The legend goes that Jean Nicot, a French diplomat and scholar was detailed by the French Court in 1559 as an Ambassador at Portugal to negotiate the marriage of six years old princess Margret of Valois to the five years old King Sebastian of Portugal (talk about child-marriages!). The deal fell through, however Nicot on his return in 1561, brought along a very special gift for the French Court – a plant claiming to contain “cure for many diseases” such as tumor, cancer, gout and headache – Tobacco! Nicot thus became the first tobacco smoker and nicotine is said to be a derivative of his name, the person who introduced tobacco to France and later to most of the Northern Europe. Within a few years Nicot’s gift to the French Court became a fashion among the French aristocracy.

Use of tobacco for pleasure dates farther back in the Levant and to Safavid Dynasty of Persia and Mughals in India. The realization did not take long to creep in that this plant is anything but a “cure” and soon enough tobacco control laws were enacted. The Catholic Church in Mexico was the first one to ban smoking in 1575. King James–I of England followed the suit slapping 4000% tax increase (bless his soul!) and published his treatise “Counterblaste to Tobacco” stating that smoking is “a custom loathsome to the eye, hateful to the nose, harmful to the brain, dangerous to the lungs, and in the black, stinking fume thereof, nearest resembling the horrible Stygian smoke of the pit that is bottomless”. Most of the Europe enacted multiple tobacco ban laws in the 17th Century, however, these laws dampened to a great extent in the 18th and 19th Centuries. Probably because of the reason that the governments realized just how much money could be made taxing the tobacco instead of outright banning it.

Regardless, the greed realization rolled in and to increase yield and reduce the production time, multiple chemicals found their way into the crop line in early 1950s. The use of pesticides and other chemicals on agricultural products was permitted in Pakistan in mid 1950s. The desire to yield bumper crops enticed the farmers to use more and variety of chemicals without paying special attention to the short and long term effects of these excessive chemicals in comestible items such as tobacco crop. As per one research there are more than 4300 known chemicals in modern day cigarettes, out of which scores are proven to cause cancer and 11 are confirmed Grade–I carcinogens. The facts about smoking are shocking if not outright unbelievable.

World Health Organization (WHO) claims that currently there are almost 1.1 billion smokers around the globe and the number is likely to reach 1.6 billion by 2025. Around the world almost 6 million people die because of tobacco each year, a number that is one million more than HIV, malaria and Tuberculosis related deaths combined. Almost 480,000 Americans die each year because of the smoking related diseases, number of similar deaths, out of almost 24 million smokers in Pakistan, is 160,100 (15% are second-hand smokers – beware!). Pakistan also ranks among the top 10 countries with most worrying tobacco consumption trends.

In Pakistan the first of the kind tobacco control laws “West Pakistan Tobacco Vend Rules” were passed in 1958, to be followed by 1979 “Cigarettes (Printing of Warning) Ordinance”. Serious tobacco control regulation in Pakistan started after the turn of the century as the country became a party to the Framework Convention on Tobacco Control (FCTC) on 27 Feb 2005. Multiple Statutory Regulatory Orders (SROs) were passed from time to time targeting smoking ad ban, restricting smoking spaces, taxation and pricing control and Graphic Health Warning (GHW) etc. Many of these laws are effective today although a few have been revoked/ altered under the political and tobacco industry pressure.

Unfortunately millions continue to use smoking and smokeless tobacco and thousands are added to this number every years (most of them youth). The resolve
in facing the tobacco menace head on needs to be inculcated in the government quarters and Pakistani ruling culture. Pakistan could learn a lesson or two from its regional neighbors. Bhutan, for example, promulgated “Tobacco Control Act 2010” to regulate tobacco and tobacco products, completely banning the cultivation, harvesting, production and sale of tobacco and tobacco products. Similarly in Nepal 90% of the cigarette pack is covered with GHW both on front and back. In Pakistan a law was proposed for similar GHW covering 85% of the pack, which fell victim to political and tobacco industry influence and could not be enacted in letter and spirit. The case for revival of this law is pending decision before the Islamabad High Court.

The Need for Implementation before Legislation in Tobacco Control Regime of Pakistan

By Wasif Naqvi

Plethora of laws exist in Pakistan targeting multiple aspects of tobacco control including taxation, graphic health warnings, restriction of smoking spaces and advertisement bans. Doubtlessly, tobacco industry in connivance with their international partners, has outsmarted the legislative process. Pakistan has a reasonably long history of laws enacted in order to control the spread of the tobacco and allied products. However, the details of tobacco-industrial out-maneuvering is equally exhaustive.

The “West Pakistan Vend Act” was enacted back in 1958 and the law dealt with the licensing, manufacturing, retailing and dealing with the tobacco products. Pursuant to this, legislation and multiple Statutory Regulatory Orders were issued from time to time, such as 1959 Juvenile smoking Ordinance, 1979 Printing of Warning on Cigarette packing etc. However, in 2002, major revision of tobacco control was undertaken. The Tobacco Control Regime in Pakistan was further strengthened as Pakistan became the party to the Framework Convention on Tobacco Control in 2004. With changing global trends and special emphasis on ill-effects of tobacco products, laws in Pakistan were routinely updated.

The laws did not have a free pass and tobacco industry tried its level best to outwit these laws. Few of the examples are visible in the Rs. 33 Billion loss to the government exchequer through reduced tax collection. While the industry continued making hefty profits, elimination of a tobacco taxation tier was one of the sleaziest move by tobacco industry. Similarly the implementation of SRO 22(KE)/2015 proposing the Graphic Health Warning to be increased to 85%, was initially delayed and eventually manipulated to a much lower 50% and 60% Health Warnings to be implemented in 2018 and 2019.

The point made in here is the focus of the legislative process on the creation of new laws, which certainly is a healthy democratic activity per se, but the absence of implementation component. A tobacco control legislation should be enforceable among the masses, because of their direct involvement. Additionally, the implementing authority should be competent enough to enforce the existing laws and out of the tobacco industrial influence. SRO 654 (I)/2003 authorizes a bus/van conductor and drivers to eject a smoker from the vehicle, how many times have we really seen the manifestation of this order? And what happens if the
driver or the conductor are smoking, which is a well pronounced routine on the roads? This reiterates the need to enact the laws which are logically and culturally implementable. The incompetence of the enforcement agency in tobacco control regime results in mockery of the law. The role of mass media campaigns for public and general awareness cannot be overemphasized. Similarly, opinion leaders, legislators and policy makers need to understand the gravity of the problem and certainly need to stay a step ahead of the tobacco industry to safeguard against being ‘under the influence’.

We are lagging on multiple positive indicators globally, yet we are among the top ten countries in tobacco use. A comprehensive tobacco control (and finally elimination) policy can only be based on local scientific research and analysis. The research carried out in any other country may not be and cannot be applicable in Pakistan. Such research needs to include issues of health effects such as mortality rates, tobacco related cancer and hospital admission ratios, deaths, use and presence of over 4000 chemicals in tobacco products, prevalence of pesticides in tobacco and smoke, economic burden at micro and macro levels and other socio-cultural issues such as juvenile tobacco inspiration etc. In Pakistan the potential to control the menace of tobacco is enormous, and it can best be achieved through robust implementation before further legislation.

Wasif Naqvi is a research Associate at Sustainable Development Policy Institute (SDPI). He can be reached at wasif@sdpi.org.