

Submission for the WHO'S Alliance for the Healthy Cities Good Practice Award – Comprehensive Tobacco Control in Cities using MPOWER Package

Introduction

Tobacco control efforts in Singapore first started in the 1970s when legislations were enacted to ban smoking in public places and prohibit tobacco advertising and promotion. Initiated in 1986, the National Smoking Control Programme (NSCP) was formed to develop and implement smoking control programmes to reduce the smoking rates in Singapore.

The objectives of the NSCP include:

- Preventing smoking initiation among young people
- Educating, motivating and assisting smokers to give up smoking
- Promote a climate conducive for non-smokers to remain free from the harmful effects of environmental tobacco smoke and establish non smoking as a social norm

The NSCP utilises a multi pronged strategy, which includes taxation, tobacco control legislation, public education, collaborative partnerships and provision of smoking cessation services to combat smoking by reducing the supply and demand of tobacco.

Recommended by the World Health Organization (WHO), these strategies are embodied in the world's first public health treaty, the Framework Convention for Tobacco Control (FCTC), which came into force in February 2005. Singapore ratified the FCTC on 14 May 2004 and this signifies the commitment to join the global consensus in fighting the tobacco epidemic.

So far, these strategies have successfully reduced the smoking prevalence rate from 20% in 1984 to 12.6% in 2004 (Annex 1).

MPOWER Package

The World Health Organization recently released its first WHO Report on the Global Tobacco Epidemic, 2008. Coined as a roadmap to help countries meet their obligations of the FCTC, the report details the current status of tobacco control among Member States and established six of the most effective tobacco control policies. Titled the MPOWER package, the six policies that were outlined in the report include:

- Monitor tobacco use and prevention policies
- Protect people from tobacco smoke
- Offer help to quit tobacco use
- Warn about the dangers of tobacco
- Enforce bans on tobacco advertising, promotion and sponsorship
- Raise taxes on tobacco.

The WHO Report noted that Singapore had demonstrated action on all the 6 policies in the MPOWER package. In addition, Singapore was also one of the four countries who have fully implemented three of the six MPOWER policies (Annex 2).

These policies include:

- Monitor tobacco use and prevention
- Protect people from tobacco smoke
- Offer help to quit tobacco use.

Policy 1: Monitor tobacco use and prevention policies

A strong monitoring system has been put in place since 1992, where the Epidemiology and Disease Control Department of the Ministry of Health conducts nation wide surveys to obtain information on the general health status and the lifestyle practices of Singaporeans. The National Health Survey (NHS) is conducted once every three years while the National Health Surveillance Survey (NHSSS), which includes biometric testing, is conducted once every six years (see Annex 3).

The latest NHS conducted in 2004, shows that the prevalence of daily cigarette smoking among Singaporean adults aged 18-69 yrs, declined significantly from 15.2% in 1998 to 12.6% in 2004. The smoking rate was generally higher in men at 21.8%, when compared women at 3.5%. Smoking was also the most common amongst Malay men at 29.9% when compared to Chinese men at 20.5% and Indians at 22.4%. Findings from the report also highlights a rising trend of young female smokers aged 18-29 yrs, with an increasing smoking rate from 5.2% in 1998 to 6.6% in 2004.

These studies provide the general prevalence data on tobacco use, prevalence and consumption levels by age, gender and ethnic groups and allow a better understanding of the lifestyle practices, interests, attributes and needs of the sub populations so that targeted programmes can be created to bring down the smoking rates among these groups.

Ongoing research and focus group studies are also being conducted to obtain consultation feedback from the public prior to implementing legislative measures and to monitor the impact of policy interventions such as the effectiveness of the Health Warning Labels on cigarette packs and the smoking ban.

In addition, the Health Promotion Board evaluates the awareness and impact of annual campaigns and on-going intervention programmes throughout the year.

Policy 2: Protect people from tobacco smoke

The **Smoking (Prohibition on Smoking in Certain Places) Act** was first enacted in 1970 to prohibit smoking in the public places. To date, the Act has

been extended progressively to include all public transport, air-conditioned indoor workplaces and restaurants, hospitals and educational facilities, pubs and bars (see Annex 4).

Places under the ambit of the smoking ban include:

- Public transport, clinics, hospitals, maternity homes, nursing homes.
- Public libraries, libraries in institutions of higher learning, public museums, art galleries, government workplaces.
- Rooms used for public functions, public areas in banks, indoor sports stadia, bowling alleys, billiards saloons, gymnasiums, aerobic and fitness centres, fast food centres, air-conditioned restaurants, mini supermarkets, supermarkets, departmental stores, coffee shops and hawker centres.
- All air-conditioned workplaces, Changi International Airport, all air-conditioned shopping centres, public queues, public toilets, swimming pools, stadia and pedestrian underpasses.
- All schools, junior colleges, polytechnics, training institutes, air-conditioned and enclosed areas in Universities.
- Air-conditioned and enclosed areas in private clubs, and air-conditioned shops in town centres, hotels and petrol stations.
- All hawker centres, coffee shops and al fresco eating establishments.
- The ban was extended to all entertainment outlets, including pubs, bars, discos and lounges in July 2007.

The smokefree legislation will be further extended to include non air-conditioned indoor places such as factories, multi storey carparks; and some outdoor places such as children's playgrounds, exercise areas, markets, underground, ferry terminals and jetties in January 2009.

To ensure the smooth implementation of the legislation, public campaigns are usually conducted to prepare and communicate the penalties of the violations to both members of the public and business owners. With more places turning smoke free, smokers are also encouraged to quit smoking. The Health Promotion Board (HPB) also works closely with the National Environment Agency (NEA), who enforces the smoking ban, to continually engage the public for their support

Policy 3: Offer help to quit tobacco use

One of the key strategies of the NSCP is to offer smoking cessation services that are affordable and accessible to smokers. Since the 1990s, smoking cessation services have been integrated into the primary healthcare settings such as the hospitals and polyclinics. Increasingly over the years, these services are also now available in non-governmental organisations like Singapore Cancer Society, Singapore Heart Foundation and Youngberg Wellness Centre.

As research has shown that repeated brief advice from health care practitioners greatly increases abstinence rates, HPB also works with General Practitioners to provide opportunistic smoking cessation advice to patients.

With one of the lowest smoking prevalence rate in the world, Singapore faces an uphill task to further reduce its smoking prevalence. This is due to the plateau effect, where the current smokers are likely to have high psychological and physiological dependency rates and will require more intensive interventions to quit smoking. As it is vital for HPB to strengthen the quality and accessibility of quit smoking services, HPB has, in the last 5 years, worked with various healthcare and community partners to increase the number of quit smoking services. The number of services has grown from 26 in 2001 to 68 in 2007. The key thrust is the growth of services in the retail sector, involving the large pharmacy chains.

Since 1994, a pre-recorded telephone service has also been established to provide the public with access to smoking cessation tips. The public can also call HealthLine (1800 223-1313) for personal advice on how to quit smoking. In 1999, a special QuitLine (1800 438-2000) was set-up in conjunction with a media campaign to provide personalised advice on how to quit smoking. Through this toll-free hotline, the public can also request for free self-help print resources to be mailed to them.

To enhance and maintain therapy standards among the service providers, HPB launched the Certification for Quit Smoking Consultants (CQSC) Programme in 2005. As part of the CQSC programme, HPB also conducts continuing education for all counsellors involved in providing quit smoking services.

Teachers and counsellors are also trained and equipped with the necessary knowledge and skills to assist young smokers quit the habit through the school-based BreakFree Smoking Cessation Programme. A web-based smoking cessation interactive tool was also developed to guide and support young smokers on their quit journey.

Policy 4: Warn about the dangers of tobacco

As cited by the WHO's report, Singapore is one of the only fifteen countries which have mandatory graphic health warnings on cigarette packs. Under the **Smoking (Control of Advertisements and Sale of Tobacco) Act**, graphic health warnings are rotational and must cover 50% of the surface of cigarette packaging. Other than communicating the harmful health effects of smoking, the graphic health warnings also act as deterrent to smoking, especially among the population with lower literacy rates.

Introduced in August 2004, a total of 6 coloured graphics depicting harmful effects of smoking and the Quitline number were displayed in rotation on all tobacco products. The messages displayed alongside with the graphic health warnings include:

- Smoking harms your family
- Tobacco smoke can kill babies
- Smoking can cause a slow painful death
- Smoking causes mouth diseases
- Smoking causes stroke
- Smoking causes lung cancer

To further warn the dangers of tobacco, public education on smoking control is ongoing throughout the year and targets all sectors of the populace. Every year, in conjunction with the WHO's "World No-Tobacco Day" on 31 May, a month-long smoking control campaign is held to heighten awareness on smoking and to educate the public on the harmful consequences of smoking. On this day, many tobacco retailers cease sales of cigarettes and cigars as an extraordinary show of support.

Some of the past campaigns include the recent Chronic Obstructive Lung Disease (COLD) campaign held in May this year and the hard hitting Oral Cancer campaign, which was adapted from Australia, in 2007.

Policy 5: Enforce bans on tobacco advertising, promotion and sponsorship

First enacted in 1971, the **Smoking (Control of Advertisements and Sale of Tobacco) Act** prohibits advertising and promotions relating to tobacco, controls the sale, packaging and trade descriptions of tobacco and prohibits the use and possession of tobacco by under aged persons.

Highlights of the Act include:

- Prohibiting tobacco advertisements and promotion.
- Prohibiting the sale/supply of tobacco to persons under 18
- Prohibiting the use of tobacco products by persons below 18 years of age
- Prohibits the sale of cigarette packs with less than 20 cigarettes
- Mandatory rotation of graphic health warnings, which occupy 50% of the display surfaces on tobacco products.
- Limiting the tar and nicotine levels of cigarettes sold locally.

In 2003, mandatory youth smoking cessation counselling was introduced, where apprehended second and third time under aged smoking offenders are required to attend 2 counselling sessions to have their offences compounded. This counselling aims to motivate and equip the youth with knowledge and skills to successfully quit the habit.

These legislative measures also form the key thrust of prevention policies to discourage experimentation and smoking among young people.

Policy 6: Raise taxes on tobacco

With taxation being one of the most cost effective strategies to reduce the smoking prevalence rates, tobacco duties have been increased to raise the cigarette prices since 1972. Prior to 2003, tobacco in cigarettes was taxed by weight. With effect from Jul 2003, cigarettes are taxed by per stick. Based on the new per stick taxation framework, cigarettes weighing less than 1g are subjected to excise duty of \$0.352 (2006) per stick while each additional 1g or part thereof attracts a duty of another \$0.352. The recommended retail price of a Marlboro 20 stick pack is \$11.30 with a tax incidence of about 69%.

Increases in tobacco duties in Singapore have shown to be effective in reducing cigarette consumption (see Annex 5).

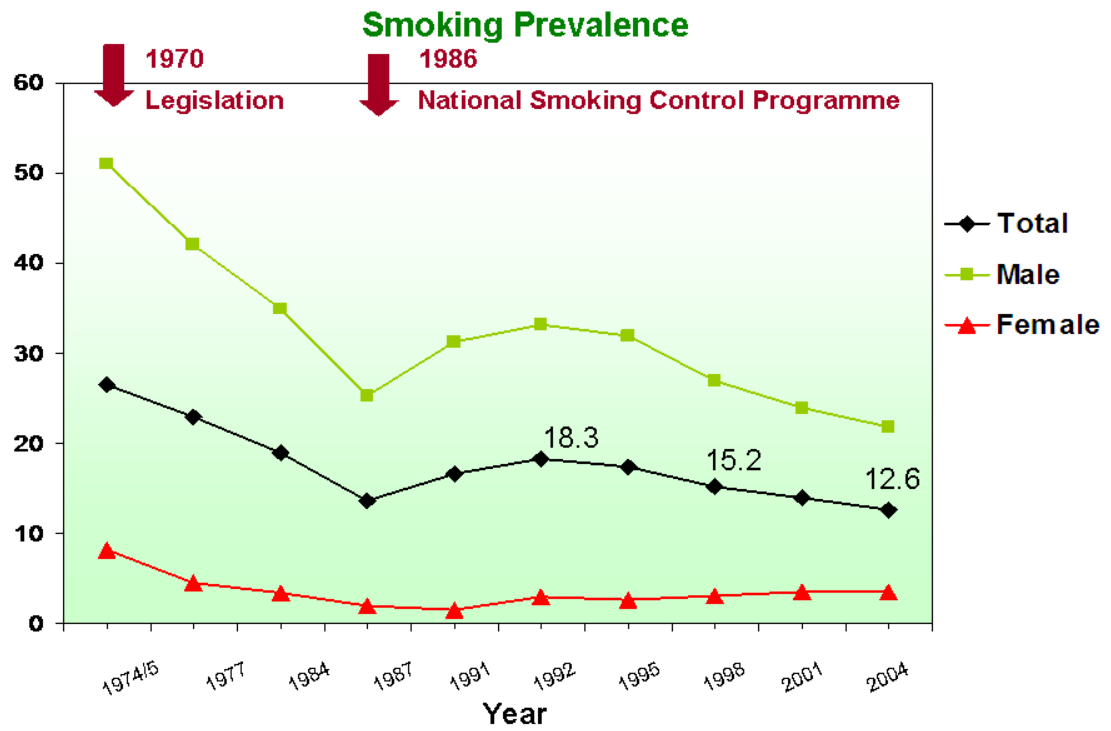
Conclusion

Despite the success, tobacco continues to be the most preventable cause of morbidity and mortality. Emerging issues such as cross border promotion, transnational migration and the international movement of contraband and counterfeit cigarettes have created new challenges for Singapore. However, new policy measures such as banning the misleading descriptors which include “light”, “ultra light”, “low tar” and “mild” on tobacco packaging will help us align ourselves better with the MPOWER strategies and accomplish our obligations to the FCTC.

Singapore will continue to review its current tobacco strategies and ensure that they stay effective in bringing down the smoking prevalence rates.

Smoking Prevalence Trend in Singapore

Impact of Smoking Control Programme



Annex 2

Comparison of MPOWER Policies among countries

	Policy 1 (Monitor)	Policy 2 (Protect)	Policy 3 (Offer Help)	Policy 4 (Warn)	Policy 5 (Enforce bans)	Policy 6 (Raise Taxes)	Age Standardised Adult Smoking Prevalence
Uruguay	A	A	A	A	D	70%	30.7%
Singapore	A	A	A	B	B	69%	13.3%
New Zealand	A	A	A	B	B	58%	22.7%
Norway	A	A	B	C	A	56%	24.9%
Iran	A	A	C	C	A	10%	13.7%
Ireland	A	A	A	C	B	60%	19.3%
Thailand	A	D	B	A	B	79%	16.1%
Australia	A	D	B	A	B	53%	18.7%
Canada	A	D	B	B	C	20%	NA
Malaysia	B	C	B	D	B	39%	23.0%

Please refer below for definitions of A, B, C, D

Policy 1 - Monitor

A	Minimal requirements met for both adult and youth
B	Recent data for adult and youth available, but missing representative data
C	No representative data for both youth and adult
D	Recent but no representative data for either youth or adult

Policy 2 - Protect

A	Legislation covering all types of places assessed
B	Legislation covering health care, educational facilities and up to 5 other places
C	Legislation covering health care, educational facilities and up to 2 other places
D	Absence of legislation or lack of legislation covering health care, educational facilities

Policy 3 - Offer help

A	Complete policy
B	Moderate policy
C	Minimal policy
D	No policy

Policy 4 – Warn

A	Complete policy
B	Moderate policy
C	Minimal policy
D	No policy

Policy 5 - Enforce bans

A	Complete policy
B	Moderate policy
C	Minimal policy
D	No policy

Policy 6 - Raise taxes

A	>75%
B	51-75%
C	26-50%
D	25% or less

National Health Survey 2004

Smoking Prevalence (%) By Gender & Ethnic Group 2004

Ethnic Group	Males	Females	Total
Chinese	20.5	3.1	11.7
Malay	29.9	7.4	18.6
Indian	22.4	1.4	12.1
Total	21.8	3.5	12.6

List of places in Singapore where smoking is prohibited

- | | |
|---------|--|
| Oct 70 | <ul style="list-style-type: none">• Omnibus• Cinemas• Theatres |
| Mar 73 | <ul style="list-style-type: none">• Lifts |
| Oct 82 | <ul style="list-style-type: none">• Amusement Centres |
| July 88 | <ul style="list-style-type: none">• Hospitals, Maternity Homes, Medical Clinics and Nursing Homes• Indoor areas of fast-food outlets• Indoor Ice-skating Rinks, Roller Skating Rinks and Roller Discotheques |
| Sep 89 | <ul style="list-style-type: none">• Selected air-con Departmental Stores• Mini-Supermarkets, Supermarkets• Air-con Restaurants• Public libraries, Museums and Art Galleries• Convention Halls or Multi-Purpose Halls used for meetings or exhibitions• Indoor Sports Arena including Bowling Alleys, Billiard Saloons, Gymnasiums and Fitness Centres |
| Apr 92 | <ul style="list-style-type: none">• Private Buses, School Buses and Taxis• Air-con Hair-dressing Saloons and Barber Shops• Banking Halls |
| Dec 92 | <ul style="list-style-type: none">• The Supreme Court, Subordinate Courts and Small Claims Tribunals |
| Sep 94 | <ul style="list-style-type: none">• Air-con offices, Factory Floors and enclosed or air-con common areas of private residential premises |
| Mar 95 | <ul style="list-style-type: none">• Air-con area in Changi Airport terminal buildings |
| Dec 95 | <ul style="list-style-type: none">• Air-con Shopping Centres, Underground Pedestrian Walkways, Queues in public places |

- Aug 97
- Selected air-con areas/facilities in private clubs
 - Schools, polytechnics, junior colleges and Institutes of Technical Education
 - Enclosed or air-con areas in universities
 - Air-conditioned shops
- Oct 05
- Swimming pools
 - Open air stadia
 - Community clubs
 - Bus shelters
 - Interchanges
 - Public toilets
- Jul 06
- Hawker centres
 - Coffee shops
 - Other similar al fresco eating establishments
- Jul 07
- Entertainment establishments (ie. Pubs, bars, discos, lounges)

Impact of Taxation on Cigarette Consumption

Impact of Taxation

Retail Price vs Per Capita Cigarette Consumption

