



ON SOCIAL NORM: EXTENSION OF NON-SMOKING AREAS

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Tobacco use is one of the common risk factors in developing the four main groups of non-communicable disease (NCD) known as cardiovascular disease, cancer, chronic lung disease, and diabetes. NCD was addressed as an obstacle to achieving the Sustainable Development Goal (SDG) 3. Tobacco use is also a major preventable cause of premature death and diseases, which kills 6 million people per annum, worldwide of where 600,000 deaths are caused by exposure to second-hand smoke. There are more than 7000 harmful chemicals in tobacco smoke out of which, more than 50 can trigger various forms of cancer. From 1996 to 2015, smoking prevalence in urban areas has increased from 21.7% to 22.3%. In 2015, approximately 22.8% (4,991,458) of the Malaysian population aged 15 years and above were smokers. Smoking accounts for 15.0% of hospitalizations and 35.0% of inpatient hospital deaths in Malaysia (Low et al., 2015).

Thus, there is a need for more comprehensive tobacco policies to reduce morbidity and mortality related to smoking behavior. This is closely related to the Sustainable Development Goal (SDG 3) which is a commitment to ensure healthy lives and promoting well-being for all ages by reducing 1/3 of premature mortality due to non-communicable diseases. Tobacco control activities in Malaysia need to be strengthened if we are to achieve the WHO Global NCD Target by 2025, which aims to achieve 15% of nation smoking prevalence. Besides, Malaysia also takes on the challenge of moving towards tobacco endgame in targeting less than 5% of smoking prevalence by 2045 (Nor et al., 2018).

It is currently estimated that 38% of men and 1.4% of women in Malaysia are smokers (Institute for Public Health, 2015). Few studies have been done to gauge social

perception on government policy on tobacco prohibition and a survey involving dental students from various Malaysian universities, reported that over 90% of students have positive perceptions towards tobacco prohibition policy such as the legislation of tobacco advertising, restriction of smoking at restaurants and enclosed public places (Nor et al, 2018). Another study reported that 75% of respondents favored prohibiting smoking in restaurants and nearly 51% of them supported a total ban on smoking in air-conditioned venues, apart from an increase in tobacco pricing (Hum et al., 2016).

A study conducted among 370 pre-clinical medical students in Malaysia found that more than 75% agreed on enforcing restrictions to the sale of cigarettes either cigarette packs / loose packages to children and minors. They also favored the idea of total prohibition of smoking in public places and the prohibition of tobacco-related advertisements. An equally important, smoke-free policy survey found that more than 80% of 4250 respondents supported the policy (Kuang Hock et al., 2019).

In a move to support one of the missions in the National Strategic Plan for Tobacco Control (2015-2019) that protects smoking in public areas, the government has expanded the non-smoking areas in our country. The implementation was in line with the Control of Tobacco Product Regulations (Amendments) 2018 which aims to protect the public, especially non-smokers from being exposed to cigarette smoke and to promote denormalization of smoking. The control of tobacco consumption is also aligned with the SDG to strengthen the implementation of measures, stipulated in the WHO Framework Convention on Tobacco Control treaty provisions (Najihah, Aziemah, & Emilia, 2016). Starting

from 1st January 2019, smoking is now restricted at all eateries instead of the previous enforcement which was only carried out at air-conditioned eating places. Since Malaysia is still at the early phase of implementing this new regulation, public perception and reaction was favorable (more than 90 percent consensus) and reduced anticipated challenges faced by the government and seen to be pivotal to nationwide implementation.

In the light of these facts, a focus group discussion (FGD) was held among a group of academicians, government representative from relevant agencies, and tobacco control specialists, to explore various insights of the current implementation and opportunities regarding enforcement and empowerment of the public.

HIGHLIGHTED ISSUES FROM MUHF 2019

On 1st January 2019, Malaysia initiated regulations to secure improved public health impact through the elimination of tobacco smoke exposure to the public at enclosed and open-air eateries. All participants agreed that this initiative was a long-awaited decision for enforcement, as it supports the enhancement of comfort and well-being of people spending time at these eating places. The establishment of non-smoking areas within a 3-meter perimeter radius from the farthest dining table at an eatery is deemed appropriate.

Six (6) months of implementation, this beginning phase aiming at raising awareness on the enforcement has been receiving 90% positive public response which we believe correlates to the level of knowledge on the impacts of tobacco smoke exposure to the human's health and environment. Opposing feedbacks have also been expected, yet the positive health impacts on the Malaysian population, which represent a majority of non-smokers should be prioritized and acknowledged. Human rights issues raised by certain parties seem irrelevant due to the extremely low proportion of approximately 5 million smokers compared to the latest estimated population of 32,470,903 (as at 18 July 2019). Smokers have been reserved a right to smoke in areas 3 meters beyond enforced boundaries, and tobacco smoke exposure has been associated with many adverse health impacts admitted by the tobacco manufacturers (Philip Morris International Inc., 2018). The cigarette industry agreed that smoking causes adverse health effects and is addictive, to influence public view, while introducing and promoting their new "smokeless tobacco" products. (Friedman, 2007).

To achieve all-inclusive enforcement, we have identified the following challenges and strategies:

- Enforcement strategy must be innovative, implementable and practical. One of the best ways is through the empowerment of communities to self-

regulate. The use of technology such as auditory spot announcements shall be used to complement the existing visual prohibition notices.

- Social and mass media proves to be the best means of communication for continuous dissemination of information to a vast array of populations throughout the nation. This may be the most appropriate medium to raise public awareness on the new extension of enforcement, apart from being a motivating tool. The viral power of preventing acts of non-compliance through social media has its strength in ensuring compliance to avoid undesirable outcomes.
- Successful enforcement will require public attention and support. We see the potential of a psychological approach to implementation. Thus, by acknowledging the power of universal love for young children, awareness should be focused on the severe health impact of tobacco hazards to infants and toddlers in homes and vehicles. Raising awareness on the consequences of smoking activity on children can allow for adult behavioral change, instead of compliance only due to fear of enforcement officers. Also, by preventing anyone to engage with smoking activity in public areas, it reflects a message to smokers on not setting a bad example or influencing children. This leads to the eventual denormalization of smoking.
- The number of enforcement officers is not proportionate with the manpower needed for effective compliance monitoring and enforcement at all eateries throughout the country. We acknowledge the importance of a strategy that involves premises-owner accountability and strict liability for any non-compliance at their premises where failure to do so can result in the suspension or revocation of their business licenses. Imposing penalties have been proven to secure compliance. Thus, confirmed smoking violations should be enforced without further warning and compounded immediately.
- There is a need for the establishment of an appropriate Control of Tobacco Products Act instead of the current Control of Tobacco Products Regulations under the Food Act 1983. There are legal issues under the present Act which restrict comprehensive implementation of enforcement.
- There is a need for considerable empirical evidence to further support the implementation of this regulation. We call on research establishments to better understand the health and economic costs of enforcement.
- We acknowledge the importance of health promotion to relay public health information. Thus, environmental health practitioners shall be equipped with appropriate training and communication skills

on delivering health promotion and advocacy to ensure effective engagement and empowerment of different population groups (children, adults, professionals, etc.) for mitigating smoking activity at public areas. A psychological approach through a demonstration on how tobacco affects living organisms, using scientific experiments or video graphics on how humans and pet animals are affected by tobacco products and wastes would be a good strategy to engage young children to reject peer influence on starting the act of smoking. We also agree that environmental health practitioners shall acknowledge the importance of following-up and measuring the effectiveness of educational activities at school.

CONTRIBUTION STATEMENT

FAS, NFZA, SFHA, AAB, II and NAKM conceived the forum, applied for, and obtained the funding from the Malaysian Association of Environmental Health (MAEH), Majlis Perbandaran Langkawi Bandar Pelancongan (MPLBP), Langkawi Development Authority (LADA) and Universiti Teknologi MARA and also drafted the first version of the manuscript. EZA, MLA, KIA, CP, and VS analyzed and reviewed the issues. All participants at the forum contributed to the focus group discussion that produced the charter and approved the final version.

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