Supported by the Global Action to Ending Smoking (GA), ARI established the Pakistan Alliance for Nicotine and Tobacco Harm Reduction (PANTHR) in 2019 to promote innovative solutions for smoking cessation.

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