

THE FRAMEWORK CONVENTION ON TOBACCO CONTROL – ARTICLE 14 “DEMAND REDUCTION” (SMOKING CESSATION) – THE WEAKEST LINK OF FCTC IN ASIA

Chi-pang Wen,^{} Min-kuang Tsai^{**} & Erin L.
Shigekawa^{***}*

ABSTRACT

More than two million deaths from smoking-related diseases occur each year in Asia, but tobacco control programs in Asian countries have not been very effective as assessed by their smoking rates. Among them, the emphasis has mainly been on smoking prevention, or preventing new smokers in the population, more

* Chi-pang Wen, MD is a medical graduate from National Taiwan University, and received his clinical training, Master and Doctor of Public Health from Harvard University. As a fully licensed medical doctor in the U.S., he served as an occupational physician and conducted occupational epidemiological research for decades, while he held appointment at University of Texas School of Public Health. He returned to National Health Research Institutes in Taiwan in 2001 and started research in promoting health and reducing health disparity. He has published more than 50 papers in the last 5 years. In 2005, he published 14 articles in a landmark special issue in the BMJ journal of Tobacco Control (SCI: 4.438), addressing various aspects of tobacco control in Taiwan.. Two additional areas of publication are to be noted: The attributable burden from chronic kidney diseases in Lancet (SCI: 30.758) and the limited contribution of Taiwan National Health Insurance to reducing health disparity in Annals of Internal Medicine (SCI: 17.457). He founded the NGO for medical professionals against tobacco, Taiwan Medical Alliance for the Control of Tobacco (T-MACT). He represented UICC (International Union against Cancer) in participating in the Working Group of FCTC Article 14 in developing the draft guidelines to be available later this year. The author can be reached at 900210@nhri.org.tw.

** Division of Health Policy Research and Development, Institute of Population Health Sciences, National Health Research Institutes, Zhunan, Taiwan; MPH.

*** Division of Health Policy Research and Development, Institute of Population Health Sciences, National Health Research Institutes, Zhunan, Taiwan; BSPH.

than smoking cessation, or helping current smokers quit. Cessation programs have been the weakest link in tobacco control among Asian countries. This stems from historical, cultural, treatment and policy barriers. In reality, Asian smokers are less informed of the highly addictive nature of smoking, resulting in their less motivation to quit on their own. Furthermore, the environment that Asian smokers are in is not very supportive or enabling. Clinically, treating smokers is different from treating most other diseases, because smokers seek medical care for reasons other than smoking. Another reason for smokers not interested in being treated for smoking is the frustration from past failures. In terms of policy, smoking cessation programs in Asia have been weak, as policy makers are not familiar with the implications of different tobacco control policies. Asian countries lack national cessation strategies aimed at those responsible for funding and implementation of cessation programs, national treatment guidelines based on up-to-date scientific evidence, and slow to hike cigarette taxes, resulting in some of the lowest cigarette prices in the world, when standard of living was adjusted. The low price of cigarettes has made smokers reluctant to quit. At the health care professional level, they are less committed to tobacco control and rarely provide counseling against smoking during office visits.

KEYWORDS: *FCTC, Framework Convention on Tobacco Control, FCTC Article 14, Smoking Cessation, Demand Reduction, Asia*