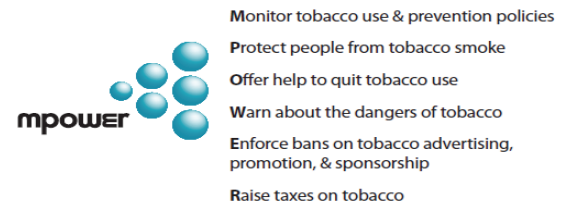


### BACKGROUND

The Global Adult Tobacco Survey (GATS) is a global standard protocol for systematically monitoring adult tobacco use (smoking, smokeless, heated tobacco products) and tracking key tobacco control indicators. This household survey collects data on persons 15 years of age or older. In Pakistan, GATS was first conducted in 2014 and repeated in 2024. GATS Pakistan 2024 was conducted by the National Institute of Population Studies Training and Research (NIPS&TR), under the Ministry of National Health Services, Regulations and Coordination (NHSR&C), in coordination with the Ministry's Tobacco Control Cell and the World Health Organization (WHO). Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data.<sup>1</sup> There were 7,831 interviews completed in the 2014 survey with an overall response rate of 81.0%. In 2024, 11,167 interviews were completed with an overall response rate of 95.6%. For additional information, refer to the GATS Pakistan 2014 and 2024 country fact sheets.

GATS enhances countries' capacity to design, implement and evaluate tobacco control programs. It will also assist countries to fulfill their obligations under the World Health Organization's (WHO) Framework Convention on Tobacco Control (FCTC) to generate comparable data within and across countries. WHO has developed MPOWER, a package of six evidence-based demand reduction measures contained in the WHO FCTC.



### KEY POLICY CHANGES

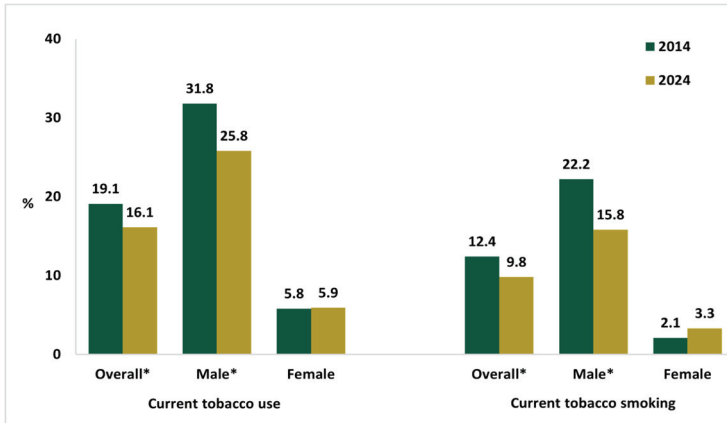
- The size of pictorial health warnings increased from 40% to 50% in 2018, and then further increased from 50% to 60% in 2019.
- The warning line "Smoking causes gangrene" was introduced as part of pictorial health warning requirements in 2019.
- Statutory Regulatory Order (S.R.O.) 415(I)/2018 was promulgated, prohibiting the sale of loose cigarettes across the country.
- Statutory Regulatory Order (S.R.O.) 72(I)/2020 was promulgated, banning tobacco advertisements, promotions and sponsorships at points of sale in accordance with tobacco control regulations.
- The National Tobacco Control Strategy (2022–2030) was developed through a consultative process and formally launched in 2023 to provide a comprehensive framework for tobacco control interventions in Pakistan.
- Provincial Tobacco Control Cells were established in Punjab, Khyber Pakhtunkhwa and Sindh in 2024 to strengthen provincial coordination and implementation of tobacco control measures.
- Provincial and Divisional Implementation and Monitoring Committees were constituted in Punjab, Sindh and Khyber Pakhtunkhwa in 2024 to enhance enforcement, monitoring and interdepartmental coordination of tobacco control laws.
- Evidence-based technical recommendations were developed for enhanced tobacco taxation in line with international best practices and WHO FCTC guidelines. As a result of strengthened fiscal measures, tobacco taxes increased by about 208% during fiscal year 2022–2023.

### KEY FINDINGS

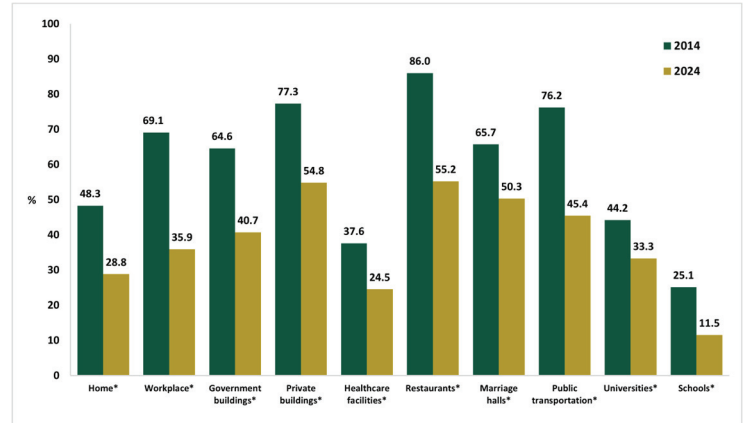
- Among adults 15 years of age and older, the prevalence of tobacco use and tobacco smoking decreased from 19.1% in 2014 to 16.1% in 2024 (relative decline of 15.5%) and from 12.4% in 2014 to 9.8% in 2024 (relative decline of 21.2%), respectively. Among males, the prevalence of tobacco use and tobacco smoking decreased from 31.8% in 2014 to 25.8% in 2024 (relative decline of 18.9%) and from 22.2% in 2014 to 15.8% in 2024 (relative decline of 28.6%), respectively; while there were no statistically significant changes among females.
- The average number of cigarettes smoked per day among daily cigarette smokers declined from 13.6 in 2014 to 11.8 in 2024.
- Exposure to secondhand smoke decreased from 2014 to 2024 in all locations measured in both surveys: homes (48.3% to 28.8%), workplaces (69.1% to 35.9%), government buildings (64.6% to 40.7%), private buildings (77.3% to 54.8%), healthcare facilities (37.6% to 24.5%), restaurants (86.0% to 55.2%), marriage halls (65.7% to 50.3%), public transportation (76.2% to 45.4%), universities (44.2% to 33.3%), schools (25.1% to 11.5%).
- There were no statistically significant changes in the percentages of smokers who made a quit attempt in the past 12 months (24.7% in 2014 and 24.1% in 2024) and smokers who were advised to quit when visiting a healthcare provider (51.8% in 2014 and 49.9% in 2024).
- There were declines in the percentages of current smokers who noticed health warnings on cigarette packages (77.5% to 58.1%) and considered quitting because of the health warnings (29.7% to 20.2%).
- Exposure to tobacco advertising or promotions in stores and to any tobacco advertisements, promotions or sponsorships decreased from 20.4% in 2014 to 17.8% in 2024 and from 38.6% in 2014 to 30.5% in 2024, respectively.
- Adjusting for inflation, the average cost of 20 manufactured cigarettes increased from 120.6 rupees in 2014 to 236.3 rupees in 2024 and the average monthly manufactured cigarette expenditure increased from 2,263.7 rupees in 2014 to 3,852.9 rupees in 2024.

<sup>1</sup> Note: The GATS 2014 survey excluded the Federally Administered Tribal Areas (FATA) and Military Restricted Areas while the GATS 2024 survey excluded the Military Restricted Areas.

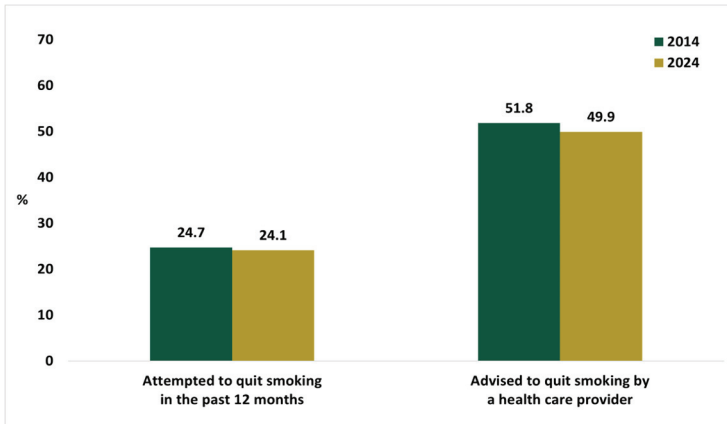
## **m** Prevalence of current tobacco use<sup>1</sup> and current tobacco smoking by sex, Pakistan 2014 and 2024



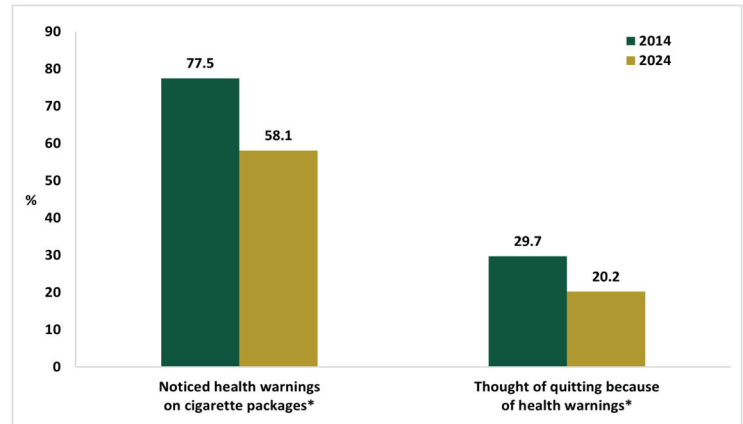
## **p** Exposure to secondhand tobacco smoke inside various places<sup>2</sup>, Pakistan 2014 and 2024



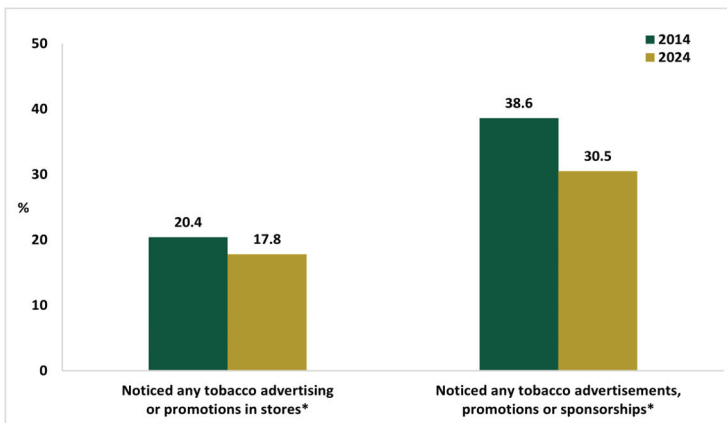
## **o** Quit attempts and advice to quit by a healthcare provider among tobacco smokers in the past 12 months<sup>3</sup>, Pakistan 2014 and 2024



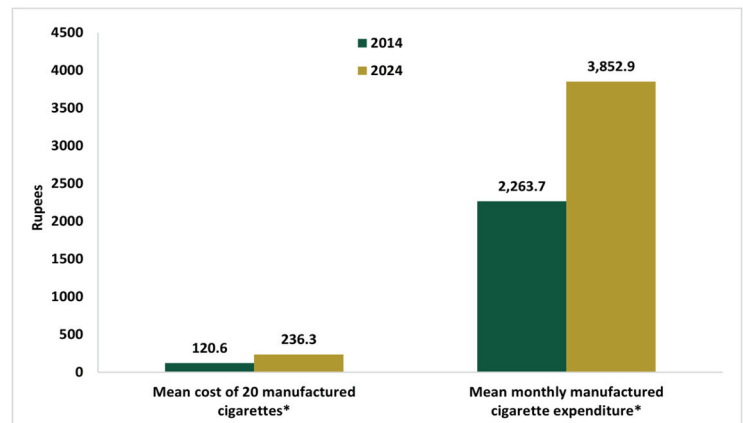
## **w** Noticing and effects of cigarette package health warning labels in the past 30 days among current tobacco smokers, Pakistan 2014 and 2024



## **e** Noticing tobacco advertising or promotions in stores<sup>4,5</sup> and any tobacco advertisements, promotions or sponsorships<sup>5,6</sup> during the past 30 days, Pakistan 2014 and 2024



## **r** Average cost of 20 manufactured cigarettes and cigarette expenditure per month in Pakistani rupees<sup>7</sup>, Pakistan 2014<sup>8</sup> and 2024



**NOTES:** <sup>1</sup> Current tobacco use includes current tobacco smoking, smokeless tobacco use or heated tobacco product use. Heated tobacco product use was included in the 2024 questionnaire but not in 2014. <sup>2</sup> Secondhand smoke indicators calculated as follows: Workplace: among those who work outside of the home who usually work indoors or both indoors and outdoors; Home: exposure to tobacco smoke at home at least monthly; For all other places: among those who visited in the past 30 days. <sup>3</sup> Quit attempts calculated among past-year tobacco smokers (current smokers and former smokers who quit in the past 12 months). Advice to quit by a healthcare provider calculated among past-year tobacco smokers who visited a healthcare provider. <sup>4</sup> Includes those who noticed any advertisements or signs promoting tobacco in stores where tobacco is sold, tobacco sold at sale prices or free gifts or discount offers on other products when buying tobacco. <sup>5</sup> Tobacco refers to cigarette/smoking and smokeless tobacco. The 2014 questionnaire asked about marketing of cigarettes and smokeless tobacco while the 2024 questionnaire asked about marketing of smoking tobacco and smokeless tobacco. <sup>6</sup> Noticing tobacco sponsorship of music, theatre/cinema, art or fashion events was included in the 2024 questionnaire but not in 2014. <sup>7</sup> Calculated among current manufactured cigarette smokers. <sup>8</sup> GATS Pakistan 2014 cost data were adjusted for inflation for direct comparison to 2024 using the Inflation Rate for Average Consumer Prices from the International Monetary Fund's World Economic Outlook October 2025 Database accessed on 9 December 2025. \* Indicates the relative change between the two years is statistically significant at p<0.05. The relative change can be interpreted as the percentage of the estimate in year 2 as it decreases or increases compared to year 1.

Current use refers to daily and less than daily use. Adults refer to persons aged 15 years or older. Data have been weighted to be nationally representative of all non-institutionalized men and women aged 15 years and older. Percentages reflect the prevalence of each indicator in each group, not the distribution across groups. Results for prevalence estimates and averages are rounded to the nearest tenth (0.1) but relative changes are calculated using un-rounded estimates.

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