Tobacco Control Measures

Global, Regional and National Problem of Tobacco

World Health Organization reported that 63% of all deaths around the world are caused by Non-Communicable Diseases, for which tobacco use is one of the greatest risk factors. It is estimated that there are more than a billion smokers (200 million females) in the world today. Annually, about 4.9 million people die due to tobacco related diseases where more than 600 thousands of deaths are due to exposure to environmental tobacco smoke (SHS). By 2020, tobacco will be the leading cause of death and disability globally.

In the South East Asia Region, about 250 million people are smoking and the same number of people is using smokeless tobacco. Every year, about 1.3 million die due to tobacco use in the Region.

In Myanmar, WHO NCD STEPS survey (2009) showed that about 22% of people (45% of men and 8% of women) are currently smoking, about 30% of people (51% of men and 16% of women) are currently using smokeless tobacco and 39% of people are exposing to environmental tobacco smoke in work places. According to Global Youth Tobacco survey (GYTS, 2011), about 7% of school youths (13% of boys and 0.5% of girls) were currently smoking cigarette while about 17% (28% of boys and 7% of girls) were currently using other tobacco products. Like the adult population, about 38% of them were also exposing to environmental tobacco smoke in public places.

National Tobacco Control Programme, WHO FCTC and National Legislations

In Myanmar, National Tobacco Control Programme initiated in the year 2000 and implemented the health education and awareness raising activities. Recognizing the enormous premature mortality caused by tobacco use and adverse effects of tobacco on social, economic and environmental aspects, the Member States of the World Health Organization unanimously adopted the WHO Framework Convention on Tobacco Control (WHO FCTC) at the Fifty-Sixth World Health Assembly in May 2003. Myanmar had signed the WHO FCTC in October, 2003 and ratified in April, 2004. Myanmar is the 11th member country of the WHO FCTC.
Being the member country of the WHO FCTC, Myanmar has the responsibility to implement according to its' provisions. With the objectives of protecting and reducing the dangers of tobacco among the community and based on the provisions of the WHO FCTC, “The Control of Smoking and Consumption of Tobacco Product Law” was enacted in May, 2006 and it came into effect in May, 2007.

**MPOWER strategies for implementing WHO FCTC**

For effective implementation of the WHO FCTC by the member States, WHO recommended the six MPOWER policies in the “WHO Report on the Global Tobacco Epidemic, 2008”. The Myanmar Tobacco Control Programme has also been implementing its activities in line with those six policies, namely:

- Monitor tobacco use and prevention policies (M)
- Protect people from tobacco smoke (P)
- Offer help to quit tobacco (O)
- Warn about the dangers of tobacco (W)
- Enforce bans on tobacco advertising, promotion and sponsorship (E)
- Raise taxes on tobacco (R)

**Monitoring tobacco use and prevention policies**

Myanmar has been participating in the Global Tobacco Surveillance System since 2001. The prevalence of tobacco use has been monitored through sentinel prevalence surveys, Global Youth Tobacco Surveys (GYTS), Global School Personnel Surveys (GSPS) and Global Health Profession Students Surveys (GHPSS) periodically. The increasing trend of smoking and smokeless tobacco use was found among school boys and adult males between 2007 and 2011. Myanmar men were noticed significantly as the most smokeless tobacco users in the South East Asia Region. The Ministry of Health made frequent warnings regarding the health risks of smokeless tobacco use in news papers and television channels, and conducted the health forums.

**Protecting people from tobacco smoke**

In order to protect the community from exposure to secondhand smoke, the Law designated the no-smoking areas including public places, public transport, health facilities and educational institutions. In 2011, the President’s office also made the direction that all governmental office buildings and compounds must be tobacco free. The Ministry of Health reminded the public on
no-smoking areas as defined in the law through news papers and television channels. In December, 2013, Myanmar hosted the 27th SEA Games. To be tobacco-free SEA Games, the Ministry of Health developed the guidelines and collaborated with the Ministry of Sports. The Ministry of Health also issued the two Notifications in March, 2014, defining the sinages of No-smoking area to be put at every smoke-free places defined by the law, and also defining the criteria for designated smoking area.

“NO-SMOKING AREA”
Penalties Apply

“DESIGNATED SMOKING AREA”
Penalties Apply

Offering help to quit tobacco

The community-based cessation activities were started at pilot townships in 2004 in Myanmar. Since 2012, the health professionals were trained for counseling and assisting people for cessation of tobacco use in both community-based and institution-based settings. But, like other ASEAN countries, Nicotine Replacement Therapy (NRT) is still expensive and less accessible in Myanmar.

Warning about the dangers of tobacco

With the purpose of advocating and raising awareness of all stakeholders including the community regarding the tobacco-related health problems and control measures, Myanmar has been celebrating the World No-Tobacco Day, both at Central and Regional/State level every year since 2000. The World No-Tobacco Day 2013 was also celebrated on 31st of May, 2013 with the theme: “Tobacco Advertising, Promotion and Sponsorship”, alerting the government and all stakeholders to be aware of the tobacco industries’ tactics of attracting the people especially youths for testing cigarette smoking. The ceremony was followed by observing the mini-exhibition and distributing the IEC materials to the participants. Recognizing the strong commitment and great efforts on tobacco control, the World Health Organization presented the World No-Tobacco Day 2013 Award to the Union Minister for Health.
According to the WHO FCTC, the member countries should implement the textual and pictorial health warnings within three years of enforcement. According to the law, the Ministry of Health is responsible for defining the necessary health warnings. So, with the guidance of the Central Tobacco Control Committee, which is chaired by the Union Minister for Health, the tobacco control cell has been making efforts for developing and adopting the relevant health warnings. In collaboration with the Medical Universities and Hospitals, the sample photos were collected and submitted to the National Health Committee in July, 2013. It was followed by a series of activities including the assessment on community’s perception on different kinds of health warnings, taking high resolution pictures at hospitals, designing and drafting the rules and regulations.

**Banning tobacco advertising, promotion and sponsorship**

For preventing community especially the children and the youths from testing and starting the habit of smoking, the Law prohibits: sale of tobacco to and by minors, sale of tobacco products within the school compound and within 100 feet from the compound of the school, sale of cigarettes in loose forms and sale by vending machine. It also bans all forms of tobacco advertisements, promotion and sponsorship. Although the law prohibits all kinds of tobacco advertisements, various forms of advertising like vinyls, stickers, calendar, tissue box, ash tray, menu card, T-shirts, etc. and promotions are still made by the tobacco industries. The regular monitoring and reporting system from Townships to respective State/Region and then to the Central level was established since July, 2013. The Ministry of Health also reported to the Government’s office monthly since then.

**Raising taxes on tobacco**

Tobacco poses a major challenge not only to health, but also to social and economic development and to environmental sustainability. Tobacco use is a major drain on the world's financial resources. Although it generates short term income, it has been estimated that tobacco costs the world over US $ 2000 billion per year.

So, the WHO FCTC encourages the member countries to implement the effective price and tax measures. The Ministry of Health held the coordination workshops with the involvement of related sectors for raising tobacco taxes harmoniously. Previously, the commercial tax levied on cigarettes was 50% of sales price, and was 10%, 20% and 25% on cheroots, cigars and smokeless tobacco respectively. Since April, 2012, it was increased to 100% on cigarettes and 50% on other tobacco products.
First step for controlling illicit trade

Since illicit trade in tobacco products is a global problem and it increases the accessibility and affordability for tobacco products, undermines the tobacco control policies and severely burdens health systems, the control of illicit trade in tobacco products is one of the important obligations in WHO FCTC. The Protocol to eliminate illicit trade in tobacco products was adopted at the fifth Conference of the Parties (COP 5) to the WHO FCTC on 12 November, 2012 in Seoul, Republic of Korea. It is aimed at combating illegal trade in tobacco products through control of the supply chain and international cooperation. Myanmar has signed the protocol in January, 2013 as one of the 1st 12 signatories to the protocol.

Strengthening collaboration and law enforcement

Since collaboration and cooperation of all stakeholders concerned is vital for the effective implementation of the tobacco control policies, multisectoral advocacy workshops including all States and Regions were conducted during October and November, 2013.

With the intersectoral discussions among Ministry of Health, Ministry of Trade, Ministry of Home Affairs and Ministry of Agriculture, the plan for effective implementation of National Tobacco Control Law was developed and submitted to Government’s office in September, 2013. It was distributed to all State/Regional Governments and Naypyitaw Council by Ministry of Trade. The implementation status will have to be reported to the Government’s office through the Central Tobacco Control Committee.

For effective implementation of National Tobacco Control Law, drafting the rule was started during December, 2013 and it is under way for discussion with the related Ministries and organizations.