

Eswatini



How many people die from smoking in Swaziland each year?

305

What is the annual cost-of-illness attributable to smoking in Swaziland each year?

267,313,151

lilangenis

Current Rates of Smoking and Tobacco Use in Swaziland

Tobacco use continues to be an epidemic in Swaziland. Government complacency in the face of the tobacco epidemic protects the tobacco industry in Swaziland as the death toll grows each year. Proponents of healthier societies must push for the implementation of evidence-based best practices in tobacco control to create change and reduce the negative effects of tobacco use.

Adult Smoking Prevalence in Swaziland

15+ years old; 2025

Men

9.20%

Women

0.40%

Adult smoking prevalence in Swaziland is 4.80%.

Number of Adult Smokers in Swaziland

15+ years old; 2022

Men

55,000

Women

4,000

Number of adult smokers in Swaziland is 59,000.

Youth Smoking Prevalence in Swaziland

10-14 years old; 2023

Boys

9.9%

Girls

4.4%

Youth smoking prevalence in Swaziland is 7.17%.

Adult Smokeless Tobacco Use in Swaziland

15+ years old; smokeless tobacco includes snus, chewing tobacco, gutkha, etc.; 2014

Both Men and Women

2.20%

Adult smokeless tobacco use prevalence in Swaziland is 2.20%.

Deaths Caused by Tobacco in Swaziland

% deaths attributable to tobacco use in 2023

Men

3.32%

Women

1.86%

2.58% of all deaths in Swaziland are caused by tobacco use.

Learn more about global **Prevalence**,
Youth Smoking and Deaths.

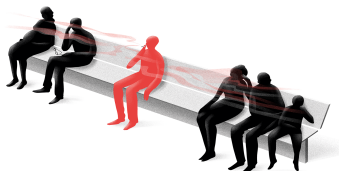
Negative Effect of Tobacco Use in Swaziland

Tobacco use harms both the public and fiscal health of Swaziland, threatening efforts to improve equity, alleviate poverty, and protect the environment.



Societal Harms

The annual cost-of-illness attributable to smoking in Swaziland is 267,313,151 lilangenis. This includes direct costs related to healthcare expenditures and indirect costs related to lost productivity caused by illness and premature death.



Harms Development

Tobacco spending diverts funds from the resources that families need to rise out of poverty. On average in Swaziland, a smoker must spend 6.34% of GDP per capita to buy 100 packs of the most popular cigarettes in a year.



Environmental Harms

Cigarette butts are the most commonly discarded pieces of waste worldwide. It is estimated that 1,102,311 tons of butts wind up as toxic trash in the world each year, equal to 416,667 female African elephants.



Harms Health Equity

The tobacco industry markets its products aggressively to lower-income populations and youth in Swaziland.



Harms NCDs

Not only is smoking a major risk factor for the 4 largest noncommunicable diseases (cancer, heart diseases, respiratory diseases, and diabetes), but people living with mental illness are nearly 2x as likely to smoke as other individuals.

Learn more about **Health Effects.**

Impact of the Tobacco Supply Chain on Swaziland

The tobacco industry profits significantly from producing and selling tobacco. At the same time, across the tobacco supply chain, there are significant negative health and economic repercussions for Swaziland.



Tobacco Production

There were more than 5,000,000,000,000 cigarettes produced in the world in 2019, or nearly 2 cigarettes per person per day.



Tobacco Growing

There were 162 tons of tobacco produced in Swaziland in 2023 on 349 hectares of quality agricultural land that could have been used to grow food.



Tobacco Industry

The total revenue of the 6 largest tobacco companies in the world was USD 364 billion in 2023, about the same as Pakistan's Gross National Income (GNI), 5x Panama's GNI and 9x Paraguay's GNI.

Learn more about global **Growing** and **Product Sales**.

Ending the Tobacco Epidemic in Swaziland

Fortunately, there are evidence-based i.e. proven-solutions to the challenges posed by tobacco use. For several decades, governments around the world have been introducing a set of policies that address the demand for tobacco products, particularly among youth. These policies effectively reduce consumption and are cost-effective because they save governments enormous amounts of money in health care spending and increase economic productivity.

Current Tobacco Control Policies in Swaziland

Designated Smoke-Free Areas in Swaziland

No	No	No	No	No	No	No	No	NA	NA
Healthcare Facilities	Educational Facilities	Universities	Government Facilities	Indoor Offices	Restaurants	Pubs and Bars	Public Transport	All Other Indoor Public Places	Funds for Enforcement

Availability of Cessation Services in Swaziland

Quitting Resources
 NRT and/or some cessation services (at least one of which is cost-covered)

National Quit Line
No

Learn more about best practices in **Cessation**.

Tobacco Packaging Regulations in Swaziland

Quality of Tobacco Packaging Regulation
 None
 ✓ Text warning label only
 Text warning label with graphic warning label
 Plain Packaging with text/graphic warning label

% of Pack Covered
50%

Learn more about best practices in **Counter Marketing**.

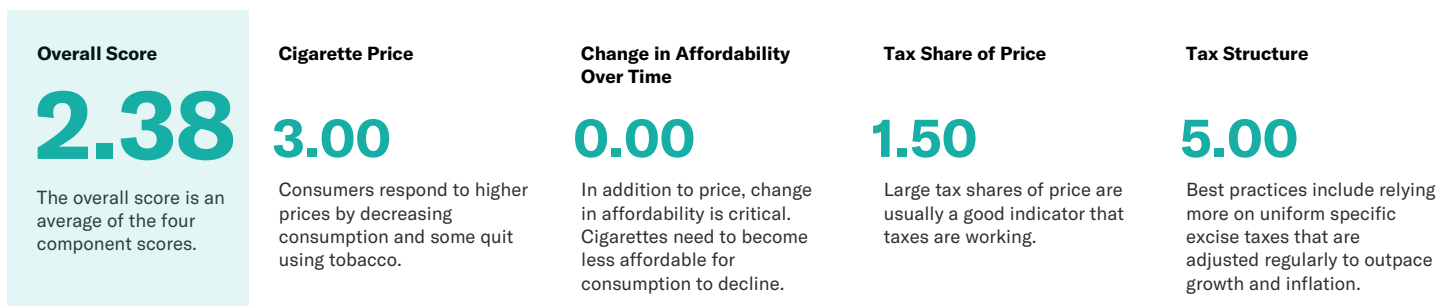
Tobacco Control Mass Media Campaigns in Swaziland

Ran a National Anti-Tobacco Campaign	Yes
Part Of A Comprehensive Tobacco Control Program	Yes
Pre-Tested With The Target Audience	Yes
Target Audience Research Was Conducted	Yes
Aired On Television And/Or Radio	Yes
Utilized Media Planning	Yes
Earned Media/Public Relations Were Used To Promote The Campaign	Yes
Process Evaluation Was Used To Assess Implementation	Yes
Outcome Evaluation Was Used To Assess Effectiveness	No

Learn more about best practices in **Mass Media**.

Tobacco Tax Policies in Swaziland

Using evidence-based international recommendations/best practices, the Economics for Health Cigarette Tax Scorecard assesses four components of tax systems - price, change in affordability, tax share, and structure - on a scale of 0 to 5, where a higher score is preferred.



Learn more about the [Scorecard in Swaziland](#).

Regulations on Tobacco Advertising, Promotion, and Sponsorship (TAPS) in Swaziland

Marketing is the key avenue that tobacco companies use to reach consumers, new and old. Restricting or eliminating marketing is key to tobacco control success.

Direct Bans	7 out of 7 direct bans implemented	Indirect Bans	7 out of 10 indirect bans implemented
National TV and radio	Yes	Free distribution in mail or through other means	Yes
International TV and radio	Yes	Promotional discounts	Yes
International magazines and newspapers	Yes	Non-tobacco products identified with tobacco brand names	Yes
International magazines and newspapers	Yes	Brand name of non-tobacco products used for tobacco product	No
Billboard and outdoor advertising	Yes	Appearance in TV and/or films: tobacco brands (product placement)	Yes
Advertising at point of sale	Yes	Appearance in TV and/or films: tobacco products	No
Advertising on internet	Yes	Prescribed anti-tobacco ads required for any visual entertainment media product that depicts tobacco products, use or images	No
<div style="background-color: #e0f2f1; padding: 20px; text-align: center;"> <h3>Ad Ban Compliance</h3> <p>75%</p> </div>		Complete ban on sponsorship	Yes
		Any form of contribution (financial or other support) to any event, activity or individual	Yes
		Ban on the publicity of financial or other sponsorship or support by the tobacco industry of events, activities, individuals	Yes