PENGENALAN KEPADA ISU PENGGUNAAN TEMBAKAU

DAN

PELAN STRATEGIK KAWALAN TEMBAKAU KEBANGSAAN

MESYUARAT PENERANGAN GARIS PANDUAN PENGENDALIAN MURID-MURID SEKOLAH YANG MEROKOK

15 - 17 Februari 2016
Akademi Pembangunan Belia Malaysia
Batu Gajah, Perak
1492: Christopher Columbus arrives in the Bahamas, and is given dried tobacco leaves by native tribes as a token of friendship. Members of Columbus’ crew describe Cuban natives smoking tobacco from pipes.

Rodrigo de Jerez was the first European smoker (1492)
The WHO Framework Convention on Tobacco Control (WHO FCTC)

- Malaysia became a signatory on 23 September 2003, ratified the WHO FCTC on 16 September 2005

- Ministry of Health acts as the Malaysian Government’s Secretariat to the WHO FCTC Convention (also known as FCTC Malaysia)

- The Control of Tobacco Products Regulation 2004 under the Food Act 1983, was developed in line with FCTC
180 : Parties to WHO FCTC
10  : Not Signed, Not Ratified
7   : Signed, Not Ratified
Set of 9 voluntary global NCD targets for 2025

- Premature mortality from NCDs: 25% reduction
- Essential NCD medicines and technologies: 80% coverage
- Drug therapy and counseling: 50% coverage
- Diabetes/obesity: 0% increase
- Raised blood pressure: 25% reduction
- Salt/sodium intake: 30% reduction
- Physical inactivity: 10% reduction
- Harmful use of alcohol: 10% reduction
- Tobacco use: 30% reduction
The ENDGAME for Tobacco calls for reducing consumption and availability of tobacco in the society to minimal levels through full, effective and accelerated implementation of all policy measures recommended under WHO-FCTC and adopting new strategies.

e.g. prevalence ≤ 5% of population
New Zealand

- **Tupeka Kore Aotearoa 2020**
  - Future generations of New Zealand will be free from exposure to tobacco

- **Maori Affairs Select Committee, 2010**
  - Reducing tobacco consumption and smoking prevalence to half by 2015
  - Making New Zealand a Smokefree nation by 2025

- The Government’s affirmative response to the Committee recommendations
Ending the Tobacco Use Epidemic

Smoking has been the number-one cause of preventable death and disease in this country for decades. Although we have cut smoking rates in half since 1964, the current rate of progress is not fast enough. The death and disease from tobacco—which claims nearly 500,000 lives each year—is overwhelmingly caused by cigarettes and other burned tobacco products. To stop these deaths, we need to rapidly eliminate their use.

We can break the cycle of sickness, disability, and death caused by smoking if we:

- Extend proven programs and policies to more states and cities to make smoking less accessible, less affordable, and less attractive.
- Help everyone who wants to quit by providing cessation resources that are readily available and affordable.
- Make cigarettes less addictive and less appealing to youth by using federal regulatory authority and
- Work to rapidly eliminate the use of cigarettes and other forms of burned products.

These steps can save millions of lives in the coming decades and eliminate smoking as the leading preventable cause of death and disease.
#FINISHIT

Only 9% of teens smoke. That’s down from 23% in 2000. We can get it to 0%. We’re already so close. If we all join forces - smokers and non-smokers - we can end smoking once and for all.
The Australian island state of Tasmania is seeking to ban young people from smoking cigarettes by preventing their sale to anyone born after the year 2000.

"What the smoke-free generation would say is that, potentially, anyone from the year 2000 would not be able to buy cigarettes ever."
Whilst the Scottish Government has long made clear its aspiration for a tobacco-free Scotland, this is not about banning tobacco in Scotland, or unfairly stigmatising those who wish to smoke.

Our focus is on doing all we can to encourage children and young people to choose not to smoke. By so doing, we hope to create a tobacco-free generation of Scots by 2034.
Finland

- **Tobacco Act 2010**
  
  Put an end to the use of tobacco products in Finland
  
  No target date

- **Savuton Suomi 2040**
  
  Civil society movement for a tobacco-free Finland

  Government has accepted the goal
Since 2005, Uruguay implemented a series of strong measures to reduce tobacco use.

Smoke-free workplaces and public places, ban on TAPS (except PoS), Pack warnings and tobacco tax increases

• “Uruguay’s comprehensive tobacco control campaign has been associated with a substantial, unprecedented decrease in tobacco use. Decreases in tobacco use in other low-income and middle-income countries of the magnitude seen in Uruguay would have a substantial effect on the future global burden of tobacco-related diseases.” (Abascal, Lancet, Nov 2012)
Turkey

Turkey is aiming for the Endgame.

In the sixth European Conference on Tobacco or Health Summit, April 2014, Turkey together with EU declared their growing interest in achieving The Endgame.

In 2013 Turkey was among the top five on the European Tobacco Control Scale.

Turkey to change the traditional slogan from "Smoking like a Turk," into a new slogan: "Quit smoking like a Turk."
Turkey marks singular achievement in tobacco control

History of tobacco control in Turkey

- The first organized anti-tobacco civil society movement started in Turkey in 1991.
- In 1996, tobacco control legislation was enacted. Implementation was successful despite tobacco industry opposition, but enforcement was uneven.
- In 2002, Turkey established the Tobacco and Alcohol Market Regulatory Authority (TAPDK).
- Turkey signed the WHO FCTC on 28 April 2004 and ratified it on 30 November 2004, one of the first countries to do so.
- Following ratification, the Ministry of Health (MoH) formed a National Tobacco Control Committee to prepare a national tobacco control programme and implementation plan.
- The tobacco control law was substantially strengthened in 2008, with clearly established enforcement mechanisms instituted by the MoH and TAPDK that include inspection teams in each province.
Since October 2010, more stringent requirements have been imposed for retail licenses, prohibiting any retail shop selling tobacco in any government buildings, markets, stalls, petrol stations, and within 1 km of any school.

Brunei health warning on cigarette packets 4th biggest in the world and is considering Plain Packaging of Tobacco Products.

<table>
<thead>
<tr>
<th>Year</th>
<th>Retail License</th>
<th>Licensed Importers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Applied</td>
<td>Issued</td>
</tr>
<tr>
<td>Jun – Dec 2008</td>
<td>454</td>
<td>454</td>
</tr>
<tr>
<td>2009</td>
<td>462</td>
<td></td>
</tr>
<tr>
<td>2010</td>
<td>487</td>
<td></td>
</tr>
<tr>
<td>2011</td>
<td>333</td>
<td>271</td>
</tr>
<tr>
<td>2012</td>
<td>243</td>
<td>70</td>
</tr>
</tbody>
</table>

Source: ASEAN Tobacco Tax Report
Towards Tobacco-Free Singapore
protect young Singaporeans from tobacco forever

Tobacco-Free Millennium Generation

- This proposal from Singapore considers a new strategy for phasing out tobacco usage, by proposing that individuals born in or after the year 2000 have their supply of tobacco restricted.

(Khoo et al, 2010)
<table>
<thead>
<tr>
<th>SUMBER</th>
<th>NHMS1</th>
<th>NHMS2</th>
<th>NHMS3</th>
<th>GATS</th>
<th>GATS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Populasi kajian (tahun)</td>
<td>≥ 15</td>
<td>≥ 18</td>
<td>≥18</td>
<td>≥ 15 (≥ 18)</td>
<td>≥ 15</td>
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</tbody>
</table>

### Prevalen Perokok Semasa (%)

<table>
<thead>
<tr>
<th>Keseluruhan</th>
<th>21.5</th>
<th>24.8</th>
<th>22.8</th>
<th>23.1 (23.4)</th>
<th>22.8</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Jantina</th>
<th>Keseluruhan</th>
<th>21.5</th>
<th>24.8</th>
<th>22.8</th>
<th>23.1</th>
<th>22.8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lelaki</td>
<td>40.9</td>
<td>49.2</td>
<td>48.8</td>
<td>44.9</td>
<td>43.0</td>
<td></td>
</tr>
<tr>
<td>Wanita</td>
<td>4.1</td>
<td>3.5</td>
<td>1.9</td>
<td>1.0</td>
<td>1.4</td>
<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
<th>SUMBER</th>
<th>NHMS2</th>
<th>NHMS3</th>
<th>GYTS-1</th>
<th>GYTS-2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Populasi kajian (tahun)</td>
<td>&lt; 18</td>
<td>&lt; 18</td>
<td>13 - 15</td>
<td>13 - 15</td>
</tr>
</tbody>
</table>

### Prevalen Perokok Semasa (%)

<table>
<thead>
<tr>
<th>Keseluruhan</th>
<th>16.7</th>
<th>8.7</th>
<th>20.2</th>
<th>18.2</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Jantina</th>
<th>Keseluruhan</th>
<th>16.7</th>
<th>8.7</th>
<th>20.2</th>
<th>18.2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lelaki</td>
<td>16.6</td>
<td>30.7</td>
<td>36.3</td>
<td>30.9</td>
<td></td>
</tr>
<tr>
<td>Perempuan</td>
<td>0.7</td>
<td>4.8</td>
<td>4.2</td>
<td>5.3</td>
<td></td>
</tr>
</tbody>
</table>
DALYs attributable to risk factors

<table>
<thead>
<tr>
<th>Risk Factor</th>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>Poor Water &amp; Sanitation</td>
<td>0.1%</td>
<td>0.1%</td>
</tr>
<tr>
<td>Underweight</td>
<td>0.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>Physical Inactivity</td>
<td>3.1%</td>
<td>4.3%</td>
</tr>
<tr>
<td>Alcohol</td>
<td>4.3%</td>
<td>0.9%</td>
</tr>
<tr>
<td>High Cholesterol</td>
<td>5.2%</td>
<td>5.1%</td>
</tr>
<tr>
<td>High BMI</td>
<td>8.3%</td>
<td>12.1%</td>
</tr>
<tr>
<td>Diabetes Mellitus</td>
<td>9.0%</td>
<td>11.4%</td>
</tr>
<tr>
<td>Tobacco</td>
<td>10.7%</td>
<td>0.7%</td>
</tr>
<tr>
<td>High BP</td>
<td>10.8%</td>
<td>10.8%</td>
</tr>
</tbody>
</table>

Burden of Disease Study Malaysia 2008, slide courtesy of Dr Mohd. Azahadi Omar, Institute for Public Health
Deaths attributable to risk factors

- Poor Water & Sanitation: 0.1% (Male), 0.1% (Female)
- Underweight: 0.2% (Male), 0.2% (Female)
- Alcohol: 2.3% (Male), 0.3% (Female)
- Physical Inactivity: 5.0% (Male), 7.1% (Female)
- High BMI: 7.0% (Male), 8.2% (Female)
- High Cholesterol: 7.3% (Male), 8.1% (Female)
- Diabetes Mellitus: 8.5% (Male), 9.1% (Female)
- Tobacco: 15.7% (Male), 1.2% (Female)
- High BP: 19.4% (Male), 22.8% (Female)

Burden of Disease Study Malaysia 2008, slide courtesy of Dr Mohd. Azahadi Omar, Institute for Public Health
PELAN STRATEGIK KEBANGSAAN BAGI KAWALAN TEMBAKAU

2015 - 2020
PERBINCANGAN AGENSI DALAMAN
1. Bahagian Kawalan Penyakit
2. Bahagian Pembangunan Kesihatan Keluarga
3. Bahagian Pendidikan Kesihatan
4. Bahagian Kesihatan Pergigian
5. Bahagian Perkhidmatan Farmasi
6. Pejabat Penasihat Undang-undang
7. Unit Inspektorat KKM
8. Institut Kesihatan Umum
9. Jabatan Kesihatan Negeri
10. Pejabat Kesihatan Daerah

LUARAN
1. Lembaga Promosi Kesihatan Malaysia
2. Kementerian Kewangan
3. Jabatan Kastam Diraja Malaysia
4. Lembaga Tembakau dan Kenaf Negara
5. Kementerian Pendidikan Malaysia
6. Polis Diraja Malaysia
7. Pusat Racun Negara
8. Universiti Tempatan
9. NGO (MCTC)

Regional Action Plan
For The Tobacco Free Initiative in The Western Pacific
# Malaysia's Tobacco Control Road Map for 2014 – 2025

**Target:** To reduce smoking prevalence to 15% by 2025

<table>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>* TOTAL POPULATION (Age ≥ 15)</td>
<td>20.8</td>
<td>21.6</td>
<td>22.0</td>
<td>22.4</td>
<td>22.8</td>
<td>23.2</td>
<td>23.5</td>
<td>23.9</td>
<td>24.3</td>
<td>24.7</td>
<td>25.0</td>
<td>25.3</td>
<td>25.7</td>
<td>26.0</td>
<td>26.3</td>
</tr>
<tr>
<td>NO. OF SMOKERS</td>
<td>4.70</td>
<td>4.86</td>
<td>4.83</td>
<td>4.78</td>
<td>4.74</td>
<td>4.69</td>
<td>4.61</td>
<td>4.55</td>
<td>4.49</td>
<td>4.42</td>
<td>4.33</td>
<td>4.23</td>
<td>4.15</td>
<td>4.05</td>
<td>3.94</td>
</tr>
<tr>
<td>NO. OF QUITTERS</td>
<td>0.13</td>
<td>0.13</td>
<td>0.13</td>
<td>0.13</td>
<td>0.13</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.14</td>
<td>0.15</td>
<td>0.15</td>
<td>0.15</td>
<td>0.15</td>
<td>0.15</td>
<td>0.15</td>
</tr>
<tr>
<td>PREVALENCE (%)</td>
<td><strong>23.1</strong></td>
<td>22.5</td>
<td>21.9</td>
<td>21.4</td>
<td>20.8</td>
<td>20.2</td>
<td>19.6</td>
<td>19.0</td>
<td>18.5</td>
<td>17.9</td>
<td>17.3</td>
<td>16.7</td>
<td>16.1</td>
<td>15.6</td>
<td><strong>15.0</strong></td>
</tr>
</tbody>
</table>

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**Graph:**
- **Population (Million):** 2011 (23.1) → 2025 (14.98)
- **Prevalence:** 2011 (23.1%) → 2025 (15.0%)
- **No. of Smokers (Million):** 2011 (4.70) → 2025 (3.94)
- **No. of Quitters:** 2011 (0.13) → 2025 (0.15)

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**Legend:**
- Purple Bar: No. of Smokers (Million)
- Blue Bar: No. of Quitters
POLISI
Menjadikan Malaysia sebagai sebuah negara yang bebas daripada sebarang bentuk amalan merokok

VISI
Malaysia sebagai sebuah negara bebas dari sebarang bentuk amalan merokok menjelang tahun 2045

MISI
1. Semua rakyat Malaysia yang lahir pada tahun 2009 dan ke atas tidak memulakan tabiat merokok
2. Memperkasakan masyarakat di dalam membudayakan amalan tidak merokok (*denormalised smoking habit*)
3. Semua rakyat Malaysia akan dilindungi daripada bahaya asap rokok dengan mewujudkan 100% tempat-tempat awam sebagai kawasan bebas asap rokok
OBJEKTIF

• Mengekalkan prevalen merokok kurang daripada 5% di kalangan wanita berumur 15 tahun dan ke atas
• Menurunkan prevalen merokok kepada 15% menjelang tahun 2025
• Mensasarkan penurunan kurang daripada 5% prevalen merokok (towards the end game) menjelang tahun 2045

STRATEGI

1. Memperkukuhkan kapasiti kawalan tembakau sedia ada
2. Memperkukuhkan perundangan dan penguatkusaan kawalan tembakau
3. Memperkasakan masyarakat dan meningkatkan penglibatan multisektoral
4. Memperkukuhkan aktiviti kawalan tembakau melalui strategi MPOWER
STRATEGI

Memperkukuhkan kapasiti kawalan tembakau sedia ada
Memperkukuhkan perundangan dan penguatkusaan kawalan tembakau
Memperkasakan masyarakat dan meningkatkan penglibatan multisektoral
Memperkukuhkan aktiviti kawalan tembakau melalui strategi MPOWER
Monitor tobacco use and prevention policies
(Penilaian dan Pemantauan)

Protect people from tobacco smoke
(Perlindungan dari Asap Rokok)

Offer help to quit tobacco use
(Perkhidmatan Berhenti Merokok)

Warn about the dangers of tobacco
(Amaran Kemudaratan dan Bahaya Rokok)

Enforce bans on tobacco advertising, promotion and sponsorship
(Kekangan ke atas Iklan, Promosi dan Tajaan)

Raise taxes on tobacco
(Cukai Rokok di Tingkatkan)
Advokasi Smokefree Generation

Ibu hamil
Program Khas

Pra-Sekolah
Tunas Dr Muda

Sekolah Rendah
KEMAS
Dr Muda
PPDa

Sekolah Menengah
JKM
Dr Muda
KPM
PPDa

Belia
Program Belia
GenSihat
NGOs
MySihat
IPTA / IPTS

Orang Awam
2045 Endgame

Program Pergigian Sekolah
Quit through Counselors

Lain-lain
NGOs
MySihat
NGOs
MySihat

mQuit
Integrated Quit Smoking Services

- Health clinics
- Government Hospitals
- Retail Pharmacies
- Private Hospitals
- Private Clinics / GPs
- Quit at Schools
PROGRAM PENCEGAHAN DAN INTERVENSI MEROKOK DALAM KALANGAN PELAJAR SEKOLAH MENERUSI PERKHIDMATAN PERGIGIAN SEKOLAH

Bahagian Kesihatan Pergigian
Bahagian Kawalan Penyakit
Kementerian Kesihatan Malaysia
Carta alir

SARINGAN
Menentukan status merokok pelajar

Perokok Semasa Current Smoker

Bekas Perokok Ex-Smoker

Perokok Pasif Passive Smoker

Bukan Perokok Non Smoker

PENCEGAHAN DAN INTERVENSI RINGKAS oleh Jururawat / Pegawai Pergigian
1. Sewaktu rawatan pergigian
2. Sewaktu pendidikan kesihatan pergigian

Pemantauan di tahun hadapan

INTERVENSI LANJUTAN
secara berkumpulan atau individu oleh Pakar Pergigian Kesihatan Awam atau Pegawai Pergigian

Pelajar berhenti merokok

Pelajar masih merokok

Rujuk kepada kaunselor sekolah untuk program intervensi kaunselor bersama MySihat

Tamat
GOOD vs EVIL

TOBACCO INDUSTRY

HEALTH AGENTS
BEWARE OF THE TOBACCO INDUSTRY
World Health Organization criticizes tobacco industry focus on Asian young people

Tobacco companies are targeting the half billion young people in the Asia Pacific region by linking smoking to glamorous and attractive lifestyles, the U.N. World Health Organization said Friday.

"The bombardment of messages through billboards, newspapers, magazines, radio and television ads, as well as sports and fashion sponsorships and other ploys, are meant to deceive young people into trying their first stick," Shigeru Omi, WHO regional director for the Western Pacific, said in the statement.
TOBACCO POINT OF SALE STRATEGIES
Unpaid Agents of Tobacco Industry
Youth Exposed To Smoking In Films Are More Likely To Try Smoking
Terima Kasih