World Health Organization

JOINT NATIONAL CAPACITY ASSESSMENT ON THE IMPLEMENTATION OF EFFECTIVE TOBACCO CONTROL POLICIES IN

THAILAND

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Abbreviations

AFTA	Asian Free Trade Agreement
ASH Thailand	Action on Smoking or Health Foundation, Thailand
BMA	Bangkok Metropolitan Administration
CIF price	Cost, Insurance, Freight, or the cost of import at the destination (i.e. land border or port of entry)
DDC	Department of Disease Control
WHO FCTC	WHO Framework Convention on Tobacco Control
GYTS	Global Youth Tobacco Survey
MoPH	Ministry of Public Health
NCCTU	National Committee for the Control of Tobacco Use
NGO	nongovernmental organization
RYO	roll-your-own (tobacco)
SEARO	WHO Regional Office for South-East Asia
SEATCA	Southeast Asia Tobacco Control Alliance
ThaiHealth	Thai Health Promotion Foundation
THPI	Thai Health Promotion Institute
TRC	Tobacco Control Research and Knowledge Management Centre at Mahidol University
TTM	Thailand Tobacco Monopoly
UC	Universal Coverage health care scheme
VAT	value added tax

Executive summary

A group of 38 national, international and World Health Organization health experts assessing the country's tobacco control work conducted more than 80 interviews between 2 and 13 November 2008. The assessment team found that Thailand has a distinctive tobacco control model based on close cooperation between the Ministry of Public Health (MoPH), the Thai Health Promotion Foundation (ThaiHealth) and a very active coalition of tobacco control nongovernmental organizations guided by a unique generation of creative civil society leaders.

This model has allowed Thailand to implement a number of strong policy measures to protect the Thai population from the dangers of tobacco. Such measures include key approaches to reducing tobacco consumption, particularly in the areas of packaging and labelling, advertising bans and smoke-free public areas. As a result of these measures, the prevalence of smoking has steadily decreased over time among both sexes, and exposure to second-hand smoke among households has declined.

Despite decreasing trends, however, challenges persist. Smoking rates remain high among adult men. A higher proportion of younger women are now smoking compared with their predecessors. Exposure to second-hand smoke remains unacceptable.

The tobacco control achievements in Thailand have created a perception of success in Thai society and government. The leadership of the tobacco control movement in the governmental and nongovernmental sectors is well aware of the challenges ahead, but this awareness does not necessarily exist outside this group. Complacency in some sectors of government and civil society may blur the magnitude of the tasks remaining to be done in tobacco control in Thailand.

To ensure the sustainability of current initiatives and further progress, the following recommendations are offered.

1. **Continue to increase tobacco prices through taxation in line with inflation, and substantially increase taxes on "roll your own" cigarette tobacco.**
   Cigarettes have become more affordable over the years as per capita income has been increasing more rapidly than tobacco taxes. An estimated 50% of tobacco consumed in Thailand is "roll your own," which is taxed at a very low level and often bypasses tax collection and has minimal price incentives for consumers.

2. **Ensure 100% smoke-free indoor environments in all indoor public places and workplaces, including non-air-conditioned spaces, to provide universal and equal protection for all workers and the public from exposure to second-hand smoke.**
   The current law permits certain smoking areas in public places, and is not completely compliant with Article 8 (protection from second hand-smoke) of the WHO FCTC. Enforcement of the law could be further strengthened.

3. **Provide cessation support for all tobacco users through brief cessation interventions within the primary care system.**
   Priority should be given to developing and promoting brief cessation interventions that can be routinely incorporated into existing health care delivery networks, especially within the primary care system. As a minimum, this should include encouraging attempts to quit through the identification of tobacco use among all health care users, the delivery of brief advice to quit to all tobacco users and active referral, especially of priority and vulnerable population groups, to treatment services. This will require the establishment and implementation of national cessation guidelines. The sustainability of the Thai tobacco control model depends on three factors: the continued leadership of civil society, with the incorporation of new leaders and new organizations into tobacco control; the strengthening of the Government's role in tobacco control; and the continued flow of funds to tobacco control. For these reasons, there follow two additional recommendations.

4. **Strengthen and enhance the Thai tobacco control model by:**
   - identifying and developing future leaders in tobacco control within both government and civil society;
   - strengthening the National Committee for the Control of Tobacco Use;
   - reinforcing the capacity of government to lead policy changes, coordinate multisectoral tobacco control planning and implement tobacco control strategies in a sustainable manner (this will require a well-staffed tobacco control cluster, more funds from the regular budget of the MoPH, and closer attention to effective enforcement of tobacco control laws);
   - maintaining and potentially expanding local funding mechanisms for tobacco control, particularly using earmarked tobacco and alcohol taxes for ThaiHealth; and
   - building and sustaining capacity within the tobacco control workforce at all levels.

5. **Give priority to creating a national plan of action for tobacco control, engaging multiple stakeholders, and identifying strategies and activities to have a comprehensive national tobacco control programme, including a system for monitoring the plan's implementation and outcomes.**

6. **Improve efforts for rising public awareness through effective mass media campaigns.**

1. Introduction

Thailand has implemented a number of strong policy measures to control the tobacco epidemic. As a result, the prevalence of smoking has steadily decreased over time among people of both sexes. In addition, the average number of cigarettes smoked per day by males has declined over time, from 12 per day in 1991 to 10 in 2007. For females, however, the number has slightly increased, from 7 per day in 1991 to 8 in 2007.

Despite steady decreases, smoking prevalence is still high among males

Despite decreasing trends, smoking rates remain high among men. For adults, the major source of smoking data is the national surveys conducted by the National Statistical Office of the Ministry of Public Health (MoPH) since 1976. Over the past 16 years, the number of current smokers decreased from 12.3 million in 1991 to 10.9 million in 2007, resulting in the decreasing of current total smoking prevalence from 32.0 % to 21.2 %. The smoking prevalence among men decreased from 59.33 % in 1991 to 41.7% in 2007 and among women from 4.95 % in 1991 to 1.9% in 2007.

A higher proportion of girls than women are smokers

Although the smoking prevalence is low among adult women, the proportion of young people that smoke is higher than in preceding generations. The survey conducted in 2004 revealed that 5.2% of females aged 13-15 years were current smokers (more than double the adult female prevalence) and that 10.0% of never-smoking girls indicated that they were likely to take up smoking in the coming year. In addition, almost half of girls surveyed possessed an object with a cigarette logo, a strong predictor of becoming a regular smoker later in life. All these data indicate that the smoking prevalence among females may increase rapidly if nothing is done to prevent it.

Exposure to second-hand smoke has decreased but remains high among both young people and adults

Data from national surveys conducted in 2001, 2004 and 2007 show declines in exposure to second-hand smoke among households, from 86% in 2001 to 59% in 2007. This shows that despite improvements, exposure to second-hand smoke is still high. Other surveys also show a high level of exposure. Among third-year students in the health field, 63% were exposed to second-hand smoke in schools and other public places. Moreover, close to half of young people aged 13-15 years (47.8%) are exposed to second-hand smoke at home and almost 70% are exposed outside of their homes.