ROLE OF WHO IN REFERENCE TO THE NATIONAL POLICY

FOR

CONTROLLING TOBACCO CONSUMPTION IN THAILAND

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CHAPTER 1

INTRODUCTION

Cigarette smoking has long been prevalent in Thai society. In the ancient days when Thailand was known as Siam, a French Minister who wrote about the Kingdom specified that the Siamese citizens both males and females favoured pungent cigarettes made of shredded tobacco leaf rolled in pieces of dried banana or palm leaf. There were indigenous species of tobacco as well as those imported from Manila and China. During Ratanakosin Era, Phra Ong Chao Singhanat Durongrit initiated the production of cigarettes which have been popular among Thai people.

In the year 1839, the Thai Government has established a cigarette manufacturing plant by taking over the business of Burapa Yasoop Co.Ltd. In 1843 the Tobacco Act was enacted stipulating Government monopoly for cigarette manufacturing. At present this business is under the jurisdiction of the Ministry of Finance. There are manufacturing plants and network in both central and provincial levels. Total workforce is around 7,000. Annual output is around 40,000 million cigarettes under 14 different brand names. Annual income in terms of excise tax is more than 29,000 million Baht.

CHAPTER 2

CURRENT SITUATION AND TREND OF CIGARETTE SMOKING IN THAILAND

In Thailand the 1993 National Survey on Smoking Behavior indicated that 11.6 million Thais more than 11 years of age were cigarette smokers who smoked daily (10.4 million) and occasionally (1.2 million). Daily smoking prevalence for males and females was estimated to be 43.2% and 2.5% respectively. The 15-19 age-group showed a smoking prevalence of 16.5%. Survey data also revealed that the number of regular smokers decreased around 980,000 during 1991-1992. Nevertheless the preliminary report of the 1996 National Survey suggested a slight increase of smoking prevalence among the Thai population. The last three surveys all indicated that about 80% of regular smokers started their habit before the age of 20.

The mean age at which regular smokers indulged in smoking was 18.5 years and quit the habit at the mean age of 42 years. In average regular smokers used 12.2 cigarettes per person per day 55.6% of which were locally manufactured products while 42.5% were self made cigarettes.

Professor Dr.Thira Limsila's study on hospital expenses of lung cancer patients who were admitted in government hospitals reported that each patient paid around Baht 300,000 excluding doctor's fees and other opportunity cost. Before getting sick it was likely that these people had already spent around Baht 100,000 for purchasing cigarettes as case history revealed that 95% of them had indulged in smoking.

In addition to socio-economic impact, cigarette smoking also bore impact upon the environment i.e. causing fire which might result in loss of life and property as well as natural resources. According to survey data, Thailand ranked second among countries where large amount of firewood were used for making tobacco leaves ripened about 11.4 kg. if firewood were burnt for every 1 kg. of tobacco leaves.

Towards the end of 1980, the Thai government had to open its market for foreign cigarettes in exchange of trade privileges under GSP. Eventhough current market share of foreign cigarettes was merely around 1.1%, there has been a tendency that the figure would be on the rise because of strong public awareness and campaign for transferring cigarette manufacturing plants from developed countries to developing countries. This incidence might result in the increase of cigarette smokers in Thailand, particularly among youths and women who have been high priority target groups for transnational cigarette manufacturing companies.

A survey conducted by Chat Saksantviriya et al in Khon Kaen province during 1992-1993 also indicated that among military and police workforces the rate of cigarette smokers were 31.8% and 31.4% respectively. Concurrently Siriwat Thiptaradol et al made another survey in Nong Khai and found that 31.4% of students at a local Technical College were smokers. Another survey done by the same group at 3 villages in Nong Khai revealed that around 20.2% of villagers indulged in cigarette smoking.

Table 1 and 2 presented data from the 1996 survey featuring the number and percentage of Thai smokers divided between males and females and by age-group.

CHAPTER 3

Problems caused by tobacco consumption in Thailand

3.1 Health problems

Cigarette smoking has been proven to be the important underlying cause of lung cancer, pulmonary emphysema, heart diseases, etc. The morbidity and mortality rates of Thai people due to the above mentioned diseases appeared as follows :

Lung cancer

Morbidity rate of lung cancer in Thailand had in creased from 0.77 per 100,000 population in 1973 to 4.23 per 100,000 population in 1983. As for mortality the rate had increased from 1.88 per 100,000 in 1977 to 2.59 per 100,000 in 1988.

Atherosclerotic heart disease

Based on hospital records, morbidity rate of atherosclerotic heart disease in Thailand had increased from 6.15 per 100,000 population in 1980 to 11.53 per 100,000 in 1988. As for mortality the rate had increased from 1.1 per 100,000 in 1980 to 31 per 100,000 in 1988.

Chronic obtrusive pulmonary disease

Morbidity rate of chronic obtrusive pulmonary disease was found to increase from 103.1 per 100,000 population in 1980 to 143.3 Per 100,000 in 1988. Whereas the mortality rate increased from 0.45 per 100,000 in 1980 to 0.6 Per 100,000 in 1988.

The increasing trend of morbidity and mortality rates of the three major diseases did correspond to the trend of increase in cigarette consumption. The fact that males were found to be much affected by those diseases than females concurred with the fact that there have been more male than female smokers.

In addition to the 3 major diseases, related medical research all over the world during the last two decades all confirmed that cigarette smoking has been the major cause of cancer of the larynx, bronchus and uterus as well as various other diseases.

3.2 Problems pertaining to economic lost

Suwatthana Jancharoen had conducted a study on hospital fees paid by outpatients who visiting government hospitals for treating the 3 major diseases. Table 3 revealed the accumulated number of visits, average fee per visit and overall expenses.

Table 1: Number and percentage of cigarette smokers among Thai population and percentage between male and female smokers

Year	No. and % of smokers		% of smokers by sex	
	no. (in million)	%	Males	Female
1976	8.6*	30.1	54.7	6.1
1981	9.7*	27.8	51.2	4.4
1986	10.4**	27.4	50.4	4.2
1988	10.1	25.0	46.7	3.5
1991	11.4	26.3	49.0	3.8
1993	10.4	22.8	43.2	2.5
1996	11.2	23.4	44.6	2.5

Source : National Statistics Bureau
* over 10 years of age
** over 11 years of age

Table 2: Percentage of cigarette smokers among Thai population by different age- groups

Age-group (year)	% of cigarette smokers by year			
	1986	1988	1991	1993
11 - 14	0.6	0.4	0.5	0.2
15 - 19	12.4	9.9	12.3	8.5
20 - 24	28.2	25.1	28.3	24.6
25 - 29	34.5	30.6	32.9	27.4
30 - 34	35.6	32.7	33.7	30.2
35 - 39	38.2	34.5	34.5	29.2
40 - 49	40.0	36.9	36.3	31.7
50 - 59	41.7	38.0	35.9	32.7
60+	35.4	31.1	31.2	25.4
All age groups	27.4	25.0	26.3	22.8

Source : National Statistic Bureau

Table 3: No. of patients' visits to outpatient department (OPD), average expense per visit and total annual expenses by type of illnesses

Illness	No. of patients' visits to OPD per year	Average expense per visit expenses (Baht)	Total annual expense (million)
1. Lung cancer	29,248	1,778.0	36.0
2. Atherosclerotic heart Disease	7,779,786	1,006.0	7,829.3
3. Chromic Obtrusive pulmonary disease	7,620,012	629.0	4,793.5

Source : Suwatthana Jancharoen, Economic Lost from Chronic Obtrusive Pulmonary Diseases, "A Research Report in 1989"

Apart from such expenses, the opportunity cost of untimely deaths of the patients by these three major diseases was estimated to be around Baht 802 million. Total financial lost incurred to patients affected by lung cancer, atherosclerotic heart disease and chronic obtrusive pulmonary disease was 2,652,092 and 4,679 million Baht respectively totaling 7,039 million Baht. This did not cover the expenses incurred to patients receiving services elsewhere other than MOPH's hospitals.

3.3 Problems concerning agro-economy

In many countries such as Zimbabwe and Malawi, income from tobacco constitutes one-fifth of gross agricultural products. In Thailand tobacco is one of the important cash crop for the northern and upper northeastern parts of the Kingdom. During 1984-1986 average annual production of tobacco leaves was 73.6 tons with the increase rate of 0.9% per year. Annual domestic consumption of tobacco was around 46.4-51.0 thousand tons per year while it was estimated that the figure would increase to 91.9 thousand tons by the year 2000.

In 1985 total cost of tobacco in Thailand accounted for Baht 1,900 million or 1.4% of gross agricultural products. Controlling local consumption of tobacco would result in reducing the area of tobacco cultivation. In this case substitution of appropriate cash crops for farmers is deemed highly essential.

3.4 Problems in reference to fiscal policy

Excise tax from cigarettes has long remained a major income of the Thai government. In 1987, Thai Tobacco State Enterprise produced a total of 29,800 million cigarettes and generated national income of 16,900 million Baht. It has been among the Top Ten State Enterprises which are highly productive. During the 3rd Five-Year National Economic and Social Development Plan the proportion of excise tax from cigarettes was 30.8 of total excise tax and accounted for 5.9% of total revenue from taxation.

Eventhough the latter was reduced to 3.1% in 1993 there has been continuing increase in real term as reflected in Table 4.

Table 4: Income derived from excise tax of tobacco products by each Five-Year Plan and successive fiscal years : in million Baht

Five Year Plan/ Fiscal Year	Total revenue from Tax[1]	Total excise tax[2]	Excise tax from cigarettes[3]
3rd Five-Year Plan	154,037	27,309.1 (19.0)*	9,020.1(30.8)**(5.9)*
4th Five-Year Plan	372,659	78,924.1 (21.2)	20,716.3(26.2) (5.6)
5th Five-Year Plan	669,533	181,297.1 (27.1)	45,483.8(25.1) (6.8)
6th Five-Year Plan	1,542,448	362,455.4 (23.5)	62,430.0(17.2) (4.0)
7th Five-Year Plan	3,094,877	688,995.8 (22.3)	95,647.9(13.9) (3.1)
1992	456,752	102,031.3 (22.3)	15,527.7(15.2) (3.4)
1993	522,004	125,788.7 (24.1)	15,637.5(12.4) (3.0)
1994	619,406	138,669.2 (22.4)	19,708.2(14.2) (3.2)
1995	711,098	155,308.5 (21.8)	20,717.2(13.3) (2.9)
1996	785,794	167,198.1 (21.3)	24,057.3(14.4) (3.1)

Source : (1) Bank of Thailand

(2) & (3) Department of Excise Tax

* % of total revenue from tax

** % of total excise tax

Based on above table it could be seen that during past five-year plans there has been a continuing increase of cigarette consumption and corresponding revenue from excise tax of tobacco products. In an attempt to reduce cigarette consumption with decreasing income from this source the fiscal policy must be reoriented with strategic plan to increase revenues from other sources.

3.5 Problems concerning ethics and image of the country

During the years 1989-1991 Thailand had been forced to open its market for foreign cigarettes imported from the United States and other countries subject to the designation of GATT while in the past tobacco was monopolized by the government. Up to the present time Thailand, as well as other developing countries, still face wide variety of assertive marketing campaigns of transnational tobacco companies including sharp reduction of cigarette price to win sizable market in the long run. Defensive strategies from the Thai health sector in campaigning that smoking is dangerous for health and that cigarettes are deadly products have not been successful due to the following arguments :

(1) Domestic cigarette manufactures still produce cigarettes and at the rates higher than those of past years ;

(2) Thai Tobacco has also exported their products overseas ;

(3) Thai Tobacco has extended its undertakings and established partnership with other countries such as Vietnam;

(4) Thai private sector such as Thepawong Co.Ltd. has its tobacco manufacturing business both within the country and overseas such as in Laos

CHAPTER 4

POLICY AND SOCIAL MOVEMENT FOR CONTROLLING TOBACCO CONSUMPTION

Cigarette smoking has long been a socially acceptable habit for Thai people. According to ancient tradition in honoring the monks or welcoming guests, tray of cigarettes and betal nuts was usually offered. Cigarette smoking is regarded by adolescents as symbol of advancing into adulthood. In the past people did not realize the effects of cigarette on health and smoking could be indulged anywhere without limitation in terms of time and place.

Social movements against cigarette smoking have been evolved in Thai society for more than 4 decades until national policy for controlling tobacco consumption had finally been developed in present. Such movements could be exemplified in the dimension of religion, health, politics, law and taxation as well as in social context.

4.1 Movements in religious dimension

Since the year 1947 up to the present time Phra Raj Voramuni (Phra Punya Nandha Bhiku), Chief abbot of Wat Cholapratarn Rangsrit, Phra Pisarn Thamma Pathi (Phra Payorm) of Wat Suan Kaew and other leading Buddhist monks have regularly conducted sermon against cigarette smoking. Cigarettes are held as addictive substances as well as a type of vice just like alcoholic drinks and gambling which should be reduced, given up and then totally rejected. Those who would like to be ordained at Wat Cholapratarn must first give up smoking.

In 1976, The Council of Social Welfare of Thailand led by Professor Dr.Snong Ounakul conducted a campaign against drug addiction and cigarette smoking. The activities comprised of large scale public education at offices and within communities as well as distribution of documents such as booklets and leaflets reiterating the unfavorable effects of cigarettes and how to quit smoking.

4.2 Movements in the context of health

General practitioners who treated lung diseases and heart diseases as well as thoracic surgeons who operated lung cancer were the prime movers who conducted health education encouraging the patients and the general public to reduce and quit smoking. However the scope of operation was quite limited. In 1967 Secretary General of Thai Medical Association (Dr.Songkram Supcharoen) recommended 5 essential actions to be enforced by the government namely :

(1) Cigarette advertising by Thai Tobacco be terminated ;
(2) Warning against unfavorable effect of smoking on health be printed on cigarette packages;
(3) Cigarette smoking in cinema halls, buses and meeting rooms be banned ;
(4) Strategies for preventing young people from smoking be formulated and put into actions ;
(5) Enhance participation of the mass media and concerned government agencies in providing health education on the dangers of smoking and preventive strategies.

Only one of the five recommendations was put into action in 1974 when the Thailand Tobacco Monopoly began to print words of warning on cigarette packages that "smoking may be dangerous to health."

The year 1979 was designated by WHO as the "Year for Campaigning against Cigarette Smoking" when there were evidences from medical research that smoking is dangerous both for the health of individual smokers and those who are near them. A popular monthly journal "Moh Chao Ban" (literally means folk doctor) thereafter dedicated one of its column for campaigning against tobacco consumption.

In 1987 Dr.Somkiat Onwimon and Ms.Ladawan Wongsriwong together with Professor Dr.Prakit Wathisathokkit had presented a TV documentary on the life of Police Major General Sunthorn Raktabutr who sffered from pulmonary emphysema. This program has aroused awareness and fear among the general public that cigarette smoking is extremely dangerous to health. In the same year Rural Doctor Association and Rural Doctor Foundation, under active collaboration and support of concerned public and private sectors such as Ministry of Public Health , Ministry of Interior, the Thai Parliamentarian, Folk Doctor Foundation, Medical Council, Medical Association, Central Department Store, Sport Ace Co., Monk's bodies (Wat Cholapratharn, Suan Mokhaphararam) and the mass media, had organized extensive publicity campaign and long-distance mass jogging from all regions of the country heading for Bangkok. This was to enhance awareness of the danger of cigarettes, build up commitment for protecting health of non-smokers and enforcement of law controlling tobacco consumption.

As a result of such campaigns the then Premier H.E. Prem Tinsulanonda officially designated that the Cabinet meeting room and all other meeting rooms in the government house be "no smoking area."

During the Ministry of Public Health's 46th anniversary in 1987, this occasion was for campaigning against cigarette smoking and nationwide exhibitions illustrating that smoking is dangerous for health was organized.

In 1989 the Permanent Secretary of Public Health stipulated that all hospital and health service centres put up "No Smoking" sign in their premises prohibit smoking. Thai Airways International also designated all domestic flights be free from smoking for health benefit of the general public. The National Cancer Institute also increased the scope of its no smoking campaign, set up quit smoking clinic and trained personnel from all concerned organizations about the dangers of smoking.

On the occasion of the World No Smoking Day as established by WHO, the Ministry of Public Health and all concerned public and private sectors including NGO's conduct campaign against cigarette smoking with specific theme each year such as "Smoking and Women," "Smoking and Adolescents," etc.

Development of Social Network for Campaigning Against Smoking

The above mentioned movements have become more organized since the last decade as reflected in the formation of a large number of autonomous bodies such as associations, foundations, professional groups, both of the public and private sectors including schools, offices and factories. This autonomous bodies have joint in reorienting the social values recognizing smoking as sophisticated or proof of adulthood to be under negative connotation that smoking is dangerous to health and causes annoyances to others.

Children also took part in the campaign against cigarette. School children both in Bangkok and at the provincial level have formed their own "Clean Lung Club" to generate new values among school children and adolescents not to indulged in smoking or consuming other toxic substances. Apart from "Clean Lung Club," Accociation for Protecting the Right of Non-Smokers, Association of Non-Smoking Women and the like were also established.

4.3 Movements in the context of politics, law and taxation

4.3.1 Movements in political dimension

Tobacco business has been monopolized by the government from the very beginning because it has been a major source of government revenue for the country. Eventhough at a later date the government realized the negative impact of cigarette upon health there has not been any tangible policy and strategies for reducing cigarette smoking among the population regardless of the driving forces from health professional associations. Past records revealed that Tobacco Monopoly of Thailand has generated sizable income for the government with an increasing trend of cigarette production. Since 1986 there has been continuing movements against cigarette smoking from both the public and private sectors. Eventhough the cabinet had issued its resolution authorizing the construction of another cigarette manufacturing plant on January 26, 1988 the case was heavily rejected by the general public. This had led to policy review and cancellation of the aforementioned construction project subject to cabinet resolution made on February 10, 1988.

Since 1988 there has been large-scale publicity of foreign cigarette via mass media for penetrating Thai market. While the nation's economy relied primarily on export and trade privileges from the United States sound decision had to be made by the government for certain products like textiles and jewelleries, as it involves risk in losing trade privileges in overall export of domestic products. Representatives from the Ministry of Commerce, Foreign Affairs, Public Health, House Foreign Affairs Committee together with domestic and overseas medical and health professional organizations and NGOs unanimously joint in negotiating with the United States until the matter was referred to GATT for final consideration. As a result Thailand was forced to open its market for foreign cigarettes in 1990 while the case was sympathized by global health organizations including those within the United States. Leading politicians in the U.S. such as Senator Edward Kennedy expressed special concern on case while results from a public hearing

indicated negative attitudes toward U.S. Tobacco for using GSP as a tool for penetrating cigarette market in Thailand and other developing countries.

Dr. G. Cornelli, representative of the U.S. Cancer Association expressed that the salient impact of the case will be that "non smoking campaign in Thailand will be speeded up 10 years earlier than usual." This notion held true as the issue had built up popular awareness of the dangers of cigarette and network of public and private organizations which put pressure for successive enactment of Cigarette Acts and regulations as well as other tangible actions.

4.3.2 Movements in legal context

Chronological development of the movements against cigarette smoking in legal context appeared as follows :

1973 Announcement of the Revolutionary Party No.294 prohibiting sale of cigarettes for children below 15 years of age which was not adequately enforced.

1974 Tobacco manufacturers agreed to label warning statements on cigarette packets after continued request and pressure from the Medical Association of Thailand for 7 years.

1976 Bangkok Metropolitan Administration issued a regulation prohibiting cigarette smoking in cinema halls and on public buses with Baht 1,000 and Baht 500 fines respectively for those violating the rules.

1982 Appointment of The Expert Group on Tobacco and Health chaired by Dr.Waith Areechon who later advised the Ministry of Public Health to work for tobacco control bills prohibiting tobacco smoking in all public places as well as designating that the age of purchesers, sellers and smokers not to be below 15 years.

1889 Thai Cabinet passed a resolution for utilizing the Consumers Protection Act B.E.2522 stipulating control of cigarette labeling and prohibiting all mass media advertising. Thai Cabinet appointed the National Committee for Control of Tabacco Use (NCCTU) chaired by the Health Minister and represented by all concerned ministries. This committee is responsible for formulating policies and plans for controlling and monitoring tobacco consumption.

1991 The NCCTU's prime initiators comprising Dr.Hatai Chitanondh, Prof. Dr.Prakit Vatheesatokit and Dr.Chuchai Supawong had submitted a proposal for setting up a new Division under the jurisdiction of the Office of Permanent Secretary of Public Health. After due consideration, the Office of Civil Service Commission merely granted the establishment of a new section under the Health Planning Division whereby the Health Ministry internally named it as "Office for Tobacco Consumption Control" initially headed by Dr.Siriwat Tiptaradol. The office was later transferred under control of the Department of Medical Services and renamed, "Institute for Tobacco Consumption Control.

1993 Council of State, in response of the pressure from all concerned sectors and regardless of the strong resistance from transnational tobacco manufacturers, had passed two Tobacco Control Bills namely :

(1) Tobacco Products Control Act B.E.2535 (1992) stipulating that :

1.1 Prohibition of advertisement of tobacco products or exposure of name or trademark mark of the products both directly and indirectly ;

1.2 Prohibition of any form of market promotion of the tobacco products ;

1.3 Prohibition of sales of tobacco products by vending machines ;

1.4 Prohibition of sales of tobacco products to children under 18 years of age ;

(2) The manufacturers or importers of the tobacco products have to inform the Ministry of Public Health of the composition of the tobacco products ;1.6 Warning statements shall be labelled in parallel at the bottom of both front and back of the cigarette packetsNon-Smokers' Health Protection Act B.E.2535 (1992) stipulating that :

2.1 Smoking is totally prohibited in public places like air-conditioned buses, passenger elevators, entertainment theatre, etc ;

2.2 Smoking is prohibited except the areas for private offices in public places like schools, kindergarten nurseries, etc ;

2.3 Smoking is prohibited except in the areas designated as "smoking areas" or private offices in public places like hospitals, shopping centres, department stores, etc ;

2.4 Smoking is prohibited in public places where health of non-smokers are protected except in the areas designated as "smoking areas" which must not exceed 50% of the public area like air-conditioned restaurants, etc ;

It is hereby noted that law enforcement of the two aforementioned acts in some sections has not been successful due to shortage of manpower to execute violators of the acts, lack of interest among police officers or authorities vested to perform the duty in case of violations, lack of budget for monitoring or follow-up, etc.

4.3.3 Movements in the context of taxation

Cigarette trade has yielded sizable income in terms of excise tax for the government. In 1996 income from excise tax of cigarettes accounted for Baht 24,057 million or 14.4% of total excise tax and around 3.1% of total revenue. The Thailand

Tobacco Monopoly has been among the top ten "good state enterprises" which are highly profitable for the government.

However the price of cigarettes and the rate of excise tax for cigarettes have been kept relatively low when compared with the rates of economic growth and inflation which have experienced a sharp increase. One pack of a brand name of cigarette which used to cost Baht 3.50 in 1960 was sold at Baht 22.0 in 1996. The relatively low cigarette price has induced increasing tobacco consumption among the population. As for the excise tax of cigarettes the rates of collection for the years 1966 and 1996 were 40% and 68% respectively while the rates of excise tax in European countries ranged around 72-85%.

In past years the increase of excise tax for cigarettes has been responsive to the high inflation rate or whenever the government needed to increase revenue. Only in 1993 that the increase of such tax was meant for health reason as proposed by the then Health Minister, Dr.Arthit Qurairat. The proposal called for increase of cigarette excise tax from 55% to 63% after which the cabinet had authorized the increase of 60%. This decision had borne favorable impact in that the rate of tobacco consumption declined while the revenue from excise tax of cigarettes has increased considerably.

4.4 Movements in social context

Awareness of the danger inherant in cigarette smoking among Thai population in the past was quite limited and centered around health professionals and the patients as indicated in 4.1 and 4.2. Since 1986 there has been more extensive publicity on TV, radio and newspapers to keep the people well-informed of the problem. The Rural Doctor Foundation has rendered continuing support for the no-smoking campaign directed by Prof. Dr. Prakit Vatheesatokit and Ms. Bang-on Rithipakdi, Extensive social marketing strategies have been applied in different types of media advertising. The campaign was highlighted by full participation from entertainment celebrities including famous singers, athletes and artists of various branches and thus yielded considerable impact upon the general public.

The no-smoking campaign generated by the Rural Doctor Foundation under the initiatives of Prof.Dr.Praves Vasi and Prof.Dr.Athasit Vejajiva with Prof.Dr.Prakit Vatheesatokit as Secretary-General has been evolved into the Foundation for Campaigning against Cigarette Smoking. The Foundation is currently chaired by Prof.Dr.Athasit Vejajiva and has been the NGO's with leading role in reducing tobacco consumption whose success was commended by the National Economic and Social Development Board.

One of the outstanding achievements of the campaign against cigarette smoking was the establishment of "Clean Lung Club" among various groups of young people particularly pupils and students both in Bangkok and in the provinces like Lumpang, Nakhon Sawan, Mukdaharn, Nong Khai, etc. This has helped expand the no-smoking campaign network while the Foundation provided essential resource persons, technical assistance and materials for publicity.

CHAPTER 5

WHO ASSISTANCE AND SUPPORT IN FORMULATING POLICY FOR CONTROLLING TOBACCO CONSUMPTION BOTH AT THE GLOBAL LEVEL AND IN THAILAND

Evidences from scientific research and medical data worldwide during the past 2 decades have proven that cigarettes are among the underlying causes of lung cancer, atherasclerotic heart disease, pulmonary emphysema and some other type of cancer. WHO has thus undertaken leading role in combating the world tobacco epidemic. The slogan for 1980 World Health Day read, "Smoking or health : the choice is yours!"

The role of WHO in assisting and supporting global and national policy for controlling tobacco consumption could be divided into 5 essential areas as follows :

5.1 Role in providing policy support and technical assistance
5.2 Role in establishing partnership and network
5.3 Role in supporting social mobilization
5.4 Role in generating leadership for anti smoking campaign
5.5 Role in providing financial support

5.1 Role in Providing Policy Support and Technical Assistance

5.1.1 Policy Support from World Health Assembly

In response of the resolutions made in World Health Assembly in Geneva in the years 1970, 1971, 1976 and 1978 WHO had provided guiding principles for all member states for further development of their national policy for controlling tobacco consumption.

WHA's resolutions and recommendations from WHO Expert Group on Cigarettes could be summarized as follows :

- WHA's resolution No.33.35 in 1985 designated a new programme on Smoking and Health
- WHA's resolution No.39.14 in 1986 designated strategies and targets for controlling the world tobacco epidemic while reiterating that tobacco consumption through whatever mean is against the global goal of Health for All by the Year 2000. The recommended strategies appeared as follows :
  - prevention of non-smokers' health particularly pregnant women and children;
  - strictly prohibit cigarette advertising
  - increase financial support for no-smoking campaign
    - formulate plan of action for controlling tobacco consumption for the period 1988-1995 with the specific objective that 20% of member states (37 countries) could reduce the rate of tobacco consumption by 10% in 1995.
    - WHA's resolution No.43.6 called for all member states to undertake integrated strategies for controlling tobacco consumption.

5.1.2 Technical Support From WHO Expert Groups

The Expert Group on Tobacco and Cigarette as appointed by WHO has made essential studies and issued technical reports of the state-of-the-art as follows :

- During the years 1974, 1978 and 1983, WHO Expert Group on Tobacco and Health had formulated policy recommendations in reference to tobacco and health as published in WHO Technical Report Series No.636 and 695.
- On 1979 World Health Day the slogan read, "Smoking or Health : the Choice is yours."
- In 1982, WHO had formulated strategies for controlling tobacco consumption in developing countries which appeared in WHO Technical Report Series No.695. The purpose was to generate awareness about the danger of smoking to health and warn them about the invasion of the transnational cigarette manufactures in developing countries.
- In 1987 WHO had appointed a task force to study on "Smokeless tobacco."

5.1.3 Other Technical Assistance

- During the biennium 1983-1984 WHO had published guideline and questionnaires for conducting survey on cigarette smoking among different population groups, standardized the process of analysing nicotin, tar and carbon monoxide contents in cigarettes to be marketed in developing countries as well as provided guiding principles for setting up referenced laboratory and manpower development.
- Published and disseminated technical documents which facilitated member states in formulating national policy for controlling tobacco consumption.
- Collaborated with International Agency for Research on Cancer in preparing country - specific baseline data on the rate of cigarette smoking, quantity of tobacco consumption, morbidity and mortality rates of diseases caused by cigarette smoking.
- Published "Tobacco Alert" journal every 3 month to update policy and research worldwide.
- Published technical documents concerning tobacco and health in different languages such as English, Spanish, French, etc. for worldwide distribution:

  (1) Women and Tobacco

  (2) Smokeless Tobacco Control

  (3) Tobacco : A Major International Health Hazard

  (4) Working for Tobacco - Free Cities

  (5) It can be done

  (6) Tobacco: " Free Europe

  (7) Interaction of Smoking and Workplace Hazards : Risks to Health

  (8) Legislative Action to Combat the World Tobacco Epidemic.
- Produced communication materials for worldwide publicity during World No-Smoking Day

WHO's Contribution in Thailand

- In the year 1983, WHO funded a national meeting on "Smoking and health in Thailand" organized by the National Cancer Institute and the Expert Group on Smoking and Health chaired by Dr.Waith Areechon. The meeting passed a resolution requesting the government to promulgate a Tobacco Act prohibiting smoking in public places such as entertainment theatres, public transport, etc.

5.2 Role in Establishing Partnership and Network

WHO has built up extensive partnership and network for campaigning against cigarette smoking as follows :

5.2.1 Co-opted with International Civil Aviation Organization-ICAO to reduce smoking areas during the flight

5.2.2 Previous WHO Director-General, Dr.Hiroshi Nakajima and Mr.Jacques Moreillon, Secretary-General of the World Scout Association jointly organized worldwide no-smoking campaign covering more than 16 million of world scouts.

5.2.3 Collaborated with UNESCO and UNICEF in the study for prevention and reduction of drug addiction among young people.

5.2.4 Collaborated with Olympic Council as well as global and regional athletic organizations to ensure cigarette-free matches both in smoking and publicity such as International Olympic hosted by Republic of Korea at Seoul, Spain at Bacelona and U.S.A. at Atlantic City including all winter Olympic games.

5.2.5 Called upon Head of State attending the first World Summit for Children in 1990 to formulate strategies for reducing or prohibiting cigarette advertising for children.

5.2.6 Built up partnership with medical and health related professions such as Cardiologist Association, Oncologist Association in campaigning against cigarette smoking.

5.2.7 Collaborated with concerned public and private sectors in the "Healthy Cities" development process by incorporating the non-smokers protection component as part and parcel of the movement through legal or social measures

5.2.8 Called upon World Bank not to provide any loan or support any research or projects which are related to tobacco or cigarette industries.

5.2.9 Collaborated with Secretary General of the United Nations in designated no-smoking areas in their respective offices and jointly established task force for interdepartmental cooperation in the issue of tobacco and health which is represented by WTO, ILO, UNCTAD, UNIDO, World Bank, etc.

5.2.10 Collaborated with Environmental Conservation Organization in undertaking campaign against cigarette smoking under the theme that the smoke from cigarettes may harm people and environment while tobacco manufacturing depends upon fuel from firewood and thus constituted the underlying cause for deforestation.

In addition during the 1st World No Smoking Day in 1988 the Director-General of WHO had called upon all concerned organizations inclusive of entertainment celebrities, the mass media, the Parliament, women's organizations, cigarette smokers, manufacturers, sellers and the government to consider the danger of cigarettes upon health and joined in

the no smoking campaign so that it will be materialized before the outset of the 21st century.

Effort of WHO in setting up partnership and network for controlling tobacco consumption at the international level has been emulated in Thailand. Concerned organizations both of the public and private sectors such as Association of Medical Specialists in Lung Diseases, Cardiologists Association, Thai Airways International, Sport Associations, National Scout Council, UNESCO and UNICEF Area Representatives joined in the fight against tobacco epidemic. Results of the joint undertaking will be discussed in the next chapter.

5.3 Role in Supporting Social Mobilization

Extensive social mobilization to promote no-smoking campaign has been organized by WHO at the global, regional and country levels. Technical and financial assistance have been given to Member States in the form of data and information, research findings and other technical documents, policy reorientation as well as funds for organizing meetings, seminars, research and campaigns conducted by concerned universities, Ministry of Public Health, Professional Organizations and various NGO's. The Folk Doctor Foundation which has actively indulged in no-smoking campaign for more than a decade has contributed toward building up social awareness of the problem as well as generating no-smoking value in the Thai society through active involvement of famous singers, actors, political leaders, religious leaders, leading businessmen, the mass media, etc.

A salient development initiated by WHO was the designation of World No-Tobacco Day on May 31st of each year of worldwide publicity under a particular theme as reflected in the corresponding slogan.

1989 The female smoker at added risk
1990 Growing up without tobacco
1991 Public places and transport : better be tobacco-free
1992 Tobacco-free work places : safer and healthier
1993 Health services, including health personnel against tobacco
1994 The media against tobacco
1995 Tobacco costs more than you think
1996 Sports and arts without tobacco
1997 United for tobacco-free world

All the aforementioned themes were designated well in advance and informed the Member States accordingly with a set of data, technical documents, essential supplies and guiding principles so that the campaign on World No-Tobacco Day could be implemented worldwide concurrently. WHO 6 Regional Offices in different parts of the world also render technical assistance to their member countries to ensure success of their respective campaigns.

5.4 Role in Generating Leadership for Anti-Smoking Campaign

Each year WHO Tobacco or Health Medals are presented to leaders or institutes at the global and country level who have outstanding supportive role in no-smoking campaign such as proposing Tobacco Act, increasing excise tax for tobacco, supporting information dissemination, fight against the power of transnational tobacco companies, etc.

At the global level WHO Tobacco or Health Medals were presented to Reader's Digest, Aeroflot, Northwest Airline, Mr.Peter Ring, President Jimmy Carter, President Fidel Castro, Pat Cash the winner of 1987 Wimberdon, etc.

In Thailand WHO had presented Tobacco or Health Medals to the following leaders and leading organizations :

1990 H.E. Mr.Chuan Leekpai
Prof. Dr.Prawase Vasi
1991 H.E. Mr.Suthas Ngernmurn
Dr.Hatai Chitanont
1992 Mr.Somchai Arsanajinda
Prof. Dr.Prakit Vatheesatokit
Thai Airways International
1993 Mr.Santi Virayarangsrit
1994 H.E. Dr.Udomsilp Srisangnam
Central Department Store Co.Ltd.
1995 Phra Tham Kosajarn (Punya Nanta Bhikku)
Phra Pisarn Thammapati (Pyorm Kallyano)
1996 H.E. Prof. Dr.Athasit Vejajiva
H.E. Dr.Arthit Ourairat
1997 H.E. General Prem Tinsulanon

5.5 Role in Providing Financial Support

WHO funding for no-tobacco campaign were primarily allocated for technical and manpower development such as technical meetings, seminar, medical and health manpower development including organization of World Conference on Tobacco or Health on a bi-annual basis. The 10th World Conference was organized in Beijing, People's Republic of China during August 24-28, 1997. Its participants comprised researchers, doctors, public health administrators, lawyers, social scientists, etc. from all over the world who joined in assessing the progress of their programmes in relation to tobacco and health which yielded tangible impact and could be replicated in other countries.

At the regional and country levels WHO has funded technical meetings, seminars, training both locally and at the regional and global levels. In WHO/SEAR a Regional Meeting on Tobacco or Health was organized in Nepal in 1984 with participants from India, Indonesia, Sri Lanka, Bangladesh and Thailand. WHO/WPRO has funded 4 meetings on Tobacco and Health organized by Asia Pacific Association for Control of Tobacco (APACT), the last one was held in Chiangmai, Thailand, during November 22-24, 1995.

In Thailand WHO had allocated country budget for Tobacco or Health campaign and other technical and health manpower development activities during the biennium 1992-1993 and 1994-1995 in the amount of Baht 871,000 and Baht 799,000 respectively. In addition WHO had supported Dr.Hatai Chitanon in publishing a book, "Tobacco Use" in 1980 which contained essential background information about tobacco worldwide. Dr.Chuchai Supawong (et al) also received WHO fund for conducting a comprehensive study on Chronological Development of Tobacco Control in Thailand which had been published for references.

CHAPTER 6

IMPACT OF WHO SUPORT IN CONTROLLING TOBACCO CONSUMPTION IN THAILAND

WHO global, regional and country programmes for controlling tobacco consumption have yielded, both directly and indirectly, favorable output and impact upon the Thai programme for controlling tobacco consumption as appeared in the following system chart :

Facilitating Factors	**Existing and newly Established Organizations**	**Process and role of Concerned organizations**	**Output and impact**
- Problems concerning tobacco consumption in Thailand - Global awareness of the danger of cigarettes - Pressure from the U.S. for Thailand to import foreign cigarettes	- World Health Organization - Foundation for Campaigning Against Cigarette Smoking - National Committee for Controlling Tobacco Consumption - Other government organizations and NGO	- Policy of Royal Thai Government in controlling tobacco consumption - Formulation of strategies, programmes, projects and budgeting - Promulgation of 2 Cigarette Acts - Increase of excise tax for cigarettes	- Rate of smoking among Thai people - No-smoking value orientation - Protection of non-smokers' right - No-smoking Campaign network - Prohibition of cigarette advertising - Designation of no-smoking areas

It must be noted, however, that such output and impact were the result of extensive intersectoral collaboration and continuing commitment of NGO's particularly the Foundation for Campaigning against Cigarette Smoking together with WHO catalytic role at the regional and country levels.

Extensive information dissemination based upon policy, programme and plan of operations supported by WHO has generated awareness of the danger of cigarette smoking among the medical and health professions as well as the general public. The fight against

tobacco epidemic by all concerned parties has yielded tangible output and impact in 3 essential areas as follows :

6.1 technical impact

6.2 impact upon national policy

6.3 social impact

6.1 Technical impact

6.1.1 Technical meetings, training, seminars, etc.

In the inter-regional, regional and in country programmes WHO had rendered financial assistance for Thai policy makers, administrators and technical personnel to attend meetings, training and seminars both directly and indirectly relevant to tobacco control. Experiences gained from such meetings particularly in view of technical exchanges with counterparts from other countries had enable the participants to contribute towards policy formulation, planning and programming for controlling tobacco consumption. Among the key actors who received WHO assistance were prof. Dr.Prakit Vatheesatokit, Dr.Hatai Chitonondh, Dr.Chuchai Supawong, Dr.Supakorn Buasai and Ms.Bang-on Rithipakdi, Deputy Secretary-General of the Foundation for Campaigning Against Tobacco Consumption including the prime movers like Dr.Wait Areechon, Prof. Dr.Thira Limsila, Prof. Snong Ounakul.

WHO also supported training for trainers programmes organized by Dr.Kraichak Kaewnin and Dr.Waraporn Phumiswad of the Institute of Tobacco Consumption Control. At the community level WHO had supported the Foundation for Campaigning against Cigarette Smoking in organizing training for pupils, teachers, community leaders including training or anti-smoking activities with women groups. These activities have generated popular awareness and participation of various target groups in tobacco control.

6.1.2 Preparation of background information and documents concerning tobacco and cigarette

In 1993 WHO provided funding for Dr.Hatai Chitanondh to conduct a comprehensive study on the body of knowledge concerning tobacco and cigarettes worldwide including in Thailand. The report of the study entitled "Tobacco Use" was thereafter updated and distributed to educational institutions and concerned government organizations to be used as a referenced material.

In 1996 WHO research grant was given to Dr.Chuchai Supawong and Dr.Supakorn Buasai to study the "chronological development of tobacco consumption control in Thailand." The report of this study gave historical account of the work being undertaken, the prime movers, concerned persons and organizations who participated in the campaignn against tobacco consumption.

6.1.3 Establishment of WHO Documentation Centre

Under the initiative of Dr.Kanchana Kanchanasinith, the then Assistant to the Permanent Secretary of State for Public Health, WHO and the Ministry of Public Health jointly established WHO Documentation Centre in the MOPH's. This centre has had comprehensive collection of WHO technical documents and reports in the areas of medicine and public health in which those related tobacco and cigarettes are essential integral parts.

WHO Documentation Centre and its regular newsletters and information leaflets have served the health profession and the general public in obtaining information and referenced materials on tobacco and the danger towards health, economy and society as a whole.

6.2 Impact upon national policy

Since the appointment of the National Committee for Control of Tobacco Use chaired by the Minister of Public Health on March 14th, 1989, this Committee has taken an active role in policy formulation and designation of future scenario for controlling tobacco consumption among Thai people as well as enhance intersectoral collaboration in this undertaking. WHO has provided continuing financial support for the committee particularly in policy development, organization development as well as development of strategies and plan of action for controlling tobacco consumption. The Committee, under close collaboration with the Foundation for Campaigning Against Tobacco Consumption, was successful in proposing for the promulgation of the 2 important tobacco control laws in 1992, namely :

(1) Tobacco Products Control Act B.E.2535

(2) Non-Smokers' Health Protection Act B.E.2535

The two Acts were accepted by international health community as one of the best Tobacco Acts worldwide, next to those of Australia, Singapore and Canada. It was developed after a comprehensive study of legal measures being applied for controlling tobacco use throughout the world made by Dr.Hatai Chitanondh. After a lengthy period of courageous fighting and counteracting with representatives of transnational tobacco conglomerates and US Trade Representative, the Ministry of Public Health and other campaign partners were successful in passing the two bills through the Judiciary Council and had the laws enacted on March 13th, 1992.

The contents of the 2 Acts were specified in Chapter 4. The Tobacco Products Control Act B.E.2535 was successful in controlling tobacco consumption as it prevent tobacco advertising both directly and indirectly. Law enforcement may be limited in certain places like tourist attraction areas where indirect publicity may prevail. Section 4 of the Act which prohibited sale of cigarettes to persons below 18 years of age has not been adequately enforced. A study conducted in metropolitan area of Nong Khai province revealed that of all the stores selling cigarettes, 50.9% has violated Section 4 by selling cigarettes to young people. All distributors were found to be conformed with Article 1 of MOPH announcement No.2, B.E.2535 by labelling warning statements with respect to the harm of cigarettes on packages or cartons.

As for the Non-Smokers' Health Protection Act B.E.2535 which designated no-smoking areas in public places, the rate of violation was found to be around 29%.

However the Act has generated awareness of the right of non-smokers and has reduced cigarette smoking in public places quite considerably.

An outstanding impact of the policy for controlling tobacco consumption was that the government had, for the first time, allocated Baht 20 million budget directly for the no-smoking campaign particularly in producing audio-visual materials for publicity including TV and radio commercials. Government budget was also allocated for nationwide campaign on World No Smoking Day as initiated by WHO.

6.3 Social impact

6.3.1 Reorientation of social value

Overall policy, programme and activities undertaken by both the public and private sectors in campaigning against tobacco consumption have generated polular awareness of the danger of cigarette smoking. Legal measures for protecting the right of non-smokers have made cigarette smoking unacceptable in certain public places. Cigarette smoking in the past which used to connote sophistication or proof of adulthood on the part of smokers is socially unfavorable or even objected in certain circumstances by law. In various offices and meeting rooms, smoking is prohibited. As a result of extensive television and radio publicity using young actors and new wave personalities acting against cigarette smoking as well as the sensational scene of a boy who lost his father out of heart failure from heavy smoking, people began to have negative value towards tobacco consumption.

Other factors facilitating no-smoking value comprise of eco-consciousness of the globalization era which holds that cigarette production process and cigarette disposal are underlying causes of forest squaltering for fuel and forest fire. Social movement against sex discrimination or women liberalization bears both negative and positive impact upon cigarette smoking. The negative impact was the increase of cigarette advertising for women, emphasizing women liberalization or smoking for sophistication. The positive impact was the emerging value among women that smoking may cause early aging, inappropriate personality, social objection and negative effect upon the fetus during pregnancy, etc.

6.3.2 The trend of cigarette smoking among Thai population

Although the number of Thai smokers increased around 1 million persons per year with corresponding increase in tobacco production and annual profit of the national tobacco industry during the past decade, the rate of smoking among the Thai population has experienced a slight decline.

Table : Number and percent of cigarette smokers by year of census

year	Population (in million)	No. of cigarette smoker (in million)	%
1976	28.7*	8.6	30.1
1981	35.1*	9.7	27.8
1986	38.0*	10.4	27.4
1988	40.5**	10.1	25.0
1991	43.3**	11.4	26.3
1993	45.7**	10.4	22.8
1996	47.1**	11.2	23.4

Source: National Statistical Bureau
* population over 10 years of age
** population over 11 years of age

During 1988-1996, the rate has decreased from 25.0 in 1988 to 22.8 and 23.4 in 1993 and 1996 respectively. It is noted that young people and women are now targeted by the transnational tobacco corporation in expanding their market share in Asia and this issue needs to be taken into due consideration in future plan for controlling tobacco consumption.

6.3.3 Network for anti-smoking campaign

In the beginning NGO's who participated in campaigning against tobacco consumption were those generated by the medical profession with quite limited scope of operation. In the year 1980 the Folk Doctor Foundation was partially supported by the government to conduct extensive anti-smoking campaign. Since then there has been a series of permanent and adhoc. NGOs for controlling tobacco consumption being established such as Clean Lung Club, New Wave Non-Smoker Women Club, Association for Protecting Non-Smokers' Right, School/Factory/Workplace Anti-Smoking Club, etc.

In 1992 the Ministry of Public Health had allocated its annual budget of Baht 49 million to support campaign against tobacco consumption conducted by non-profitable organizations. Due to extensive information dissemination and increasing awareness of the danger of cigarettes, the private sector and concerned government bodies have rendered continuing support in organizing activities on the occasion of the World No-Smoking Day.

CHAPTER 7

ROLE OF WHO IN FUTURE DEVELOPMENT OF TOBACCO CONSUMPTION CONTROL PROGRAMME IN THAILAND

Although WHO has rendered both direct and indirect support through Office of WHO Representative towards the Tobacco Consumption Control Programme in Thailand which yielded favorable results as stated in Chapter 6, there is still a need for sustainable programme development and reorientation of strategies and measures for inducing behavioral changes among the cigarette smokers and manufacturers. Sharing of experiences with WHO Member States, updating policies and strategies to meet with current conditions and establishing partnership both within the country and at international level are deemed essential for future development of tobacco consumption control in Thailand.

WHO's assistance are required in 4 essential areas as follows :

7.1 Catalytic role in policy formulation
7.2 Technical support
7.3 Social mobilization and networking
7.4 Financial support and fund raising

7.1 Catalytic role in policy formulation

Although Thailand has been successful to a certain extent in formulating and implementing policies for controlling tobacco consumption, WHO's catalytic role is still essential in certain policy issues as follows :

7.1.1 Policy for increasing the rate of excise tax from cigarettes for health purpose

The rates of increase of cigarette pricing and excise tax in the past have been much lower than inflation rate and thus have little effect on reduction of tobacco consumption among the people. The rate of cigarette smoking increased with the increasing income as a result of high economic growth during past years. In 1994 Dr.Arthit Ourairat the then Public Health Minister had demonstrated the political will to increase the excise tax of cigarettes for the first time for health purposeand the cabinet authorized an increase from 55% to 60% with succeeding annual increase at the rate to be designated. Increase of cigarette pricing and control of cigarette smuggling have also been used as complementary strategies for controlling tobacco consumption, particularly among low-income group and young people.

From a follow-up study of policy implementation, it was noted that the sale of cigarettes reduced by 55 million packages per year (2.5%) while the annual excise tax from cigarettes increased around Baht 3,138.2 million. Dr.Supakorn Buasai made an estimation that increase of cigarette pricing at Baht 2-5 per pack will result in reducing or quitting smoking of approximately 200,000 young people.

7.1.2 Allocation of excise tax for health promotion

Victoria State of Australia demonstrated a good example of how excise tax from cigarette could be mobilized for health promotion. Each year around 5-10% of such tax collected is allocated directly for health promotion activities such as sports, arts, music, research for solving health problems caused by cigarette smoking, anti-smoking campaign for young people, etc.

WHO has cited the Victorian approach to be replicated in other Member States. Among the strategies recommended were the generation of political will among top leaders such as the Prime Minister, Minister of Health in mobilizing and allocating resources gained from cigarette trade to support health promotion activities which could be done through lobbying, briefing and regular provision of updated information.

Other policies and strategies such as limiting access of cigarettes among women and youths should be brought into immediate attention as these two population groups are envisaged as priority targets of tobacco industries. The two Cigarette Acts also need to be enforced to ensure full effectiveness.

To influence national policies formulation WHO could work through the United Nations for rectification of certain policy and strategies by Member States, binding them to undertake corresponding actions. The success of 1990 World Summit for Children had demonstrated that mutual commitment at the global level could bear tangible impact upon children's health.

7.2 Technical support

WHO technical support could be provided in different forms, both directly and indirectly as follows :

7.2.1 Tobacco Information Centre

Existing WHO Documentation Centre within the Ministry of Public Health should also serve as Tobacco Information Centre with WHO's assistance in procuring referenced books, periodicals and technical documents. Updated information technology should be developed and made use in information dissemination and networking with major information centre such as GLOBALINK which serves as World Tobacco and Cigarette Information Centre. Linkages with the Ministry of Public Health, Information Technology Office will facilitate technical collaboration with WHO Regional Offices.

7.2.2 Education and research

Tobacco education and research in essential issues have been fairly limited and centered within university circle. Clinical research of diseases caused by cigarette smoking and behavior-oriented research in the communities in relation to this issue have been meagre. Though tobacco consumption has been one of the underlying causes of

medical on Tobaccology or Smoking Epidemics, at the master degree or Ph.D. levels have not been popular among academic workforce of the university.

To promote increasing awareness and commitment of technical personnel in combating the smoking epidemics, WHO should support the Ministry of Public Health in organizing Technical meetings or workshops between university teachers and field implementers to formulate key issues whereby research or investigations are needed and thereafter provide financial support for research projects generated as a result of such meetings.

7.2.3 Training and seminar

WHO should support "Tobacco or Health" training and seminar at least once a year to provide opportunity for those who are involved in tobacco consumption control programme and projects at all levels to update their knowledge concerning this issue, exchange their field experiences, present their research finding and recommend innovative strategies for controlling tobacco consumption.

7.2.4 Model development

As anti-smoking campaigns were often planned and organized in metropolitan area by making use of the mass media in information dissemination, the approaches have not reached the rural population or specific target groups in the community. The framework of anti-smoking campaigns have not incorporated the essential areas of following-up and evaluation of the outputs.

To encourage development of appropriate models for implementing anti-smoking campaign in specific areas such as schools, workplace or community with well-planned package of communication materials, WHO should provide technical and financial support for model development as requested by concerned organizations or Individual researchers such as Foundation for Anti-Smoking Campaign, Tobacco Consumption Control Institute, Provincial Public Health Offices such as Mukdaharn, Nongkhai, Payao, etc.

7.2.5 Study tour

Study tour is regarded as an appropriate strategy for technology transfer during which the participants and their counterparts could exchange knowledge and experiences in programme planning and implementation. WHO could support this undertakings by making provision in the regional or country programmes for supporting study tours on tobacco consumption control both within the country and overseas while recommending the Tobacco Consumption Control Institute to allocate its annual budget to support study tours for both the public and private sector personnel.

7.2.6 Production of technical documents

WHO should support resourceful individuals or organizations in producing technical documents as follows :

(1) Annual report of the progress in implementing the national policy for controlling tobacco consumption in Thailand.

(2) Tobacco or Health quarterly journal for medical and health as well as other concerned personnel to publish their research reports, personal experiences or views in relation to tobacco control, diseases caused by cigarettes, laws and regulations, etc.

(3) Booklets on Tobacco and Health (8-12 pages technical documents) to be issued on a monthly basis to disseminate updated information and movements in tobacco consumption control worldwide.

(4) Technical monographs such as on Cigarette and Women, Cigarette and Teenagers, etc.

7.3 Social mobilization and networking

Social mobilization for establishing no-smoking value in the society needs to be sustained in all cadres of the society. WHO needs to undertake a proactive role in tobacco consumption control such as organizing more frequent press conferences, seminar of prime movers, provincial governors, policy makers of both the public and private sectors, etc. This is to attract continuing interest of the public and encourage all concerned organizations to accelerate their work in tobacco consumption control, particularly in enforcing the 2 Tobacco Control Laws.

In expanding organizational network for tobacco consumption control the Office of WHO Representative to Thailand should follow the approaches made by WHO/HQ in mobilizing all concerned agencies such as ILO, International Olympic Council, UNDP, WTO, FAO, IAO, International Scout Organization, International Women Organization, UNICEF, UNESCO, etc. to take part in anti-smoking campaign. This approach could be applies in Thailand by mobilizing the participation of the representative offices such as collaborating FAO research for crop substitution in tobacco plantation, coopting with UNICEF in no-smoking campaign in women and youths, convincing sport organizations not to accept sponsorship from cigarette industries while promoting sport and physical exercise among young people, etc. In addition to promoting in country network as such WHO country and regional offices should strengthen inter-country and inter-regional collaborations to facilitate information exchange and technology transfer among Member States.

The immediate action which could be undertaken in Thailand with WHO support is the organization of training and seminar on Tobacco or Health in Thailand with participants from Myanmar, Laos, Cambodia and Vietnam during which the state-of-the-art in tobacco consumption control having been developed in Thailand for more than a decade could be a case study. Experienced resource persons of high capacity such as Dr.Hatai Chitanondh, Prof. Dr.Prakit Vatheesatokit, Ms.Bang-on Rithipakdi, Dr.Chuchai Supawong, Dr.Supakorn Buasai as well as renowned resource person from Hong Kong, MsJudith McKai? could be invited to be keynote speakers or resource pesons of such training or seminar. Through WHO financial assistance Thai experts on tobacco consumption control could be dispatched to neighboring countries.

7.4 Financial support and fund raising

The role of WHO in the 3 aforementioned areas should be based upon specific country programme and budget duly allocated. Eventhough Tobacco or Health does exist in WHO programme structure, the budget allocated appeared in lump sum whereby individual project proposals were submitted for funding. The outputs were, therefore, quite limited and had not yield tangible benefit to the national programme for controlling tobacco consumption. In order to undertake a proactive approach WHO should support a comprehensive situational analysis of the problem and the corresponding short-term, medium-term and long-term plans of operation after which these plans may be sub-contracted to appropriate persons or organizations for actual implementation. Follow-up and evaluation should be essential integral parts of each plan to ensure effective implementation and sustainability.

In organizing fund raising campaign, WHO should use UNICEF's approach in appointing Goodwill Ambassador at the global level such as former U.S. President Jimmy Carter, movies celebrity Robert Redford. Renowned personalities and leaders in Thai society such as former Prime Minister General Prem Tinsulanon, Prof. Dr.Pravase Wasi, Mr.Meechai Viravaidhya could be appointed as WHO Goodwill Ambassador in the same manner that former Premier Anand Punyarachun was honored as UNICEF Goodwill Ambassador. These people could help not only in fund raising but also in policy formulation and implementation.

CHAPTER 8

CONCLUSION

Thailand has faced sizeable health problems and economic lost as a result of tobacco consumption which was widespread in the past. About 25% of the population over 11 years of age were cigarette smokers in 1988. The rate decreased merely around 0.5% per year as tobacco consumption control activities were limited only among doctors and public health professions. Recognizing that the general public was not well informed of the danger of cigarette smoking upon health the Rural Doctor Foundation, under close collaboration with the public sector, have conducted extensive publicity since 1987 to educate the people and build up no-smoking value in the society.

WHO has provided its catalytic role, both directly and indirectly through the Office of WHO Representative in Thailand, in supporting tobacco consumption control activities in Thailand. Technical assistance were provided in the areas of policy formulation, planning, programming as well as providing continued financial support for no-smoking campaigns conducted by the public and private sectors.

Tobacco or Health was incorporated in WHO programme structure with corresponding activities at global, regional and country level. One of the outstanding social contribution was the designation of the World No-Smoking Day on May 31st with different themes being emphasized in the annual campaigns which has been conducted regularly for about a decade. On this occasion, Tobacco or Health medals were presented to world leaders, institutes or individuals who have contributed in the fight against the tobacco epidemic. The overall development activities and sustaining campaigns have helped increase awareness of the general public of the unfavorable effect of smoking upon health. Cigarette smoking which has been socially acceptable gave way to a reorientated value that smoking is disgusted and may harm the health and individual rights of others.

WHO also rendered technical support and encouraged the enactment of 2 Thai Tobacco Control Acts namely :

(1) Tobacco Products Control Act B.E.2535 (1992)

(2) Non-Smokers' Health Protection Act B.E.2535 (1992)

The 2 Acts were commended by Ruth Roemer, J.D., Adjunct Professor Emerita of UCLA and Past President of American Public Health Association which read :

" Thailand is a country I have held up as the developing country with the most advanced legislation on tobacco control ... are advanced than that of many industrialized countries. "

Under the 2 Acts, cigarette advertising was totally banned, sale of cigarettes to person below 18 years of age was prohibited, statement of warning against danger of cigarette must be labelled on cigarette cases, smoking is not allowed in designated public places, etc. while penalties for violating the Acts were clearly stated.

WHO also assisted in building-up essential body of knowledge concerning tobacco and cigarettes worldwide and by each regional office to help all potential actors in having access to new knowledge, research findings while supporting exchange of experiences among Member States through journals, newsletter and WHO's technical series on Tobacco and Health which are distributed to interested persons all over the world.

In the future, it is envisaged that WHO should enhance her role in following up and strengthening partnership within the network of concerned organizations which join in the no smoking campaign at the global, regional and country levels. This is to ensure that through exchange of experiences and expertise, each country will be capable of counteracting against the dynamic marketing strategies and tricks of the transnational cigarette trade in taking advantage of the loophole in national policy and strategy for marketing promotion. Exchange of information and technology transfer among Member States and partnership among international health profession organizations could help reduce pressure enforced upon political leaders as experienced in Thailand.

In view of fund raising to keep the no-smoking campaign sustainable, WHO should invite international celebrities to assist in this endeavor in order to obtain more fund for supporting the campaign in the future.

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