

POLICY BRIEF

TOBACCO CONTROL AS AN ACCELERATOR FOR THE SUSTAINABLE DEVELOPMENT GOALS IN THAILAND



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**World Health
Organization**

Thailand



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KEY MESSAGES

- Tobacco kills more than 50,000 people annually in Thailand, and costs the economy up to 0.78 percent of its GDP. There is a high rate of tobacco use among men with a prevalence of 39.2 percent.
- Tobacco use has clearly established links to poor health, especially the four major non-communicable diseases: cancer, diabetes, chronic respiratory disease, and cardio-vascular disease.
- Tobacco costs lives, causes economic losses, contributes to environmental degradation, and poses significant threats to sustainable development.
- Thailand has put in place strong policy and legal frameworks for tobacco control over the past two decades.
- This paper highlights how a continued focus on strengthening tobacco control will help accelerate Thailand's efforts to achieving the 2030 Agenda for Sustainable Development, and the Sustainable Development Goals.
- This paper explores linkages between tobacco control and the Sustainable Development Goals, and makes recommendations for using tobacco control as an accelerator for Sustainable Development.

INTRODUCTION

Tobacco costs lives, causes economic loss, contributes to environmental degradation, and poses significant threats to sustainable development. Tobacco kills more than 50,000 people in Thailand annually,¹ and was responsible for 19.6 percent and 9.6 percent of deaths among men and women, respectively, in 2010.² Economic costs attributable to tobacco use in Thailand are estimated at 0.78 percent of its GDP.³ Thailand's smoking prevalence is 39.2 percent for males, and 1.8 percent for women.⁴ The Global Youth Tobacco Survey shows that 16.9 percent of surveyed students started smoking before the age of 10 years, and 68.6 percent of female adolescent and young adult smokers started smoking at the age of 14.⁵

There is clear evidence to link the use of tobacco with poor health – especially the four major non-communicable diseases (NCDs) of cancer, diabetes, chronic respiratory disease and cardio vascular disease. The use of tobacco and its supply also harm Thailand's developmental goals as a whole. Tobacco use displaces household expenditure on basic needs, including food and education, and it can push families into poverty and hunger. It causes environmental damage, which in turn leads to climate change. It affects life under oceans and on land, and imposes disproportionate health and socioeconomic challenges on tobacco users, the poor, women, youth and other vulnerable populations.

1 WHO SEARO, "Tobacco", available at <http://www.searo.who.int/thailand/areas/tobacco/en/>.

2 The Tobacco Atlas, "Country Fact Sheet, Thailand", available at <http://www.tobaccoatlas.org/country-data/thailand/>.

3 Bundhamcharoen, K., Aungkulanon, S., Makka, N., & Shibuya, K. (2015). Economic burden from smoking-related diseases in Thailand. *Tobacco control*, tobaccocontrol-2015.

4 SEATCA (2016). The Tobacco Control Atlas, 3rd Edition.

5 *ibid*

Thailand became a Party to the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2005. The WHO FCTC was developed in response to the globalization of the tobacco epidemic, and has 168 signatories, and 181 parties, committed to the control of tobacco.⁶

Thailand played a leading role in the drafting of the WHO FCTC, and over the past two decades, has put in place strong policy and legal frameworks for tobacco control. In 2009, excise taxes on cigarettes were increased to 85 percent of the ex-factory price. The National Strategic Plan for Tobacco Control 2010-2014 was introduced the following year, alongside pictorial warnings covering 55 percent of the front and back of cigarette packets, a ban on smoking in public places, and a total ban on smoking in schools. Since then, the excise tax has gone up to 90 percent of the ex-factory price, pictorial warnings have been expanded to cover 85 percent of cigarette packets, and a new national plan for tobacco control was developed for 2016-2020.⁷ Most recently, Thailand enacted the Tobacco Products Control Act of 2017, to further strengthen its tobacco response. The new Excise Act is a combination of the previous seven excise tax laws, and the tax base is changed from ex-factory price to suggested retail price, and is two tiered for cigarettes.

To support these efforts, this paper highlights how a continued focus on strengthening tobacco control will help accelerate Thailand's efforts towards achieving the 2030 Agenda for Sustainable Development and the Sustainable Development Goals (SDGs). UN Member States adopted the 17 SDGs in 2015, as a universal call to action to end poverty, protect the planet and ensure that all people enjoy peace and prosperity, with a commitment to leave no one behind. SDG 3, "Ensure healthy lives and promote well-being for all at all ages," includes a specific target on tobacco control (3.a), positioning implementation of the WHO FCTC as key to sustainable development. It also includes a target to reduce premature mortality from NCDs by one-third by 2030. This paper explores linkages between tobacco control and the SDGs, identifying issues and opportunities to deliver mutual benefits across the SDG agenda.



GOAL 1: END POVERTY IN ALL FORMS EVERYWHERE

Tobacco control can help accelerate poverty alleviation efforts. This is because tobacco use results in premature death and disability, with breadwinners exiting the labour market in the prime of their lives, and disruption to employment or schooling of caregivers – often women and girls. Treating diseases associated with tobacco use can result in catastrophic out-of-pocket medical expenditures, especially for the poor, trapping families in a 'vicious cycle' of poverty and poor health. In every region of the world the poor are those most likely to use tobacco, have reduced access to critical prevention and treatment services, and endure lower levels of access to education and other health messaging opportunities. Meanwhile, spending on tobacco can divert a significant percentage of household resources from food, education, healthcare, housing, agricultural inputs and other productive investments.

KEY FACTS

- Buying tobacco robs families of the resources they need to rise out of poverty.

6 WHO (2003). WHO Framework Convention on Tobacco Control. Available at <http://apps.who.int/iris/bitstream/handle/10665/42811/9241591013.pdf?sequence=1>.

7 WHO (2016). Global Youth Tobacco Survey Thailand, 2015. Available at <http://apps.who.int/iris/bitstream/10665/251465/1/9789290225355-eng.pdf>.

- In Thailand, THB 12.64 billion (US\$ 0.37 billion) was spent on direct and indirect medical costs attributable to tobacco in 2009.
- 76 percent of smokers in Thailand reported spending money on tobacco, instead of essentials such as education and food.⁸
- Poorer families also spend a greater proportion of their income on tobacco products, or 13.6 percent of their annual income, 5 times greater than what a high income Thai family spends.⁹
- Annual expenditure on tobacco is estimated to be THB 75 billion (\$2.5 billion), which is 0.75 times the household expenditure on education (THB 95.3 billion) and 3 times the expenditure on the Bangkok Mass Transit System (THB 25 billion).¹⁰
- A smoker in Thailand would have to spend 3.6 percent of the national median income to purchase 10 of the cheapest brand of cigarettes each day.¹¹

RECOMMENDATIONS

- Pro-poor tobacco control policies should be formulated in accordance with the WHO FCTC, including access to tobacco cessation support for the poor.
- Research on the socioeconomic impacts of tobacco on the poor should be carried out to inform pro-poor tobacco control policies.



GOAL 2: END HUNGER, ACHIEVE FOOD SECURITY AND IMPROVED NUTRITION AND PROMOTE SUSTAINABLE AGRICULTURE

Tobacco control helps tackle the problem of hunger. Household expenditure on tobacco products, and out-of-pocket medical costs for tobacco-related ill-health, is money not invested in food and nutrition. Current smokers are more likely to be food insecure than non-smokers. Moreover, tobacco cultivation eats up large swaths of land, which could otherwise support sustainable food production systems. About 90 percent of commercial tobacco leaf is grown in the Global South, often in countries where undernourishment and child labour continue to pose challenges.

KEY FACTS

- For the cost of a packet of a popular brand of cigarettes, a person could buy 1.5 kg of rice or 17 eggs in Thailand.¹²
- Tobacco farming is less profitable than other crops, because of the capital required, and the price fluctuation.¹³ Alternative crops to tobacco include rice, corn, peanut, and vegetables, among others, and may create income and more profit for farmers, reducing food insecurity.

8 The Tobacco Atlas, "Tobacco and Poverty", available at <http://www.tobaccoatlas.org/topic/tobacco-poverty/>.

9 SEATCA (2008). Status of tobacco use and its control—Thailand report card.

10 SEATCA (2013). The ASEAN Tobacco Control Atlas.

11 The Tobacco Atlas, "Country fact sheet: Thailand", available at <http://www.tobaccoatlas.org/country-data/thailand/>.

12 SEATCA (2016). The ASEAN Tobacco Control Atlas.

13 SEATCA (2013). The ASEAN Tobacco Control Atlas.

- Tobacco farming poses a significant threat to food and nutrition security, as well as sustainable agriculture and livelihoods.

RECOMMENDATIONS:

- Support tobacco farmers to engage in economically viable alternatives.
- Prevent subsidiary programmes to tobacco farmers by tobacco companies.
- When designing alternative livelihoods for tobacco farmers, provide information on the mechanics of introducing alternative crops and reducing tobacco farming.
- Offer vocational training for youth from tobacco farming families, so that there are alternatives to tobacco farming.



GOAL 3: ENSURE HEALTHY LIVES AND PROMOTE WELL-BEING FOR ALL AT ALL AGES

Tobacco control is essential for meeting most of the targets to ensure healthy lives and well-being at all ages. Tobacco is one of the key risk factors for NCDs. Exposure to tobacco smoke affects the health of mothers, and the impacts start in-utero for the infant. Environment pollutants from tobacco manufacturing, and air pollution from smoking cause adverse health outcomes, which can be prevented through the control of tobacco. SDG 3 includes a tobacco specific target and indicator. The target 3a seeks to accelerate implementation of the WHO FCTC with a view to reduce adult prevalence of tobacco by 2030. The treaty's overarching objective "to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke" makes it instrumental for Thailand to achieve this Goal.

KEY FACTS

- Tobacco use may constrain Thailand's progress towards achieving most of the SDG health targets.
- NCDs already account for 71 percent of all deaths in Thailand, with the probability of premature mortality (death before the age of 70) from NCDs at 16 percent.¹⁴ Reduction in tobacco use will contribute to achieving NCD targets.
- Globally, 14 percent of all NCD deaths among adults aged 30 years and over are attributable to tobacco.¹⁵
- Children whose mothers were exposed to or inhaled cigarette smoke during pregnancy had a 1.3 times increased risk of lower respiratory tract infection, and a 2.4 times increased risk of asthma.¹⁶
- Young Thai children are 4 times more likely to suffer from acute respiratory conditions such as acute bronchitis, pneumonia and bronchial asthma when they are raised in homes where three

¹⁴ WHO (2015). NCD Progress Report 2015.

¹⁵ NCD Alliance, "Tobacco use", available at <https://ncdalliance.org/why-ncds/ncd-prevention/tobacco-use>.

¹⁶ "Lower Respiratory Tract Infection in Children Under 5 Caused by Second-Hand Smoke Exposure," presented by Naowarut Charoenca, Nipapun Kungskulniti, Dusit Sujirarat, Stephen Hamann, Sorasak Lojindarat Faculty of Public Health, Mahidol University, College

or four adults are smoking indoors, and where family members are carrying children around while they are smoking.¹⁷

- Globally, more than a third of all people are regularly exposed to the harmful effects of smoke. This exposure is responsible for about 600,000 deaths per year, and about 1 percent of the global burden of disease worldwide.¹⁸
- A female current smoker has 6 times the odds of being a harmful or hazardous alcohol user, in comparison to males, who have 2 times the odds.¹⁹

RECOMMENDATIONS:

- Simplify and increase tobacco taxes according to WHO recommendations: move to a single tier tax system, continue to increase tax rates taking into account affordability and inflation, and tax increase taxes on roll-your-own cigarettes.
- Strictly enforce the Tobacco Products Control Act of 2017, which raised the minimum legal sale age for tobacco products from 18 to 21, and banned single stick sale and tobacco advertising, among other areas.²⁰
- For NCDs and other health harms caused by tobacco, a whole of government response with strong civil society involvement is needed, as and impacts on health also affect other sectors such as education, labour, finance, among others.
- Strengthen tobacco control at provincial levels with increased support, including funding for implementation of tobacco control programmes in accordance with the Tobacco Products Control Act of 2017.



GOAL 4: ENSURE INCLUSIVE AND QUALITY EDUCATION FOR ALL AND PROMOTE LIFELONG LEARNING

A quality education includes accessible messaging around how children can lead healthy, productive lives, and should provide a safe-environment, free from risks such as second-hand smoke and tobacco advertising. Supporting schools to create tobacco-free environments can help protect children and teachers, shift social norms, and enhance education. Tobacco control also helps keep children in school: (1) when families are healthier, children are not forced to drop out of school to take care of a sick relative or to find work to make up for lost wages; (2) household spending on tobacco products and expenditures in response to tobacco-related ill-health is money not used to support children's education; and (3) for tobacco growing families, children are often kept from school to work. Adding to the list of interactions is the fact that adolescent smoking is associated with attention deficits and increased risk of cognitive impairment later in life. College

of Medicine, Rangsit University, Children Hospital at the 12th Society for Research on Nicotine and Tobacco Annual meeting, 15-17 February, 2006 in Orlando, USA.

17 Charoenca, N., Kungskulniti, N., Tipayamongkhogul, M., Sujirarat, D., Lohchindarat, S., Mock, J., & Hamann, S. L. (2013). Determining the burden of secondhand smoke exposure on the respiratory health of Thai children. *Tobacco Induced Diseases*, 11(1), 7. Available at <http://doi.org/10.1186/1617-9625-11-7>.

18 WHO, "WHO Global Health Observatory (GHO) data – Second-hand smoke," available at http://www.who.int/gho/phe/secondhand_smoke/en/.

19 Aekplakorn, W. et al (2008). "Tobacco and hazardous or harmful alcohol use in Thailand: joint prevalence and associations with socioeconomic factors."

20 (2017). Thailand's voluntary national review on the implementation of the 2030 agenda for sustainable development, June 2017. Available at <http://www.mfa.go.th/sep4sdgs/contents/filemanager/images/sep/VNR%20English.pdf>.

students who use tobacco are shown to have lower academic scores than those who do not use tobacco.²¹ Studies also found that teachers' smoking is a strong influencing factor for smoking by students. Furthermore, by making teachers and parents sick, tobacco can take away important educational resources for children.

KEY FACTS

- Tobacco undermines educational development of children in Thailand. Nearly 17 percent of students aged 13-16 years started smoking before the age of 10 years.²²
- Nearly a third of students aged 13-15 years thought that "smoking tobacco helps people feel more comfortable at celebrations, parties, and social gatherings."²³
- Students who smoke cigarettes tend to engage in more risky behaviours, such as drinking alcohol, using other drugs, premature sexual activity and gambling, compared to non-smokers.²⁴
- Teens who smoke are 9 times more likely to meet the medical criteria for past year alcohol abuse or dependence, and 13 times more likely to meet the medical criteria for drug dependency and abuse of illegal drugs than teens who do not smoke.²⁵
- Tobacco cultivation is highly labour-intensive and involves family labour, including child labour. From a survey carried out in a tobacco production area in Thailand, 8 percent of labour in the tobacco farm is provided by children (aged under 15 years).²⁶
- The exposure of Thai students to second-hand smoke at home or inside an enclosed public place was reported at nearly 40 percent.²⁷

RECOMMENDATIONS:

- Strictly enforce smoke-free schools, as nearly 50 percent of students "saw anyone smoking inside the school building or outside on school property."²⁸
- Support and train teachers, who can be instrumental in not only promoting non-smoking behaviour and literacy among students, but also among their families.
- Develop strategies to free children from unfair and unsafe tobacco-related labour practices. Stringent implementation of child labour laws may keep children out of tobacco fields.
- Incorporate more tobacco control and health-related information in the formal education system.

21 University of New Hampshire, "How does tobacco use impact your academic performance", available at <https://www.unh.edu/healthyunh/blog/tobacco/2015/10/how-does-tobacco-use-impact-your-academic-performance>.

22 WHO (2016). Global Youth Tobacco Survey Thailand, 2015.

23 *ibid*

24 Center on Addiction (2007). New CASA report: Teen cigarette smoking linked to brain damage, alcohol and illegal drug abuse, mental illness. Available at <https://www.centeronaddiction.org/newsroom/press-releases/tobacco-the-smoking-gun>.

25 *ibid*

26 Jirawat Jaroensathapornkul (2010). Return and economic cost of burley tobacco production in Tubpeung Subdistrict, Srisumrong District, Sukhothai Province. *Naresuan University Journal*. Vol 18 (2). (Publication in Thai)

27 WHO (2016). Global Youth Tobacco Survey Thailand, 2015.

28 *ibid*



GOAL 5: ACHIEVE GENDER EQUALITY AND EMPOWER ALL WOMEN AND GIRLS

Tobacco control measures, which address gender-specific risks – as required under Article 4.2(d) of the WHO FCTC – can contribute to women's well-being. Women are not only exposed to sex-specific health risks from tobacco, including those related to tobacco use during pregnancy, but also bear a disproportionate burden of second-hand smoke exposure. Power inequities in the home and workplace, as well as low levels of empowerment, are impediments to changing this dynamic. Even as women account for over half of all deaths from NCDs globally, NCDs are still often misconstrued as being of greater importance for men, leading to critical delays in diagnosis and treatment for women. Meanwhile, socially prescribed gender norms of masculinities in relation to tobacco smoking, puts men at risk for health harming behaviour. Strengthened tobacco control can help close gaps in gender-related policy, programmes and research, to make it more targeted, while countering the tobacco industry's self-serving appropriation of female empowerment and masculinity.

KEY FACTS

- Green tobacco sickness, an occupational hazard among tobacco farmers, is 1.5 times more prevalent among women than men.²⁹
- Women and children are targeted through advertisements of the tobacco industry, to increase their customer base.³⁰ The Thailand 2015 Global Youth Tobacco Survey revealed an upward trend in cigarette smoking among girls, from 3.8 percent in 2009, to 5.2 percent in 2015.
- When purchasing cigarettes, girls were found much less likely than boys to be denied because of their age.
- Smokeless tobacco use is higher among women than men in Thailand (6.3 percent versus 1.3 percent).³¹
- According to the Global Adult Tobacco Survey in Thailand in 2011, non-smokers who were women had a significantly higher rate of exposure to second-hand smoke at home than men (31.2 percent compared to 22.1 percent)

RECOMMENDATIONS:

- Identify gender-specific risks and develop gender-specific strategies for more effective tobacco control including prevention and cessation.
- Engage women and girls – of different ages and backgrounds – in tobacco control programming and research.
- Conduct awareness and advocacy programmes to create the culture of smoke-free homes.

29 Saleeon T, Siri Wong W, Maldonado-Pérez HL, Robson MG. Green tobacco sickness among Thai traditional tobacco farmers, Thailand. *Int J Occup Environ Med*, 2015.

30 The Tobacco Atlas, "Country fact sheet: Thailand."

31 WHO (2009). Global Adult Tobacco Survey (GATS): Thailand Fact sheet. Available at http://www.who.int/tobacco/surveillance/thailand_gats_fact_Sheet_2009.pdf.



GOAL 6: ENSURE AVAILABILITY OF AND SUSTAINABLE MANAGEMENT OF WATER AND SANITATION FOR ALL

Tobacco control supports clean water and sanitation because cigarette butts are the most widely littered product globally, often dumped into our planet's oceans, lakes and other water sources. Meanwhile, tobacco production is not only water intensive but also disperses chemicals into nearby waterways. Without considering the environmental life cycle of tobacco and its impacts on pollution, hazardous waste disposal, and inefficient water use, efforts to achieve clean water and sanitation will be both less comprehensive and less effective.

KEY FACTS

- As a mono-crop, tobacco plants are vulnerable to a variety of pests and diseases, which require the application of large quantities of chemicals – pesticides and growth regulators. The common agricultural practices related to tobacco farming, especially in low-income and middle-income countries, lead to deforestation and soil degradation.³²
- From a study in a selected area in Thailand, the quantity of agrochemicals (pesticides, herbicides and insecticides) used in tobacco farming is greater than rice farming. Tobacco farming households reported having a higher chance (12 times) of sickness from agrochemicals than rice farmer households.³³

RECOMMENDATIONS

- Provide assistance for alternative livelihoods for tobacco farmers, to prevent water contamination because of tobacco farming and use of pesticides.



GOAL 8: PROMOTE SUSTAINED, INCLUSIVE AND SUSTAINABLE ECONOMIC GROWTH, FULL AND PRODUCTIVE EMPLOYMENT AND DECENT WORK FOR ALL

Tobacco control can help avoid the productivity and GDP losses which result from premature mortality, sick leave, and unwell workers who remain on the job but perform below capacity. Tackling tobacco would also advance better and safer working conditions, while helping to diversify economies. Pathways include smoke-free spaces for workers and leveraging workplaces as a platform to deliver health messaging as well as counselling and services. Tobacco control efforts can also support families to shift from tobacco growing, and the debt-bonded and child labour it often entails, to alternative economic activities which can be more lucrative and do not harm

32 Lecours N, Almeida GEG, Abdallah JM, Novotny T. (2012). Environmental health impacts of tobacco farming: a review of the literature. *Tobacco Control*. 21:191-196.

33 Jirawat Jaroensathapornkul (2012). Health of the burley tobacco farmers: economics cost should be realized?

growers' health. Indeed, nicotine toxicity from handling tobacco leaves (i.e. green tobacco illness) undermines the well-being of farm workers, particularly women, children, minority and migrant workers. Cigarette manufacturers and leaf buying companies often exploit farmers to obtain profits from below-cost leaf, with frequent sustained debt as a result.

KEY FACTS

- The total economic burden of smoking amounted to THB 74.88 billion in 2009. Most of the burden resulted from productivity loss which was estimated at THB 62.24 billion. The total medical cost attributable to smoking was THB 12.64 billion.³⁴
- The total cost of smoking accounted for 0.78 percent of Thailand's GDP, and about 18.19 percent of total health expenditure.³⁵
- The Tobacco Products Control Act of 2017 authorizes, through the Ministry of Public Health, to designate work places as smoke-free or smoking restricted. As of 2010, all work places have been designated 100 percent smoke-free, with a few exceptions in the hospitality industry.³⁶

RECOMMENDATIONS:

- Provide alternative livelihoods programmes for tobacco farmers that are sensitive to farmer's needs, including their willingness to shift livelihoods and the associated costs.
- Extend tobacco free work places to cover all work places without exception.



GOAL 9: BUILD RESILIENT INFRASTRUCTURE, PROMOTE INCLUSIVE AND SUSTAINABLE INDUSTRIALIZATION AND FOSTER INNOVATION

Research optimization is an important element of tobacco control, particularly for uncovering cost-effective tobacco treatment interventions, which can be widely disseminated with strong uptake. Access to information and communications technology is also relevant to tobacco control. In an increasingly connected world, the marketing of tobacco products has only grown more global and more nuanced. Tobacco control advocates must continue to actively capitalize on emerging platforms (e.g. social media) and disciplines (e.g. behavioural sciences) to raise awareness, support cessation, and unmask tobacco industry tactics (a strategy which can increase people's autonomy and instill in them a sense of social justice). WHO's mobile health (mHealth) programme, for example, leverages the ubiquity of mobile technologies to support a range of tobacco control objectives, from smoke-free places to cessation and training of health workers.

34 Bundhamcharoen, K., Aungkulanon, S., Makka, N., & Shibuya, K. (2015). Economic burden from smoking-related diseases in Thailand. *Tobacco control*, 2015.

35 *ibid*

36 Tobacco Control Laws, "Legislation by Country: Thailand," available at <http://www.tobaccocontrolaws.org/legislation/country/thailand/sf-indoor>.

KEY FACTS

- Depictions of smoking in films and other media tend to portray smokers as attractive and successful, which can influence young people.³⁷
- A school-based study showed that Thai adolescent smokers felt that smoking enhanced maturity, masculinity, and made teens look more attractive and cool.³⁸
- A YouTube video called Smoking Kid resulted in a 40 percent increase in calls to the smoking quit line in Thailand, and went viral internationally. The video was an innovation by the Thai Health Promotion Foundation, building on the 'shock value' of having a child ask for a cigarette, and adults reacting by explaining the ill effects.³⁹

RECOMMENDATIONS:

- Strengthen multi-sectoral coordination on tobacco control through the establishment of cross-cutting action teams involving different government ministries, civil society organizations, and professional groups.
- Proactively encourage and use innovations in technology to change the way tobacco is perceived, and get messages across in a more powerful way, particularly among youth.
- Discourage tobacco related industry investments, manufacturing, plantation and export. The government should also discourage expansion of the Thai Tobacco Monopoly.
- Restrict the promotion of tobacco through forums and expos in Thailand.



GOAL 10: REDUCE INEQUALITIES WITHIN AND AMONG COUNTRIES

Tobacco use widens inequalities within and amongst countries, not just in terms of health outcomes but across development dimensions. Low and middle-income countries already endure 87 percent of the world's premature mortality from NCDs, with the poorest and most marginalized disproportionately affected. Various forms of social disadvantage and deprivation – stress, isolation, unsafe neighbourhoods and limited recreation, for example – are associated with greater vulnerability to smoking⁴⁰, which leads back to inequitable conditions. Meanwhile, the tobacco industry is increasingly targeting low and middle-income countries and vulnerable populations in their marketing strategies, and disadvantaged groups face difficulties accessing essential health services and information.

KEY FACTS

- Poor or less-educated adults in Thailand are more likely to smoke.⁴¹

37 Page, R. M., Suwanteerangkul, J., Sloan, A., Kironde, J., & West, J. (2012). Thai adolescents' normative beliefs of the popularity of smoking among peers, adults, the successful and elite, and parents. *Social Development*, 21(4), 849-867.

38 SEATCA (2004). Prevalence of smoking and related factors in school students in Thailand.

39 NY Daily News, "Heartbreaking Thai 'smoking kids' anti-smoking ad goes viral," 21 June 2012, available at <http://www.nydailynews.com/news/world/heartbreaking-thai-smoking-kids-anti-smoking-ad-viral-article-1.1100062>.

40 Eriksen, M, et al. 2015. The Tobacco Atlas: Fifth Edition. American Cancer Society and World Lung Foundation. Available at: http://3pk43x313ggr4cy0lh3tctjh.wpengine.netdna-cdn.com/wp-content/uploads/2015/03/TAS_2015_WEB.pdf.

41 Benjakul, S., Termsirikulchai, L., Hsia, J., Kengganpanich, M., Puckcharern, H., Touchchai, C., ... & Asma, S. (2013). Current manufactured cigarette smoking and roll-your-own cigarette smoking in Thailand: findings from the 2009 Global Adult Tobacco Survey. *BMC Public Health*, 13(1), 277.

- Bangkok residents have the lowest smoking rate (13 percent), while people in the socioeconomically disadvantaged southern region have the highest smoking rate (25 percent).
- Stronger tobacco control policies can benefit the poor disproportionately and contribute to reducing inequality in Thailand.

RECOMMENDATIONS:

- Strictly enforce the Tobacco Products Control Act of 2017 to reduce inequalities among people in Thailand.
- Tailor tobacco control programmes to benefit low income and vulnerable groups in order to reduce inequities created by tobacco.



GOAL 11: MAKE CITIES AND HUMAN SETTLEMENTS INCLUSIVE, SAFE, RESILIENT AND SUSTAINABLE

Tobacco smoke diminishes ambient air quality such that, without appropriate tobacco control measures, the safety of housing, workplaces, transport systems and public spaces is compromised. With the majority of the global population now living in urban areas, local governments are presented with a challenge and responsibility to protect and enhance the lives of entire city populations. Through the lens of tobacco control, local governments worldwide are showing initiative and leadership which, in turn, can shape national standards. Examples include smoke-free cities and raising of tobacco excise taxes, with the latter not just important for reducing health inequities but also for sustainably financing municipal priorities.

KEY FACTS

- Thailand is one of the countries in the Association of Southeast Asian Nations (ASEAN) that prohibits smoking in bars and pubs (with a few exceptions in the hospitality industry).⁴²
- In 2007, Thailand hosted the 24th smoke-free South East Asia Games, held in Nakhon Ratchasima in 2007, and it is has a smoke-free city, the historical town of Sukhothai.⁴³
- Despite campaigns for 100 percent smoke-free restaurants and other indoor public places, lax implementation continues to be reported. A 2011 study found that second-hand smoke was still common in restaurants (47 percent), work places (31 percent), public transportation (26 percent), government buildings (15 percent), and health facilities (7 percent).⁴⁴

RECOMMENDATIONS:

- Rigorously implement the tobacco control law of 2017 to ensure smoke-free places to protect people's health, income and the future.

42 SEATCA (2013). The ASEAN Tobacco Control Atlas.

43 *ibid*

44 *ibid*

- Promote campaigns on smoke-free homes/cities for safer environments for people and families, especially for vulnerable populations such as children, women, and other groups exposed to smoke.



GOAL 12: ENSURE SUSTAINABLE CONSUMPTION AND PRODUCTION PATTERNS

Tobacco farming is a complicated process involving heavy use of pesticides, growth regulators, and chemical fertilizers. These can create environmental health problems, particularly in countries with lax regulatory standards. In addition, tobacco, more than food and cash crops, depletes soil of nutrients, including nitrogen, potassium, and phosphorus. As a result, in many regions of the world, new areas of woodlands are cleared every year for tobacco crops (as opposed to re-using plots) and for wood needed for curing tobacco leaves, leading to deforestation. This deforestation can contribute to climate change by removing trees that eliminate carbon dioxide from the atmosphere.

RECOMMENDATIONS:

- Strengthen regulation of tobacco agriculture to prevent deforestation and land degradation.
- Implement extended producer responsibility regulations on the tobacco industry to reduce manufacturing and post-consumption tobacco product waste.
- Extend tobacco product sales regulation to eliminate single-use filters to reduce post-consumption waste.



GOAL 13: TAKE URGENT ACTION TO COMBAT CLIMATE CHANGE AND ITS IMPACTS

Tobacco control and climate action are mutually reinforcing. The WHO FCTC, in particular Article 18, calls for the protection of the environment in addition to human health. This is largely because growing and curing tobacco is a proximate cause of deforestation worldwide, with several negative impacts, including increased greenhouse gas emissions (e.g. carbon dioxide and methane), global warming and changes in rainfall, and irreversible biodiversity loss. In other words, tobacco farming is a uniquely destructive and aggressive environmental force.

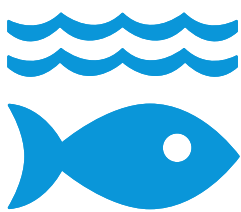
KEY FACTS

- Thailand is already being affected by the adverse effects of climate change, from the severe flooding in 2011, to one of the worst droughts in decades in 2016.⁴⁵
- Thailand has committed to a 20 percent reduction in greenhouse gas emissions by 2030.

⁴⁵ TransRe (2016). TransRe factsheet: Climate change in Thailand. Available at http://www.transre.org/files/3114/6522/5151/Climate_Change_in_Thailand_TransRe_Fact_Sheet_No.2.pdf.

RECOMMENDATIONS:

- Support alternative economic livelihoods for tobacco growers, which can help tackle a major threat to the planet and raise awareness around climate change.
- Consider tobacco and its environmental impacts in the Implementation of the UN Framework Convention on Climate Change (UNFCCC), including the 2015 Paris Agreement, which Thailand ratified in September 2016.



GOAL 14: CONSERVE AND SUSTAINABLY USE THE OCEANS, SEAS, AND MARINE RESOURCES FOR SUSTAINABLE DEVELOPMENT

Tobacco control can reduce marine pollution and toxicity, thus improving aquatic life. The majority of the nearly 6 trillion cigarettes smoked each year are littered, and the filter on cigarettes is comprised of plastic ingredients, which are particularly harmful to beaches and oceans. Amongst the substances found in cigarette butts are arsenic, lead, nicotine and ethyl phenol, all of which leach into aquatic environments. Cigarette butt leachate kills aquatic life, for example marine and freshwater fish. Moreover, pesticides and agrochemical residues from tobacco growing pollute nearby waterways, jeopardizing not just clean water (see Goal 6) but also the welfare of aquatic organisms. If tobacco control means a reduction in both cigarettes smoked and tobacco grown, then it also means a major threat to life below water is confronted.

KEY FACTS

- Among the top 10 items collected globally on beaches, cigarette butts were number one.⁴⁶
- Pollution caused by cigarette butts can hurt tourism resources in Thailand. According to the Tourism and Sports Ministry, tourism is expected to account for 17-18 percent of Thailand's GDP in 2017.⁴⁷
- In a survey of tourists, nearly all (both smokers and non-smokers) were supportive of the smoke-free policies in place at Suvarnabhumi Airport.⁴⁸
- In 2017, Thailand issued a ban on smoking on 24 beaches across the country, with a fine of up to THB 100,000 or imprisonment of one year, for breach of this regulation.⁴⁹

RECOMMENDATIONS:

- Strictly enforce the beach regulation of not smoking on designated smoke-free beaches, and further expand it to all beaches.
- Prevent litter of cigarette butts on beaches that still allow smoking, and provide systems to collect this waste.

46 Ocean Conservancy (2017). International Coastal Conservancy 2017 report. Available at https://oceanconservancy.org/wp-content/uploads/2017/06/International-Coastal-Cleanup_2017-Report.pdf.

47 Bangkok Post, "Tourism to continue growth spurt in 2017," 17 February 2017, available at <https://www.pressreader.com/thailand/bangkok-post/20170217/281908772902457>.

48 Sirichotiratana, N., Yogi, S., & Prutipinyo, C. (2013). Perception of tourists regarding the smoke-free policy at suvarnabhumi international airport, Bangkok, Thailand. *International journal of environmental research and public health*, 10(9), 4012-4026.

49 SEATCA, "Thailand bans smoking in the beaches of Phuket and Pattaya," available at <https://seatca.org/?p=11696>.



GOAL 15: PROTECT, RESTORE AND PROMOTE SUSTAINABLE USE OF TERRESTRIAL ECOSYSTEMS, SUSTAINABLY MANAGE FORESTS, COMBAT DESERTIFICATION, AND HALT AND REVERSE LAND DEGRADATION AND HALT BIODIVERSITY LOSS

Tobacco control can improve life on land because tobacco farming is land intensive and frequently uses large amounts of chemical fertilizers, pesticides, growth regulators and wood for flue-curing. Tobacco crops strip soil of nutrients such as nitrogen, phosphorus and potassium to a greater extent and faster than other major food and cash crops. Clearing land for tobacco growing cuts into forest reserves, as do tobacco-related forest fires. Tobacco production disrupts the ecosystem and leads to soil and land degradation including deforestation.

KEY FACTS

- It is estimated that 45-75 percent of Thailand's tobacco is flue cured Virginia tobacco,⁵⁰ which requires extensive use of wood for the curing process and thus accelerates deforestation. In Thailand, forest cover has declined from 53.5 percent in 1961, to 31.6 percent in 2014.
- Tobacco control, in particular supporting economic alternatives to tobacco growing, can help restore biodiversity and protect land resources while advancing other important development objectives, such as, for example, increased food security.

RECOMMENDATIONS:

- Conduct monitoring to prevent tobacco farmers from illegally using wood to cure tobacco.

⁵⁰ Yawootti, A., & Kaewtrakulpong, P. (2005). "A machine vision system for Thai flue-cured tobacco classification," in *Electrical Engineering/ Electronics, Computer, Telecommunications, and Information Technology International Conference*.



GOAL 16: PROMOTE PEACEFUL AND INCLUSIVE SOCIETIES FOR SUSTAINABLE DEVELOPMENT, PROVIDE ACCESS TO JUSTICE FOR ALL AND BUILD EFFECTIVE, ACCOUNTABLE AND INCLUSIVE INSTITUTIONS AT ALL LEVELS

Tobacco control requires good governance to fulfill the WHO FCTC's general obligations, including the development and implementation of comprehensive multi-sectoral national tobacco control strategies, as well as the establishment or reinforcement of national coordinating mechanisms for tobacco control. Advancements in meeting these obligations can promote a range of broader governance objectives in turn, including: enhanced capacities for inter-sectoral engagement and conflict of interest management; greater transparency and accountability; reduced corruption and stronger protection against undue interference in policy making (e.g. from the tobacco industry); and progress in combating organized crime (e.g. with respect to the illicit trade of tobacco products) by ratifying the Illicit Trade Protocol. Tobacco control has already shown to be a concrete entry point for strengthening the legislative and oversight capacities of lawmakers and parliamentarians.

KEY FACTS

- Interference from the tobacco industry in public policy remains a serious threat in Thailand, although the country is adopting policies to address it.⁵¹
- While most governments do not have a procedure for disclosing interactions with the tobacco industry, Thailand has instituted concrete measures to prevent this practice. One measure is the Department of Disease Control's Regulation on How to Contact Tobacco Entrepreneurs and Related Persons, which came into force in 2012. In May 2015, the country approved legislation to ban corporate social responsibility activities funded by the tobacco industry and is drawing up implementing measures.
- Top-level government officials are prohibited from meeting or fostering relations with tobacco companies, such as attending social functions and events sponsored or organized by the tobacco companies.⁵²

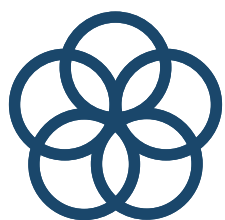
RECOMMENDATIONS:

- Strictly follow the WHO FCTC Article 5.3 guidelines on tobacco industry interference.
- Monitor the measures that have been in place that prohibit engagement of the tobacco industry in tobacco control policy discussions.

51 SEATCA (2015). Tobacco industry interference index: 2015 ASEAN Report on Implementation of WHO Framework Convention on Tobacco Control Article 5.3.

52 *ibid*

- Ensure transparency by having processes for disclosing any interactions by government officials with the tobacco industry.
- Train all government officials to adhere to Codes of Conduct.
- Require tobacco companies to disclose and report all expenditure on marketing, retailer incentives, corporate social responsibility activities, philanthropy, lobbying and political contributions.
- Ratify the Illicit Trade Protocol, which reinforces the better implementation of the FCTC.



GOAL 17: STRENGTHEN THE MEANS OF IMPLEMENTATION AND REVITALIZE THE GLOBAL PARTNERSHIP FOR SUSTAINABLE DEVELOPMENT

Calls for a 'New Global Partnership' and policy coherence are highly pertinent to tobacco control because all sectors have a fundamental responsibility to protect the right to health. Trade agreements must preserve national policy space to implement strong tobacco control measures, which protect this right, such as, for example, plain packaging laws and access to affordable health technologies including nicotine replacement therapy. Win-wins are possible because tobacco can hurt businesses overall, when factors such as reduced productive capacities and increased health insurance premiums – not just sales – are considered. Moreover, tobacco taxation, and the inter-sectoral collaboration it requires, enhances domestic capacity for tax and other revenue collection. Tobacco control efforts also leverage and promote South-South and Triangular Cooperation.

KEY FACTS

- Thailand raised its cigarette excise tax rates 11 times between 1991 and 2012 (from 55 percent to 87 percent of factory price), which resulted in an almost quadrupling of revenues from THB 15.89 billion (\$530 million) to THB 59.91 billion (\$1.997 billion).⁵³
- The Thai government further increased the cigarette tax rate to 90 percent of the ex-factory price in early 2016, and changed the tax base from ex-factory price to the suggested retail price in 2017, with the aim of reducing the number of smokers and raising tax revenue by about THB 15 billion per annum.⁵⁴
- Thailand ratified the WHO FCTC to combat the global tobacco epidemic, as part of a global movement in 2004, and actively participates at the WHO FCTC Conference of Parties meetings.

RECOMMENDATIONS:

- Move forward with plain tobacco packaging and ensure greater access to affordable health technologies for cessation.
- Continue to play an active role in the WHO FCTC Conference of Parties meetings.

⁵³ SEATCA (2016). The Tobacco Control Atlas: ASEAN Region, 3rd Edition.

⁵⁴ *ibid*

WHAT'S NEW IN THE THAILAND TOBACCO PRODUCTS CONTROL ACT 2017?

The Tobacco Products Control Act 2017 was introduced on 4 July 2017 and replaces the Tobacco Product Control Act 1992 and the Non-Smokers Health Protection Act 1992. The new law consists of stringent measures incorporating WHO FCTC obligations to diminish loopholes in the old laws.

What has been added or changed in definitions?

- "Tobacco product" now includes all products, which contain nicotine to be used by smoking, sucking, inhaling, chewing, eating, blowing or spraying into the mouth or nose, applying on skin, or by other means.
- "Advertising" includes all marketing communications.
- "Related persons" now includes all vested interest groups of the tobacco industry.

The new law has the following provisions:

- A total ban on advertisement of tobacco products, including display of cigarette packs.
- A ban on marketing through any form of media, except for activities between business operators, and a ban on tobacco companies conducting corporate social responsibility activities.
- The owners/operators of public places, workplaces, and public vehicles are responsible for putting up non-smoking signs.
- There are designated Provincial Tobacco Control Boards, in addition to a National Tobacco Control Board and a Bangkok Tobacco Control Board, which prohibit any individual with links to the tobacco industry from being a member.
- There is a ban on selling tobacco products to people aged under 20, and a ban on people aged under 18 selling tobacco products.
- There is a ban on selling tobacco products at religious sites, hospitals, pharmacies, educational institutions, public parks, zoos, and amusement parks.
- A public disclosure of ingredients in tobacco products is required, and the tobacco industry must submit data on volume of manufacturing and import, earnings, and expenses.

The Thai Tobacco Products Control Act of 2017 is available at: <https://www.tobaccocontrollaws.org/files/live/Thailand/Thailand%20-%20TC%20Act%202017.pdf>



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