

Measures on Health Risk Factors Particular on Tobacco Control

Tobacco consumption situation in the Thai population

1. The survey report of the National Statistical Office of Thailand, 2009, revealed that the smoking rate of Thai people aged 15 and older was 20.70% (10.90 million of smokers), with 2.01% of females and 40.47% of males. According to the survey in 2007, males start smoking first at about age 18, with females starting later at about age 22.
2. The smoking trend has declined over the last 18 years. However, the smoking rate in 2009 rose slightly from 2007 as described: (a) The average of smoking rate of smokers aged 15 years and older¹ dropped from 32.00% (12.26 million smokers) in 1991 to 21.22% (10.86 million smokers) in 2007; (b) In 2009, the smoking rate dropped to 20.7% but the number of smokers slightly increased to 10.90 million smokers² as a result of increasing of new smokers and population increase; (c) The smoking trend for adolescent women dropped to its lowest level at 1.94% in 2007, and later slightly increased to 2.01% (2009) because of the availability of new cheaper tobacco products and new tobacco strategies targeting adolescent women.
3. The smoking quantity per day for smokers aged 15 and older averaged at 10 cigarettes a day, and can be categorized as: (a) The number of smokers who smoked less than 10 cigarettes a day was 5.06 million (46.6%); (b) The number of smokers who smoked more than 10 cigarettes a day was 5.79 million (53.4%)³. Those who smoked more than 10 cigarettes a day likely need medical treatment for smoking cessation and were considered tobacco dependent.
4. Approximately half of those smokers at aged 15 and older were Roll Your Own cigarette (RYO) smokers. The report conducted during 2001-2009 indicated that the RYO smoking rate was 50.85-43.99%, with 9.19% of those smokers use both manufactured and RYO cigarettes⁴ and sometimes switching between them depending on fluctuating cigarette prices caused by cigarette tax increase or expansion of foreign cheap price cigarettes or domestic cheap price cigarettes due to tobacco marketing strategies. However, the RYO tax is set at only 0.1% while the manufactured cigarette tax is increased following inflation. The manufactured cigarette tax currently is set at 85% of the factory price for tobacco products produced in Thailand. For imported cigarettes, there is an import charge or CIF (Cost, Insurance and Freight), an added Custom's charge, as well as other tax charges (if applicable) which may be added.

Children and Adolescent

5. The smoking rate of smokers aged 19-24 plummeted to its lowest level in 2006, and then slightly increased to 22.19% in 2009, which later rose to a slightly higher level (up 0.92%) than in 2007.

The smoking rate of smokers aged 15-18 dropped to its lowest level in 2001 and then rose slightly to 15.91 in 2009 which was higher (up 0.37%) than in 2007.

6. The survey report of the National Statistical Office of Thailand in 2007 showed that adolescents younger than 18 (93.60%) had never been asked to show their national identify card (Thai ID.) when purchasing cigarettes. Their cigarette purchasing behaviors

were to buy: (1) a few sticks at a time (68.25%), (2) a cigarette package (31.46%), or (3) a cigarette carton (0.29%).⁵

7. Considering the rates of use of both cigarettes and smokeless tobacco on Thai adolescents in 2009 (aged 13-15), the findings indicate that: (1) The tobacco use rate of adolescents aged 13-15 reached 16.4%, with 25.4% of male smokers and 7.8% of female smokers, and (2) The smoking rate of adolescent aged 13-15 was 11.7%, with 20.1% of male smokers and 3.8% of female smokers. Alarming, 8% of non-smoking teenagers nowadays are thinking of smoking and will likely be initiating smoking in the next year⁶ because of their vulnerability and victimization by various mass media and other environmental influences.

Tobacco Consumption Impact

8. There's no difference between tobacco and shredded tobacco use as a health risk factor⁷, which is the third most common risk factor followed the unsuitable sexual behaviors and Alcohol use. The information on the disease burden studied by Ministry of Public Health⁸ revealed that 41,002 people die each year caused by smoking-related diseases (Lung cancer, Heart disease, COPD, etc.). In 2006, the number of patients with lung cancer, heart disease and COPD were 5,299, 52,605 and 624,309 respectively. The total health care cost for these diseases was 9,847 million baht or 0.48% of Gross Domestic Product (GDP).⁹
9. In 2007, the poorest families spent 8.04% of their family incomes purchasing cigarettes while others spent only 4.44% on average for cigarette consumption.¹⁰ Moreover, the total expenditure for patients who smoke in 2003 for lung cancer, heart disease and COPD was 103,602.61, 35,996.63 and 14,923.28 baht per year per person respectively.¹¹
10. More than 39.1% of Thais have second hand smoke exposure which should be avoided because cigarette smoke contains more than 4,000 chemicals, of which 250 of are toxic, such as nicotine, tar, carbon monoxide and 50 others that cause cancers.¹² Second hand smoke is a cause of premature death in children and adults who do not smoke at all.¹³ Cigarette smoke adversely affected the nervous, respiratory, and cardio-vascular systems. Although the number of those who smoke at home in Thailand has decreased from 85.76 (2001) to 58.95 (2007)¹⁴, evidence shows that the prevalence of second hand smoke exposure in the home¹⁵ and office is 39.1% and 27.2% respectively.
11. In 2009, the number of those who had quit smoking was about 4.7 million people or 30.37% of those who had experienced smoking previously (15.6 million).¹⁶ However, these quitters were replaced by some new smokers, mostly with low educational attainment, living in rural areas, poor, and with less opportunity to get to tobacco cessation services. Universal Coverage through Health Insurance, Social insurance and Public Welfare are services that previously have not worked effectively. Even though some smokers are successful in quitting using existing cessation services without requiring medicine, many smokers still benefit from medicines to treat their smoking.

Policy measures, legislation and mechanisms relevant to Tobacco Control in Thailand

12. Thailand has ratified the WHO Framework Convention on Tobacco Control (WHO FCTC) since 2003 and was the 36th member state to do so among 168¹⁷ countries and has committed itself to follow Article 5.3 of the WHO FCTC, complying with provisions for tobacco surveillance and the prevention of tobacco industry intervention in government policies. Thailand has three important legislative tobacco control mechanisms: (1) the Tobacco Product Control Act B.E. 2535 (1992), (2) the Non-Smokers' Health Protection Act B.E. 2535 (1992) and (3) the Tobacco Act, BE 2509 (1996). For meaningful results

however, it is essential to issue new surveillance measures and prevent tobacco industry intervention in government policies.

13. Tobacco industries have always developed their marketing strategies and performance through advertisement, promotion and sponsorships, especially activities characterized as social or corporate social responsibility; for example, education giving or adolescent activities conducted to create a good image for teenagers, communities and society. Besides, tobacco industries also persuade people to accept tobacco products as normal daily household products. This tactic indirectly increases tobacco consumption. Moreover, tobacco entrepreneurs or their relevant tobacco partners have attempted to intervene in government policies and regulations by holding consultations to negotiate policies with policy makers.
14. Tobacco control actions in Thailand is undertaken by several organizations including government departments, a public autonomous body –ThaiHealth , private organizations, and others that make up an allied network seeking to forward tobacco control. Thai Health Promotion Foundation (ThaiHealth) is responsible for developing network connections. To build effective action and respond to the changing situation in Thai society, the National Tobacco Control Strategy Plan 2010-2014 was developed in cooperation with all these sectors.
15. Since 1992, Thailand has increased its tobacco excise tax 9 times. The latest excise tax rise was in 2009, when the excise tax was raised to 85%, which has provided government income continually, from 15,438 million (1992) to 43.936 million baht in 2009.¹⁸ However, the excise tax adjustments made each time do not result in cigarette prices higher than for inflation and the RYO tax has never been adjusted. Currently, a factory price and a quantity measure are used for RYO tobacco tax calculation, with 0.1% set for the price measure and 0.01 baht per 10 gram set as the quantity measure. As a result, it is likely that price mechanisms have not worked effectively to reduce tobacco consumption. Yet, tobacco use continually dropped as a result of legislation and social mechanisms such as raising public understanding that cigarettes are unhealthful products, shifting attitudes so smoking is seen as despicable, and banning smoking in public places.
16. Nowadays, the Tobacco Act, BE 2509 (1966) is used for tax collection on shredded tobacco and common tobacco including cigars, special shredded tobacco, chewing tobacco and other cigarette types. This type of tax collection is collected based on the factory price for tobacco products produced in Thailand. For imported cigarettes, the import price or CIF (Cost, Insurance and Freight), the custom's charge, as well as other tax charges (if applicable) are added. However, the context has changed regarding to (1) the inability to investigate the price of international cigarettes reported at very low prices, as well as (2) import taxes charged at a very low rate due international free trade. Therefore, it is essential to adjust the tobacco and cigarette tax structure aiming to prevent the reduction of cigarette prices in the market that could cause an increase of new smokers.

The National Tobacco Control Strategy Plan 2010-2014

17. The Ministry of Public Health has established the National Tobacco Control Strategy Plan, 2010-2014, and its visions are stated below: (1) To effectively control tobacco in Thailand, (2) To continually update knowledge of tobacco use in Thailand, (3) To obligate and encourage all networks to perform tobacco surveillance and prevent tobacco dangers and build health standards for the Thai population as well as protecting society from illnesses, disability, and death caused by tobacco use. The National Tobacco Strategy Plan 2010-2014 has already been approved by the National Commission for the Control of

Tobacco Use. After the Ministry approves this National Tobacco Strategy Plan, it will be enforced by relevant government departments.

18. The purposes of the National Tobacco Control Strategy Plan 2010-2014 are to: (a) To reduce prevalence of tobacco consumption among Thais, (b) To reduce tobacco consumption per capita, and (c) To establish smoke-free environments to protect the health of Thais. The important strategies of this National Tobacco Strategy Plan are categorized into 8 areas: (1) Prevention of smoking initiation of new tobacco consumers, (2) Promotion of Cessation and Reduction of Tobacco Use among tobacco consumers, (3) Harm reduction of tobacco products, (4) Development of smoke-free environments, (5) Strengthening and developing national capacity in tobacco control operations, (6) Control the Trade of Illicit Tobacco Products, (7) Applying Tax Measures for Tobacco Control and (8) Surveillance and Control of Interference by the Tobacco Industry. More details are available in the Appendix.
19. Even though the National Tobacco Control Strategy Plan 2010-2014 requires relevant government agencies to meet their obligations, effective implementation of tobacco control consistent with the National Tobacco Strategy Plan's purpose really requires the cooperation of all sectors including all public/private sectors and civil society. Tobacco control performance in Thailand still needs improved civil society capabilities, turning attention to tobacco surveillance and new threats from the tobacco industry.

Issues for Consideration by the National Health Assembly

The Assembly is requested to consider the document NHA3/Draft Resolution 6.

¹ Refer to the regular smoker/everyday and the non-regular smokers

² The National Statistical Office of Thailand

³ The cigarette smoking and alcohol drinking behavior survey 2007, the National Statistical Office of Thailand

⁴ The cigarette smoking and alcohol drinking behavior survey 2007, the National Statistical Office of Thailand

⁵ Tobacco Control Research and Knowledge Management (TRC), Smoking situation on Thai adolescent aged 11-24, 1991-2007 [Thai]

⁶ Mamosong, S., Pencharoen, N., Censatien, S., Autsavarat, N., Smoking Survey on Thai Adolescent aged 13-15 (GYTS), 2009, Non-Communicable Disease Surveillance on Risk Behavior Data Center, The bureau of non communicable disease, Department of Disease Control, Ministry of Public Health. [Thai]

⁷ Rungruanghiranya, S. The project of the lung quality and lung capacity changes in smokers smoking factory and/or RYO cigarettes in Thailand. Proposed to the 8th National Conference on Tobacco or Health, 24-25 August 2009 at the Miracle Grand Convention Hotel.

⁸ The Study of Burden of Disease on Risk Factors on Thai People 2004, Burden of Disease, International Health Policy Program Thailand, Ministry of Public Health [Thai]

⁹ Leartsakulpanitch, J., and Nganthavee, W., The Economic Burden of Smoking-Related Disease in Thailand: A Prevalence-Based Analysis, *J MED Assoc Thai* 2007; 90(9): 1925-9.

¹⁰ Benjakul, S., Kengkarnpanich, M., and Termsirikulchai, L., Smoking Situation on Thai Population aged 15 and Older 1991-2007, Tobacco Control Research and Knowledge Management (TRC), Faculty of Public Health, Mahidol University. [Thai]

¹¹ Pongpanich S., A Comparative Analysis between Present and Future Tobacco Related Health Care Costs in Thailand. Bangkok: The College of Public Health. Chulalongkorn University; 2003.

¹² Charoensiri, V., Second Hand Smoke, Bangkok Health Information Center. Source: www.bankokhealth.com, Date: July 12, 2010. [Thai]

¹³ Rungruanghiranya, S., Kongsakon, R., Tobacco dangers and Cigarette Cessation. Doctor Professional Alliance for Tobacco Consumption Control 2009 [Thai]

¹⁴ Benjakul, S., Kengkarnpanich, M., and Termsirikulchai, L., Smoking Situation on Thai Population aged 15 and Older 1991-2007, Control Research and Knowledge Management (TRC), Faculty of Public Health, Mahidol University. [Thai]

¹⁵ Global Adult Tobacco Survey; GATS, Thailand Fact Sheet 2009.

¹⁶ Health and Welfare 2009, The national statistical office of Thailand

¹⁷ Update Status of the WHO FCTC: Ratification and Accession by Country. Source:
http://fctc.org/dmdocuments/ratification_latest_Bahamas.pdf. Accessed on: December 9, 2009

¹⁸ Excise Department, Ministry of Finance