

NAVIGATING THE CHALLENGES: A SWOT ANALYSIS OF IMPLEMENTING SMOKING TOBACCO POLICIES FOR MINORS IN KARACHI, PAKISTAN

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ABSTRACT

The rising prevalence of tobacco use among minors in Karachi poses a significant public health threat. Despite existing regulations, enforcement remains weak, leaving young people vulnerable to smoking initiation. This research aims to evaluate the strengths, weaknesses, opportunities, and threats (SWOT) in implementing smoking tobacco policies targeting minors in Karachi. Through qualitative analysis and expert interviews, the study identifies key areas where policy enforcement can improve and potential barriers. The findings reveal gaps in policy application, opportunities for community engagement, and challenges such as social acceptance of tobacco use. Recommendations include stricter regulations, awareness campaigns, and collaboration with local authorities. Implementing these policies effectively is crucial for safeguarding the health of Karachi's youth and aligning with broader public health goals.

Keywords: Tobacco control, Minors smoking policy, SWOT analysis, Policy implementation barriers

Key Messages

There is an urgent need for more robust tobacco control policies aimed at preventing tobacco use among minors, with an emphasis on prohibiting sales and raising taxes on tobacco products.

Raising awareness about the risks of smoking and exposure to second-hand smoke among minors requires focused public health campaigns, especially in schools and communities. A holistic national strategy, combined with local initiatives and family involvement, is critical to reducing tobacco use and safeguarding at-risk groups from harmful consequences.

INTRODUCTION

Tobacco use contributes to illness, disability, and harm to almost every organ of the body(1,3). Cancer, coronary attack, stroke, respiratory

disease, diabetes, and chronic obstructive pulmonary disease (COPD), including emphysema and chronic bronchitis, have been

connected. The risk of tuberculosis, some eye disorders, and immune system concerns, along with rheumatoid arthritis, is also raised by smoking(2,4). One research showed tobacco is currently estimated to kill over 3 million people every year. However, the death rate will increase to 10 million deaths a year by the 2020s or 2030s, based on current patterns, with 70 per cent of those deaths occurring in developed countries (5). There are roughly 1.1 billion smokers worldwide; according to WHO figures, about one-third of the global population aged 15 and over are involved in tobacco use, especially smoking(1).

“Unless smoking behaviour changes, three decades from now, premature deaths caused by tobacco in the developing world will exceed the expected deaths from AIDS, tuberculosis, and complications of childbirth combined”(6). This underscores the urgent need for effective tobacco control measures.

For over 25 illnesses, tobacco is a risk factor. Although its health consequences are significant and recognised, it is still not possible to fully understand the sheer magnitude of its impact on the global burden of diseases (3,4). No illness is expected to make such a significant claim on well-being as this one risk factor. Approximations suggest that tobacco currently accounts for about 2.6% of the global burden of death and illness and that its share is projected to triple to 8.9% of the total by 2020(1). Around 1000 individuals will eventually die for every 1,000 tons of tobacco produced (2). The effect of tobacco on men's health is currently noticeable in more developed countries, although it has yet to reach its height among women(3). In low- and middle-income nations, the epidemic is just starting now. Perhaps more troubling is the danger at the personal level. Based on current statistics, on average, lifelong smokers have a 50 per cent risk of dying from cigarettes (6). And half of them, before the age of seventy, would die in middle age(7). Smokers who die before age 70 from smoking will lose an average of 22 years of expected life expectancy(8).

Problem statement and situation

In Pakistan, the regulations prohibit smoking in closed and public places while ensuring the protection of non-smoker health through

Ordinance No. LXXIV of 2002. According to this law, “this ordinance prohibits tobacco use in any place of public work or use and public service vehicles (9). The ordinance also prohibits the advertisement of tobacco products; sales to minors; and sale or distribution of cigarettes near educational institutions”(10). There is a clear statement about smoking and selling tobacco products in communities and among the different age groups. However, underage individuals and adolescents can easily purchase these kinds of products and become habitual to their use in Pakistan (8). This is because of the system's lack of policy implementation and loopholes due to certain factors such as bribery, illegal promotion of such products and perks from the tobacco companies to the distributors and merchants (7).

Rationale

In this study, the researcher aims to urgently assess the current implementation status of the tobacco control policy for minors in Karachi, Pakistan. The focus is on identifying the challenges and barriers to implementing the smoking tobacco policy and examining and monitoring its implementation.

Research Objectives

To identify the strengths, weaknesses, opportunities, and threats of implementing a smoking tobacco policy in minors in Karachi, Pakistan.

Data Collection

In-depth interviews were conducted with a diverse group of stakeholders involved in tobacco control, including policymakers, enforcement officers, and representatives from public health organisations. These interviews aimed to gather detailed insights into current tobacco control policies' strengths and weaknesses and identify gaps in their implementation. This study adapts the Netherlands-integrated tobacco control policy model to explore tobacco control in minors in Karachi, Pakistan. The framework addresses political, policy, and problem streams, focusing on the Tobacco Act, cultural values,

WHO policies, and smoking norms. Key stakeholders such as the District Health Officer, tobacco industry representatives, and others were interviewed on smoking rates, cultural influences, solutions, and advocacy efforts. The study examined the political support for tobacco control, implementation challenges, and the role of stakeholders, emphasizing the interplay between smoking laws, cultural values, and economic conditions.

Inclusion criteria and sampling method

The study involved 10 participants selected through purposive and snowball sampling, focusing on policymakers, policy implementers, parents, teachers, public health experts, and community stakeholders in Karachi, Pakistan. The participants provided insights through in-depth interviews, with informed consent obtained for recording and note-taking. Permissions were obtained from District Health Officers and relevant authorities, and interviews were conducted in local or English languages based on participant comfort. Data was authenticated through debriefing and audit strategies.

Data Analysis

Thematic analysis was employed to analyse the interview data. This method allowed for identifying recurring themes and patterns, providing a comprehensive understanding of the issues related to tobacco control for minors in Karachi. Key themes included policy gaps, enforcement challenges, and the role of public awareness.

4.4. Ethical Consideration

Before data collection started, this study received ethical approval from the Aga Khan University Ethical Review Committee in Karachi, Pakistan (ERC No# 2020–5419-14416).

SWOT:

SWOT Analysis implies that this policy evaluates the strengths, weaknesses, opportunities, and threats. This helps to examine what policy's positive and negative aspects are. Positives are attributes and chances that will further encourage the policymaker and implementer to help them and reduce tobacco consumption in minors. Negatives are risks and vulnerabilities, and it will give the reflection and what it will do to keep its sight and try not to repeat. SWOT analysis research can help evaluate a position's dynamics and help researchers understand the growth potential.

Table no. 1 SWOT analysis from the participants.

<p>Strength</p> <ol style="list-style-type: none"> Existing Tobacco control cell Increasing public awareness High-priority issue for the government FCTC commitment 	<p>Weakness</p> <ol style="list-style-type: none"> Implementers are not playing their role effectively Cultural norms allow children to smoke from an early age.
<p>Opportunity</p> <ol style="list-style-type: none"> Increasing taxation Policy for registration of all vendors beginning to be implemented as part of a tobacco-free city initiative 	<p>Threats</p> <ol style="list-style-type: none"> Tobacco industry networks and lobbying Innovative marketing strategy targeting young smokers Loss of employment among local cigarette manufacturers.

SWOT ANALYSIS:

Strength:

Existing Tobacco control cell:

In Pakistan, there is an ordinance 2002 for minors where it is mentioned that no one sells them cigarettes if their age is less than 18. The tobacco control cell is working on it.

Increasing public awareness:

Parents play an essential role in the development of a child. Parents teach their children not to smoke cigarettes, and it will only be possible when parents do not smoke inform of them at home, at family gatherings, or in public places. This session will enhance their knowledge, and they will take this message home, and their family will know that smoking tobacco or cigarettes harms their health. The school will take good informative sessions on the harmful effects of smoking cigarettes and spread the word that smoking is very detrimental to everyone and is associated with so many non-communicable diseases. Take sessions in the community regarding smoking tobacco, no advertisement of the smoke tobacco products.

High-priority issue:

Pakistan's top ten causes of mortality and morbidity; figures show that they account for around 25 per cent of the country's overall deaths. If we hold them and teach them that smoking cigarettes is terrible for them, then they will not do it in their life. It all starts at home, school, and the community or society. If we stop it in the early stage, then peers will not do this practice together. In Pakistan, young generations are prone to

FCTC commitment:

Pakistan has been a signatory member of the FCTC since 2005. The FCTC has complete guidelines for restricting the sale of goods to minors, which all countries that signed this convention must follow.

Weakness:

Implementers are not playing their role Effectively:

There is a fragile implementation of tobacco policies.

Political Parties have an internal link with the tobacco industries.

Tobacco industries pay the country taxes, blackmail them, and request a return favour.

Easy accessibility of cigarettes:

Continue law violets, the cigarette is easily accessible near all educational institute.

The buyers are the young generation (minors). Implementors are not paying attention; Peer pressure is a social institution that affects the behaviour of teenagers by allowing them to partake in risky behaviour, such as early smoking.

Cultural norms allow them to smoke at an early age:

Our society allows children to smoke cigarettes or vapes in front of them.

Children learn from adults and think this habit will make them older, and it is a very respectful act.

Opportunity:

Increase taxation:

It is the best opportunity for the government to increase the taxes on all smoke tobacco products.

Smoke tobacco items cause people not to purchase them. The young generation will not afford all these items and won't become addicted.

License policy for all vendors:

Another opportunity is to establish new policies on tobacco sales products and issue licenses for every person who sells cigarettes in a shop, whether in a cabin, a shop, or a mall.

Everyone shall have a license to sell it.

It will help people who won't purchase it they can't sell, so ultimately, it will stop smoking among minors.

Threats:

Tobacco industry:

The tobacco industry will do such things that will not be introduced that will reduce the sale of smoke tobacco products in the market.

They will give bribes or funds to the government agents to support them and blackmail them that the tobacco industry and their taxes play an essential role in the development of Pakistan.

Tobacco industry representative uses government policies in their favour by giving gifts and supporting them in different activities.

Innovative marketing strategy targeted young smokers:

The biggest threat is the tobacco industry is more focused on introducing flavoured cigarettes in the market to get the attention of new users, and they are a new young generation.

They are trying to catch them by saying they are less harmful, but they are smoking tobacco with flavour.

Loss of employment among local cigarette manufacturers:

Pakistan's local Tobacco industry lost its job. Most of the manufacturers come from the outside and work inside.

The tobacco industry buys tobacco crops from the local people with fewer taxes and sells at higher prices internationally.

One study shared that Social, Environmental, Cognitive, and Genetic Influences on the Use of Tobacco Among Youth mentioned that Sociodemographic factors (socioeconomic status [SES], developmental difficulties of adolescence, gender, and race/ethnicity), Environmental factors (acceptability and availability of tobacco products, interpersonal variables, perceived environmental variables); Behavioural variables (academic success, problem habits, peer group control, engagement in activities, and behavioural skills); Personal factors (knowledge of the long-term health effects of tobacco use, practical definitions of tobacco use, predicted subjective utility of tobacco use, self-esteem and personality variables); and Present behaviour relative to the use of tobacco (intentions to smoke and smoking status) (11). It is the same happened in this study,

where all these factors influence and play an active role in the child's smoking tobacco (12). Socioeconomic status If the person belongs to a lower economic status, then they will get tobacco smoking products from family members and near the workshop or from the community, and no one will ask him or stop him (13). Instead, he thinks he is now grown up and will get more respect from the community. A person from the Elite class or high socioeconomic status will easily smoke products from school or college gatherings. In both cases, children get cigarettes from family and school or anywhere, and they both do not get fear. In elite status, they pampered too much and allowed children to get anything, but in the lower class, children are afraid, but they steal from their parents' cigarette packs or any other source. Environmental factors are child gets motivation by tobacco industry marketing, that is, flavour vapes, and without tobacco smoking products, the child thinks if he smokes, he will become a man (14). He will get manhood because his parents used to do this—less education regarding smoking. Parents and children are both unaware of the potential risks of smoking hazards. What will happen after smoking? Parents smoke in front of their children, and this act makes their children realise that their father is smoking. This is a very healthy exercise. It must make them more like his father. All this dynamic is discussed in this study as well. In another study, it is shown that educating a child may provide a unique opportunity for counselling children about smoking. Punishment is not the right way to quit the smoking habit (15). Same as this study also finds the same thing: Counselling is the best way to make them understand (16). Smoking rates are troubling among kids and teenagers. Specialists in health care should be aware of the natural causes of early smoking, which are mostly the effects of family and economic status, social life, and the internet (17). Psychological factors, however, also lead to the initiation of early smoking (18). To discourage children and teens from smoking, interventions in these areas should be done. There are several smoking reduction services internationally for those who, unfortunately, smoke and can assist young people to stop smoking (17,18). Yet their conclusions are also

controversial. Well-designed national smoking prevention and cessation initiatives should resolve the substantial rise in smoking among children and adolescents by carefully examining the causes of the initiation of smoking by young people (19). All these programs, especially those directed at prevention, should be implemented in collaboration with all social components, while schools should play a central role. While the direct effects of inhaling smoke are sufficiently significant to the problem of parents smoking around kids, other effects should also be considered. The most crucial concern is that children highly influence their parents, and this involves their smoking habits (17,19). Parents who smoke around children are effectively causing children to ingest toxic carcinogens and chemicals (20). The dangers of parental smoking, however, are not limited to the substances that children inhale consequently (1).

One study shared that political networks and coalitions of political parties and the tobacco industry have good communication links, and they grand a lot in taxes (21). It is estimated that approximately 11 million workers in the tobacco industry are directly and indirectly employed. Tobacco is Pakistan's only crop whose yield is above the world average and matches the yield of America and other developed countries around the globe per hectare (19). In this study, it is reported that statements this year say that Pakistan forfeited Rs 50 billion by not curbing the illegal tobacco trade (5). They also advocate 'common sense' actions such as stricter regulation and governance, more robust border controls, track and trace implementation and other digital and technological solutions, the destruction of seized contraband, and the introduction of fines, among many others, all of which will hurt local producers (6,11). It also contributes in the form of taxes and international remittances to the government exchequer. Tobacco is Pakistan's largest cash crop that supports the economy through its various uses (7). The tobacco industry is the only industry in the world that provides its farmers timely crop payments (6). Many people interested in the country's agriculture, production, and trade of tobacco products are provided job opportunities by the tobacco industry (11).

In one study, it is mentioned that considering the perceived rise in tobacco smoking, including among children, and to achieve the obligations of the FCTC, the Government of Pakistan has adopted several strategies, such as the establishment of a Federal Tobacco Control Cell, the implementation of a 40 per cent pictorial health alert, and many more (20). Reducing and potentially eliminating tobacco companies' foreign investment activities can be justified on health grounds, even though it runs contrary to existing patterns of investment liberalisation (21). Non-binding guidelines can be established through the FCTC process to assist parties in identifying and reacting to tobacco companies' foreign investment strategies, to endorse efforts to exempt the tobacco sector from investment liberalisation, and otherwise to raise awareness among all countries of the danger posed by tobacco companies' foreign investment strategies and provide them with approval (22). Tobacco is Pakistan's largest cash crop that supports the economy through its various uses. The tobacco industry is the only industry in the world that provides its farmers timely crop payments (21).

The tobacco industry also contributes to the government exchequer through taxes and international remittances (16). The industry provides job opportunities for many people interested in the country's agriculture, production, and trade of tobacco products (13).

One study showed that smoking is strongly correlated with age, which in this context may imply social tolerance to tobacco, and that social and educational variables tend to play an essential role among college students in smoking (22). Our study indicates that specific considerations should be considered when developing efficient tobacco control programs among college students (12). This is an attempt to minimise the consumption of tobacco among college kids and to implement awareness programs to change their health risk behaviour. Most of the time, children do this because their friend asks them to try, and due to lack of knowledge, they try and get addicted. We need to counsel them and spread awareness in younger that smoking and injuries for health. This will be possible if we start taking sessions in the school community or the religious institute. One

child has the knowledge, and another asks him to puff a cigarette, then he will hold him and say no, this is not the right thing, and we should avoid this activity in our life.

Policy Implication:

This policy implication session will discuss important points for further studies. The Ordinance 2002 on tobacco smoking addresses the issue of the sale of tobacco to minors. Still, it does not address the separate policy regarding minors, so there is a need to formulate a policy explicitly addressing tobacco smoking in minors. This policy should be brief and entirely in favour of minors; it will be mentioned that all flavour smoke products should be banned and not allowed to minors. Those candy products should not be permitted to minors who look at cigarettes or smoke tobacco products. Give awareness to all Pakistan that tobacco smoking in minors should be prohibited, and if someone sells cigarettes to minors shall be prison and fined. There is no such policy related to minors for second-hand tobacco smokers. Therefore, the government should implement another policy for secondhand smokers as soon as possible. There are a lot of gaps in the policy implementation which need to be addressed accordingly. The government licenses all vendors and increases taxes on all tobacco smoke products, which will also help them decrease non-communicable diseases. People will not be able to buy tobacco smoke products because of high prices. Subsequently, they will not be able to purchase them. Parents and schools teach children that smoking tobacco is prohibited and very dangerous for them. Promotion and education on smoking should be integrated into the school curriculum. Media and signboards should introduce and give general public awareness of television and different modes of social media.

Strength:

The strength of this study is it is an in-depth study through in-depth interviews with stakeholders related to tobacco smoking in minors. It is purely their concept and ideas. Through this study researcher realised the interviewer's ideas and what people think about the smoking policy

among minors. After this study, I realised no such policy exists, especially for minors. It is an ordinance in which there is a fine line about the minors. In the future, people can further study it and make a new smoking tobacco policy, especially for minors. In this study, extensive policy reviews regarding tobacco smoking among minors in Pakistan are done, which is the source of great strength of this study.

Limitations:

In this study, I have faced so many problems. Participants were unavailable, there was limited time for the interview, and participants were busy and afraid to give an interview because they would be in trouble if their names came somewhere. Initially, it was so difficult to make them it would be confidential and not be shared with anyone except my core team members; once they started, they were so alert and spoke limited things. I asked multiple times, but they were so conscious that it made trouble for me. Geographical and job issues: the participant was far away and had job issues. They did not get time to give me a face-to-face interview and had technical problems with the online interview.

Recommendations:

In the recommendation, the family should teach and give awareness to their child regarding smoking hazards. Moreover, they tell children that smoking in a public place is also causing second-hand smoke, and they shall speak upon it and say, please do not smoke here in a public place—ban entirely smoking indoors and at any social gathering. Teach kids about the health dangers of second-hand smoke and smoking. Encourage families, colleagues, and co-workers to leave. The community does not allow smoking inside public places, and if anyone smokes a cigarette, that person shall be 18 years above; school teaches tobacco smoking is harmful to every human being. Awareness sessions and counselling are essential. Implementers should take strict action against the sellers selling loose cigarettes outside the educational institute so the students will not approach them easily. Introduce a new policy for smoking tobacco sales that all sellers have a

license, and it will not sell to children less than 18 years old children and will not sell single sticks. If the government increase taxes more than the actual price of the packet, then it will make people realise that it is not in their range, and it will work and decrease the trend of smoking tobacco among minors. Enforce people to follow the state law regarding Tobacco smoking among minors. One strategy is to sell the cigarette to those who have a national Identity card, are above 18 years old,

Conclusion:

In a nutshell, after exploring the tobacco smoking policy among minors, I have concluded that the primary role in stopping minors from early age parents plays a significant role. They have all the command to teach them and make them realise that smoking tobacco is not suitable for them, not only for them but for everyone. Parents teach their children at an early age and tell them the risks of smoking cigarettes or any smoking tobacco product causing so many diseases; the findings of our study provide the Ministry of Health with concrete proof of inadequate implementation of tobacco control legislation in Pakistan. The Principal Ordinance, Prohibition of Smoking in Enclosed Places and Safety of Non-Smokers Health Ordinance, 2002 (Ordinance No. LXXIV of 2002), controls various fields of tobacco control, including prohibitions on public smoking, sales to minors, and advertisement, promotion, and sponsorship of tobacco. Many other pieces of legislation supplement the provisions of this primary ordinance. Also, educational programs to raise public awareness of the devastating health effects of tobacco use should be initiated. Relatively unchanged elements, such as second-hand smoke, should also be the subject of these initiatives. It must be assured that tobacco firms do not fund any media representations of tobacco use.

ABBREVIATIONS/ ACRONYMS

(SES):	Socioeconomic Status
(FCTC):	The Framework Convention on Tobacco Control
(COPD):	Chronic Obstructive Pulmonary Disease

(WHO):	World Health Organization
(ETS):	Environmental tobacco smoke
(LMICs)	Low- and Middle-Income Countries
%:	Percentage
(GYTS)	Global Youth Tobacco Survey
(IDIs)	In-depth Interviews
(SOPs)	Standard Operating Procedures
(COVID 19)	Corona Virus Disease
(SWOT)	Strength, Weakness, Opportunity, Threat
(NGO)	Non-Government Organization
(TCC)	Tobacco Control Cell
(SHS)	Second-hand smoke

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