

# Towards a smoke-free ASEAN- Turning Rhetoric into reality

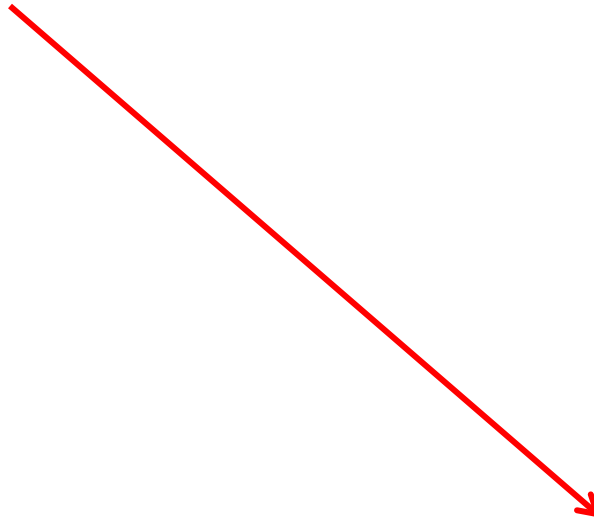
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# Tobacco Toll

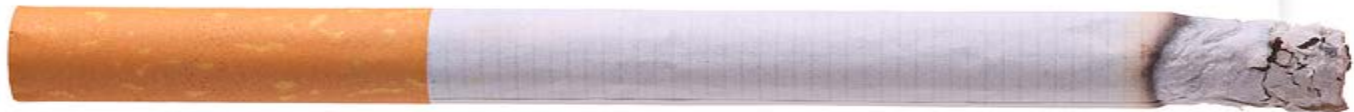
100 Million

20<sup>th</sup> Century

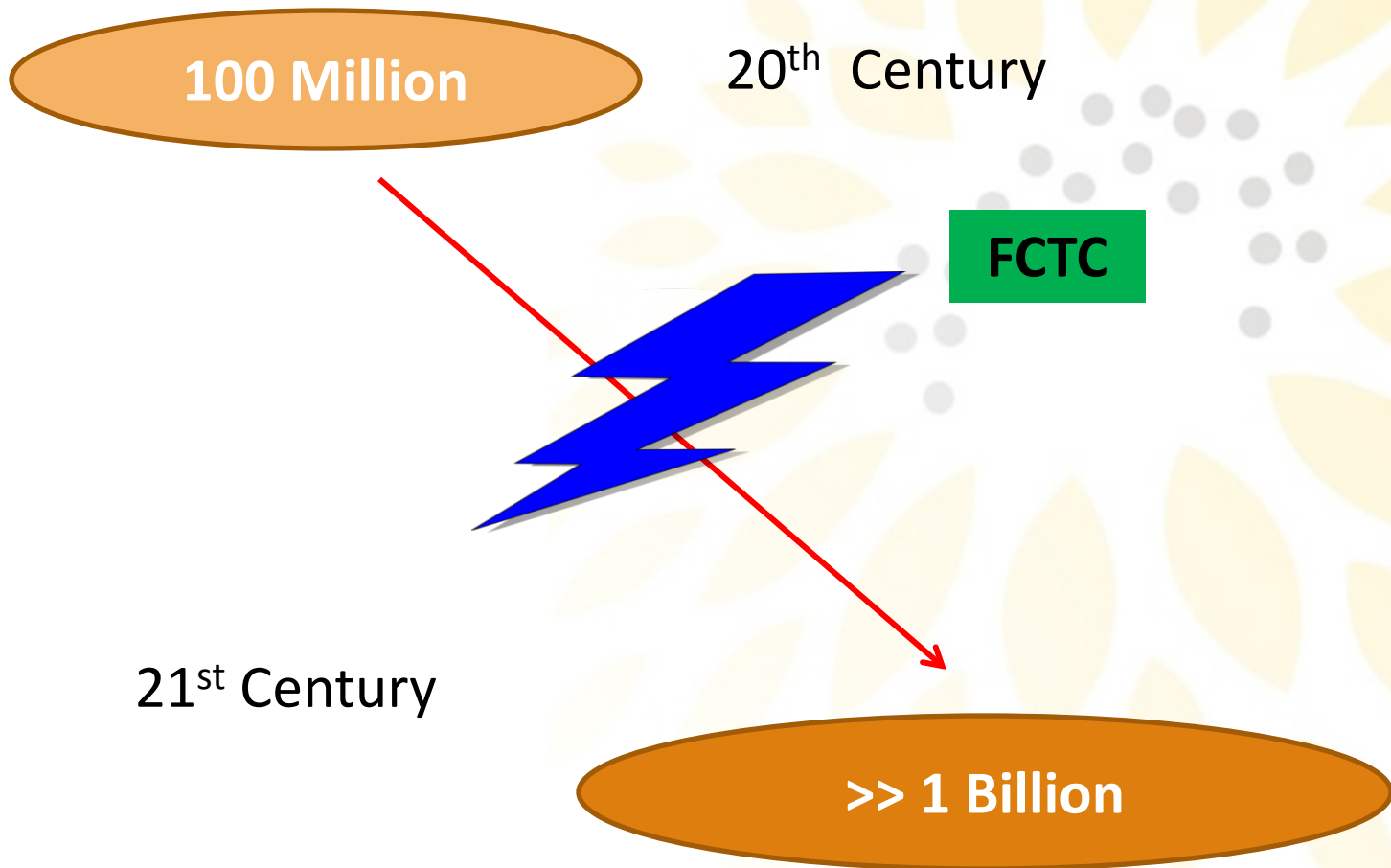


21<sup>st</sup> Century

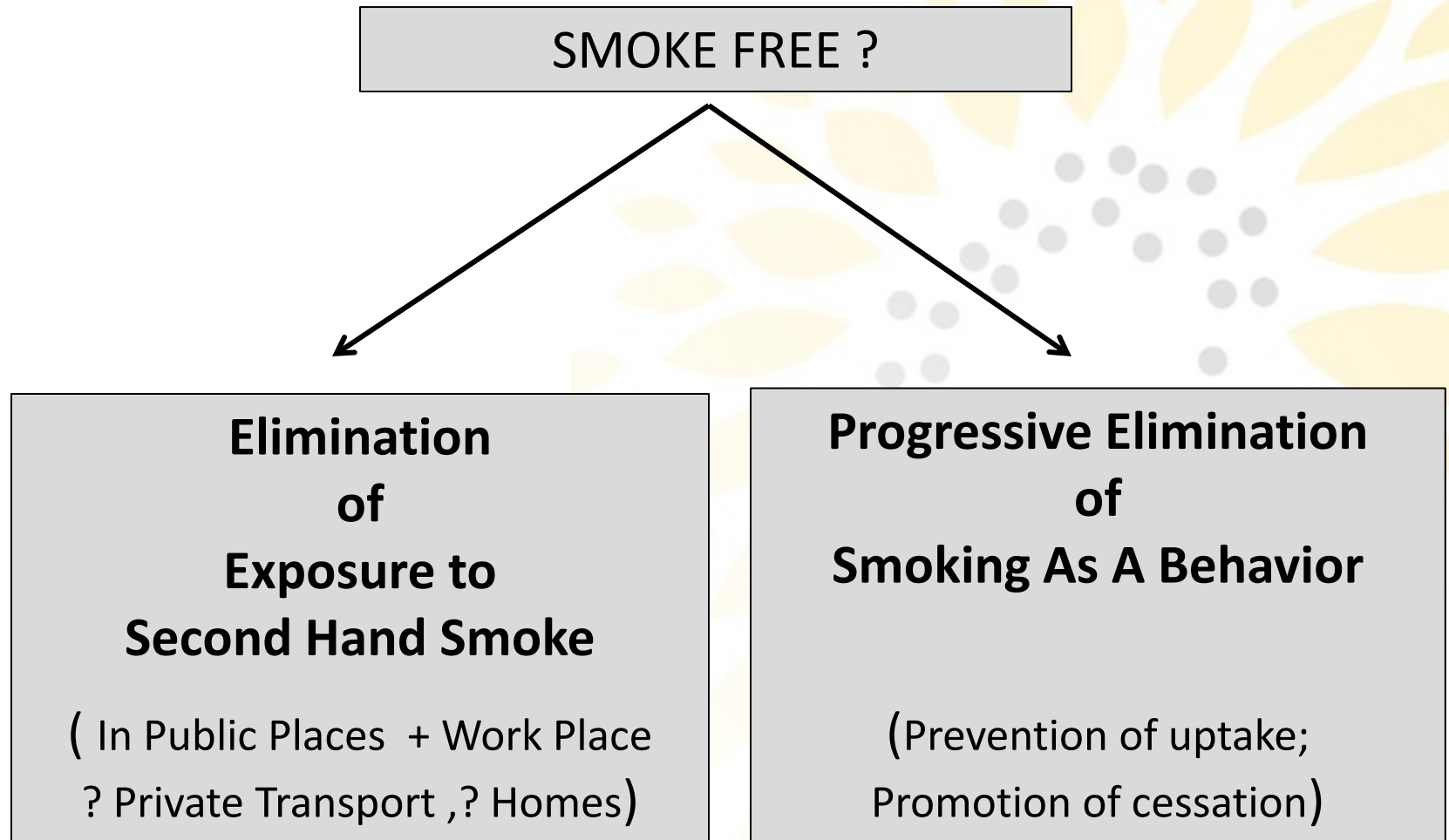
1 Billion



# Tobacco Toll



# Being Smoke Free



# WHO-Framework Convention on Tobacco Control

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## Article 8

*Each Party shall adopt .... measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.*

## MPOWER

M onitor

**P rotect from second-hand smoke**

O ffer

W arn

E nforce

R aise

# SHS is dangerous

Adverse Health Effects of SHS exposure	Risk (95% CI)	Estimated Global Mortality in 2004
• Ischemic heart disease in adults	RR: 1.27 (1.19–1.36)	379,000
• Asthma in adults	OR: 1.97 (1.19–3.25)	35,800
• Lung cancer in adults	RR: 1.21 (1.13–1.30)	21,400
• Lower respiratory infections in children <5 years	OR: 1.55 (1.42–1.69)	165,000
• Asthma in children <15 years	OR: 1.32 (1.24–1.41)	1,150
• Otitis media in children <3 years	Incidence density ratio 1.38 (1.21–1.56)	71
<b>TOTAL</b>		<b>602,421</b>

- 18 times more deaths by CVDs than by lung cancer
- No amount of SHS exposure is safe
- Designated smoking areas (DSA) not the solution

## Smoke-free policies Work

- Protect non-smokers and employees from SHSe
- Lead to higher smoking cessation rates
- Lead to lower consumption among continuing smokers
- Serve as a youth prevention strategy

*Fichtenberg CM, Glantz SA. Effect of smoke-free workplaces on smoking behaviour: systematic review. BMJ. Jul 27 2002;325(7357):188.*

Meta-analysis of 26 studies on effects of Smoke-free workplace policies found:

- ↓ in prevalence of smoking by 3.8% (95% CI: 2.8% - 4.7%)
- ↓ in # of cig. smoked among continuing smokers: 3.1 fewer cig./day/smoker (95% CI: 2.4 - 3.8)

# Smoke-Free Laws are effective

## Summary Results of Smoking Bans

Ban Location	Population Exposed to Ban	Post-Ban Observation Period (Yrs)	Pre-Ban Rate*	Post-Ban Rate*	Incidence Rate Change in Ban Area	Incidence Rate Change in Non-Ban Area
<b>U.S.</b>						
Helena	68,140	0.5	170	102	-40%	+46%
Pueblo	698,229	3.0	257	152	-41%	-5%
New York	18,976,457	1.0	483	445	-8%	None
Indiana	239,332	1.5	14	7	-50%	-20%
Ohio	29,636	3.0	277	223	-20%	-5%
<b>Canada</b>						
Saskatoon	202,340	1.0	176	152	-13%	None
<b>Europe</b>						
Piedmont	~4,300,000	0.5	200	204	+2%†	None
Rome	2,663,182	1.0	252	253	0%‡	None
Italy	7,033,451	0.2	159	149	-6%	None
Scotland§	~3,000,000	0.8	129	107	-17%	-4%

\*Cases per 100,000 person-years. †The acute myocardial infarction incidence decreased 9.8% in those age <65 years and increased 6.2% in those age >65 years. ‡The acute myocardial infarction incidence decreased 11% in those age <65 years and decreased 8% in those age 75 to 84 years, particularly among men. §The end point was acute coronary syndrome.



10 countries  
one vision  
A smoke-free ASEAN



20<sup>th</sup> March, 2012: 15<sup>th</sup> WCTOH opening Ceremony, Singapore,

## Commitment in the right direction

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### ASEAN Secretary General:



*“Together, the ASEAN Member States and the global tobacco control community will work hand-in-hand to attain our goal of making a tobacco-free world,”*

*“Let us hope to extend the clean air on to every capital of ASEAN cities, and on to every street, to all 600 million people of ASEAN, by end of 2012”*

*Announced ASEAN Secretariat to be smoke-free from next month.*



2<sup>nd</sup> May, 2012: ASEAN HQ at Jakarta officially declared smoke-free

## ASEAN commitment to FCTC

ASEAN country	Ratified on
Myanmar	21 April 2004
Singapore	14 May 2004
Brunei Darussalam	03 June 2004
Thailand	08 November 2004
Vietnam	17 December 2004
Philippines	06 June 2005
Malaysia	16 September 2005
Cambodia	15 November 2005
Lao PDR	06 September 2006
Indonesia	

## GYTS (Exposure to SHS)

Country	% youth (13-15yrs) exposed to SHS outside Home within last 7 days	Year of survey
Brunei Darussalam	-	-
Cambodia	58.5%	2003
Indonesia	78.1%	2009
Lao PDR	56.4%	2003
Malaysia	16.7%	2003
Myanmar	46.4%	2007
Philippines	64.8%	2007
Singapore	65.1%	2000
Thailand	67.6%	2009
Vietnam	71.2%	2007

# GATS (Exposure to SHS)

Country →	Philippines	Thailand	Vietnam
Year of Survey	2009	2009	2010
<b>Adults (&gt;15 yrs age) exposed to SHS in last 1 month</b>			
• At workplace	36.9%	27.2%	55.9%
• In public transport	55.3%	6.3%	34.4%
• At <b>outside</b> market		53.5%	
• Government buildings	25.5%	3.9%	38.7%
• At restaurants/bars	33.6%	9.0%	89.7%
• Health-care facilities	7.6%	2.0%	23.6%

# MPOWER report 2011 (Smoke-free policies)

ASEAN COUNTRY	Smoke-free policies
	Lines → Level of compliance
Brunei Darussalam	
Cambodia	
Indonesia	
Lao PDR	---
Malaysia	
Myanmar	
Philippines	
Singapore	
Thailand	
Vietnam	

ADVERTISING BANS; ADVERTISING BANS ON, PROMOTION AND SPONSORSHIP	
	Data not reported
	Up to 2 public places completely smoke-free
	3-5 public places completely smoke-free
	6-7 public places completely smoke-free
	All public places completely smoke-free (or ≥ 90% population covered by complete subnational smoke-free legislation)
         	Complete compliance (8/10 to 10/10)
                         	Moderate compliance (3/10 to 7/10)
 	Minimal compliance (0/10 to 2/10)

# Venues declared as smoke-free

	Health care facilities	Educational facilities	Universities	Govt. facilities	Indoor offices	Restaurants	Pubs & bars	Indoor workplaces	Public Transport
Brunei Darussalam	Y	Y	Y	Y	y	Y	NA	y	Y
Cambodia	Y	ypartial		ypartial					
Indonesia	Y	Y	Y		y			y	Y
Lao PDR	Y	Y							Y
Malaysia	Y	Y	Y	Y	y	Y <sup>AC</sup>	y	y	Y
Myanmar	Y	Y	Y	y	y	y	y	y	y
Philippines	Y	Y	Y	Y		y	y	y	Y
Singapore	Y	Y	Y	Y	y	y	y	Y	y
Thailand	Y	Y	y	y	Y	Y	Y	Y	Y
Vietnam	Y	Y				y	y	Y	y



## Brunei



- State Mufti declared tobacco forbidden for Muslims

### *Smoking not permitted at:*

- healthcare facilities, educational facilities, universities, government facilities, restaurants
- Vehicle, public transport,
- **When  $\geq 2$  people in a queue**

### *High inclusiveness of SFL compromised by allowing DSA at:*

- Brunei International Airport
- Office premises



## Cambodia

- No national tobacco control law.
- Individual Ministries (11 out of 26) have enforced their own non-smoking policies including:
  - ✓ Ministry of Health
  - ✓ Ministry of Education, Youth, and Sports
  - ✓ ....
- No smoke-free policy at:
  - Public/ Govt. transportation,
  - Hotels, bars and pubs, restaurants,
  - Workplaces/ indoor public places.



# Thailand



*Smoke-free law almost all-inclusive*

*Commendable enforcement: Penalty for violation-  
fine of 200-2,000 baht*



*DSAs however allowed at:*

- Higher Educational institutions, oil or gas service stations
- Workplaces of state agencies, state enterprises or any other government agencies apart from the built-up or structured areas
- International airport
- Non A.C eating place

# Singapore



- Like many ASEAN countries, list of smoke-free places has gaps.
- But strong enforcement of existing policy is commendable.
- Smoking not permitted When  $\geq 2$  people in a queue



## *DSAs allowed at*

- Food shops
- Office premises
- Singapore Changi Airport, Hawker Centre
- Discotheques, pubs, bars, and night clubs
- Allowed smoking area varies 10-20% at different places

## Indonesia

- National Health Law approved in 2009 but enforcement pending
- Currently, subnational smoking ban in public places ( 18 out of 436 cities)



### *DSAs allowed at:*

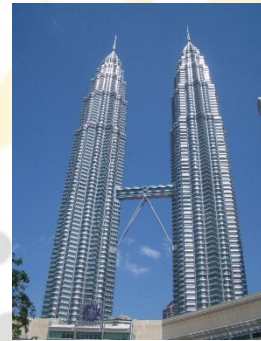
- Office/dept. buildings
- Workplaces
- Hotels, Restaurants, and guest houses, pubs, bars
- Airports, railway stations, ports, and bus terminals
- Passenger transport

### *Patchy Enforcement*

# Malaysia

## *DSAs allowed at:*

- Workplaces
- Airports, non A.C public terminals
- A.C. eating places, open air stadiums
- Pubs, discotheques, night clubs or casinos
- Assembly activity in a private or residential building
- DSA Should be  $\leq 1/3$  of total area with sufficient ventilation
- **Minister of health has authority to allow DSA**



## *Enforcement of SFL:*

- Active enforcement of SFL started 3 yrs ago
- Inspection/ monitoring at least once per month at nat'l level.

# Myanmar



## *Smoking not permitted at:*

- Healthcare facilities
- Educational facilities
- Indoor premises of universities

## *DSAs allowed at:*

- Office and department buildings
- Workplaces, factories
- Hotels and restaurants,
- Pubs and bars
- Public transport terminals, trains and vessels for passenger transport



*Proposed Central Board to oversee implementation of Law on the Control of Smoking and Consumption yet to be established*

# Philippines



## *Smoking not permitted at:*

- Health care facilities
- Educational facilities
- Recreational facilities for < 18 yr old
- Public conveyances
- **Government offices 100% smoke-free by the Civil Service Commission**



## *DSAs allowed at:*

- Places not included in the list of 100% smoke-free places including hotels, bars, pubs, public transportation terminals

Some cities/municipalities have strong Smoke-Free initiatives/ordinances.

**Tobacco Regulation Act involves tobacco industry as member of implementing agency**



# Vietnam



*DSAs allowed at:*

- Sports halls, roofed stadiums, and exhibition center
- Waiting rooms at public transport terminals
- Indoor entertainment places,
- Bars, restaurants, discotheques, and hotels

*Health Inspectors lack authority to require violators to pay the fine.*

## Lao PDR

### *Smoking not permitted at:*

- healthcare facilities,
- educational facilities
- Public transport
- 25<sup>th</sup> SEA games (2009) were smoke-free

### *DSAs allowed at*

- Offices
- Hotels, restaurants, guest houses
- Shopping & entertainment venues
- Public places/crowded communities
- Pending new Tobacco Control Law No. 07 also allows DSA at several places



# Designated Smoking Areas Not The Solution

## No amount of SHS exposure is safe

- Smokers subjected to much higher toxic exposure in DSA
- To non-smokers: DSAs offer 'Partial' to 'No protection' from SHS

- SHS diffuses to non smoking areas as well

- DSAs at gaming clubs in New South Wales, Australia found to provide, **at best**, partial protection (50% ↓ in SHSe)

..... *Cains et al 2004*

- indoor air pollution 2.7 times greater in 'non-smoking areas in venues with DSAs' Vs 'completely smoke-free venues'

... *Huss et al 2010*

- DSAs meeting desired standards not made

# Designated Smoking Areas Not The Solution

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- Employees still exposed to SHS as they have to provide services in DSAs. (Air nicotine concentrations in DSA found as high as 35.5 times as compared to smoke-free venues) \*

**“Death by cigarette smoke should not be a condition of employment”**

.... Tom Rankin

President, California Labour Federation, AFL-CIO

# Designated Smoking Areas Not The Solution

## The American Society of Heating, Refrigerating, and Air Conditioning Engineers (ASHRAE)

### Position document on SHS, 2010

- At present, **the only** means of eliminating health risks associated with indoor exposure is to ban all smoking activity
- The public now expects smoke-free air which cannot be accomplished with any engineering or other approaches.

# Turning rhetoric into reality- the way ahead

## Neither easy nor short

- Enact Smoke-Free laws meeting standards set by FCTC article 8 implementation guidelines
  - ✓ 100% smoke-free environment should be goal → NO DSAs
  - ✓ No exemptions:
    - All indoor workplaces
      - All indoor public places
      - All public transport
      - Other outdoor/quasi-outdoor public places as appropriate should be smoke free
  - ✓ No ambiguity: clearly defined places covered under SFL
  - ❖ Multi-sectoral coordination needed
  - ❖ Advocacy, commitment



# Turning rhetoric into reality- the way ahead

- Prominent display of “No Smoking” signage with contact information to report violation



- Allocate resources for successful implementation of SFLs
  - Full time functioning tobacco control units
  - Sufficient manpower
  - Sensitization of law enforcers
  - Capacity building, how to monitor
  - Funds

# Turning rhetoric into reality- the way ahead

- Have M & E mechanisms
  - PM<sub>2.5</sub> and air-nicotine monitoring
  - Observational monitoring: cig. butts
  - Questionnaires: GTSS surveys
- Involve the community
  - Policy alone can't be successful without public support
  - Bring awareness on health effects of SHS
  - Bring awareness on need of strong SFL
  - Involve civil society in framing and implementing SFLs
- Regional and global cooperation
  - SEATCA
  - FCA
  - WHO
  - Others





