

Brief Profile on

Tobacco Control in Myanmar



Ministry of Health
Myanmar

Brief Profile on Tobacco Control in Myanmar



Ministry of Health
Myanmar

Acknowledgements

Ministry of Health, Government of Myanmar acknowledges the support of World Health Organization, Regional Office for South-East Asia Region, New Delhi and Centers for Disease Control and Prevention (CDC) Atlanta for providing technical and financial support in developing and printing the document - "Brief profile on tobacco control in Myanmar".

Contents

Foreword	v
General information about Myanmar	1
Tobacco use in Myanmar	2
Tobacco control in Myanmar.....	5
Myanmar and Global Tobacco Surveillance System	6
MPOWER policy package in Myanmar.....	10
• Monitoring tobacco use	10
• Protecting people from tobacco smoke	11
• Offering help to quit tobacco use.....	13
• Warning about the dangers of tobacco	16
• Enforcing ban on tobacco advertising, promotion and sponsorship.....	17
• Raising taxes on tobacco products.....	18
Conclusion	20
Bibliography	21

Foreword

by H.E. Professor Dr. Kyaw Myint, Minister for Health



Like many other parts of the world, tobacco causes a significant proportion of death and disability in the countries of South-East Asia Region. As the countries have undergone epidemiologic transition, chronic diseases caused by tobacco are rapidly overtaking the more traditional causes of mortality. Member countries in the Region have been striving hard to control the tobacco epidemic. However, tobacco control in the Region remains a complex task as it involves socioeconomic and cultural dimensions. WHO has been supporting the countries in their national efforts to reduce tobacco use.

Myanmar, as a Party of WHO Framework Convention on Tobacco Control (FCTC), has undertaken a number of initiatives towards reducing tobacco use over the last decade. Tobacco control has been considered as a priority in the national health programme. The country has enacted the tobacco control law (2006) which includes important provisions including prohibition of all forms of tobacco advertisements, designation of smoke-free areas, prohibition of sale of tobacco to and by minors, etc. It has also been implementing the MPOWER policy package recommended by WHO as the roadmap for tobacco control.

The Brief Profile depicts vital information relating to the tobacco control programme in Myanmar. Carefully constructed with two distinct sets of information, the fact sheet provides background information on the nature and types of tobacco use and the activities undertaken in each of the six policy interventions of the MPOWER package for tobacco control. In addition, it has also provided a review of the activities and identified the future direction with a forward-looking approach.

I hope that this document will serve as an evidence base for the tobacco control programme in Myanmar and will assist in making policy decisions in the area of programme development and resource allocation. It will be equally useful for development partners in providing required support to the country.

Finally, I would like to acknowledge the support and cooperation of WHO in developing this document and expect that with the support from WHO the national tobacco control programme will make further advancement in the near future.

A handwritten signature in black ink, appearing to read 'Kyaw Myint', with a long horizontal line extending to the right.

Professor Dr. Kyaw Myint
Minister for Health

General information about Myanmar



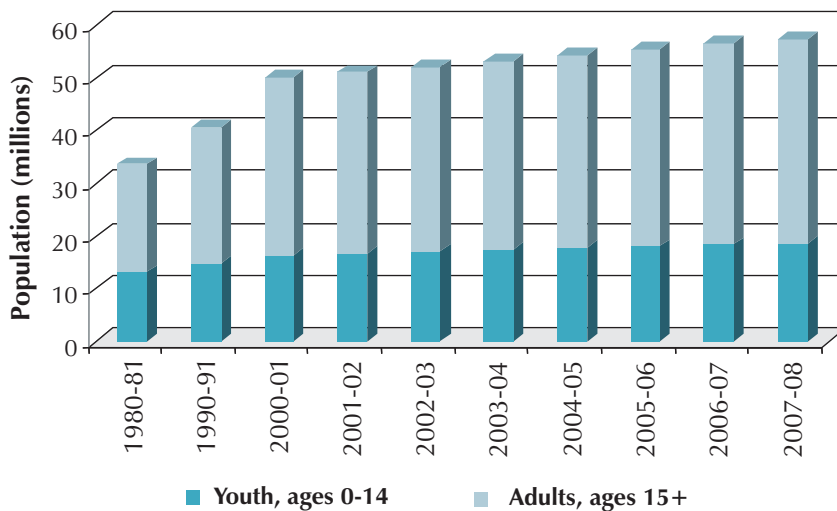
The Union of Myanmar is located in South-East Asia with a total land area of 676 578 square kilometers. It is bounded by Laos and Thailand in the east and south-east, China in the north and north-east, India in the north-west and Bangladesh in the west.

The estimated population of Myanmar is 57.5 million (2007-2008) with a growth rate of 1.75 percent. About 70 percent of the population resides in rural areas.

According to the Statistical Year Book (2007) published by the Central Statistical Organization, the

GDP per capita was 295 774 Kyats in the year 2006-2007.

Population of Myanmar



Source: Planning Department, Ministry of National Planning and Economic Development, Myanmar

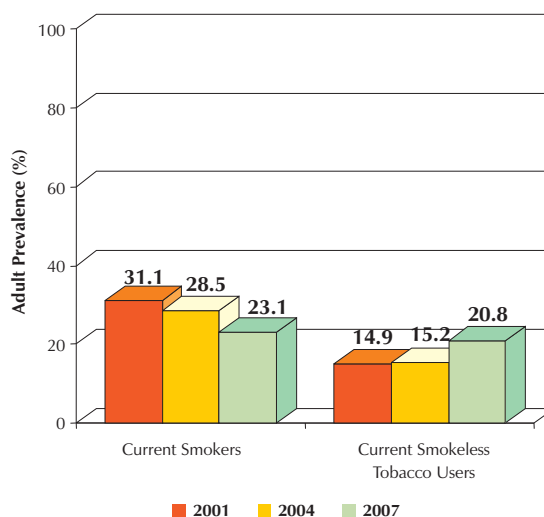
Tobacco use in Myanmar

Type of users (> 15 years of age)			2001*	2003#	2004*	2007*
Current Smoker	Gender	- Male	42.9	48.6	35.6	33.3
		- Female	21.9	13.7	13.8	15.0
	Area	- Urban	27.6	26.4	23.4	18.9
		- Rural	32.4	32.5	25.3	24.4
Current Smokeless	Gender	- Male	23.8	n.a.	25.6	31.8
		- Female	8.0	n.a.	4.3	12.1
	Area	- Urban	13.8	n.a.	11.6	18.7
		- Rural	15.3	n.a.	16.4	20.8

Source: * Sentinel Prevalence Studies of Tobacco use in Myanmar, 2001, 2004 & 2007
World Health Survey, Myanmar, 2003

Sentinel prevalence studies of tobacco use in Myanmar were conducted in the years 2001, 2004 and 2007 with the objective to build a database on prevalence of tobacco use for planning and evaluation of tobacco control interventions in Myanmar. Study results showed that although prevalence of smoking is gradually declining, prevalence of smokeless tobacco use such as chewing of betel quid with tobacco is rising steadily. Misconceptions that smokeless tobacco use are less dangerous than smoking tobacco products is a big challenge to the tobacco control measures, along with the very low prices of smokeless tobacco products.

Prevalence of Tobacco Use among Adults (>15 yrs) (Sentinel Prevalence Surveys)



Source: Sentinel Prevalence Studies of Tobacco use in Myanmar, 2001, 2004 & 2007

Types of tobacco products used in Myanmar

Different varieties of tobacco are being used in Myanmar, in both smoking and smokeless forms. The most common form of smoking products are cheroots, which are manufactured by cottage industries. Nearly half of tobacco users chew betel quid with tobacco, which is on the rising trend.

A study on types and constituents of tobacco products was conducted in 2004 which showed the varieties of tobacco products that were in use in Myanmar.



Cigarettes

Smoking forms



Cheroots



Hand-rolled
Cheroots



Cigars



Watery tobacco (Ye pyang)



Betel quid with tobacco

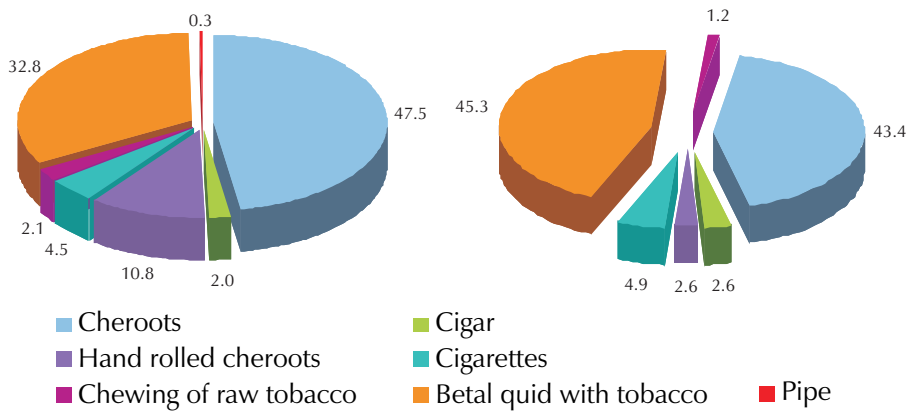


Wet tobacco soaked with alcohol or
honey, commonly wrapped with betel leaf

Smokeless forms

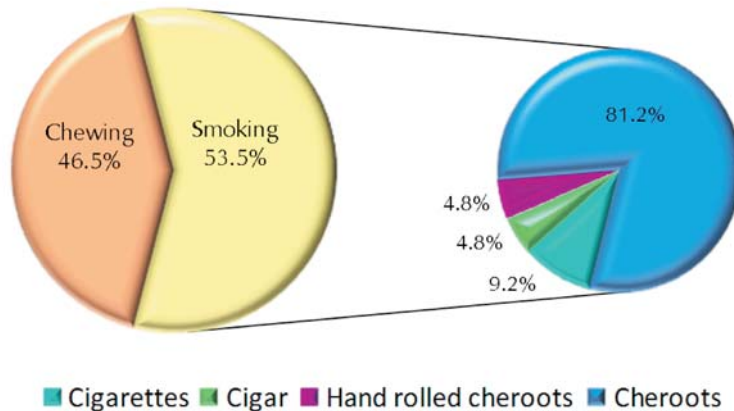
- Betel quid with raw tobacco, wet tobacco, tobacco soaked with lime/honey/alcohol
- Raw tobacco
- Watery tobacco

Types of smoking and smokeless tobacco use (%)



Source: Sentinel Prevalence Survey of Tobacco Use in Myanmar, 2001 & 2007

Types of tobacco smoked by the current smokers (%)



Source: Sentinel Prevalence Survey of Tobacco Use in Myanmar, 2007

Tobacco control in Myanmar

- Tobacco control programme is one of the priority programmes of National Health Plan.
- Officially launched in January, 2000.
- Formation of the Tobacco Control Committee in March, 2002.
- Prohibition of tobacco advertisement in all electronic media - TV, Radio in 2000.
- Prohibition of tobacco billboards in 2002
- Prohibition of tobacco advertisements on print media in 2002.
- Designation of health facilities, basic education schools, sports fields and sports grounds as tobacco-free since 2002.
- Inclusion of topics on dangers of tobacco in the main curriculum of all basic education schools, medical and para-medical schools since 2004.
- Promotion of community awareness through all forms of media in collaboration with the Ministry of Information, media personnel and through national NGOs.

Tobacco control legislation

- The Control of Smoking and Consumption of Tobacco Products Law was enacted on 4 May 2006. It came into effect on 4 May 2007.
- The law prohibits all forms of tobacco advertisement;
- Designates non-smoking areas;
- Prohibits sale of tobacco products to and by minors under the age of 18;
- Prohibits sale of tobacco products within the school compound and within 100 feet from the compound of the school;



- Prohibits sale by vending machine;
- Prohibits sale of cigarettes in loose forms;
- Requires health warning and labels on tobacco products.

WHO framework convention on tobacco control and Myanmar

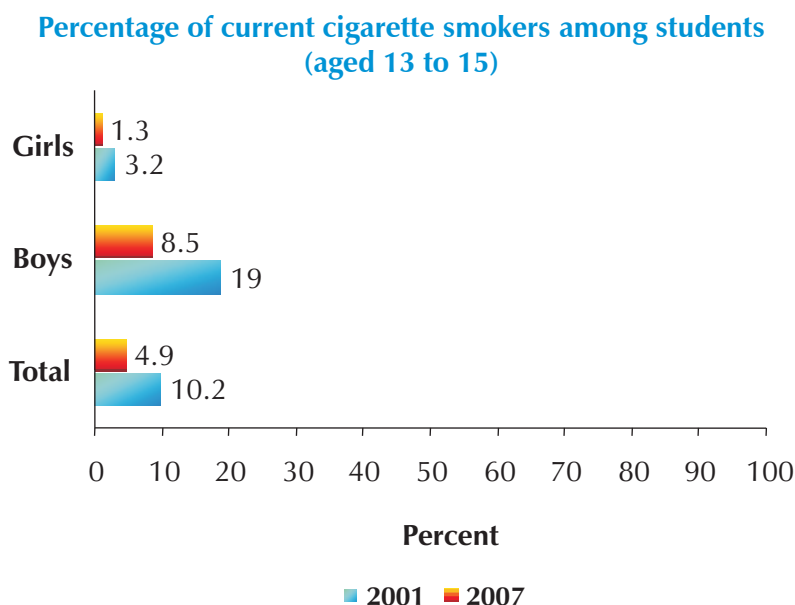
- Myanmar signed the WHO FCTC on the 23 October 2003.
- It ratified the WHO FCTC on the 20 April 2004.

Myanmar and the Global Tobacco Surveillance System (GTSS)

Myanmar has been participating actively in the Global Tobacco Surveillance System and has conducted Global Youth Tobacco Surveys, Global School Personnel Surveys, and a Global Health Professions Students' Survey. These surveys showed that cigarette smoking among youth is decreasing but use of other types of tobacco products is increasing.

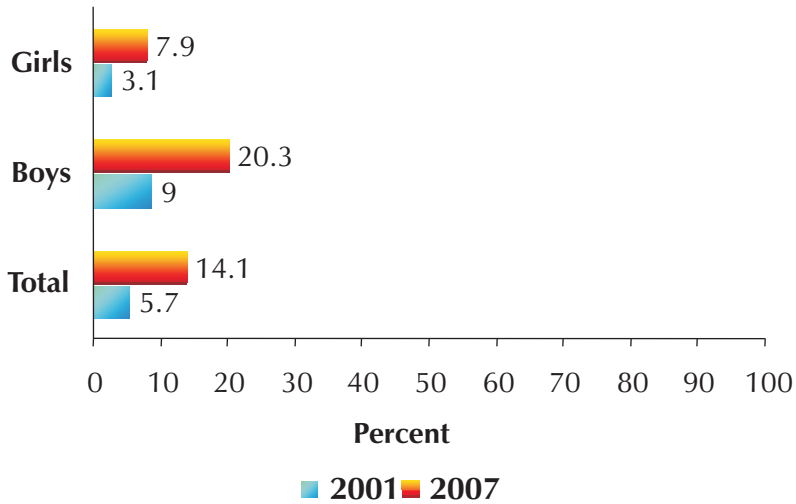
Global youth tobacco survey (GYTS) 2001 & 2007

Global Youth Tobacco Surveys (GYTS) were conducted in sampled basic high schools in 2001 (n = 2721) and in 2007 (n= 3118) using the same standard protocol.



Source : Global Youth Tobacco Surveys, Myanmar, 2001 & 2007

Percentage of other tobacco use among students (aged 13 to 15)

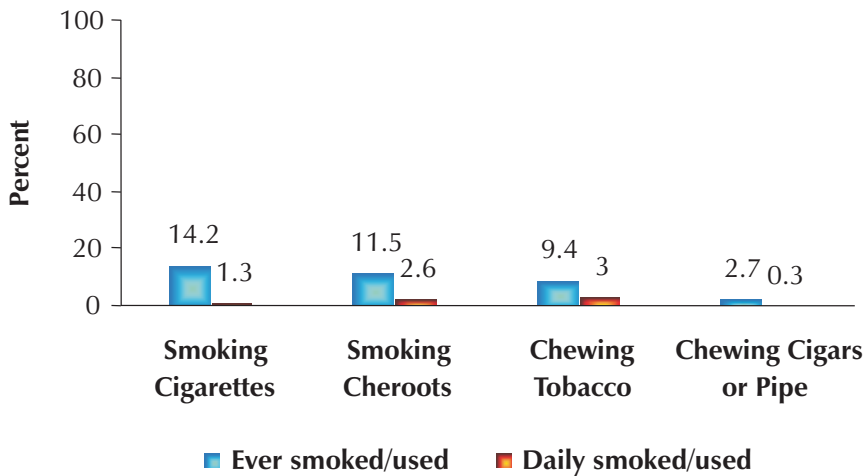


Source : Global Youth Tobacco Surveys, Myanmar, 2001 & 2007

Global School Personnel Surveys (GSPS) 2004 & 2007

In 2007, Global School Personnel Survey (n= 2460) were carried out in schools selected for GYTS. All school personnel in these schools were eligible to participate.

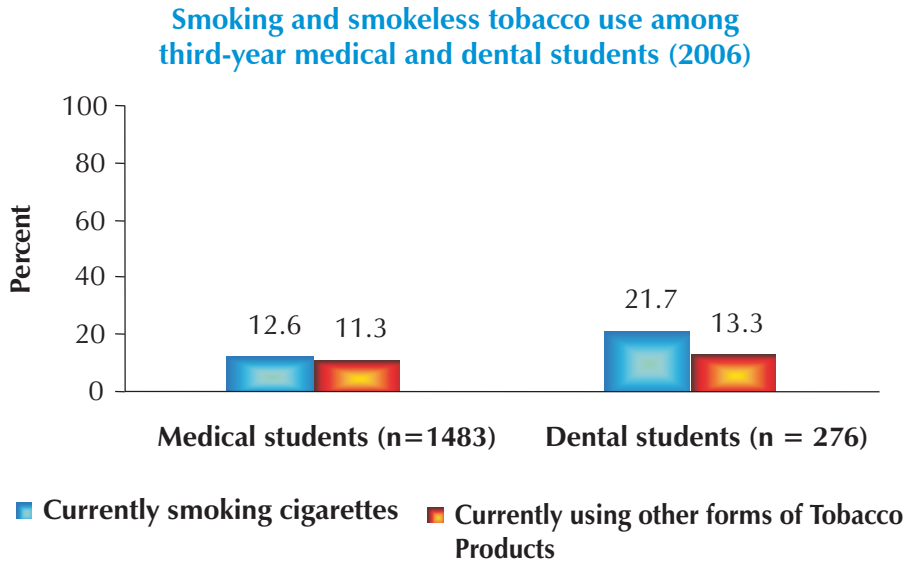
Prevalence of tobacco use among school personnel (2007)



Source : Global School Personnel Survey, Myanmar, 2007

Global Health Professions Students' Survey (GHPSS) 2006

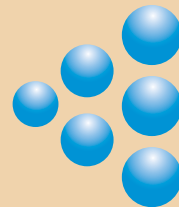
The Global Health Professions Students' Survey (GHPSS) was conducted among all third-year students of medical (n= 1483), and dental (n=276) colleges in 2006.



Source : Global Health Professions Students' Survey, Myanmar, 2006

MPOWER Policy Package :

A Policy Package to Reverse the Tobacco Epidemic



- **M**onitor tobacco use and prevention policies
- **P**rotect people from tobacco smoke
- **O**ffer help to quit tobacco use
- **W**arn about the dangers of tobacco
- **E**nforce bans on tobacco advertising and promotion
- **R**aise taxes on tobacco products

The Myanmar Tobacco Control Programme is implementing its activities in line with the six policies recommended in the WHO Report on the Global Tobacco Epidemic 2008.



Country situation and activities

Following surveys have been conducted in Myanmar:

- Sentinel prevalence studies conducted every biennium.
- Nation-wide survey: World Health Survey 2003, WHO NCD STEPS survey 2009.
- Global Youth Tobacco Surveys 2001, 2004, 2007.
- Global School Personnel Surveys 2004, 2007.
- Global Health Professions Students' Surveys 2006, 2009.
- WHO Framework Convention on Tobacco Control (FCTC) reporting instrument.
- Global Tobacco Control Report yearly since 2006.

Among all these surveys, components of GTSS has been periodically repeated

Weakness

- Limited resources for surveillance and research.

Way forward

- Global Adult Tobacco Survey in 2010.
- Sentinel prevalence surveys on certain specific issues.
- Integration with NCD STEPS and World Health Surveys.
- Continue participation in annual Global Tobacco Control Report.
- Following up of the FCTC reporting instruments.



Protecting people from tobacco smoke

Country situation and activities

100% smoke-free places:

- Health-care facilities, education facilities and universities
- Sports grounds
- Motor vehicles and aircraft for public transport
- Entertainment buildings
- Marts, stores and market sheds
- Air-conditioned public rooms
- Public auditoriums

Non-smoking areas with designated smoking rooms:

- Work places
- Hotels, motels, guest houses
- Restaurants
- Trains and vessels for passenger transport
- Pubs and bars



A Tobacco Free Rural Health Center

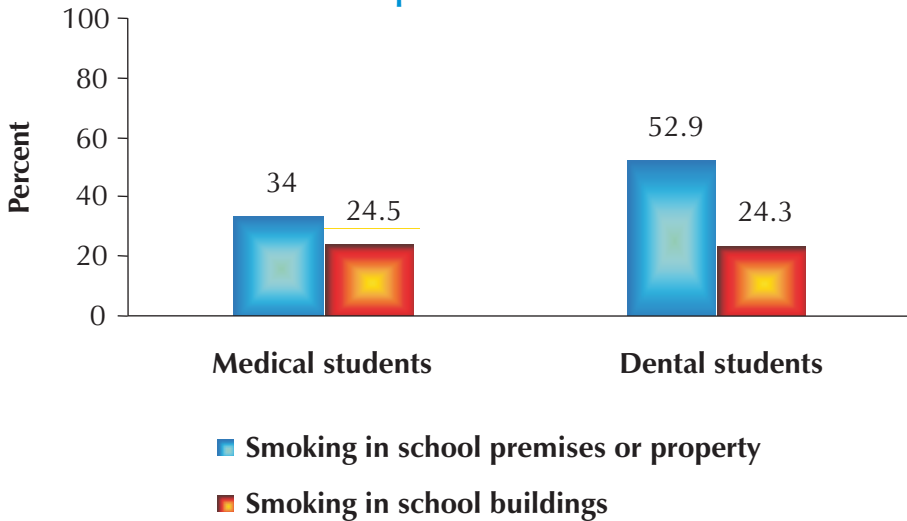


A Tobacco Free Public Park



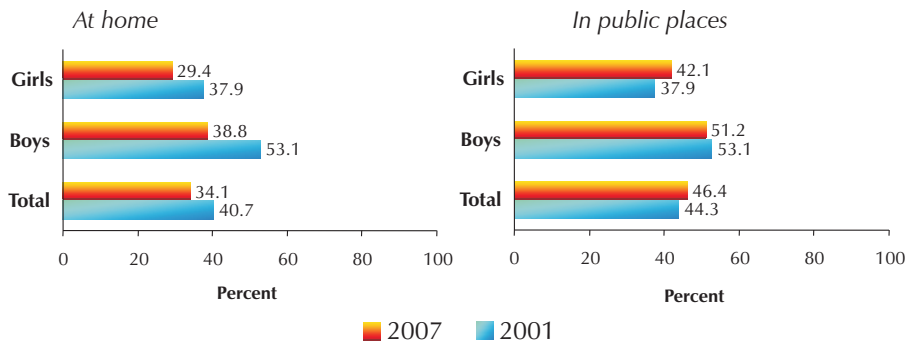
A Tobacco Free School

Smoking in school premises among third-year medical and dental students who reported to be ever smokers



Source : Global Health Professions Students' Survey, Myanmar, 2006

Exposure to second-hand smoke among students



Source : The Global Youth Tobacco Survey (GYTS) in Myanmar, 2001 & 2007

Weakness

- Need to strengthen law enforcement.

Way forward

- All public places, public transport and workplaces to be 100% smoke free.



Offering help to quit tobacco use

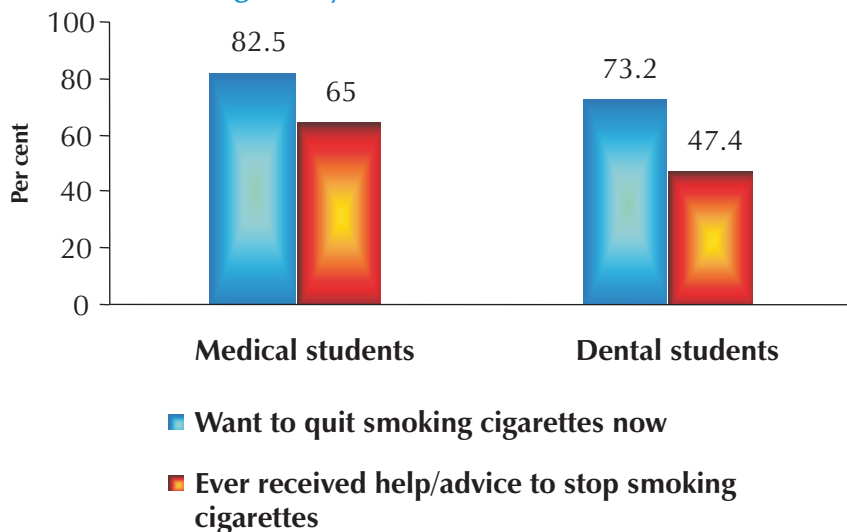
Country situation and activities

- Community-based cessation activities in project townships.
- Training of basic health personnel on tobacco cessation.

The total of 191 townships with more than 9000 health personnel had been trained on dangers of tobacco, and on cessation.

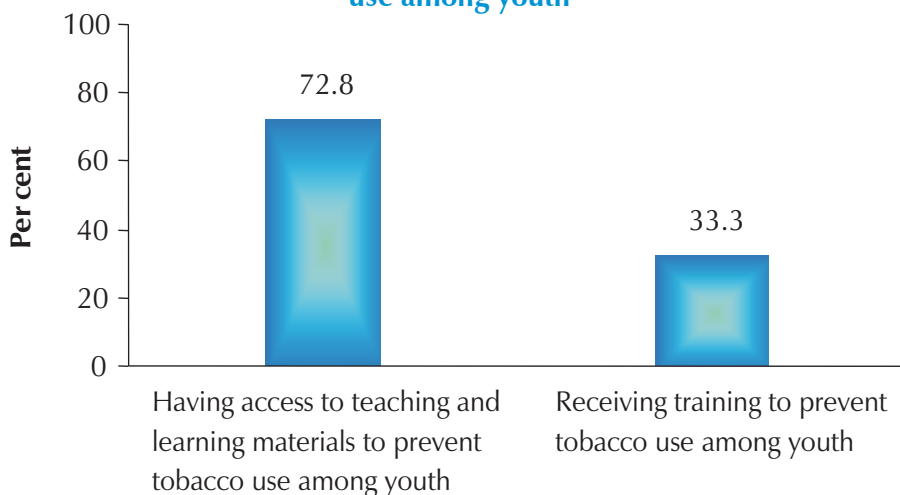
- About 4 in 5 current smokers reported that they have the desire to quit. (GYTS, 2001 & 2007)
- About 4 in 5 current smokers among medical students and 3 in 4 current smokers among dental students reported that they wanted to quit smoking cigarette. (GHPSS, 2006)

Desire to quit and receipt of help/advice to stop smoking cigarettes among third-year medical and dental students



Source : Global Health Professions Students' Survey, Myanmar, 2006

Training of school personnel on prevention of tobacco use among youth



Source : Global School Personnel Survey, Myanmar, 2007

Weaknesses

- Nicotine Replacement Therapy (NRT) not available widely.
- Bupropion available at market but not widely accessible.
- NRT and Bupropion not in the essential drug list yet.
- Training of health personnel on cessation not adequate.

Way forward

- Training of more health personnel on cessation techniques and counseling.
- Enhance accessibility and affordability of NRT and Bupropion.
- Establishment of quit lines for smokers who want to quit.
- Setting up of counseling clinics at hospitals and health centres.



Training of basic health personnel on tobacco cessation and community-based cessation activities

Warning about the dangers of tobacco

Country situation and activities

- National legislation requires packages of cigarettes and cheroots to mention that smoking can seriously affect health, and other necessary warnings.

Weaknesses

- No graphic/pictorial warnings on cigarette packages.
- Text warnings not specific.
- Nature of smokeless tobacco products makes health warnings impossible.

Way forward

- Regulation/notification for pictorial health warnings on at least 30% of principal display areas of cigarette and cheroot packages.



Anti-tobacco billboard

Country situation and activities on tobacco control

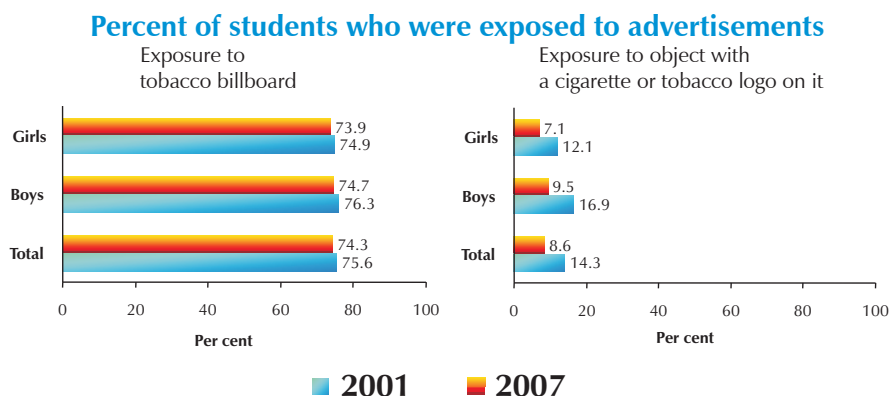
- National legislation bans all forms of direct and indirect advertising, in national TV and radio and local magazines and newspapers, point of sale, billboards, outdoor advertising and internet.
- National law completely bans promotion of all tobacco products and brand names, free distribution of tobacco products in the mail or through other means, promotional discounts, brand names of non-tobacco goods or services identified with tobacco brand names, appearance of tobacco products in TV and/or films (product placement).

Weakness

- Need to strengthen law enforcement.

Way forward

- Prohibition of advertisement from international TV and radio (broadcast from abroad, including satellite).



Source : The Global Youth Tobacco Survey (GYTS) in Myanmar, 2001 & 2007

Raising taxes on tobacco products

Country situation and activities on tobacco control

- 75% tax on cigarettes, 10% tax on cheroots, 20% tax on betel quid with tobacco.
- Tax structure has not changed for more than two decades.

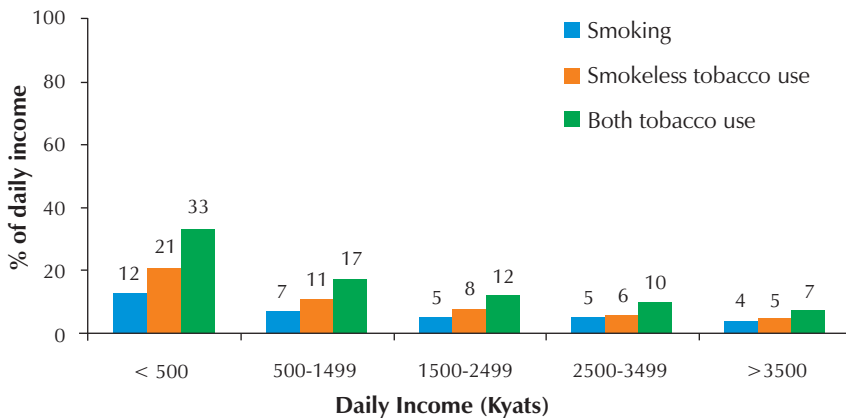
Weakness

- Low tax rates on cheroots and betel quid with tobacco promotes switching of smokers from cigarettes to cheroots and smokeless tobacco.

Way forward

- Harmonious increase in tobacco taxes for all forms of tobacco products.
- Advocacy on raising taxes on tobacco products.
- Integrating tobacco control with poverty alleviation programme.

Daily expenditure on tobacco use as % of daily income



Family expenditure spent on tobacco products

➤ Smoking tobacco products:	2.4 times	> education
	5.5 times	> health care during the past year
➤ Smokeless tobacco products:	3.2 times	> education
	8.3 times	> health care during the past year
➤ Both tobacco products:	13.4 times	> education
	34.6 times	> health care during the past year

Source : Study on Tobacco Control and Poverty Alleviation in Myanmar, 2004

Conclusion

The National Tobacco Control Programme, which was launched in 2000, has made many achievements under the strong leadership of the National Health Committee. It aims to improve the health and well-being of Myanmar's people, decrease poverty, and stimulate socioeconomic development through a sustained reduction in tobacco use and tobacco related harm. With the adoption of The Control of Smoking and Consumption of Tobacco Products Law in 2006, and the multisectoral efforts towards effective enforcement of the law, we are seeing a significant decline in the prevalence of smoking across all ages.

However, being a complex issue, tobacco control faces many sociocultural and economic challenges. These challenges could be overcome by strengthening tobacco control efforts through the implementation of the MPOWER Policy Package. Continued support and close collaboration from WHO and other partners are essential in the struggle against tobacco epidemic. However, the Global Tobacco Surveillance System provides a good opportunity to monitor the implementation of MPOWER policy package and the national tobacco control programme.

Bibliography

1. World Health Organization. MPOWER: A policy package to reverse the tobacco epidemic. Geneva: World Health Organization; 2008. World Health Organization.
2. WHO report on the global tobacco epidemic, 2008: the MPOWER package. Geneva: World Health Organization, 2008. http://www.who.int/tobacco/mpower/mpower_report_full_2008.pdf
3. WHO,SEARO Myanmar sentinel tobacco use prevalence study Year: 2001, WHO SEARO, New Delhi.
4. WHO,SEARO Myanmar sentinel tobacco use prevalence study Year: 2004 WHO SEARO, New Delhi
5. WHO, SEARO ,Report on Global Health Professional Survey Myanmar, 2006, World Health Organization, Regional Office for South-East Asia Region, New Delhi, http://www.searo.who.int/LinkFiles/GHPS_2006Myanmar.pdf
6. WHO SEARO, Report on Global Youth Tobacco Survey (GYTS) and Global School Personnel Survey (GSPS) 2007 in Myanmar, World Health Organization, Regional Office for South-East Asia Region, New Delhi,
7. The Union of Myanmar, The State Peace and Development Council. The control of smoking and consumption of tobacco product law. The State Peace and Development Council Law no. 5/2006. Dated 4th May 2006. Yangon: State Peace and Development Council, 2006.
8. World Bank Kyaing NN, Perucic AM and Rahman K, Study on Poverty Alleviation and Tobacco Control in Myanmar <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/MyanmarTobaccoFinalSm.pdf>
9. Kyaing NN, Aung TT, Lwin KS ,The sentinel prevalence study of Tobacco use in Myanmar, 2004,http://www.searo.who.int/LinkFiles/Regional_Tobacco_Surveillance_System_Myanmar2004.pdf



Ministry of Health
Myanmar