

**MULTISECTORAL MECHANISMS  
FOR  
COMPREHENSIVE NATIONAL TOBACCO  
CONTROL IN THAILAND**

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WHO



## THE CURRENT POLICIES AND REGULATIONS AND OTHER MEASURES IN PLACE FOR TOBACCO CONTROL DEVELOPED AFTER 1975

From 1976 to 2002 major laws, regulations, and other healthy public policies in tobacco control were developed and implemented.

1976

*Bangkok Metropolitan Administration Ordinance for Control of Orderliness and Health in Motion Picture Cinemas and Busses B.E. 2519 (A.D. 1976)* was announced on 13 September 1976. It prohibits smoking in movie cinemas and busses. Violation would be fined 5000 Bahts for cinema owner, 2000 Baht for bus operator, and 500 Baht for smoker.

1986

Ministerial Rule No. 27 (B.E. 2529) pursuant to the Land Transport Act B.E. 2522 prohibits smoking of passengers in busses during the journey. Violator would be fined not more than 5,000 Baht.

It was passed on 19 June 1986, published in the Royal Gazette on 30 June 1986, and became effective on 1 September 1986.

1989

*Announcement of the Committee for Labelling No.44. (B.E. 2532-A.D.1989): Cigarettes Are Merchandises That Are Under Labelling Control*, pursuant to the Consumer Protection Act B.E. 2522 (A.D. 1979), mandates a health warning 'Smoking is dangerous to health' to be placed on cigarette packages.

This announcement was made on 3 February 1989, published in the Royal Gazette on 10 February 1989 and became effective on the same day.

1989

*Announcement of the Committee for Advertisement No. 2/2532: Prohibition of Cigarette Advertisement*, pursuant to the Consumer Protection Act B.E. 2522 (A.D.1979), prohibits cigarette advertisement in all media.

Violators would be fined 30,000 Baht, violated advertisers would be fined 15,000 Baht.

This announcement was made on 3 February 1989, published in the Royal Gazette on 10 February 1989, and became effective on the same day.

1989

***Announcement of the Committee for Labelling No.49 (B.E. 2532-A.D. 1989). Cigarettes Are Merchandises That Are Under Labelling Control***, pursuant to the Consumer Protection Act B.E. 2522 (A.D. 1979), mandates 7 health warnings on cigarette packages - Smoking is dangerous to health, Smoking causes lung cancer and emphysema, Smoking causes ischaemic heart disease, Smoking harms babies in the womb, Please respect other people's right by not smoking in public places, Quit smoking reduces the risk of serious illness, For your dear children please give up smoking. The warning letters would have to be 1 mm wide and 2 mm high.

The Announcement was made on 28 May 1990, published in the Royal Gazette on 20 June 1990 and became effective on 20 September 1990.

1992

***Tobacco Products Control Act B.E. 2535 (A.D. 1992)***

This Act was enacted by the National Assembly on 13 March 1992 and became effective on 5 August 1992. It has several measures controlling the tobacco products as follows:

- Prohibition of selling tobacco products to persons who are less than 18 years of age;
- Prohibition of vending machines selling tobacco products;
- Prohibition of sale promotions, e.g. exchanges, additions, offering the right to attend games, shows, services to the buyers or persons bringing the packages of tobacco products for exchange or redemption;
- Prohibition of free sampling;
- Prohibition of advertisement in all media except live broadcast from abroad and foreign publications;

- Prohibition of advertising goods that have a cigarette logo as a part of their brandnames;
- Prohibition of manufacturing, import, and advertisement of goods that imitate tobacco products and their packages;
- (Section 11) tobacco products must have a composition in accordance to the Ministerial Rules; and
- (Section 12) tobacco products must exhibit labels on the packages in accordance to the Ministerial Announcement.

The Ministerial Rule pursuant to Section 11 was passed and became effective on a February 1997. This rule mandates manufacturers to disclose ingredients in every brand of their products to the MOPH.

The Ministerial Announcements pursuant to Section 12 were passed and became effective on 25 September 1993, and another announcement became effective on 16 October 1997.

## 1992

### *Non-smokers' Health Protection Act B.E. 2435 (A.D. 1992)*

This Act was enacted by the National Assembly on 13 March 1992 and became effective on 7 April 1992.

It empowers the minister of public health to specify categories of public places that would be protect nonsmokers' health, to specify conditions, standards, criteria and measures for signages of smoking and non-smoking areas.

Ministerial announcements pursuant to this Act were made and became effective on 10 October 1992, 5 February 1998, and 8 November 2002. The last one has the following conditions:

- The public places are classified into 4 groups;
  - *Totally smoke-free* : Busses, Taxis, Air-conditioned (AC) passenger trains, Passenger boats, Domestic passenger plane, AC passenger waiting rooms, Elevators, Public telephone booths, School busses, Cinemas, Libraries, Barbers' - Beauty Salons-Drug stores- Internet rooms, AC Department stores - trade centers, AC Physical fitness rooms, Outpatient clinics, Religious activity areas, AC restaurants, Toilets, and Public boat piers.

- *Smoke - free, except private rooms* : Primary schools, Museums and art exhibition halls, Hospitals and Clinics with inpatients, Preschool day-care places, and Indoor sport arena.
- *Smoke-free except private rooms and designated smoking areas* : University premises, AC Goods exhibition halls, Government and State Enterprise premises, Commercial banks and financial institutions, AC offices, and Airports.
- *All passenger trains, except designated smoking bogies.*
- All the non-smoking public places must place 10 cm. diameter red no-smoking signs ; the smoking zones must place green smoking zone signages of the same size.
- Violated proprietors and smokers would be fined 20,000 Baht and 2,000 Baht respectively.

1993

***Raising excise tax as a healthy public policy***

Excise taxes on tobacco products were increased 6 times between 1992 and 2001. Only once, in 1993, the raising was done in agreement with the proposal of the Ministry of Public Health.

1997

***The fourth set of health warnings***

The new set of 10 rotatory health warnings on cigarette packets were mandated by Ministerial Announcement, including new ones, e.g. Smoking causes impotence and premature aging.

2001

***Health promotion fund***

A health promotion fund was established, earmarking 2% of the tax paid by cigarette and alcohol producers.

2002

***A plan for the TTM privatization was thwarted***

A plan for TTM's joint venture with foreign cigarette companies and eventual privatization was opposed and successfully put on hold.

2002

*The fifth set of health warnings*

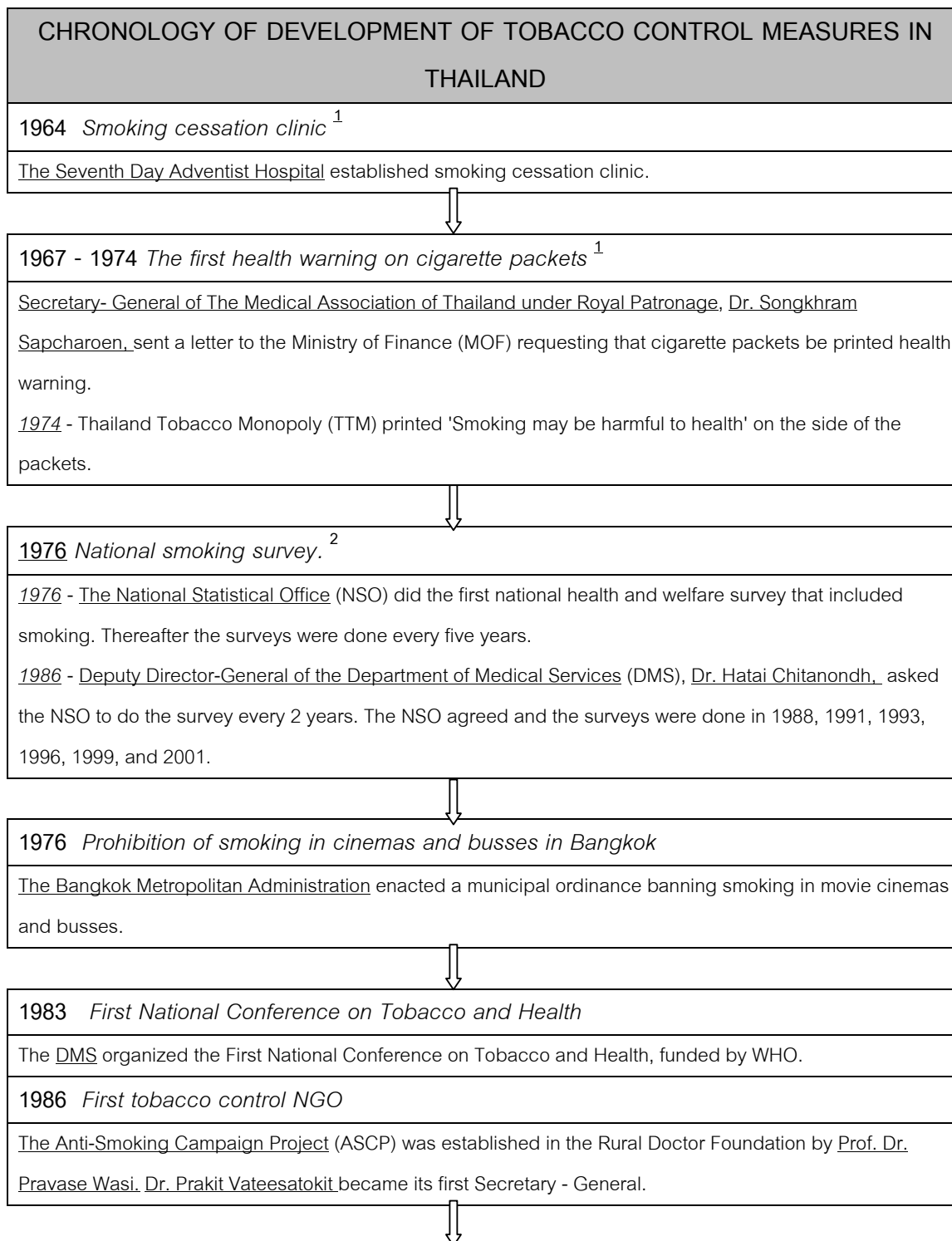
A set of pictorial health warnings on cigarette packets was prepared and in the process of promulgation.

2002

*Formulation of the National Policies and National Action Plan for Tobacco Control*

National policies and national action plan for tobacco control were formulated by an interagency national conference.

## HOW THE TOBACCO CONTROL MEASURES WERE INITIATED, DEVELOPED, CONDUCTED AND IMPLEMENTED



<sup>1</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 1. The Country Profile. Research granted by WHO country budget #000297, March 2002.

<sup>2</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 3. Information Support, Research. Research granted by WHO country budget #000297, March 2002



### 1987 *Cross-country running in support of non-smoking campaign*

The Rural Doctor Group, led by the chairman Dr. Chuchai Supawongse, organized a 7 - day, 3000 km running by 250 doctors from 4 regions of the country converging on to Bangkok. Along the way 6 million people signed on the support. The signature was presented to the President of the House of Representatives Mr. Chuan Leekpai.



### 1989 *Ban of advertising of tobacco products by The Consumer Protection Act B.E. 2522 (A.D. 1979)*

26 April 1988 - The cabinet approved the Ministry of Public Health (MOPH) proposal for tobacco control measures and ordered government agencies to comply.

22 December 1988 - The MOF reported to the cabinet that the TTM had stopped cigarette advertisement but foreign cigarette companies continued. The cabinet then ordered the Consumer Protection Board (CPB) to ban tobacco ads.

3 February 1989 - The CPB issued an announcement banning tobacco ads.



### 1989 *Establishment of the national coordinating mechanism for tobacco control*<sup>3</sup>

25 October 1988 - The Minister of Public Health Mr. Chuan Leekpai sent a personal letter to Dr. Hatai Chitanondh, the Deputy D-G of DMS, asking how smoking could be curbed effectively. Dr. Hatai proposed an establishment of a national coordinating committee.

3 January 1989 - the MOPH proposed to the cabinet an establishment of the National Committee for Control of Tobacco Use (NCCTU) and got approval.

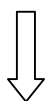
14 March 1989 - The MOPH issued an order establishing the NCCTU with Dr. Hatai Chitanondh as its secretary.



### 1989 *Prohibition of smoking in public transports*

25 April 1989 - In the first meeting the NCCTU secretary Dr. Hatai Chitanondh proposed and got approval the ban of smoking in all public transports, including less than 2 hours domestic flights.

11 July 1989 - The cabinet approved the MOPH proposal and ordered all responsible state agencies to proceed further.



<sup>3</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 2. Organization (1). Research granted by WHO country budget #000297, March 2002.

**1989** *The second set of health warnings on cigarette packets*

25 April 1989 - The first meeting of the NCCTU approved a proposal by The NCCTU secretary Dr. Hatai Chitanondh to print 6 rotatory health warnings, i.e.; Smoking causes lung cancer and emphysema, Smoking causes ischemic heart disease, Smoking harms babies in the wombs, Please respect other people's right by not smoking in public places, Quitting reduces risk of serious illness, and For the sake of your beloved children, please give up smoking.

20 June 1989 - Chairman of the NCCTU proposed the above to the cabinet and got approval. The cabinet ordered the Consumer Protection Board (CPB) to proceed further.

18 May 1990 - Announcement of the Labeling Committee of the CPB mandating 7 rotatory health warnings on the cigarette packets (6 new ones and 1 existing one). Each letter must be 1 mm. thick and 2 mm in height.

20 June 1990 - The above announcement was published in the Royal Gazette.

20 September 1990 - The announcement became effective.



**1989-1990** *'The Thai Cigarette Case'- The world landmark case of trade dispute between Thailand and the USA.*<sup>4</sup>

13 March 1989 - The deputy permanent secretary of the MOPH Dr Hatai Chitanondh gave a press interview that the MOF was planning to import foreign cigarettes. This would be detrimental to health of the people. The newspaper headlines were followed by arguments from the MOF, support of maintaining import ban by the media, cigarette wholesalers, tobacco growing associations, the TTM Labor Union, and the NSCP.

10 April 1989 - the US Cigarette Exporter Association (USCEA), realizing that the import plan was not possible, petitioned the U.S. Trade Representative (USTR) to use Section 301 of the Trade act in forcing Thailand to open the cigarette market.

16 May 1989 - Dr. Hatai Chitanondh, a Thai delegate to the World Health Assembly (WHA), intervened in the Committee A that forced cigarette market opening would lead to harm on health.

Thailand 's resistance to the Section 301 was sympathized by regional and international tobacco control organizations and advocates of all nationalities.

19 September 1989 - In response to the request of a group of U.S representatives the USTR held a public hearing on the Thai cigarette dispute.

22 December 1989 - The USTR decided not to pursue bilateral 301 retaliation and sent the case to GATT. Thailand's mission was headed by Mr. Bajr Israsena, the Ministry of Commerce (MOC) permanent secretary.

<sup>4</sup> Chitanondh H. *Defeat in Trade - Victory in Health*. Bangkok: Desire Co., Ltd., 2001.

The Thai delegation consisted of Mr. Karun Kittisataporn, deputy D-G of the MOC Department of Business Economics, Dr. Hatai Chitanondh and Dr. Prakrit Vateesatokit as representatives of MOPH, and the Deputy D-G of Excise Department as the representative of MOF. Dr. Hatai Chitanondh was responsible for writing the Thai health rebuttal.

5 October 1999 - GATT released its verdict -Thailand could not restrict cigarette import but could alleviate the health concerns by introducing strict non-discriminatory labeling and ingredient disclosure regulations, ban on advertisement, regulate the overall supply and the price of cigarettes.

23 November 1990 - The USTR notified the Minister of Commerce of termination of the 301 case.

There was no signing between the two countries, unlike the bilateral negotiations between the U.S. and Japan, South Korea, and Taiwan.



**1989 - 1992** *Drafting and passage of 2 tobacco control laws - The Tobacco Product Control Act (TPCA) B.E. 2535 (A.D. 1992) and The Nonsmokers' Health Protection Act (NHPA) B.E. 2535 (A.D. 1992)*<sup>5</sup>

28 July 1989 - The NCCTU secretary Dr. Hatai Chitanondh, proposed a setting up of Law Subcommittee and the subcommittee was appointed, headed by Mr. Prasert Naskul - the deputy Secretary-General of the Juridical Council (JC). The subcommittee members include 3 doctors, i.e., Dr. Hatai Chitanondh, Dr. Prakrit Vateesatokit, and Dr. Chuchai Supawongse.

15 October 1990 - The cabinet approved the draft and asked the JC to deliberate it.

2 November 1990 - The JC asked the MOPH to send representatives to clarify the significance of the law but the representatives could not explain to JC satisfactorily.

21 March 1990 - Dr. Hatai Chitanondh, a retired MOPH official, notified Deputy Minister of Public Health Prof. Dr. Athasit Vejjajiva that the deliberation of the draft was stalled and asked the Minister to set up a new committee.

28 March 1990 - the MOPH appointed a law committee chaired by Dr. Hatai Chitanondh. This committee restarted the deliberation process with the J.C.

12 September 1991 - The JC deliberation was stalled because the transnational tobacco companies (TTCs) sent a letter to the deputy premier Mr. Meechai Ruchuphan asking to 'collaborate' with the deliberating JC committee. Dr. Hatai Chitanondh insisted that deliberation had to continue and the TTCs could not participate in the process.

26 December 1991 - The deliberation was complete and sent to the MOPH.

4 February 1992 - the cabinet approved the NHPA draft.

11 February 1992 - the cabinet approved the TPCA draft. The two drafts were sent to the National Assembly but there was an attempt to re-align the drafts to the low rank order and they would not be tabled in the agenda of the short remaining sessions of the assembly.

<sup>5</sup> Chitanondh H. *The Passage of Tobacco Control Laws: Thai Davids versus Transnational Tobacco Goliaths*. Bangkok : Desire Co., Ltd., 2000.

5 March 1992 - Dr. Hatai Chitanondh and Dr. Prakrit Vateesatokit gave the press interview revealing the attempt.

6 March 1992 - Premier Anand Panyarachun saw the front page news and ordered the 2 draft laws to be put on the agenda.

10 March 1992 - During the draft by the Assembly's Health and Environment Committee Dr. Hatai Chitanondh discovered that an assembly man, who proposed amendments, brought in the Philip Morris country manager into the close-door session without permission. Dr. Hatai informed the chairman who asked the uninvited merchant to leave.

12 March 1992 - Several newspaper published the news of intrusion on front pages, followed by several comments in printed media and TV programs.

13 March 1992 - The drafts of both laws passed through the National Assembly without comments



### 1990 *Establishment of the first government agency to control tobacco use*<sup>2</sup>

14 February 1990 - The NCCTU secretary Dr. Hatai Chitanondh proposed to the NCCTU meeting to establish a national agency which has a mission to control tobacco use. The meeting agreed.

October 1990 - The Civil Service Commission approved the establishment of the Office of Tobacco Consumption Control (OTCC).

27 December 1990 - the MOPH permanent secretary gave an order establishing the OTCC under the Office of the Permanent Secretary.

1993 - The OTCC was transferred to be under the DMS and renamed The Institute of Tobacco Consumption Control (ITCC)



### 1992 *Prohibition of production, import, and sale of smokeless tobacco*<sup>6</sup>

June 1992 - Dr. Hatai Chitanondh found few cans of American smokeless tobacco on the shelves of retail stores. After compiling descriptions and harms of smokeless tobacco Dr. Hatai asked Ms. Lakhana Termsirikulchai, the director of the OTCC to draw up proposal of the MOPH and sent to the MOF asking to consider banning production, import, and sale of this product.

4 September 1992 - The MOF replied, agreeing to the ban.



### 1992 *The third set of health warnings*

3 August 1992 - The Tobacco Products Control Act 1992 was enacted and became effective from 3 August 1992.

<sup>2</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 3. Information Support, Research. Research granted by WHO country budget #000297, March 2002.

<sup>6</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 4. Legislation. Research granted by WHO country budget #000297, March 2002.

25 August 1992 - The Ministerial Announcement was issued, mandating 10 rotatory health warnings on cigarette packages, i.e.; Smoking causes lung cancer, Smoking causes heart diseases, Smoking causes lung emphysema, Smoking causes obstructive or hemorrhagic stroke, Smoking kills, Smoking is addictive, Smoking is harmful to people around you, Smoking is harmful to babies in the wombs, Quitting reduces the risk of serious illness, and Giving up smoking leads to strong body.

The warnings must occupy not less than 25 percent of the front and back principal surfaces of cigarette packets or cartons. The lines bordering the warnings must be white and letters be black. The sizes of the font 'Si Phya' must be 16 points for packets that have 37 cm<sup>2</sup> of the principal surfaces, 21 points for 37 - 85 cm<sup>2</sup>, 33 point for 85 cm<sup>2</sup> and 36 points for the cartons.

24 September 1992 - The announcement was published in the Royal Gazette.

24 September 1993 - The regulation became effective,



### **1993 Raising cigarette excise tax as a healthy public policy<sup>1</sup>**

Chronology of increases of cigarette excise tax in Thailand-as percentage of factory price or percentage of c.i.f. price plus import tax:

1992 - 55%

1993 - 60%

1995 - 62%

1996 - 68%

1997 - 70%

1999 - 71.5%

2001 - 75%

All increases were made as a fiscal policy except one. In December 1993 the MOPH proposed the increase to the cabinet for health reason. Health System Research Institute (HSRI) studied the benefit of raising cigarette tax, produced a document and proposed to the Minister of Public Health who agreed and proposed to the cabinet and got approval.



### **1996-2001 Establishment of a health promotion fund**

1996 - The Ministry of Finance formulated "Fiscal and Financial Master Plan for Society"

9 August 1996 - A working group was set up to consider measures in establishing an independent agency for public health and managing fund for health promotion chaired by assistant permanent secretary of public health Dr. Sanguan Nitayarumphong

November 1997 - After Dr. Supakorn Buasai's detailed studies the Health System Research Institute organized a brain-storming session.

<sup>1</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 5. Economic Measures. Research granted by WHO country budget #000297, March 2002.

1998 - establishment of a working group to consider measures in setting up an agency for health promotion fund, chaired by Prof. Dr. Prakit Vateesatokit

September 1999 - the National Social Committee set up an ad hoc working group to draft a decree.

4 October 2000 - the Health Promotion Fund Act was enacted. The fund would obtain, from the manufacturers, 2 percent of tax paid for alcohol and tobacco products.



### **1997 *The fourth set of health warnings***

15 October 1997 - The MOPH issued the new Ministerial Announcement replacing the former one, mandating 10 health warnings on cigarette packages, i.e.; Smoking causes lung cancer, Smoking causes heart failure, Smoking causes emphysema, Smoking causes brain hemorrhages, Smoking leads to other addictions, Smoking causes impotence, Smoking causes premature aging, Smoking can kill you, Smoke harms people near you, and Smoke harms babies in the wombs.

The warnings, including bordering lines, must occupy not less than one third of the principal surfaces of the cigarette packets or cartons, the border must be white and 2 mm.thick, the background must be black and the letters white, the font of the letters is 'Si Phya' and the size must be 20 points for packets with 37 cm<sup>2</sup> areas of front and back, 25 points for 37 - 80 cm<sup>2</sup> areas, 38 points for 80<sup>+</sup> cm<sup>2</sup> areas, and 75 points for cigarette cartons.

4 November 1997 - The announcement was published in the Royal Gazette.

5 November 1998 - The announcement became effective.



### **1997 - 2002 *Thwarting the government's plan to privatize the TTM***<sup>Z B</sup>

Early 1997 - The Deputy Finance Minister Mr. Thawachwong Na Chiangmai revealed to the HSRI that foreign cigarette companies proposed to the finance minister Dr. Amnuay Virawan to help improve technology and establish a joint venture with the TTM.

21 April 1997 - The THPI president Dr. Hatai Chitanondh wrote an article "If we don't want Thai people to smoke more we have to obstruct the transnational cigarette companies' invasion" which was published in the newspaper Thai Post.

Dr. Hatai Chitanondh wrote a personal letter to the deputy premier, along with the article, asking him not to respond to the TTCs' proposal.

30 April 1997 - The THPI president's article 'The result of IMF's bitter medicine upon smoking rate of the Thais' was published in the newspaper 'Manager.'

15 February 1998 - The THPI president sent a message '*Asean financial crisis is MORE THAN facilitating tobacco company expansion in the region*' through GLOBALink, describing the IMF's condition put to the

lender countries in privatizing state tobacco monopolies.

<sup>Z</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 5. Economic Measures. Research granted by WHO country budget #000297, March 2002.

<sup>B</sup> Chitanondh H. *Privatization of Thailand Tobacco Monopoly*. Thailand Health Promotion Institute, Bangkok, 1999.

The newspaper Krungthep Turakit dated 3 March 1998 and the Bangkok Post dated 10 March 1998 reported that THPI president Dr. Hatai Chitanondh voiced strong opposition to the joint venture between the TTM and TTCs. The Nation newspaper dated 30 March 1998 and the Bangkok Post dated 20 April 1998 reported that the TTM managing director Gen. Ong-art Champoonta said the TTM had started to prepare a privatization plan and was looking at the TTCs possible partners.

21 May 1998 - THPI president Dr. Hatai Chitanondh sent a letter to Prime Minister Chuan Leekpai, with the published article 'The result of IMF's bitter medicine upon smoking rate of the Thais', asking the government not to privatize the TTM.

18 June 1998 - The Asian Wall Street Journal reported that several TTCs were in talks with the TTM to set up cigarette- making joint ventures. The TTCs included Philip Morris (PM), R.J.Reynolds International Inc. (RJR), and B.A.T. Industries PLC (BAT).

19 June 1998 - The newspaper Nation reported the same, citing that the Thai government was under pressure to eventually sell off many state-run businesses, partly at the behest of the IMF. The Chairman of the TTM Somchainuk Engtrakul said they'd been talking with many companies. President of the Asia Pacific Association for Control of Tobacco (APACT) said he had submitted a petition against such a move to the government.

2 August 1998 - The newspaper Matichon reported that THPI president Dr. Hatai Chitanondh said when Premier Chuan Leekpai made an official visit to the U.S. recently there was a lobby for a meeting with the TTCs but he warned the premier prior to the trip.

7 September 1998 - The Bangkok Post reported that the TTM board was considering a privatization framework of the TTM.

11 September 1998 - The newspaper Krungthep Turakit reported that at a meeting 'Thai teenagers and smoking' Dr. Chuchai Supawongse, Dr. Supakorn Buasai, and Dr. Prakit Vateesatokit voiced their opinion opposing privatization of the TTM.

24 September 1998 - In the first meeting of 1998 the NCCTU an agenda was proposed by THPI president Dr. Hatai Chitanondh to oppose privatization of the TTM. The committee agreed.

October 1998 -THPI president Dr. Hatai Chitanondh sent a document 'Denaturalization of the TTM' to Dr. Judith Mackay of Asian Consultancy for Tobacco Control, Dr. Gregory Connolly of the Massachusetts Department of Health, Dr. John Bloom of the Campaign for Tobacco -Free Kids, Mr. Ross Hammond of San Francisco Tobacco-Free Project, and Mr. Robert Weissman the editor of Multinational Monitor.

8 December 1998 - Three US senators and 14 US representatives co-signed in a letter to the IMF manager asking not to force Thailand to privatize the TTM.

7 March 2002 - Newspaper Krungthep Turakit p.17 reported that Deputy Premier and concurrently Finance Minister Dr. Somkid Jatusripitak announced that the TTM would be privatized and listed in the Stock

Exchange in November.

7 March 2002 - THPI press release opposed the privatization plan, citing the THPI research studies of consequences of state tobacco monopolies privatization around the world that tobacco consumption increased, tobacco growers earned less, and tobacco workers laid off. This culminated in controversies that got attention to all media - printed, radio, and TV. From 7 March to 21 August 2002 there were 47 news in the newspaper, 22 newspaper articles - all opposing the privatization 1, public opinion poll, 1 social news, 1 news in an international newsletter, and 2 news from international agencies.

11 March 2002 - THPI opposition to deputy PM's plan to privatization was the front page news in Matichon newspaper.

12 March 2002 - The public health minister gave a press interview that she had no conflict with the deputy PM and privatization should go ahead.

12 March 2002 - the Global Partnership for Tobacco Control sent out an E-mail to its member asking to support THPI president by sending an E-mail to the deputy PM opposing the plan to privatize the TTM.

14 March 2002 - A THPI press release described incoming E-mails from all over the world asking the deputy PM not to privatize the TTM.

14 March 2002 - The deputy public health minister called THPI president, asked for the THPI 3 papers about TTM privatization, and request a meeting between THPI president and the deputy PM.

17 March 2002 - Deputy PM and deputy public health minister came to THPI president house and explained that the state enterprises were corrupt and privatization would correct the situation. The deputy PM agreed to order the TTM to abandon the plan to have a joint operation with 3 foreign cigarette companies to have packaging process of their brands at the TTM plant.

18 March 2002 - THPI president called the chairman of the Senate Health Committee to put the TTM privatization on the agenda. She agreed.

28 March - 18 April 2002 - Senate Health Committee on TTM privatization convened meetings.

9 July 2002 - Senate public hearing on privatization of the TTM was organized, with interventions by Thai academics and foreign (US, Turkey) tobacco control advocates.

11 July 2002 - The deputy finance minister stated that plans to privatize the TTM would be delayed indefinitely.

21 August 2002 - The cabinet decided to postpone indefinitely privatization of 3 state enterprise, one of which was the TTM.



### 1999-2002 *Fighting AFTA regulations that hinder tobacco control*<sup>7</sup>

The ASEAN's (Association of South East Asian Nations) AFTA (ASEAN Free Trade Agreement) has an agreement on the Common Effective Preferential Tariff (CEPT) Scheme which mandate member countries to progressively reduce import tax on goods from other member countries. The reduction would be down to 0-5% by 2003. Thailand's import tax on cigarettes, used to be 30% of the c.i.f. price, had to be reduced

<sup>7</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 5. Economic Measures.

accordingly. This would make foreign cigarettes cheaper and consumption increased.

17 September 2001 - The president of THPI Dr. Hatai Chitanondh sent a letter to Prime Minister Chuan Leekpai asking the government to put tobacco products in the General Exception (GE) list whereby they would be exempted from the CEPT Scheme.

In a later follow - up Dr. Hatai met Deputy Prime Minister Dr. Supachai Panichpakdi (who later became WTO Director General) and was informed that Malaysia opposed Thailand's move, reasoning that Philip Morris just built a production plant in Malaysia and this would spoil Malaysia's policy of supporting foreign investment.

3 October 2002 - the president of THPI Dr. Hatai Chitanondh sent a letter to Deputy Premier Dr. Somkid Jatusripitak asking him to refrain from including tobacco products in the list of "early-harvest" to be considered in a meeting in Singapore in October. This would be prepared for the Asean China Summit to be held in Cambodia in November. Also tobacco products should be exempted from the CEPT scheme in the future trade agreements to be negotiated between Asean and Japan, South Korea and the U.S., otherwise tobacco products would become much cheaper and cigarette consumption markedly increased.



#### *2000-2002 The fifth set of health warnings-the pictograms*

February 2000 -The president of Thailand Health Promotion Institute (THPI) Dr. Hatai Chitanondh proposed to Dr. Monkol Na Sonkhla the then D-G of DMS that Thailand should mandate pictorial health warnings. Dr. Na Sonkhla agreed.

23 March 2000 - The MOPH set up a committee to consider graphic health warnings on cigarette packages. DMS D-G was the chairman and THPI president was the vice-chairman.

5 April 2000 - At the first meeting representatives of the TTM opposed the printing of pictograms on cigarette packages. THPI president asked the TTM to send in an official letter.

THPI president asked the Institute of Tobacco Consumption Control (ITCC) to proceed further.

The ITCC's bureaucratic retardation greatly delayed the implementation.

28 February 2002 - the CCTU ordered further proceeding.

26 April 2002 -At the meeting chaired by THPI president it was decided that 12 pictorial health warnings would be put in the Ministerial Announcement. The 12 pictograms include the 10 previous warnings and 2 new ones - 'Smoking causes oral cancer' and 'Smoking causes bad smell and blackened teeth.'

3 May 2002 - realized that there were obstacles in the preparation of pictures and ministerial announcement the THPI released a press message announcing a set of pictorial health warnings and Philip Morris' letter, dated 27 February, to the Public Health Minister threatening to take legal action if the MOPH order printing pictograms on the cigarette packages.

4 May - 17 June 2002 - the press release culminated a continuous stream of news, letters, and articles in the newspapers, news in the international news agencies, and numerous radio and television interviews.

17-21 June 2002 - THPI president got a green light from the DMS to conduct a contest for pictures of 7 categories. The Photography Association of Thailand was invited to collaborate and the Thai Health Promotion Foundation was asked to fund the contest. The other 5 themes were selected from hospital slide libraries.

6 September 2002 - THPI acquired a complete set of 12 pictograms and sent them to the DMS Director General for further proceeding. A ministerial announcement would be drawn up, proposed to the public health minister to sign the order, sent for publication in the Royal Gazette and 6 months later it would become effective.



### 2002 Formulation of national policies and national plan of action for tobacco control<sup>9</sup>

28 February 2002 - At the first meeting of the CCTU THPI president Dr. Hatai Chitanondh proposed that Thailand had never formulated national policies and national action plan for tobacco control and should do so. The committee agreed and set up a subcommittee to work for the plan.

25-26 April 2002 - A national workshop was organized by the ITCC, planned by the THPI, and participated by all individuals and organizations concerned. The National Policies and Nation Plan of Action were drawn up, to be proposed to the CCTU and the cabinet for endorsement.

From the chronology described above it can be summarized that the initiation and development of tobacco control measures were carried out by efforts of a few technocrats who were knowledgeable and very determined to control tobacco, with strong support by clean policy makers. In developed countries with full fledged democracy a law to be enacted has to go through various processes, starting from tobacco control policy research and proceed to public policy forum, media advocacy, setting public agenda and establishing political agenda respectively.

In developing countries like Thailand a shortcut route to success may not have to pass through the public agenda. An internal document of a transnational tobacco company vividly recorded Thailand's amazingly successful passage of tobacco control laws<sup>5</sup> as follows:

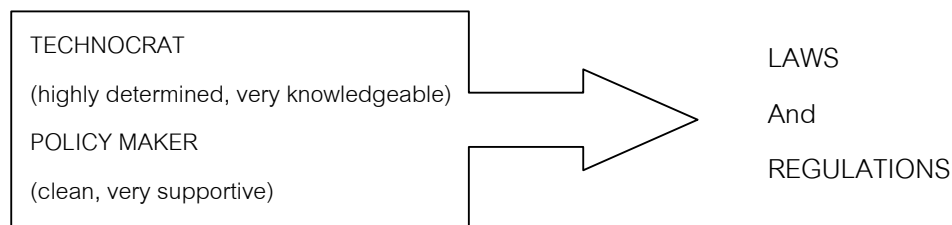
<sup>9</sup> Chitanondh, H. Formulation of Tobacco Control Policies of Thailand. Research granted by WHO country budget #00357, March 2002.

<sup>5</sup> Chitanondh H. *The Passage of Tobacco Control Laws: Thai Davids versus Transnational Tobacco Goliaths*. Bangkok : Desire Co., Ltd., 2000.

*'...You can see that no one really has an accurate picture of what is happening. Indeed, of all the government officials, National Assembly members, media, and people in the know in Bangkok, there are only two small groups who understand the game that is being played; a small group of antismoking activists who are determined to take down the TTM in the process and, the very small group of foreign manufacturers. No one also knows, understands or cares...'*

Internal document of Philip Morris. No. 2504025117, dated 14 February 1992.

Only a few key players were involved in the initiation and development of Thailand's tobacco control measures.



There were times that the policy makers (the public health ministers) were not clean. The technocrats kept themselves a low profile, studied issues that could be formulated measures, waited until a new and clean minister came in, and proposed the regulations.

The minister of public health is responsible for the two tobacco control laws and has to appoint officials for the enforcement. Implementation starts with the appointed officials notifying the police of law violations, then making arrest. In case of small fines the polices would execute this at a local police station. In case of a fine of more than 2,000 Baht the police has to send an investigation report to the attorney-general and the case would be prosecuted and sent to court. If the attorney-general considers that the police investigation does not have enough evidence of wrong-doing the case would be dropped.

The appointed officials for the two laws are mostly public health officers in Bangkok and in the provinces all over the countries. They are also appointed to be responsible for other health laws, e.g. foods and drugs, etc, as well, They are not very keen in enforcing the laws and very minimal actions are taken.

## PRACTICAL DIFFICULTIES IN IMPLEMENTING IN THE MECHANISMS CURRENTLY IN PLACE

There are reasons that cause difficulties in implementing the existing regulations and laws.

### 1. Inadequate public information

The public and all those involved in tobacco businesses are not adequately informed about the regulations and laws. Only a few informations are sparsely put through the media.

### 2. Poor knowledgeability

Several hundred responsible officials who were appointed to look after the 2 tobacco control laws do not know the laws at all. Many of them were appointed to look after several health regulations and laws, holding several cards without knowing the content of them. Not long after the enactment of the 2 laws in 1992 there was a national workshop to clarify the content of the laws for these appointed officials but since then there were none.

### 3. Lack of good system for law enforcement

There has been no systematic steps of law enforcement, i.e. monitoring and surveillance of non compliances, warning, and prosecution.

### 4. The flaw in the justice system

Because the two laws have criminal penalties the police, the state attorneys, and the judges are all involved. These people are not knowledgeable in technicality of tobacco control, have to be explained by health officials during accused violations, and some are corrupted.

**STATE AND NON-STATE INSTITUTIONS PRESENTLY INVOLVED IN TOBACCO CONTROL-  
THEIR STRENGTHS AND WEAKNESSES**

POLICIES / MEASURES	ITCC	ASH	THPI
<p>POLICY 1</p> <p>Preventing smoking Initiation</p> <p><i>Measures:</i></p> <p>1.1.Education</p>			
1.1.1 In school	Production of story books for kindergertens and primary schools	<ol style="list-style-type: none"> <li>1. Kindergartens-production and distribution of musical tapes, story books</li> <li>2. Network of schools-teacher training</li> <li>3. Smoke-free caravan for secondary schools</li> </ol>	-
1.1.2 Peer and friend	-	-	-
1.1.3 Family - parents, relatives	-	-	-
1.1.4 Role models for students	-		-
1.2.Regulations / law <sup>5</sup>	-	<ul style="list-style-type: none"> <li>● Participated in drafting and enacting the TPCA and NHPA</li> </ul>	<ul style="list-style-type: none"> <li>● Initiated drafting tobacco control laws in April 1989, chaired the</li> </ul>

<sup>5</sup> Chitanondh H. *The Passage of Tobacco Control Laws: Thai Davids versus Transnational Tobacco Goliaths.*

POLICIES / MEASURES	ITCC	ASH	THPI
1.2.1 Tax increase <sup>Z</sup>	-	<ul style="list-style-type: none"> <li>● Regularly urges the government to increase excise tax</li> <li>● Collaborated with HSRI to propose an increase of cigarette tax and succeeded in 1993.</li> </ul>	<p>drafting, thwarted the TTC's attempts to derail the laws, and successfully led the drafts to be enacted in March 1992.</p> <ul style="list-style-type: none"> <li>● Initiated increase of excise tax from August 1989 by proposal to the NCCTU.</li> <li>● Media advocacy urging government to increase cigarette tax from 1989 to 1999.</li> </ul>
1.2.2 Youth access law	-	-	
1.2.2.1 Licensing	-	-	-
1.2.2.2 Ban of sale to minor	-	-	<ul style="list-style-type: none"> <li>● Initiated, drafted, and push the drafted TPCA to be successfully enacted.</li> <li>● Appointed chairman of a committee implementing the law banning sale to persons under 18 in 1999.</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
1.2.2.3 Ban of self service	(There is no problem in implementing ban of cigarettes vending machines )	(There is no problem in implementing ban of cigarettes vending machines)	<b>(There is no problem in implementing ban of cigarettes vending machines)</b>
1.2.2.4 Ban of smokeless tobacco	-	-	<ul style="list-style-type: none"> <li>● In 1992 initiated an MOPH request to the MOF to prohibit production, import, sale, and advertisement of smokeless tobacco and successfully received an agreement from the MOF.</li> </ul>
1.2.2.5 Ban of sale of broken packs	-	-	-
1.2.3. Ban of advertising and promotion	Very weak law enforcement	-	<ul style="list-style-type: none"> <li>● Continuous monitoring of violations -direct ads, point of sale, product placement, TMD, sport and cultural sponsorship, and other promotions.</li> <li>● Persistently notify responsible agencies, e.g. CPB and ITCC to prosecute the violators.</li> <li>● Regularly inform the public about</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
<p>POLICY 2</p> <p>Reducing smoking rate and per capita cigarette consumption</p> <p><i>Measures:</i></p> <p>2.1.Data collection</p>	<p>Almost none</p>	<p>Maintaining a clearinghouse.</p>	<p>violated cases through the media.</p> <p>A comprehensive clearinghouse of tobacco control documents, compiling both domestic and international data.</p>
<p>2.2.Research</p>	<p>Numerous small researches granted. None have been useful.</p>	<ul style="list-style-type: none"> <li>● Collaboration with an education institute in doing public opinion polls</li> <li>● Granting a research on 'Point of sale advertising'</li> </ul>	<ul style="list-style-type: none"> <li>● Evaluation of numerous research proposals and research final reports requested by various granting agencies.</li> <li>● Doing research in: <ul style="list-style-type: none"> <li>- 'Cultural sponsorship by the TTCs' <u>11</u></li> <li>- 'The World Landmark Case: The 301 &amp; GATT Case of Thailand Cigarette Market Opining'</li> <li>- 'Privatization of Tobacco</li> </ul> </li> </ul>

<sup>11</sup> Chitanondh H. *Cultural Sponsorship by Transnational Tobacco Companies*. Thailand Health Promotion Institute, Bangkok, 1998.

POLICIES / MEASURES	ITCC	ASH	THPI
2.3.Information	<ul style="list-style-type: none"> <li>● Big celebration of World No-Tobacco Day</li> <li>● Quarterly newsletters</li> <li>● Posters, stickers, etc</li> </ul>	<ul style="list-style-type: none"> <li>● Project "News Generation Women Do not Smoke"-production and distribution of posters, informations.</li> <li>● Newsletter 'Smart' bi-monthly</li> <li>● Project 'Smoke Free Thailand Ad Contest'</li> </ul>	<p>Monopoly'<sup>8</sup></p> <ul style="list-style-type: none"> <li>- 'Healthy Public Policy: Development of A System to Enforce the Law Prohibiting Tobacco Advertising in Television'<sup>12</sup></li> <li>- 'Healthy Public Policy: Creating of a System to Enforce the Law Protecting Nonsmokers' Health'<sup>13</sup></li> <li>- 'Ownership of Tobacco Companies and Implications on Health'<sup>14</sup></li> </ul> <ul style="list-style-type: none"> <li>● Several articles published in newspapers</li> <li>● Press releases and press interviews on policy and other crucial issues.</li> </ul>

<sup>8</sup> Chitanondh H. *Privatization of Thailand Tobacco Monopoly*. Thailand Health Promotion Institute, Bangkok, 1999.

<sup>12</sup> Temsirikunchai L, Chaiyarak J, and Anantawong B. Healthy Public Policy: Development of a System to Enforce the Law Prohibiting Tobacco Advertising in Television. Research granted by WHO country budget #980093, April 2000.

<sup>13</sup> Temsirikunchai L, Anantawong B, and Chaiyarak J. Healthy Public Policy: Creation of a System to Enforce The Law Protecting Nonsmokers' Health. Research granted by WHO country budget # 980002, September 2000.

<sup>14</sup> Chitanondh H. Ownership of Tobacco Companies and Implications on Health. Presentation to the WHO International Conference on Global Tobacco Control Law: Towards a WHO Framework Convention on Tobacco Control, New Delhi, India, 7-9 January 1992.

POLICIES / MEASURES	ITCC	ASH	THPI
2.4. Education	Training volunteers for smoke-free air	<ul style="list-style-type: none"> <li>● Cerebration programs on World No-Tobacco Day</li> <li>● Regular press releases</li> <li>● Project 'Tobacco Smoke Harms Pregnant Women'</li> <li>● Posting websites <a href="http://www.ash.or.th">http://www.ash.or.th</a> and <a href="http://www.tobaccofreeasia.com">http://www.tobaccofreeasia.com</a>.</li> <li>● Compiling 'Success Stories in Tobacco Control in SEAR region' for WHO - SEARO.</li> <li>● Organizing 'SEA Tobacco Control Workshop' for participants from Laos, Cambodia, Vietnam, Malaysia, and Myanmar.</li> </ul>	<ul style="list-style-type: none"> <li>● Maintaining a website <a href="http://www.thpinhf.or.th">http://www.thpinhf.or.th</a></li> <li>● Regular lectures given to health professionals, health promoters, health educators, health administrators, attendants in international teaching seminars.</li> <li>● Regular presentations to national and international conferences.</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
			<ul style="list-style-type: none"> <li>● Action as resource person in WHO meetings.</li> </ul>
2.5. Advocacy	-	<ul style="list-style-type: none"> <li>● Advocacy to oppose the TTM's planned production of cigarettes for women by organizing public forum, getting support from politicians, women groups, and media. The TTM ultimately gave up.</li> <li>● Project "Death Toll"</li> <li>● Project "Tobacco free Entertainment."</li> </ul>	<ul style="list-style-type: none"> <li>● Advocacy for denormalization of smoking</li> <li>● Advocacy for policy changes through;               <ul style="list-style-type: none"> <li>- Articles published in newspapers and other printed media,</li> <li>- Interviews given to printed and electronic media, and</li> <li>- Press releases.</li> </ul> </li> </ul>
2.6. Litigation	Organization of a meeting to inform participants about litigation.	Organization of a meeting to inform participants about litigation.	<ul style="list-style-type: none"> <li>● Keynote speaker at the 2 meetings on litigation organized by the ITCC and Thai Health Promotion Foundation</li> <li>● Six newspapers published the news urging litigation to be carried out in Thailand</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
2.7.Smoking cessation	Training for personnel in smoking cessation clinic	<ul style="list-style-type: none"> <li>● Quitline - telephone advice</li> <li>● Counseling service</li> <li>● Production and distribution of guidelines</li> <li>● Production and distribution of posters for dental services</li> <li>● Campaign 'Giving Up Smoking for the King' Nov-Dec.1999</li> </ul>	<ul style="list-style-type: none"> <li>● Media advocacy urging authorities to carry out cessation program for pregnant women, convicted juveniles, etc.</li> </ul>
2.8.Regulations/Laws to reduce demand	-	(same as 1.2)	(same as 1.2)
2.8.1. Taxation & price policy	--	(same as 1.2.1)	(same as 1.2.1)
2.8.2. Ban of advertising and promotions	Very weak law enforcement	-	(same as 1.2.3)
2.8.3. Packaging and labeling	<p>Routinely drew up Ministerial Announcements for the fourth set of health warnings.</p> <ul style="list-style-type: none"> <li>- Marked bureaucratic retardation (more than 2</li> </ul>	-	<ul style="list-style-type: none"> <li>● Initiated and carried out procedure to enact regulations for the second, third, and fifth (pictorial) set of health warnings on cigarette packages.</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
	1/2 years) in preparing for the fifth - set (graphic) of warnings		
2.8.4. Ban of smoking in public places and workplaces	Very weak enforcement, resulting in only 4% compliance.	<ul style="list-style-type: none"> <li>● Project "Smoke-Free Offices" - production and distribution of guidelines, posters, stickers and provision of educators.</li> </ul>	<ul style="list-style-type: none"> <li>● Carried out research in non-compliance of NHPA.</li> <li>● Public information of violations of the NHPA and urge strong law enforcement.</li> <li>● Appointed chairman of the CCTU's Subcommittee on Nonsmokers' Health Protection and formulated new Ministerial Announcement in 2001.</li> </ul>
2.9.Regulations/Laws to reduce supplies			
2.9.1. Control of smuggling	-	-	<ul style="list-style-type: none"> <li>● Three articles on cigarette smuggling were published in newspapers.</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
			<ul style="list-style-type: none"> <li>● A document on 'Cigarette Smuggling' was produced, to be distributed to concerned individuals and organizations.</li> <li>● An interagency consultative meeting on illicit trade of tobacco is to be organized.</li> </ul>
2.9.2. Sale control			
2.9.2.1. Licensing	-	-	-
2.9.2.2. Ban of sale to minors	Very weak enforcement, resulting in only 3% compliance.	-	(same as 1.2.2.2)
2.9.2.3. Ban of self service	(same as 1.2.2.3)	(same as 1.2.2.3)	(same as 1.2.2.3)
2.9.2.4. Ban of smokeless tobacco	-	-	(same as 1.2.2.4)
2.9.2.5. Ban of packs less than 20	-	-	-
2.9.2.6. Ban of sales in certain places, e.g. schools, hospitals, pharmacies	-	-	<ul style="list-style-type: none"> <li>● Proposed and got approval from the Minister of Public Health to order banning sale of tobacco products in all hospitals.</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
2.9.2.7. Ban of duty-free sale	-	-	<ul style="list-style-type: none"> <li>● Proposed and got approval from the NCCTU to urge the FDA to prohibit sale of tobacco products in pharmacies.</li> <li>● Production of a document 'Duty-Free sale of Tobacco Products' to be distributed to all concerned.</li> <li>● Organization of an Interagency Consultative Meeting on 'Duty-Free Sale of Tobacco Products'</li> </ul>
2.9.3. Harm reduction	Has not utilized the section 11 of TPCA (disclosure of ingredients) to reduce harm to smokers	-	<ul style="list-style-type: none"> <li>● Thwarting the attempt of the TTCs to remove Section 11 of the TPCA (requiring disclosure of ingredients of tobacco product) during deliberation process in the National Assembly.</li> <li>● Warding off the TTCs' lobbying and pressuring the MOC and Ministry of Foreign Affairs to prevent</li> </ul>

POLICIES / MEASURES	ITCC	ASH	THPI
2.9.4. Crop substitution	-	-	<p>enactment of Ministerial Rule pursuant to Section 11 of the TPCA.<sup>15</sup></p> <ul style="list-style-type: none"> <li>● Public advocacy for the policy of health protection by Section 11 and public information on the TTCs' behavior and Section 11.</li> <li>● Production of a document 'Tobacco Agriculture' (which includes crop substitution) to be distributed to all concerned.</li> <li>● Organization of an Interagency Consultative Meeting on 'Tobacco Agriculture'</li> </ul>
2.9.5. Elimination of trade rules	-	Participated in the 301 Dispute / GATT Thai Cigarette Case.	<ul style="list-style-type: none"> <li>● Leading the fight of the forced opening of cigarette market of the 301/GATT dispute during 1989-1990.</li> <li>● Fighting AFTA regulation that</li> </ul>

<sup>15</sup> Chitanondh, H. Tobacco Industry Response to Ingredient Disclosure Law. Background paper for WHO meeting 'Advancing Knowledge on Regulating Tobacco Products', Oslo, Norway, 9-17 February 2000.

POLICIES / MEASURES	ITCC	ASH	THPI
<p>POLICY 3 Protecting nonsmokers and smokers' health from harm of environmental tobacco smoke</p> <p><i>Measures:</i></p> <p>3.1.Public information</p> <p>3.2.Regulations/Laws banning smoking in public places and workpaces</p>	<p>-</p> <p>Very weak enforcement, resulting in only 4% compliance.<sup>13</sup></p>	<p>(same as 2.8.4)</p> <p>(same as 2.8.4)</p>	<p>caused cheaper cigarette price by requests to prime minister Chuan in 2001 and deputy premier Somkid in 2002.</p> <p>(same as 2.8.4)</p> <p>(same as 2.8.4)</p>

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<sup>13</sup> Temsirikunchai L, Anantawong B, and Chaiyarak J. Healthy Public Policy: Creation of a System to Enforce The Law Protecting Nonsmokers' Health. Research granted by WHO country budget # 980002, September 2000.

From the above summary of activities, according to the tobacco control policies and their measures, of the 3 main key players it can be summarized that:

1. The government tobacco control organization's strength includes being an authorized agency for law enforcement, a core for the annual No-Tobacco Day celebrations, a core for organizing the national tobacco and health conferences. It also produces good health educational materials, holds training programs and produces and distributes newsletters.

The ITCC has many weaknesses, the worst of all is that it is not accountable in law enforcement. Data collection is poor and an annual (one million Baht or 23,255 USD) research budget is spent for small useless studies. The ITCC's name is not an official one since it has not been approved by the Civil Service Commission. It's status is a mere section in the Drug Addict Treatment Division of the DMS. Its annual budget is tiny - 10 to 13 million Baht (232,558 to 302,325 USD) a year.

2. The first and biggest tobacco control NGO - the Action on Smoking and Health Foundation (ASH) has been founded since 1987. Its strength is its performance in wide variety of tobacco control measures, including good data collection creating a moderate size clearinghouse, maintaining a quitline, carrying out some school programs, and supporting few researches. The main strength is public information through media regular and frequent press releases of tobacco-related news, big and colorful celebration of World No Tobacco Day, etc. ASH's advocacy for policy changes includes repeated calls for tobacco tax increase. It also helped and actively participated in the drafting of laws and in the trade dispute with the US and at GATT.

ASH's main weakness is that ASH's advocacy has been mostly positive in nature and negative advocacy is avoided to maintain its image. It would not confront 'big' figures when there is wrongdoing that is detrimental to tobacco control.

3. THPI is a continuation of tobacco control work, which began in 1989, of Dr. Hatai Chitanondh after retirement from the government service. The THPI does not do campaign works, school programs, and does not produce health education materials nor newsletter. It does not have cessation program though it urges government to be responsible for establishing cost-effective regime that can be used countrywide, and specific programs for youth and pregnant women.

Its main strength is strong maintenance of healthy public policy in tobacco control. The THPI has a comprehensive clearinghouse. Public information is regular, though not very frequent, and geared towards rising events. Advocacy is strong both positive and negative in nature with objectives of policy changes and denormalization of tobacco use. The THPI has been initiator of several fights in the political economic arena, i.e. the world's landmark 'Thai Cigarette Case', thwarting the government's plan to privatize the TTM, and fighting trade liberalization of the AFTA. The THPI initiated the NCCTU; initiated, drafted, and fight for enactment of the two tobacco control laws; initiated the establishment of the government office for tobacco control, initiated the ban of smokeless tobacco, and initiated and carried out the graphic health warnings on cigarette packages. The THPI initiated and helped organize the workshop that resulted in the first National Plan and Action on Tobacco Control.

## GAPS IN CURRENT MECHANISMS IN PLACE TO REDUCE TOBACCO - RELATED HARMS

In order to reduce the gaps in existing mechanisms corrections should be made as follows.

### 1. Suitable new mechanisms

#### 1.1 *Revamp the ITCC*

The ITCC must replace its old staff of old - aged nurses, x-ray technicians, and radiologists with good quality persons, including health promotion professionals, social scientists, and headed by an MD with public health certification and preferably with expertise in epidemiology.

The ITCC's bureaucratic status must be elevated from a mere section of the Division of Drug Addict Treatment to an independent division of a department.

The ITCC's budget of a mere 10 - 13 million Bt a year<sup>1</sup> should be increased drastically. In 2000 the ITCC received a budget of 0.005 USD per capita (comparing with 6.50 USD per capita for Massachusetts tobacco control program).

#### 1.2 *Stimulate the activities of the CCTU*

The CCTU used to have a status of a national body (NCCTU) but since 1991 has been downgraded to a mere ordinary committee, named the Committee for Control of Tobacco Use (CCTU).

Meetings of this policy committee have changed from regular and productive to irregular and non-productive.<sup>3</sup>

14 March 1989 - June 1991 : 1<sup>st</sup> NCCTU - Chairman Mr. Chuan Leekpai, secretary Dr.

Hatai Chitanondh.

1989 - 3 meetings, 1990 - 3 meetings, 1991 - 1 meeting

25 June 1991 - October 1992 : 2<sup>nd</sup> NCCTU - chairman Dr. Pairote Ningsanonda,

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<sup>1</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 1. The Country Profile. Research granted by WHO country budget #000297, March 2002.

<sup>2</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 2. Organization (1). Research granted by WHO country budget #000297, March 2002.

secretary Dr. Hatai Chitanondh.

1991 - 1 meeting, 1992 - 1 meeting

29 September 1992 - 15 September 1993 : 3<sup>rd</sup> CCTU - chairman Mr. Boonpan

Kaewattana, secretary Dr. Prakrit Vateesatokit.

(no meeting)

23 September 1993 - 20 July 1995: 4<sup>th</sup> CCTU - chairman Dr. Arthit Ourairat, secretary Dr.

Prakit Vateesatokit.

(no meeting)

20 July 1995 - 28 November 1996 : 5<sup>th</sup> CCTU - chairman Mr. Snoh Thienthong, secretary

Dr. Prakrit Vateesatokit.

(no meeting)

29 November 1996 - 23 October 1997: Mr. Montri Pongpanich was the public health minister.

24 October 1997 - 13 November 1997: Mr. Somsak Thepsuthin was the public health minister.

14 November 1997 - 15 September 1998: Mr. Rak-kiet Sukthana was the public health minister.

During the 3 periods no appointment of a CCTU was made.

1 December 1998 - 5 January 2001: 6<sup>th</sup> CCTU-chairman Mr. Korn Dabbarangsi,

secretary Dr. Prakrit Vateesatokit

2000 - 1 meeting

6 January 2001 - present : 7<sup>th</sup> CCTU - chairperson Mrs. Sudarat Keyuraphan, secretary

DMS Director-General

2001 - 1 meeting, 2002 - 1 meeting

The CCTU should be upgraded to a national body and renamed the NCCTU. The meetings should be held at least thrice a year and myriad of problems solved.

### **1.3 Build strong grass-root alliances**

The existing few grass-root groups<sup>3</sup>, although very determined, are weak, not knowledgeable, having no financial resources and getting no sustainable support. They should be strengthened by:

<sup>3</sup> Chitanondh H, Suwan P, Kanchanachitra C, Chaiyarak J. Situation Analysis of Tobacco Control Policies in Thailand: 2. Organization (1). Research granted by WHO country budget #000297, March 2002.

- getting advice in organizing their own structure,
- being educated in the science of tobacco control
- adequately funded for various activities,
- given chances for participation in the country's activities in tobacco control.

## 2. Laws and regulations

### 2.1 *Amend the existing laws and add new ones.*

The existing laws may have to be amended to find more practical ways of effective enforcement. New regulations and laws are needed, e.g.;

#### Retail licensing.

Tobacco retailers must be licensed. Whole-sellers would be allowed to sell tobacco products only to licensed retailers. Retailers must agree to verify that the buyer is at least 18,

#### Point of sale display.

Display of tobacco products must be restricted,

#### Abolition of duty-free sale of tobacco products

Following the amendment in 1999 of the Kyoto Convention (on the simplification and harmonization of customs procedures administered by the World Customs Organization), there are no obstacles that would prevent a ban on duty-free tobacco world-wide. Thailand should consider the ban seriously although there would be strong opposition from the tax-free shops which contribute a large revenue to the government.

#### Suppression of illicit trade in tobacco product

A special national action plan should be established. The plan would include raising public awareness of the negative aspects of smuggling, increasing penalties, placing 'tax paid' marking on tobacco products, requiring tobacco-specific licences for manufactures, exporters, importers, wholesalers, transporters, warehouses and retailers. Collaboration with international anti-smuggling system must be strongly carried out.

## **2.2 *Strengthen the system for law enforcement***

Law enforcement must be strengthened by the following measures.

- A central task force should be established to;
  - Monitor the wrong-doings,
  - Give research grants to study non-compliances, behavior of the justice system, effectiveness of appointed officials, etc.,
  - Inform the public, tobacco -related businesses, establishments that have to abide by the laws, etc., about the laws, case prosecutions, and others.
- For the responsible appointed officials;
  - Education must be given to them to be really knowledgeable about the laws and prosecution procedure,
  - They must be accountable for the level of non-compliance and violations.
- For personnel in the justice system - the police, the attorney-generals, the judges, the following would be regularly organized;
  - Workshops to clarify the laws, and
  - Meetings to discuss case studies.

## **3. Other initiatives**

### **3.1 *Pursue litigation procedure***

This important tobacco control measure has not been carried out in Thailand. Only 3 meetings were held to discuss this procedure. A long term plan is needed expertise sought, and actions taken.

### **3.2 *Establish a task force on tobacco economics***

A task force on tobacco economics is needed to :

- Set a national price policy and propose it to the CCTU and the government respectively;

- Monitor the excise tax and ensure that cigarette price increase must be sustained in real terms, i.e., adjusted for inflation;
- Monitor the free trade agreements that result in cheaper price of tobacco products and correct the trade regulations by proposal to the government.

## CONCLUSION

Current policies and regulations in place for tobacco control developed after 1975 include smoke-free policies, packaging and labeling regulations, advertising prohibition, Tobacco Product Control Act 1992, Non-smokers' Health Protection Act 1992, increase of excise tax on tobacco products, establishment of the NCCTU as a national policy coordinating body, setting up of OTCC as a government agency for tobacco control, prohibition of smokeless tobacco, establishment of a health promotion fund, and formulation of national policies and national plan of action for tobacco control.

The policies and measures were developed by efforts of a few technocrats who were very knowledgeable and highly determined and strongly supported by clean policy makers.

Practical difficulties in implementing the mechanisms currently in place include inadequate public information, poor knowledgeability of the responsible officials, lack of good system for law enforcement, and some flaws in the justice system.

The key players in tobacco control of Thailand are the government agency ITCC and the NGOs - ASH and THPI. Their activities are tabulated and strengths and weaknesses discussed.

In order to reduce the gaps in existing mechanisms proposal is made for suitable new mechanisms including a revamp of the ITCC, stimulating activities of laws and regulations, strengthening the system for law enforcement, and other initiatives including pursuing litigation process and establishing a task force on tobacco economics.

## ABBREVIATIONS and ACRONYMS

AFTA	Asean Free Trade Agreements
ASCP	Anti-Smoking Campaign Project
ASH	Action on Smoking and Health
CCTU	Committee for Control of Tobacco Use
CPB	Consumer Protection Board
DMS	Department of Medical Services
HSRI	Health System Research Institute
ITCC	Institute of Tobacco Consumption Control
JC	Juridical Council
MOC	Ministry of Commerce
MOF	Ministry of Finance
MOPH	Ministry of Public Health
NCCTU	National Committee for Control of Tobacco Use
NHPA	Nonsmokers' Health Protection Act
NSO	National Statistical Office
OTCC	Office of Tobacco Consumption Control
THPI	Thailand Health Promotion Institute
TMD	Trademark diversification
TTCs	Transnational Tobacco Companies
TTM	Thailand Tobacco Monopoly
TPCA	Tobacco Product Control Act
USCEA	United States Cigarette Exporters Association
USTR	United States Trade Representative
WHA	World Health Assembly