

REPORT



Tale of Two Nations

Vol 3: A comparative study of how Pakistan and Sweden are faring in the fight against smoking



Overview

The global fight against smoking has shown that countries adopting progressive policies and innovative solutions are making the greatest strides in reducing smoking-related harm.

This report examines the differing approaches of Pakistan and Sweden, offering a stark contrast in policy direction.

While Sweden is achieving world-leading results by embracing harm reduction and safer smoke-free alternatives, Pakistan is moving toward stricter regulations that could undermine the potential of these lifesaving innovations.

Lives in the balance

Smoking kills almost 164,000 people annually in Pakistan,¹ where traditional tobacco control measures have had limited impact over the last two decades.

Despite widespread awareness of the harms caused by combustible cigarettes, **almost one in every four men in Pakistan is a smoker.**²

In Sweden, it is a very different story. Although half of all Swedish men smoked a few decades ago, **Sweden's male smoking rate (4.9%) is now less than one quarter of Pakistan's**, and it continues to fall.³

As a result, Swedes enjoy the lowest incidence of smoking-related disease in Europe.⁴

So, what has Sweden got right that Pakistan could learn from? Both countries have a history of using oral stimulants. Swedes have traditionally used snus, which public health policy recognised as far less risky than smoking and promoted as a safer smoke-free alternative.

In Pakistan, lawmakers have appeared reluctant to embrace oral nicotine pouches and other smoke-free alternatives despite their lower health risks. This means most people continue chewing toxic products such as 'naswar' (a mixture of tobacco, ash and slaked lime) and 'paan' (a betel quid consisting of areca nut and tobacco).

Increasing calls for the government to regulate oral nicotine pouches present Pakistan with the opportunity to follow Sweden's successful path, by making these safer alternatives accessible, acceptable and affordable.

But will Pakistan's lawmakers heed the real-world evidence from Sweden?

Adult male smoking rates. Sources: Statistics Sweden & Tobacco Atlas



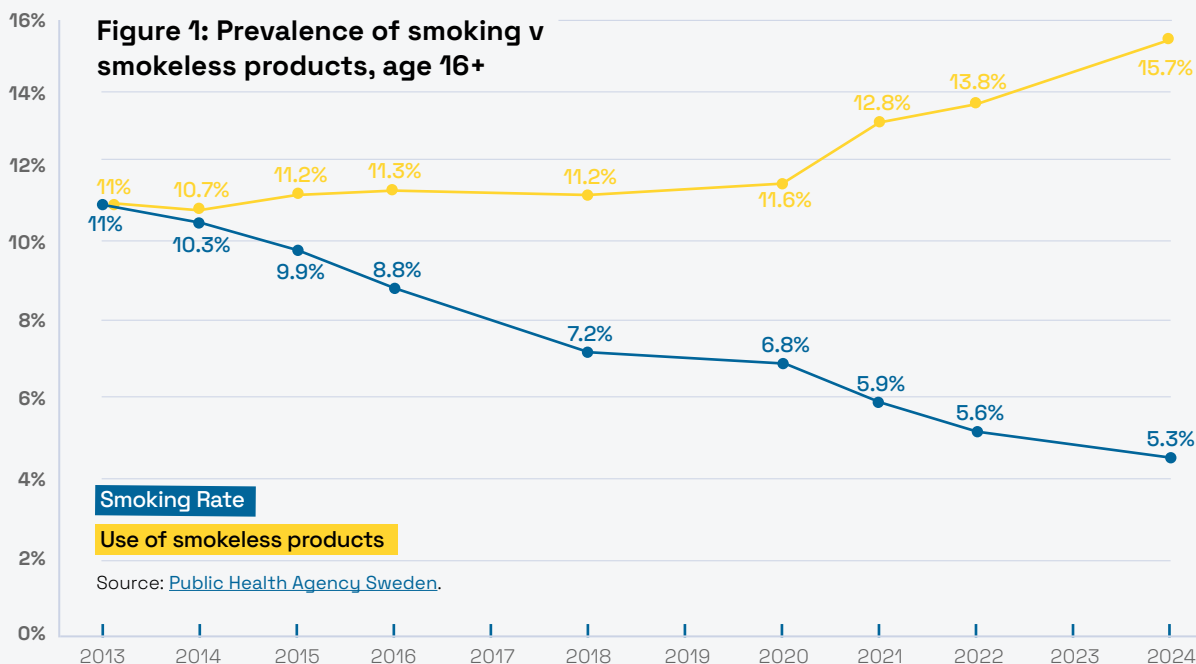
22.2%



4.9%



Sweden's journey to smoke-free



Smoke free
is defined as
less than

5%

of adults
smoking

54%
fewer
smokers

In the early 1960s, Sweden faced a public health crisis, with nearly half of its men smoking cigarettes. Today, the country stands as the guiding star for tobacco control, with smoking rates barely above 5% - the global benchmark for 'smoke-free' status.

Sweden's success is the result of a long-running, real-world harm reduction experiment that offers undeniable, unimpeachable proof that replacing smoking with smokeless nicotine products leads to **significant public health benefits**.

Sweden's cancer incidence is 41% lower than the European average, with a corresponding 38% lower rate of total cancer deaths.² These impressive outcomes highlight the effectiveness of harm reduction policies grounded in science rather than prohibition.

Rather than banning or excessively restricting nicotine products, Sweden embraced safer substitutes. The transition began with traditional snus and later expanded to include vaping (2015) and nicotine pouches (2018). By ensuring these alternatives are **accessible, affordable and socially acceptable**, Sweden has successfully reduced its smoking rate by 54% since 2012.

Official data reinforces this success. Among

Swedish-born individuals over 16, **only 4.5%³ smoke**. Notably, Swedish residents born elsewhere in Europe are, on average, three times more likely to smoke if they had not moved to Sweden - further evidence of the country's effective harm reduction environment.

Sweden's success comes from decades of rethinking tobacco control, integrating smokeless nicotine products with traditional measures while others opposed nicotine outright. Key policy actions include:

- **Legal access to safer nicotine products** through both online and retail markets.
- **Permitted advertising** to raise awareness of harm reduction options.
- **Proportional taxation:** In 2024, excise taxes on snus were reduced while cigarette taxes increased, reinforcing the incentive to switch.

Sweden has now formally adopted **tobacco harm reduction as a national policy**, shifting its focus from "reducing consumption" to actively "reducing harm". This commitment has positioned the country as a global leader in public health innovation. The case for tobacco harm reduction is no longer theoretical. Sweden's experience provides **undeniable, real-world proof that harm reduction strategies work**.

Harm reduction as state policy



On December 11 2024, the Swedish Parliament voted to change the overall goal of their national tobacco strategy from focusing on “reduced tobacco use” to instead read “reduced medical and social harm caused by tobacco and nicotine products.”

The [Riksdag’s Budget](#) stated:

SVERIGES RIKSDAG

“...tobacco policy must consider the varying harmful effects that various tobacco and nicotine products can cause.

...cigarettes and smoking tobacco pose a greater health hazard than smokeless tobacco and nicotine products...

This approach is also reflected in the taxation of these products in Sweden and must also be reflected in the target for tobacco policy.”



Escape route

Just as buildings have escape routes or doors in case of fire, smokers seeking to quit have multiple ‘escape routes’ from the dangers of combustible cigarettes.

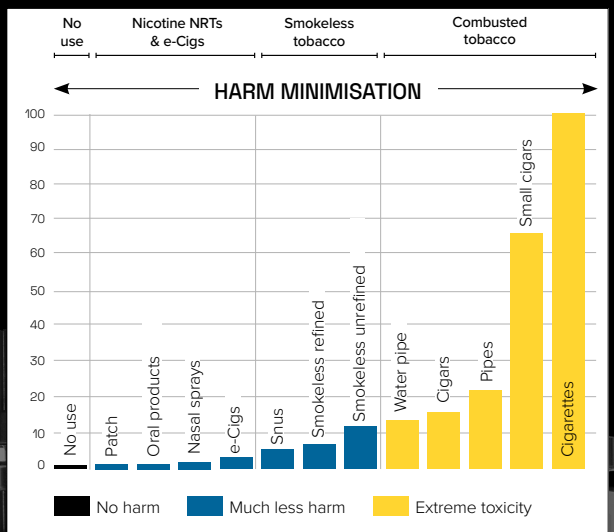
Nicotine pouches, vapes and snus offer safer alternatives that can help smokers transition away from the harmful effects of combustible cigarettes. That is because the vast majority of harm caused by smoking comes from thousands of toxins released by the burning of tobacco in combustible cigarettes.

Evidence of how much safer these alternative products are is abundantly clear.

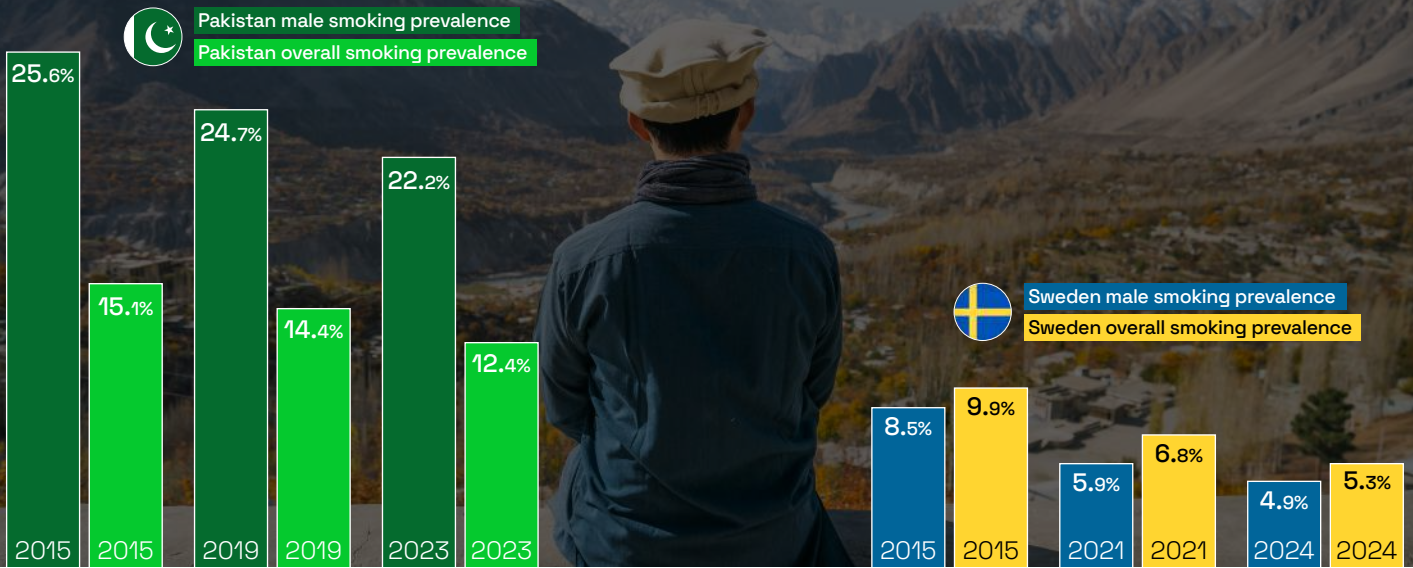
For example, the UK Royal College of Physicians (RCP) states that the health hazards arising from long term vapour inhalation from e-cigarettes are unlikely to exceed 5% of the harm from smoking tobacco.

In other words, e-cigarettes are 95% less harmful than cigarettes. Oral nicotine products, such as nicotine pouches, are even less harmful.

A visualisation of the relative harm of all products available for purchase in Sweden can be found in this table, from the [Oral Nicotine Commission 2020 Report](#).



Pakistan at a crossroads



Pakistan’s battle against smoking has reached a critical juncture. Despite conventional tobacco control measures, smoking rates remain stubbornly high, particularly among men – 22.2% compared to just 2.1% of women, with an overall prevalence of 12.4%.⁸

Traditional interventions such as smoking bans and advertising restrictions have yielded modest results at best.

The contrast with Sweden’s success is striking. Since 2015, Sweden has slashed its smoking rate by nearly half, from 9.9% to 5.3%,⁹ while Pakistan has achieved only a third of that reduction, moving from 15.1% to 12.4%.¹⁰ Pakistan’s overall smoking prevalence is more than double that of Sweden.

Sweden’s approach has centred on making safer nicotine alternatives both accessible and affordable for adult smokers - a strategy Pakistan has yet to embrace. Currently, Pakistan’s tobacco control framework remains firmly focused on restricting cigarette demand, with little emphasis on harm reduction.

While safer alternatives like e-cigarettes and nicotine pouches are legally available, they remain largely inaccessible to most smokers due to high costs and limited distribution. This creates a two-tier system where safer alternatives are effectively restricted to affluent urban areas.

Other significant barriers impede progress. There is widespread misunderstanding about nicotine - notably, 70% of Pakistani doctors incorrectly believe it causes cancer.¹¹

The regulatory environment remains ambiguous, creating uncertainty for businesses in the harm reduction sector. Confusion has led to reports of localised prohibitions in some districts.

These factors, combined with high prices, keep potentially helpful alternatives out of reach for many smokers.

Therefore, as calls for regulation of smoke-free alternatives grow, Pakistan has a significant opportunity. By learning from Sweden’s success, Pakistan can take bold steps to reshape its smoking cessation strategy.

Ill-conceived prohibitions risk fuelling a rise in illicit products. Instead, a well-regulated market for alternative nicotine products - ensuring affordability, availability and public education - could offer adult smokers a viable pathway away from cigarettes.

Encouraging innovation in harm reduction while maintaining responsible oversight would empower millions to transition to safer options. Misguided restrictions on safer smoke-free alternatives would only inadvertently perpetuate rather than solve the country’s smoking challenge.

Conclusions

- Harm Reduction vs. Traditional Measures:** Sweden's success through harm reduction strategies (snus, vapes, pouches) contrasts with Pakistan's limited progress using traditional tobacco control measures, as evidenced by Pakistan's smoking rate being more than double Sweden's.
- Policy Direction Matters:** Progressive harm reduction policies yield better public health outcomes than restrictive approaches, as demonstrated by Sweden's reduction from 9.9% to 5.3% compared to Pakistan's more modest decrease from 15.1% to 12.4%.
- Access & Affordability:** While Sweden has made safer alternatives widely accessible, Pakistan's policies restrict these products to affluent urban areas, limiting their potential public health impact.
- Public Health Understanding:** Widespread misconceptions about nicotine, including among 70% of Pakistani doctors, highlight the need for better education and awareness campaigns.
- Gender Disparities:** Pakistan's significant gender gap in smoking rates (22.2% men vs 2.1% women) requires targeted interventions that consider cultural and social factors.

Recommendations

- Adopt Harm Reduction Strategies:** Pakistan should consider adopting Sweden's approach of promoting safer alternatives while maintaining existing tobacco control measures.
- Regulatory Balance:** Develop clear regulations that ensure product safety and quality while improving accessibility and affordability of harm reduction products across all socio-economic groups.
- Healthcare Professional Education:** Launch targeted educational campaigns for healthcare providers to address misconceptions about nicotine and harm reduction products.
- Market Access:** Address the urban-rural and socioeconomic divides in access to safer alternatives through policy measures that ensure broader distribution and affordability.
- Evidence-based Monitoring:** Implement robust monitoring systems to track the impact of harm reduction strategies across different demographic groups and regions.
- Youth Protection:** Establish and enforce minimum-age restrictions on all nicotine products, like Sweden, while ensuring adult smokers have access to safer alternatives.
- Price Strategy:** Develop pricing policies that make harm reduction products more competitive with conventional cigarettes while maintaining appropriate controls.

1. PCM PubMed Central - [Clinical study protocol on electronic cigarettes and nicotine pouches for smoking cessation in Pakistan: a randomized controlled trial](#)
2. Global State of Harm Reduction - [Smoking in Pakistan](#)
3. [Public Health Agency Sweden](#)
4. Ramström, L. (2020) - Institute for Tobacco Studies. [Death rates per 100,000 attributable to tobacco – Sweden and the rest of the EU in 2019](#). Compiled from The Global Burden of Disease Study
5. Ramström, L. (2020) - Institute for Tobacco Studies. [Death rates per 100,000 attributable to tobacco – Sweden and the rest of the EU in 2019](#). Compiled from The Global Burden of Disease Study
6. Public Health Agency Sweden - [Use of tobacco and nicotine products \(self-reported\) by country of birth, sex and year. Proportion \(percentage\)](#).
7. Royal College of Physicians - [Nicotine without smoke: Tobacco harm reduction, 2016](#)
8. Global State of Harm Reduction - [Smoking, vaping, HTP, NRT and snus in Pakistan](#)
9. Public Health Agency Sweden - [Use of tobacco and nicotine products \(self-reported\) by country of birth, sex and year. Proportion \(percentage\)](#).
10. Institute for Health Metrics and Evaluation (IHME) - [Global Burden of Disease Study 2019](#)
11. Wiley Online Library - [Public Health Practitioners' Knowledge towards Nicotine and Other Cigarette Components on Various Human Diseases in Pakistan: A Contribution to Smoking Cessation Policies](#)



About the author

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Dr. Delon Human is a specialist family physician and global health advocate. He is the former Secretary-General of the World Medical Association, International Food and Beverage Alliance and Co-founder of the African Harm Reduction Alliance (AHRA). He has acted as an adviser to three WHO Directors-General and to the UN Secretary-General on global public health strategies.



Smoke-Free Scorecard

		
Smoking Rate (% of population)	5.3%*	12.4%**
Smoking Rate Reduction (since 2015)	46%	18%
Formal Harm Reduction Policy		
Lower-Risk Products Widely Available		
Lower Taxes on Harm Reduction Products		
Wide Variety of Flavour Options Permitted in Lower-Risk Products		
Strict Public Smoking Bans (but not on alternatives)		
Government Actively Promotes Harm Reduction		
Overall Policy Direction (harm reduction vs. prohibition)	 Progressive	 Regressive

*Public Health Agency Sweden

**Institute for Health Metrics and Evaluation (IHME)

