

Pakistan



The Covid-19 pandemic has affected almost all aspects of life for much of the world's population. Although evidence about who is most vulnerable to Covid-19 is emerging, very little is known about the extent to which tobacco use is a risk factor for Covid-19. In addition, how countries reconcile the need to progress tobacco control while responding to an infectious disease pandemic is unknown.

This briefing reports key results from a rapid response study set up to examine tobacco use and tobacco control during Covid-19, building on an existing multi-country collaboration, the Tobacco Control Capacity project¹ led by the University of Edinburgh and partner institutions in eight countries in South Asia and Africa, including Pakistan. The preparation of this policy brief was led by The Initiative.

Tobacco use in Pakistan: Twenty-three percent of men use any type of tobacco, compared with 5% of women. Among those who smoke tobacco products, cigarettes are most common (22% of men and 3% of women). Among those who smoke cigarettes daily, 48% of women and 17% of men smoke fewer than five cigarettes a day. Use of any type of smokeless tobacco is much higher among men (15%) than among women (3%)².

Covid-19 in Pakistan: By August 10th, 2020 Pakistan had 285,191 confirmed cases of Covid-19. Due to this, 6,112 patients have died to date. 261,246 individuals had recovered from the illness³.

Data sources

This policy briefing is informed by: a stakeholder consultation via an online survey conducted in June 2020; a rapid literature review; and a desk based mapping to identify any relevant unpublished data sources such as government reports and online print press. All of these data sources captured information to inform the overall objectives of the study. For further information on the methods, please contact the research team via the contact information on the last page.

Summary recommendations

- In responding to Covid-19, governments mustn't neglect their responsibility to prevent premature deaths from tobacco and the morbidity associated with tobacco use.
- Data on tobacco use should be integrated into Covid-19 statistics.
- Health information on Covid-19 should include advice for tobacco users.
- Tobacco taxation reform is needed in Pakistan and could help reduce tobacco-related disease and deaths as well as raise revenue as the country recovers post Covid-19.

Figure 1: Stakeholder survey response sample characteristics

Response	Institutional affiliation	Level of work
<ul style="list-style-type: none"> • 40 invitations sent • 32 stakeholders took part • Most respondents worked in public health, with education, health care, finance and other areas of work also represented 	<ul style="list-style-type: none"> • Civil society (43.7%, n=14) • Private sector (15.6%, n=5) • Research/Think tank (15.6%, n=5) • Government (9.4%, n=3) • Health professional (32.5%, n=2) • Other (9.4%, n=3) 	<ul style="list-style-type: none"> • Global (9.38%, n=3) • National (62.5%, n=20) • Regional, 15.6% n=5) • Local (12.5%, n=4)

Mapping: summary of approach and data sources in Pakistan

Three rounds of data searching were conducted. The first, conducted on 15th May 2020, searched for data sources published between 30th January 2020 (chosen because this was the date that the WHO declared COVID-19 to be a public health emergency of international concern) and 1st June 2020. The second search was conducted on 22nd June 2020, and the final search was conducted on 1st July 2020.

Sources of information:

- **Google search** using the 'All' and 'News' tab.
- **Website search:** Government websites such as Ministry of National Health Services, Pakistan Health Research Council(PHRC), Tobacco Control Cell, NHRS Regulations and Coordination, Pakistan and WHO Pakistan, Global Center for Good Governance in Tobacco Control(GGTC), FCTC(WHO Framework Convention on Tobacco Control).
- **NGO websites:** Anti-Tobacco Forum Pakistan, Pakistan National Heart Association(PANAH), Pakistan Anti-smoking Society, Pakistan Civil Society Alliance(PCSA), Tobacco control-Global Heart, Pakistan Anti-Tobacco Coalition(PATC).
- **Online print press** using Google alerts.

Twitter accounts: Ministry of National Health Services, Pakistan @nhsrcofficial, #TaxTobaccoForCovid, Zafar Mirza@zfrmrza, @ImranKhanPTI, @DrNausheenPTI,@DrJavaidKhan1, @MalikImranA73, @ziauddinislam,Punjab Safe Cities Authority, Pakistan @PSCAsafeities. Also, "#Quit smoking", #TobaccoExposed, "Quit smoking covid", "Quit smoking Pakistan", were typed in the search bar of twitter for results.

- **Consultation** with colleagues in Pakistan.

Number of data sources identified: **25**.

Number eligible for data extraction: **9** (mainly online print press and twitter).

What do we know about Covid-19 and tobacco use?

A living rapid evidence review⁴ (updated weekly) of the associations between tobacco use (specifically cigarette smoking) and Covid-19 is being conducted by researchers at University College London. Its purpose is to pull together the rapidly expanding literature to examine the associations of smoking status with Covid-19 outcomes. Version 5 of the review was the most recent (published July 1st 2020). The latest version includes 148 studies and concludes that there is '*substantial uncertainty about the associations of smoking with Covid-19 outcomes.*' However, the review did find evidence to suggest that smokers had a '*greater disease severity in those hospitalised for Covid-19*' compared with never smokers. It also found that the risk of in-hospital mortality from Covid-19 was higher in smokers (current and former) than never smokers. The authors note that despite the uncertainty around the association between smoking and Covid-19, smokers remain at greater risk of respiratory disease. Smoking cessation, therefore, remains a key public health priority and support for it should form part of pandemic response. The review did not identify any publications that were specific to Covid-19 and tobacco in Pakistan.

Impact of Covid-19 on tobacco control policy

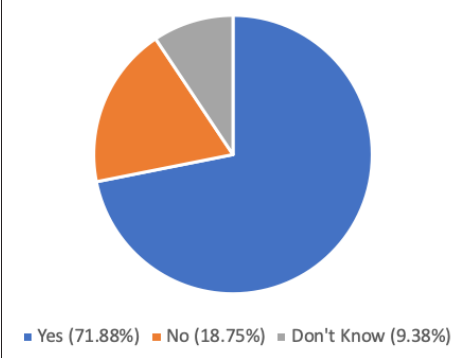
Over two thirds of survey respondents in Pakistan (72% n=12) agreed that **the relationship between Covid-19 and tobacco use had been discussed in policy contexts or in the media**, as shown in Figure 2.

Just under half (48%, n=14) reported that public health professionals and other authorities had provided advice to tobacco users during the pandemic. Unsurprisingly, due to the impact of Covid-19 being more severe in smokers due to their lungs already being comprised by tobacco use, the key piece of advice was to **stop using tobacco products**. In addition, there were examples of advice regarding avoiding smoking in the presence of older people and those who are unwell, and to not smoke in indoor areas. The Ministry of Health Services and Regulation had warned smokers of risks during the pandemic but respondents were not aware of formal guidelines on this topic. Civil society organisations had made a particularly important contribution in providing information on the risks to tobacco users at this time.

Given that the advice to tobacco users during the Covid-19 pandemic is to stop using tobacco products, this provides opportunity to promote tobacco cessation in Pakistan. However, survey findings suggest that most respondents did not see a change in the level of interest in tobacco cessation with (73% n=21) reporting no change or saying that they did not know. One respondent noted that:

"People are more concerned about Covid-19, the immediate public health issue than tobacco, which many think is a future issue and not as relevant at the current time."

Figure 2: Has tobacco use & Covid-19 been discussed in policy contexts or the media?



Survey respondents indicated that the policy response to Covid-19 in Pakistan **had not included a focus on tobacco control issues**, with just over half stating that it hadn't been included and a further 27% stating they did not know, as shown in Figure 3.

The mapping element of the research identified that the Pakistan Health Research Council issued guidelines on no smoking or spitting (of smokeless tobacco products) during the pandemic. In addition, the Punjab Safe Cities Authority warned on social media about hand to mouth contact during smoking and sharing of mouthpieces, waterpipes and shisha could spread SARS-CoV-2 between people. Key health professionals and agencies provided educational and motivational materials on tobacco cessation due to its association with Covid-19 and drew attention to existing restrictions on tobacco advertisement promotion and sponsorship implemented from 2018. There was also evidence of increased circulation of educational and motivational materials on tobacco cessation by NGOs and public health authorities from March 2020.

Tobacco industry response to Covid-19

Survey respondents were unsure as to whether policy responses to Covid-19 had affected the way the tobacco industry operates in Pakistan during the Covid-19 crisis, with just over half (52%, n=15) saying they did not know and one in four saying it had affected the industry or had not. This concurs with the mapping which did not find any data sources reporting on tobacco industry response to Covid-19. There also appears to have been limited impact on tobacco sales during the pandemic, with 59% (n=17) of respondents stating that sales were unaffected and just one third stating their may have been an impact, with the remainder unsure. Unlike in some countries, Pakistan did not ban tobacco sales as part of lock down, although respondents did note that lock down would have made obtaining products more difficult and noted an increase in internet sales. Stakeholders also noted that the recent rise in tobacco prices would be having an impact during the pandemic.

Impact of the Covid-19 crisis on organisations and services

Most survey respondents thought that Covid-19 and actions to address it had an impact on the use of health care. 58.62% reported that health care seeking practices of patients with non-communicable disease (NCD) such as cancer, heart disease, respiratory disease and diabetes had been affected. As in many other countries, it was pointed out that people would be less willing to go to health facilities because of fears of coming into contact with the virus. Survey respondents reported that facilities were not providing standard services and had been diverted to Covid-19 related activities.

Participants in the study also noted adverse impacts on their own organisations, with offices and facilities closed due to Covid-19, staff working from home, and for those working in health care, clinical staff moved to Covid-19 response. A lack of uncertainty about the future was also noted as a key contributor to organisations not functioning well.

Additional information to help inform future tobacco control policy

Survey and interview respondents highlighted that the following information would be helpful in relation to Covid-19 and tobacco use:

- A better understanding of the relationship between smoking, nicotine, and Covid-19.
- More detail on the smoking status of Covid-19 cases and where smoking causes prior damage to health in those that developed Covid-19.
- Data that compares survival outcomes between Covid-19 positives cases who are smoker and non-smokers and evidence on whether smokers are at increased risk of disease, morbidity, and mortality from Covid-19.

Figure 3: Has the policy response to Covid-19 included a focus on tobacco control issues?

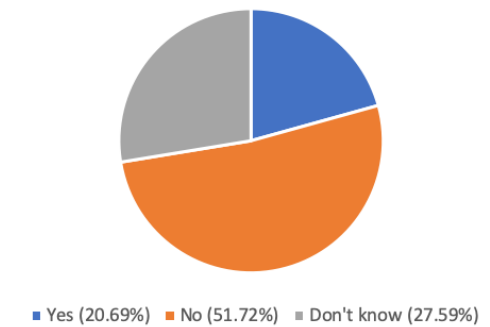
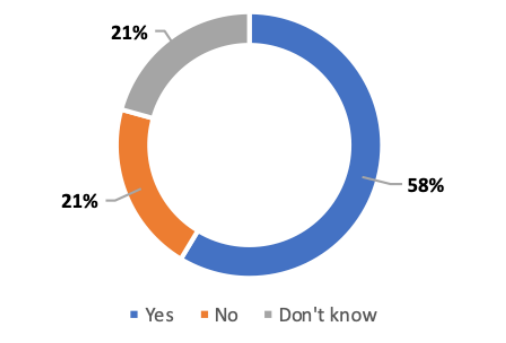


Figure 4: In your opinion, do you think that Covid-19 and the current policy response have an impact on health care seeking practice of patients with non-communicable diseases such as cancer, heart disease, respiratory disease, diabetes or stroke?



Recommendations

Tobacco use results in premature mortality and morbidity globally to an extent that far exceeds that of Covid-19. Global deaths from tobacco account for 7 million people per year. Pakistan has high levels of tobacco use compared to many other countries, and while recent progress has been made, much more needs to be done to reduce both smoking and smokeless tobacco use further. National governments mustn't neglect their responsibility to prevent premature deaths from tobacco and the morbidity associated with tobacco use. This is particularly important at the current time when tobacco use can, from existing evidence, affect Covid-19 disease severity. Countries need to integrate communicable and non-communicable disease responses at the current time for the overall health and wellbeing of their populations.

In Pakistan, the government should integrate tobacco control while improving and formulating strategies to combat Covid-19 in the future. Data on tobacco use should be integrated into Covid-19 data collection from cases or patients admitted to hospital. There should be official dissemination of information relating to the hazards of tobacco use and particularly with regards to its relationship with Covid-19, through mass media and regular communication by relevant Government agencies. In addition, the Government should reform tobacco taxation policy, since taxes can raise revenue are a proven strategy to avoid tobacco-related mortality and morbidity, particularly in the context of Covid-19, in addition to deterring youth to initiate smoking and smokers to quit or decrease smoking due to increase in cigarette prices.

References

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Contact details

Dr. Ziauddin Islam, Director / Technical Head, Tobacco Control Cell, Ministry of National Health Services, Regulations & Coordination Pakistan.

Email: ziauddin@tcc.gov.pk

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Study website: <https://www.ed.ac.uk/usher/research/projects/covid-19-and-tobacco>
