The Initiative

TAP
Tobacco control in
Adolescents in Pakistan

TOBACCO AND NICOTINE USE AMONG ADOLESCENTS OF PAKISTAN 2024

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The Initiative
University of York
UKRI Medical Research Council
University of Stirling
IBA
kmu Khyber Medical University

Acknowledgement

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Preface

Adolescent tobacco use continues to pose a significant public health challenge, with far-reaching consequences for future generations. The Tobacco control policies and the health of Adolescents in Pakistan (TAP) project represents a pivotal effort to address this issue by generating evidence to inform impactful, evidence-based policies to reduce tobacco initiation and use among adolescents. Central to this project is exploring transformative strategies, such as plain packaging and taxation reforms, which hold immense potential to curb tobacco consumption among youth.

The TAP project is structured around five interlinked studies, each contributing unique insights into the landscape of adolescent tobacco use in Pakistan. Study 1 analysed the compliance of tobacco products with health warning regulations. Study 2 involved in-depth interviews with stakeholders, while Study 3 facilitated focus group discussions with adolescents aged 10–16 years, capturing qualitative perspectives on proposed policy changes. Study 4, the focus of this report, is a comprehensive national survey conducted from December 2023 to May 2024, which gathered robust quantitative data from in-school and out-of-school adolescents. Finally, Study 5 will calculate the price elasticity of demand using data from Studies 1 and 4, offering valuable insights into the economic factors influencing adolescent tobacco consumption. This report presents the findings from the national adolescent survey (Study 4), shedding light on current trends in tobacco and nicotine use among youth. It provides actionable evidence to shape future tobacco control strategies in Pakistan. The findings emphasise the vital role of policies like plain packaging and taxation in safeguarding the health and future of our nation's youth. The TAP project (October 2022–November 2025) is implemented by The Initiative across Pakistan, with sponsorship from the University of York, UK, and funding by UK Research and Innovation (UKRI). We hope that the evidence generated through this project will guide policymakers and stakeholders in advancing robust strategies to achieve Pakistan's tobacco endgame targets, ensuring a healthier future for generations to come.

Dr Amina Khan
Executive Director
The Initiative

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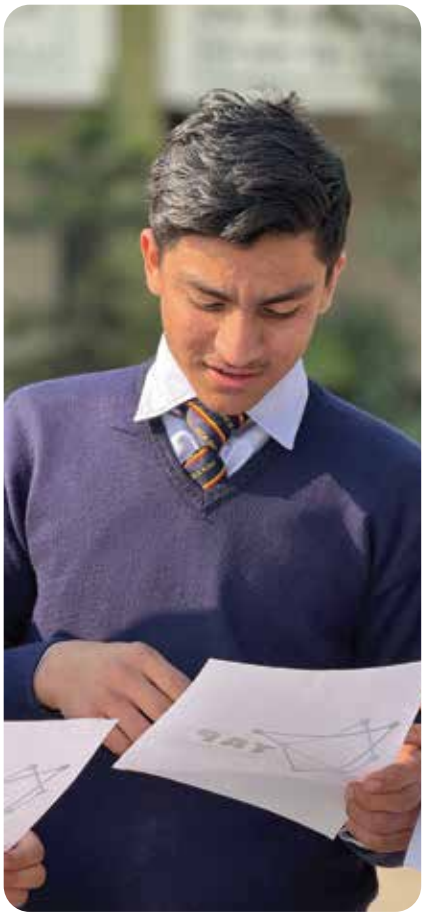
Acronyms

EB - Enumeration Block
EMRO - Eastern Mediterranean Region
FCTC - Framework Convention for Tobacco Control
GYTS - Global Youth Tobacco Survey
HH - Households
LMICs - Low and Middle-Income Countries
MRC - Medical Research Council
PBS - Pakistan Bureau of Statistics
PPS - Probability Proportional to Size
SLT - Smokeless Tobacco
SRS - Systematic Random Sampling
TAP - Tobacco control policies and the health of Adolescents in Pakistan
TI - Tobacco Industry
UKRI - UK Research and Innovation
WHO - World Health Organization

1. Introduction



The consequences of using tobacco extend beyond health, leading to expenditure exceeding one trillion USD ($) in healthcare as a result of tobacco-related diseases, along with lost productivity each year (1). Pakistan (population approx. 220 million) is one of the countries with the highest tobacco-related disease burden (2). An estimated 25.4 million people (20.7 million males and 4.6 million females) aged 15 years and older were tobacco product users in Pakistan in 2022, ranking Pakistan as the 7th globally and the 1st in the World Health Organization (WHO) Eastern Mediterranean Region (EMRO) in terms of number of tobacco users (3). The prevalence of tobacco use among adults in Pakistan is 19.1% (31.8% men, 5.8% women) (4). However, tobacco use usually starts around adolescence (age 10 – 19) (5). Currently, 22.7% of the population of Pakistan are adolescents (aged 10 – 19 years) (6), and according to the Global Youth Tobacco Survey (GYTS), the prevalence of tobacco use among adolescents (ages 13-15) in Pakistan was 10.7% (13.3% boys, 6.6% girls) in 2013 (7) which dropped to 6.8% (8.5% boys, 4.4% girls) in 2022 (8).

In addition, 12% of non-smoking adolescents are susceptible to smoking and can start smoking in the next 12 months (9). Despite increased public knowledge regarding the adverse health effects of smoking over the past three decades, many adolescents still experiment with cigarettes and other products. Of adolescents who experiment with smoking, 33-50% become regular smokers (10). Estimates suggest that more than 1,200 children aged 6-15 years start smoking every day in Pakistan (10). Tobacco and nicotine use not only has various social, cultural, and economic implications but it is also considered to be one of the key risk factors for morbidity and mortality (11). Smoking increases the risk of asthma in adolescents and causes early-onset atherosclerosis, which can result in ischemic heart disease (12). Some of the most common risk factors for using tobacco include gender being male, less education, old age, sharing a household with a smoker (13) and tobacco packaging (14).

Amongst the efforts to reduce tobacco and nicotine product uptake and susceptibility in adolescents, the evidence of the effectiveness of plain packaging (15) (16) (17) and tobacco taxation (18) (19) is well established in Low and Middle-Income Countries (LMICs). Most countries around the globe, including Pakistan, have signed the Framework Convention for Tobacco Control (FCTC); however, only 32 out of 188 countries have implemented robust tax measures to control tobacco use so far (20).

Implementation of tobacco control laws in Pakistan is poor as it grows tobacco and heavily depends on tobacco tax-related revenues (21). Non-adherence to the law relating to tobacco sale, promotion and use is alarmingly high in public transport vehicles, banks, university campuses, offices, and restaurants (22). It has been reported that tobacco products are commonly sold to minors. (22). This report presents an overview of the current adolescent prevalence of use and exposure to tobacco, nicotine pouches and e-cigarettes, as well as evaluates the least attractive features of cigarette packaging. Furthermore, it recommends the areas requiring enforcement, enhancement, and creation of new policies to address the identified gaps. This report is intended to serve as a manuscript for evidence and policy alternatives on different aspects of adolescent uptake and susceptibility to tobacco and nicotine products in the country to be shared with the government and other national and international stakeholders.

PROBLEM DESCRIPTION

2. Problem Description

2.1. Smoking & Tobacco in Pakistan

Pakistan falls amongst the largest tobacco consuming states around the world. Where tobacco is consumed in many forms such as smoking cigarettes, waterpipe (shisha) etc., and chewing gutka, naswar etc. (23). Pakistan presents a permissive policy environment that facilitates the widespread introduction of novel products such as e-cigarettes, vapes, and nicotine pouches because of the gaps in regulations. This has led to a rapid increase in exposure to these products across all age groups, with adolescents being particularly targeted. Evidence shows that various factors contribute towards smoking in adolescents, including the pressure and stress associated with academic studies (29%), depression (24%), effective promotional media campaigns by different tobacco industries (41.30%), and fathers who smoked (29%) (24).

2.2. Background of the Problem

Tobacco use is influenced by several key factors, including being male, having lower levels of education, and living in a household with a smoker (13). Additionally, exposure to tobacco packaging serves as another significant driver of tobacco consumption (14) The tobacco industry (TI) uses packaging to enhance the appeal of its products, misleading about the harms and distracting from health warnings. The FCTC requires tobacco packs to display warnings and recommends that they are the same unappealing colour and devoid of all branding except brand name – known as plain (or standardised) packaging. Amongst the efforts to reduce tobacco and nicotine products uptake and susceptibility in adolescents, the evidence of the effectiveness of plain packaging (15) (16) (17) and tobacco taxation (18) (19) is well established. However, despite the laws being available (i.e., in terms of Pakistan being the signatory of FCTC), there is a lack of impactful enforcement. Policymakers require local and contextual evidence on plain packaging and tobacco taxation to justify decisions, secure political support to sustain tax reforms and fight off TI-initiated litigation. Such tax reforms, when supported by contextual evidence in other LMICs (e.g., Bangladesh) (25) have been successful in gaining further support for sustaining and increasing tobacco taxes. Hence, there is a need for contextual evidence regarding the effectiveness of plain packaging and tobacco taxation in curbing the uptake and susceptibility of tobacco and nicotine products for informed policymaking.

Furthermore, surveys on tobacco use in Pakistan in the past have not been numerous, and many of them covered limited areas or population groups (26). The last surveys in Pakistan that included adolescents i.e., the Global Youth Tobacco Surveys (GYTS) were conducted in 2013 (7) and 2022, excluded out-of-school adolescents, and did not include several important policy-related questions that the Government of Pakistan is currently considering.

2.3. Rationale for the TAP Study

The Tobacco control policies and the health of Adolescents in Pakistan (TAP) survey aims to provide an in-depth understanding of the latest trends in tobacco and nicotine products within Pakistan. This comprehensive survey is the first-ever survey to include both school-going adolescents and out-of-school adolescents, addressing a critical gap in existing data. The inclusion of out-of-school adolescents is particularly important, as this demographic (approximately 40% of all adolescents) has been largely overlooked in prior research despite being vulnerable to tobacco product marketing and consumption. This underscores the importance of the survey in strengthening evidence-based policymaking and supporting the rationale for stricter tobacco control measures.

TAP STUDY

3. TAP Study

The study was conducted in nine districts across Pakistan, with two districts each from all four provinces (Balochistan, Khyber Pakhtunkhwa [KP], Punjab, Sindh) and the ninth district being the federal capital, Islamabad. The survey questions explored current tobacco and nicotine use, exposure to and availability of tobacco and nicotine products, specific current policy issues (e.g., plain packaging, and susceptibility).

3.1. Methods

Using a cross-sectional design, approximately 9,011 participants (10–16-year-olds) in secondary schools and 5,221 participants (10–16-year-olds) in community settings were recruited and surveyed. A sample frame developed by the Pakistan Bureau of Statistics (PBS) for conducting the census (27) was adopted for this survey (See Figure 1: Geographical units in a district used by the PBS).

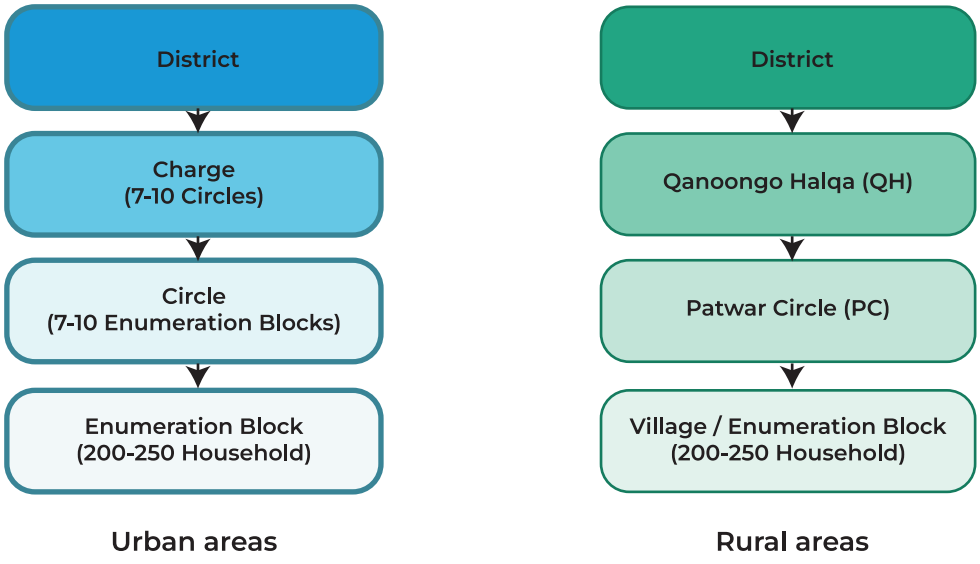


Figure 1. Geographical units in a district used by the PBS

3.2. Data Collection

A field research team of 37 members was recruited locally from the respective districts and trained to carry out the survey, ensuring cultural sensitivity and familiarity with the local context. A pre-tested, self-reported, app-based questionnaire was administered, and its completion was facilitated by trained field staff. To ensure the privacy and validity of the responses, school teachers/parents were not involved during data collection. Community mobilisers and gatekeepers were engaged to identify and recruit adolescents and receive consent from parents/guardians.

3.2.1. School-going Adolescents

In all nine districts, a total of 9,011 interviews were conducted across 90 circles, with 180 schools randomly selected. Each school contributed 50 interviews to the sample size. Schools for the survey were selected through a three-stage stratified random sampling strategy developed by PBS using the 2017 Population and Housing Census. First, a circle (administrative area) was selected using systematic random sampling (SRS) with probability proportional to size (PPS), based on the estimated number of households per block. Second, within each selected circle, eligible schools (grades 6–10) were mapped, and two schools were randomly chosen from the list of schools in that circle using SRS. We aimed to recruit one boys' and one girls' school per circle, however, in the absence of a girls' school, two boys' schools were selected and vice versa. Third, for each selected school, a list of students in grades 6–10 was compiled and 10 students were randomly selected from each grade. In co-education schools, five male and five female students were randomly selected from each grade, resulting in a total of 50 interviews per school (10 interviews per grade). Informed consent was obtained before data collection.

Recruitment of School-going Adolescents

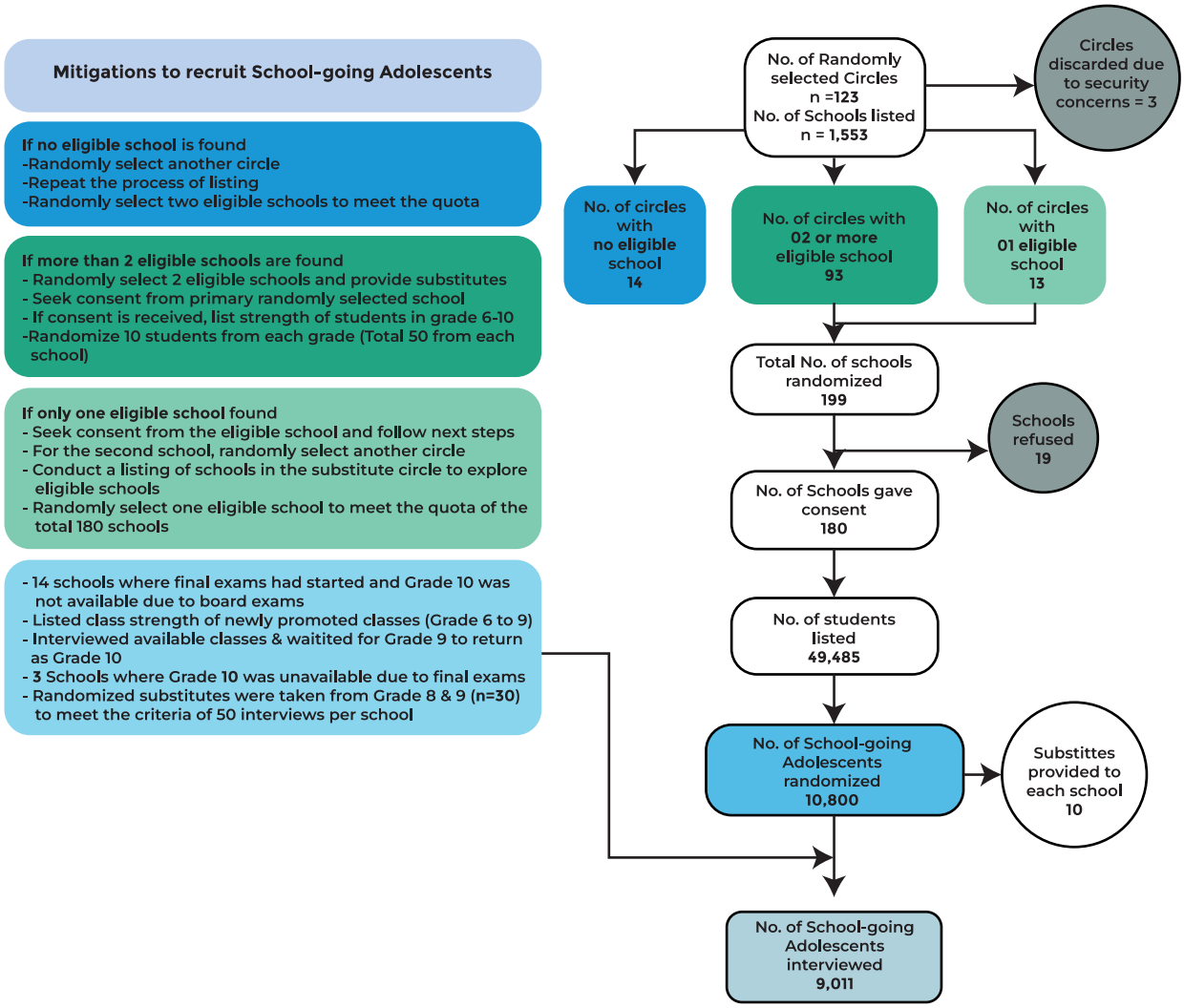
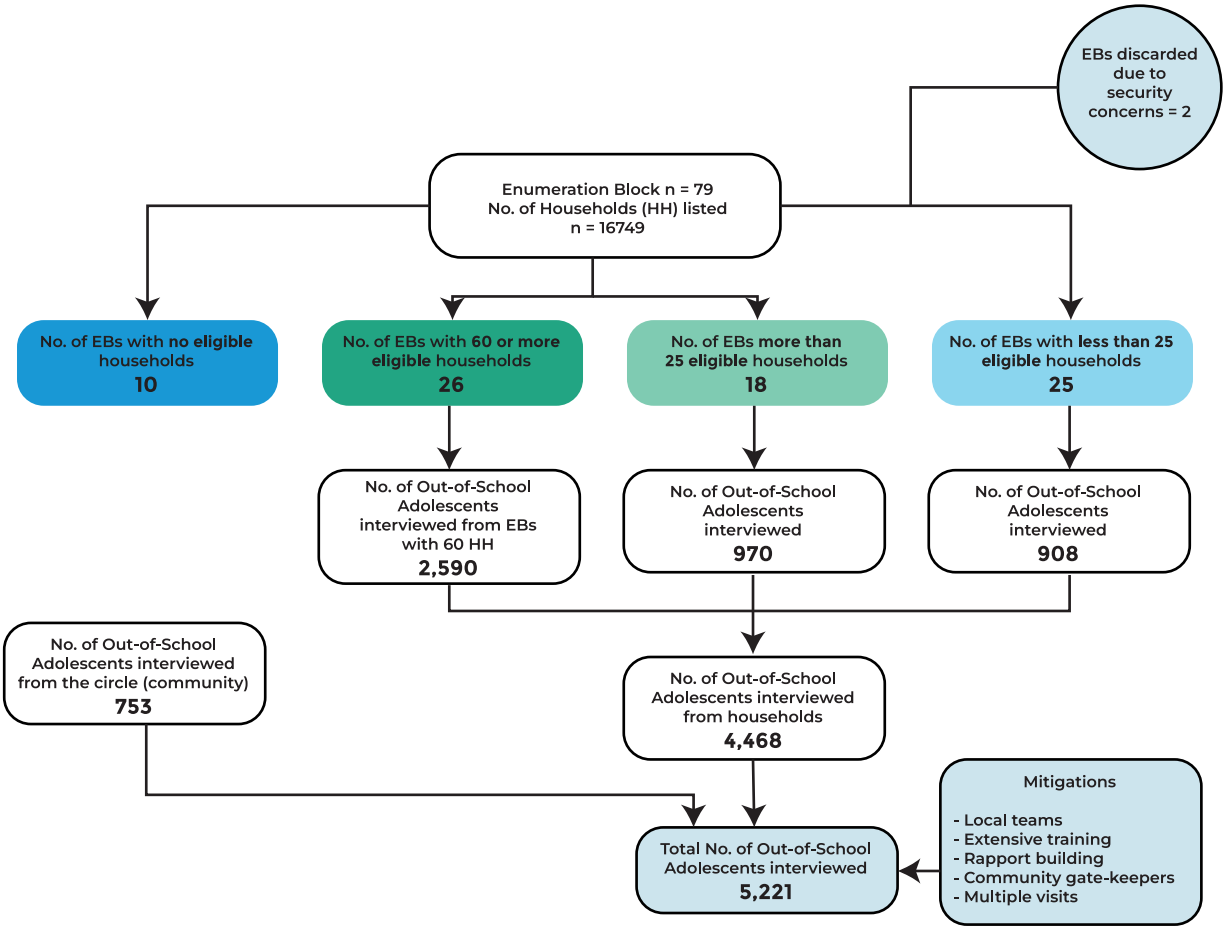


Figure 2. Recruitment of School-going Adolescents

3.2.2. Out-of-School Adolescents

A total of 5,221 interviews were conducted across nine districts as part of the community-based survey utilizing a three-stage stratified sampling strategy. In the first stage, 72 patwar circles/circles were randomly selected using systematic random sampling from the 90 pre-selected patwar circles designated for the school-based survey across nine districts. In the second stage, one enumeration block (EB) was randomly selected from each patwar circle/circle for the survey. In the third stage, a household mapping exercise was conducted across the EB with support from local community gatekeepers, such as the Zila Nazim, Maulvi, or Lady Health Worker. A household list was compiled for each EB, identifying adolescents aged 10–16 years who were out-of-school. Subsequently, 60 households with out-of-school adolescents were randomly selected for interviews using systematic random sampling. Informed consent was obtained before data collection. In cases where the required sample of out-of-school adolescents was not found within the EBs, they were identified and recruited from community settings (e.g., workplaces, playgrounds, etc.) to meet the sample size, following the consent protocol.

Recruitment of Out-of-School Adolescents



Mitigations to recruit Out-of-School Adolescents

1. If NO eligible HH is found in the EB, then;

- Identity Out-of-School Adolescents from the community
- Out-of-School Adolescents can be recruited from the overall circle
- Once identified, seek parental/guardian consent and Adoles cent's assent
- If quota of 60 is not met, conclude the work for this circle. No substitue will be provided

2. No. of eligible HH found in the EB=60 or more

- Randomize 60 HH
- Provide substitute (if refused)

3. If No. of eligible HH found in the EB are 25 (around 40%) or above, but below 60;
- Conduct interviews with the eligible HH.
- Randomize another EB from the same circle,
- Conduct HH listing to find out the eligible household,
- Randomize the remaining number of HH to substitute the total of 60 HH from that circle.
- If the quota of 60 HH is still not met, do not select another EB and conclude the work in that circle.

4. If the eligible HH found in the EB were less than 25, then;
- Conduct interviews in the eligible listed HH
- Identify the remaining Out-of-School Adolescents from the same circle (e.g. shops, by the road etc. (whole circle).
- Conduct the interviews of the eligible Out-of-School Adoles cents found to meet the criteria of 60.
- If the allocated number of 60 is not met even after scouting the whole circle, do not move to another circle.

Figure 3. Recruitment of Out-of-School Adolescents

RESULTS

4. Results

4.1 Demographic Information

The survey was conducted in nine districts of Pakistan namely Badin, Dera Ismail Khan, Islamabad, Karachi, Nasirabad, Peshawar, Quetta, Rajanpur and Rawalpindi, between December 2023 and May 2024. Participants were adolescents between the ages of 10 and 16 years, including two categories, i.e. school-going adolescents (school survey) and out-of-school adolescents (out-of-school adolescents survey).

In the school survey, 180 schools (grades 6 to 10) were randomly selected from 1,553 schools in the study areas, and 9,011 adolescents were interviewed. For the community-based survey, 16,749 households were listed, and 4,468 out-of-school Adolescents were interviewed. To complete the sample size, 753 additional out-of-school Adolescents were recruited from the community, bringing the total to 5,221.

The total sample included 14,232 adolescents, with 64% boys and 36% girls. The data showed a significant difference in age distribution between school-going adolescents and out-of-school Adolescents. The majority (55%) of adolescents interviewed had ages between 13-15 years.

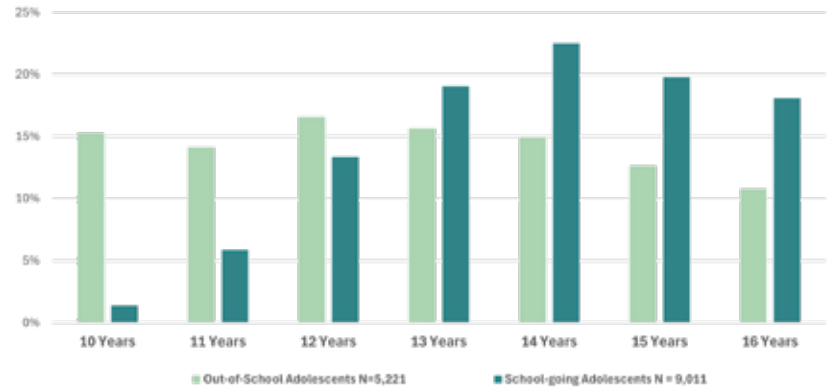


Figure 4. Age Distribution Across the Sample (by School-going Status)

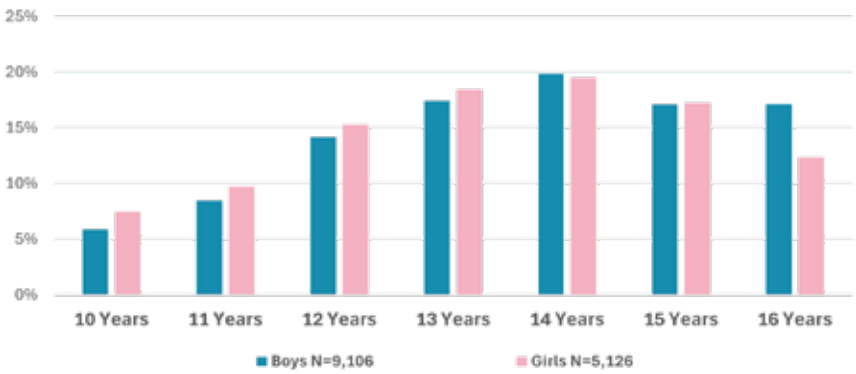


Figure 5. Age Distribution Across the Sample (Sex-Wise)

Regarding parental/guardian education, overall most mothers/female caregivers (57.3%) and fathers/male caregivers (35.3%) had no formal education. This gap was even wider among out-of-school adolescents, with 76.2% of mothers/female caregivers and 52.4% of fathers/-male caregivers having no formal education. On the other hand, higher education was more common among parents/guardians of school-going adolescents, with 24.6% of fathers/male caregivers and 13.6% of mothers/female caregivers having higher education.

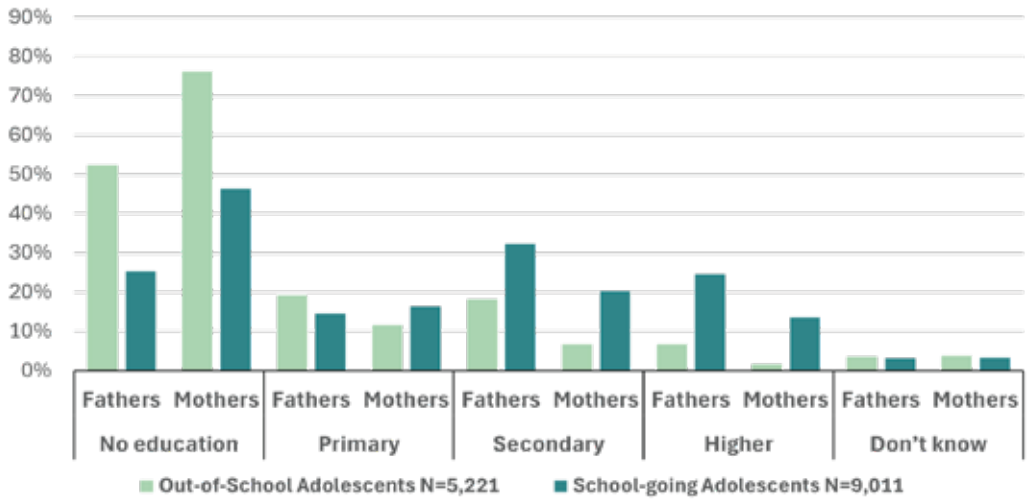


Figure 6. Comparison of Parental/Guardian Education Levels (by School-going Status)

Among out-of-school adolescents, more than half (52.3%) belong to the low-wealth category, conversely, a larger proportion of school-going adolescents (40.3%) belonged to the high-wealth category.

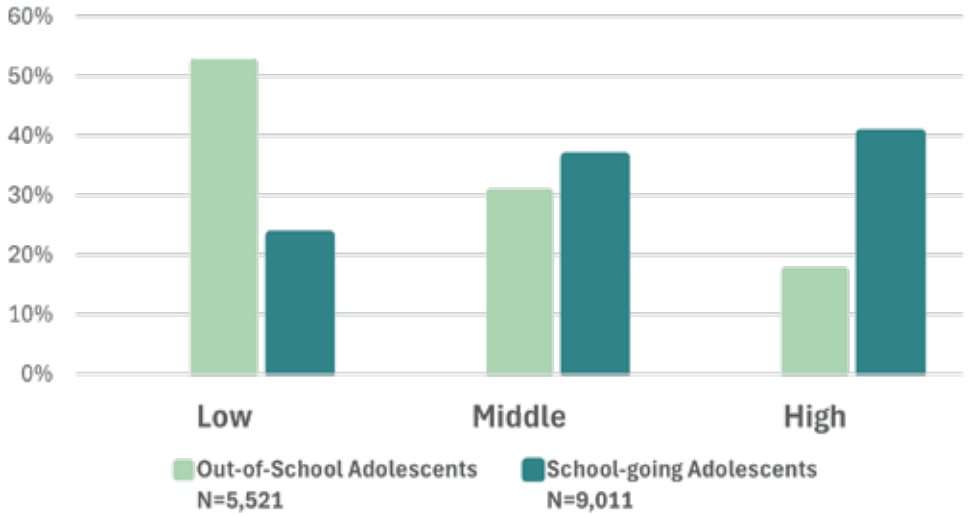


Figure 7. Wealth Index of Study Participants (by School-going Status)

4.2. Tobacco and Nicotine Use Among Adolescents

According to the data collected, 8.4% of adolescents reported using tobacco or nicotine products in the last 30 days. Usage of these products was higher among boys (9.1%) than girls (7.1%). The usage rates were similar between school-going adolescents and out-of-school Adolescents.

The data shows a clear shift in the market and usage trends among adolescents, moving away from conventional tobacco products like cigarettes and smokeless tobacco toward e-cigarettes and nicotine pouches

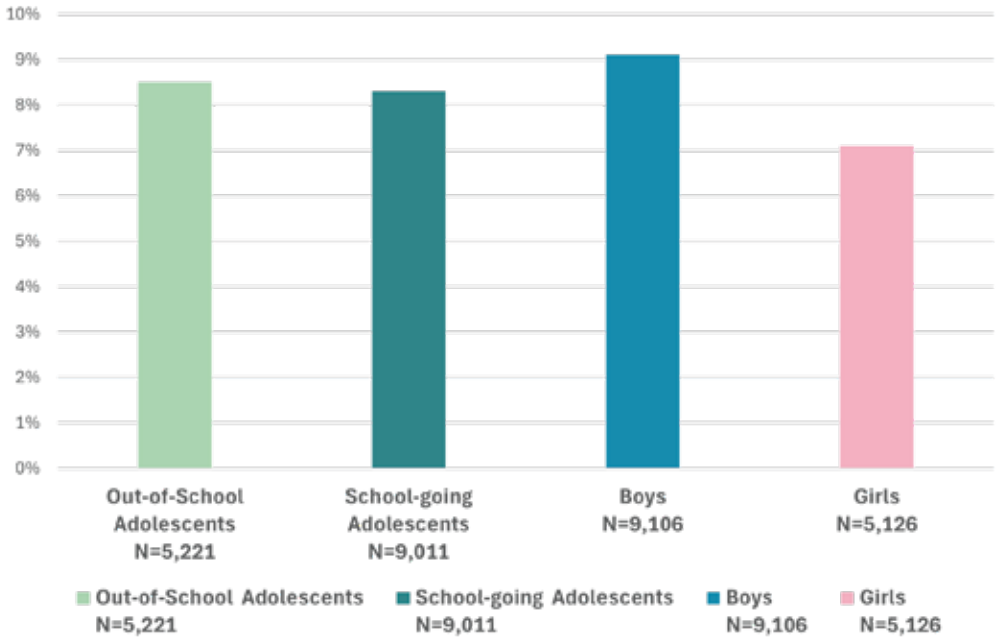


Figure 8. Trends of Tobacco, E-cigarettes and Nicotine Pouches Use (by School-going Status and Sex-Wise)

The use of tobacco and nicotine products was higher in the districts located in Sindh and Balochistan as compared to other districts (Figure 9).

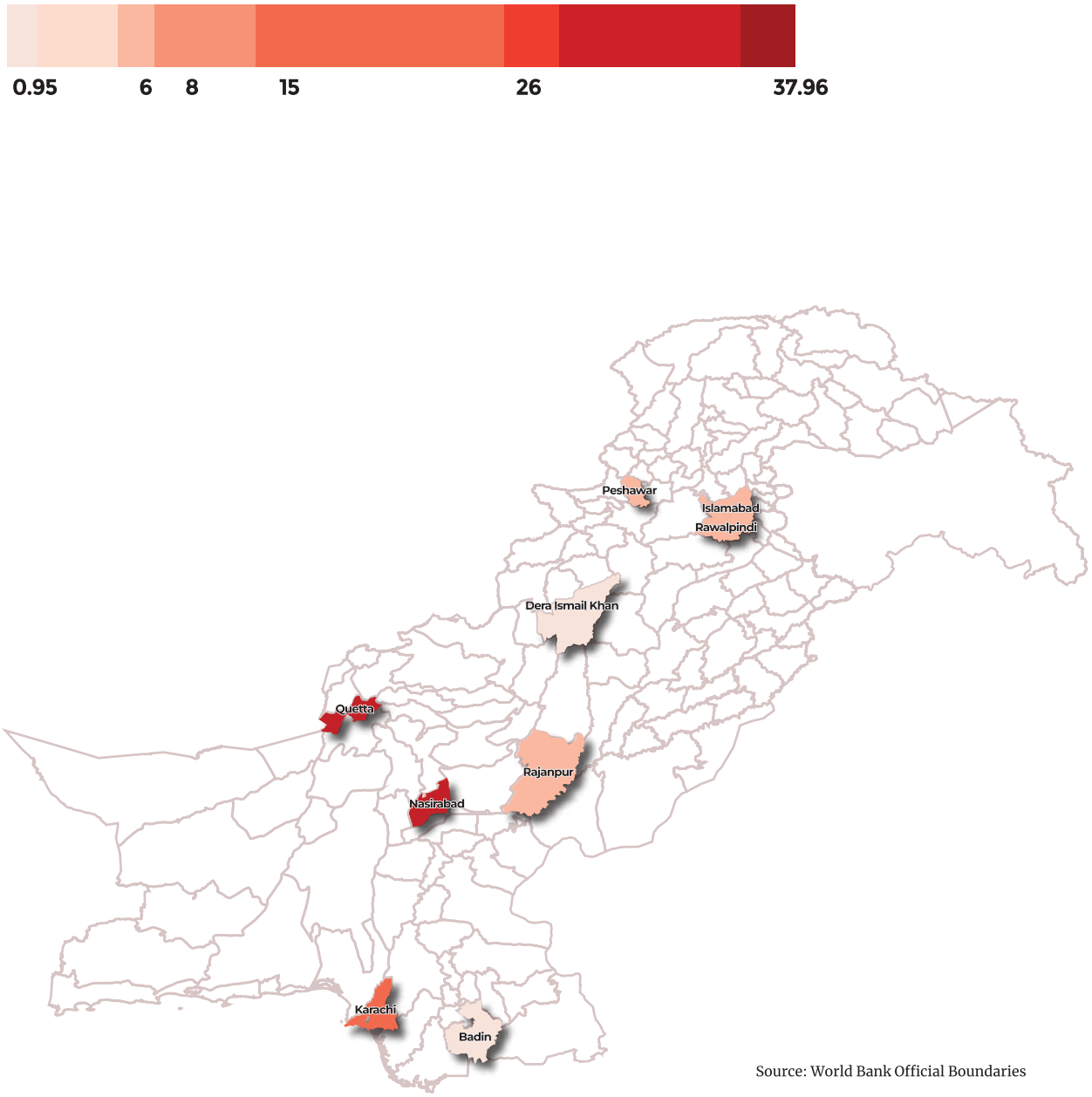


Figure 9: The Uptake of Nicotine & Tobacco Products Across the Sampled Districts of Pakistan

4.2.1. Use of E-Cigarettes and Nicotine Pouches

About 5.6% of adolescents use either or both e-cigarettes and nicotine pouches, with boys (6.1%) and school-going adolescents (6.4%) reporting higher use.

E-Cigarettes: Around 3.9% of adolescents use e-cigarettes alone. Its use was significantly higher among school-going adolescents (4.8%) and showed a clear trend of being more common among boys (4.3%).

Nicotine Pouches: About 3.2% of adolescents were only using nicotine pouches. Usage was almost equal between boys (3.4%) and girls (2.7%). Similarly, school-going adolescents (3.4%) reported higher use.

Dual use of E-Cigarettes and Nicotine Pouches: The findings reveal that 1.4% of adolescents reported using both e-cigarettes and nicotine pouches. Dual usage was slightly more common among boys (1.6%) compared to girls and was higher among school-going adolescents (1.8%).

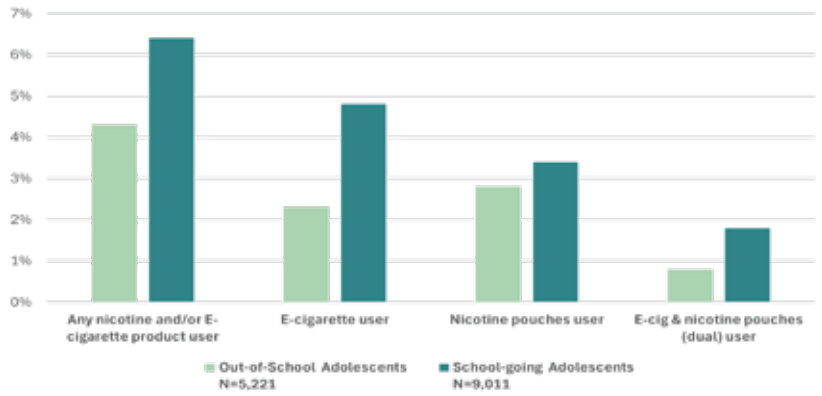


Figure 10. Nicotine Pouches and E-cigarette Use Among Adolescents (by School-going Status)

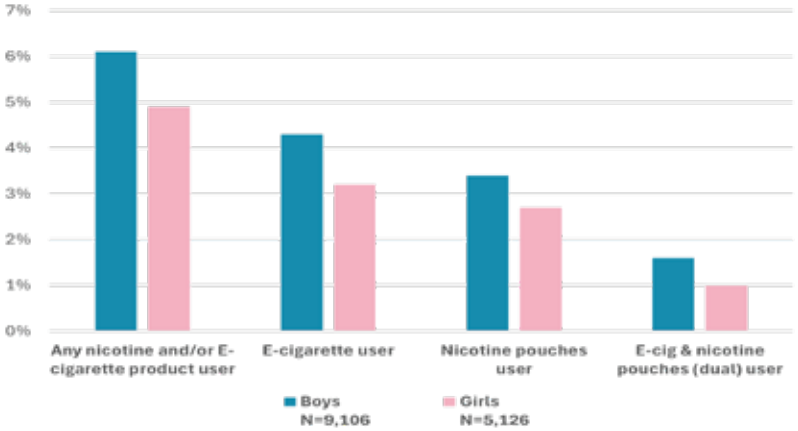


Figure 11. Nicotine Pouches and E-cigarette Use Among Adolescents (Sex-Wise)

4.2.2. Tobacco Use (Cigarettes and Smokeless Tobacco)

Approximately 3.6% of adolescents use cigarettes, smokeless tobacco or both. Boys (4.1%) were more likely to use both products as compared to girls (2.5%). Dual tobacco use was higher among out-of-school adolescents (5%).

Cigarette Smoking: Only 1.6% of adolescents reported smoking cigarettes, with boys (2.1%) smoking more than girls. Smoking was also more common among out-of-school adolescents (2.2%) compared to school-going adolescents (1.2%).

Smokeless Tobacco: About 2.4% of adolescents reported using smokeless tobacco only. Boys (2.7%) had slightly higher use compared to girls (2%). Usage was more common among out-of-school adolescents (3.5%).

Dual use of Cigarette Smoking and Smokeless Tobacco Only: Overall, 0.4% of adolescents reported using both cigarettes and smokeless tobacco. Usage was higher among boys (0.6%) and in out-of-school adolescents (0.6%).

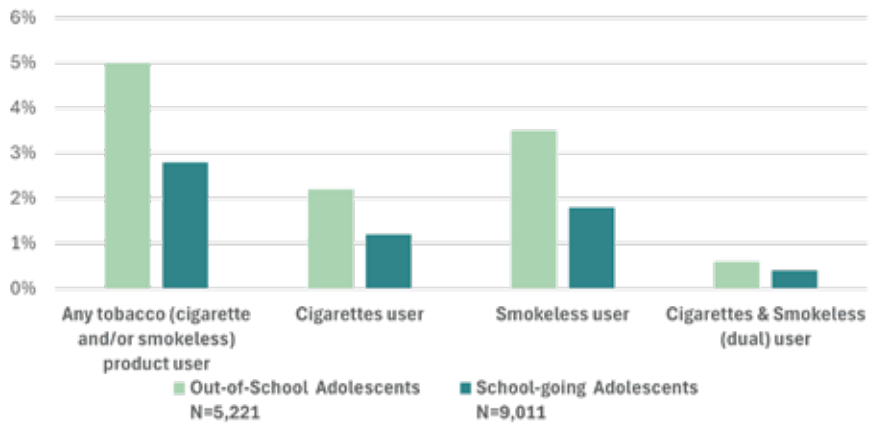


Figure 12. Cigarettes and Smokeless Tobacco Use Among Adolescents (by School-going Status)

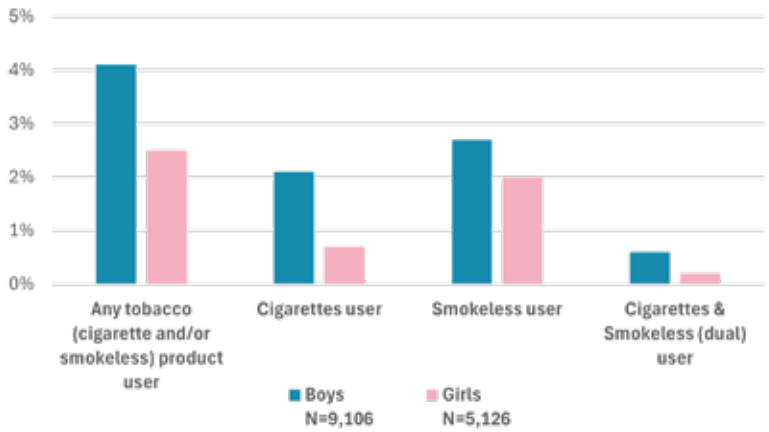


Figure 13. Cigarettes and Smokeless Tobacco Use Among Adolescents (Sex-Wise)

This data from TAP survey underscores a shift from traditional tobacco products to newer alternatives like e-cigarettes and nicotine pouches, which are now more widely used, particularly among school-going adolescents. Boys remain more likely to use these products than girls, while out-of-school adolescents still show higher usage of conventional tobacco products like cigarettes and smokeless tobacco.

Over the years, there has been a notable decline in traditional tobacco use among both boys and girls, with smoking rates dropping significantly. For boys, smoking decreased from 9.2% in 2013 (GYTS) to 2.1% in 2024 (TAP), while for girls, it fell from 4.1% to just 0.7% in the same period. Similarly, smokeless tobacco use declined for both genders, from 6.4% to 2.7% among boys and 3.7% to 2% among girls. However, newer products like e-cigarettes and nicotine pouches have gained traction, reflecting changing preferences. E-cigarette use among boys appeared in 2022 (GYTS) at 5.5% and slightly reduced to 4.3% by 2024 (TAP), whereas for girls, it started at 2% in 2022 and rose to 3.2% by 2024. Nicotine pouches, a more recent addition, emerged in 2024 (TAP) with a prevalence of 3.4% among boys and 2.7% among girls. Overall, while traditional tobacco use is declining across genders, the growing popularity of alternative products such as e-cigarettes and nicotine pouches signals a shift in consumption patterns, particularly among adolescents. This comparison is seen below in the stacked area chart:

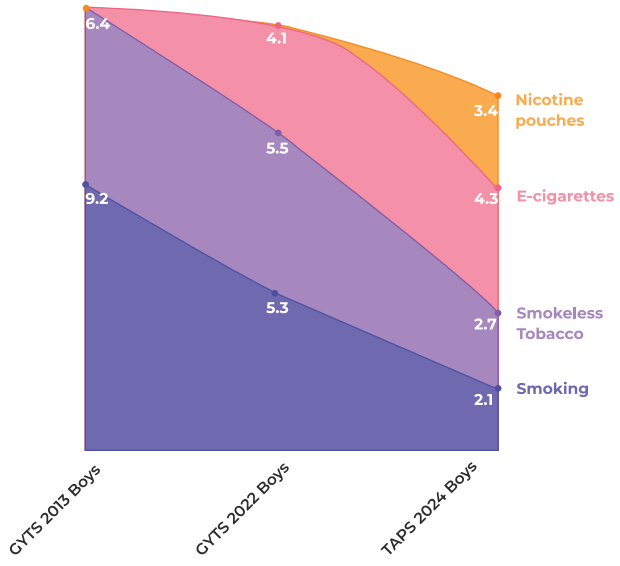


Figure 14. Change in Trends of Tobacco and Nicotine Use Among Boys (2013-2024)

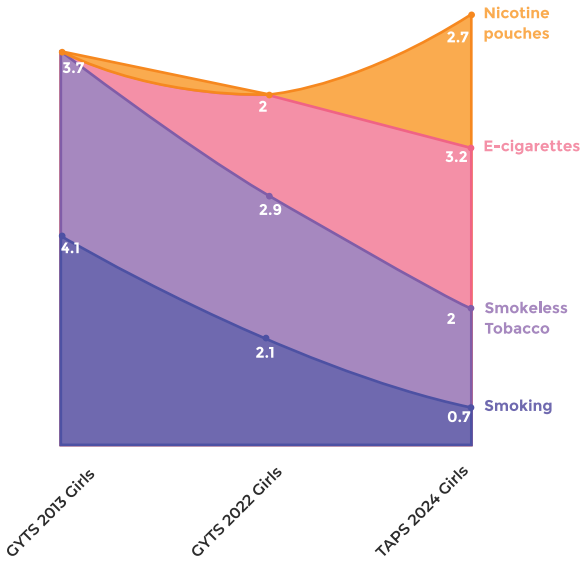


Figure 15. Change in Trends of Tobacco and Nicotine Use Among Girls (2013-2024)

4.3. Exposure to Tobacco, Nicotine and E-Cigarettes Among Adolescents

4.3.1. Tobacco

4.3.1.1. Exposure at Home

Cigarette Smoking: Nearly half of adolescents (47.%) reported being exposed to second-hand smoke at home in the past week. The exposure was higher among out-of-school adolescents (53.6%) compared to school-going adolescents (43.3%) and was more common among boys (49.8%).

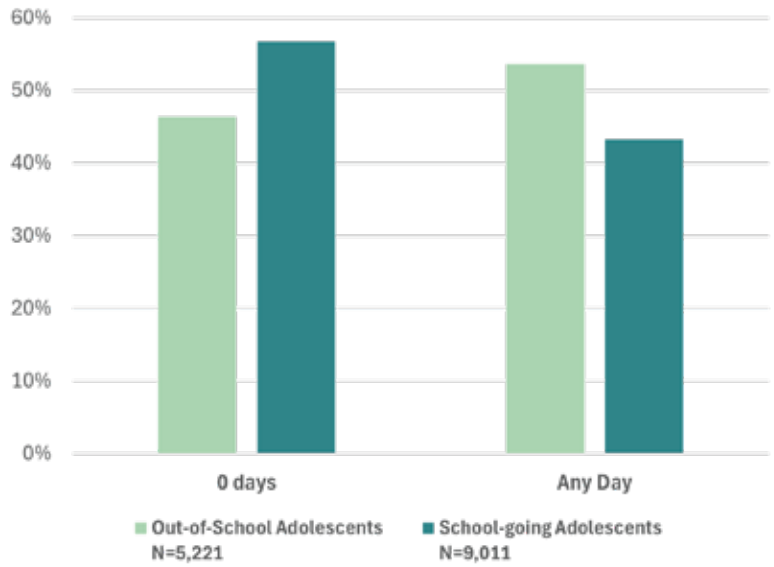


Figure 16. Exposure to Tobacco Smoking Inside the Home in the Past Seven Days (by School-going Status)

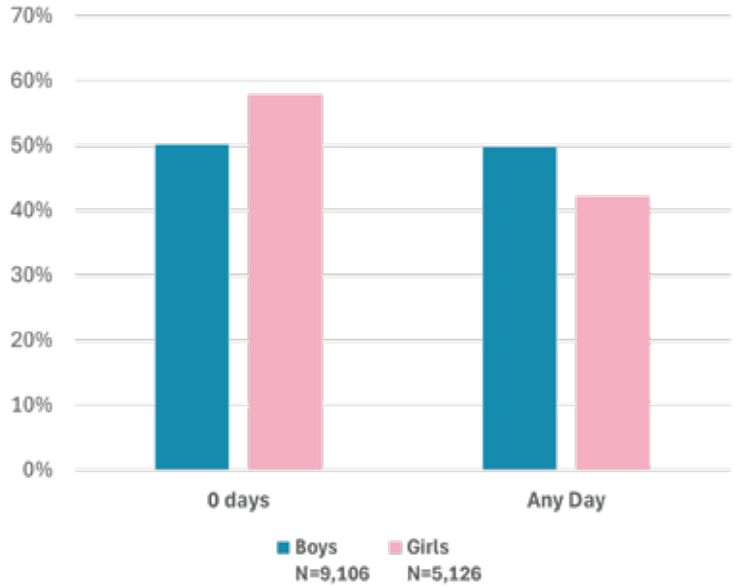


Figure 17. Exposure to Tobacco Smoking Inside the Home in the Past Seven Days (Sex-Wise)

Around 50% had family members who were smokers. Fathers were identified as the main smokers in about 21% of households, with this being more frequent in out-of-school adolescents.

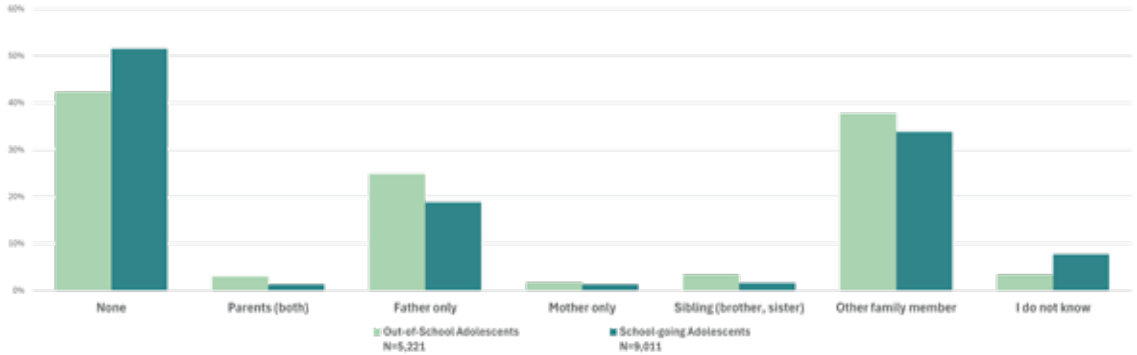


Figure 18. Tobacco Smoked by Family Members (by School-going Status)

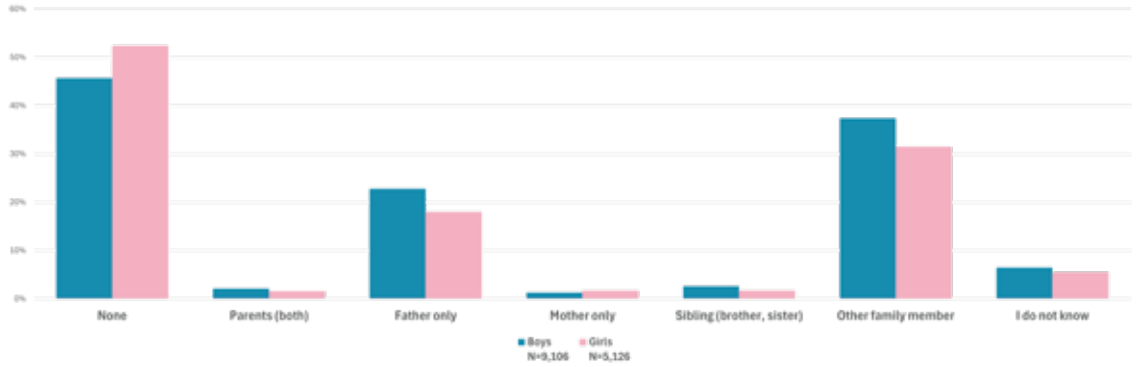


Figure 19. Tobacco Smoked by Family Members (Sex-Wise)

Smokeless Tobacco Use: Approximately 39.7% of adolescents reported being exposed to smokeless tobacco use at home in the past week. This was more common among out-of-school (48.4%) than school-going adolescents(34.6%) and fathers were the main users in 15.5% of cases.

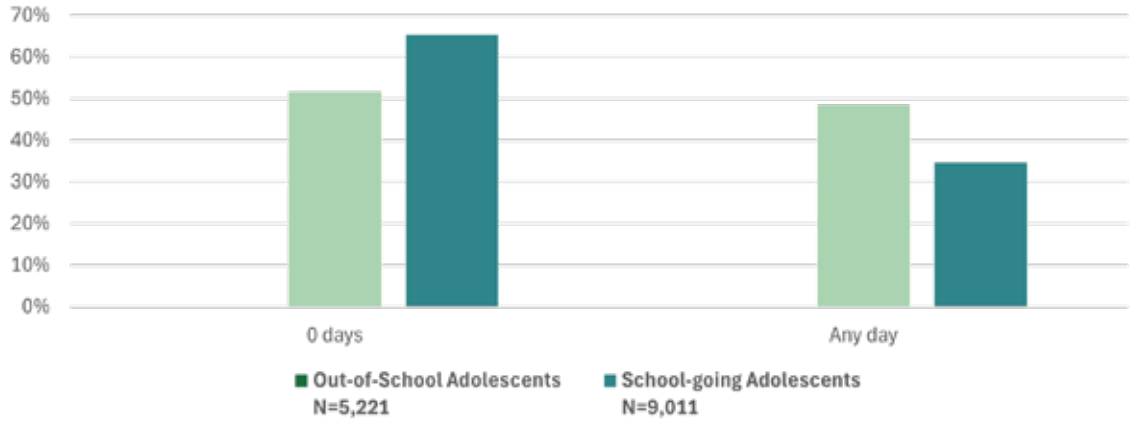


Figure 20. Exposure to Smokeless Tobacco Inside the Home in the Past Seven days (by School-going Status)

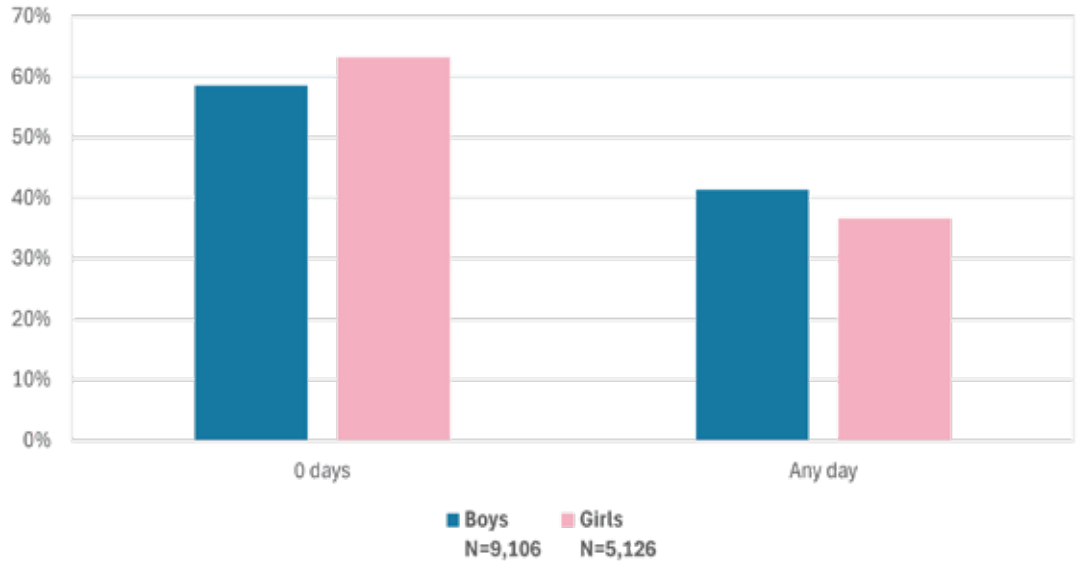


Figure 21. Exposure to Smokeless Tobacco Inside the Home in the Past Seven days (Sex-Wise)

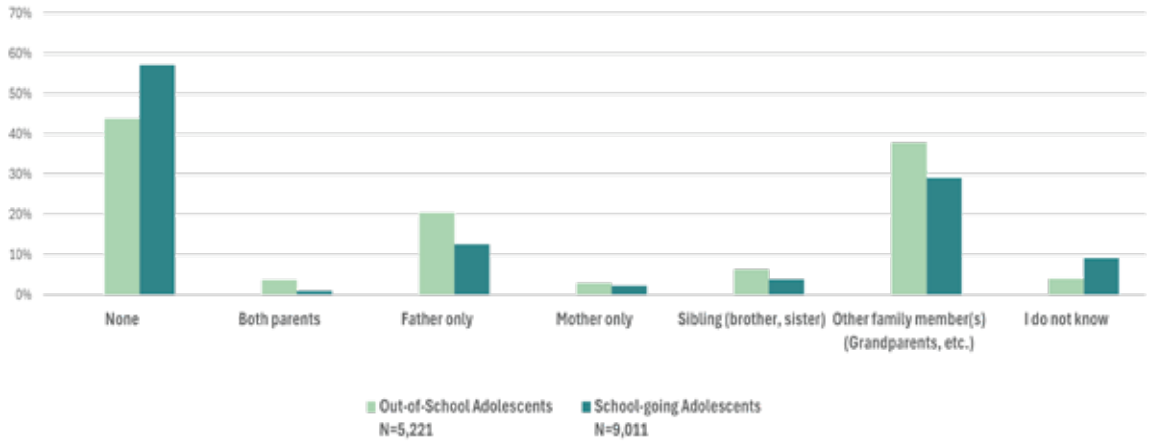


Figure 22. Smokeless Tobacco Use by Family Members (by School-going Status)

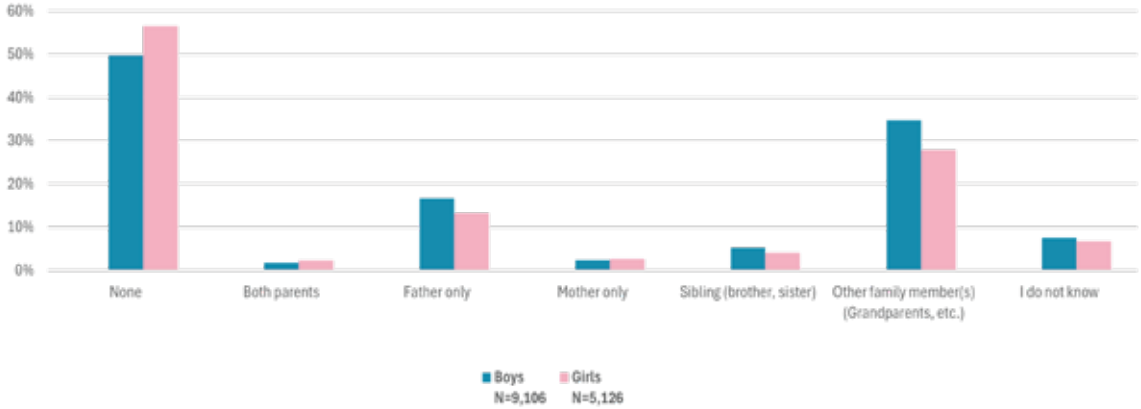


Figure 23. Smokeless Tobacco Use by Family Members (Sex-Wise)

4.3.1.2. Exposure in the Community

Cigarette Smoking: A significant number of adolescents reported seeing cigarette smoking in public places, with 63.7% observing it in the past week. Exposure was higher among out-of-school adolescents (66.4%), likely due to greater time spent in less structured environments. Boys were more exposed (73.4%).

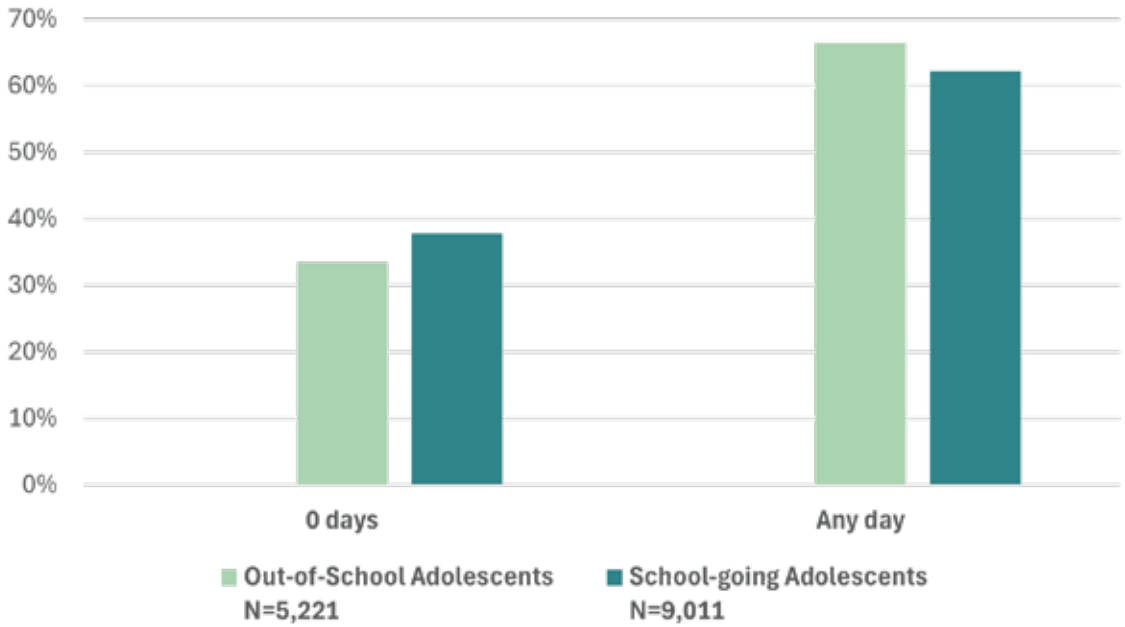


Figure 24: Exposure to Smoked Tobacco Outside the Home in the Past Seven Days (by School-going Status)

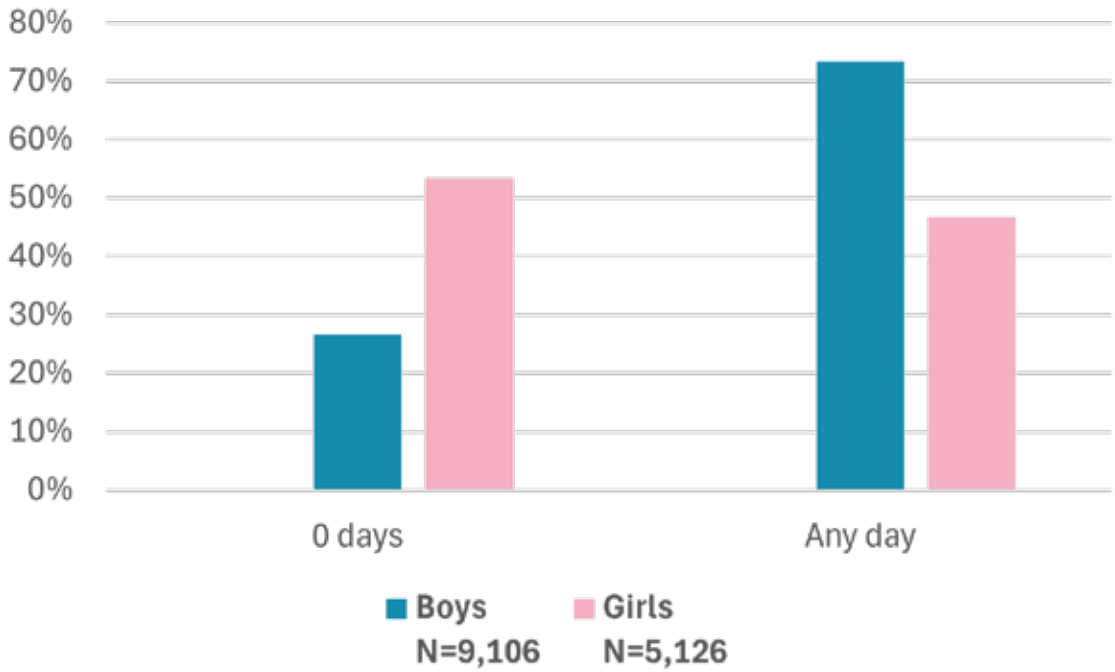


Figure 25: Exposure to Smoked Tobacco Outside the Home in the Past Seven Days (Sex-Wise)

Smokeless Tobacco: About 55.6% of adolescents noticed smokeless tobacco use in community settings. Out-of-school adolescents reported higher exposure (61.2%) whereas boys (65.9%) were more exposed to smokeless tobacco.

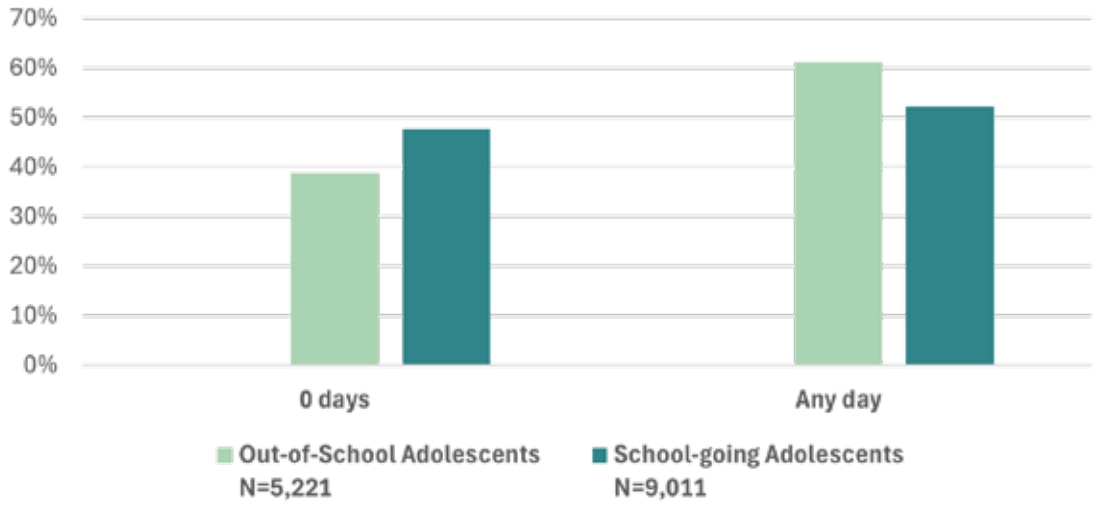


Figure 26: Exposure to Smokeless Tobacco Outside the Home in the Past Seven Days (by School-going Status)

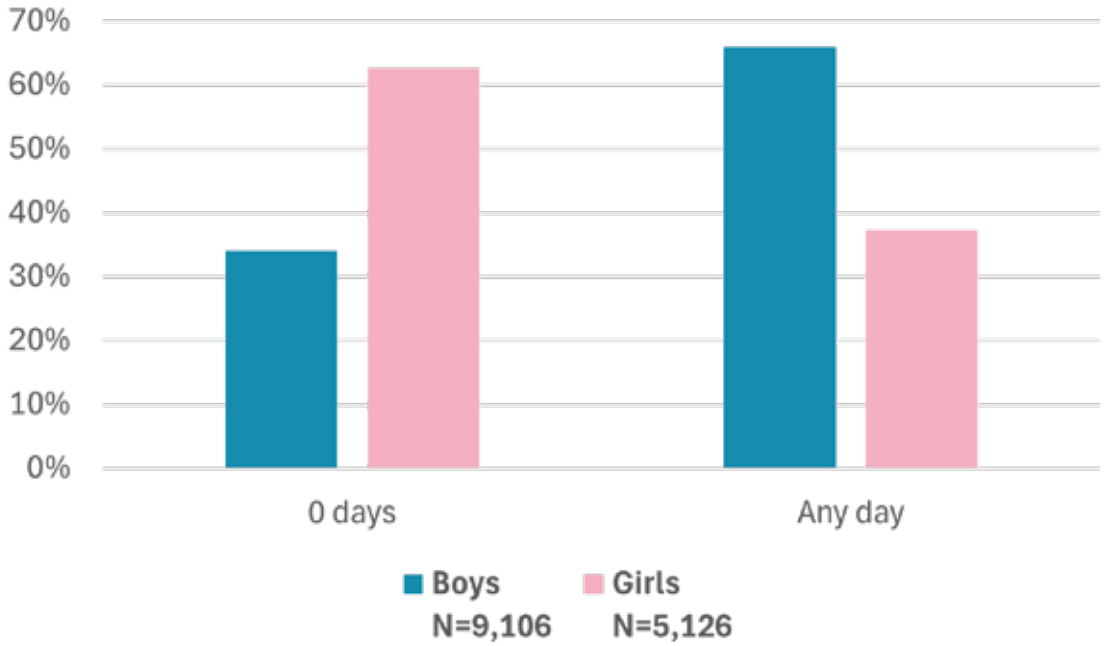


Figure 27: Exposure to Smokeless Tobacco Outside the Home in the Past Seven Days (Sex-Wise)

4.3.1.3. Exposure at School

Cigarettes and Smokeless Tobacco: Around 17.3% of school-going adolescents reported seeing cigarette smoking on school grounds, while 14.6% noticed others, like teachers, staff, or classmates, using smokeless tobacco on school premises.

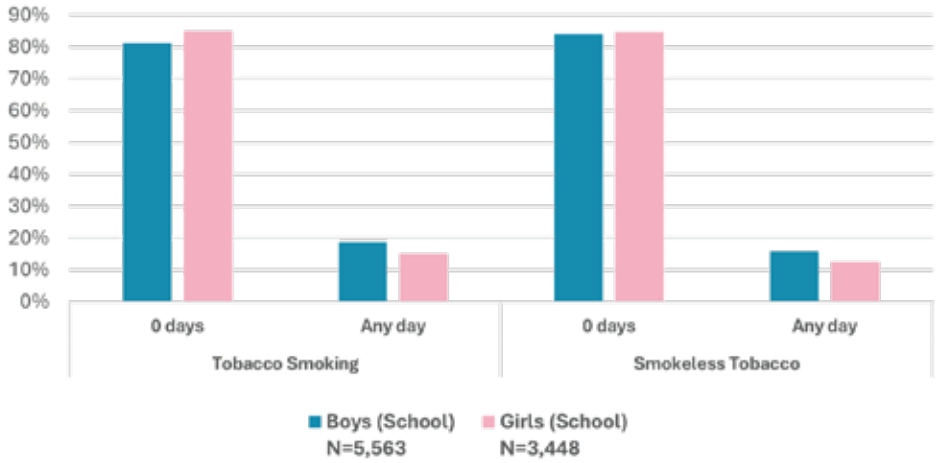


Figure 28: School-going Adolescents Exposed to Tobacco Smoking and Smokeless Tobacco in the School Premises in the Past Seven Days (Sex-Wise)

4.3.1.4. Exposure through Peers (Friends)

Cigarette Smoking: Peers have a major influence on adolescents' exposure to tobacco products. 16.2% of adolescents reported having friends who smoke cigarettes, with more boys (18.9%) being exposed. This was even more common among out-of-school (20.4%) than school-going adolescents (13.8%).

Smokeless Tobacco: 15.5% of adolescents said they had friends who used these products, with boys (17.7%) reporting higher exposure and out-of-school adolescents were more exposed (20.1%).

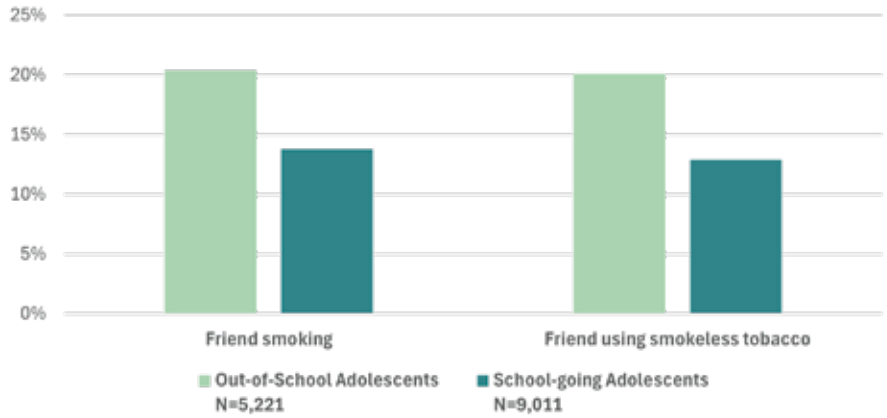


Figure 29: Exposure to Tobacco Smoking and Smokeless Tobacco Through Peers (by School-going Status)

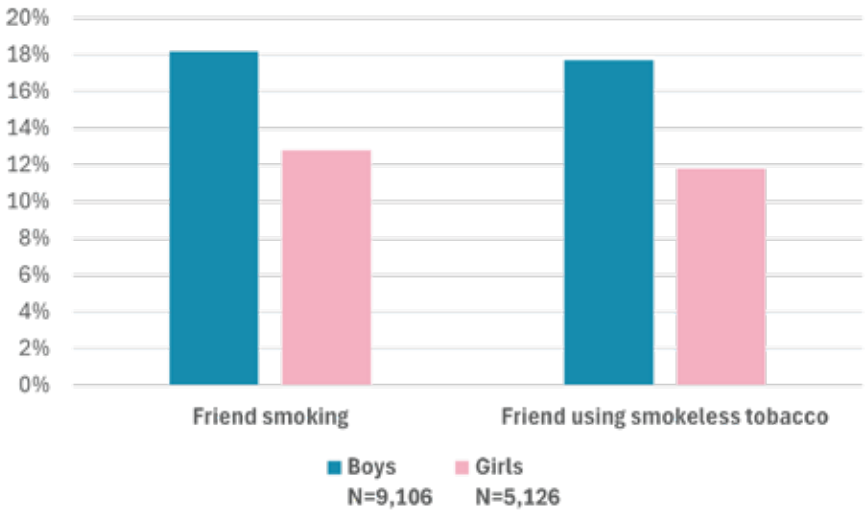


Figure 30: Exposure to Tobacco Smoking and Smokeless Tobacco Through Peers (Sex-Wise)

4.3.2. Nicotine and E-Cigarettes

Awareness about nicotine pouches was limited, with only 22.6% of adolescents aware of them, while 18.1% knew about e-cigarettes. Family member use of nicotine pouches and e-cigarettes was around 9.1% and 4.9% respectively. Whereas peer use was reported by 5.8% and 6.5% respectively.

Among the out-of-school adolescents, slightly higher exposure (6.5%) was noted, with boys reporting a higher percentage of peers who use nicotine pouches (7.3%). For e-cigarettes, the majority of school-going adolescents (8.1%) reported having friends who use e-cigarettes. Peer exposure was twice among boys (8%).

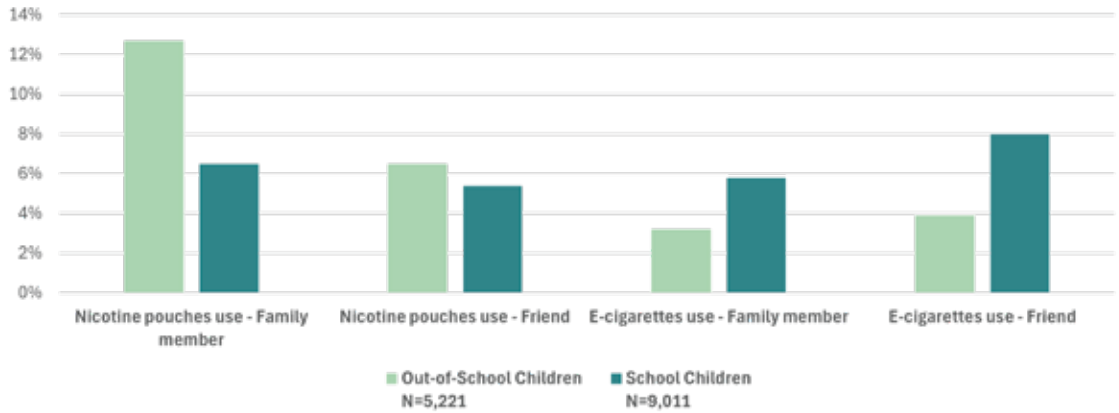


Figure 31: Family and Peer Use of Nicotine Pouches and E-cigarettes (by School-going Status)

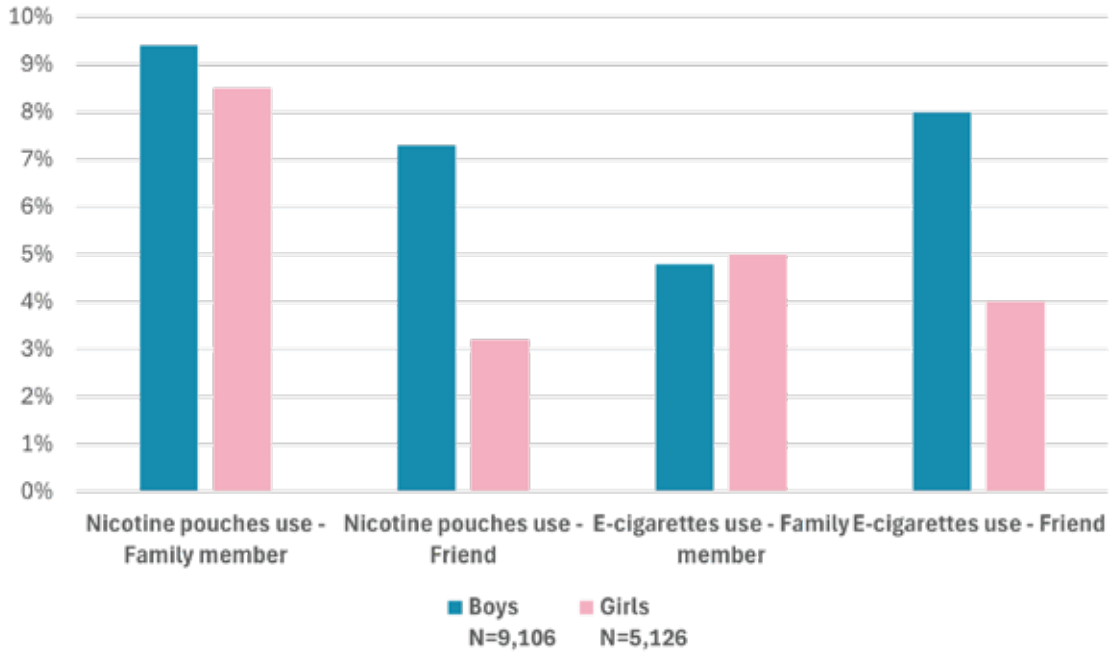


Figure 32: Family and Peer Use of Nicotine Pouches and E-cigarettes (Sex-Wise)

4.4. Susceptibility to Tobacco, Nicotine and E-Cigarette Use Among Adolescents

4.4.1. Cigarette

Most adolescents showed little interest in smoking cigarettes in the next 12 months. 84.5% said they would "definitely not" smoke during this time. Among school-going adolescents, 86% felt the same, showing slightly less interest in smoking than out-of-school adolescents.

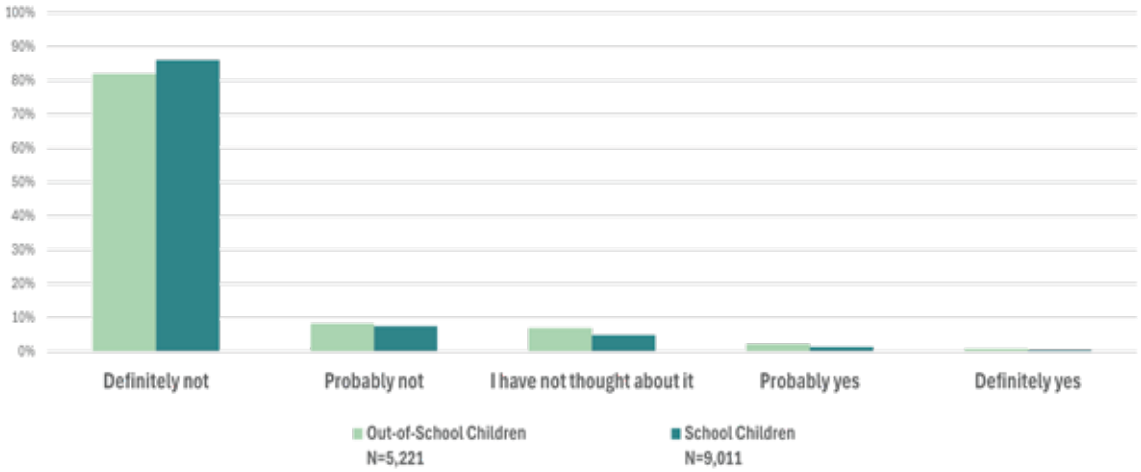


Figure 33: Susceptibility of Smoking Tobacco in Next 12 Months (by School-going Status)

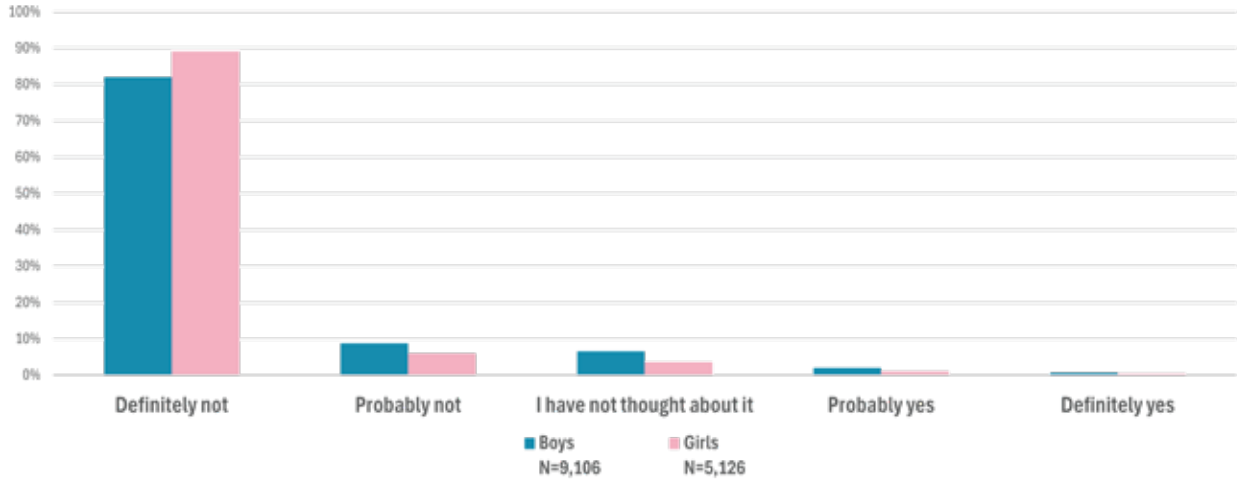


Figure 34: Susceptibility of Smoking Tobacco in Next 12 months (Sex-Wise)

When asked if they would smoke if a friend offered them a cigarette, 72.9% of adolescents said they would "definitely not." Girls (78.15%) showed more resistance than Boys.

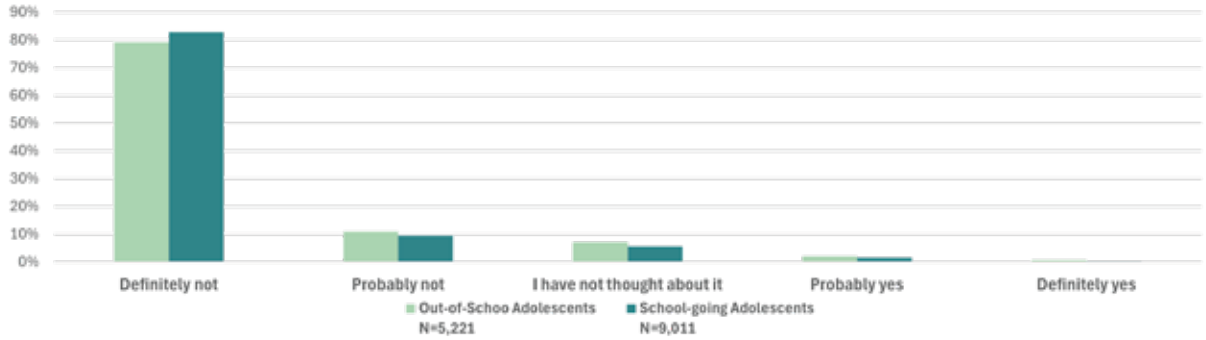


Figure 35: Susceptibility of Smoking Tobacco due to Peer Influence (by School-going Status)

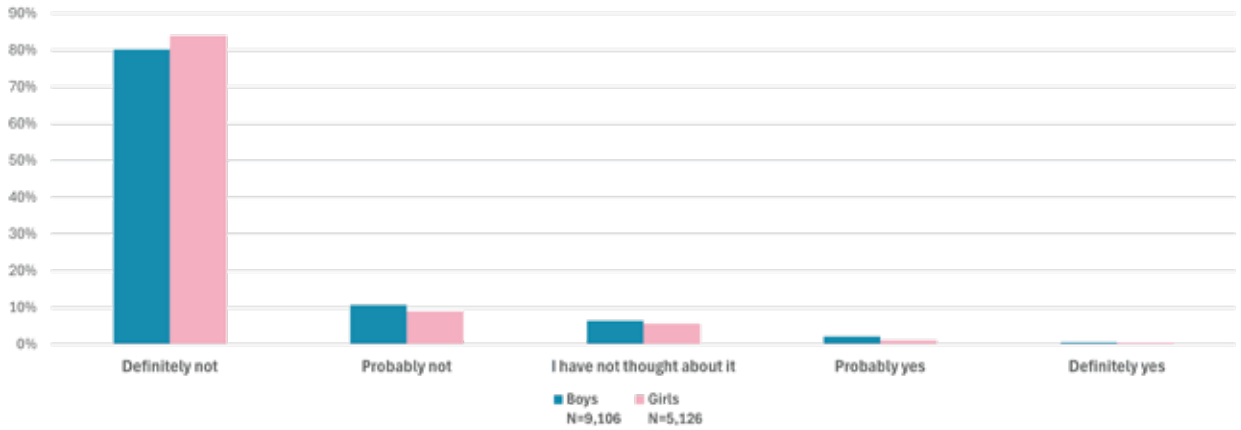


Figure 36: Susceptibility of Smoking Tobacco due to Peer Influence (Sex-Wise)

4.4.2. Smokeless Tobacco (SLT)

There was also low interest in using smokeless tobacco, with 86% of adolescents saying they would "definitely not" use it in the next 12 months. School-going adolescents (88.1%) showed slightly lower interest in using smokeless tobacco than out-of-school adolescents (82.5%).

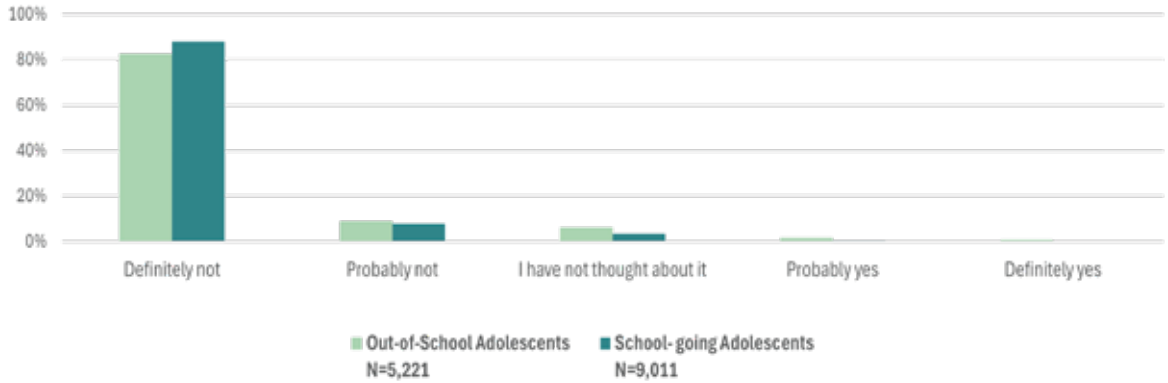


Figure 37: Susceptibility of Using Smokeless Tobacco in next 12 Months (by School-going Status)

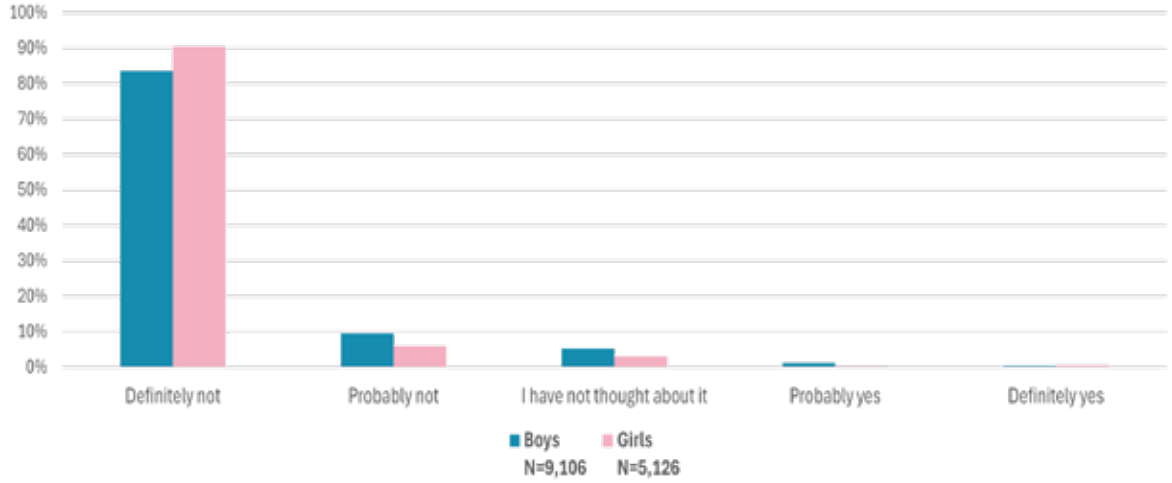


Figure 38: Susceptibility of Using Smokeless Tobacco in Next 12 Months (Sex-Wise)

When asked if they would accept smokeless tobacco if offered by a friend, 81.5% of adolescents said they would "definitely not" take it. Girls (83.9%) were more resistant than Boys. Out-of-school adolescents showed a slightly higher (2.1%) willingness to accept it.

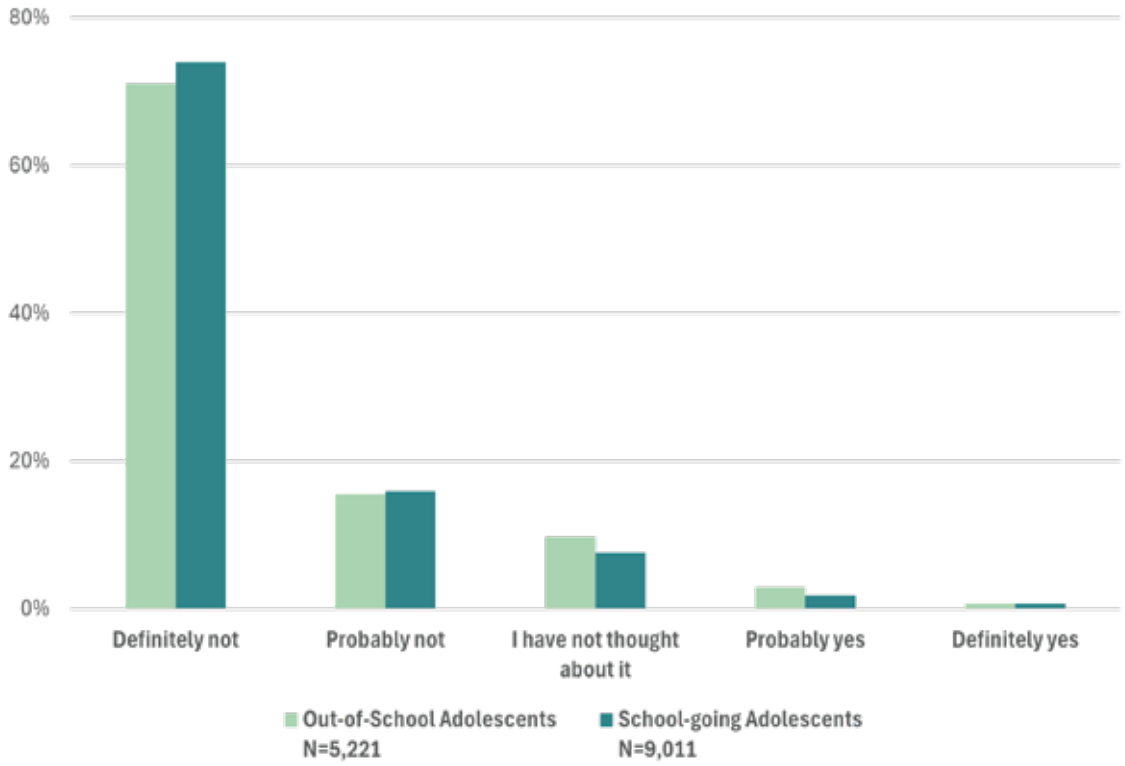


Figure 39: Susceptibility of Using Smokeless Tobacco due to Peer Influence (by School-going Status)

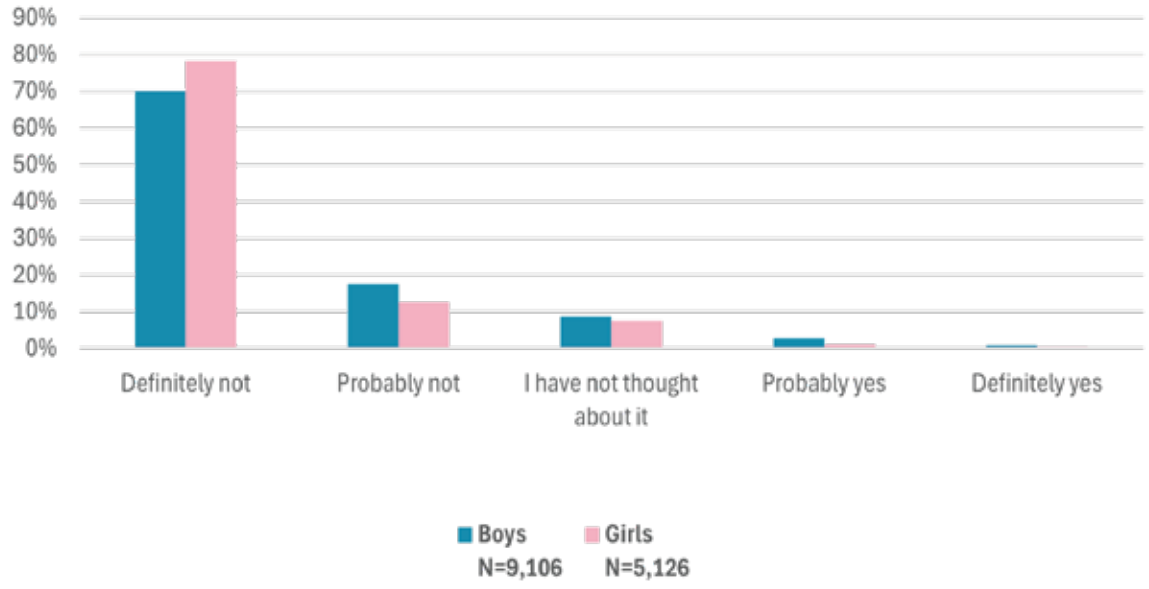


Figure 40: Susceptibility of Using Smokeless Tobacco due to Peer Influence (Sex-Wise)

4.4.3. Nicotine Pouches

For novel products like nicotine pouches, most adolescents showed low interest in using it in future, though there were slight differences between groups. 83.4% of adolescents said they would "definitely not" use nicotine pouches in the next 12 months. Girls (85.9%) were less likely to use it compared to boys.

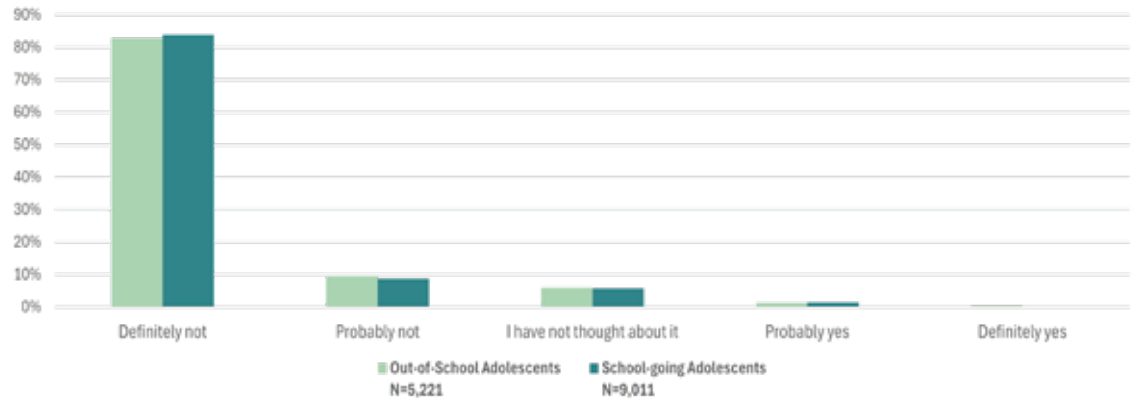


Figure 41: Susceptibility of Using Nicotine Pouches in Next 12 Months (by School-going Status)

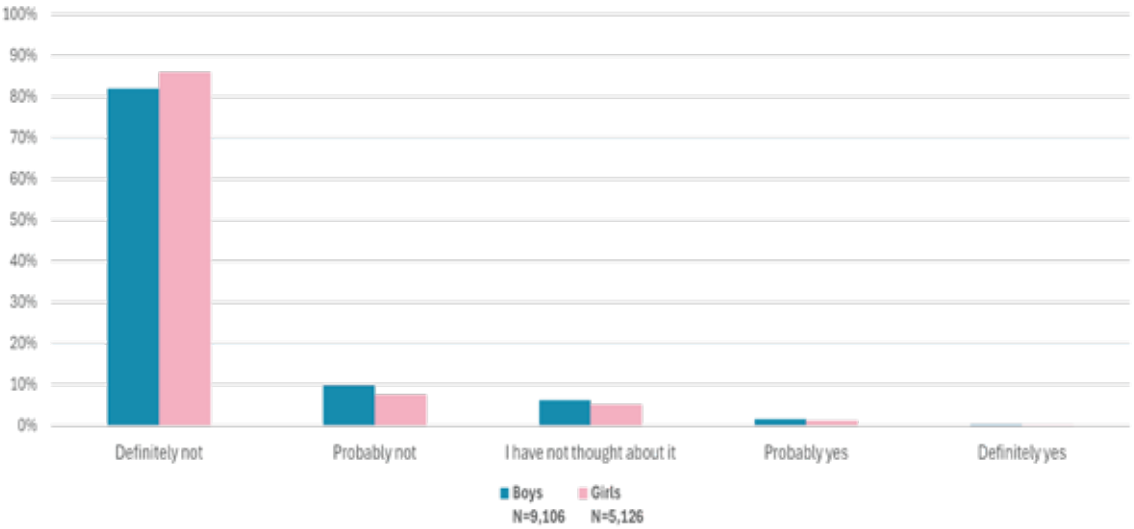


Figure 42: Susceptibility of Using Nicotine Pouches in Next 12 Months (Sex-Wise)

When asked if they would use a nicotine pouch if offered by a friend, 76.6% of adolescents negated using it in the future. Girls (79.1%) showed more resistance than boys.

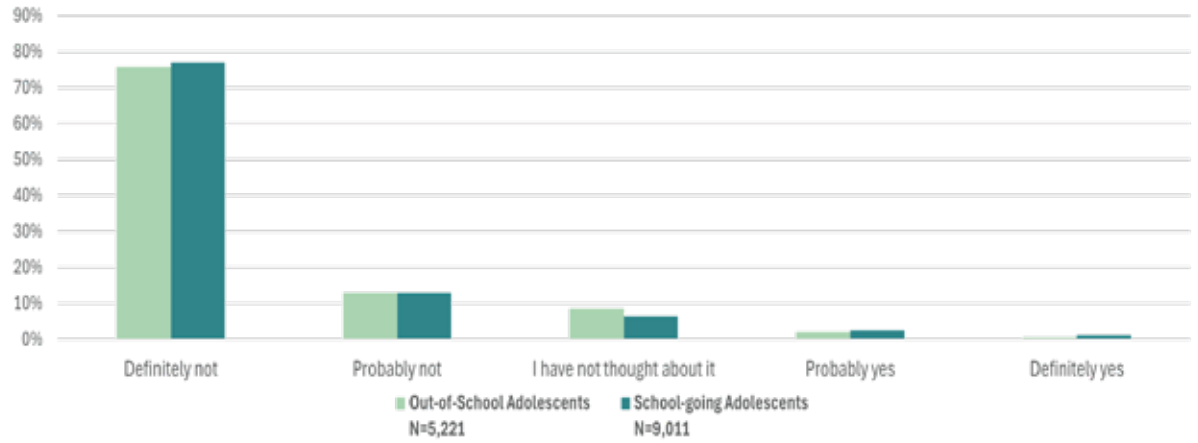


Figure 43: Susceptibility of Using Nicotine Pouches due to Peer Influence (by School-going Status)

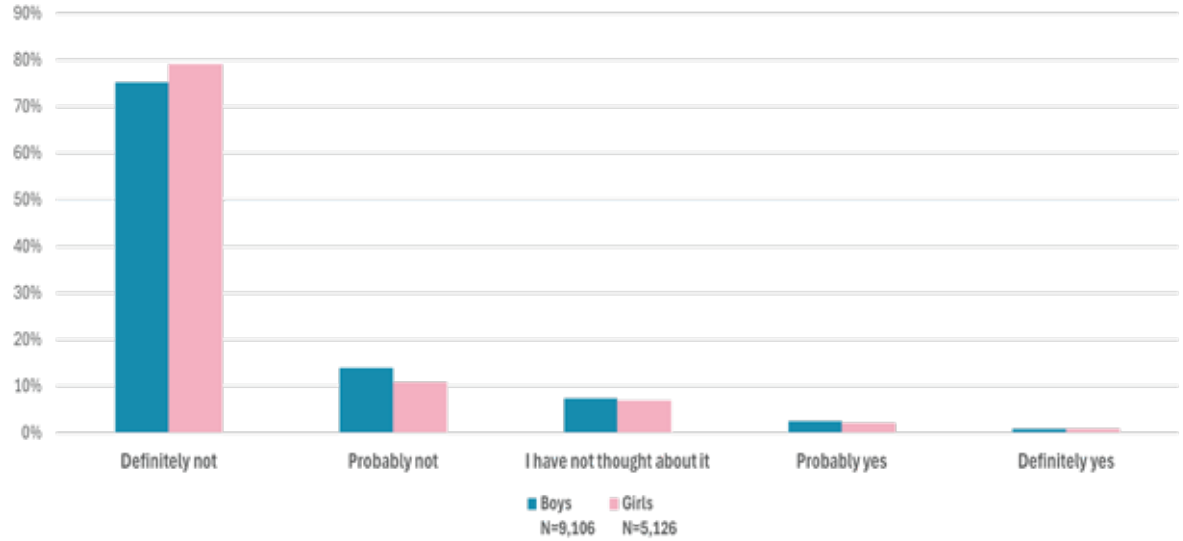


Figure 44: Susceptibility of Using Nicotine Pouches due to Peer Influence (Sex-Wise)

4.4.4. E-cigarettes

Adolescents showed slightly more susceptibility to e-cigarettes compared to other products. 2.7% of adolescents said that they would probably use e-cigarettes in the next 12 months, with boys (3.2%) showing more susceptibility to use in future compared to girls. The likelihood of using e-cigarettes was noted high among school-going adolescents (3.2%).

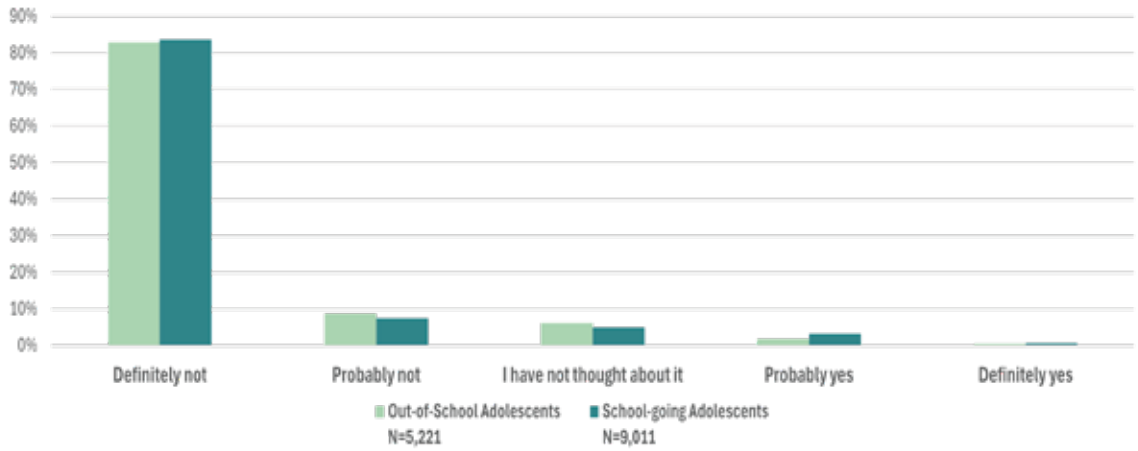


Figure 45: Susceptibility of Using E-cigarettes in Next 12 Months (by School-going Status)

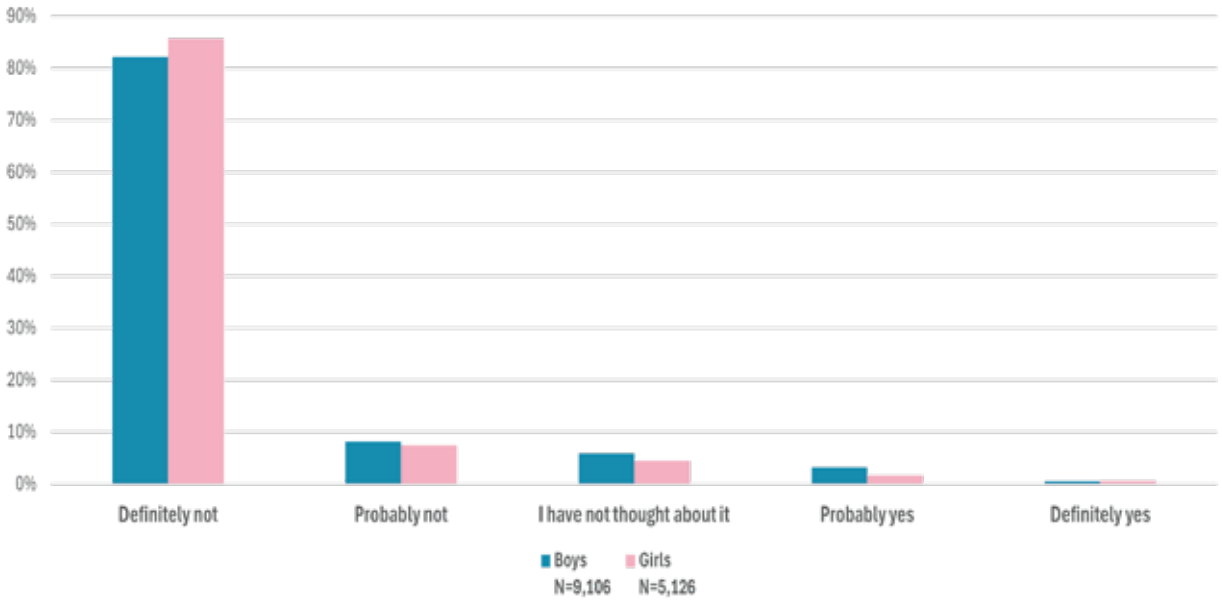


Figure 46: Susceptibility of Using E-cigarettes in Next 12 Months (Sex-Wise)

When asked if they would use an e-cigarette if offered by a friend, 2.5% of adolescents said that they would probably use it. Boys (3.1%) and school-going adolescents (2.9%) were more likely to use it if offered.

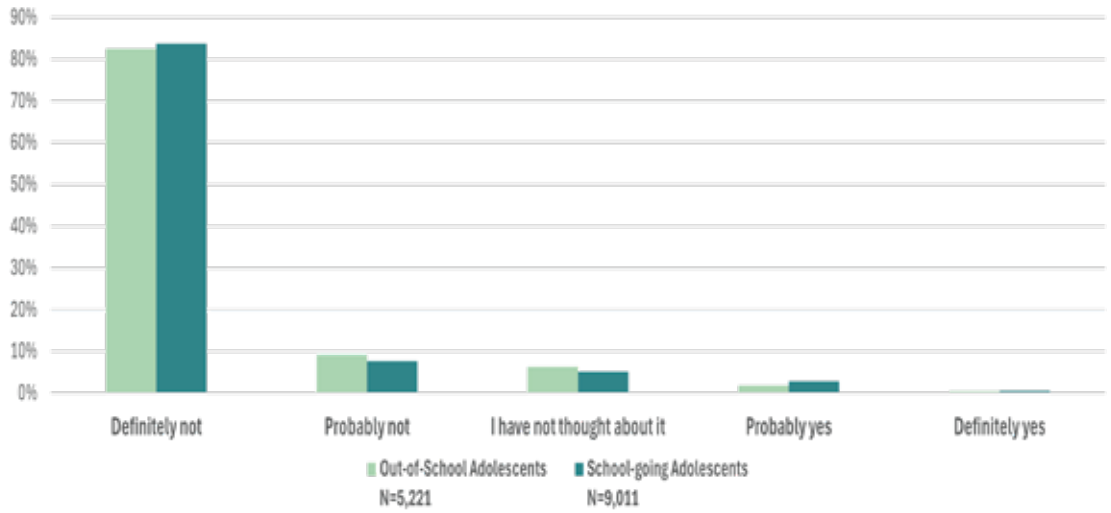


Figure 47: Susceptibility of Using E-cigarettes due to Peer Influence (by School-going Status)

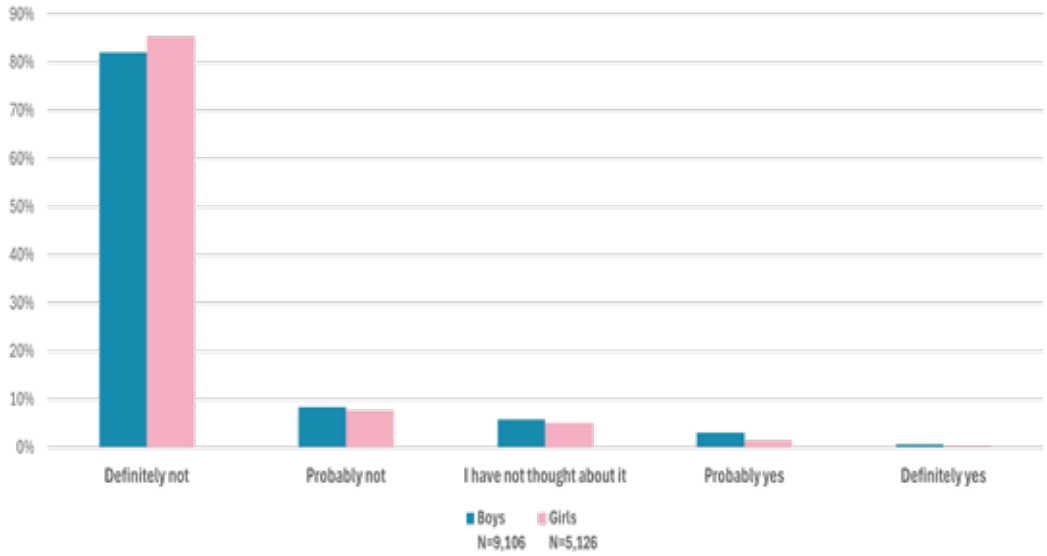


Figure 48: Susceptibility of Using E-cigarettes due to Peer Influence (Sex-Wise)

4.5. Availability of Tobacco Products

4.5.1. Access to Tobacco Shops Near Home

Overall, 43.1% of participants reported the existence of tobacco-selling shops within a five-minute distance of their homes. Boys (49.1%) reported a higher level of access to these shops than girls (32.3%).

4.5.2. Access to Tobacco Shops Near Schools

Among the school-going adolescents, 55.4% reported the presence of tobacco-selling shops near their schools. A larger proportion of boys (62.7%) knew about these shops as compared to girls (45%).

4.5.3. Easy Access to Purchasing Tobacco

Overall, 33.3% of participants found purchasing tobacco easy. Nearly two-fifths of boys (40.6%) reported that buying tobacco for them would be easier.

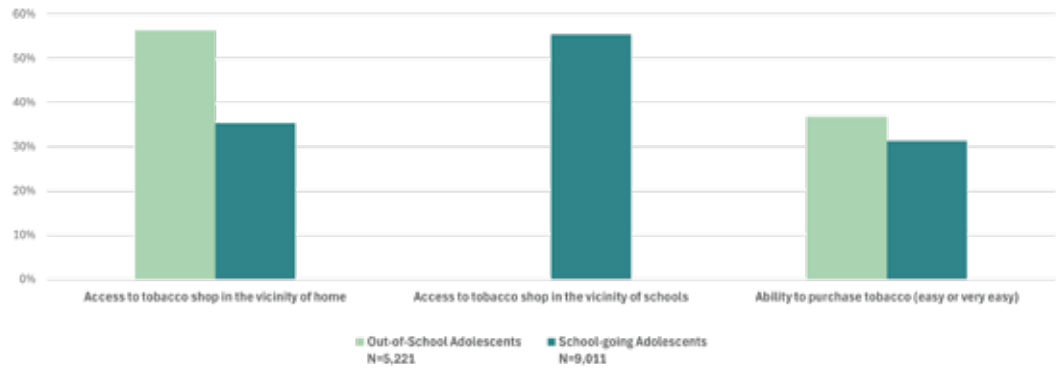


Figure 49: Availability of Tobacco Products (by School-going Status)

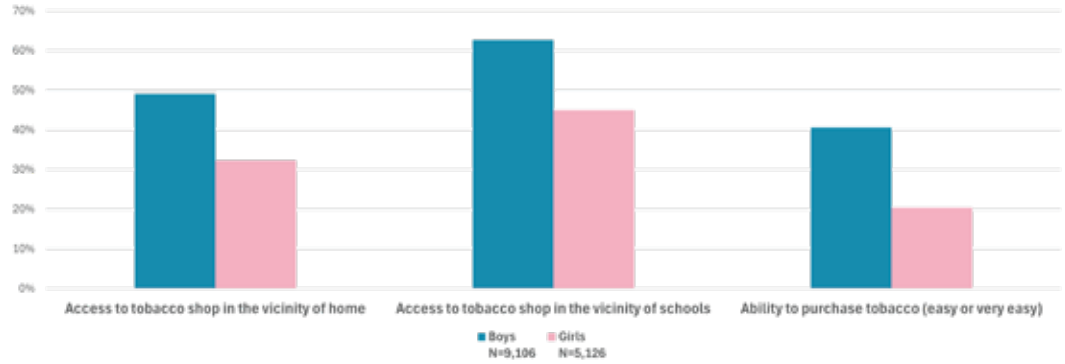


Figure 50: Availability of Tobacco Products (Sex-Wise)

4.6. Packaging Features of Cigarette Packs

The survey findings highlight the effectiveness of plain packaging in reducing the attraction of tobacco products among adolescents. When asked to evaluate the existing packaging of cigarettes versus standardized plain packaging, 70% of adolescents found plain packaging more unattractive. This trend was consistent across both out-of-school and school-going adolescents.

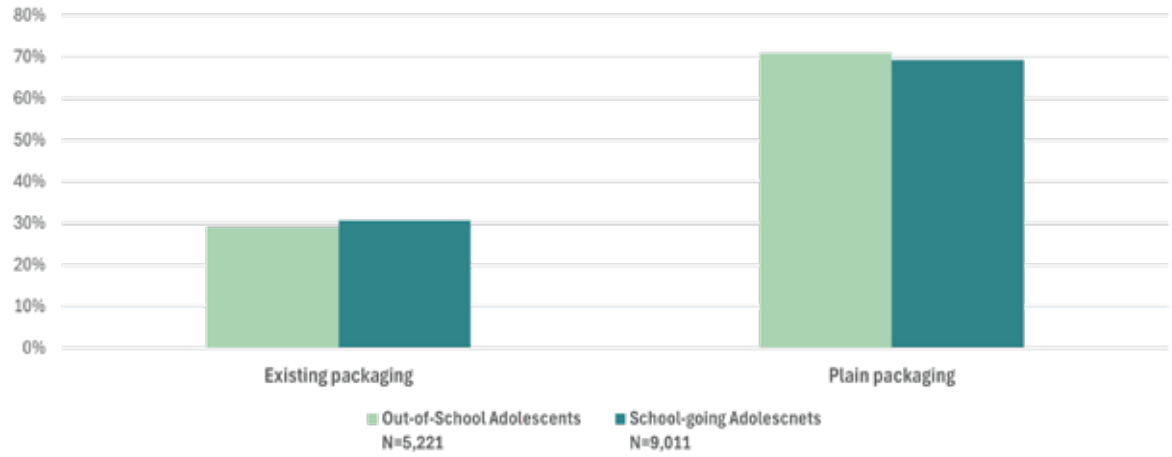


Figure 51: Proportions of Adolescents Finding Plain vs. Existing Packaging Unattractive (by School-going Status)

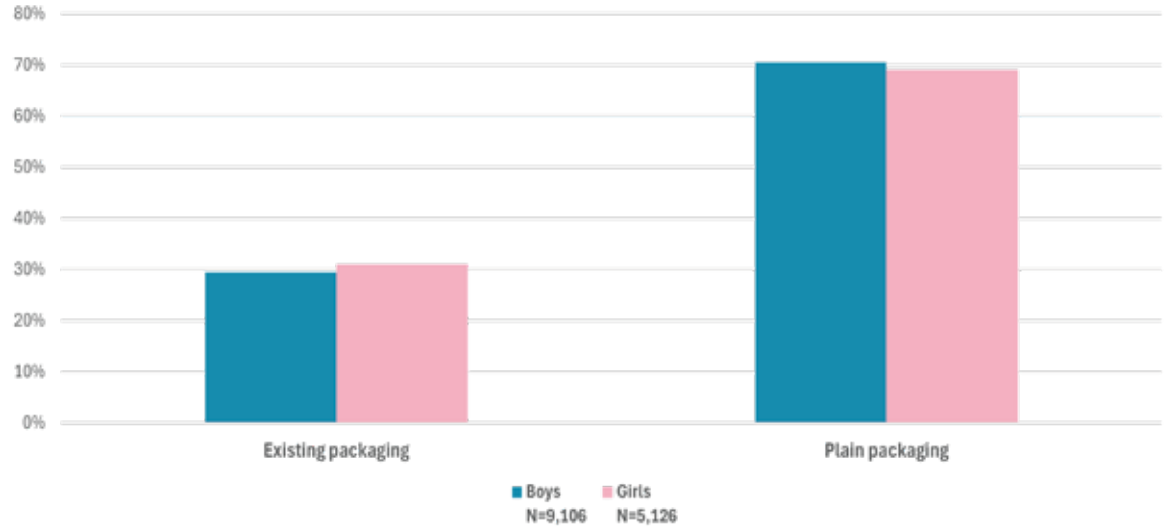


Figure 52: Proportions of Adolescents Finding Plain vs. Existing Packaging Unattractive (Sex-Wise)

CALL FOR ACTION

5. Call for Action

5.1 Policy Implementation / Enforcement

i. Enforce the 50-meter ban on tobacco sales near schools. Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002 (28).
ii. Strengthen measures to prevent single cigarette sales and ensure compliance. SRO 863(I)/2010 (29) and SRO 415(I)/2018 (30).
iii. More stringent enforcement to stop tobacco sales to minors. Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002 (28).
iv. Raise taxes on all tobacco products. Article 6 of Framework Convention on Tobacco Control (31).

5.2 Policy Enhancement

i. Mandate plain packaging for cigarettes. SRO(KE)/2019 (32).
ii. Prohibit flavourings in tobacco products, including menthol and sweet flavours. Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002 (28) and SRO 345(1)/2016 (33).
iii. Mandate tobacco products to be kept above the eye level of children at the point-of-sale. Prohibition of Smoking and Protection of Non-smokers Health Ordinance 2002 (28).
iv. Mandate removing tobacco products next to sweets, snacks and sugar-sweetened beverages at the point-of-sale. Article 16 of the Framework Convention on Tobacco Control (31).

5.3 Policy Creation

i. Extend existing regulations on tobacco to cover e-cigarettes, nicotine pouches (e.g., Velo), and other novel nicotine products, including clear definitions and age restrictions.
ii. Prohibit and regulate advertising and marketing or sponsorship of e-cigarettes and nicotine pouches at point-of-sale, social media (online markets) etc.
iii. Implement packaging restrictions similar to plain packaging laws for cigarettes to reduce the appeal of e-cigarettes and nicotine pouches.
iv. Restrict the sale of novel products below the age of 18.
v. Limit access and appeal of products like nicotine pouches (e.g., Velo) and e-cigarettes with regulations and awareness campaigns.

WAY FORWARD

6. Way Forward

To effectively address the findings of the survey and ensure meaningful progress in tobacco control, a way forward is proposed here;

6.1-Policy Framework and Implementation

i. Establish a robust policy framework to operationalize the recommended measures, ensuring they are actionable and enforceable across all levels.
ii. Develop a monitoring and evaluation mechanism to assess compliance with existing and new tobacco control policies.

6.2-Research Expansion and Integration

i. Expand the research scope to include longitudinal studies that monitor trends over time and assess the impact of interventions.
ii. Incorporate targeted questions on novel nicotine products and behavioural patterns into existing surveys, such as the Global Youth Tobacco Survey (GYTS).
iii. Conduct regular studies to explore emerging trends, such as the use of new products and their marketing strategies.

6.3-Collaborative Engagement

i. Engage with international bodies to align local strategies with global best practices, ensuring compliance with the WHO Framework Convention on Tobacco Control (FCTC).

GLOSSARY

Glossary

1. *E-Cigarettes:* Electronic devices that heat a liquid to produce vapour for inhalation, often containing nicotine.
2. *Enumeration Block (EB):* An enumeration block is the smallest geographic unit of the district, which consists of around 250 to 300 households. This division is used by the Pakistan Bureau of Statistics for conducting census.
3. *Nicotine Pouches:* Nicotine pouches are small, disposable pouches that contain nicotine and are placed between the lip and gum to absorb the nicotine.
4. *Out-of-School adolescents:* Adolescents aged 10–16 years who are not attending formal schooling for the last twelve months and have no plans of enrolling in the near future.
5. *Plain Packaging:* According to the World Health Organization (WHO), plain (or standardized) packaging is defined as; measures to restrict or prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style.
6. *Probability Proportional to Size (PPS):* A sampling method where the selection probability is proportional to the size of the unit. It is a method of sampling from a finite population in which a size measure is available for each population unit before sampling and where the probability of selecting a unit is proportional to its size.
7. *Systematic Random Sampling (SRS):* It is a random sampling method that requires selecting samples based on a system of intervals in a numbered population.

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