

Tobacco Control in Thailand : a Bridge NOT too Far

Prof. Prakrit Vathesatogkit M.D., FRCP (Hon)

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Member National Committee for the Control of Tobacco Use



Thailand

Bangkok | 10-12 April



1939 Thailand Tobacco Monopoly (TTM) established

1964 US Surgeon General Report : Smoking cause lung cancer

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
Supchareon
M.D.FCCP (Hon.)

The ACCP Fellowship Pledge,

American College of Chest Physicians

I shall make a special personal effort to control smoking...

This is to certify that
Prakit Wathesatogkit, M.D.

has been elected a
Fellow
of the

American College of Chest Physicians
by the Board of Regents

In Witness Whereof, we have affixed our signatures this fifth day of
November, nineteen hundred and seventy-nine.

Thomas J. Betty M.D.
Chairman, Board of Regents



Harold C. Urschel, Jr. M.D.
President

Walter Taylor M.D.
Treasurer



Tokyo
November 5, 1979

My first policy advocacy

1980 WHO World Health Day

theme

“Tobacco or Health : the choice is yours”

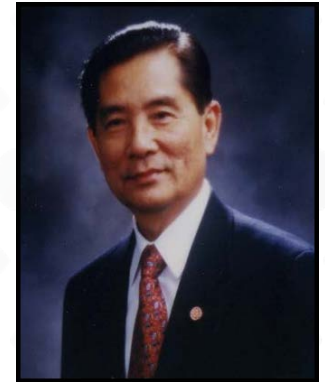
Thai Thoracic Society, Thai Cardiac Society

Thai Anti-Tuberculosis Society:

Petition for change to stronger health
warning

“Smoking may be harmful to health”
to

“Smoking is harmful to health”



Prof. Songkram
Supchareon



1986 : Over 2/3 of Thai males smoke cigarette
: Big tobacco advertisement to prepare for market opening



Even though there was no legal import



Prof. Prawes Wasi
Hematologist



Dr. Paiboon
Community medicine



Ms. Bung-on
Community development

1986

Thai Anti-Smoking
Campaign Project
was established to be
focal point of tobacco
control



Prof. Asthasit
Neurologist



Dr. Surakiat
Community medicine



Dr. Udomsilp
Psychiatrist

“Because you are a chest man”



Dr. Paiboon
Community
medicine

Dr. Paiboon :

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



Dr. Prakrit
Pulmonary
Disease



Prof. Asthasit
Dean

“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



Prof. Prawes
Wasi

- ▶ **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)



Prime minister
General Prem
Tinsulanonda

“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

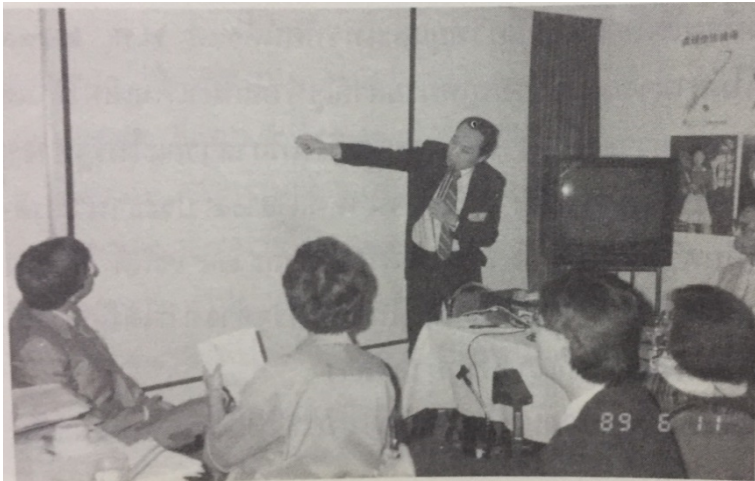
Plotting our strategy: we must

- ▶ 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”



Sponsored by American Cancer Society to tell the story to the world



Washington DC
January 1990

Trade for Life Summit

8 THE WEST AUSTRALIAN THURSDAY APRIL 5 1990
TOBACCO CONFERENCE REPORTS:

Society gives support to Thailand's trade ban

ALL governments will be lobbied to reduce the world trade of tobacco under an anti-smoking plan launched in Perth yesterday.

Under the scheme, known as "Trade for Life", countries will be called on to end export subsidies for tobacco products and place restrictions on the import and marketing of cigarettes.

The first target will be Thailand, which anti-tobacco lobbyists say will be a test case for all developing countries.

Health authorities are fighting trade sanctions that have been threatened by the US if American transnational tobacco companies access to the local market.

ing the lives of Thai people as pawns in a trade war.

"It is wrong that smoking is being turned into a trade issue. The US used to promote health, whereas now it's promoting death," he said.

Professor Prakit Vateesatokit, who is heading the Thai Anti-Smoking Campaign, said US tobacco companies had been trying to open up the market in Thailand for about four years.

While the local tobacco monopoly abided by guidelines on advertising, the transnational tobacco companies were defiant.

"This is not just about Thailand — it is symbolic and will affect cigarette trade all over the world," he said.

"Clearly the tobacco market has shrunk and these companies have already gone into countries like Japan, Korea and Taiwan.

"It is true that tobacco is freely available in Thailand, but what concerns us is the way the US companies will market their cigarettes.

"There will be more competition and more people will take up smoking."

The case, in which US tobacco companies are alleging that an unfair monopoly exists in Thailand, has been referred to the General Agreement on Tariffs and Trade and is expected to be



FIGHTING BIG COMPANIES: American Cancer Society head William Tipping and Thai Anti-Smoking Campaign head Prakit Vateesatokit announce their plan to fight tobacco companies. Picture: IAN FERGUSON

decided in the next six months.

The chairman of the tobacco conference's organising committee, Mr Michael

Daube, said Trade for Life was the single most important initiative to come out of this week's meeting of more than 70 countries.

He said all delegates would return to put pressure on the governments of their respective countries to lobby in this area.



Perth Australia
April 1990

World Conference on Tobacco or Health

Hamburg August 1990
World Cancer Congress

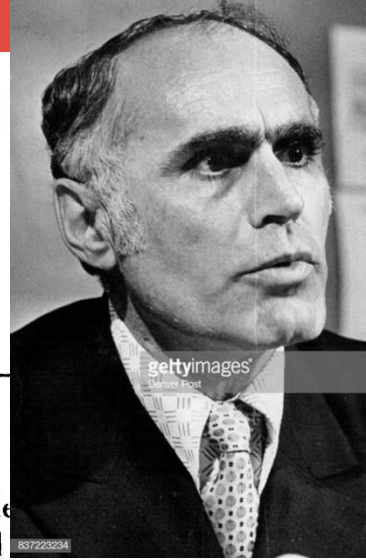


CHEST editorials

VOLUME 97 / NUMBER 3 / MARCH, 1990

Tobacco Trade Sanctions and a Smoke-Free Chest Conference at Bangkok

from cigarette smoking has not yet been widely disseminated. While the US had been successful in reducing cigarette consumption among its own citizens, promotion of US cigarette sales in other countries is certain to hurt America's image, and might create a



Dr. Alfred Soffer
President
ACCP

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

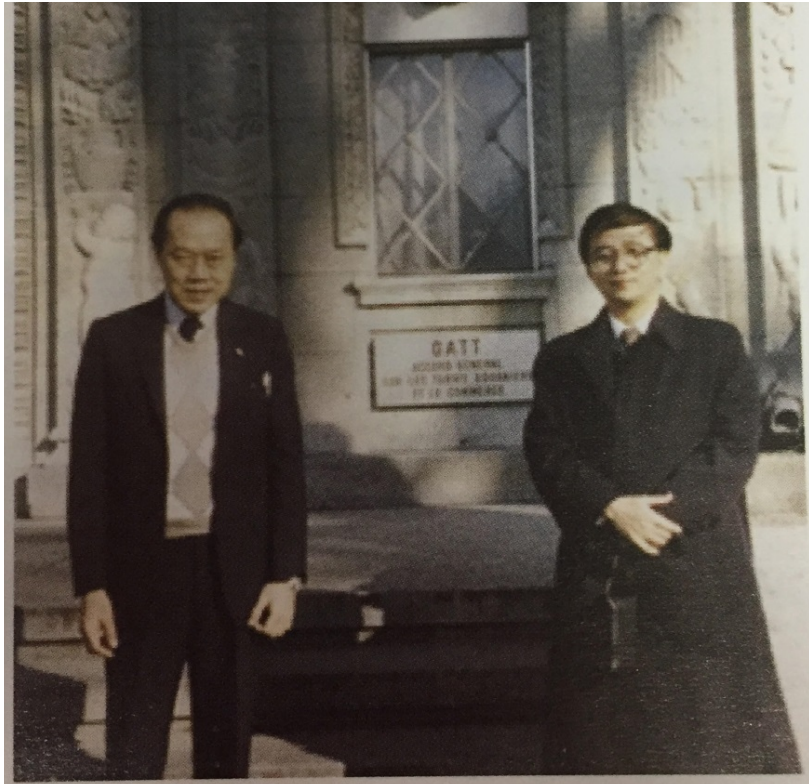
Prakit Vateesatokit, M.D., F.C.C.P.
Bangkok, Thailand; and
Henry Wilde, M.D.†
Juneau, Alaska*

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)

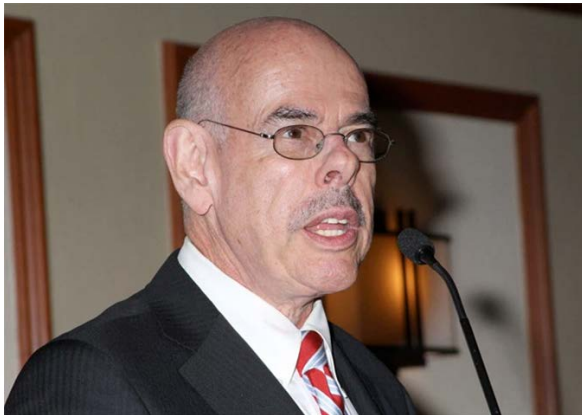


Smoking was allowed in the negotiating room



**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,



Thailand submission

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





Dr. Prakrit



Dep Prime
minister Chuan

October 1990
Lobby the Cabinet for
approval of



Prime minister
Chartchai



Surakiat
Satienthai

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

In exchange for market opening

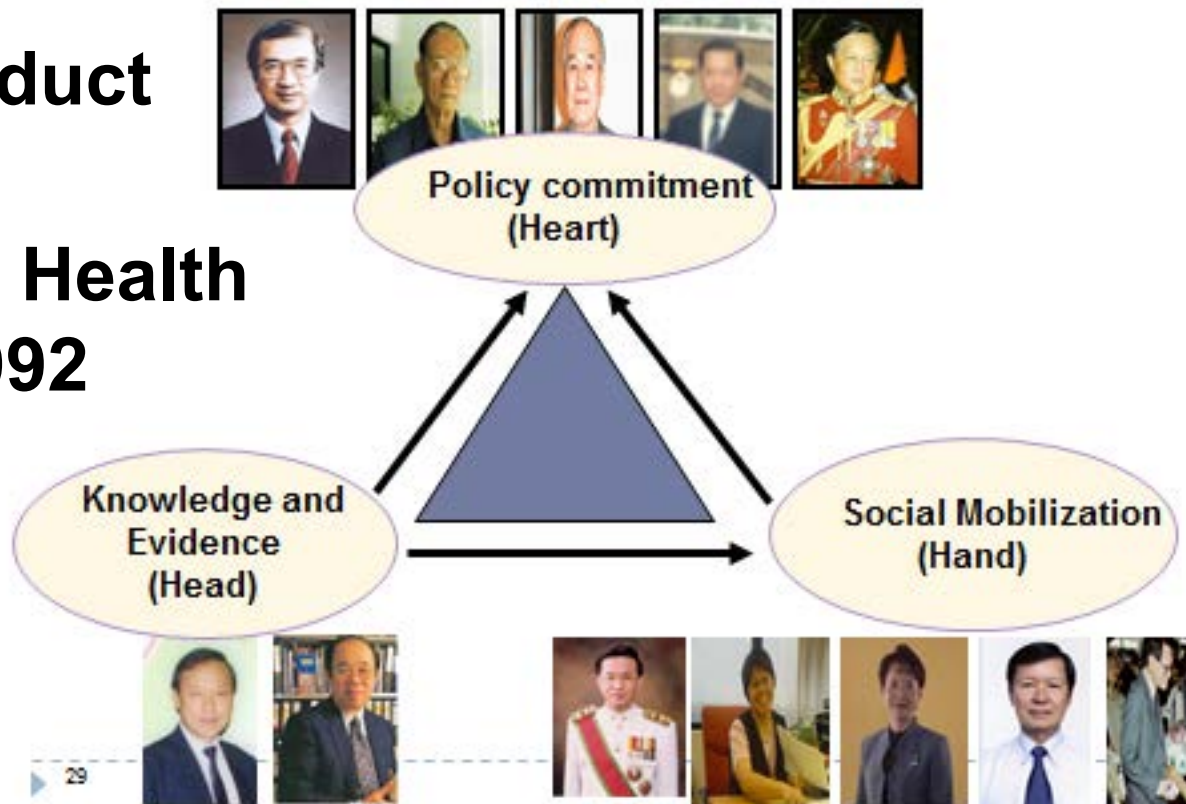
“Government will be attacked by the media & public if there are no measures to protect the public from the market opening”

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 Tripower Strategy



Thailand seize the opportunity (trade threat) and rise to the challenges

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

Ross Mackenzie :
Glob Soc Policy 2012;12(2):149-172

**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. Prakrit
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 9425 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

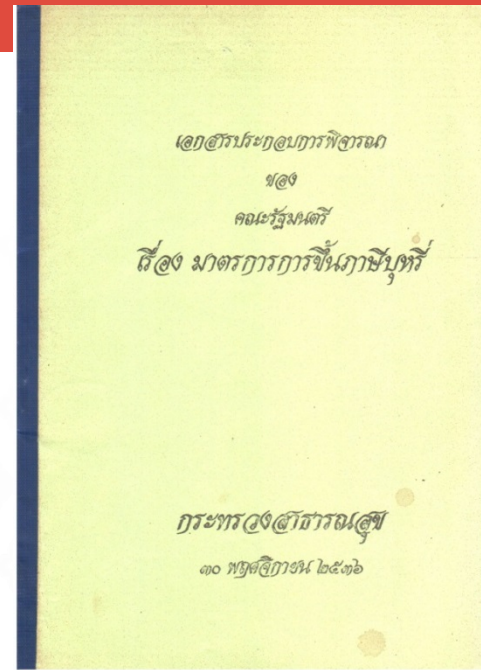
Year	1992	1993	
Tax(%)	55	61	63
Sales (m.packs)	1983	2,094	2,094
Revenue(m.Baht)	15,346	19,000	21,400
↓in child smoking		200,000	300,000

Assist in preparing

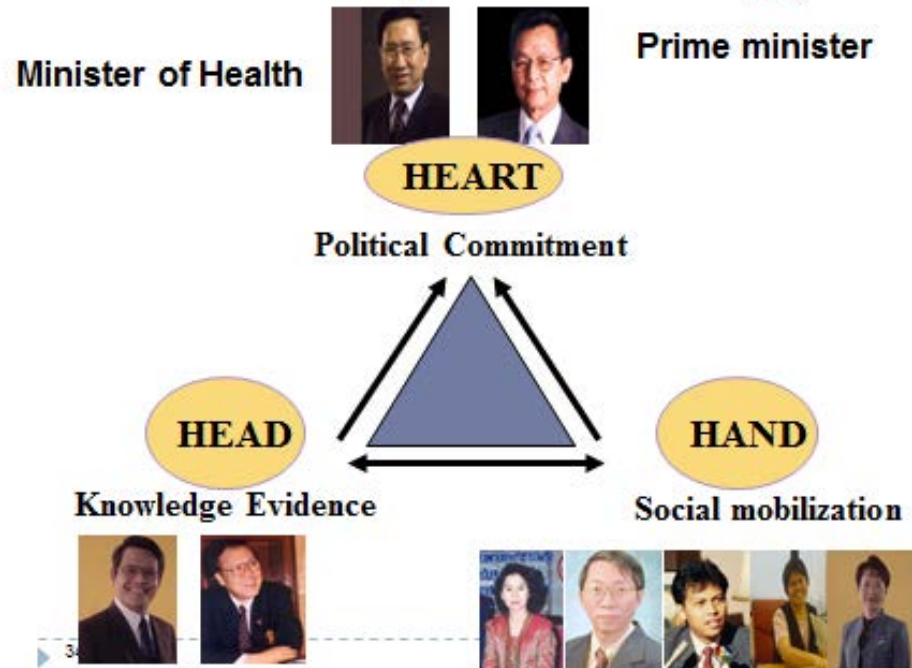
Policy brief paper
for cabinet meeting
12/7/1993



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



The Tripower Strategy

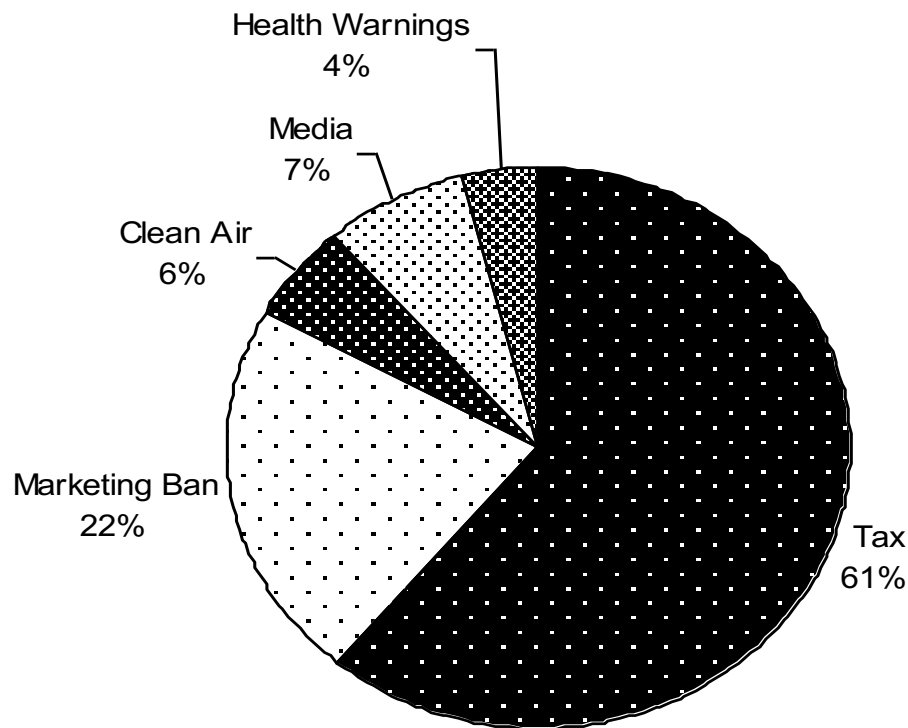


Steps to lobby for the tax increase:

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

Thailand Tobacco Monopoly

Smoking rate 1991

Male = 59.3%

Female = 4.6%



คัดค้านยาสูบผลิตบุหรี่ผู้หญิง

1995 Successfully campaign against production of female brand of cigarettes by Thailand Tobacco Monopoly



คุณกัญญา ศิลปอาชา



คุณยุพา เพ็ชรฤทธิ์



คุณลดาวัลย์ วงศ์ศรีวงศ์



คุณเรวดี ชยาศิริ



คุณบังอร ฤทธิ์ภักดี



คุณกรรณิภา ธรรมเกษร



คุณต้นสนีย์ นาคพงศ์



คุณริสา หงส์หิรัญ

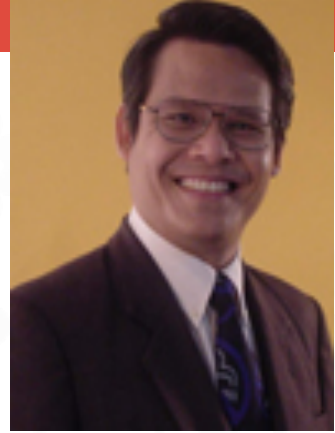
**Next policy target :
Creating sustainable funding
source for tobacco control**

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

		Funding source
1. Singapore Health Promotion Board	2001	General budget
2. Thailand Health Promotion Foundation	2001	Tobacco/Alcohol tax
3. Mysihat (Malaysia)	2006	General budget
4. Tonga	2007	General budget
5. Mongolia	2007	Tobacco/Alcohol/tax
6. South Korea	2011	Tobacco tax
7. Vietnam Tobacco Control Fund	2013	Tobacco tax
8. Laos Tobacco Control Fund	2013	Tobacco tax

**Next policy target :
To require the biggest health
warning on cigarette
packages**

Health warning on cigarettes packages

2008
Thailand



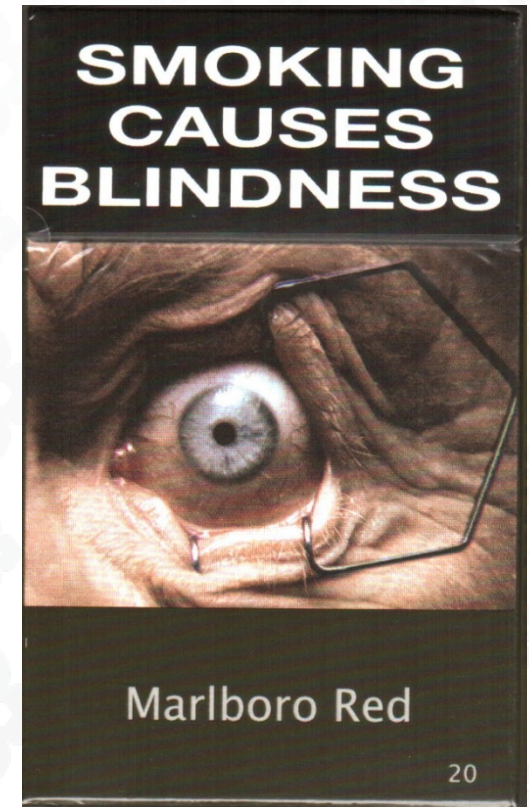
55%

2010
Uruguay



80%

2012
Australia



Plain packaging

2013 Thailand should go for 80% GHW

Convincing our Minister to go for 80% size 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



Is it not too risky to rely on amateur lawyer to fight with big tobacco's world class law firms?

Lead the legal team to defend the court case



The world's largest GHW (85%) in 2014

สูบบุหรี่ทำให้เป็นมะเร็งปอด

โทร 1600 www.thailandquitline.or.th

Marlboro
สำหรับชายในราชอาณาจักรไทย

สูบบุหรี่ทำให้หัวใจวาย

โทร 1600 www.thailandquitline.or.th

Marlboro
ผลิตภัณฑ์ในประเทศไทย

สูบแล้วทรม จากถุงมือ

โทร 1600 www.thailandquitline.or.th

Marlboro
สำหรับชายในราชอาณาจักรไทย

สูบบุหรี่ทำให้เส้นเลือดสมองแตก

โทร 1600 www.thailandquitline.or.th

Marlboro
ผลิตภัณฑ์ในประเทศไทย

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Marlboro
สำหรับชายในราชอาณาจักรไทย

โปรดงดสูบบุหรี่ในบ้าน

ควันบุหรี่ทำร้ายคนใกล้ชิด

บ้านปลอดบุหรี่ Smoke Free Home

โทร 1600 www.thailandquitline.or.th

Marlboro
ผลิตภัณฑ์ในประเทศไทย

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

5



Brunei
(2008, 2012)*



Cambodia**
(2016)



Indonesia
(2014)

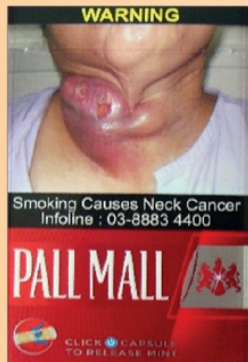


Lao PDR**
(2016)

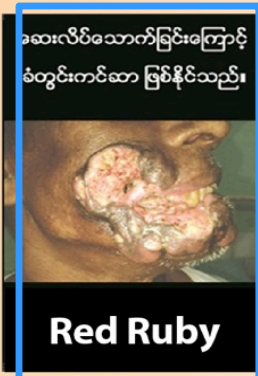
Biggest Picture-Warning: 85%



Thailand
(2005, 2007, 2010, 2014)*



Malaysia
(2009, 2014)*



Myanmar**
(2016)



Philippines
(2016)



Singapore
(2004, 2006, 2013)*



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

สำนักสาขาการตลาดและรัฐกิจ
 รหัสประจำตัว : *5386
 วันที่ : 1954/58 *5/11/66*
 วันที่ : 10 ก.พ. 58 เวลา : 10:50

PHILIP MORRIS
 THAILAND LIMITED
 9 กุมภาพันธ์ 2558



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

นอกระบบ
การให้ยา
การให้ยา
การให้ยา

**สูบบุหรี่ทำให้เป็นโรค
 ถุงลมปอดพอง**

ชื่อยา
รุ่นย่อย

ควันบุหรี่เป็นอันตรายร้ายแรงต่อเด็ก

เด็กบุหรี่ยี่สิบ 1600

สารพิษในควันบุหรี่ทำให้หลอดลมเด็กอักเสบ ติดเชื้อง่าย และรุนแรง

แบบที่ 1

สูบบุหรี่ทำให้เป็นโรคถุงลมปอดพอง

เด็กบุหรี่ยี่สิบ 1600

สารพิษในควันบุหรี่ทำลายถุงลมปอด ทำให้เหนื่อยหอบจนหายใจไม่ได้

แบบที่ 2

สูบบุหรี่ทำให้เป็นมะเร็งปาก

เด็กบุหรี่ยี่สิบ 1600

สารก่อมะเร็งสัมผัสสู่ปาก ทุกครั้งที่สูบบุหรี่

แบบที่ 3

เลิกบุหรี่เพื่อลูก

เด็กบุหรี่ยี่สิบ 1600

คุณพ่อคะ รักษานู เลิกสูบบุหรี่ได้ไหมคะ

แบบที่ 4

สูบบุหรี่ทำให้ตาบอด

เด็กบุหรี่ยี่สิบ 1600

สารพิษในควันบุหรี่ทำให้เป็นต้อกระจก ต้อหิน และจอตาเสื่อม

แบบที่ 5

สูบบุหรี่ทำให้หัวใจวาย

เด็กบุหรี่ยี่สิบ 1600

สารพิษในควันบุหรี่ทำให้เส้นเลือดหัวใจตีบตัน ขาดเลือดไปเลี้ยง จนหัวใจวาย

แบบที่ 6

สูบบุหรี่ทำให้เป็นมะเร็งหลอดอาหาร

เด็กบุหรี่ยี่สิบ 1600

สารก่อมะเร็งในควันบุหรี่ทุกสิ่งจนเกิดมะเร็งหลอดอาหาร กินไม่ได้ ต้องให้อาหารทางสายยาง

แบบที่ 7

สูบบุหรี่ทำให้เส้นเลือดสมองแตก

เด็กบุหรี่ยี่สิบ 1600

สารพิษในควันบุหรี่ทำให้เส้นเลือดสมองตีบ และแตกจนเป็นอัมพาต หรือเสียชีวิต

แบบที่ 8

สูบบุหรี่ทำให้เป็นมะเร็งปอด

เด็กบุหรี่ยี่สิบ 1600

ปอดได้รับสารก่อมะเร็ง ทุกครั้งที่สูบบุหรี่

แบบที่ 9











สูบบุหรี่ทำให้เป็นมะเร็งกล่องเสียง

เด็กบุหรี่ยี่สิบ 1600

สารก่อมะเร็งในควันบุหรี่สัมผัสกล่องเสียงจนเกิดมะเร็ง หายใจไม่ได้ ต้องจะคอ

แบบที่ 10

Status of ban on tobacco advertising, promotion and sponsorship in ASEAN

	Direct Advertising	Promotion	Sponsorship	Ad at POS	CSR	Pack Display	Cross Border
Brunei 	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Blue
Cambodia 	Yellow	Yellow	Yellow	Yellow	Blue: Ban cigarette brand name	Blue: Allow 1 pack per brand	Yellow
Indonesia 	Red	Red	Blue: Ban publicity	Red	Red	Red	Red
Lao PDR 	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow
Malaysia 	Yellow	Yellow	Yellow	Yellow	Red	Red	Blue
Myanmar 	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow
Philippines 	Yellow	Blue: Allow at POS	Blue: Sponsor without cigarette brand	Red	Red	Red	Red
Singapore 	Yellow	Yellow	Yellow	Yellow	Blue: Ban publicity	Yellow	Yellow
Thailand 	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Vietnam 	Yellow	Yellow	Blue	Yellow	Blue: Ban publicity	Blue: Allow 1 pack/carton per brand	Blue

-  Ban
-  Partial Ban
-  No Ban
-  No CSR

POS - Point-of-Sale CSR - Corporate Social Responsibility

**Tobacco adverts are allowed on television (between 9.30pm and 5.30am)*

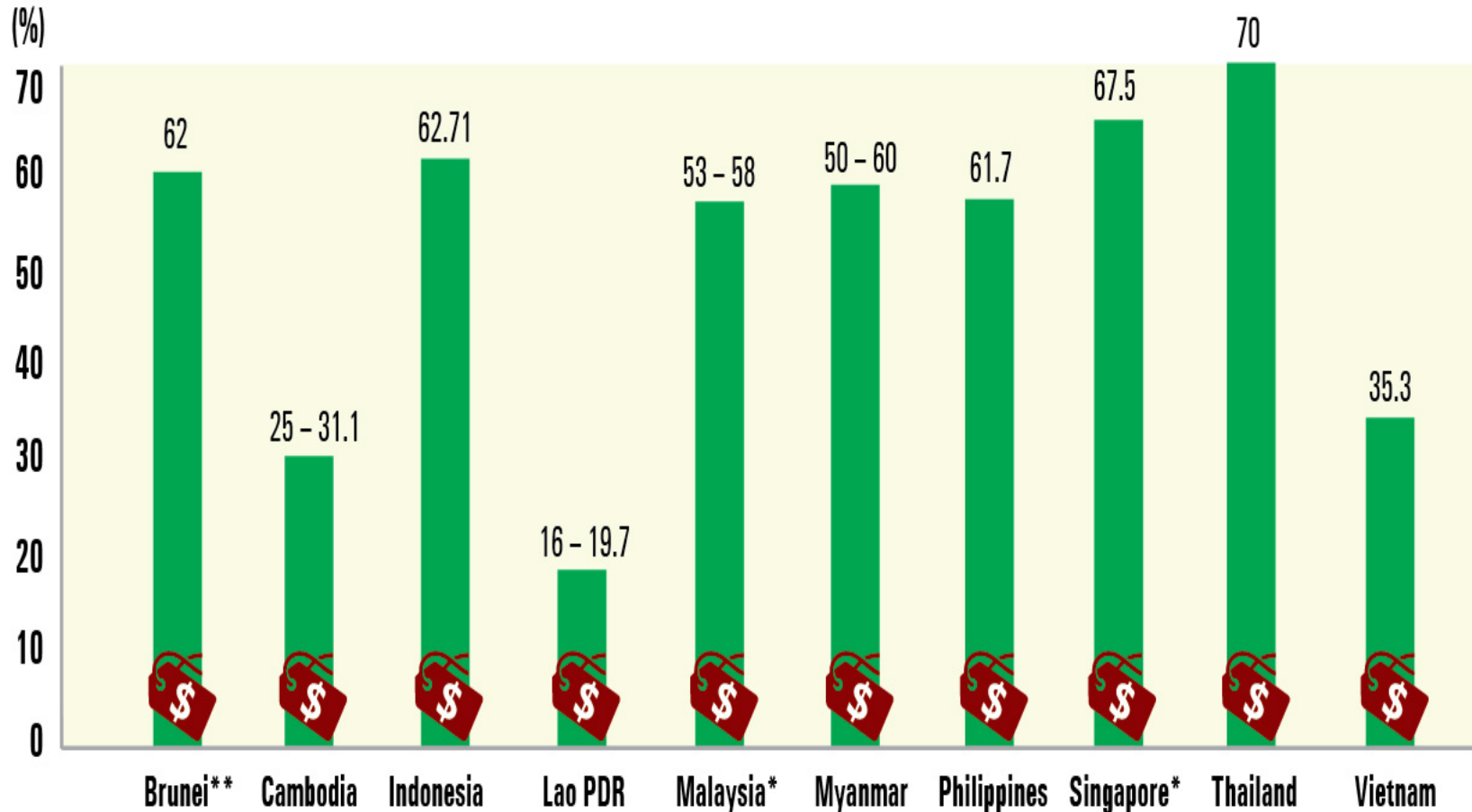
Smoke-free settings (indoor) based on the national law in ASEAN

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Airport				**		**				
Bars & pubs	*									
Educational facilities										
Health care facilities										
Hotels										
Restaurants (aircon)										
Restaurants (non-aircon)										
Shops & shopping complex										
Transport terminals										
Transportation (public)										
Universities										
Workplaces/offices										

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)

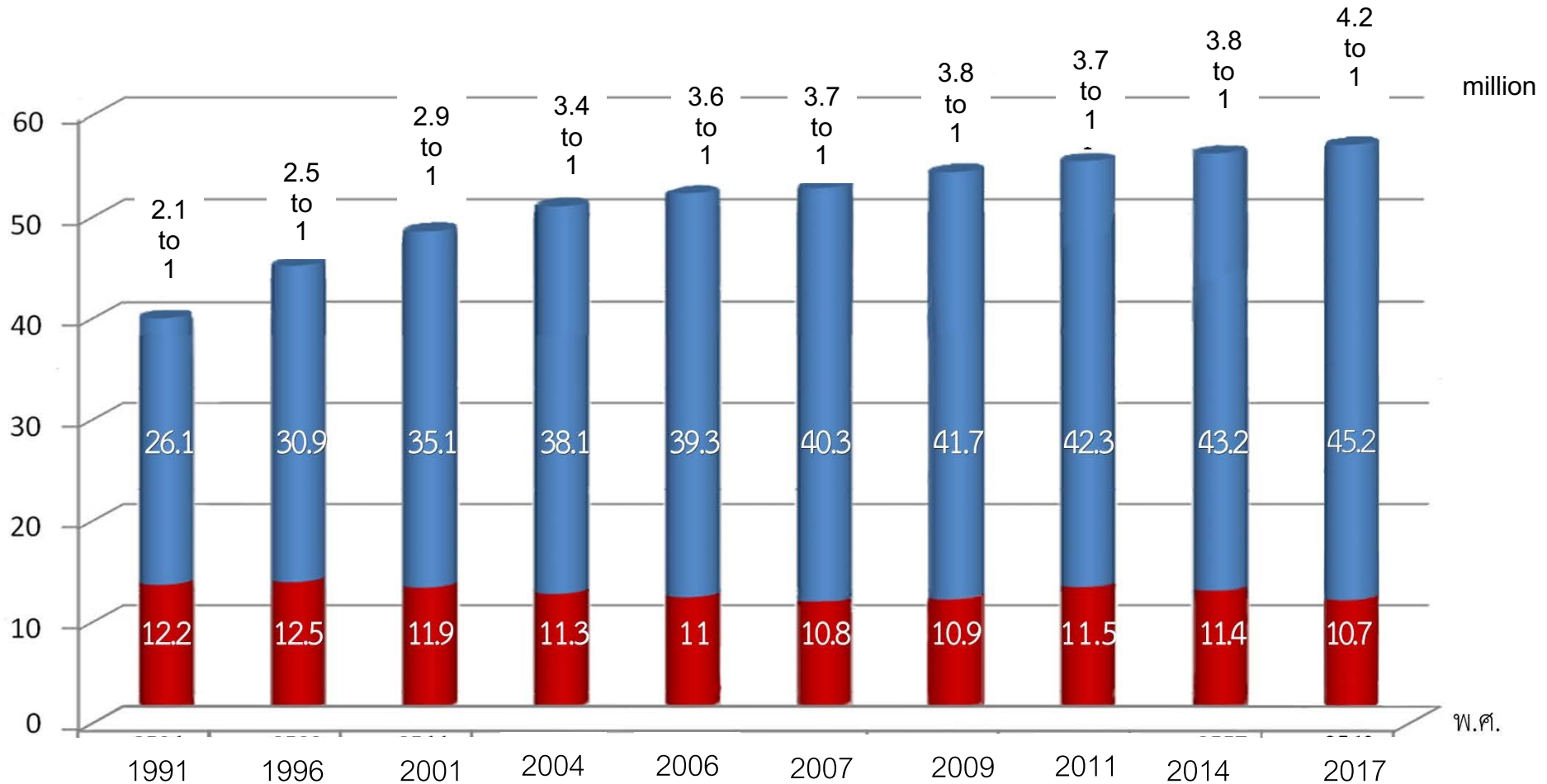
Some of Thailand's major tobacco control milestones (cont.)

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

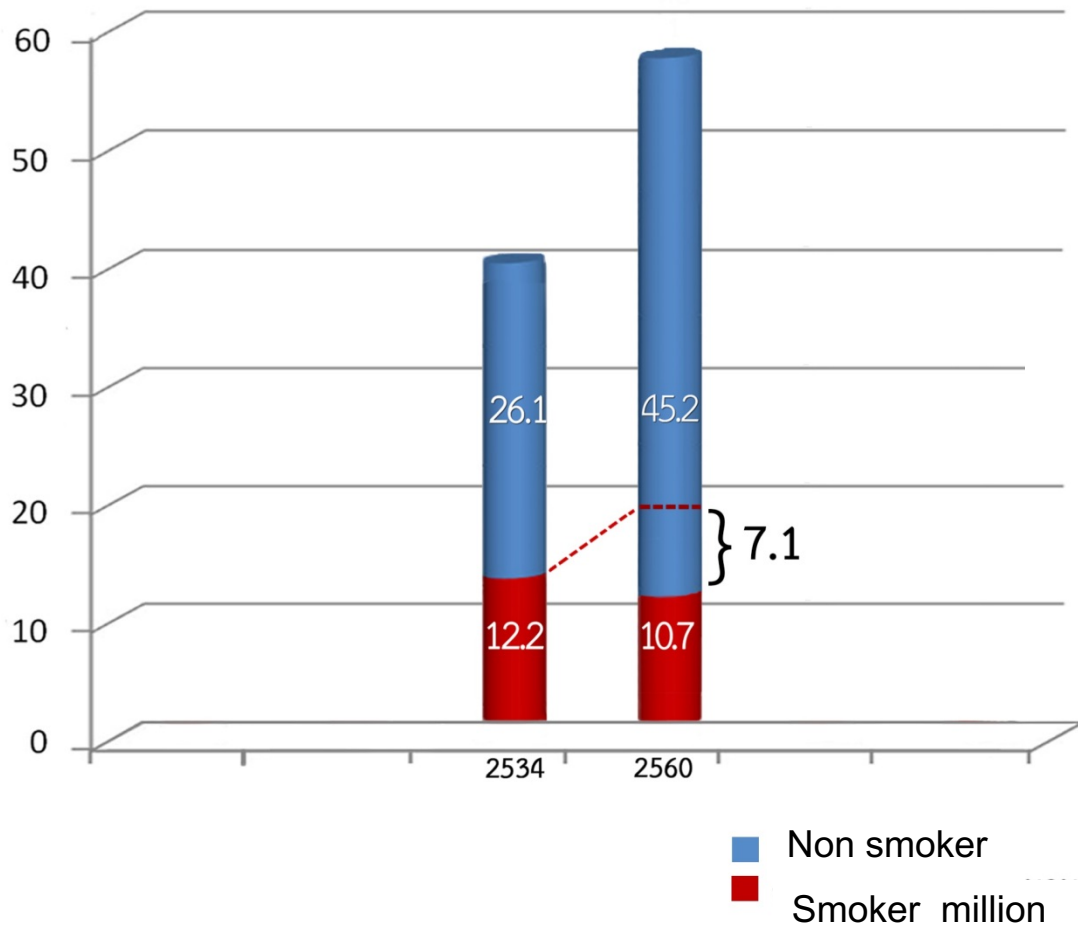
The impact

Overall : 40.3% decrease in smoking prevalence

Ratio of nonsmoker : smoker Increases from 2.1:1 (1991) to 4.2:1 (2017)



7.1 million fewer smokers

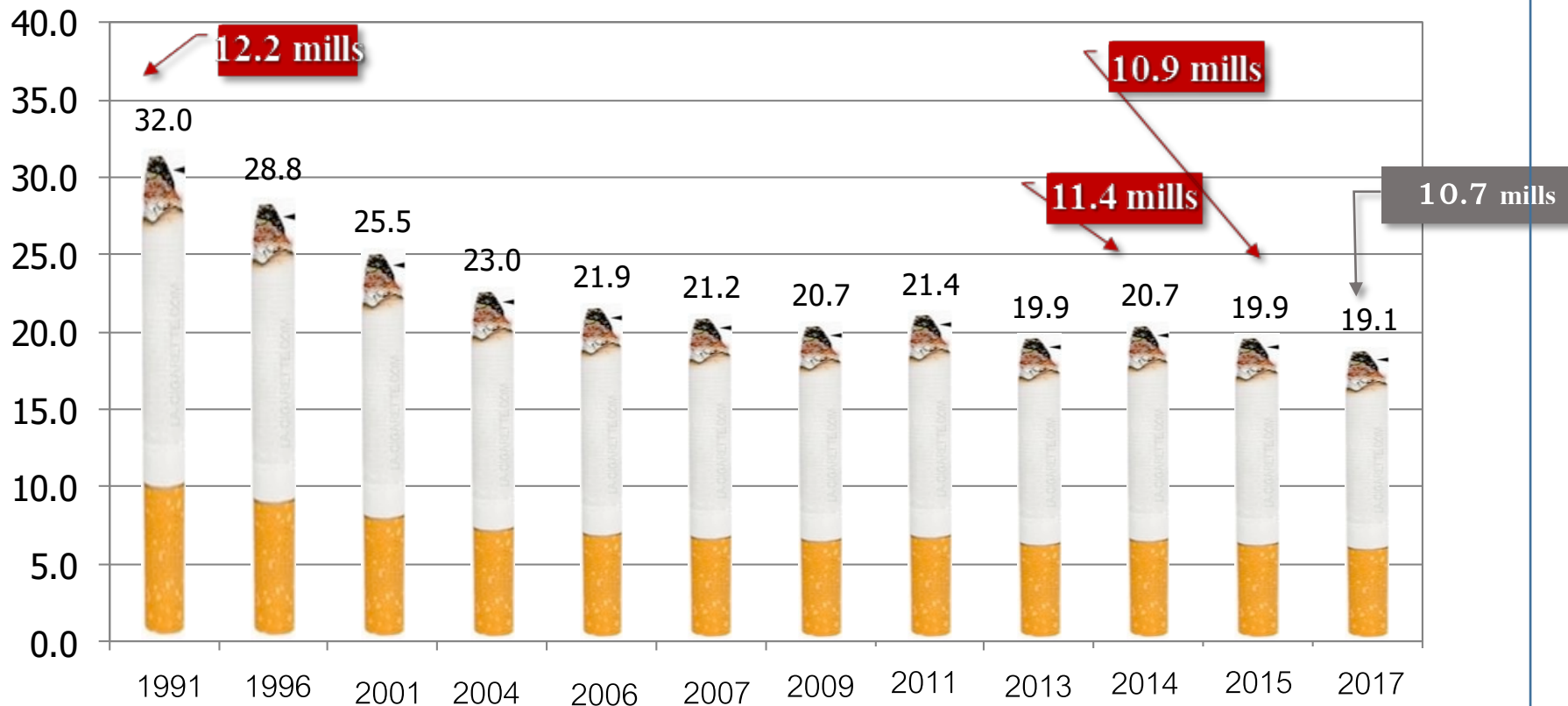


If smoking prevalence did not decrease from 32% in 1991 to 19.1% in 2017, Thailand would have had 7.1 million more smokers given that the adult population increased from 38.3 to 55.9 million in the same period

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



Disparity of smoking prevalence between regions

North = 17.1%

Northeast = 21.1%

Center = 17.6%

Bangkok = 15.4%

South = 24.5%

National average
= 19.1%

Male = 37.7%
Female = 1.7%

Smoking is the number one cause of death (2014)

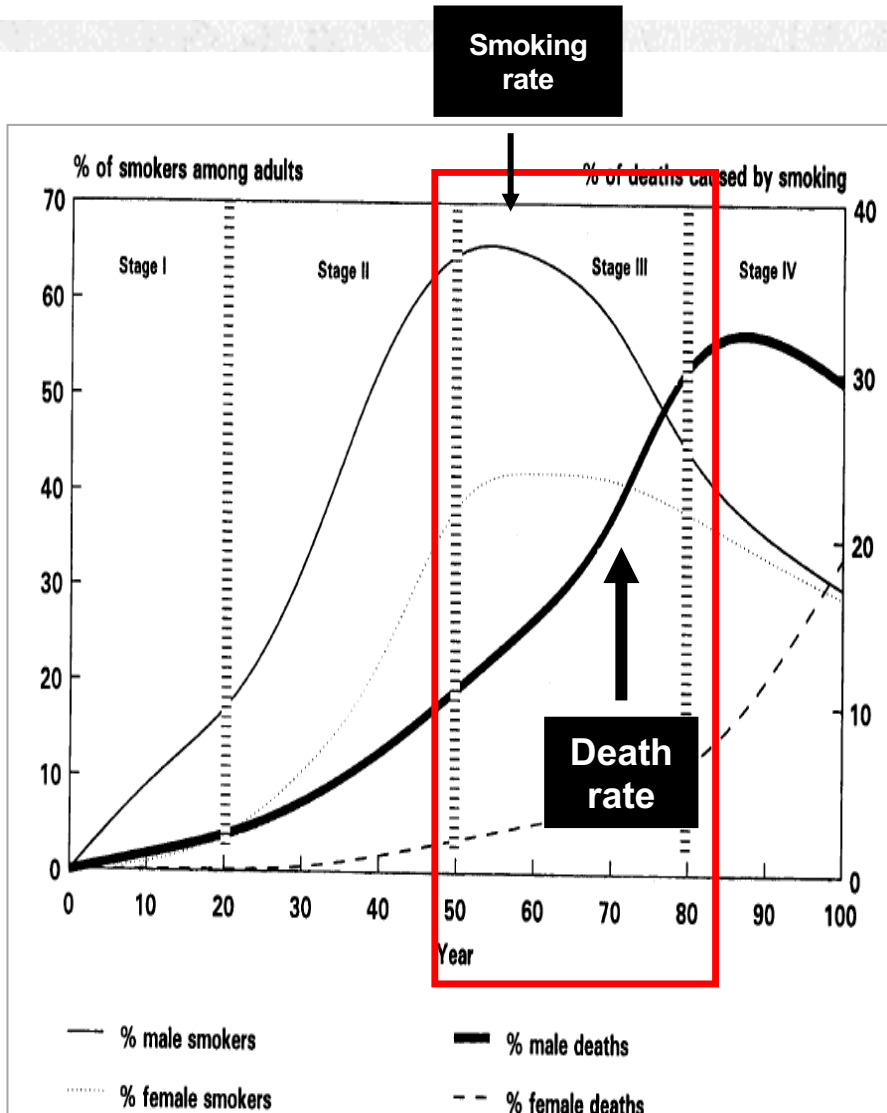
**The number of deaths from tobacco will
continue to increase**

	Annual deaths	Number of smokers (million)
2004	45,136	11.3
2009	50,710	10.9
2014	54,610	10.7

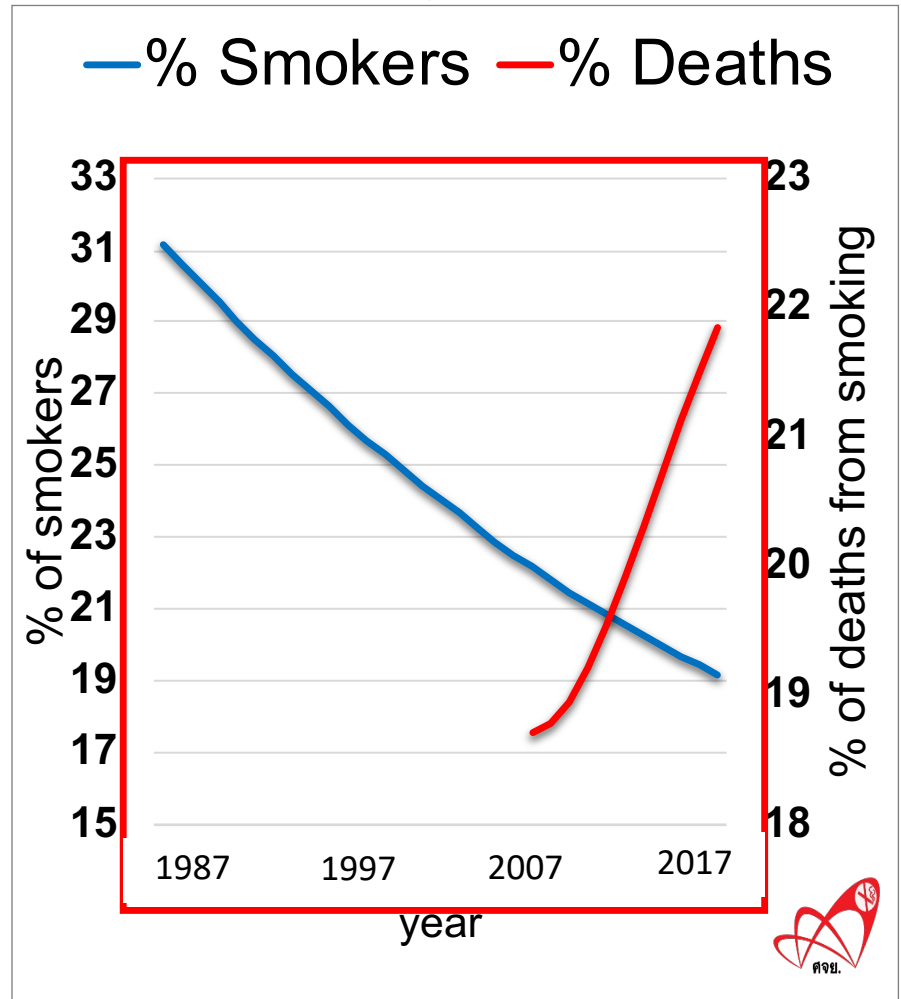
Percentage of smokers over 45 years increased from 33 to 45% between 2001-2017

A MODEL OF THE CIGARETTE EPIDEMIC

THAILAND SMOKING & DEATHS



At the 3rd stage of the smoking epidemic



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

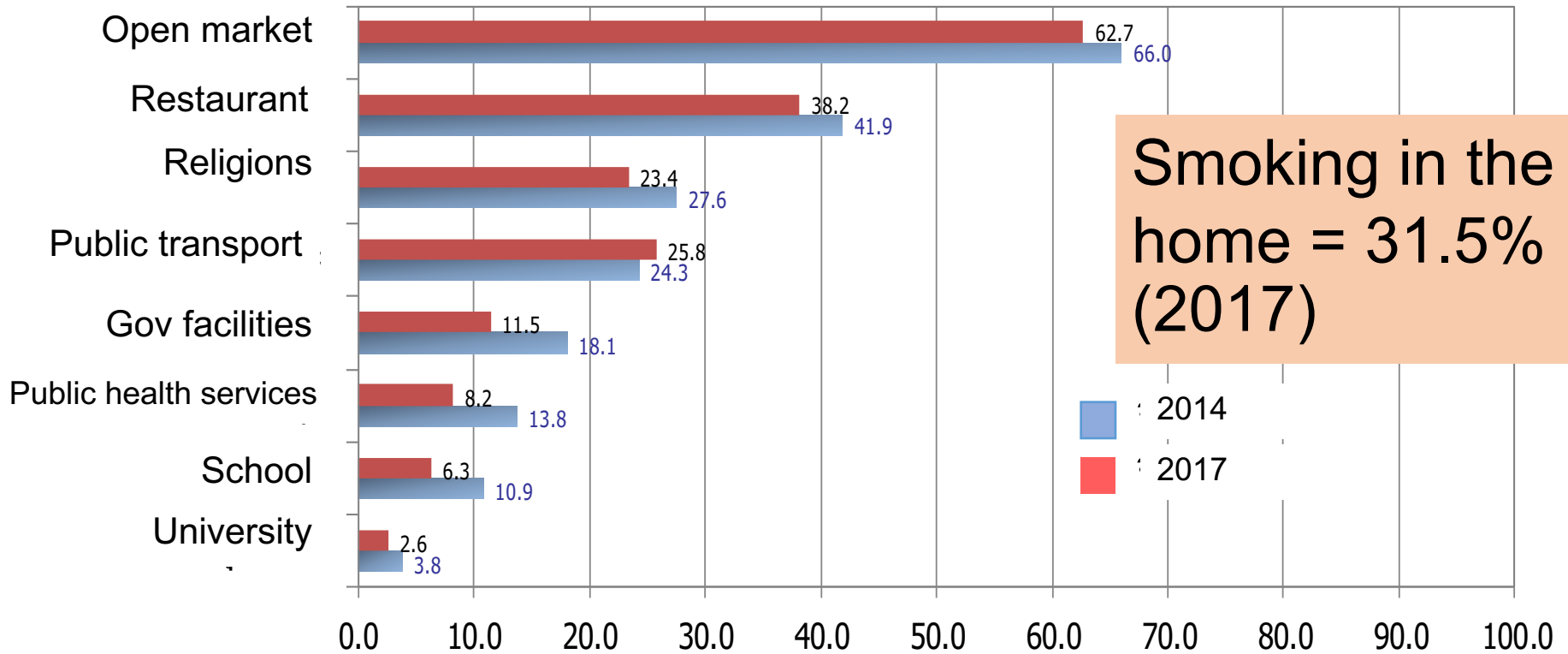
- ▶ Only 65.3% were asked their smoking history (2.9 million)
- ▶ Only 55.8% of those who were asked received advise to quit smoking (1.6 million)

Global Adult Tobacco Survey : Thailand Report, 2011



Annual death from second hand smoke = 8,278 cases

Secondhand smoke exposure in some public places is still very high



แหล่งข้อมูล: ฐานข้อมูลอุบัติเหตุในโครงการสำรวจพฤติกรรมกรรมการสูบบุหรี่และดื่มสุรา (สพบส.) ปี พ.ศ.2557 และ 2560 สำนักงานสถิติแห่งชาติ กระทรวงดิจิทัลเพื่อเศรษฐกิจและสังคม

Set of 9 voluntary global NCD targets for 2025

Indicators and Target for NCDs Prevention & Control

Harmful use of alcohol
10% reduction

Premature mortality from NCDs
25% reduction

Essential NCD medicines and technologies
80%

Physical inactivity
10% reduction

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

Drug therapy and counseling
50%

Salt/sodium intake
30% reduction

Diabetes/obesity
0% change

Tobacco use
30% reduction

Raised blood pressure
25% reduction

- Mortality and morbidity
- Risk factors for NCDs
- National systems response

National capacity assessment on tobacco control (2008)

Some Key Findings:

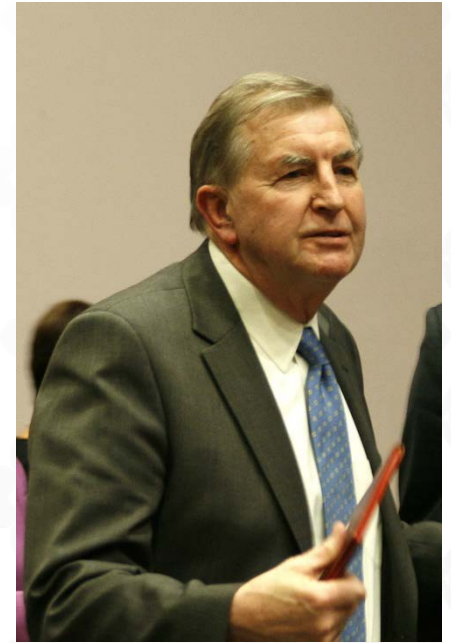
1. The government infrastructure for tobacco control is weak
2. The infrastructure of NGOs is insufficient
3. Implementation of NGO activities at grassroots level has been limited
4. Tobacco dependence management is not funded under government health insurance
5. Utilization of cessation services is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