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Malaysian Smoking Cessation Programme & Smoke-Free Air Laws

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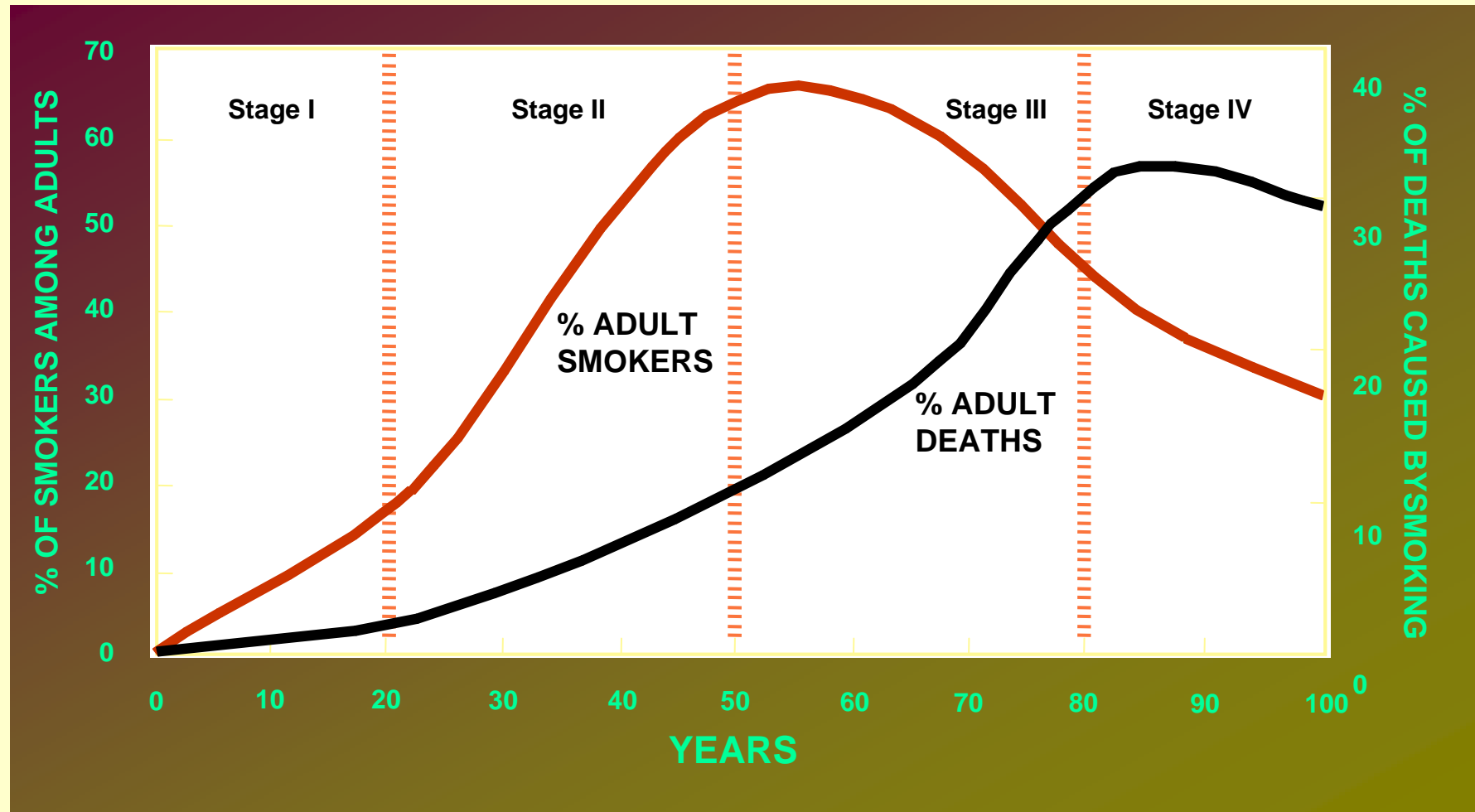
Tobacco Control Unit & FCTC Secretariat

Disease Control Division

Ministry of Health Malaysia

THE CIGARETTE EPIDEMIC

(Lopez et al)



Smoking Statistics – Malaysian Adults

	1986	1996	2004	2006	2006
	NHMS1	NHMS2	UPM	MyNCDS-1	NHMS3
	(≥15 yrs)	(≥18 yrs)	(≥15 yrs)	(25–64 yrs)	(≥18 yrs)
Overall	21.5%	24.8%	23.2%	25.5%	21.5%
Male	40.9%	49.2%	44.6%	46.5%	46.4%
Female	4.1%	3.5%	2.5%	3.0%	1.6%
Malay	23.7%	27.9%	27.2%	26.6%	24%
Chinese	17.7%	19.2%	16.7%	21.2%	16.2%
Indian	15.2%	16.2%	15.6%	16.2%	13.7%
Others	32.8%	32.4%	21.4%	36.0%	23.8%

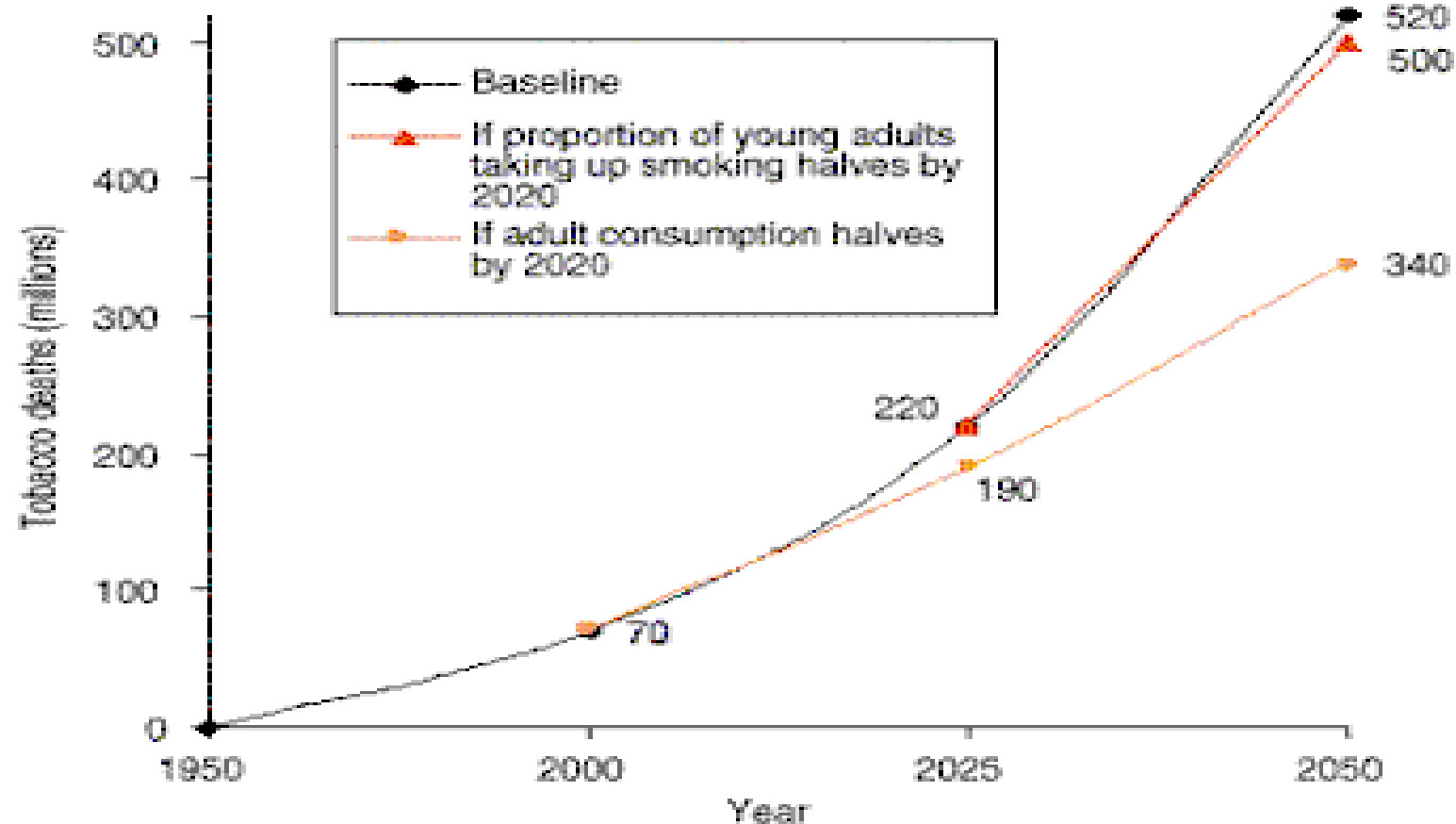
Estimated: ~ 3 million smokers in Malaysia (2006)

Smoking Statistics – Malaysian Youths

	1996	1999	2003	2006
	NHMS2	Alcohol & tobacco survey, BKP	GYTS	NHMS3
	Malaysia	Klang valley	Malaysia	Malaysia
Overall	16.9%	18.2%	20.2%	8.7%
Male	30.7%	29%	36.3%	16.6%
Female	4.8%	8%	4.2%	0.7%
Malay				10.9%
Chinese				2.4%
Indian				2.8%

FIGURE 7.1 UNLESS CURRENT SMOKERS QUIT, TOBACCO DEATHS WILL RISE DRAMATICALLY IN THE NEXT 50 YEARS

Estimated cumulative tobacco deaths 1950–2050 with different intervention strategies



Note: Peto and others estimate 60 million tobacco deaths between 1950 and 2000 in developed countries. We estimate an additional 10 million between 1990 and 2000 in developing countries. We assume no tobacco deaths before 1990 in developing countries and minimal tobacco deaths worldwide before 1950. Projections for deaths from 2000 are based on Peto (personal communication [1998]).

Sources: Peto, Richard and others. 1994. *Mortality from Smoking in Developed Countries: 1950–2000*. Oxford University Press; and Peto, Richard, personal communication.

National Tobacco Control Programme

Vision:

It is envisaged that by the year 2020, tobacco will no longer be a major public health concern in Malaysia, where decreasing national prevalence of tobacco use is halved and tobacco attributed diseases and mortality will continuously decline.

National Tobacco Control Programme

Mission:

Considerations for achieving the above vision will be realised when there is widespread general public awareness concerning tobacco, its hazards and wastefulness. This appropriate knowledge then becomes the basis for established right societal attitude that translates to behavioural norm of not using tobacco

National Tobacco Control Programme

Objectives:

- Decrease the prevalence of tobacco consumption amongst Malaysians
 - Reduce the uptake of smoking by young people
 - **Increase the number of smokers giving up smoking**
 - Minimize and eventually eliminate exposure to environmental tobacco smoke among non-smoking populations in all public and work places
 - Reduce the burden of tobacco related deaths and diseases in the country
 - Do away with economic and social dependence on tobacco and tobacco products for sustainable livelihood
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National Tobacco Control Programme

Strategies:

- Legislative control
 - Health promotion & public advocacy
 - Tobacco tax policy
 - **Smoking cessation services**
 - Research, monitoring and evaluation
 - Multisectoral collaboration & capacity building
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NATIONAL TOBACCO CONTROL PROGRAMME

Legislation

- Control of Tobacco Products Regulations
- Enforcement
- Draft Tobacco Control Act
- Other legislations (customs, etc)

FCTC: Intersectoral collaboration & capacity building

- FCTC Steering Committee (FCTC Secretariat)
- Subcommittee
- Conference of Parties (COP)

Health Promotion & Advocacy

- Tak Nak Campaign
- Healthy Lifestyle Campaign
- Kempen Nafas Baru Bermula Ramadhan
- World No Tobacco Day
- Events by other agencies esp. NGOs

National Quit Smoking Programme

- Quit smoking clinics (HC & hospitals)
- Quitlines * CPG
- CSCSP & CCP
- Smoking cessation into curriculum

Research, Surveillance & Evaluation

- NHMS (I, II, III) & other MOH studies
- C-Tob & studies by other agencies

Tax & Price Measures

- Tobacco tax increase
- Earmarked tobacco tax

National Quit Smoking Programme

General Objectives:

Provide comprehensive support and assistance to help smokers quit smoking

National Quit Smoking Programme

Specific Objectives:

1. Develop skills of assisting smokers to quit among all health professionals
 2. Make quit smoking services widely available and accessible at all levels of health care
 3. Encourage and motivate smokers utilise the services provided
 4. Involve all stakeholders in partnership to help smokers quit
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National Quit Smoking Programme

Strategies:

1. Improve capacity building in area of expertise and infrastructure that will facilitate the establishment of comprehensive and effective quit smoking programme, constituting face-to-face or virtual contacts
 2. Promote and advertise the availability of quit smoking services to the public and specific groups
 3. Make all effective evidence-based treatment modalities widely available
 4. Inform and educate smokers about the benefits of quitting smoking
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National Quit Smoking Programme

Strategies:

5. Promote community outreach quit smoking programmes
 6. Integrating quit smoking programme (QSP) into all relevant health programmes
 7. Establish QSP Task Force at national, state and district levels
 8. Collaborative networking with other agencies at national, regional and global levels
 9. Establish smokers anonymous groups
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Quit Smoking Services

- ~ 300 MOH Dedicated Quit Smoking Clinics
 - Plans for integration – in the pipeline
 - Clinical Practice Guidelines on Treatment of Tobacco Smoking & Dependence
 - Training module
 - Infoline (03-8883-4400)
 - Quitline (Northern Region) - USM
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Quit Smoking Services – Future Plans

- Brief intervention by all health care providers (MOH, Pte. NGOs)
 - Routinely *ASK* about smoking status at every encounter
 - Quit smoking services at private facilities
 - Quitline (a component of the proposed National Tobacco Control Call Centre)
 - Medical/ Health/ Allied Health/ Dental/ Pharmacy – formal training and academic curriculum
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- Smokers' support group

Factors that promote smoking cessation

70.6% of current smokers had ever attempted to quit smoking

On average, quit attempts made by smokers is 2.1 X in past 1 year

71.1% had intentions to quit smoking in the next 6 months

Source: NHMS 3 (2006)

Factors that promote smoking cessation

- De-glamorise & denormalise tobacco use
 - Create smoke-free areas
 - Tobacco tax increases
 - Strictly regulate tobacco products & the tobacco industry
 - Provision of accessible smoking cessation services
 - Intensive promotion of cessation services
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Framework Convention on Tobacco Control



- International legal tool to curb global tobacco epidemic
 - Protect public health
 - Provide level playing field for tobacco control esp. in developing countries
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FCTC – a global trend-setter

■ Core demand reduction

- Price & tax measures
- Non-price measures
 - **Protection from exposure to tobacco smoke**
 - Regulation of contents of tobacco product
 - Regulation of tobacco product disclosures
 - Packaging & labeling of tobacco products
 - Education, communication, training & public awareness
 - Tobacco advertising, promotion & sponsorship
 - **Tobacco cessation**

FCTC – a global trend-setter

- Core supply reduction

- Illicit trade in tobacco products
 - Sales to & by minors
 - Provision of support for economically viable alternative activities
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FCTC

- **Article 8 :**
 - **Protection from exposure to tobacco smoke**

 - **Second Session of the Conference of Parties (COP2) – Bangkok, Thailand**
 - Guidelines for Article 8
 - 100% smoke-free
 - Mechanical ventilation doesn't work
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WHO – World No Tobacco Day 2007

- 31 May 2007
 - 100% Smoke-Free Environments:
SMOKE-FREE INSIDE
 - Smoke-free indoor workplaces & public places
 - Ireland (March 2004) – 1st nation to introduce this, including in restaurants, bars & pubs
 - Smoke-free is becoming a new norm
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Second-Hand Tobacco Smoke (SHS)

- SHS is very dangerous to health
 - Causes cancer, serious respiratory & cardiovascular diseases in children & adults
 - May lead to death
- There is no safe level of exposure to SHS
- Almost ½ of the world's children breathe SHS
- An economic burden:
 - Direct & indirect medical costs
 - Productivity losses
 - Renovation & cleaning costs
 - Risk of fire &
 - Higher insurance premiums

Malaysian Smoke-Free Air Law

- Control of Tobacco Product Regulations 2004
 - Part IV: Prohibition on Smoking
 - Regulation 11
 - Sub-regulation 11(1) – list of at least 19 smoke-free locations
 - Sub-regulation 11(2) – Power of the Minister of Health to determine smoking area
 - Sub-regulation 11(3) – Penalty: Fine not exceeding RM10,000 or imprisonment not exceeding 2 yrs
 - Regulation 12 – Duty of proprietor, etc., of the premises or vehicle
 - Regulation 21 – Provision for air-conditioned eating place, non-air-conditioned public transport terminal or open air stadium
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Malaysian Smoke-Free Air Law

- **Control of Tobacco Product Act (draft)**
 - Protection from tobacco smoke

 - Prohibition on Smoking Regulation
 - Lengthen the list of designated smoke-free areas
 - Use text that includes for example; 'any indoor or enclosed work place, public place or public transport' or similar textual language
 - Remove exemptions for bars/ night clubs/ discos etc.

 - **Code of Practice (Indoor Air Quality)**
 - Ministry of Human Resource
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Terima Kasih
