Tobacco Control in Thailand: a Bridge NOT too Far

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Action on Smoking and Health Foundation Thailand
Former Dean Faculty of Medicine Ramathibodi Hospital, Mahidol University
Member National Committee for the Control of Tobacco Use
1939  Thailand Tobacco Monopoly (TTM) established


1973  Dr. Songkram Supcharoen, Thai Medical Association petitions Thai government to initiate tobacco control

1974  Printing of health warning on cigarette packs

1976  Ban of smoking on BKK buses and in cinemas

Prof. Songkram Supcharoen
M.D. FCCP (Hon.)
The ACCP Fellowship Pledge,

I shall make a special personal effort to control smoking…

Tokyo
November 5, 1979
My first policy advocacy

1980 WHO World Health Day theme
“Tobacco or Health: the choice is yours”
Thai Thoracic Society, Thai Cardiac Society
Thai Anti-Tuberculosis Society:

Petition for change to stronger health warning
“Smoking may be harmful to health” to
“Smoking is harmful to health”
1986 : Over 2/3 of Thai males smoke cigarette
: Big tobacco advertisement to prepare for market opening

Even though there was no legal import
Thai Anti-Smoking Campaign Project was established to be focal point of tobacco control.
“Because you are a chest man”

Dr. Paiboon:

“We need you to join the committee, because you have the knowledge and data.”

“Prakit you can do it”
Dr. Choochai: “Sir, how can we help?”

Antismoking marathon run that gathered 6 million signatures in support of tobacco control (1987)

Chair of Rural Doctor Association
January 1988 - Press conference with Dr. Richard Peto who predicted the smoking attributable mortality in Thailand

“At least 1-2 million Thai youth of today will be killed by tobacco based on existing trends”

Recommendations to the Thai Government:
- More health education
- Ban smoking in public places
- Ban tobacco advertisement
- Tax increase
1988 Thai Cabinet approved Thailand Tobacco Monopoly’s (TTM) plan to increase production capacity

Health groups make “Moral counterclaim” for government to implement tobacco control policy

Ban of tobacco advertisement (1988)

Appointment of National Committee for the Control of Tobacco Use (February 1989)
“You know what we want? We want Asia”

“the Asian area is one of the last regions where tobacco consumption still increases every year, and no business these days can afford to be left out of opportunities these markets bring”.

Ref: Interview with the Tobacco Reporter, 24 Mar 1989
http://legacy.library.ucsf.edu/tid/jqg47b00
Challenges from United States Trade Representative (USTR) May 1989

US Cigarette Export Association (USCEA) led by Philip Morris petition USTR to negotiate with Thai government using Section 301 of 1974 Trade Act, request Thailand to:

1. Lifting the import ban
2. Repeal the advertising ban
3. Removal of discriminatory taxes

With threatened punitive trade sanctions
3 Previous cases of Section 301: Japan (1985) / Taiwan (1987) / South Korea (1988)

Deals struck by USTR, market opening conditions: future tobacco control measures need approval by USTR (tobacco companies)

Result: Rapid increase in smoking among youth and women
Plotting our strategy: we must

- Generate public support for Thailand’s position, to increase bargaining power
- Use this crisis to raise public awareness of smoking hazards as much as possible
- Must protect the advertising ban
- Prepare for tobacco control law and tobacco control office for market opening
Health groups from Japan/South Korea/Taiwan and 6 other asian countries form the Asia Pacific Association for the Control of Tobacco (APACT), June 1989

Dr. Gregory N. Connolly:
“the buck stops here, Thailand must be the last victim of tobacco trade sanction”
Sending letter to President Bush opposing USTR’s action to open the cigarette market
Accepting USTR’s invitation to testify at the public hearing in Washington DC

“Where is the Great American Conscience?”

September 19, 1989
Sponsored by American Cancer Society to tell the story to the world

Washington DC
January 1990
Trade for Life Summit

Perth Australia
April 1990
World Conference on Tobacco or Health

Hamburg August 1990
World Cancer Congress
Tobacco Trade Sanctions and a Smoke-Free Chest Conference at Bangkok

Comment at the XI Asia-Pacific Conference

USTR should stop assisting tobacco company to promote cigarette export

for this is that the United States Cigarette Export issue. Several US Congressmen had voiced their

Prakit Vateesatokit, M.D., F.C.C.P.*
Bangkok, Thailand; and
Henry Wilde, M.D.†
Juneau, Alaska
Because of strong health groups opposition both in the US, Thailand and other country

USTR referred the case to the General Agreement on Tariff and Trade (GATT currently WTO) for dispute settlement

Against the tobacco industry’s wish
Becoming one of Thailand’s delegates to negotiate with USTR at GATT, Geneva (February 1990)

Smoking was allowed in the negotiating room
Testified at US Senate hearing to plea for America to reform cigarette export policy
May 4, 1990

Edward Kennedy
Senator from Massachusetts

Testify at US Congressional hearing
May 17, 1990

Henry Waxman
U.S. Representative from California,
The purpose of GATT:

• To raise the standard of living

• Ensure full employment and a steady, growing volume of real income

• Develop the full use of the resources of the world

“Free trade on tobacco defeats the purposes of GATT”
GATT Ruling:

- Thailand’s ban of cigarette imports is contrary to GATT’s rule.
- Thailand can implement any non-discriminatory tobacco control measures (advertising ban, taxes, etc.).

Setting a standard for global trade in tobacco.

September 1990
October 1990
Lobby the Cabinet for approval of

1. The draft Tobacco Product Control Bill
2. Setting up of a Tobacco Control Office in MOH

In exchange for market opening

“Government will be attacked by the media & public if there are no measures to protect the public from the market opening”
Lobby government and parliament to pass two tobacco control laws 1991-92

The Tobacco Product Control Act 1992
The Nonsmokers Health Protection Act 1992
The dispute did serve to accelerate Thailand’s enactment of far reaching tobacco control legislation, particularly the 1992 Tobacco Products Control Act.

“The dispute did serve to accelerate Thailand’s enactment of far reaching tobacco control legislation, particularly the 1992 Tobacco Products Control Act”

Next policy target: Tax increase on tobacco products
Between 1987-1992 many attempts to advocate/lobby for a tobacco tax increase were unsuccessful

1993 Carefully plot the strategy
Worked with WHO experts to calculate the impact of tax increase on health and revenue gain

Neil Collishaw, WHO TFI
Dr. Prakit Ramathibodi Hospital
Dr. Supakorn HSRI MOH
Potential health benefits of a 10% increase in the real price of tobacco through taxation in Thailand

- would lead to a 10% decrease in adolescent smoking,
- would prevent 75,400 current (15-19 year-olds) from taking up smoking,
- Would prevent 9,425 future deaths of today’s Thai adolescents.

Neil Collishaw, 1993
3. Estimate the revenue increase
Projected effect of tax increase on cigarette sales, revenue and child smoking

<table>
<thead>
<tr>
<th>Year</th>
<th>1992</th>
<th>1993</th>
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</thead>
<tbody>
<tr>
<td>Tax(%)</td>
<td>55</td>
<td>61</td>
</tr>
<tr>
<td>Sales (m.packs)</td>
<td>1983</td>
<td>2,094</td>
</tr>
<tr>
<td>Revenue(m.Baht)</td>
<td>15,346</td>
<td>19,000</td>
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<tr>
<td>↓ in child smoking</td>
<td>200,000</td>
<td>300,000</td>
</tr>
</tbody>
</table>
Assist in preparing
Policy brief paper for cabinet meeting
12/7/1993

Cabinet decision:
Increase excise tax from 55 to 60% and regular increase with change in income
Steps to lobby for the tax increase:

1. Educate policy makers and the public about the benefits of a tax increase.
2. Calculation showing MOF that cigarette prices are too cheap.

3. Calculate the effect of a tax increase on the number of children smoking.
4. Calculate the increased revenue from a tax increase.
5. Conduct opinion polls showing public support for a tax increase.
6. MOH to be the one who proposes a tax increase for health reasons.
6 incidents of tobacco tax increases (1991-2006)

Figure 2. The Role of Individual Policies in Reducing Male Smoke Prevalence by 2006

A 33% reduction in male smoking prevalence (59.4% to 40.1%) resulted in Four Million fewer smokers in Thailand between 1991 – 2006

Thailand SimSmoke Simulation Model, David T. Levy
Tobacco Control. 17(1):53-9, March 2008
Next project: Preventing Thai women from taking up smoking (1994)

Philip Morris

Smoking rate 1991

Male = 59.3%
Female = 4.6%
1995 Successfully campaign against production of female brand of cigarettes by Thailand Tobacco Monopoly

Voices from women celebrities
Next policy target: Creating sustainable funding source for tobacco control
Problems faced in the 1990s

- Enacting two comprehensive Tobacco Control Law in 1992
- Tobacco tax increases in 1993
- Unable to obtain adequate budget for tobacco control for MOH
- No funding for civil society or NGOs

To implement tobacco control law, and other interventions adequate funding is necessary.
Thailand in 1995 – 96 faced many pressing issues

1. Deaths from tobacco = 42,000 per year
   Estimated economic loss from smoking related diseases = 414-1200 million US$

2. 13,000 traffic accident deaths per year,
   - Traffic accidents cost 1,707 million US$
     = 2.25-3.48% of GDP

3. Alcohol-related losses
Key advocacy message to the Government

If we succeed in reducing health care expenditure in these three areas by, only 10% (Tobacco / Alcohol / Traffic accident), We can save many lives and the Thai government would save 500 Million USD/year.
Window of opportunity

MOF and MOPH planning

Health financing reform policy (1996)

Convince MOF to appointed 2 Working Groups to study:

1. Universal Health Insurance Coverage,
   - to provide health security

2. Setting up Health Promotion Fund
   - to prevent diseases/decrease health care costs.

This was advocated as a package

“Build rather than repair health”
Long road to the Health Promotion Fund Act 1995-2001

“2001”
Health Promotion Fund Act 2001
Establishment of Thai Health Promotion Foundation
Function: Funding Health Promotion

The first low middle-income country to dedicate tobacco and alcohol taxes to fund health promotion

“2002”
The National Health Security Act 2002
Establishment of National Health Security Office
Function: Universal Health Insurance Coverage

The first low middle-income country to implement Universal Health Insurance Coverage
The Health Promotion Fund budget for 2018 = 130 million USD

The funding for tobacco control increased from 300,000 USD/year before the health promotion fund to 11 million USD/year in 2018.

With another 100 million USD funding other health promotion projects.
If Thailand can, why not us?

Health Promotion Fund in ASEAN country

<table>
<thead>
<tr>
<th>No.</th>
<th>Fund Name</th>
<th>Year</th>
<th>Funding source</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Singapore Health Promotion Board</td>
<td>2001</td>
<td>General budget</td>
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<td>2.</td>
<td>Thailand Health Promotion Foundation</td>
<td>2001</td>
<td>Tobacco/Alcohol tax</td>
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<tr>
<td>3.</td>
<td>Mysihat (Malaysia)</td>
<td>2006</td>
<td>General budget</td>
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<td>4.</td>
<td>Tonga</td>
<td>2007</td>
<td>General budget</td>
</tr>
<tr>
<td>5.</td>
<td>Mongolia</td>
<td>2007</td>
<td>Tobacco/Alcohol/tax</td>
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<tr>
<td>6.</td>
<td>South Korea</td>
<td>2011</td>
<td>Tobacco tax</td>
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<tr>
<td>7.</td>
<td>Vietnam Tobacco Control Fund</td>
<td>2013</td>
<td>Tobacco tax</td>
</tr>
<tr>
<td>8.</td>
<td>Laos Tobacco Control Fund</td>
<td>2013</td>
<td>Tobacco tax</td>
</tr>
</tbody>
</table>
Next policy target:
To require the biggest health warning on cigarettes
Health warning on cigarettes packages

2008
Thailand
55%

2010
Uruguay
80%

2012
Australia
Plain packaging

2013 Thailand should go for 80% GHW
Uruguay’s GHW = 80% (2010)
Australia’s Plain packaging (2012)

Tobacco industries sued to courts in both cases but lost

“If Thailand goes to 80% GHW the industry can sue us but most likely they will lose”

Minister of Health :
“We will go for 85% then”
Despite furious opposition by tobacco industries, Minister of Health signs the regulation into law effective April 5, 2013

Philip Morris / JTI / BAT filed lawsuits against MOH
A war room was established to support MOH

Lead the legal team to defend the court case

Is it not too risky to rely on amateur lawyer to fight with big tobacco’s world class law firms?
The world’s largest GHW (85%) in 2014
Many countries adopted large GHW after Thailand

- **Nepal**
  issue directive for 90% GHW, October 2014

- **India**
  issue regulation for 85% GHW October 15, 2014

- **Pakistan**
  issue notification for 85% GHW, February 2015

- **Hong Kong**
  85% GHW effective June 20, 2018
10 ASEAN Countries are implementing Pictorial Health Warnings

- Brunei (2008, 2012)*
- Cambodia** (2016)
- Indonesia (2014)
- Lao PDR** (2016)
- Malaysia (2009, 2014)*
- Myanmar** (2016)
- Philippines (2016)
- Vietnam (2013)

* Year of rotation  ** Only a mock-up or prototype design
Next policy target: Revise the Tobacco Product Control Act of 1992
5 years hard fought battle to pass the Tobacco Product Control Bill 2012-2017

Stop the bill

Senior health professionals press conference

Stop bill that hurt farmers

700 Organization call for cabinet support
The Tobacco Product Control Act 2017

1. Ban all forms of market communication
2. Ban point of sale display of tobacco products
3. Ban CSR
4. Require plain packaging of tobacco product
5. Require report of industry marketing data
6. Set up provincial tobacco control committees
Plain packing required by September 2019
## Status of ban on tobacco advertising, promotion and sponsorship in ASEAN

<table>
<thead>
<tr>
<th></th>
<th>Direct Advertising</th>
<th>Promotion</th>
<th>Sponsorship</th>
<th>Ad at POS</th>
<th>CSR</th>
<th>Pack Display</th>
<th>Cross Border</th>
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<tr>
<td>Philippines</td>
<td>Allow at POS</td>
<td>Sponsor without cigarette brand</td>
<td>Ban</td>
<td>Ban</td>
<td></td>
<td>Allow 1 pack/carton per brand</td>
<td>Ban</td>
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<td>Singapore</td>
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**POS** - Point-of-Sale  **CSR** - Corporate Social Responsibility

*Tobacco adverts are allowed on television (between 9.30pm and 5.30am)*
Smoke-free settings (indoor) based on the national law in ASEAN

<table>
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<tr>
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<th>Lao PDR</th>
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<td>🇱🇦</td>
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<tr>
<td>Bars &amp; pubs</td>
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<td>🇻نظر=50px</td>
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100% smoke-free/No smoking room | With smoking room | Allows smoking anywhere/not included in the law

*No bars/pubs in Brunei. ** 100% smoke-free by law but not enforced.
Tobacco tax burden as percentage of cigarette retail price in ASEAN (2018)

*The estimate was calculated based on premium cigarette brand
** There are no licensed tobacco importers and retailers in Brunei since May 2014. Hence, there are no cigarettes being sold legally in the country.
Some of Thailand’s major tobacco control milestones

1. Exemplar country to have a firewall on tobacco control policy and the state owned tobacco monopoly (1989)

2. Play pivotal role in setting the standard for international trade on tobacco at GATT (1990)

3. One of the first low-income countries to use tax to control tobacco (1993)

4. The fourth country to require GHW (2005)
Some of Thailand’s major tobacco control milestones (cont.)

5. The first low middle-income country to require taxes from tobacco and alcohol to fund health promotion (2001), as a complement to universal health insurance

6. The first country in Asia to require plain packing for tobacco products (2019)

7. The first country in Asia to require the tobacco industry to report marketing information
The impact
Overall: 40.3% decrease in smoking prevalence

Source: National Statistic Office 1991-2017
7.1 million fewer smokers

If smoking prevalence did not decrease from 32% in 1991 to 19.1% in 2017, Thailand would have had 7.1 million more smokers given that the adult population increased from 38.3 to 55.9 million in the same period.
Reality check:

Winning battles but the war’s far from over
Very slow decrease in smoking prevalence in the last decade

Source: National Statistic Office 1991-2017

Slide prepared by Dr Sarunya Benjakul, 08-04-61
Disparity of smoking prevalence between regions

National average = 19.1%

Male = 37.7%
Female = 1.7%

North = 17.1%
Northeast = 21.1%
Center = 17.6%
Bangkok = 15.4%
South = 24.5%
Smoking is the number one cause of death (2014)
The number of deaths from tobacco will continue to increase

<table>
<thead>
<tr>
<th></th>
<th>Annual deaths</th>
<th>Number of smokers (million)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2004</td>
<td>45,136</td>
<td>11.3</td>
</tr>
<tr>
<td>2009</td>
<td>50,710</td>
<td>10.9</td>
</tr>
<tr>
<td>2014</td>
<td>54,610</td>
<td>10.7</td>
</tr>
</tbody>
</table>

Percentage of smokers over 45 years increased from 33 to 45% between 2001-2017
A MODEL OF THE CIGARETTE EPIDEMIC

THAILAND SMOKING & DEATHS

At the 3rd stage of the smoking epidemic

% Smokers % Deaths

% of smokers among adults % of deaths caused by smoking

Death rate

% male smokers % male deaths
% female smokers % female deaths

% of smokers

% of deaths from smoking

year

1987 1997 2007 2017

ข้อมูลจาก สำนักงานสถิติแห่งชาติและกระทรวง สธ (วิเคราะห์โดย ศจย.)
Burden to health services caused by tobacco use

1. At least 1 million Thais living with smoking-related diseases

2. 450,000 annual hospital admissions from smoking related disease (only those reimbursed by government funds)

1. WHO estimate 2. NHSO (2014)
Of the 4.5 million smokers who visited health care provider in 2011

- Only 65.3% were asked their smoking history (2.9 million)
- Only 55.8% of those who were asked received advise to quit smoking (1.6 million)

Annual death from second hand smoke = 8,278 cases

Secondhand smoke exposure in some public places is still very high

Smoking in the home = 31.5% (2017)

- Open market
  - 2014: 62.7%
  - 2017: 66.0%
- Restaurant
  - 2014: 38.2%
  - 2017: 41.9%
- Religions
  - 2014: 27.6%
  - 2017: 23.4%
- Public transport
  - 2014: 24.3%
  - 2017: 25.8%
- Gov facilities
  - 2014: 18.1%
  - 2017: 11.5%
- Public health services
  - 2014: 13.8%
  - 2017: 8.2%
- School
  - 2014: 10.9%
  - 2017: 6.3%
- University
  - 2014: 3.8%
  - 2017: 2.6%

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By current trend Thailand will miss the target of reducing smoking prevalence to 15% (or 9 million smokers) by 2025.
Some Key Findings:

1. The government infrastructure for tobacco control is weak
2. The infrastructure of NGOs is insufficient
3. Implementation of NGO activities at grassroots level has been limited
4. Tobacco dependence management is not funded under government health insurance
5. Utilization of cessation services is low

Joint National Capacity Assessment on Tobacco Control in Thailand, WHO 2008

Situation in 2019 has not changed very much
Take home messages

It is impossible to win the war against the epidemic of tobacco-related diseases without the strong involvement of all physicians.

Prof. Witold Zatonski
POLAND

Thailand 2004/2005
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