



CREATING



SMOKE-FREE

ENVIRONMENTS



Creating Smoke-Free Environments: A Primer

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Introduction

It is a scientific fact that smoking kills, and that tobacco smoke is harmful to health. But aside from these, tobacco use and the illnesses it causes also have severe environmental and economic impacts. Six trillion cigarettes are produced¹ and 5.8 trillion are consumed by one billion smokers worldwide every year.² Economic losses from health expenditure and lost productivity because of tobacco-related diseases amount to around \$2 trillion.³ The Philippine economy loses more than \$6.05 billion (around PHP 314 billion) every year from just four tobacco-related diseases: lung cancer, cardiovascular diseases, coronary artery disease, and chronic obstructive pulmonary disease.⁴

The tobacco industry kills more than half of its users and targets the youth to become replacement smokers. With the recent emergence of new tobacco products and e-cigarettes, the tobacco industry continues to misinform the public and the youth into thinking that these are alternative, “safer” products than traditional cigarettes. In truth, these new tobacco products bring a host of toxic substances that harm not only the smoker, but also unknowing people exposed to secondhand smoke.



Primer Contents

This primer aims to

- ✓ Provide an overview of the burden of tobacco and smoking and how it continues to aggravate the public health situation during the COVID-19 pandemic
- ✓ Briefly discuss the current laws and policies on tobacco control in the Philippines and the gaps and issues to be addressed in these laws
- ✓ Present ways to expand smoke-free environments in order to protect the health of the Filipino public and especially the youth from the ills of tobacco



The tobacco epidemic and the COVID-19 pandemic

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How prevalent is smoking among Filipino youth?

What are the health risks/problems caused by smoking or using tobacco products?

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How are smokers more likely to spread or contract COVID-19?

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References

The tobacco epidemic and the COVID-19 pandemic



Question 1

What are some examples of tobacco products?

Tobacco products come in many forms, the most common and familiar of which is the cigarette. Other tobacco products include cigars, hookahs and similar water pipes, loose tobacco leaves, snuff, and chewing tobacco. Combustible tobacco products like cigarettes are designed to be smoked and inhaled by the user.

New tobacco products such as electronic cigarettes or “vapes” have emerged in the recent years. These Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS) rely on combustion and use a battery to heat up and vaporize a liquid solution which may contain nicotine and other flavors. When used, these electronic smoking devices release an aerosol containing harmful substances like nicotine and lead as ultrafine particles which can enter and damage the lungs. Some e-liquid solutions may also contain marijuana or cocaine.⁵

Question 2

How prevalent is smoking in the Philippines?



The Philippines has among the highest number of smokers in Southeast Asia. One out of four (23.8% or 16.5 million) Filipino adults use tobacco. It is also found that 22.7% or 15.9 million Filipinos smoke cigarettes. Eight out of 10 smokers smoke daily and use an average of 11 cigarettes while heavy smokers use more than 20 cigarettes every day. The highest prevalence of current smokers is among adults aged 45-64 years (26.8%) and with an educational level of up to elementary (30.1%).⁶

Question 3

How prevalent is smoking among Filipino youth?

The Philippines is ranked fifth in Southeast Asia for the highest number of youth smokers. 16% of Filipino students aged 13 to 15 are smoking, 22.2% are boys and 10.4% are girls. 14.5% of grade school students currently smoke, including one in every five boys (20.5%) and one in every 10 girls (9.1%).



1 IN 5 BOYS

in gradeschool currently smoke



1 IN 10 GIRLS

in gradeschool currently smoke

Among youth smokers, more than one in 10 (12%) initially tried smoking cigarettes when they were 7 years old or younger. Even though it is illegal to sell cigarettes and other tobacco products to minors, around half (47.5%) of young smokers could easily buy cigarettes and tobacco products. Eight out of 10 school-aged smokers purchase cigarettes from a store, shop, street vendor, or kiosk due to single-stick sales.⁷

Question 4

What are the health risks/problems caused by smoking or using tobacco products?

Tobacco smoke has at least 250 toxic chemicals and more than 70 of which are known to cause cancer.⁸ As such, tobacco use and smoking damages almost every organ in the body. More than one in five of all cancer-related deaths are caused by tobacco use.⁹ Other health risks from smoking include renal failure, intestinal ischemia, and hypertensive heart disease. Each smoker loses at least 10 to 11 years of their life because of tobacco use.¹⁰

Even non-smokers who are exposed to secondhand smoke experience increased risk of cancer and heart disease. Almost one out of seven deaths caused by tobacco results from exposure to secondhand smoke.¹¹ One out of four people who die from diseases caused by secondhand smoke is a child.¹² Unborn babies exposed to tobacco smoke are also more prone to congenital disorders and defects, cancer, lung disease, and sudden death.¹³

The nicotine in tobacco products permanently changes the developing brain of young children, which leads to increased risks of substance dependence and abuse as well as lifelong behavioral problems.¹⁴

E-cigarettes release harmful substances like nicotine and lead as ultrafine particles which can enter and damage the lungs. Because the capacity of the brain to make decisions and assess risks is not fully developed until the age of 25, the youth can easily become addicted to the nicotine in these tobacco products.¹⁵ Exposure to smoke makes them more prone to severe asthma and other respiratory illnesses. These children who use vapes are also more likely to become future smokers of traditional cigarettes as well.¹⁶

Question 5

How many Filipinos die from tobacco-related conditions?

According to the World Health Organization, the tobacco epidemic kills more than 8 million people around the world every year, of which 1.2 million people died from exposure to secondhand smoke.¹⁷ More than 110,000 Filipinos die from tobacco-related diseases every year. Tobacco kills more than half of its users and targets the youth to become replacement smokers through the use of aggressive marketing campaigns and misinformation regarding the dangers of new tobacco products like ENDS/ENNDS.

Question 6

Are smokers more vulnerable to contracting COVID-19?

Smoking damages the lungs and respiratory system as well as limits the body's responsiveness and immunity to infections. Smoking increases the risk of viral infections in the lungs and throat, which places smokers at a higher risk of contracting COVID-19. Twenty-five percent of patients who were hospitalized for severe cases of COVID-19, admitted to an intensive care unit (ICU), relied on a mechanical ventilator, or who died were all current smokers while 5% were former smokers.^{18,19}

Research regarding the connections between smoking and COVID-19 are ongoing. But medical experts agree that factors like smoking lead to a higher risk of severe symptoms and death caused by COVID-19.

Question 7

How are smokers more likely to spread or contract COVID-19?

The physical act of smoking such as removing masks in public places and the hand-to-mouth movement increases the risk of virus transmission. Smoking products such as hookahs and water pipes in restaurants and bars are shared among many people and can transmit the virus from one user to another. Using traditional cigarettes and e-cigarettes damages the lungs, increases inflammation, and limits the ability of the lungs to respond to infections, making the smoker more prone to COVID-19. The vapor or aerosol from e-cigarettes may also risk spreading the COVID-19 virus and infect non-smokers.²⁰

Question 8

Is there a safe level of exposure to tobacco smoke?

No. There is no such thing as a “safe level” of exposure to tobacco smoke. Even short-term exposure to secondhand smoke increases the risk of heart attacks and other acute cardiovascular diseases.²¹ Secondhand smoke harms children and adults. The only way to protect non-smokers is to ensure and promote smoke-free homes, public places, and workplaces.

Question 9

Which areas pose the highest risk for exposure to secondhand smoke?

Indoor workplaces and homes pose the highest risk for exposure to secondhand smoke. 21.5% of Filipino adults who work indoors (3.6 million) are exposed to secondhand smoke at the workplace, 11.6% (8.1 million) are exposed in restaurants, 37.6% (20.2 million) on public transportation, and 34.7% (24 million) at home. Female non-smokers are also at a higher risk of exposure to secondhand smoke compared to male non-smokers.²²

Among the youth, 54.2% of Filipinos aged 13 to 15 are exposed to secondhand smoke in enclosed public places while 38.3% are exposed at home.²³

Question 10

Who are most vulnerable to second-hand smoke?

Young children and the youth are most vulnerable to the harmful effects of second-hand smoke. 80% of 1.1 billion smokers in the world live in low- and middle-income countries such as the Philippines, and 700 million children are exposed to secondhand smoke globally.²⁴ While the sale of tobacco products within 100 meters of a school is illegal, 72% of students stated that they saw someone smoking within the school premises.²⁵

Even though there are more Filipino men who smoke (40.3%) compared to women (5.1%), women who are non-smokers are more frequently exposed to secondhand smoke.²⁶ Pregnant mothers who smoke or are exposed to secondhand smoke can greatly affect their unborn children, increasing the risks of premature birth, low birth weight, and birth defects of the mouth and lip. Secondhand smoke is also known to cause sudden infant death syndrome, respiratory tract infections, ear infections, and asthma among children.²⁷

Current policies on tobacco control & regulation



Question 1

What is the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC)?



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) is an evidence-based international treaty affirming the right to uphold the highest standards of health in response to the tobacco epidemic. It provides binding commitments and a general regulatory strategy to address the tobacco epidemic. Such measures include reduction of tobacco supplies and trade, monitoring policies regarding tobacco, expansion of smoke-free environments, education campaigns and raising public awareness regarding the ill effects of tobacco, among others.

The Philippines, having ratified the WHO FCTC in 2005, is bound by its provisions and is obligated under both the Constitution and international law to align tobacco control laws and policies with the standards of the FCTC.

Question 2

What are the current laws on tobacco control in the Philippines?

Republic Act (RA) No. 8749 or the Clean Air Act of 1999 prohibited smoking inside public buildings, enclosed public spaces, and public vehicles.

RA No. 9211 or the Tobacco Regulation Act of 2003 is significant because it defined restrictions on tobacco sales in schools and banned tobacco advertisements on TV, radio, and mass media. It also prohibited smoking in schools, food preparation areas, elevators, gasoline stations, healthcare facilities, and public transportation. It also established the Inter-agency Committee-Tobacco (IAC-T).

RA No. 9711 or the Food and Drug Administration (FDA) Act of 2009 provided regulation for products like e-cigarettes.

RA No. 10351 or the Sin Tax Reform Act of 2012 increased excise taxes for tobacco products, allotted revenues for health facilities, Universal Healthcare, and funding for tobacco farmers seeking alternative livelihoods.

RA No. 10643 or the Graphic Health Warning Act of 2014 required all tobacco products to feature graphic health warning labels about the destructive health effects of smoking and exposure to secondhand smoke.

RA 11346 of 2019 raised the excise tax on cigarettes by PHP 45 per pack with an incremental increase of P5 per year for four years, eventually reaching a total of PHP 60 by 2023 where 50% of tax is for health care.

RA 11467 of 2020 introduced regulatory provisions such as raising the excise tax on e-liquids for ENDS/ENNDS products, increasing the age of access to 21 years old, assigning the regulation of such products to the FDA, and banning any other flavors aside from tobacco and menthol.

Question 3

What are the other policies and regulations on tobacco use?

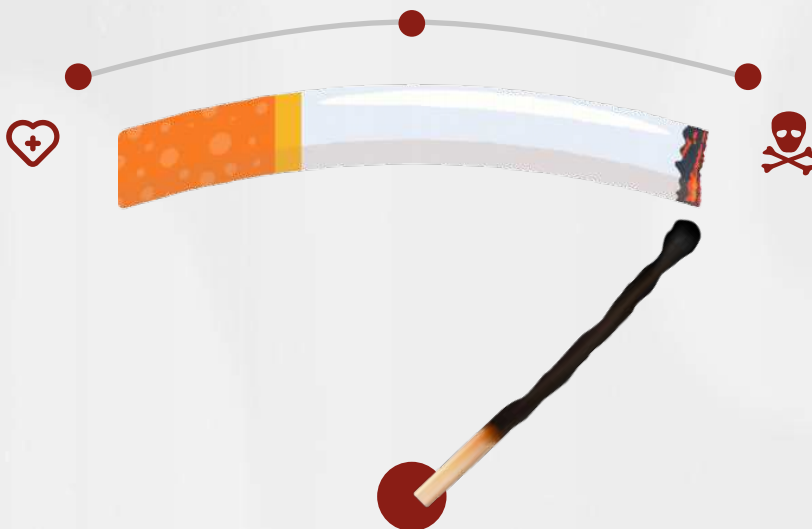
President Duterte issued Executive Order (EO) No. 26 in 2017 or the National Smoking Ban which prohibits smoking in enclosed public spaces and the sale of cigarettes within 100 meters from a school. EO 106 in 2020 provided updates to EO 26 by banning the manufacture and sale of e-cigarettes to minors.

The Department of Health (DOH) released an Administrative Order (AO) 2020-055 on December 1, 2020 which provides the FDA with the framework regarding the regulation of heated tobacco products (HTPs) and ENDS/ENNDS. The DOH also released guidelines in May 2020 for tobacco control in light of the COVID-19 pandemic, which states that tobacco products and e-cigarettes are not to be classified as essential goods. The DOH also prohibited public officials and employees to partner with or accept gifts/donations from the tobacco industry.

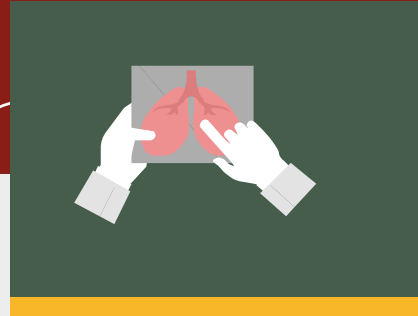
What are the gaps and issues in the Tobacco Regulation Act and other tobacco policies?

RA No. 9211 or the Tobacco Regulation Act of 2003 is regarded as the comprehensive policy framework for tobacco control in the country. However, the standards set by RA 9211 still fall short of the requirements for truly curbing tobacco use in the country, as well as of the minimum standards set by the FCTC. Thus, it is time for the the Tobacco Regulation Act to be amended to comply with the FCTC at the very minimum.

Critical areas for reform in the Tobacco Regulation Act and for tobacco control laws in general include expanding smoke-free environments toward 100% smoke-free public places; re-structuring the Inter-agency Committee-Tobacco (IAC-T), the inter-agency body that is responsible for implementing the law, by transferring leadership from the Department of Trade and Industry (DTI) to the Food and Drug Administration (FDA) and removing the representation of the tobacco industry in the body; raising the minimum age for sale and use of cigarettes from 18 to 25 years old; requiring plain packaging for tobacco products; prohibiting single-stick sale; totally banning all advertisements, promotions, and sponsorships by removing advertisements at points of sale; and including heated tobacco products in the regulation, among others.



Ways to expand smoke-free environments



Question 1

Why is it important to ensure a smoke-free environment for Filipinos?

Smoking not only harms the user but also gravely affects non-smokers as well. Tobacco and the illnesses that it causes place a heavy burden on the healthcare system especially during the pandemic of COVID-19. Therefore, any legislation on tobacco control must prioritize public health and protection of the youth and children instead of cradling the interests of the tobacco industry.

Below are some points to consider by lawmakers as they craft laws strengthening the provisions in the Tobacco Regulation Act that are related to creating smoke-free environments.

Question 2

What counts as a “public place”?

The Tobacco Regulation Act refers to a public place as enclosed or confined areas in places for public use. A public place should expand to all stationary or mobile places which can be accessed or used by people. Public places include all schools and universities, workplaces, and government facilities. Establishments that provide food and drinks, accommodation, merchandise, professional services, entertainment, or other services are also counted as public places.

Outdoor public places with facilities where people may gather include playgrounds, sports grounds or centers, churches, health and hospital compounds, public transportation, terminals, markets, parks, resorts, walkways/sidewalks, entrance ways, and waiting areas.



Question 3

What counts as a “workplace”?



A workplace should be any place used by people during employment or work. Corridors, elevators, lobbies, joint facilities, cafeterias, toilets, lounges, lunchrooms, sheds, and huts are counted as part of a workplace. In addition, vehicles that are used in the course of work should also be counted as part of the workplace.

Question 4

What are the requirements for designating smoking areas?



Designated smoking areas need to be in an open, outdoor area without any roofs or walls.



Smoking areas should be more than 10 meters away from entrances, exits, or areas where people pass through or congregate.



The size of the smoking area should be limited to 10 square meters, and only one smoking area will be designated in a building or public place.



Each smoking area needs to be indicated by a visible “Smoking Area” sign, and serving food or drinks in the area is prohibited.

Question 5

Who are persons-in-charge and what are their obligations in ensuring a smoke-free public place or workplace?

Owners, operators, and persons-in-charge of establishments in public places and workplaces have certain obligations to maintain a smoke-free environment. They A “No Smoking” sign must be placed in locations where people can see it. These “No Smoking” signs will also be written in the local language and or in English. Ashtrays and other similar cigarette trash cans should also be removed from non-smoking areas.

Question 6

What acts should be prohibited?

It should be prohibited to smoke in all public and workplaces; to encourage, allow, or tolerate smoking in smoke-free places; and to establish smoking areas in smoke-free public places. Failure to comply with the guidelines of designating smoke-free areas and smoking areas should also be considered a violation of the law.

Question 7

Who should be liable for committing these prohibited acts?

First, the person who commits the violation will be held liable and punished accordingly. Second, the person/s-in-charge who encourage, allow, or tolerate these prohibited acts shall also be held liable.

Question 8

Why is it important to have a Smoke-Free Task Force?

A Smoke-Free Task Force should be established in all provinces, cities, and municipalities. The Smoke-Free Task Force alongside the Philippine National Police is responsible for implementing, enforcing, and monitoring these laws for ensuring a smoke-free environment. At least one representative from civil society organizations and other community organizations will be included in the Smoke-Free Taskforce. However, the representative should not be connected in any way to the tobacco industry. Funding for the operation of the Smoke-Free Task Force will be allocated from the Local Health Budget of the local government unit.

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