Toolkit for **Tobacco Control** in Pakistan

Training package for
"Authorized Officers, Sub-national Leadership & Law Enforcement Agencies" to
Enforce Tobacco Control Laws
under the
Prohibition of Smoking & Protection of Non-Smokers Health Ordinance, 2002

Ministry of National Health Services, Regulations & Coordination (NHSRC)
Government of Pakistan

Tobacco Control Cell

Toolkit for **Tobacco Control** in Pakistan

Training package for
"Authorized Officers, Sub-national Leadership & Law Enforcement Agencies" to
Enforce Tobacco Control Laws
under the
Prohibition of Smoking & Protection of Non-Smokers Health Ordinance, 2002

Ministry of National Health
Services, Regulations &
Coordination (NHSRC)
Government of Pakistan

Tobacco Control Cell

Produced by:
Tobacco Control Cell, Director General (Health) Office,
Ministry of National Health Services, Regulations & Coordination (NHSR&C) Govt. of Pakistan

Technical Team
Dr. Shabana Saleem, Director General (Health)
Dr. Arsalan Hyder, Director Tobacco Control/National Focal Person WHO FCTC & Illicit Trade
Mr. Naeem Akhter, Deputy Director Programs
Mr. Muhammad Aftab Ahmed, Project Manager (Imp) TCC
Mr. Khurram Hashmi, Senior Technical Advisor, Vital Strategies
Mr. Shahzad Alam Khan, National Professional Officer, World Health Organization

Process Coordinated by:
Tobacco Control Cell, Director General (Health) Office
Ministry of NHSR&C
For more information, please visit:
Web: http://www.tcc.gov.pk - http://www.nhsrc.gov.pk - http://www.tsfc.gov.pk

وَلَا تُلْقُوا بِأَيْدِيكُمْ إِلَى التَّهْلُكَةِ {سُورَةُ البقرة 195}

ترجمہ: اور اپنے ہاتھوں ہلاکت میں نہ پڑو

MESSAGE

Syed Mustufa Kamal
Federal Minister of Health

The 2030 Agenda for Sustainable Development rightly identifies the tobacco epidemic—particularly under the Non-Communicable Diseases (NCDs) agenda—as a major threat to sustainable development. In alignment with Pakistan's National Health Vision, I reaffirm my strong commitment to addressing the growing use of tobacco and emerging tobacco products across the country through bold and effective action.

As the Federal Health Minister, I pledge to lead a coordinated national response, working hand in hand with provincial governments, public health institutions, and civil society to promote better health outcomes for our people and communities.

The launch of the National Tobacco Control Toolkit marks a significant milestone in our efforts. This comprehensive resource will play a pivotal role in enhancing capacity at all levels, offering clear guidance on tobacco control policies, cessation services, monitoring frameworks, and enforcement mechanisms. The toolkit is designed to increase awareness, strengthen knowledge, and develop the skills needed to implement tobacco control strategies effectively across Pakistan.

I call upon all provincial and local governments to fully enforce existing tobacco control laws and to rigorously follow the roadmap laid out in the toolkit. Together, we must create tobacco-free public spaces and cities, in line with our national commitments and the principles of the WHO Framework Convention on Tobacco Control (FCTC).

I extend my heartfelt appreciation to Dr. Malik Mukhtar Ahmad Bharath, Minister of State and Mirza Nasir-ud-Din Mashhood Ahmad, Secretary of the Ministry of NHSR&C, and to all the professionals whose dedication made this initiative possible. I look forward to the continued support and hard work of everyone at the Ministry of National Health Services, Regulations, and Coordination as we strive toward our shared goal: a Tobacco-Free Pakistan.

MESSAGE

Dr. Malik Mukhtar Ahmad Bharath,
Minister of State
for MoNHSR&C

The 2030 Agenda for Sustainable Development acknowledges the tobacco epidemic, particularly under the agenda of Non-Communicable Diseases (NCDs), as a significant challenge to sustainable development.

In alignment with the National Health Vision, I am committed to developing and implementing an ambitious response to curb the rising prevalence of tobacco and emerging tobacco products in Pakistan. I pledge to work collaboratively for the better health of our people and communities, and I fully endorse this document in both letter and spirit.

The development of the Tobacco Control Toolkit is a critical step forward, as it will serve as a comprehensive resource to build capacity and deepen the understanding of tobacco control policies, cessation services, monitoring protocols, and compliance guidelines. The primary objective is to enhance awareness, knowledge, and skills among trainers and participants, enabling them to effectively implement tobacco control measures across Pakistan.

I strongly urge Provincial Governments to ensure the enforcement of tobacco control laws and to adhere to the road map outlined in the toolkit to achieve tobacco-free public places and cities. Strengthening the implementation of the WHO Framework Convention on Tobacco Control (FCTC) is a key component of the Government's action plan. I extend my sincere gratitude to Mr. Mirza Nasir-ud-Din Mashhood Ahmad Secretary, Ministry of NHSR&C, and all the professionals who have contributed to this endeavor.

I look forward to the continued dedication of all officials at the Ministry of National Health Services, Regulations, and Coordination as we collectively work towards achieving a Tobacco-Free Pakistan.

FOREWORD

Mirza Nasir-ud-Din Mashood Ahmad
Secretary
Ministry of NHSR&C

As a signatory to the WHO Framework Convention on Tobacco Control (FCTC), Pakistan is committed to implementing effective measures to further reduce tobacco use, with a particular focus on preventing youth from starting in the first place. This commitment is essential for improving the health outcomes of our communities now and in the future. To mitigate the harmful impact of tobacco on individuals and society, a comprehensive, collaborative approach is required.

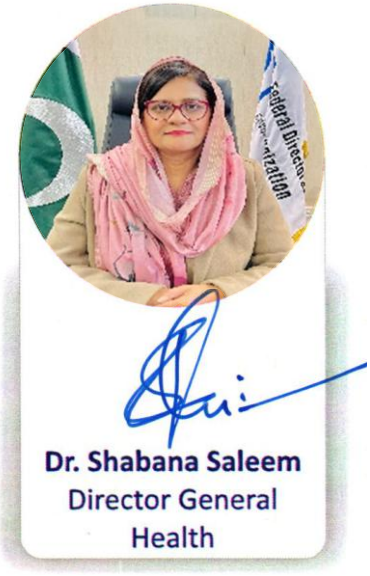
This involves all relevant sectors working together to reduce the risks associated with tobacco use while promoting preventative and control interventions. Over the past years, significant progress has been made in strengthening tobacco control legislation and enforcement in Pakistan. The "Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002" was a major step forward. However, the successful implementation of this ordinance hinges on regular training for law enforcement officials, authorized officers, and Provincial and District Governments. Developing Tobacco Control Toolkit is crucial, as it will serve as a comprehensive resource to build capacity and enhance understanding of tobacco control policies, cessation services, monitoring protocols, and compliance guidelines.

The goal is to increase awareness, knowledge, and skills among trainers and participants, enabling them to effectively implement tobacco control measures across Pakistan.

I urge the Provincial Governments to ensure the implementation of the law and to follow the road map provided in the document to achieve tobacco-free public places and cities. Strengthening the implementation of the WHO FCTC is a crucial aspect of the Government's action plan. However, without wide spread societal acceptance of the need to change attitudes towards tobacco use, all efforts by Governments, enforcement agencies, and international donors will not succeed in achieving long-term, sustainable change.

Together, we are working towards making Pakistan a better place to live, work, and play, in a culture that values safety and well-being. I extend my sincere thanks to the Dr. Shabana Saleem, Director General (Health) and all the professionals who contributed to this endeavor.

ACKNOWLEDGMENT



The Tobacco Control Toolkit marks a significant milestone in the enforcement and training efforts aimed at strengthening tobacco control leadership in Pakistan. This toolkit provides comprehensive guidance for preparing and empowering leaders in tobacco control, setting the foundation for effective implementation of tobacco control measures across the country.

The development of the Training Manual Participant Handbook for the Training of Trainers and Cascade Training under the National Tobacco Control Cell is a testament to the collaborative efforts of various stakeholders. These materials emerged from a series of insightful consultations and reflect a shared commitment to advancing tobacco control in Pakistan.

The development of the Tobacco Control Toolkit was spearheaded by National Focal Person for Tobacco Control, under the supervision of the Ministry of NHSR&C. His leadership in steering this complex and critical initiative, with guidance from the Ministry, tobacco control experts, and stakeholders, is highly commendable. Special thanks are extended to Mr. Khurram Hashmi, Senior Technical Advisor, Mr. Shahzad Alam Khan, National Professional Officer, World Health Organization and Mr. Muhammad Aftab Ahmad, Project Manager (Implementation) at the Tobacco Control Cell, Ministry of NHSR&C, for their unwavering technical support and dedication in developing this document.

I would also like to express my deep appreciation to the Higher Education Commission of Pakistan and extend sincere gratitude to Mr. Usman Ashraf, Additional Deputy Commissioner of Islamabad, for his strategic and technical support in finalizing the Tobacco Control Toolkit. The technical support provided by World Health Organization and Vital Strategies are also acknowledged and greatly appreciated.

Moreover, I would like to thank the tobacco control focal points from the Federal Directorate of Education, Private Educational Institutions Regulatory Authority, ICT Excise, Taxation and Narcotics Department, Islamabad Capital Police, the Center for Health Research and Development (CHRD), along with renowned CSOs, Public Health Consultants, and all those who contributed to the series of meetings and consultations that led to the development of the National Tobacco Control Toolkit. Your valuable contributions have been instrumental in shaping this important resource.

The finalization of the Tobacco Control Toolkit is a crucial step forward. It will serve as a comprehensive resource to build capacity and enhance understanding of tobacco control policies, cessation services, monitoring protocols, and compliance guidelines, thereby strengthening our collective efforts to combat tobacco use in Pakistan.

MESSAGE

Dr. Arsalan Hyder
Director, Tobacco Control/
National Focal Person
WHO FCTC & Illicit Trade
Ministry of NHSR&C

It is with great pride and commitment that we present this Tobacco Control Toolkit—an essential resource designed to empower policymakers, health professionals, educators, and civil society in our shared mission to create a tobacco-free Pakistan.

Tobacco use remains one of the leading causes of preventable death and disease in our country. Every year, thousands of lives are lost to tobacco-related illnesses, placing an immense burden on families, healthcare systems, and the national economy. Recognizing this, the Government of Pakistan is fully committed to implementing evidence-based policies aligned with our national laws and international obligations under the WHO Framework Convention on Tobacco Control (FCTC).

This toolkit has been carefully developed to provide practical guidance on tobacco control measures, including legislation, enforcement, public awareness, and cessation support. It aims to equip stakeholders at all levels with the tools they need to take effective action against tobacco use, protect public health, and safeguard future generations from the devastating impacts of nicotine addiction.Special thanks are extended to Mr. Khurram Hashmi, Senior Technical Advisor (Vital Strategies), Mr. Shahzad Alam Khan, National Professional Officer, WHO, Mr. Muhammad Aftab Ahmad, Project Manager (Imp), Dr. Fouzia Hanif Deputy Director at the Tobacco Control Cell, Ministry of NHSR&C, for their unwavering technical support and dedication in developing this document.I encourage all users of this toolkit to engage with its contents actively, apply its recommendations, and collaborate across sectors to advance tobacco control in Pakistan. Together, we can build a healthier, more resilient nation.

CORE THEME OF STRATEGY

TABLE OF CONTENTS

TABLE OF CONTENTS

ABBREVIATIONS

CSO	Civil Society Organization
EMRO	Eastern Mediterranean Regional Office
ENDS	Electronic Nicotine Delivery System
ENNDS	Electronic Non-Nicotine Delivery System
FBR	Federal Board of Revenue
FCTC	Framework Convention on Tobacco Control
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
HTPs	Heated Tobacco Products
HnB	Heat-not-burn (HnB) tobacco products
ICT	Islamabad Capital Territory
LMIC	Low Middle-Income Countries
M/o NHSR&C	Ministry of National Health Services, Regulations & Coordination
NCDs	Non-Communicable Diseases
NRTs	Nicotine Replacement Therapies
NTCS	National Tobacco Control Strategy
SHS	Second-Hand Smoke
SDGs	Sustainable Development Goals
SF	Smoke Free
SLT	Smokeless tobacco
TAPS	Tobacco Advertising, Promotion, And Sponsorship
TCLs	Tobacco Control laws
THS	Third-Hand Smoke
VS	Vital Strategies
WHO	World Health Organization

Introduction

Tobacco use stands as a prevalent risk factor for major Non-Communicable Diseases (NCDs), including cancer and cardiovascular diseases, contributing to more than two-thirds of all new NCD cases. Unfortunately, over 80% of these preventable deaths occur in low- and middle-income countries. In Pakistan, the devastating impact of tobacco is evident, with 163,671 lives lost annually, averaging 438 deaths per day.

According to the Global Adult Tobacco Survey 2014 conducted by the World Health Organization (WHO) in Pakistan, approximately 23.9 million adults (31.6% of men, 5.8% of women) use tobacco in various forms. Among them, 15.6 million adults (22.2% of men, 2.1% of women) smoke tobacco, while 9.6 million adults (11.4% of men, 3.7% of women) use smokeless tobacco. The current scenario reveals a tobacco prevalence rate of 10.7% among the youth.

The first law addressing the prohibition of smoking in public places was enacted in 2002, titled the "Prohibition of Smoking and Protection of Non-Smoker's Health Ordinance 2002." The Ministry of National Health Services, Regulations, and Coordination have issued 28 S.R.Os. under this ordinance. Additionally, Pakistan, as a signatory of the WHO Framework Convention on Tobacco Control (FCTC), aligns its tobacco control efforts with the 2030 Agenda for Sustainable Development. The country signed the FCTC in 2004 and ratified it in 2005.

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

The establishment of the National Tobacco Control Cell in 2007, sanctioned by the cabinet, marked a significant milestone. The inaugural Bloomberg Program, launched in 2008 in collaboration with The Union and WHO, led to the development of the "Smoke-Free Model" in Islamabad between 2014-17, known as "Tobacco Smoke-Free Islamabad." WHO recognized and awarded the National Tobacco Control Cell in 2021 for these successful interventions. Currently, the same model is being replicated in eight divisions and 30 districts across Pakistan, marking a concerted effort toward nationwide tobacco control.

The implementation of project activities and tobacco control laws within the selected province, division, and district levels has been integrated into the overarching framework of the National Tobacco Control Cell, aimed at fostering smoke-free environments in various public places. Given the

pivotal role of administrations at different levels in ensuring the effective enforcement of tobacco control laws, it is imperative that national, provincial, and divisional/district authorities possess the necessary knowledge and skills pertaining to the Tobacco Control Initiative including laws and related aspects.

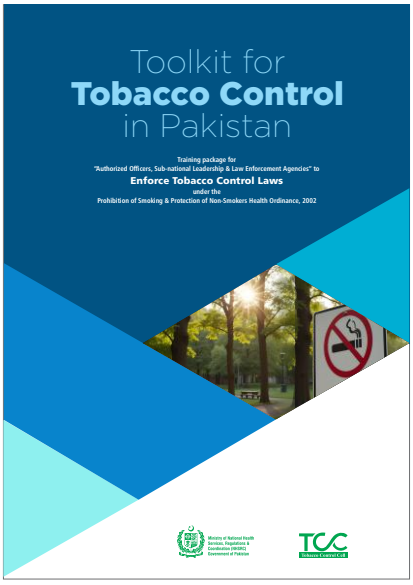
In light of this, a training module has been developed by the National Tobacco Control Cell in collaboration with Vital Strategies. This module targets focal persons, master trainers, authorized officers, and law enforcement agencies at the provincial, divisional, and district levels. Its objective is to equip these stakeholders with the requisite expertise and capabilities to effectively implement tobacco control measures and uphold related laws within their respective jurisdictions.

We believe that well-informed and trained officers at all levels will enhance the overall impact and outcomes of the project. The training manual covers key areas relevant to tobacco control, ensuring a comprehensive and standardized approach to the implementation of the smoke free initiative.

Resource Material for the Training Manual

Resource Material for the Training Manual

The Toolkit Comprising Training Manual has the following resource material:



1. Participant Handbook: The comprehensive Participant Handbook designed to provide essential knowledge and information to complement the topics covered during the upcoming training sessions. This booklet serves as a valuable resource for both participants and facilitators, offering guidance and ready reference throughout and beyond the training.

The Participant Handbook has been carefully crafted to enhance the learning experience, ensuring that participants can easily access relevant information during the training sessions. The comprehensive content covers key aspects of the training curriculum, offering a detailed understanding of the topics discussed.

We encourage both participants and facilitators to make use of this handbook as a tool for continuous learning. Its user-friendly format is designed to facilitate easy navigation and quick retrieval of information.

2. Trainer's Manual: The Trainers Manual for the Master Trainers serves as a comprehensive resource that outlines the objectives, session plan, audio-visual aids, unit review questions, and key resource materials provided by the National Tobacco Control Cell. This guide is designed to offer trainers a structured and detailed overview of each training session, ensuring a seamless and effective delivery of the curriculum.

Additionally, it includes an outline of the PowerPoint presentations, providing a roadmap for trainers to navigate through the content and engage participants in a meaningful learning experience. The Trainers Manual is an indispensable tool that equips trainers with the necessary resources to facilitate engaging and informative training sessions.

3. Power-Point Presentations: The Power-Point Presentations have been precisely crafted for each training session and are readily available in soft copies. Master Trainers are strongly encouraged to utilize these presentations as reference points throughout the training sessions. To ensure a seamless and focused training experience at the National, Provincial, Divisional, and District levels, Master Trainers are advised to provide these presentations to the resource persons well in advance of the training.

This proactive approach will not only familiarize resource persons with the content but also contribute to maintaining a concentrated and informative atmosphere during the training sessions. Master Trainers are encouraged to incorporate relevant examples and best practices from Pakistan wherever necessary, fostering a contextually rich and engaging learning environment.

4. The Key Resource Material: The Key Resource Material, precisely developed by the Ministry of National Health Services, Regulations and Coordination, Government of Pakistan, specifically for the National Tobacco Control Cell covering a spectrum of topics and stakeholders, has been meticulously compiled.

Trainers are urged to introduce and reference these invaluable resources to participants based on the specific needs of each session. The wealth of information contained in these materials serves as a foundation for a comprehensive understanding of the particulars surrounding tobacco control, enriching the learning experience for participants at various levels of the training program.

Objectives and the contents of the Training Manual

The Training programs through toolkit holds immense significance as it stands poised to fortify the enforcement process, elevate public health outcomes, and align seamlessly with the overarching objectives of tobacco control in the country. The inclusion of an orientation on the National Tobacco Control Strategy 2022-2030 marks a crucial step in bolstering capacities and ensuring the successful implementation of tobacco control policies at the national level. This initiative not only empowers trainers with the necessary skills to disseminate knowledge effectively but also contributes to the broader mission of fostering a healthier and tobacco-free environment across the nation.

This toolkit has been meticulously developed to guide trainers in the seamless execution of the following initiatives:

1. One Day Trainings for 'Authorized Officers, District Administration & Law Enforcement Agency to Enforce Tobacco Control laws in Pakistan': These training sessions are designed to empower focal persons and authorized officers to enforce anti-smoking regulations in Pakistan with the requisite knowledge and skills essential for the effective execution of their roles.

2. Orientation on Interventions provided in the National Tobacco Control Strategy 2022-2030: This component will focus on delivering a comprehensive orientation and understanding of the various interventions outlined in the National Tobacco Control Strategy for the years 2022 to 2030, ensuring participants are well-versed in the strategic goals and actions.

3. Orientation on monitoring / implementation of Tobacco Control Laws at Public Place & Public Service Vehicles: This initiative aims to provide a detailed orientation on the monitoring processes associated with Tobacco Control Laws in public places and public service vehicles, emphasizing the importance of compliance. Additionally, participants will receive guidance on the declaration process for smoke-free public places.

These initiatives collectively contribute to building a cadre of informed and skilled professionals dedicated to the effective implementation and monitoring of tobacco control measures in Pakistan.

Specific Objectives

By the conclusion of the training program, the participants shall be able to:

- Explain burden and epidemiology of tobacco use in global and National Context;
- Elaborate health hazards associated with smoking and second-hand / 3rd hand smoke;
- Describe various tobacco control policies / legislation measures related to FCTC/MPOWER;
- Highlight key components of the Tobacco Control Laws in Pakistan;
- List the limitations placed by the government on consumption, advertising, and sale of smoking and associated penalties against violation;
- Plan, implement, and undertake monitoring and supervision of various components of National Tobacco Control Laws;
- Understand the process and procedures by which authorized persons may enforce the Prevention of Smoking and Protection of Non-Smokers Health Ordinance, 2002 in Pakistan;
- Monitor various tobacco control laws in Pakistan;
- Plan how to create 'Tobacco-free cities', devise road map / plan of action, and declare the tobacco smoke-free facility;
- Learn the protocol for smoke free public places and how to fill the checklist in this regard.
- Seek the knowledge about use of Smoke Free Pakistan Mobile Application and installation.
- Set-up and strengthen cessation facilities, including the provision of pharmacological treatment facilities at the district level;
- Describe key measures to be undertaken for testing and regulation of tobacco products.

These objectives are designed to equip participants with a comprehensive understanding of tobacco control, enabling them to contribute effectively to the implementation and enforcement of relevant laws and policies

Duration of the Training: One-day training session

(TENTATIVE AGENDA)

One Day Training of Trainers (ToTs)

on Tobacco Control Toolkit

0945 – 1245 (3 hours)

Time	Activity
0945 – 1030	Registration Recitation from Holy Quran Objectives of the Training of Trainers Welcome Remarks by Chair Group Photo
1030 – 1045	Tea Break
1045 – 1130	Presentation on Tobacco Control Toolkit
1130 – 1215	Divisions of Participants in Groups Small-group exercise on Tobacco Control Tobacco Control Toolkit Group Presentations
1215 - 1245	Concluding Remarks by Chief Guest Certificate distribution Ceremony Vote of thanks
1245	Lunch

Methodology

The orientation to key concepts will be facilitated through a dynamic combination of lecture-discussion methods, employing Power-point presentations complemented by relevant audio-visual aids to enhance engagement. A participatory approach will be adopted to encourage active involvement and interaction among participants. Case studies, integral to the sessions, will be thoroughly discussed, fostering a deeper understanding of practical applications. Master Trainers are encouraged to organize role plays in alignment with the session plan, dedicating specific time for subsequent group discussions.

Additionally, group presentations will be a pivotal component, providing participants with a practical orientation based on the outlined topics, roadmap, and plan of action during the training. This multifaceted approach ensures a comprehensive learning experience that accommodates various learning styles and maximizes the effectiveness of the orientation sessions.

The Quantity and Characteristics of Participants

The training sessions are designed to accommodate a group of 25-30 participants. This inclusive approach welcomes the participation of National, Provincial, and Division/District focal persons, master trainers and authorized officers, along with other pertinent officials engaged in the development of the toolkit and the planning and implementation of the training session program.

The diverse composition of participants ensures a holistic representation of key stakeholders, fostering collaborative learning and enriching the training experience with a variety of perspectives and expertise.

Evaluation of Training

Both pre and post evaluations will be conducted to gauge the participant's knowledge and understanding before and after the training sessions.

Additionally, a response level evaluation will be carried out at the conclusion of the training to gather feedback and insights from participants regarding their experience and engag-ement throughout the training program.

These evaluation measures aim to assess the effectiveness of the training, identify areas of improvement, and ensure that the learning objectives are successfully met.

Key Resource Material

Scan the QR Code for key resource material

Participants Handbook

Once Upon a Time…

One morning an older man was walking along a beach and saw a younger man in the distance who appeared to be dancing in the sand. As the older man got closer he saw that the young man was not dancing, but was picking up fish washed ashore and throwing them back into the sea before they died.

As the older man came upon the younger man he asked, "Young man, what are you doing?"

The young man turned to the older man and said, "Well, you see, the sun is up and if these fish do not get back into the sea they will die."

"But young fellow," the older man said, "Look ahead of you. There are miles and miles of beach and thousands of struggling fish. You can't possibly make a difference."

The young man looked at the older man and then looked at the fish in his hand. He threw the fish into the sea and then turned to the older man and said:

> **"Well sir, I may not have made a difference to every fish our here, but I certainly made a difference to that one fish!"**

Moral:

Just because we may not be able to do everything does not mean that we do not do what we can! Every little we can do is our moral and social responsibility. And ultimately, if every person does his/her little bit, we will definitely change the world!

History of Tobacco Use- An Overview

Key Words/Definitions

Tobacco Products	Smoking Tobacco	Smokeless Tobacco (SLT)	Nicotine

Tobacco products: "Tobacco Products" means products entirely or partly made of leaf tobacco as raw material, which are used for smoking, sucking, chewing, snuffing, gargling etc.

Smoking tobacco: Smoking forms of tobacco are those tobacco products which are smoked, e.g. bidis, cigarettes, hookah, cigars, cheroots etc.

Smokeless tobacco (SLT): These are a diverse array of products which are not smoked but are used orally, sometimes nasally as well. These include (naswar, gutka, pan tobacco, moist snuff, dry snuff,) and hand-made preparations (betel).

Nicotine: Nicotine is an addictive component of tobacco. Chemically, it is a potent parasympathomimetic alkaloid and is a stimulant drug which is found primarily in tobacco plants (Nicotinana tabaccum)

How tobacco was discovered in the World?

Tobacco appears to have a history as ancient as human civilization, dating back around 8000 years among native populations in the Americas. Historical evidence suggests that tobacco may have been initially used for medicinal purposes, as indicated by archaeological findings. The first documented instances of tobacco use in a more modern context date back to the fifteenth century. Descriptions of native Indians on Margarita Island, off the present-day Venezuelan coast, chewing a green herb provide early insights into the use of tobacco. However, the pivotal moment in the history of tobacco introduction to Europe is often associated with Christopher Columbus's voyages to America. With subsequent journeys, the cultivation and diverse use of tobacco gradually took root in Europe.

How did tobacco arrive in sub-continent and get established?

Tobacco, derived from the leaves of Nicotiana tabacum, has a profound history deeply interwoven with global cultures and civilizations. Originating in the Americas around 6000 BC, tobacco plants made their way to Europe through early explorers and were subsequently introduced to other parts of the world during European colonization. The surge in tobacco use notably occurred during World Wars I and II, with cigarette sales reaching unprecedented levels, even becoming part of soldiers' rations as a food item. Introduced to the sub-continent by the Portuguese in 1600 AD, tobacco swiftly became an integral aspect of sub-continent culture, gaining widespread social acceptability.

The cultivation of tobacco as a cash crop gained momentum in the sub-continent, with its roots tracing back to Portuguese merchants who brought tobacco plants from Brazil in 1600 AD. Subsequently, the Mughals in the late 1500s and early 1600s AD, followed by the East India Company in the mid-1850s AD, played crucial roles in popularizing tobacco in the sub-continent, touting its analgesic and antiseptic properties. Beyond its medicinal uses, tobacco became a ceremonial substance, commonly smoked and rolled in pipes during local gatherings, festivals, and events, solidifying its presence in the sub-continent's culture.

Other Preparations/Products

Nicotine Chewing Gum: It is a chewing gum containing nicotine within the range of 2mg to 4mg, with the 2mg variant available as an over-the-counter product in the market. Functioning as a form of Nicotine Replacement Therapy, it is utilized to aid individuals in quitting smoking or the use of smokeless tobacco. However, there is a risk of misuse as a chewing tobacco product, particularly among the younger generation, potentially leading to nicotine addiction.

Emerging New Tobacco Products

The tobacco manufacturers are constantly evolving, introducing new tobacco products alongside its traditional offerings. These innovative products are frequently employed to attract new users to initiate tobacco usage. In certain instances, they are designed to circumvent smoke-free regulations that apply to conventional tobacco products. These new offerings can range from entirely new products to glamorized variations of conventional ones

Various products in this category include Electronic Nicotine Delivery Systems (ENDS) or E-cigarettes (E-cigs), Electronic Shisha, Nicotine Chambers, herbal and flavored hookahs, Heat-not-burn (HnB) tobacco products, Vaporizers, and more. ENDs, with electronic cigarettes as the most common prototype, are battery-operated devices. They generate nicotine vapor, dissolved in a solvent of propylene glycol (with or without glycerol and flavoring agents), through heating, and the user inhales the produced vapor.

While some Electronic Nicotine Delivery Systems (ENDS) mimic traditional tobacco products like cigarettes, cigars, pipes, or hookahs, others cleverly disguise themselves as everyday items such as pens, USB memory sticks, and larger cylindrical or rectangular devices. The diversity in battery voltage and unit circuitry introduces significant variability in their ability to heat the solution to an aerosol. This variability may impact the delivery of nicotine and other constituents, potentially contributing to the formation of toxicants in the emissions. These products have not undergone extensive testing.

Heat-not-burn (HnB) tobacco products represent a category where tobacco is electronically heated rather than burned, seen by many as the tobacco industry's response to e-cigarettes. Marketed as tobacco products that leave no ashes, they project a perception of being less harmful.

Assessment No 1

1. Enumerate the diverse forms of tobacco.
2. _____ is credited with introducing tobacco to the sub-continent.
3. Provide examples of smokeless forms of tobacco.
4. Define HnB.
5. Define ENDS.
6. How is the trend of hookah use re-emerging in Pakistan?

Terminology of Tobacco Use

Tobacco burden: Burden refers to the impact of a problem, quantified through measures such as financial cost, mortality, morbidity, or other relevant indicators.

Smoking: Smoking is a practice in which a substance is burned and the resulting smoke breathed in to be tasted and absorbed into the bloodstream. Most commonly the substance is the dried crushed leaves of the tobacco plant which have been rolled into a small square of rice paper to create a small, round cylinder called a "cigarette".

Tobacco Epidemic: Tobacco epidemic (from Greek epi “upon or above” and demos “people”) is the rapid spread of consumption of tobacco by a large number of people in a given population within a short period of time.

Second-hand smoke: The second-hand smoke is the combination of “side-stream” smoke (the smoke given off by a burning tobacco product) and “main-stream” smoke (the smoke exhaled by a smoker). People are also exposed to second hand smoke in public places such as home, park, bus/railway station and offices.

Third-hand smoke (THS): Third-hand smoke (THS) consists of pollutants that remain on surfaces and in dust after tobacco has been smoked, are re-emitted into the gas-phase, or react with other compounds in the environment to form secondary pollutants. Indoor surfaces can represent a hidden reservoir of THS constituents that could be re-emitted long after the cessation of active smoking.

What is the burden of tobacco use?

Global

The tobacco epidemic is one of the biggest public health threats the world has ever faced, killing over 8 million people a year. More than 7 million of those deaths are the result of direct tobacco use while around 1.2 million are the result of non-smokers being exposed to second-hand smoke. More than 80% of these preventable deaths are among people in low and middle income countries.

Pakistan

In Pakistan, the devastating impact of tobacco is evident, with 163,671 lives lost annually, averaging 438 deaths per day. According to the Global Adult Tobacco Survey 2014 conducted by the World Health Organization (WHO) in Pakistan, approximately 23.9 million adults (31.6% of men, 5.8% of women) use tobacco in various forms. Among them, 15.6 million adults (22.2% of men, 2.1% of women) smoke tobacco, while 9.6 million adults (11.4% of men, 3.7% of women) use smokeless tobacco. The current scenario reveals a tobacco prevalence rate of 10.7% among the youth.

Health Cost of Tobacco Use

There is a general opinion that taxes, revenues generated obtained from tobacco are very high. However, the recent study on "The Economic Cost of Tobacco-induced Diseases in Pakistan" (2019) highlights that the total costs to attributable to all smoking-related diseases and deaths in Pakistan cost the national exchequer over Rs. 615.07 billion annually while the the economic and health cost imposed by smoking on society is 4.5 times higher than the overall tax collected from the tobacco industry

Assessment No. 2

1. Globally _____ million non-smokers are being exposed to second-hand smoke.
2. In Pakistan, more than _____of adults consume tobacco products in various forms.
3. In Pakistan, more than _____million adults use smokeless tobacco.
4. What is the full form of SHS and THS?
5. What is the health cost of tobacco use in Pakistan?
6. First Health cost study conducted in _____ in Pakistan.

Tobacco kills

163,671

Pakistanis every year i.e.

448

Pakistanis every day

Snapshot of Tobacco Use in Pakistan

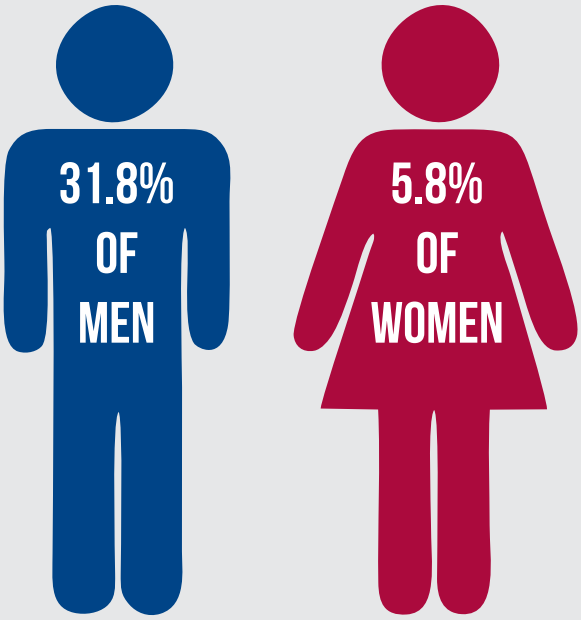
Smokers: over 23.9 million

Tobacco Users

Current tobacco users in Male & Female

19.1%

Global Youth Tobacco Survey- 2013 Pakistan

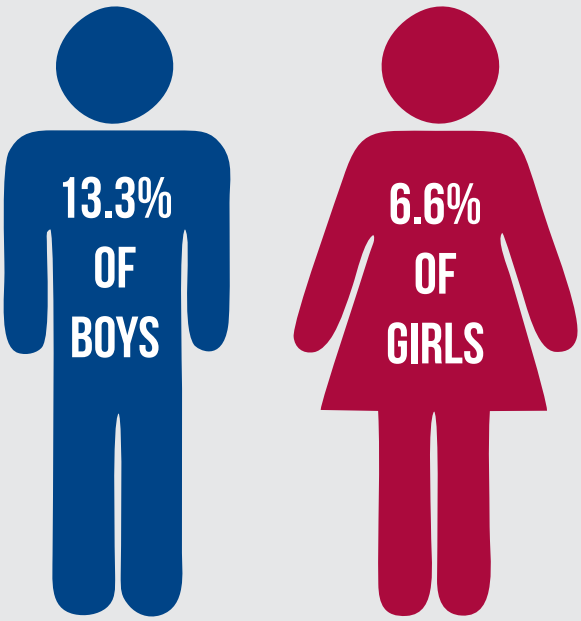


Tobacco Users

Current users of any tobacco products

10.7%

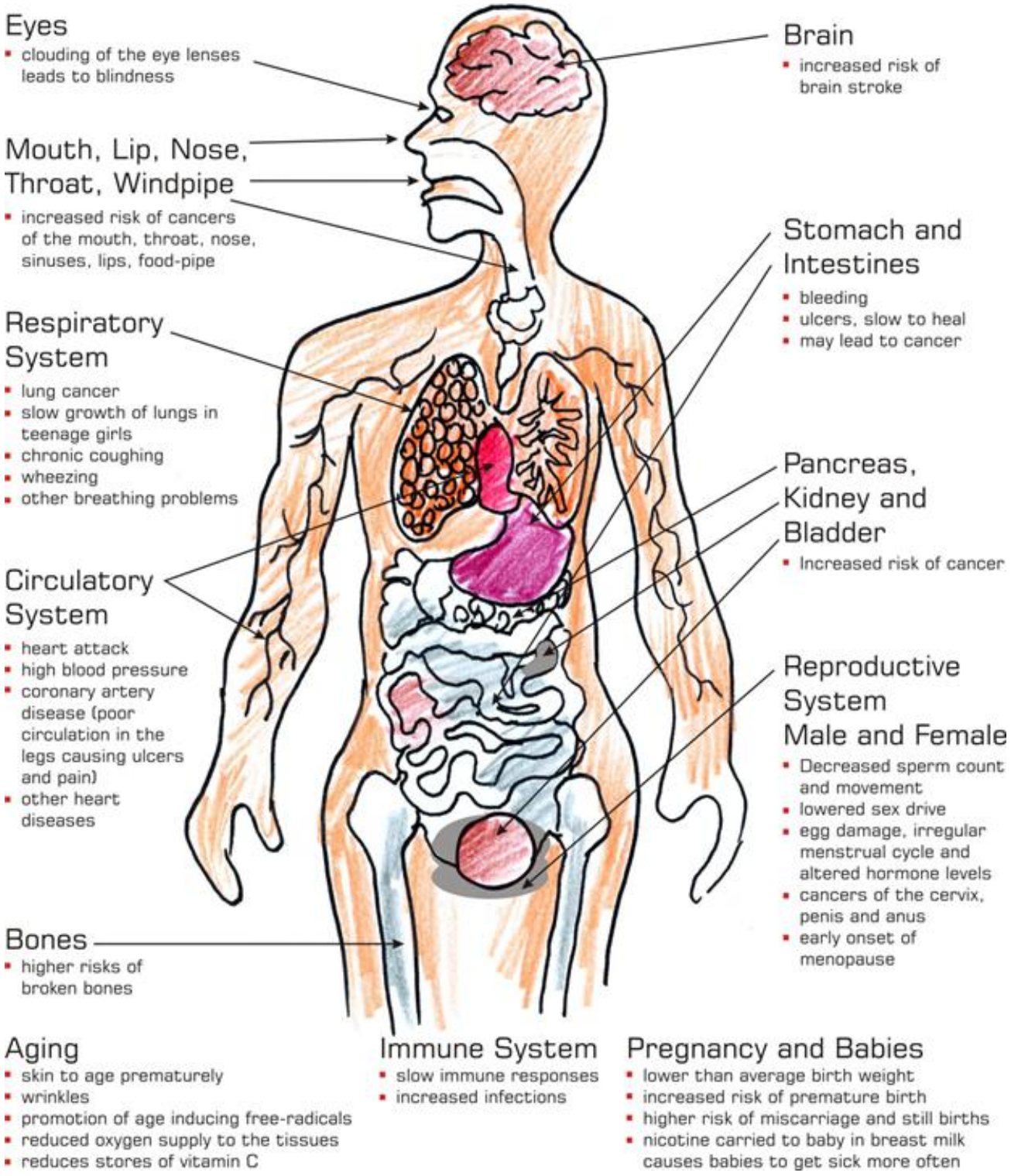
Global Adult Tobacco Survey- 2014 Pakistan



Exposure to SHS at Work Place 69.1%
Exposure to SHS at Home 48.3 %

www.tcc.gov.pk/fact,n.d.

Tobacco Health Hazards



www.hopkinsmedicine.org/health/condition-and-diseases/smoking-and-respiratory-diseases

Aisa Kyoon Hota Hai?

Name:	**Kousar Bibi**
Age:	**33 Years, 3 Months, 11 Days**

Kousar Bibi was a lovely lady, full of dreams but sadly just at the age of 33 she died. She was a victim of lung cancer and cigarettes. At the age of 14 she started smoking and by 16 became a chain smoker. At the age of 25 she married the man of her dreams but a year later she gave birth to a still-born boy. She had another son 2 years later, but soon after she was diagnosed with lung cancer and was told that she had less than 9 months to live. Within four months Kousar died leaving behind a six month old baby and a grieving family.

Name:	**Imtiaz Ahmed**
Age:	**44 Years**

Imtiaz Ahmed began smoking at age 12, stealing cigarettes from his father and from paan stores. When he died, he had 2 brain tumors and a tumor on the adrenal gland. All of these tumors originally spread from the lung cancer he had. Before dying he left a message for all the smokers “Believe me everyone, quitting cigarettes was easier than this 2-year cancer battle I have been fighting. The craving for cigarettes disappeared, the cancer hasn't." He left behind a grieving 2 year old son, a 57 year old mother and a 25 year old wife. Now his family is struggling to make ends meet.

Name:	**Aysha Ahmed**
Age:	**46 Years**

Ayesha Ahmed never smoked. She lived a healthy life. However Aysha's husband smoked one packet of cigarettes a day. Aysha worked at a travel agency, and at office also she was surrounded by smokers. She never realized second-hand smoke would kill her. At the age of 32 she was diagnosed with lung cancer that had spread to her liver. She died after many months in the hospital, leaving her three children motherless.

Name:	**Mohammad Yaseen**
Age:	**46 Years**

Yaseen began smoking at the age of 22. Twenty years later, at the age of 42, he was diagnosed with acute tuberculosis. He worked as a driver, and was the sole breadearner for a family of nine. When he consulted a doctor, he found that although his condition was curable, He was unable to work for many months while undergoing TB treatment. A year later, although he was cured, his addiction to cigarettes had left him in debt to multiple relatives, and his family was now destitute. Fully cured, Yaseen has now quit smoking and works three jobs to make ends meet and to repay his loans.

1 Note: These testimonials are real stories, however names have been changed to protect privacy.

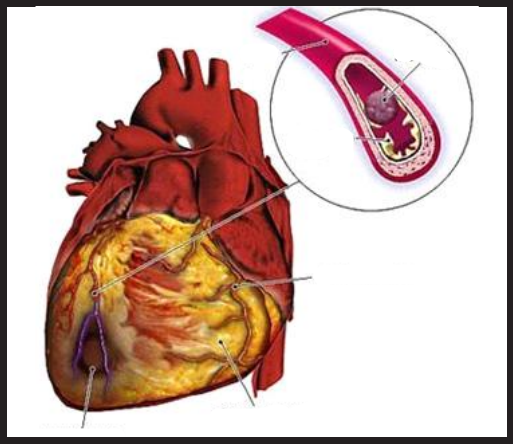
Questions for Group Work

1. **What diseases have the individuals in these case studies been afflicted with?**
What was the cause of their suffering?

2. **What consequences has this person's illness had on this individual and his/her family?**

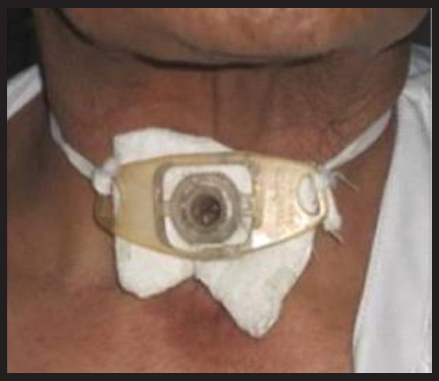
3. **What institutional mechanisms could be put in place to ensure that frequency of such incidents is reduced in Pakistan?**

Tobacco Causes…

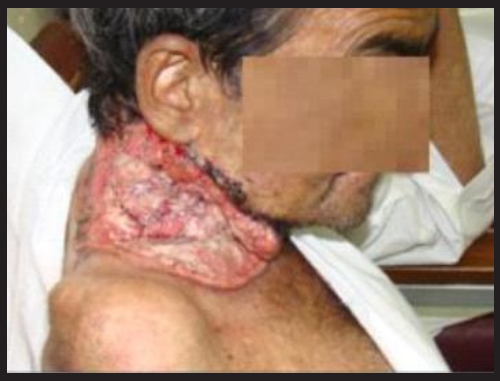


Heart Disease

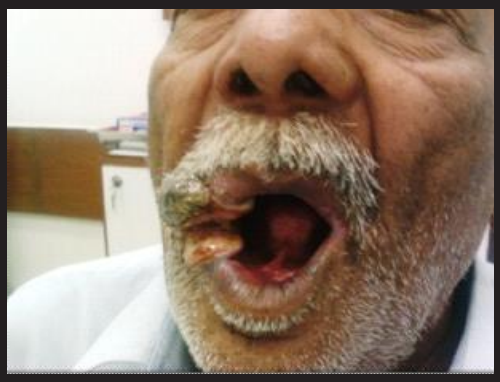
Lung Cancer



Throat Cancer



Neck Cancer



Mouth Cancer

Second-Hand Tobacco Smoke in Pakistan

Exposure to SHS at Work Place

69.1%

Exposure to SHS at Home

48.3%

Global Adult Tobacco Survey- 2014 Pakistan

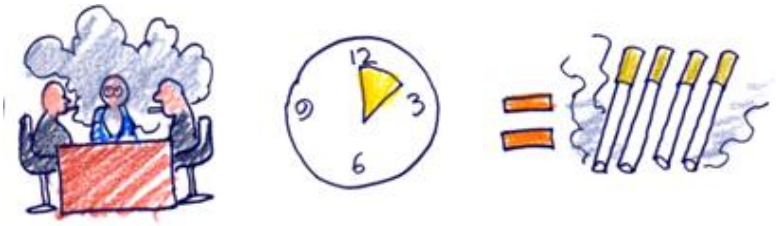
Second-Hand Tobacco Smoke

Second-hand Tobacco Smoke is the Smoke by smokers, which non-smokers are forced to inhale.

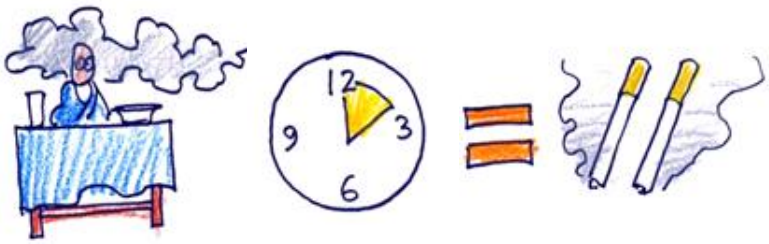
Second Hand Tobacco smoke:

Contains 200 poisonous chemicals of which 60 are known to cause cancer	Contains hydrogen cyanide, which is used in chemical weapons.	Has arsenic which is a poison is used to kill rats.	Contains lead, reducing children's IQ and educational performance.
is the number-2 cause of lung cancer (smoking being number-1).	Causes cancer of the head and neck and cervical cancer in females.	As much at risk of being victim to life threatening strokes as smokers are.	Increases your risk of heart disease by 25%.

Do the Math:



Spending two hours in a smoky office is equal to smoking four cigarettes.



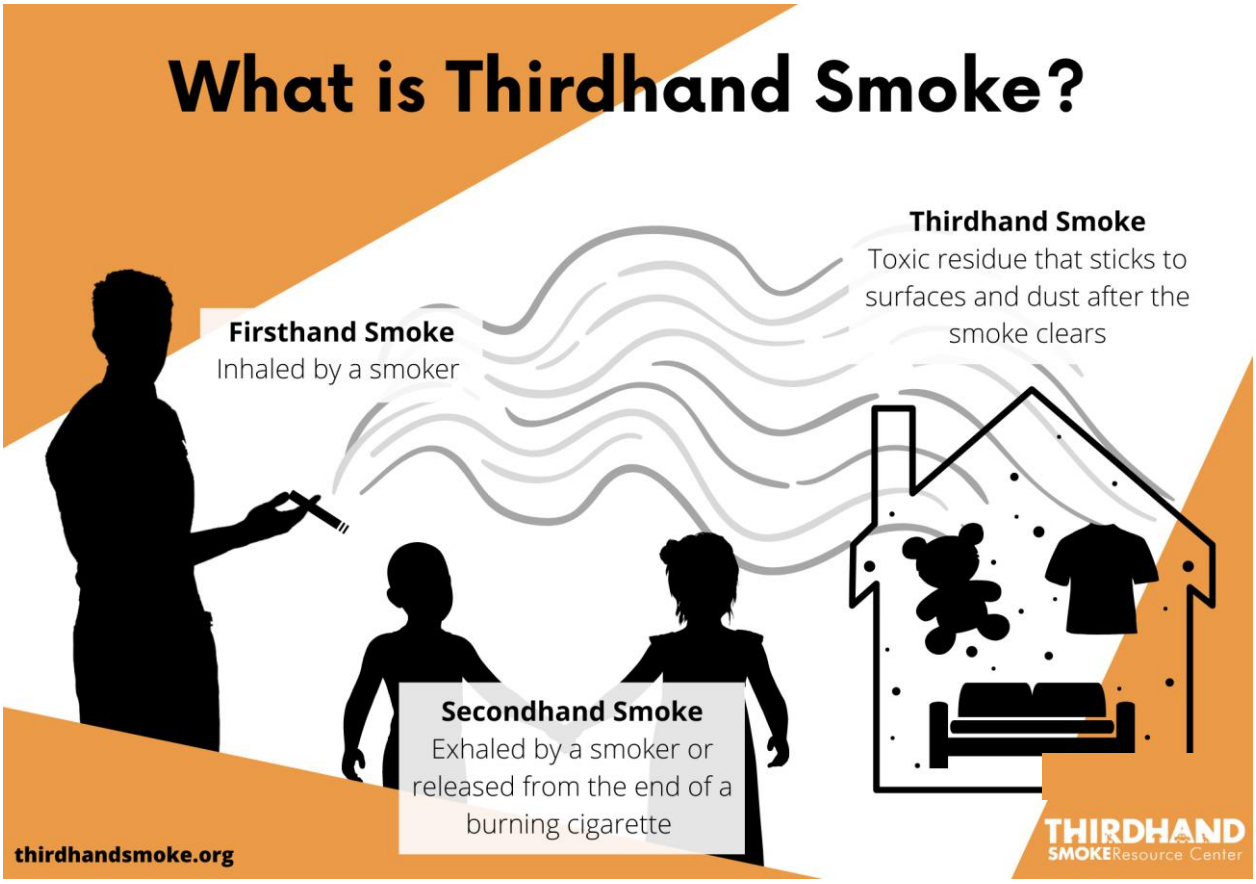
Spending two hours in the non-smoking section of a restaurant is equal to smoking two cigarettes.

Living 24 hours with a person who smokes one packet of cigarettes a day is equal to smoking three cigarettes.

http://www.cdc.gov/tobacco.

Third Hand Tobacco Smoke

Poisonous chemicals in tobacco smoke that stick to the skin, hair, clothes, furniture, floor, carpets, toys etc., even after the cigarette has been put out



RULEMAKING TO CONSIDER PROPOSED IDENTIFICATION OF ENVIRONMENTAL TOBACCO SMOKE AS A TOXIC AIR CONTAMINANT (JANUARY 26, 2006)

Did You Know?

Fact 01:
Smoking is Suicide!

- 55% of Pakistani households have at least one smoker.
- In Pakistan, tobacco kills about 163,100 persons every year. That is 448 Pakistanis everyday!
- 1200 Pakistani children between ages 6-15 begin smoking every day.
- Tobacco causes 18 types of cancer, heart disease and strokes in addition to many other diseases.
- Cigarettes contain more than 7,357 chemicals; 70 of these are known to cause cancer.

Fact 02:
Smoking is Murder!

- It is scientifically proven that exposure to second-hand tobacco smoke causes death, disease and disability.
- Second-hand smoke exposure increases the risk of heart attacks and other heart diseases by 25–30%
- Increases risk of lung cancer in non-smokers by 20–30%.
- Globally second-hand smoke kills 800,000 people each year
- Second-hand smoke causes EXACTLY the same diseases as direct smoking.

Boojho Toh Jaane

		True	False
1	Smoking is a health issues for smokers only.	☐	☐
2	Selling cigarettes to anyone is allowed in Pakistan.	☐	☐
3	All public places are officially non-smoking.	☐	☐
4	Smoking is not allowed in public transport.	☐	☐
5	It is appropriate to smoke in 'designated smoking areas' in public places such as a restaurant, or an airport waiting lounge.	☐	☐
6	Free distribution of cigarettes to customers is legal.	☐	☐
7	There are no restrictions on advertisement of tobacco products in Pakistan	☐	☐
8	It is a restaurant owner or manager's choice whether they choose to maintain 'smoking sections' at their premises.	☐	☐
9	The manager/supervisor of a travel agency is not obliged to declare his/her place of work 'non-smoking'.	☐	☐
10	Sale of loose Cigarette is banned in Pakistan	☐	☐

Boojho Toh Jaane

		True	False
11	The sale of cigarettes to under 18 years of age is strictly prohibited.	☐	☐
12	Sub-Inspector is the authorized officer for enforcing all provisions of the Tobacco Control Ordinance 2002.	☐	☐
13	The Tobacco Control Ordinance 2002 does not apply to open areas of restaurants.	☐	☐
14	Selling cigarette packets with official pictorial health warnings is permitted.	☐	☐
15	In Pakistan the smallest cigarette pack available contains 10 cigarettes.	☐	☐
16	There is no penalty for first-time offenders caught smoking in a public place.	☐	☐
17	Smoking in public transport can be fined up to one lakh rupees	☐	☐
18	Cigarettes are allowed to be sold outside the premises of educational institutions up to 50 meters	☐	☐
19	There is no penalty for violations related to tobacco advertising.	☐	☐
20	Managers of public places are required to display a board of sign "Smoking is an offense"	☐	☐

National Tobacco Control Strategy 2022-2030

Orientation on
National Tobacco Control Strategy 2022-2030

Introduction

- Tobacco serves as one of the major preventable risk factors for developing Noncommunicable diseases (NCDs)
- Given the increasing burden of NCDs in Pakistan, a robust policy response was required to address the tobacco control challenge in the country
- Tobacco Control Cell, M/o NHSR&C carried out the much-needed policy direction in the shape of National Tobacco Control Strategy (NTCS) 2022-2030 in joint collaboration with WHO and The Union
- It was developed through evidence-based development process involving range of stakeholders, including Federal and Provincial governments, developmental partners, NGOs, community-based organizations and academics
- The document will contribute to meet the global target of Sustainable Development Goal 3.4 i.e., reducing the prevalence tobacco use by 30% in people over 15 years of age

Vision Statement of NTCS

Creating tobacco-free environment by enhancing/improving implementation of tobacco control measures towards translating into reality the concept of Universal Health Coverage

Goal of NTCS

"To achieve sustainable tobacco control in Pakistan by reducing the morbidity & mortality caused by tobacco-related diseases"

Objectives

- To reduce the prevalence by 30% of all forms of tobacco usage by 2030 through effective implementation of FCTC and MPOWER strategies
- To implement the multi-sectoral action plan for decreasing availability and accessibility of tobacco products including novel products
- To improve coordination with provinces, partners & relevant cross sectors for sustainable country-level tobacco control initiatives
- To establish comprehensive monitoring mechanisms to track compliance to the National laws

Framework Convention on Tobacco Control (FCTC)

The Government of Pakistan signed the Framework Convention of Tobacco Control (FCTC) in May, 2004 and ratified it in the same year. FCTC is the first international treaty to provide a framework (and attendant obligations) for tobacco regulations.

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

The strategy details objectives and targets for tobacco control until 2030 and 12 priority areas for action in alignment with obligations of FCTC

Sr. No	Strategic Areas	FCTC Articles
1.	Governance	Article 5
2.	Price and tax measures to reduce the demand for tobacco	Article 6
3.	Protection from exposure to tobacco smoke	Article 8
4.	Regulation of the contents of Tobacco product	Article 9
5.	Regulation of the Tobacco product disclosure	Article 10
6.	Packaging and labelling of tobacco products	Article 11
7.	Education, Communication and Public Awareness	Article 12
8.	Tobacco advertising, promotion and sponsorship	Article 13
9.	Demand reduction measures concerning tobacco dependence and cessation	Article 14
10.	Illicit trade in tobacco products	Article 15
11.	Sales to and by minors	Article 16
12.	Research, Surveillance, and exchange of information	Article 20

Tobacco Control Laws

Legal Binding

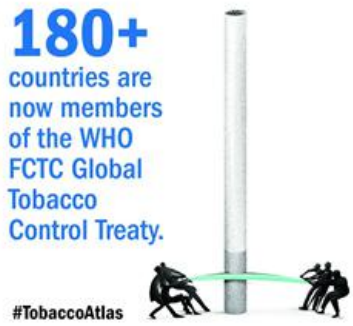
- Tobacco Vendor Act 1958:
  "Licensing of Tobacco Vendors"

- Cigarette (Printing of Warning) Ordinance, 1979 (amendment in 2002):
  Regulation of Graphics Health Warnings (GHWs).

- "Prohibition of Smoking and Protection of Non Smokers' Health" Ordinance 2002 :
  Prohibition of Smoking at Public places

WHO Framework Convention for Tobacco Control (FCTC): Ratified by Parliament of Pakistan in 2004

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL



Supreme Court of Pakistan imposed ban on commercial use of Sheesha : Import/ Sale of all kinds of sheesha related substances is illegal

Tobacco Vend Act 1958:
Salient Features

"Licensing of Tobacco Vendors"

- Prohibition against dealing in manufactured tobacco without dealer's license:
  No Person who shall keep for retail sale or sell by retail manufactured tobacco in any urban area without a dealer's license.

- Grant of dealer's license:
  Every such license shall be granted on payment of such vend fees and for such period as may be prescribed by Government

- Penalty for offences:
  Whoever, in contravention of the provisions of section 3, shall be punishable with fine

Cigarette Ordinance 1979:
Salient Features

"Regulation of Graphics Health Warnings (GHWs)"

Printing of Warning or Graphic Health warning – There shall be printed legibly and prominently, both in English and Urdu, on every packet and outer of tobacco

Prohibition to sell: No person shall

(a) manufacture packets of cigarettes ;; or

(b) sell or offer for sale cigarettes from packets of cigarettes or

(c) possess or sell or offer for sale packets of cigarettes,

on which the Text / GH warning is not printed as required by Ministry of Health

“Prohibition of Smoking & Protection of Non-smokers’ Health Ordinance 2002”

Legal Definition

"Smoking Tobacco"

"Smoking of tobacco in any form; whether in the form of cigarettes, cigars or otherwise with the aid of a pipe, wrapper or any other instrument"

- Cigarettes, Cigars
- Naswar, Pan, beeri
- E-Cigarettes
- Sheesha (Nicotine concentrates)

Tobacco Control Ordinance 2002: Snapshot

Prohibition of Smoking at Public places

- Section 5. No Smoking at Public Places
- Section 6. No Smoking in Public Service Vehicles
- Section 7. No Tobacco Advertisements, Promotions and Sponsorships
- Section 8. No sale to minors (Under 18 years)
- Section 9. No sale Tobacco Products within 50 meters of teaching institutes
- Section 10. Display and Exhibition of No-Smoking boards

No Sale of loose Cigarettes

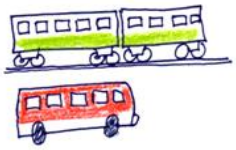
According to Tobacco Control Laws

The following restrictions have been imposed by law on consumption, advertisement and sale of cigarettes:

Consumption

All indoor places of public work and use are declared non-smoking areas by the Government of Pakistan. (Section 5 & SRO 51 (KE)/2009)

'Designated Smoking Areas' in public places are ILLEGAL. (Section 5 & SRO 51 (KE)/2009)



All public transport (trains, buses, vans etc) are non-smoking! (Section 6)

SRO 2009 51(KE) 2009 dated by July 10,2009.jpg (1264×1919)

Advertisement

Free goods, free samples, cash rebates, discounts or goods below the market value to generate sales and promote smoking are strictly prohibited. (SRO 53 KE)/2009)

Advertising tobacco and tobacco products by any person on any media is prohibited if this advertisement is not in accordance with government advertisement guidelines. (Section 7)

All owners/ managers /supervisors of restaurants (or any other public place) must exhibit a prominent sign stating that the place is a NO SMOKING ZONE or 'SMOKING IS AN OFFENCE' (Section 10)

Sale

Sale or distribution of cigarettes within 50 meters of any college, school or educational institution is strictly prohibited. (Section 9)

It is illegal to sell cigarettes or any other smoking substance to any persons below the age of eighteen. (Section 8)

Cigarette packets that can be legally sold in Pakistan MUST have the pictorial health warning prescribed by the Government of Pakistan

Sale of loose Cigarettes are prohibited in Pakistan SRO-415(1)/2018

SRO-415(I)2018.pdf

Remember:
Smoking is Not Allowed in…

According to Section-5 and SRO 51 (KE)/2009, the following indoor places of public work and use are declared No-Smoking Zones

Auditoriums

Private Office Buildings

Health Institutions

Amusement Centers

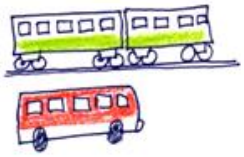
Restaurants/ Cafeterias/ Eating Houses/ Dhabas etc

Government Offices

Court Houses

Cinema Halls

Conference or Seminar Halls



Public Transport Vehicles

Hotel Lounges

Libraries

Bus Stations or Stands

Sports Stadiums

Educational Institutions

Guidelines to Regulate Advertisement & Promotion of Tobacco Products

Ministry of National Health Services, Regulations and Coordination (NHSRC) has issued new guidelines for Tobacco Product Advertisements, Promotion and Sponsorship (TAPS) under S.R.O. 72 (I)/2020 dated 30th January, 2020 through Gazette Notification:

According to the current legislation, No tobacco or tobacco product advertisement, promotion and sponsorship shall be allowed,

(a) in print media, including a newspaper, magazine, book, periodicals, or any printed publications, except as provided by the Federal Excise Rules 2005;

(b) in cinema or theatre, including mobile or mini cinema theatre;

(c) on television or radio including cable television or closed circuit television;

(d) through depiction of human or animal image or silhouette;

(e) through a poster or painting or banner made out of paper, plastic, cloth or screen display or electronic display any other material or by any other mean, at point of sale- either inside or outside or any other place;

(f) through branding on clothes or garments including caps and useable items;

(g) through hard or soft on store board or fascia affixed or mobile, at point of sale-either inside or outside or any other place;

(h) through out of home billboard, whether fixed or mobile at point of sale-either inside or outside or any other place;

(i) through a poster or painting or by any other mean, at point of sale either inside or outside or any other place;

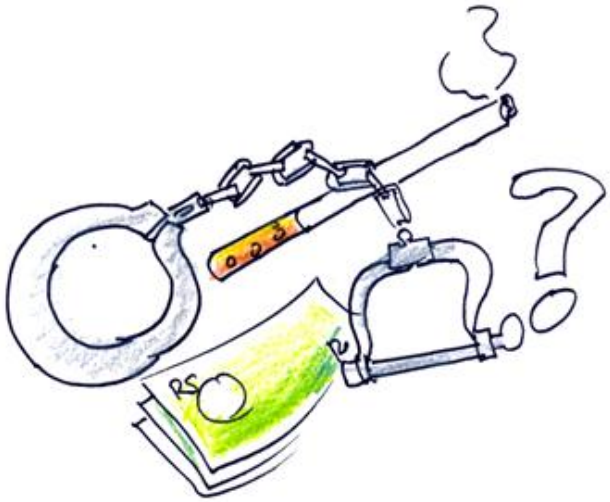
(j) by display and visibility of tobacco products at, either inside or outside of a point of sale, including, mobile or fixed retail outlet and street vendor or any other place;

(k) by direct targeting of individuals, through promotional or informational material, including direct mail (electronic, postal or otherwise), telemarketing, consumer surveys or research or third party marketing;

(l) through payment or other contributions to retailers (free goods, gifts, giveaways, souvenirs, discounts, cash rebates, swapping or by any other means) to encourage or induce them to sell products, including retailer incentive programmes;

(m) Through payment or other consideration in exchange for the exclusive sale or prominent display of a particular product or particular manufacturer's product in a retail outlet at a venue or at an event.

In Case of Violation…



On violation of Sections 5, 6 &10, i.e: **Section 5**: If caught smoking in a Public Place **Section 06**: If caught smoking on a public transport vehicle **Section 10**: Failure to place a No-Smoking Sign at a conspicuous place at any place visited by the general public	**First offence** Fine up to **Rs.1000** Subsequent offence Fine not less than **Rs.1,000** and up to **Rs.100,000** (Section11)
On violation of Sections 7, 8 & 9, i.e: **Section 07**: Advertising tobacco products in a manner not in accordance with government guidelines; **Section 08**: Sale of cigarettes (or other tobacco products) to any persons below age of eighteen; **Section 09**: Sale of cigarettes within 50 meters of any school, college or educational institution	**First offence** Fine up to **Rs.5000** Subsequent offence Fine not less than **Rs.100,000** or imprisonment up to three months or both (Section 11)

What Can an Authorized Person Do?

Within his/her respective jurisdictions, an authorized person can:

	
Eject persons who violate the law from the premises; (Section 12)	**In case of violations of section 5, 6 & 10 File a complaint in writing before a Magistrate of the First Class. (Section 13)** **In case of violations of section 7, 8 & 9 File a report in writing with the Sub-Inspector of the local Police Station (Section 13)**

Note

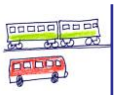
In certain cases, there are limits set on the places with regard to which authorized persons are allowed to take these two actions. Please see Pg 56 for further details.

List of Authorized Persons

 Members Parliament and Provincial Assemblies (only for sections 5, 6, 10, 12 &13)	 District, Tehsil and Union Council Nazims and Deputy Nazims and Councilors (only for sections 5, 6, 10, 12 &13)	 All officers in BPS-20 and above in respect to their own establishments (only for sections 5, 6, 10, 12 &13)
 All Police Officers of the rank of Sub-Inspector and above for ALL sections of the Law	 Heads of the Educational Institutions in respect to their own establishments (only for Sections 5, 9 , 10, 12 & 13)	 Public Transport, Bus and Wagon Drivers and Conductors (in respect to their own vehicle) (only for Sections 6, 12 & 13)
 Train Driver, Conductor and Guards (in respect to their own trains) (only for Sections 6, 12 & 13)	 Managers of Airport Lounges, Waiting Rooms, at Railway Stations and Bus Stops (in respect to their own establishments) (only for Sections 5,10, 12 & 13)	 All Crew Members aboard an Airplane in respect to their own aircraft (only for Sections 5,6, 12 & 13)
 Managers of Establishments where Services are Provided to the Public in respect to their own establishments. (only for Sections 5,10, 12 & 13)	 Heads of Hospital and other Health Care Establishments in respect to their own establishments. (only for Sections 5,10, 12 & 13)	 Managers of Restaurants, Cinemas etc respect to their own establishments. (only for Sections 5, 10, 12 & 13)

Who Is Authorized to Take Action for What?

Note: In front of the relevant persons below, tick on the sections they are authorized to enforce

?	 Public Places	 Public Transport	 Advertisement	 Sale to Minors	 Educational Institutions	 Signage	 Ejectment	 Written Complaint
	5	6	7	8	9	10	11	12
Members of Parliament								
Local Government Officials								
Police Officers								
Heads of Educational Institutions								
Public Transport Drivers & Conductors								
Train Driver, Conductor & Guards								
Managers of Airport/ Railway Lounges								
Airplane Crew								
Managers of Establishments								
Heads of Hospitals								
Managers of Cinemas/ Hotels								

How to File a Written Complaint?

(Section 13)

Step 01:

Obtain necessary information about the offender including:

Name of Accused (NIC Number or any other identification, if available)	Place, Time & Date of Occurrence	Description of offence	Witness Name (NIC Number or any other identification)	Accuser Name (NIC Number or any other identification)

Step 02:

Write & Submit a Written Application to :

- Write the application on a sheet of plain paper. Make sure the above information is clearly visible.
- In case of violation of Sections 5, 6 & 10: Submit the application to and obtain receiving signature from Magistrate of the First Class
- In case of violation of Sections 7, 8 & 9: Notify the the Sub-Inspector (or above)at the local police station.

Step 03

Magistrate/SHO to take the complaint forward

- The complaint will be treated like a First Information Report (FIR) and the accuser will be contacted and required to follow up if there is any information needed.
- If submitted to the Sub-Inspector then a formal complaint/calendar will be made in writing by the Police to a First Class Magistrate.
- The accuser will be informed when:
    a. Action has been taken by the Police/Judiciary against the accused under Section II.
    b. If the case is being closed due to insufficient evidence (or other mitigating circumstances)

Sample Complaint Letter

Application for violation of Prohibition of Smoking Ordinance

To: Honorably Court, Magistrate, Police Station _____ Islamabad

Dated: _____

Subject: **Violation of Prohibition of Smoking & Protection of Non-Smokers Health Ordinance 2002**

Dear Sir,

This is to inform you that Mr/Mrs/Ms _____ with NIC number _____ has violated:

☐ Section 5: No smoking in a Public Place	☐ Section 6: No smoking in a Public transport vehicle	☐ Section 10: Absence of a No-Smoking Sign
☐ Section 7: Advertising tobacco products in a manner not in accordance with government guidelines	☐ Section 8: Sale of cigarettes (or other tobacco products) to any persons below age of eighteen	☐ Section 9: Sale of cigarettes within 50 meters of any school, college or educational institution

This violation took place at _____ dated _____

The following persons were present at the scene and can verify this complaint.

Name	NIC Number/Contact Number
1.	
2.	
3.	

I kindly request you to take immediate action.

Regards.

(Name/Designation) _____ (Authorized officer/Public Place Manager)

(NIC number) _____ _____

Signature

Monitoring & Reporting of Tobacco Control

Monitoring of Tobacco Control Ordinance LXXIV (2002)

Tobacco Smoke Free Cities, Tobacco Control Cell

Ministry of National Health Services, Regulations and Coordination

Government of Pakistan

Date of Visit : _____ **Time of Visit :** _____ **Date of Report** _____

City Name : ☐ **Urban**

Sector _____ **Name of Place / Area :** _____

☐ **Rural**

Name of Union Council / BHU/RHC/Other: _____ **Name of Place / Area :** _____

Name of Monitoring Officer : _____ **Designation :** _____

Monitoring Information :-

Section 5 : Prohibition of smoking and other tobacco use in public places / restaurant / cinema / government offices / health facilities / educational institute (please use separate sheet for each public place) :

S. No. Name of Public Place Visited :- _____

1	"No Smoking Zone" boards can be seen	☐	No	☐	Yes	If Yes, write number :	☐
2	Staff smoking in "No Smoking Zone"	☐	No	☐	Yes	If Yes, write number :	☐
3	People Smoking in "No Smoking Zone"	☐	No	☐	Yes	If Yes, write number :	☐
4	Staff aware of the ban on smoking in Public Area	☐	No	☐	Yes	If Yes, write number :	☐

Section 6 . Prohibtion of smoking in public service vehicles (please use separate sheet for each public service vehicle):

S. No. Name of vehicle checked : _____

1	People smoking in vehicle	☐	No One	☐	Driver	☐	Conductor	☐	Passengers, write number ☐
2	Smoking in public service vehicle	☐	No One	☐	Driver	☐	Conductor	☐	Passengers, write number ☐

Section 7. Prohibition on advertisement of cigrette etc.

S. No. Name of the Area surveyed : _____

1 Billboard(s) seen in area ☐ No ☐ Yes If Yes, write number : ☐

Pacement of billboard (e.g. near in the

2 educational institution, shopping area, main road (etc.) _____

3 Size of billboard ☐ < = (1x1) Meter If ticked, write number : ☐ ☐ > = (1x1) Meter If ticked, write number : ☐

4 Message on billboard _____

5 Brand name written on the billboard _____

6 Health warning present ☐ Readable ☐ Unreadable

7 Language of health warning ☐ English ☐ Urdu

8 Indirect promotion by the tobacco industry ☐ No ☐ Yes If Yes, write number : ☐

9 Methods observed for ☐ sports Sponsorship ☐ Promotional Items (Logos on T-Shirts etc.) ☐ Brand Stretching (Shared logo with other companies)

indirect promotion ☐ samples/Gifts ☐ Entertainment Others (please specify): _____

Section 8. Prohibtion of sale cigarettes and other tobacco products to children under 18 years of age :

S. No. Name of the Outlet : _____

Address of the Outlet : _____

1	Sale to minors (under 18 years) taking & place			☐ No	☐ Yes	
2	Cigarette packs(s) without warning			☐ No	☐ Yes	
3	Availability of smuggled cigarettes	☐ No	☐ Yes	If yes, remarks : _____		

Section 9. Prohibition of storage, sale and distribution of cigarettes, etc., in the immdiate vicinity of educational institutions (within 50 meter of educational institution):

S. No. Name of the Outlet : _____

1	Cigarette sales outlet(s)	☐ No	☐ Yes	If Yes, write number :	☐		
2	Presence of cigarette in educational institue canteen	☐ No	☐ Yes	If Yes, write number :	☐		
3	"No Smoking Zone" boards can be seen	☐ No	☐ Yes				

Section 10. Display and exhibition of board :

S.No. Name of Public Place Visited: _____

1	Placement of "Smoking is an Offense" or health warnings canteen	☐ No	☐ Yes	If Yes, write number :	☐		
2	Boards with other health education messages	☐ No	☐ Yes	If Yes, write number :	☐		
3	Health warning readable?			☐ No	☐ Yes		
4	Placement of board	i- Inside premises		☐ No	☐ Yes		
5		ii- Outside premises		☐ No	☐ Yes		
6	People smoking inside the public place	☐ No	☐ Yes	If Yes, write number :	☐		
7	Staff aware of ban on smoking in Public Places	☐ No	☐ Yes	If Yes, write number :	☐		

11. Use of Tobacco in Other Forms

S.No. Name of the area visited _____

1	Use of Sheesha	☐ No	☐ Yes
2	Use of Gutka	☐ No	☐ Yes
3	Use of Paan	☐ No	☐ Yes

12. Comments (if any) On Trends

1	Youth (Male/Female)	_____
2	Gender	_____
3	Attitude	_____
4	Comments	_____

Sign of Monitoring Officer

Monitoring Report for Tobacco Control Laws

Introduction

Executive Summary

Section 5	**Prohibition of smoking and other tobacco use in public places / restaurants / cinema/ government offices/health facilities / educational institutes**	
i	"No Smoking Zone" board can be seen	%
ii	Staff Smoking in "No Smoking Zone"	%
iii	People smoking in “No Smoking Zone”	%
iv	Staff aware of the ban on smoking in Public Places	%
Section 6	**Prohibition of smoking in public service vehicles**	
I	People (including Driver/Conductor) smoking in vehicle	%
ii	People are aware of the ban on smoking in public service vehicle	%
iii	People are aware of the ban on smoking in public service vehicle	%
Section 7	**Prohibition on advertisement of cigarette etc.**	
i	Any advertisement seen at Point of Sale	%
ii	Indirect promotion by the tobacco industry	%

ii	Indirect promotion by the tobacco industry	%
Section 8	**Prohibition of sale of cigarettes and other tobacco products to Children under 18 years of age**	
i	Sale to minors (under 18 years) taking place	%
ii	Cigarette pack(s) without warning	%
iii	Availability of loose cigarettes	%
Section 9	**Prohibition of storage, sale and distribution of cigarettes, etc., in the immediate vicinity of educational institutions (within 50 meter of educational institution)**	
i	Cigarette sales outlet(s) within 50 meter of educational institution	%
ii	Presence of cigarette in educational institute canteen	%
Section 10	**Display and exhibition of board**	
i	Placement of “Smoking is an Offence” or No Smoking boards	%
	Use of Tobacco in Other Forms	
ii	Use of sheesha / Hukka	%
iii	Use of Gutka /Naswar or Electronic Cigarettes	%

QUARTERLY REPORTING

Basic Information

Provincial ☐ **Divisional** ☐ **District** ☐ **Sub-Division/Town** ☐

Name of Subdivision/District/Division: _____

Name of Department: _____

Inspection Area: _____

Reporting period (DD/MM/YYYY): From: _____ To _____

Activities:

Inspection data (complete relevant boxes):

No. of public venues inspected:		No. of violations of TCLs:	
No. of venues fined:		No. of individuals fined:	
No. of PSVs inspected:		No. of violations of TCLs:	
No. of drivers fined:		No. of individuals fined:	
No. of retailers inspected:		No. of violations of TCLs:	
No. of retailers warned:		No. of retailers fined:	
Total a mount in fines collected:		Total v alue of confiscated items:	

Type of Violation	No. of Violations
TAPS	
Sales to minor / Loose cigarette	
SF- venues	
SF-PSVs	
Illicit Tobacco	
PoS near education	
Signages	

Capacity Building:

No. of Capacity Building trainings: ☐ No. of officers trained: ☐

No. of venue managers/staff trained: ☐ No. of retailers trained: ☐

Awareness:

No. of Tobacco Control awareness activities: ☐

Briefly describe activities: _____

No. of venues where compliance monitoring of TCLs was done: ☐

No. of venues declared tobacco smoke free: ☐

Other progress (directives issued/awareness activities) regarding TC laws: (Please mark that apply)

1. Signages campaign 2. IEC distribution 3. Seminars 4. Social Media

5. Walk/Marathon 6. Posters/Billboards 7. Others. _____

Planned or upcoming activities:

1. Training/Seminar: - _____
2. Other _____

Name of Focal Person/Officer: _____

Designation: _____

Office Address: _____

Phone/Mobile # _____

Signature: _____

Date of Report Completion: _____

Checklist for Smoke Free Public Places

Venue ID	
Venue name	
Venue type	
Description of venue	
Assessor	
Date of visit	
Outdoor environmental conditions (wind, precipitation, temperature)	
Time of entry	
Time of departure	
Does venue have an outdoor area?	Yes ☐ No ☐
Does People Smoke in outdoor area?	Yes ☐ No ☐
Does venue have designated Smoking Area?	Yes ☐ No ☐

Checklist for Smoke Free Public Places

Number of persons in venue	1st Observation	2nd Observation	3rd Observation
Number of actively burning cigarettes			
No. people standing outside doorway (within 5m) Smokers and non - smokers			
No cigarette butt found ?	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Staff smoking	Yes ☐ No ☐	Yes ☐ No ☐	Yes ☐ No ☐
Subjective assessment of SH S levels	High ☐ Medium ☐ Low ☐ None ☐		

Events taking place during visit (office work, football on TV, , pool etc)	
Evidence of No Smoking Signage ☐ Ashtrays inside ☐ Outside facilities ☐ Outside ashtray ☐	
Penalties displayed at prominent place ?	Yes ☐ No ☐
Incidence	

Smoke Free Cities Project

Smoke Free Model Acknowledged by WHO: FCTC

Pakistan applauded for implementing the "M" measures (monitoring of tobacco use policies) in the MPOWER package to the highest level and Framework Convention of Tobacco Control (FCTC) Annual Report acknowledged Tobacco Smoke Free Islamabad through displaying the snapshot of Smoke Free Rose & Jasmine Public Park Islamabad at title page.

mpower

M	P	O	W	E	R
Monitoring tobacco use	**Protecting** the public with smoke-free laws	**Offering** help to quit smoking	**Warning** about the dangers of tobacco through pack labels and public awareness	**Enforcing** advertising bans	**Raising** taxes on tobacco.

“Smoke Free City” The Concept

- “Comprehensive smoke-free legislation” prohibits smoking in all indoor workplaces, all indoor public places, and on all public transportation as recommended by the WHO FCTC Article 8 implementation guidelines (on protection from exposure to tobacco smoke).
- “Smoke-free city” has adopted and implemented legislation that prohibits smoking in all indoor (or enclosed) workplaces, all indoor public places, and all public transportation, with no exceptions.
- WHO Checklist (Ashtray free policy etc.)
- “Preventive Health” protects

ROAD MAP FOR SMOKE-FREE CITY

Notifications of Implementation and Monitoring Committees at Provincial, Divisional and District Level Representations from all departments like Health, Education, Police, Food Authority, Transport Authority.....

Periodic Monitoring Surveys for Tobacco Control Laws
Baseline Survey will be planned in the beginning of the Project and evaluation will be conducted through End of the Project Survey.

Plan of Action for Smoke Free Cities
Devise the strategy for smoke free cities and take approval from highest forum at Provincial, Divisional and District Level

Mapping (Data Collection of Public Places)
Data regarding educational institutions, health facilities, food outlets, point of sales, high-rise buildings, government offices, public parks etc.

Nominations of Focal Persons / Master Trainers
Data collection of nominations of focal persons and Master Trainers from all district departments.....

Govt-CSO Collaboration for Tobacco Control
A collaboration comprising on civil society organizations working on education and health.....

MOUs / LOIs with Major Organizations
Memorandum of Understandings for strengthen the tobacco control efforts for protection of non-smoker's health and making smoke free cities

Formation of Task Force for Tobacco Control Laws Task Forces for regular enforcement of tobacco control laws in city

ROAD MAP FOR SMOKE-FREE CITY

Quarterly Meetings of DIMCs /PIMCs/ Task Forces / CSOs
Regular meetings of DIMCs /PIMCs/ Task Forces / CSOs for devise the policy and enforcement of tobacco control laws

- Mega Awareness Campaign
- IEC material
- City Branding on TC
- Art Exhibitions among Youth
- Cycle Rallies / Sunday Cycling Events
- Marathon
- Smoke Free Home / Cars Campaign

- Mega Enforcement Campaign
- Assistant Commissioners
- Public Place Managers
- Police
- Operations /
- Traffic Police /
- Railway Police
- Excise & Taxation
- FAs / Hotel Managers
- Education Managers

Declaration of Smoke Free Public Places / Organizations / Cities /Provinces
Through proper tobacco control signage and compliance of tobacco control laws

Establishment of Tobacco Control Cell
Formation of Tobacco Control Cell at Provincial, Division and District level for continuation of tobacco control efforts

Establishment of Tobacco Cessation Clinics
For quitting tobacco, tobacco cessation clinics will be established

Implementation and Monitoring Committees on Tobacco Control

The Role of Implementation and Monitoring Committees in Tobacco Control

Implementation and Monitoring Committees (I&MCs) play a crucial role in the effective execution and oversight of tobacco control measures at various levels of governance. These committees are instrumental in translating policies and regulations into actionable strategies, monitoring their implementation, and ensuring compliance with established guidelines. The role of Monitoring Committees (I&MCs) is very significant to play in tobacco control efforts and making cities smoke free.

Policy Implementation:

I&MCs are tasked with implementing tobacco control policies and initiatives at the provincial, divisional and district levels. They work closely with relevant stakeholders, including government agencies, civil society organizations, and healthcare professionals, to ensure that policies are effectively executed. This includes the enforcement of smoke-free laws, regulation of tobacco advertising and promotion, implementation of measures to reduce tobacco consumption and finally reduction of second hand tobacco smoke exposure.

Coordination and Collaboration:

I&MCs serve as platforms for coordination and collaboration among diverse stakeholders involved in tobacco control. By bringing together representatives from different sectors, including health, education, law enforcement, and CSOs, I&MCs facilitate synergistic efforts to address tobacco-related challenges comprehensively. They promote information sharing, resource mobilization, and joint planning to maximize the impact of tobacco control interventions.

Monitoring and Evaluation:

One of the primary functions of I&MCs is to monitor and evaluate the progress of tobacco control initiatives. They establish mechanisms for collecting data, tracking key performance indicators, and assessing the effectiveness of implemented measures. Through regular monitoring and evaluation activities, I&MCs identify gaps, challenges, and opportunities for improvement in tobacco control efforts. This enables them to adjust strategies, allocate resources efficiently, and ensure accountability in the implementation process.

Advocacy and Awareness:

IMCs engage in advocacy and awareness-raising activities to garner support for tobacco control policies and mobilize public opinion against tobacco use. They conduct campaigns, workshops, and educational programs to raise awareness about the health risks associated with tobacco consumption and the importance of tobacco control measures. IMCs also advocate for policy reforms, stronger regulations, and increased funding for tobacco control initiatives to create an enabling environment for tobacco control.

Policy Development and Capacity Building:

Implementation and Monitoring Committees (I&MCs) is mainly responsible to the development of evidence-based tobacco control policies and regulations tailored to the specific needs and contexts of their jurisdictions. They conduct research, gather data, and consult with experts to inform policy decisions and recommendations. Additionally, I&MCs invest in capacity-building initiatives to

enhance the skills and knowledge of policymakers, healthcare professionals, and other stakeholders involved in tobacco control.

Term of References (ToRs):

The Implementation & Monitoring Committees shall: -

a. Periodically review the implementation of the rules and recommend amendment thereto; and

b. Issue instruction to all sub-ordinate offices to implement “Tobacco Smoke Free Cities Initiative” and install display boards in their premises.

c. accomplish interdepartmental coordination for effective tobacco control

d. discuss and devise the strategies and Action Agenda for effective implementation of the Ordinance at all levels.

e. be acquainted with Prohibition of Smoking & Protection of Non-smokers Health Ordinance, 2002.

f. Direct all Supervisory Staff to include the implementation of the Ordinance as a policy component in their routine supervisory check lists.

g. Inform all authorized officers / officials and other places of public use about the law, violation of which is a punishable offence.

h. Ensure that the Hotels / Restaurants, Hospitals, Dispensaries, other Health Care Establishments, Educational institutions, Public Services Vehicle (PSVs) are completely 'smoke free' and cannot have any designate “Smoking Area”.

i. Monitor Implementation of tobacco control laws and Initiatives of Tobacco-Smoke Free respective departments on quarterly basis.

In conclusion, Implementation and Monitoring Committees play a pivotal role in advancing tobacco control efforts by translating policies into action, fostering collaboration, monitoring progress, advocating for policy reforms, and building capacity. By fulfilling these functions effectively, IMCs contribute to reducing tobacco use, protecting public health, and creating smoke-free environments for all.

Composition of "Provincial Implementation & Monitoring Committee" (PI&MC) on tobacco control at provincial level

1.	Secretory, Primary & Secondary Health Care Department	Chairman
2.	Director General, Health Services at Provincial Level	Coordinator
3.	Representative of the School Education Department (to be nominated by Secretary, School Education Department Punjab)	Member
4.	Representative of the Police Department (to be nominated by Secretary, Interior / Home Department)	Member
5.	Representative of the Excise Department (to be nominated by Secretary, Excise & Taxation)	Member
6.	Representative of the Social Welfare Department (to be nominated by Secretary, Social Welfare Department)	Member
7.	Representative of the Transport Department (to be nominated by Secretary, Transport Department)	Member
8.	Representative of the Provincial Higher Education Commission (to be nominated by Chairman PHEC)	Member
9.	Director General, Provincial Food Authority	Member
10.	Focal Person for Tobacco Control / National Focal Point WHO FCTC & Illicit Trade, Ministry of National Health Services, Regulations and Coordination (NHSRC), Government of Pakistan	Member
11.	Representative from WHO (to be nominated by WR-WHO)	Member
12.	Representatives of Civil Society Organizations	Member
13.	Project Manager, Tobacco-Smoke Free Cities, Ministry of National Health Services, Regulations and Coordination (NHSRC), Islamabad	Co-Secretary/ Member
14.	Provincial Focal Person for Tobacco Control	Secretary / Member

Composition of "Divisional Implementation & Monitoring Committee" (Div&MC) on tobacco control at Divisional Level

1.	Divisional Commissioner	Chairman
2.	All Deputy Commissioners in respective Division	Member
3.	Regional Police Officer (R.P.O) in respective division	Member
4.	Director Health Services in respective Division	Member
5.	Director Colleges in respective Division	Member
6.	Director Education Secondary in respective Division	Member
7.	Representative from Municipal Corporation in respective Division	Member
8.	Director, Excise, Taxation and Narcotics Control	Member
9.	Directors, Auqaf & Social Welfare and Baitulmal Departments	Member
10.	Director, Punjab Food Authority in respective Division	Member
11.	Secretary, Regional Transport Authority in respective Division	Member
12.	President, Chamber of Commerce and Industry in respective Division	Member
13.	Director General, Parks and Horticulture Authority in respective Division	Member
14.	Representative from WHO (to be nominated by WR-WHO)	Member
15.	Representatives of Civil Society Organizations	Member
16.	Project Manager , Tobacco-Smoke Free Cities, Ministry of National Health Services, Regulations and Coordination (NHSRC), Islamabad	Co-Secretary/ Member
17.	CEO, District Health Authority (relevant district of divisional headquarter)	Secretary/ Member

Composition of "District Implementation & Monitoring Committee" (DI&MC) on tobacco control at district level

1.	The Deputy Commissioner	Chairman
2.	Additional Deputy Commissioner	Co – Chairman / Focal Person for Tobacco Control
3.	CEO, District Health Authority (DHA), Lahore	Member
4.	Representative from Municipal Authority	Member
5.	CEO, District Education Authority (DEA)	Member
6.	City Police Officer (CPO), Chief Traffic Officer	Member
7.	Deputy Director Auqaf/Baitulmal	Member
8.	Deputy Director, Social Welfare Department	Member
9.	Deputy Director, Food Authority	Member
10.	Secretary, District Road Transport Authority	Member
11.	District Information Officer	Member
12.	Representatives from all Government Services Hospital (one representative each, to be nominated by MS Hospital)	Member
13.	President, Chamber of Commerce and Industry	Member
14.	Deputy Director, Parks and Horticulture Authority	
15.	Representatives, Transport Union, Trader Union and Private School Union	Member
16.	All Assistant Commissioners	Member
17.	Representatives of Civil Society Organizations	Member
18.	Project Manager , Tobacco-Smoke Free Cities, Ministry of National Health Services, Regulations and Coordination (NHSRC), Islamabad	Co-Secretary / Member
19.	District Health Officer (DHO)-PS	Secretary / Member

Action Plan

Action Plan for Tobacco-Smoke Free Departments

Name of Officer:	**Designation:**
Name of Department:	**Address: :**
Contact #	**Signatures:**
Outcomes: Reduced Prevalence of Tobacco Use	**Intermediate Outcomes:** **i. Increased Support for Smoke-free Environment (Protection of Non Smoker's Health)** **ii. Compliance of tobacco control laws (Prohibition of Smoking)**

Output 1: Cascade Trainings for Authorized Officers

A Activities / Actions to Achieve this Output	B Responsibility	C Resources Required	D Facilitation	E Collaboration / Participation	F Timeline		G Remarks
					Start Time	Completion Time	
1. Selection of authorized officers / Focal Persons at all public places in department							
2. Mapping : List of all public places / buildings in department							
3. Selection of date and venue for cascade training(s) then program will be organized.							
4. Awareness of Staff and Public							
5. Report Writing							
6.							

Output 2: Declaration of Smoke Free Facilities

A Activities / Actions to Achieve this Output	B Responsibility	C Resources Required	D Facilitation	E Collaboration / Participation	F Timeline		G Remarks
					Start Time	Completion Time	
1. To make a plan for declaring public place(s) as a tobacco smoke free place(s) in department.							
2. To conduct an inauguration ceremony for tobacco – smoke free facility.							

3. Installation of signage at prominent places							
4. Removing designated Smoking Area at public places (in case of existence)							
5.							
6.							

Output 3: Implementation of tobacco control laws

A Activities / Actions to Achieve this Output	B Responsibility	C Resources Required	D Facilitation	E Collaboration / Participation	F Timeline		G Remarks
					Start Time	Completion Time	
1. Soft Implementation							
2. Strict enforcement							
3. Complaint in writing against violators							
4. Fines							

Output 4: Sustainability of Smoke free environment

A Activities / Actions to Achieve this Output	B Responsibility	C Resources Required	D Facilitation	E Collaboration / Participation	F Timeline		G Remarks
					Start Time	Completion Time	
1. Monitoring of tobacco control laws through checklist							
2. Regular enforcement and reporting							
3. Reporting through Smoke Free Pakistan Mobile Application for quantity butts							

Action Agenda for implementation of Tobacco Control Laws

Laws	Section	Proposed Actions	Responsibility
The Punjab Tobacco Vend Act, 1958	S(4),S(5),S(6&7) S(8),S(11)	Grant of tobacco dealer's license /Suspension or cancellation of license /Penalty against breach of conditions of dealer's License/ Powers of investigation of offences without Orders of magistrate /Authority to enter & inspect tobacco retail / entities & examine accounts.	Collector/First Class Magistrate/Officers of Excise & Taxation Department / Police Department
Cigarette(Printing of Warning) Ordinance, 1979	S(3)	Health warning printing legibly and prominently, both in English and Urdu, on every packet of tobacco	Police Officers not below the rank of ASI /Officers of Excise & Taxation not below the rank of SI
	S(4)	Prohibition to manufacture, sell or possess packets of cigarettes without health warning	
	S.R.O 127(KE)/2017	Ban on possessing, selling or offering for sale packets of cigarettes without 50% -health warning which will increase to 60% from 1st June 2019	
	S(7)	Cognizance of offence made in writing by Authorized Officers	First class Magistrate
Prohibition of Smoking and Protection of Non-Smokers Health Ordinance 2002	S(5)	Prohibition of smoking / use of tobacco in places of public work or use	Authorized Officers according to SRO 654 (I) / 2003 &SRO. 277 (I)/2011 all Heads of the establishment /departments / Institutions OR nominated on behalf of Heads of the /departments / Institutions officers in BPS 20 and above, in the relevant departments Police Officers (ASI and above) Food Inspectors
	S(6)	Prohibition of smoking in public service vehicles	Authorized Officers according to SRO 654 (I) / 20 03 &S.R.O. 277 (I)/2011 Traffic Police Officers (ASI and above)
	S(7)	Prohibition on advertisements of Cigarettes	Police Officers (ASI and above)

	S(7)	Prohibition on advertisements of Cigarettes	Police Officers (ASI and above)
	S(8)	Prohibition of sale of cigarettes to minors (under-18 years age)	Police Officers (ASI and above)
	S(9)	Prohibition of sale, storage and distribution of cigarettes/ tobacco products in near Educational institutions (within 50 meters)	Police Officers (ASI and above)/Head of the Educational Institutions
	S(10)	Mandatory display of "No Smoking Zone" or "Smoking is an Offence" board in an d outside the premises of Public places	Owner / Manager/ In - charge of public place
	S(12)	Ejecting the violator from the premises of public work	All Authorized Officers according to SRO 654 (I)/ 2003 & S.R.O. 277 (I)/ Police Officers (ASI and above)
	S(13)	Cognizance of Offence	Magistrate of First Class shall take cognizance of offence on a written complaint by an Authorized Officer for section 5,6 & 10 and police officer (ASI and above).

Task Force for Implementation of Tobacco Control Laws

The Role of Task Force in Implementing Tobacco Control Laws

Task force dedicated to implementing tobacco control laws play a critical role in safeguarding from exposure of second hand tobacco smoke and reducing the harmful effects of tobacco use. These task forces are responsible for enforcing regulations pertaining to tobacco sales, advertising, and consumption in various settings such as public places, retailers, hotels and restaurants, public service vehicles (PSVs), and preventing sales to minors and the distribution of loose cigarettes. The role of task forces is very multifaceted in ensuring compliance with tobacco control laws across at provincial, divisional and district level.

Enforcement at Public Places:

Task forces are tasked with enforcing smoke-free laws and regulations in public places such as hotels / restaurants, amusement centers, educational institutions, workplaces, and public transportation hubs. They conduct regular inspections, monitor compliance with smoking bans, and take enforcement actions against violators. Task forces also raise awareness about smoke-free policies and educate the public about the health risks associated with exposure to secondhand smoke.

Regulation of Retailers:

Task forces oversee the implementation of regulations governing tobacco sales and marketing at retail outlets. They conduct inspections to ensure that retailers comply with age restrictions for tobacco sales, display health warnings prominently, and refrain from selling tobacco products to minors. Task forces also monitor advertising and promotion activities near retail establishments to prevent the targeting of vulnerable populations, such as youth.

Compliance in Hotels and Restaurants:

Task forces work with food authorities, including hoteliers and restaurateurs, to enforce smoke-free policies and regulations within their premises. They conduct inspections to ensure compliance with smoking bans in indoor areas, outdoor dining spaces, and designated smoking areas. Task forces also provide guidance on creating smoke-free environments.

Regulation of Public Service Vehicles (PSVs):

Task forces regulate tobacco use and sales in public service vehicles such as buses, taxis, and trains. They enforce smoking bans in enclosed vehicles, terminals, and waiting areas to protect passengers and employees from secondhand smoke exposure. Task forces also monitor compliance with regulations prohibiting the sale of tobacco products onboard PSVs and ensure that no-smoking signs are prominently displayed.

Prevention of Sales to Minors and Loose Cigarettes:

Task forces implement measures to prevent the sale of tobacco products to minors and the distribution of loose cigarettes. They conduct sting operations and undercover inspections to identify retailers selling tobacco to underage individuals and take legal action against offenders. Task forces also crack down on the sale of loose cigarettes, which are often sold illegally and contribute to underage smoking initiation.

Term of References (TORs):

The Task Force for Implementation of tobacco control laws shall:-

a. ensure the prohibition of smoking and protection of nonsmoker's health in district

a. implement tobacco control laws at public places (i.e. Hotels / Restaurants, Health Facilities, Educational Institutions, Railway Stations, Bus Addas, Point of Sales etc.) and Public Services Vehicle (PSVs); and

a. discuss and devise the strategies and Action Agenda for effective implementation of the Ordinance in districts and cities.

b. review the enforcement reports received from sub-division (ACs) wise issue the instructions to all sub-ordinate offices to implement tobacco control laws and install no smoking signs in their premises.

c. Conducting raids against violators and culprits and enforce tobacco control laws with letter and spirit

d. To be acquainted with Prohibition of Smoking & Protection of Non-smokers Health Ordinance, 2002

In conclusion, task forces play a crucial role in implementing tobacco control laws and regulations across various settings, including public places, retailers, hotels and restaurants, PSVs, and sales to minors. By enforcing smoking bans, regulating tobacco sales, and preventing underage access to tobacco products, task forces contribute to protecting public health, reducing tobacco-related harm, and creating smoke-free environments for all.

Composition of "Task Force" for implementation of tobacco control laws "Prohibition of Smoking and Protection of Non Smoker's Health Ordinance 2002" at Provincial level

1.	Secretory, Primary & Secondary Health Care Department	Chairman
2.	Director General, Health Services at Provincial Level	Coordinator
3.	Inspector General of Police	Member
4.	Director General, Excise, Taxation and Narcotics Control	Member
5.	Director General, Provincial Food Authority	Member
6.	Provincial Secretary, Transport Authority	Member
7.	Inspector General of Police, Pakistan Railways	Member
8.	Representative of the Provincial Higher Education Commission (to be nominated by Chairman PHEC)	Member
9.	Focal Person for Tobacco Control / National Focal Point WHO FCTC & Illicit Trade, Ministry of National Health Services, Regulations and Coordination (NHSRC), Government of Pakistan	Member
10.	Representatives of Civil Society Organizations	Member
11.	Project Manager, Tobacco -Smoke Free Cities, Ministry of National Health Services, Regulations and Coordination (NHSRC), Islamabad	Member
12.	Provincial Focal Person for Tobacco Control	Secretary/ Member

Composition of "Task Force" for implementation of tobacco control laws "Prohibition of Smoking and Protection of Non Smoker's Health Ordinance 2002" at division level

1.	The Additional Commissioner of	Chairman
2.	Regional Police Officer	Member
3.	All Additional Commissioners from respective districts	Member
4.	Director, Excise, Taxation and Narcotics Control	Member
5.	Director, Food Authority	Member
6.	Secretary, Regional Transport Authority	Member
7.	Divisional Commercial Officer, Pakistan Railways	Member
8.	Coordinator for Tobacco Control in respective division	Member
9.	Director Health Services in respective division	Secretary/ Member

Composition of "Task Force" for implementation of tobacco control laws "Prohibition of Smoking and Protection of Non Smoker's Health Ordinance 2002" at district level

1.	Additional Deputy Commissioner (General)	Chairman
2.	District / City Police Police Officer	Member
3.	All Assistant Commissioners from respective sub-division	Member
4.	Deputy Director, Excise, Taxation and Narcotics Control	Member
5.	Deputy Director, Food Authority	Member
6.	Secretary, District Road Transport Authority	Member
7.	Station Manager, Pakistan Railways	Member
8.	District Coordinator for Tobacco Control	Member
9.	CEO, District Health Authority	Secretary/ Member

Tobacco Smoke Free Pakistan!

"If current trends continue, the voluntary target of a 30% reduction is likely to be achieved by Pakistan in 2025"
The only in EMRO

(WHO Regional Office)

Role of Authorities for Smoke Free Cities

Role of District Administration for Smoke free cities

The "Prohibition of Smoking and Protection of Health of Non-Smokers Ordinance 2002" represents a significant milestone in our journey towards creating tobacco-free cities. This legislative measure not only aims to curb the consumption of tobacco but also prohibits the use of cigarettes and other tobacco products in public places, public transport, and both public and private offices throughout the country. The sweeping scope of the ordinance underscores its unwavering commitment to safeguarding public health and fostering a smoke-free environment.

The implementation of this ordinance has the potential to transform our public spaces into tobacco-free zones. Through meticulous enforcement, we aspire to extend this impact beyond individual cities to entire districts and eventually throughout the nation, ridding our country of the scourge of tobacco.

Recognizing the pivotal role that law enforcement agencies play in ensuring the effective execution of anti-smoking laws, this trainer's guide has been meticulously crafted. Its purpose is to augment the knowledge of law enforcement personnel, delineating their responsibilities and duties in the context of this crucial legislation. By providing our police force with the necessary tools and information, our collective objective is to fortify the enforcement of this ground breaking law nationwide. Through this collaborative effort, we anticipate a significant stride towards a healthier, smoke-free future for our communities.

The establishment of smoke-free cities is a collective responsibility that necessitates the active involvement of district administrations. Recognizing the pivotal role, they play in this endeavour, I propose the development of a comprehensive roadmap, delineating specific goals and strategies to create smoke-free environments within our cities. This roadmap serves as a guiding framework, ensuring a coordinated and systematic approach toward achieving the common objective of a healthier and tobacco-free cities landscape:

Notifications of Implementation and monitoring Committee (I&MCs) at District Level: The purpose of these committees is to ensure effective coordination and cooperation among diverse departments for the betterment of our communities. We believe that a collaborative approach is essential for addressing multifaceted challenges that require collective expertise. Representations from all departments like Health, Education, Police, Food Authority, Transport Authority etc.

Nominations of Focal Persons / Master Trainers: The objective of this initiative is to identify and appoint individuals who will serve as Focal Persons and Master Trainers within their respective departments. These key roles are pivotal for fostering efficient communication, skill development, and knowledge dissemination throughout our organization.

Formation of Task Force for Tobacco Control Laws: The primary objective of the Task Force is to ensure the regular and stringent enforcement of tobacco control laws in our city. By forming a collaborative and proactive team, we aim to create a robust mechanism that upholds and reinforces the regulations set forth in the "Prohibition of Smoking and Protection of Health of Non-Smokers Ordinance 2002."

Govt-CSO Collaboration for Tobacco Control: The primary objective of this collaboration is to synergize efforts, resources, and expertise to strengthen tobacco control initiatives. By combining

the strengths of government bodies and CSOs, we aim to implement effective strategies that not only address the current challenges but also contribute to the broader goal of creating a tobacco-free society.

Quarterly Meetings of DIMCs / Task Forces / CSOs : Regular meetings of DIMCs / Task Forces / CSOs for devise the policy and enforcement of tobacco control laws: These quarterly meetings will serve as a platform for collaborative discussion and strategic planning, aiming to enhance the effectiveness of our tobacco control initiatives. The collective insights and expertise of all stakeholders involved will play a crucial role in devising comprehensive policies and ensuring their enforcement.

Mega Awareness Campaign: Following are the components of the Mega Awareness Campaign:

- **IEC Material Distribution:** Dissemination of Information, Education, and Communication (IEC) materials in strategic locations such as public spaces, educational institutions, and healthcare facilities.
- **City Branding on Tobacco Control:** Incorporation of prominent tobacco control messages into the city's branding strategy, utilizing billboards, banners, and other visual elements to communicate the importance of a tobacco-free environment.
- **Art Exhibitions Among Youth:** Collaboration with local artists and educational institutions to organize art exhibitions that creatively depict the detrimental effects of tobacco use, particularly targeting youth.
- **Cycle Rallies / Sunday Cycling Events:** Organize cycling events, including rallies and Sunday cycling activities, to promote a healthy lifestyle and concurrently raise awareness about the hazards of tobacco consumption.
- **Marathon:** Conduct a marathon with the theme of promoting a tobacco-free lifestyle. This event will attract participants from diverse backgrounds, further amplifying the reach of the campaign.
- **Smoke-Free Home / Cars Campaign:** Launch a targeted campaign encouraging individuals to maintain smoke-free homes and cars. This initiative will involve the distribution of informational materials and public service announcements.
- **Mega Enforcement Campaign:** The Mega Enforcement Campaign is proposed to be executed on quarterly basis, requiring close coordination between government bodies, law enforcement agencies, and relevant stakeholders. Furthermore, Training programs for law enforcement officials, public place managers, and other stakeholders will be organized to ensure effective implementation. Additionally, the provision of necessary resources for enforcement activities will be a priority. Following are the Components of the Mega Enforcement Campaign:
- **Assistant Commissioners:** Active involvement and coordination with Assistant Commissioners to streamline the enforcement efforts across various districts.
- **Public Place Managers:** Collaboration with public place managers to reinforce and monitor compliance with anti-smoking regulations in spaces such as parks, markets, and public buildings.
- **Police:** Engagement with multiple branches of the police force, including Operations, Traffic Police, Railway Police, and Excise & Taxation, to ensure comprehensive enforcement.

- **FAs / Hotel Managers:** Cooperation with Food Authorities and hotel managers to enforce tobacco control laws in eateries, hotels, and entertainment establishments.
- **Education Managers:** Coordination with education managers to integrate anti-smoking education within school curricula and enforce tobacco-free zones in educational institutions.
- **Excise & Taxation**: Work with the Excise & Taxation department to monitor and regulate the sale of tobacco products, ensuring compliance with tobacco vend act 1958 and tax regulations.

Assessment No. 3

1. DIMC stands for _____
2. CSOs stands for _____
3. What is the role of Education Manager in Smoke Free City?
4. What is the role of Excise Inspector in Smoke Free City?
5. Who will chair the DIMC meetings at district level?

Role of Police Officer for enforcement of Tobacco Control Laws "Prohibition of Smoking and Protection of Non-Smokers Health Ordinance, 2002" and Rules made under this Law

The President of the Islamic Republic of Pakistan enacted a landmark ordinance on tobacco control, officially known as the "Prohibition of Smoking and Protection of Health of Non-Smokers Ordinance 2002," which came into effect on October 15, 2002.

This significant legislation has been seamlessly integrated into the Constitution of Pakistan. As per the ordinance, the use of cigarettes or any other tobacco products is strictly prohibited in public places, public transport, and both public and private offices nationwide. The comprehensive nature of the ordinance underscores its commitment to safeguarding public health and promoting a smoke-free environment.

Recognizing the pivotal role of law enforcement agencies in ensuring the effective implementation of the anti-smoking law, this trainer's manual has been developed to enhance their knowledge, outlining their responsibilities and duties. By empowering the police with the necessary tools and information, we aim to reinforce the enforcement of this crucial legislation across the country.

Authorised Persons or Authorised Officers

Police Officers of the rank of Assistant Sub-inspector and above have a major role to play in the enforcement of the Tobacco Control Laws

Section-2(b): An authorized officer means a person authorized under Section-4."

Section-4: The government can authorize one or more persons who shall be competent to act under this Ordinance. Police Officers of the rank of Assistant Sub-inspector and above have a major role to play in the enforcement of the Tobacco Control Laws in respect of sections 5, 6, 7, 8, 9, 10, 12 and 13

Section-5 and **SRO 51 (KE)/2009**, declare **all places of public work or use as completely smoke free**. A place of public work or use includes auditoriums, buildings, health institutions, amusement center, restaurants, public offices, court buildings, cinema halls, conference or seminar halls, eating houses, hotel lounges, other waiting lounges libraries, bus stations or stands, sports stadiums, educational institutions, libraries **and the like which are visited by general public** but does not include any open place. **SRO 653 (1) /2003**:Buses, wagons, trains have been declared to be places of public work or use.

S.R.O 51 (KE)/2009 has now disallowed "**Designated Smoking Areas**" in all places of public work or use. "**Smoking Sections" in restaurants are illegal now**.

Section-6: Smoking or use of tobacco in any other form is prohibited in public service vehicles.

Section-7: Prohibits any person or company to advertise tobacco products on any media or in any place if this advertisement is not in accordance with guidelines prescribed by the government.

SRO 53(KE)/2009: Prohibits free goods, free samples or cash rebates to generate sales and promote smoking.

Section-8: Prohibits sale of cigarettes or any other smoking substance to any person who is below the age of eighteen years.

Section-9: Prohibits sale or distribution of cigarette or any other smoking substance or any other tobacco product within 50 meters from any college, school or educational institution.

Section-10: The owner / manager / in-charge of every place of public work or use is responsible to display and exhibit a board at a conspicuous place in and outside the premises visited or used by the general public prominently stating that the place is a "NO SMOKING ZONE" and that "SMOKING IS AN OFFENCE".

Section-12: Any authorized person or apolice officer (sub-inspector or above) may eject any person from any place of public work or use who contravenes the provisions of this Ordinance.

Section-13: A first class magistrate shall take **cognizance of any offence** under this Ordinance **on a complaint in writing by an authorized officer** with respect to an offence under Sections 5, 6 and 10 and **on a report in writing by a police officer,** not below the rank of sub-inspector, with respect to an offence under Sections 7, 8 and 9.

Section-11: Penalties.

On violation of Section 5, 6 & 10

First offence - Fine up to Rs.1000.

Second offence - Fine not less than Rs. 100,000.

On violation of Section 7, 8 & 9

First offence - Fine up to Rs.5000.

Second offence - Fine not less than Rs. 100,000 or imprisonment up to three months or both.

What can an authorized person do?

Section-12: Any **authorized person** or a **police officer (Assistant sub-inspector or above)** may eject any person from any place of public work or use who contravenes the provisions of this Ordinance.

Section-13: A first class magistrate shall take **cognizance of any offence** under this Ordinance **on a complaint in writing by an authorized officer** with respect to an offence under Sections 5, 6 and 10 and **on a report in writing by a police officer,** not below the rank of sub-inspector, with respect to an offence under Sections 7, 8 and 9.

Assessment No. 4

1. What can an authorized person do?
2. Who will eject the violator from any public place?
3. Prohibits free goods, free samples or cash rebates to generate sales and promote smoking under S.R.O._____
4. _____has now disallowed "Designated Smoking Areas" in all places
5. _____ Buses, wagons, trains have been declared to be places of public work or use.

Role of Food Authority and Hotel Managers through the Enforcement of Tobacco Control Laws at Public Places, Hotels and Restaurants

The "Prohibition of Smoking and Protection of Health of Non-Smokers Ordinance 2002" stands as a landmark initiative regarding tobacco control. This ordinance serves as a critical tool in curbing the persistent use of tobacco, particularly in public places, hotels, and restaurants. Its comprehensive nature reflects an unwavering commitment to safeguarding public health and fostering a smoke-free environment.

The ordinance explicitly prohibits the use of cigarettes and other tobacco products in diverse settings, including public places, public transport, and both public and private offices across the country. By imposing strict restrictions, the ordinance aims to eliminate exposure to secondhand tobacco smoke and create a healthier environment for all citizens.

The devastating toll of tobacco use is starkly evident in the alarming statistic that 448 Pakistanis succumb to the consequences of tobacco every day. This significant loss of human lives emphasizes the urgent need for collective action. The magnitude of this epidemic demands a united effort to protect our current and future generations from the ravages of tobacco-related illnesses.

Launching comprehensive public awareness campaigns is crucial to educate citizens about the hazards of tobacco use and the importance of adhering to anti-smoking laws.

Strengthening the implementation of the ordinance requires proactive enforcement measures. Strict penalties for violators will serve as a deterrent, reinforcing the importance of compliance.

The Islamabad Food Authority is actively engaged in ensuring the effective implementation of the Anti-Smoking Act. By leveraging its resources and influence, the Authority plays a pivotal role in driving the agenda for tobacco control in the region.

Salient Features of Ordinance 2002:

Section-5 and SRO 51 (KE)/2009, declare **all places of public work or use as completely smoke free.** A place of public work or use includes auditoriums, buildings, health institutions, amusement center, restaurants, public offices, court buildings, cinema halls, conference or seminar halls, eating houses, hotel lounges, other waiting lounges libraries, bus stations or stands, sports stadiums, educational institutions, libraries **and the like which are visited by general public** but does not include any open place. **SRO 653 (1) /2003:**Buses, wagons, trains have been declared to be places of public work or use.

S.R.O 51 (KE)/2009 has now disallowed "**Designated Smoking Areas"** in all places of public work or use. **"Smoking Sections" in restaurants are illegal now.**

Section-6:Smoking or use of tobacco in any other form is prohibited in **public service vehicles**.

Section-7: Prohibits any person or company to **advertise tobacco products on any media** or in any place if this advertisement is not in accordance with guidelines prescribed by the government.

SRO 53(KE)/2009: Prohibits free goods, free samples or cash rebates to generate sales and promote smoking.

Section-8: Prohibits sale of cigarettes or any other smoking substance to any person who is below the age of eighteen years.

Section-9 Prohibits sale or distribution of cigarette or any other smoking substance or any other tobacco product within 50 meters from any college, school or educational institution.

Section-10: The owner / manager / in-charge of every place of public work or use isresponsible to display and exhibit a board at a conspicuous place in and outside the premisesvisited or used by the general public prominentlystatingthat the place is a "**NO SMOKING ZONE**" and that"**SMOKING IS AN OFFENCE".**

The Role of Hotel and Restaurant Managers

- Clearly understand the tobacco control laws "Prohibition of Smoking and Protection of Health of Non-Smokers Ordinance 2002".

- Educate your staff about the tobacco control law and the hazards of smoking and inhaling second hand smoke.

- Remove the ashtrays from the tables.

- Print a card saying "Smoking is prohibited in our restaurant" and place it before a smoking customer, before asking him/her to stop smoking.

- Stop people from smoking in your restaurant and report against violators, in writing, to a first-class magistrate. (Sections-5 & 13)

- Report to the police if someone sells cigarettes to anyone who is below 18 years of age. (Sections-8 & 13)

- Do not sell cigarettes and other tobacco products within 50 meters of an educational institution. (Sections-9)

- Display "No-Smoking Signs" outside and inside your restaurant or hotel. (Section-10)

- Restaurant managers are authorized by Section-12 to eject a smoker from the premises of which they are in-charge. (Section-12)

Assessment No. 5

1. _____ declare all places of public work or use as completely smoke free
2. _____Prohibits any person or company to advertise tobacco products on any media or in any place
3. _____ Smoking or use of tobacco in any other form is prohibited in public service vehicles
4. _____ Prohibits sale of cigarettes or any other smoking substance to any person who is below the age of eighteen years.
5. _____ Prohibits sale or distribution of cigarette or any other smoking substance or any other tobacco product within 50 meters from any college, school or educational institution.

Tobacco Control Signage

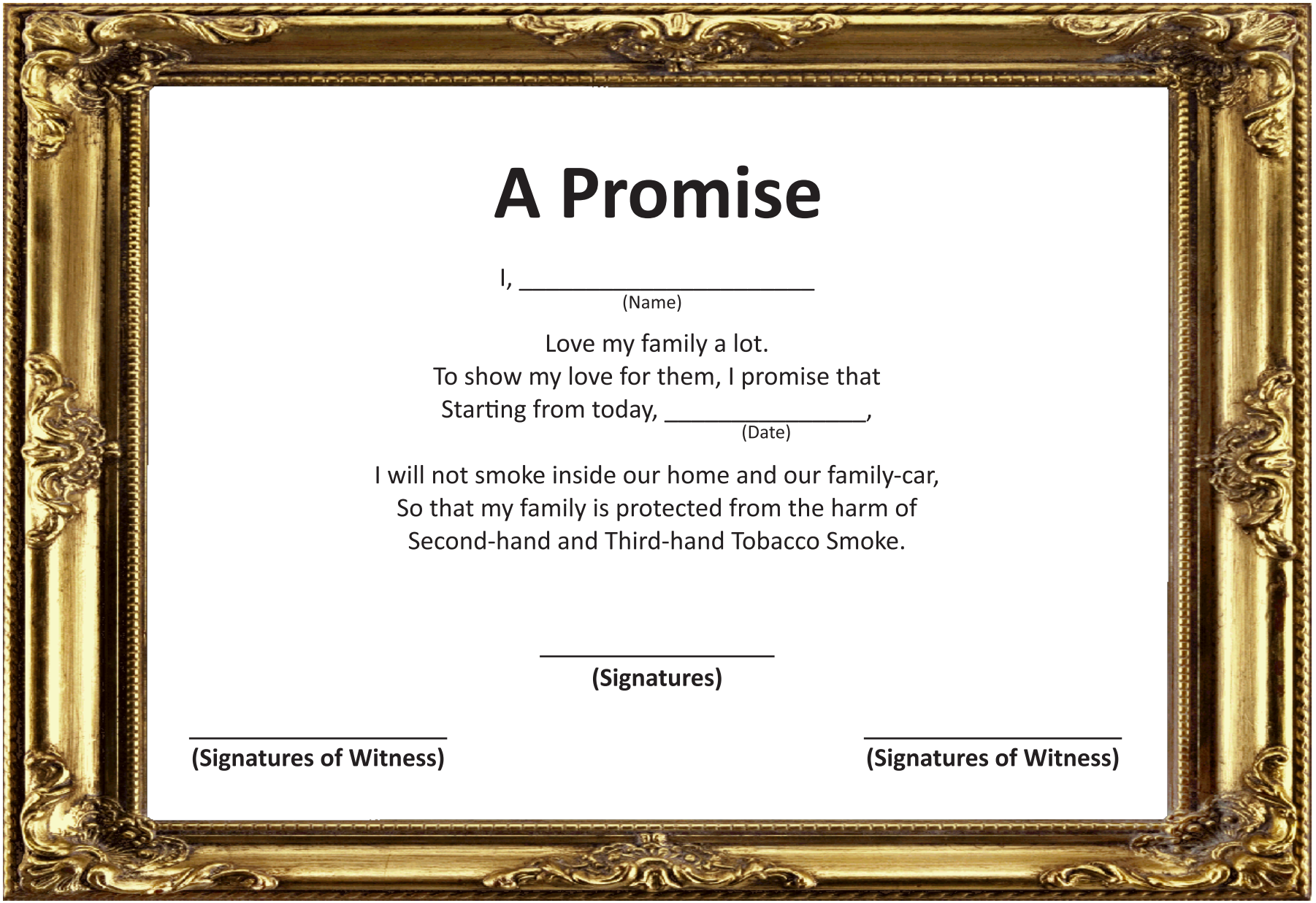
Tobacco Control Signage

Sticker for Public Places

Sticker for Public Service Vehicle

Sticker for Hotel Restuarants

Sticker for Pakistan Railways



A Promise

I, _____
(Name)

Love my family a lot.
To show my love for them, I promise that
Starting from today, _____,
(Date)

I will not smoke inside our home and our family-car,
So that my family is protected from the harm of
Second-hand and Third-hand Tobacco Smoke.

_____
(Signatures)

_____
(Signatures of Witness)

_____
(Signatures of Witness)

BREATHE FREELY

THIS EDUCATION INSTITUTE

IS A SMOKE FREE ZONE

Thank you for Not Smoking for Good Health and Clean Environment

Government of Pakistan
Ministry of National Health Services, Regulations & Coordination

REPORT VIOLATIONS OF TOBACCO CONTROL LAWS AT

Google play | SMOKE FREE PAKISTAN APP | ایپ ڈاؤن لوڈ کرنے کے لئے سکین کریں

www.tsfc.gov.pk \tobaccosmokefreecities

Trainers Manual

Contents

Instruction to Trainers

As trainers, it is your responsibility to convey these essential messages to trainers during similar half-day training sessions.

1

Contact the Deputy Commissioner for administrative details on how to take forward the half-day training in your respective vicinities.

2

Finalize a DFC/budget Performa and list of participants and submit the same to the Deputy Commissioner. Obtain approval from DC before proceeding.

3

Identify an appropriate training venue

4

Decide a training day and inform the National Tobacco Control Cell

5

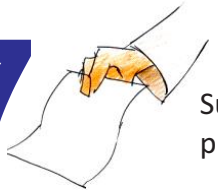
Prepare all relevant material for training in advance. Ensure that appropriate quantities are available of:

- Participant Handbooks
- Banners/Posters
- Strategy Document

6

Conduct training, using the Participant Handbook and Trainer's Manual provided to you during this training. Handover strategies to the participants

7



Submit one-page report to Deputy Commissioner on prescribed reporting format (Page 03)

Reporting Format

Trainer's Name		**Training Venue**	
Phone:		**Training Date:**	
Email:		**District(s):**	

Total Participants: **Male:** **Female:**

Training Highlights:

Areas of Improvement/issues:

Participants' Feedback:

Trainer's Comments:

Annex 01: List of Participants

#	Name	Designation	Tel No	Address

Trainers' Manual

ONE DAY TRAINING FOR 'DISTRICT ADMINISTRATION & LAW ENFORCEMENT AGENCY TO ENFORCE ANTI-SMOKING REGULATIONS IN PAKISTAN'

Objectives

By the end of this session, participants will be able to:

- Elaborate health hazards associated with smoking, second-hand and third-hand tobacco smoke;
- Highlight key components of the Tobacco Control Laws in Pakistan
- List the limitations placed by the government on consumption, advertising and sale of smoking and associated penalties against violation;
- Understand the process and procedures by which authorized persons and law enforcement agencies may enforce the Prevention of Smoking and Protection of Non-Smokers Ordinance, 2002 in Pakistan
- Sensitization on interventions provided in National Tobacco Control Strategy 2022-2030
- A deliberation regarding the practical methods and approaches for implementing
- Understand the monitoring and reporting of tobacco control laws at public places and how to fill the monitoring form.
- Learn the protocol for smoke free public places and how to fill the checklist in this regard.

#	Steps	Resource Material
1	Begin the session by welcoming participants to this training. Initiate a round of introductions and ensure that each participant has an opportunity to present their name and designation. Share session objectives (given above) with participants.	
2	Tell participants that the reason they are all here today is because they have been accorded the privilege of enforcing the Prevention of Smoking and Protection of Non-Smokers Ordinance, 2002 in Pakistan as authorized persons. Using the 'Fish Story' on Page 20 stress that although this is a difficult task it is a critically important one. Stress that each of them have both a legal and a moral responsibility to enforce a law that reduces the menace of tobacco consumption in Pakistani society. Stress that this work is a noble cause, because it ultimately means saving lives!	**'Once Upon a Time...' Pg 20**

#	Steps	Resource Material
3	Ask participants how many of them either smoke or live/work with people who are smokers. Tell participants that one of the objectives of this session is to sensitive them towards the effects of smoking cigarettes and second-hand smoke.	
4	Ask participants (with particular emphasis on smokers) are they aware of the many health hazards caused by smoking? Briefly refer to Tobacco Health Hazards on page 29. Divide participants into four groups. Read out instructions for Group Work (Pg 31). Assign one case study to each group and highlight that each of these case studies is based on truth, however names have been changed to protect people's privacy. Ask each group to read their assigned case study and in the time given answer the assigned questions. While processing the questions stress the following points: ● Smoke cigarettes and inhaling second-hand tobacco smoke is the root cause of each of these diseases. Each of the individuals mentioned has been a direct victim of cigarette smoke. ● Smoking is not an issue that just affects the smoker. It affects their families and dependents as well as society as a whole. Smoking is a menace that should be eradicated at all costs. Second-hand smoke is AS harmful as smoking itself! ● The law, which they are mandated to enforce has been promulgated to reduce the frequency of such incidents in Pakistan. In a sense, THEY are part of the solution to many of these problems. **Refer to Trainer Note 01 for notes on each case study.**	**'Tobacco Health Hazards' Pg 29** **'Aisa Kyoon Hota Hai?' Pg 30** **Questions for Group Work Pg 31**
5	Highlight that smoking leads to ailments and diseases that affect every part of our body. Referring to the pictures on page 32, highlight that consumption of Tobacco (via cigarette smoke as well as any other Tobacco product) leads to cancer, heart problems, strokes and other deadly diseases.	**'Smoking Causes...' Pg 32**
6	Ask participants, those of you who do not smoke, how often are you around someone who does? It is likely that a majority of non-smokers work or live with someone who smokes. Using page 33 introduce participants to the concept of Second-Hand Tobacco Smoke. Invite them to 'do the math' in the handout.	**'Second Hand Tobacco Smoke' Pg 33**

#	Steps	Resource Material
7	Concluding the discussion on the dangers of smoking use page 36 to point out to participants that smoking is both suicide (for the smoker) as well as murder (of those around him/her). Highlight some of the facts given in the handout and use them to reinforce the importance of reducing the consumption and sale of cigarettes within Pakistan. Stress that as Authorized Persons all of the participants in today's workshop have the unique opportunity as well as the responsibility of reducing this menace from society and promoting a tobacco free and healthier society for each of us and our loved ones.	**'Did You Know?' Pg 36**
8	Tell participants we will now have some fun! Ask each of them to turn to pg 37 and very quickly (in the next 5 – 10 minutes) answer the true/false questions given in the quiz. Once all participants have answered use Trainer Note 01 to process the exercise. Ask participants: Has anyone answered all the questions correctly? Ensure that you have a small prize to hand out to the winner of this exercise!	**'Boojho Toh Jaane' Pg 37**
9	Provide a brief overview of the National Tobacco Control Strategy, emphasizing its importance Present the specific goal objectives outlined in the National Tobacco Control Strategy. Explain the significance of each objective in the context of tobacco control. Introduce the Framework Convention on Tobacco Control (FCTC) and its relevance to the national strategy. Discuss the challenges and barriers faced in implementing tobacco control measures. Share the vision outlined in the National Tobacco Control Strategy. Describe the ideal scenario for tobacco control in the country, including reduced tobacco use, improved public health, and enhanced policy effectiveness. Encourage participants to share their thoughts and perspectives on the goal objectives, FCTC principles, challenges, and the vision. Foster open dialogue and address any questions or concerns. Organize group activities or case studies that allow participants to apply their understanding of the topics discussed. Summarize the key points covered during the orientation session. Provide information on the next steps in the implementation of the National Tobacco Control Strategy and the participants' roles.	**National Tobacco Control Strategy Page 40**

#	Steps	Resource Material
10	Explain that the 'Boojho Toh Jaane' quiz illustrates that according to law many clauses are in place to ensure tobacco control in Pakistan. However, the law is not – as yet – being implemented in full force and – in many cases – the public may not even be aware that such a law exists. Referring to those people who got wrong answers in the quiz highlight that often the enforcers themselves are not aware of the contents of the law! Stress the importance of this training in making Authorized Persons cognizant of their role and responsibilities vis-à-vis tobacco control in Pakistan.	
11	Using Page 50 of the participant handbook explain to participants that since 2002 certain laws have been in effect that impose restrictions on consumption, advertisement and sale of cigarettes in Pakistan. Go over each section of law given on the page and discuss the implications of each.	**'According to Law' Pg 50**
12	Remind participants as enforcers one of their primary responsibilities is to ensure that non-smoking regulations are respected in all areas where smoking is prohibited by law. Refer them to Page 52 and highlight the areas specified by law where smoking is not allowed. Generate a brief discussion.	**'Remember: Smoking is Not Allowed in...' Pg 52**
13	Explain also that in addition to prohibition of smoking in public places, certain guidelines have also been promulgated to regulate advertisement and promotion of tobacco products. Using the handout on page 53 go over each guideline that pertains to place, promotion, size and time of tobacco product advertisements. Initiate a brief discussion on the implications of each point.	**'New Guidelines to Regulate Advertisement & Promotion of Tobacco Projects' Pg 53**
14	Tell participants: as authorized persons your responsibility is first and foremost to be cognizant of what is – under law – an offence. Moreover, you also have to understand that violating the law has certain prescribed punishments. As explained on page 54 elaborate that separate penalties are prescribed for first, second and subsequent offences of sections 5, 6, 10 and 7, 8, 9.	**'In Case of Violation' Pg 54**
15	As participants, as an authorized person what can you do in case of violation? Using page 55 explain that within their respective jurisdiction an authorized person can take two specified actions:	**'What Can an Authorized Person Do? Pg 55**
	1. Eject the Smoker from the Premises 2. File a complaint in writing either to the Magistrate of the First Class or to the Sub-Inspector of the Local Police Station.	
16	Using the List of Authorized Persons given on pg 57. Stress that it is important that we understand WHO is eligible to enforce what part of the law.	**'Who is Authorized to Take Action for What' Pg 57**

#	Steps	Resource Material
17	Invite participants to do a fun exercise. Show them the matrix on page 56 and explain that on the left are categories of authorized persons and on top various sections of the law. If necessary, remind participants what each section of the law refers specifically to.	**'List of Authorized Persons' Pg 56**
18	Explain to participants that filing a written complaint with the authorities is one of their primary responsibilities. Highlight that registration of offences (and subsequent action) is critical towards effective law enforcement. Using Page 58 explain to participants the suggested process for filing a written complaint. Refer to page 59 and explain that a sample letter is available for their reference.	**How to File a Written Complaint' Pg 58** **Sample Complaint Letter Ph 59**
19	Describe a brief about the monitoring of tobacco control laws to ensure the effective implementation of tobacco control laws at public places. Its primary objective is to protect public health by enforcement of tobacco control laws at public places & PSVs and Non Smokers health through rigorous monitoring and enforcement. Following are the major interventions towards Monitoring of Tobacco Control Laws. **Monitoring checklists and parameters to monitor the TCLs** This checklist can serve as a guideline for monitoring TCLs in various public places and public services vehicles. Customize it as needed to align with specific laws, regulations, and local requirements. Regular use of this checklist can help ensure consistent and effective enforcement of tobacco control laws. Creating a monitoring checklist is essential to ensure systematic and thorough monitoring of tobacco control laws (TCLs) in public places and public services vehicles. Here are some parameters to consider for drafting a monitoring checklist: **Reading and understanding of Tobacco Control Ordinance 2002** **Location Information** Name and address of the public place or public services vehicle. Date and time of the monitoring visit. Location ID or code for tracking purposes. **Compliance with Smoking Bans:** Check if smoking is prohibited in the specified area or vehicle. Verify the presence of designated smoking areas (if applicable). Health Warning Signs and Labels Ensure that tobacco products are sold and displayed with prominent health warnings. Check if public places and vehicles display required no-smoking signs and health education materials.	**Page 62**

#	Steps	Resource Material
	Documentation of Violations Review records of reported violations and actions taken in response. Confirm that violations are documented accurately and comprehensively. **Suggestions and Feedback** Provide a section for monitoring personnel to note observations, suggestions for improvement, or specific issues encountered during the visit. **Overall Assessment** - Summarize the overall compliance status and identify areas that require corrective action or improvement. **Signature and Date** - Include a space for the signature of the monitoring personnel and the date of the visit.	
20	**A brief overview about Monitoring Report for TCLs** A monitoring report is a critical document that summarizes the findings and observations from a monitoring activity. It provides essential information to stakeholders, authorities, and the public regarding the implementation and compliance of specific regulations or programs. Here are some salient features of a monitoring report: **Introduction** Provide an introduction that outlines the purpose and scope of the monitoring activity. Mention the date(s) and location(s) where the monitoring took place. **Executive Summary** Offer a concise summary of the key findings and recommendations. Highlight any critical issues or areas of concern. **Background Information** Provide context for the monitoring, including relevant laws, regulations, or policies being monitored. Explain the rationale and objectives of the monitoring effort. **Conclusions** Summarize the overall conclusions drawn from the monitoring exercise.	**Page 67**

#	Steps	Resource Material
	Highlight the successes and areas requiring attention or corrective action. A well-structured monitoring report helps ensure transparency, accountability, and informed decision-making by providing a comprehensive overview of the monitoring process and its outcomes	
21	Brief about Protocol for Tobacco Smoke-Free Public Places is essential to establish clear guidelines and procedures for implementing and maintaining smoke-free environments. Below is a draft protocol for tobacco smoke-free public places: **Introduction** This protocol aims to implement, promote and maintain smoke-free environments in public places to protect the health and well-being of all individuals. It is based on existing tobacco control laws and regulations applicable to the jurisdiction. **Definitions** Define key terms such as "public place," "smoking," and "tobacco products" to ensure clarity and consistency in interpretation. **Scope** Specify the types of public places to which this protocol applies, including but not limited to: Indoor areas (e.g., workplaces, public buildings, restaurants, bars). Outdoor areas (e.g., parks, public transportation stops, outdoor seating areas). Public services vehicles (e.g., buses, taxis, trains). **Smoking Bans** Clearly state that smoking is prohibited in all designated public places under the jurisdiction of this protocol. Outline any exceptions to the ban, if applicable, and specify the conditions for such exceptions. **Penalties and Fines** Define the penalties and fines for violations of the smoking ban and other related regulations. Clarify the process for imposing fines and penalties, including the collection and allocation of fines. This draft protocol serves as a template and should be customized to align with the specific laws, regulations, and requirements of the jurisdiction in which it is being implemented. It is essential to involve relevant stakeholders, legal experts, and public health officials in the development and implementation of such protocols.	**Page 68**

#	Steps	Resource Material
22	**Road map for Smoke Free Cities** Responsibilities of Trainers for Understanding the Roadmap for Smoke-Free Cities. Trainers play a vital role in educating participants on the roadmap for developing smoke-free cities. Their responsibilities include: **1. Understanding and Communicating the Smoke-Free Cities Roadmap** Clearly explain the objectives, strategies, and implementation framework of the smoke-free cities initiative. Provide an overview of national and provincial tobacco control laws and policies supporting the smoke-free agenda. **2. Guiding Participants on Key Components of the Road map** **a. Notification of Committees** Explain the process for notifying and constituting smoke-free city committees at provincial, divisional, and district levels. Ensure participants understand the roles and responsibilities of committee members. **b. Monitoring Surveys** Train participants on designing and conducting surveys to assess tobacco use prevalence and compliance with smoke-free laws. Guide them on data collection, analysis, and reporting mechanisms. **c. Plan of Action & Mapping** Assist in developing an actionable plan with clear time lines and measurable objectives. Teach mapping techniques to identify high-risk areas, smoking hotspots, and key enforcement zones. **d. Nomination of Focal Persons** Explain the criteria for selecting focal persons at various administrative levels. Train focal persons on coordination, reporting, and enforcement responsibilities. **e. Collaboration with Civil Society Organizations (CSOs)**Highlight the role of CSOs in advocacy, community engagement, and monitoring of smoke-free initiatives. Provide strategies for effective partnerships and stakeholder coordination. **f. Formation of Task Forces** Guide participants on establishing and operationalizing task forces for enforcement and compliance monitoring. Explain interdepartmental coordination for efficient law enforcement. **g. Quarterly Meetings of IMCs (Implementation and Monitoring Committees)**Emphasize the importance of regular IMC meetings for reviewing progress, addressing challenges, and revising strategies. Provide a framework for effective meeting facilitation and documentation. **h. Mega Enforcement and Awareness Campaigns** Train participants on planning and executing large-scale enforcement drives against tobacco law violations. Educate them on organizing public awareness campaigns using print, electronic, and digital media. **i. Smoke-Free Public Places** Provide guidelines for ensuring	**Page 72**

#	Steps	Resource Material
	compliance with smoke-free laws in workplaces, educational institutions, healthcare facilities, and public transport. Teach monitoring techniques to assess adherence and address violations. **j. Establishment of Tobacco Control Cells (TCCs) and Cessation Clinics** Guide on setting up TCCs for policy implementation, coordination, and technical support. Train participants on integrating cessation clinics into the healthcare system and providing tobacco cessation services. **3. Ensuring Sustainability and Follow-Up** Provide post-training support through mentorship and technical guidance. Encourage periodic assessments and feedback mechanisms for continuous improvement. By fulfilling these responsibilities, trainers will ensure that participants are well-equipped to drive the smoke-free cities initiative effectively.	
23	**Q&A and Closing** Open the floor for any final questions or clarifications. Close the training session by expressing gratitude for participants' engagement, commitment time and their attention. Once again stress that this orientation session was to create awareness amongst authorized persons of their role and responsibility under the law. Highlight that although law enforcement is a challenging task, you are confident that they are the best people for the job. End the session on a positive note and encourage participants to seek any clarifications they may need. Remember to create an inclusive and participatory atmosphere during the orientation to maximize knowledge retention and engagement among participants.	
24	Please ensure that you have handed out to Participants all relevant materials published by the Federal Tobacco Control Cell. These include strategy documents, pamphlets, leaflets and brochures. For further information and queries, participants can contact the following resource organizations: 1. **Tobacco Control Cell, Ministry of National Health Services, Regulations &Coordination** 3rd Floor, Kohsar Block, Pak Secretariat, Islamabad Tel: +92 51 920 3015 Email: info@tcc.gov.pk 2. **World Health Organization**: Park Road, PO Box 1013 Islamabad. 3. **Vital Strategies** vitalstrategies.org	
25	Guidelines for Cessation 2024	**Page 133**

Trainers' Notes

TN-01: Notes for 'Aisa Kyoon Hota Hai' Case Studies

Name:	Kousar Bibi
Age:	33 Years, 3 Months, 11 Days

- Kousar died an untimely death because of her addiction. One of the primary causes of lung cancer is smoking
- She was a child smoker – beginning at the age of 14
- Her child was still-born, which is a side-effect of smoking during pregnancy

Name:	Imtiaz Ahmed
Age:	44 Years

- Imtiaz was also a child smoker, and to some extent his father's addiction to cigarettes contributed to his decision to begin smoking
- He died young, at the age of 44 and he suffered tremendously before he died
- He has left behind a dependent and destitute family, and a small child who will all have to pay the price of Imtiaz's addiction

Name:	Aysha Ahmed
Age:	46 Years

- Aysha was a victim of SECOND HAND TOBACCO SMOKE which is exactly as bad for you as smoking is.
- Although she did not smoke herself, Aysha was victim to her co-worker and husband's addiction
- She died very young, of a traumatic disease caused by inhaling second-hand tobacco smoke
- She has left behind three mother-less children.

Name:	Mohammad Yaseen
Age:	46 Years

- Although Abdullah did not die, his addiction led to a painful disease for which he had to spend many months in treatment
- As a result, Abdullah was not able to work and both he – and his family – are not destitute and desperate to make ends meet.
- Although Abdullah has recovered, he will never be completely healthy and the aftereffects of his illness will mean he is less capable of physical work than his peers – this will naturally affect his livelihood to a large extent.

Note: These testimonials are real stories, however names have been changed to protect privacy.

TN-02: Key to 'Boojho Toh Jaane' Exercise

	True	False
1. Smoking is a health issue for smokers only.		X Second hand smoke is equally hazardous for health as smoking is.
2. Selling cigarettes to anyone is allowed in Pakistan		X Cigarettes cannot be sold to minors (under eighteen). Cigarettes cannot be sold (or distributed) within 50 meters of any school, college or educational institution.
3. All public places are officially non-smoking.	X With the exception of 'open spaces' all public places have been declared nonsmoking since 2002	
4. All public places are officially non-smoki	X All public transport including planes, trains, buses and public van services have all been declared non-smoking.	
5. It is appropriate to smoke in 'designated smoking areas' in public places such as a restaurant or an airport waiting lounge		X All waiting lounges and restaurants have been declared non-smoking and 'designated smoking areas' are now illegal.
6. Free distribution of cigarettes to customers is legal.		X Free goods, samples or cash rebates to generate sales and promote smoking are strictly prohibited.
7. There are no restrictions on advertisement of tobacco products in Pakistan	X Advertising tobacco and tobacco products by any person on any media is prohibited.	

TN-02: Key to 'Boojho Toh Jaane' Exercise (Continued)

	True	False
8. It is at a restaurant owner or manager's choice whether they choose to maintain ' smoking sections' at their premises.		X All owners/ managers/ supervisors of restaurants must exhibit a prominent sign stating that the place is a NO SMOKING ZONE and that SMOKING IS AN OFFENCE in all areas of the restaurant.
9. The manager/supervisor of a travel agency is not obliged to declare his/her place of work 'non-smoking'		X See above
10. Sale of loose cigarettes is banned in Pakistan	X Sale of loose cigarettes prohibited	
11. The sale of cigarettes to under 18 years of age is strictly prohibited.	X Sale of cigarettes to minor is strictly prohibited in Pakistan	
12. Sub-Inspector is the authorized officer for enforcing all provisions of the Tobacco Control Ordinance 2002.	X Sub-Inspector can enforce all sections of the Tobacco Control Ordinance 2002 in Pakistan	
13. The Tobacco Control Ordinance 2002 does not apply to open areas of restaurants.	X Tobacco Control Ordinance 2002 is applied at closed public places in Pakistan	

TN-02: Key to 'Boojho Toh Jaane' Exercise (Continued)

	True	False
14. Selling cigarette packets with official pictorial health warnings is permitted.	X cigarette packets can be sold with official pictorial health warnings in Pakistan	
15. In Pakistan, the smallest cigarette pack available contains 10 cigarettes.		X the smallest cigarette pack available contains 20 cigarettes in Pakistan
16. There is no penalty for first-time offenders caught smoking in a public place.		X Fine up to Rs. 1000 for First-time violation of smoking at public place in Pakistan
17. Smoking in public transport can be fined up to one lakh rupees		X Smoking in public transport can be fined up to one thousand rupees in first offense and up to one lakh rupees in subsequent offense
18. Cigarettes are allowed to be sold outside the premises of educational institutions up to 50 meters		X Cigarettes are not allowed to be sold outside the premises of educational institutions up to 50 meters
19. There is no penalty for violations related to tobacco advertising.		X Violations related to tobacco advertising can be fined five thousand rupees in first offense and one lakh rupees in subsequent offense
20. Managers of public places are required to display signs Smoking is an offense"	X Managers of public places are required to display signs Smoking is an offense"	

TN-03

Assessment-01: History of Tobacco Use

Forms of Tobacco :	Smoking of Tobacco, Smoke Less Tobacco, Nicotine Chewing Tobacco, New Tobacco Products
sub – continent:	Portuguese introduced the tobacco in sub – continent
Smoke Less Tobacco:	Naswar, Gutka, Pan Tobacco, Moist Snuff, Dry Snuff, Hand -made preparation (betel)
HnB:	Heat-not-burn (HnB) tobacco products represent a category where tobacco is electronically heated rather than burned.
ENDs:	Electronic Nicotine Delivery Systems ENDS or the electronic cigarettes are battery operated devices wherein nicotine dissolved in a solvent of propylene glycol is generated by heating and the vapour is inhaled by the user.
Re-emerging hookah:	Hookah use re-emerged as Sheesha Smoking

Assessment-02: Terminology of Tobacco Use

Non-smokers exposed to SHS:	1.2
Smokers in Pakistan :	23.9 million Smokers
Pakistan-SLT	9.6 million
SHS and THS	Second Hand Smoking or Third Hand Smoking
health cost of tobacco use in Pakistan	615.07 billion
Health cost study	2019

Assessment-03: Role of District Administration

DIMC:	District Implementation and monitoring Committee
CSOs:	Civil Society Organizations
Education Managers:	Coordination with education managers to integrate anti -smoking education within school curricula and enforce tobacco-free zones in educational institutions.
Excise & Taxation department:	Excise & Taxation department to monitor and regulate the sale of tobacco products, ensuring compliance with Tobacco Vend Act 1958 and tax regulations.

Assessment-04: Role of Police Officer

Authorized Person :	Any authorized person or a police officer (Assistant sub-inspector or above) may *eject* any person from any place of public work or use who contravenes the provisions of this Ordinance
Ejection:	Authorized Officer
Prohibition of Free Goods:	SRO 53(KE)/2009
Designated Smoking Area:	S.R.O 51 (KE)/2009
Transport:	SRO 653 (1) /2003

Assessment-05: Role of Food Authority and Hotel Managers

SF Public Places:	Section-5 and SRO 51 (KE)/2009 of Ordinance 2002
TAPS	Section-7 of Ordinance 2002
PSVs	Section-6 Ordinance 2002
Sale to minor:	Section-8 Ordinance 2002
Near Educational Institutions:	Section-9 Ordinance 2002

Trainer's Note

Guidelines for Cessation 2024

Guidelines for Cessation 2024

1. Introduction:

Among smokers who are aware of the dangers of tobacco, most want to quit. Counseling and medication can more than double a tobacco user's chance of successfully quitting. Currently however, only 23 countries provide comprehensive cessation services with full or partial cost-coverage to assist tobacco users to quit. This represents just 32% of the world's population.

Health professionals have the greatest potential of any group in society to promote the reduction of tobacco use. Studies show that few people understand the specific health risks of tobacco which include lung cancer, heart disease and stroke. Brief advice from health professionals can increase quitting success rates by up to 30%, while intensive advice increases the chance of quitting by 84%.

Under WHO's Framework Convention on Tobacco Control (FCTC), countries are mandated to treat tobacco use and dependence. WHO provides capacity building and training packages to help governments establish or strengthen their national tobacco cessation systems including integrating brief tobacco interventions into their primary care systems, developing national toll-free quit lines and Cessation projects. Offering help to quit is also one of the five key interventions in the MPOWER package of technical measures and resources which WHO introduced in 2007.

Anti-tobacco Laws In Pakistan

In 2002, the president of Pakistan implemented an ordinance by the name of “Prohibition of Smoking in Enclosed Places and Protection of Non-smokers Health Ordinance, 2002”. According to this ordinance:

1. No person can smoke or use tobacco in any place of public work or use.
2. No person can smoke or use tobacco in any other form in any public service vehicle.
3. No persons/ companies can advertise tobacco and tobacco products on any media, in any place or in any public service vehicle, if such advertisement is not in accordance with guidelines prescribed for this purpose by a committee formulated by the Federal Government.
4. No person can sell cigarettes or any other such smoking substance to anyone who is below the age of eighteen years.
5. No person can himself or by any person on his behalf, store, sell or distribute cigarettes or any other such smoking substance within an area of 50 meters from any college, school or educational institution.
6. The owner or manager or in charge of the affairs of every place of public work or use, shall display and exhibit a board at a conspicuous place in and outside the premises visited or used by general public prominently stating that the place is a "No Smoking Zone" and that "Smoking is an Offence".
7. Any person, who violates the law, would be punishable with a fine which may extend from one to five thousand rupees and in case of second or subsequent offence, would be punishable with a fine which shall not be less than one hundred thousand rupees or with imprisonment which may extend to three months, or with both.

However unfortunately, none of these laws are implemented in the true spirit. That's why the burden of tobacco usage in our country is ever increasing. The document guideline addresses the assessment and treatment of tobacco abuse and nicotine addiction. The major recommendations for physicians and other health care providers are to use office wide systems to identify smokers, treat every smoker with a cessation or motivational intervention, offer nicotine replacement except in special circumstances, and schedule follow- up contact to occur after cessation. Major recommendations are to have a structured process in place for identifying all current and former patients who smoke, to use motivational interviewing to facilitate behavior change, to offer nicotine replacement or other appropriate medications, and provide problem-solving and social support counseling.

Tobacco addiction presents a rare confluence of circumstances that mandates clinical intervention:

(1) It's a highly significant health threat,

(2) Thereisadisinclinationamongclinicianstointerveneconsistently,and

(3) Effective preventive interventions are now available.

Smoking cessation treatment is preventive because if it is provided in a timely and effective manner, it greatly reduces the smoker's risk of suffering from smoking related disease. Indeed, it is difficult to identify a condition that presents such a mix of lethality, prevalence, and neglect, and for which effective interventions are so readily available. The guideline offers a simple and flexible set of strategies designed to ensure that all patients who use tobacco are offered motivational interventions and effective treatments to overcome this powerful addiction. The guideline is intended to identify empirically based and validated assessments and treatments for tobacco dependence.

2. Goal of these Guidelines:

The goal of these Guidelines is to change clinical culture and practice patterns to ensure that every patient who smokes is offered treatment. The recommendations revolve around a central theme: It is essential to provide effective cessation intervention for all tobacco users at each clinical visit.

First, institutional changes in clinical practice are necessary to ensure that all patients who smoke are identified. Second, although more intensive interventions produce greater success, the compelling time limitations on primary care clinicians demand brief interventions. Third, because many smokers are reluctant to enter into intensive cessation programs, they must receive treatment every time they visit a primary care clinician.

3. Primary Care Clinicians

Though all clinicians should possess the knowledge and skills to assist patients with smoking cessation, primary care clinicians are uniquely poised to assist patients who smoke, as they have extraordinary access to this population. At least 70% of smokers see a physician each year. Moreover, 70% of smokers' report that they want to quit and have made at least one serious attempt to quit. Finally, smokers cite a physician's advice to quit as an important motivates or for attempting to stop.

Unfortunately, clinicians are not capitalizing fully on this unique opportunity. Only about half of current smoker's report having been asked about their smoking status or urged to quit. Fewer still have received specific advice on how to quit smoking successfully. Why don't clinicians consistently address tobacco use among their patients? Some clinicians 'reluctance to intervene may be attributed, in part, to time constraints, a perceived lack of skills to be effective in this role, frustration due to low success rates, or even a belief that smoking cessation is not an important professional responsibility. Several changes have been proposed to increase clinicians 'intervention with smokers:

(1) Health care delivery practices must change so that smoking cessation interventions are institutionalized;

(2) Clinicians and their patients must be reimbursed by insurers for smoking cessation counseling and pharmacotherapy;

(3) Clinicians must adjust their goals so that motivational interventions are offered to smokers who are not yet committed to quitting, and

(4) Standards of health care delivery must reflect the health care systems' obligation to intervene in a timely and appropriate manner with patients who smoke.

The Agency for Health Care Policy and Resources (AHCPR) Guideline recommendations for primary care clinicians emphasize the importance of systematically identifying all smokers, strongly advising all smokers to quit and determining patients' willingness to make a quit attempt. Those patients not willing to commit themselves to quitting should receive motivational intervention to promote subsequent quit attempts.

When patients are willing to make a quit attempt, primary care clinicians should assist the patients in their

efforts by helping the patient set a quit date, preparing the patient for the quit date, recommending appropriate pharmacotherapy, providing self-help materials, and providing key advice including problem solving and social support. If the patient prefers a more intensive treatment or if the clinician believes more intensive treatment is appropriate, the patient should also be referred to an intensive program. All patients attempting to quit should have follow-up contact scheduled.

4. Use of Appropriate Medicines

As of June 2022, Varenicline remains the recommended first-line pharmacotherapy. It supersedes former recommendations to use nicotine replacement therapy [NRT] as first-line. It is recommended as first-line therapy in tobacco-dependent users who are ready to initiate a smoking cessation program as well as those who wish to continue smoking. It is preferred over bupropion, even in those individuals who have co-morbid psychiatric conditions. It is also considered superior to e-cigarettes. In individuals who are ready to initiate smoking cessation, varenicline should be used in combination with a nicotine patch to increase effectiveness. Multiple forms of nicotine replacement therapy (patch, nasal spray, lozenge, gum, inhaler) are still effective, but current recommendations are that they be used for at least 12weeks, instead of former shorter courses. Sustained-release bupropion hydrochloride continues to be effective. Formerly, clonidine and nortriptyline were found to be efficacious and so were considered as second-line therapy. However, according to more current research as reported in a very comprehensive April 2022 assessment published in Up-to-date, while nortriptyline does continue to hold promise as a second line drug – Clonidine seems to be fading. Some recent studies have found that combination therapy can be of benefit in smokers who are unsuccessful quitting. The use of support systems such as quit lines (1-800-QUIT-NOW) and the web (www.smokefree.gov) may increase the chances of success.

5. Use of NRTs

If varenicline is contraindicated, it is still appropriate for heavy smokers to use higher dosages of an NRT or try a “patch plus” method, using the nicotine patch to provide a base level of slowly delivered nicotine and adding a more rapidly acting NRT to control breakthrough cravings. This regimen is safe because smokers typically obtain less nicotine than through smoking, and it is more effective than using single NRT.

Electronic cigarettes (e-cigarettes), which deliver vaporized nicotine in a tobacco free device, are gaining popularity as a “harm reduction” strategy to quit smoking. However, their safety still remains to be established. In March of 2020, a press release from the American College of Cardiology released the findings on a study conducted by Mark Eisenberg et al indicating that, on a short-term basis, E-cigarettes containing nicotine were more effective than counseling alone, in smoking cessation. The conclusion of the AMA Council on Science and Public Health is still valid, namely:

“E-cigarettes might present an effective alternative to leaf tobacco use for some smokers, but clinical testing, larger population studies, and full analyses of their ingredients and manufacturing processes need to be conducted before their safety, viability, and impacts can be determined as either clinical tools or as widely available, effective alternatives to tobacco use.

Evidence is emerging that e-cigarettes may be associated with the development of pulmonary disease. The liquid in an e-cigarette may contain nicotine, tetra hydro cannabin (THC),cannabinoid (CBD) oils, and other substances and additives. No specific e-cigarette brand or type has been incriminated as of the announcement. However, until further facts emerge, the CDC has issued interim recommendations with regards to the use of e-cigarettes- effective as of February 25,2020. These are that “e-cigarettes have the potential to benefit adults who smoke and are not pregnant, if used as a complete substitute for regular cigarettes and other tobacco products. While e-cigarettes have the potential to benefit some people and harm others, scientists still have a lot to learn about whether e-cigarettes are effective in helping adults quit smoking. Additional research can help understand the long-term health effects”.

6. Guidelines of General Interest

6.1 Promoting the motivation to quit

Ask all patients if he or she uses tobacco, advise him or her to quit, and assess willingness to make a quit attempt. These interventions need to be delivered to each tobacco user, regardless of his or her willingness to quit. If the patient is willing to quit, the clinician should assist him or her in making a quit attempt by offering medication and providing or referring for counseling or additional treatment, and arrange for follow-up.

6.2 Clinical Advice

Despite receiving a clinician's advice to quit smoking, many patients are not willing to make a commitment to quit at the time of a health care visit. These patients may be uninformed, concerned about the effects of quitting, or demoralized due to previous failure. Such patients may respond to a motivational intervention. Motivational interventions that may help clinicians promote smoking cessation are characterized by the 5R's: relevance, risks, rewards, road blocks, and repetitions.

Recommendation: For patients not willing to initiate a quit attempt at the time of their health care visit, clinicians should engage in a brief intervention designed to promote motivation to quit (strength of evidence=C).

6.3 Relapse Prevention

Because of the high rates of relapse after initial abstinence, clinicians must employ strategies to assist their patients in maintaining abstinence. While relapse prevention interventions may be used with any ex-smoker when judged appropriate by the clinician, it is vital that such interventions be delivered to any smoker who has stopped within the past 3 months. This is a period of high risk for relapse. Relapse prevention interventions can be delivered via prearranged telephone calls, tele visits, clinic visits or anytime the clinician encounters an ex-smoker. It is vital that a systematic, institutionalized mechanism be in place to identify ex-smokers, because that is a necessary first step in delivering relapse prevention messages. Relapse prevention interventions can be divided into2 categories:

6.3.1 Minimal Practice: These relapse prevention interventions should be part of every primary care encounter with a patient who has recently quit. Because most relapses occur within the first 3 months after quitting, relapse prevention is especially appropriate during this period.

6.3.2 Prescriptive interventions: These individualized relapse prevention components are based upon information obtained regarding problems the patient has encountered in maintaining abstinence. More intensive relapse prevention interventions may be delivered via primary care or through a specialist or smoking cessation program.

Recommendation: - When clinicians encounter a recent quitter, they should reinforce their patient's decision to quit, review the benefits of quitting, and assist the patient in resolving any residual problems arising from quitting (strength of evidence= C).

7. Smoking Cessation during Pregnancy

Smoking during pregnancy presents risks to both the woman and the fetus. Many women are motivated to quit during pregnancy, and health care professionals can take advantage of this motivation by reinforcing the fact that cessation will be best for the fetus, with postpartum benefits for both mother and child. A pregnant woman who still smokes should continue to be encouraged and helped to quit. Among women who stop smoking during pregnancy, there is a high rate of relapse in the postpartum period, even among womenwhohavemaintainedtotalabstinencefromtobaccofor6 or more months during pregnancy. Postpartum relapse may be decreased by continued emphasis on the relationship between maternal smoking and poor health outcomes (sudden infant death syndrome, respiratory infection, asthma, and middle ear disease) in infants and children.

Recommendation: For every woman who is either pregnant or post-partum, the following steps should be taken:

1) Ask each at their initial pregnancy visit and at their post-partum visit if she smokes and document the patient's smoking status;

2) Assist all smokers once identified, with using non-pharmacologic interventions for all patients, and nicotine replacement therapy or other medications if determined by the provider and patient to be appropriate based on the patient's specific circumstances; and

3. Provide advice and assistance on how to remain abstinent. The evidence for the success of behavioral interventions in pregnant women is very strong – however. However, this cannot be said for pharmacies, the rapid use of e-cigarettes.

8. Smoking Cessation among Hospitalized Patients

Hospitalization can be an ideal opportunity for a patient to stop smoking, and smoking cessation may promote the patient's medical recovery. Smoking negatively affects bone and wound healing. Clinicians should use hospitalization as an opportunity to promote smoking cessation. Smokers may experience nicotine withdrawal symptoms during hospitalization. Clinicians should consider providing temporary nicotine replacement therapy during a hospitalization to reduce such symptoms and should encourage the continued use of this therapy for patients desiring prolonged abstinence. It has been documented that patients who use NRT in the hospital are more likely to continue on the NRT after discharge and have greater success at quitting long term. Varenicline and bupropion are not suitable for treating acute withdrawal symptoms.

Recommendation: For every hospitalized patient, the following steps should be taken: (1) Ask each patient on admission if he or she smokes and document the patient's smoking status; (2) for current smokers, list smoking status on the admissions problem list and as a discharge diagnosis; (3) assist all smokers with quitting during the hospitalization, using nicotine replacement therapy if appropriate; and (4) provide advice and assistance on how to remain abstinent after discharge (strength of evidence=C).

9. Specific Recommendations

1. Clinicians should assess smoking status at every patient encounter and offer effective cessation treatment.
2. Longer, intensive treatments are more effective, but even brief interventions like a doctor's advice can significantly increase quit rates.
3. Motivate smokers to quit and screen for barriers (e.g., anxiety, fear of weight gain).
4. Provide relapse prevention for recent quitters.
5. Encourage intensive counseling and possibly nicotine replacement for pregnant smokers.
6. Support hospitalized smokers in staying abstinent..
7. Offer the same cessation counseling for users of smokeless tobacco as for smokers.
8. Offer pulmonary function tests or chest X-rays to smokers with symptoms.
9. Use a combination of practical counseling, social support, and medication for the best outcomes. Counseling alone or combined with medication is more effective than either alone.
10. Varenicline is the first-line treatment; more effective than patches or bupropion and has fewer side effects. Bupropion is contraindicated for people with seizure or eating disorders. Varenicline is safe for those with a history of psychiatric illness. Nortriptyline can be considered second-line therapy.
11. Recommend hospitals, community centers, or online resources for additional smoking cessation support.
12. This is a potential future treatment that prevents nicotine from binding to dopamine receptors, reducing the pleasure response. It could help in addiction treatment and relapse prevention.

References:

1. Fiore MC, Jaen CR, Baker TB, el al. Treating Tobacco Use and Dependence: 2008Update. Clinical Practice Guideline. Rockville, MD: U.S. Department of Health and Human Services. Public Health Service. May 2008.hppt://www.surgeongeneral.gov/tobacco/treating_tobacco_use08.pdf
2. Agency for healthcare Research and Quality (AHRQ) Clinical Guidelines for prescribing pharmaco therapy for Smoking Cessation. December, 2012 http://www.ahrq.gov/professinals/clinicains-providers/guidlines-recommendations/tobacco/prescribe.html.
3. Council on Science and Public Health (CSAPH), American Medical Association Use of electronic cigarettes in smoking cessation programs. Report 6 (A-10), 159th Annual Meeting Chicago, IL: American Medical As SociationHouse of Delegates Availablefrom:http://www.ama-assn.org//resources/doc/csaph/a10csaph6ft.pdf
4. Centers for Disease Control: Smoking & Tobacco Use - Outbreak of Lung Disease Associated with E-
5. Cigarette Use, or Vapinghttps://www.cdc.gov/tobacco/basic_information/e-cigarettes/severelung-disease.html3/3;AccessedSeptember2020
5. E- cigarettes more effective than counseling alone for smoking cessation; March 302020;MarkEisenbergetal;AmericanCollegeofCardiology.https://www.acc.org/about-acc/press-releases/2020/03/30/09/47/e-cigarettes-more-effective-than-counseling-alone-for-smoking-cessation. Accessed September2020.
6. Initiating Pharmacologic Treatment in Tobacco-Dependent Adults' An Official American Thoracic Society ClinicalPracticeGuidelineFrankT.Leone , Yuqinghttps://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-adults-and-pregnant-women-counseling-and-interventionsZhang,SarahEvers-Casey,etalAMERICAN THORACIC SOCIETYMAY 2020.
7. USPSTF Recommendationsontobaccosmokingcessationinadults,including pregnantpersons.https://www.uspreventiveservicestaskforce.org/uspstf/recommendation/tobacco-use-in-

   Adults-and-pregnant-women-counseling-and-interventions January 2021; accessed June2021

   https://www.uptodate.com/contents/pharmacotherapy-for-smoking-cessation-in-adults/printApril 2022
8. ;accessed June2022

   https://www.clinicaltrialsarena.com/projects/nicvaxfornicotineadd/
9. September 2010;accessedJune2022

Contributors to the Development of the Tobacco Control Toolkit

Ministry of NHSR&C

- Dr. Shabana Saleem, Director General (Health)
- Dr. Arsalan Hyder, Director Institutions / TCC
- Dr. Mariam Sarfraz, Director Programs
- Mr. Naeem Akhter, Deputy Director Programs
- Mr. Muhammad Aftab Ahmed, Project Manager (Imp). Tobacco Control Cell
- Dr. Fouzia Hanif, Deputy Director Institutions / TCC
- Mr. Muhammad Mohsin, ICT Coordinator, TCC

HPSIU

- Dr. Saira Kanwal, Coordinator for NCDs & Mental Health

ICT

- Mr. Usman Ashraf, Additional Deputy Commissioner (G), ICT
- Mr. Bilal Azam, Director, Excise & Taxation office, Islamabad
- Mr. Muhammad Sarfraz Virk, Chief Traffic Officer (CTO), Islamabad
- Dr. Tahira Siddique, Deputy Director, Islamabad Food Authority
- Ms. Riffat Jabeen, Director Quality Assurance & Academics, Federal Directorate of Education, Islamabad
- Ms. Fasiha Fayyaz Khan, Assist Director, Quality Assurance & Sports, FDE
- Mr. Waqas Mehmood Kiyani, Member (R), PEIRA
- Mr. Ghulam Murtaza, Research Officer, PEIRA
- Ms. Ayesha Jameel, Deputy Director, FM Radio, ITP
- Mr. Abdul Rashid, DSP, ICT Police Operations
- Mr. Ali Pirzada, AETO, Excise & Taxation office, Islamabad

WHO

- Mr. Shahzad Alam Khan, NPO, WHO Country Office

Vital Strategies

- Mr. Ashish K. Pandey, Director Tobacco Control.
- Mr. Khurram Hashmi, Senior Technical Advisor
- Mr. Faheem Ahmed Akhtar, Technical Advisor - Enforcement Program

Punjab

- Dr. Muhammad Ilyas Gondal, Director General Health Services Punjab
- Mr. Ali Raza Mukhtar, Project Coordinator / Focal Person for Tobacco Control, Provincial Tobacco Control Cell, Punjab
- Mr. Ayaz Mahmood Lashari, Zonal Administrator Auqaf, Auqaf & Religious Affairs Department Punjab

Sindh

- Dr. Zulfiqar Ali Dharejo, Deputy DG (Health)/Focal Person for Tobacco Control, Sindh
- Mr. Tanveer QaimKhani, Project Coordinator, Provincial Tobacco Control Cell, Sindh

Khyber PakhtunKhwa

- Dr. Muhammad Khalil Akhtar, Chief Health Sector Reforms Unit, KPK
- Mr. Muhammad Ajmal Shah, Project Coordinator, TCC, DGHS, KPK

Balochistan

- Mr. Khalil Ahmed, Chief Health Education Officer, Balochistan

Contributors to the Development of the Tobacco Control Toolkit

Division / District Administration

- Mr. Syed Jawad Muzaffar, Additional Commissioner, Karachi
- Mr. Muhammad Ali Randhawa, Commissioner, Lahore
- Ms. Silwat Saeed, Commissioner, Faisalabad
- Ms. Maryam Khan, Commissioner, Multan
- Mr. Jahanzaib Awan, Commissioner, Sargodha Division
- Mr. Mansoor Qadir, Commissioner, Gujranwala Division
- Mr. Waqar Ali Khan, Deputy Commissioner, Sheikupura
- Mr. Agha Zaheer Shirazi, Deputy Commissioner, Murree
- Mr. Shabir Butt, Additional Deputy Commissioner (G), Gujranwala
- Dr. Hassaan Tariq, Additional Deputy Commissioner (G), Rawalpindi
- Ms. Nosheen Israr, Additional Deputy Commissioner (G), Attock

CSOs/Partners

- Dr. Minhaj us Siraj, CEO, Syndicate Health
- Dr. Saba Amjad, CEO, Heart-File
- Dr. Waseem Janjua, Senior Researcher, SDPI
- Syed Ali Wasif Naqvi, Head of the Centre for Health Policy and Innovation, SDPI
- Dr. Ghazala, Project Manager, CHRD
- Dr. Amna Khan, CEO, The Initiative
- Mr. Shadman Aziz, Project Manager, ABP
- Dr. Momina Talib, Intern for John Hopkins
- Dr. Zainab Noor, Intern for John Hopkins
- Mr. Zameer ul Hassan, CEO, A&H
- Mr. Muhammad Abbas Gondal, Friends Foundation Pakistan
- Mr. Qamar Naseem, Program Manager, The Blue Veins
- Mr. Mazhar Arif, Executive Director, SAMAR

قانون کا صرف جاننا ہی کافی نہیں ہے

ہمیں اس پر عمل درآمد بھی کرنا چاہیئے

صرف خواہش ہی کافی نہیں ہے

ہمیں ضرور عمل کرنا چاہیئے

Ministry of National Health Services, Regulations & Coordination (NHSRC) Government of Pakistan

Tobacco Control Cell

World Health Organization

Vital Strategies

Tobacco Control Cell, Director General (Health) Office
Ministry of National Health Services, Regulations and Coordination
Government of Pakistan
3rd Floor, Kohsar Block, Pak Secretariat ,
ISLAMABAD | PAKISTAN.