Tobacco Control Law in Vietnam: Questions and Answers
Country Office for Viet Nam

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Questions and Answers

1. What is the smoking rate in Viet Nam?
2. How many years of life will a smoker lose?
3. How many people die of tobacco use worldwide and in Viet Nam each year?
4. How many percent of cancer cases and other diseases are caused by tobacco use?
5. What are the social costs of tobacco use in other countries and in Viet Nam?
6. How cost-effective are the WHO recommended tobacco control measures?
7. What are the key points of the draft Tobacco Control Law of Viet Nam?
8. What is Secondhand Tobacco Smoke (SHS)?
9. What diseases are caused by exposure to SHS?
10. Is it a violation of human rights if smoking is banned in indoor public places, indoor workplaces and on public transports?
11. Why is it necessary to implement a 100% smoke-free environment?
12. What are the benefits of pictorial health warnings on tobacco product packaging?
13. How many countries have already implemented graphic health warnings?
14. When quitting smoking some people will gain weight. Will it cause additional health risks from heart diseases?
15. Cessation treatment will require significant resource for counseling and the costs of medications. How should Viet Nam mobilize funds for the cessation service?
16. Why is it necessary to establish a Health Promotion Foundation from a health fee applied on tobacco products?
17. Why does WHO recommend that the numerical number indicating the level of TAR and nicotine content should not be printed on tobacco packages?
18. What are the recommendations of WHO for effective enforcement of the tobacco control law?
19. What will happen with government revenues when tobacco tax is increased? Will the revenue be reduced because people buy fewer cigarettes?
20. When governments raise cigarette taxes will it have a disproportionate impact on poor consumers?
21. Some people say that when tobacco tax is increased in Viet Nam there will be a lot of smuggling; is it true?
22. What are effective measures to control tobacco smuggling?
23. Will tobacco control result in permanent job losses for an economy?
24. Will the jobs and income of tobacco farmers be affected by the issuance of a strong tobacco control law?
25. There are some newspapers reporting recently that cigarettes contain radioactive substances? What is the scale of the problem?
1. What is the smoking rate in Viet Nam?

Among adults 15 years or older, 56.1% of males and 1.8% of females are smokers. Among youth aged 15-24, the rates are 31.6% for boys and 0.3% for girls (National Health Survey, 2002).

Among school children 13 to 15 years of age, 6.5% of boys and 1.5% of girls smoke (Global Youth Tobacco Survey, 2007).

Among the third year medical students, 20.7% of males and 2.7% of female smoke (Global Health Professional Students Survey, 2003).

Among school teachers, 21.5% of males and 1% of females smoke. (Global School Personnel Survey 2003)

With regard to age groups: for males smoking rate is the highest among the groups aged between 25 and 54; for females, smoking rate is the highest among the elderly, aged 45-65.

With regard to regions: smoking rate is the highest in the Mekong Delta region and other southern regions.
With regards to occupations: smoking rate is the highest among construction workers and drivers.

**Figure 4: Smoking rate by occupation**

<table>
<thead>
<tr>
<th>Occupation</th>
<th>Female</th>
<th>Male</th>
</tr>
</thead>
<tbody>
<tr>
<td>Drivers</td>
<td></td>
<td></td>
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<tr>
<td>Service</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Factory workers/handy craft</td>
<td></td>
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<tr>
<td>Office workers</td>
<td></td>
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<tr>
<td>Technical</td>
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<tr>
<td>Unemployed</td>
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</tbody>
</table>

**2. How many years of life will a smoker lose?**

On average smokers die 15 years younger than non-smokers. Some smokers would die in middle age and lose about 20 years of life while others die later and lose about 10 years.

**3. How many people die of tobacco use worldwide and in Viet Nam each year?**

Globally, tobacco kills more than 5 million people each year. The number of tobacco related deaths will increase to more than 8 million per year in 2020. If effective measures are not taken, tobacco will kill one billion people in this century.

In Viet Nam, smoking kills more than 40,000 Vietnamese each year. It means each day more than 100 people die of diseases caused by smoking. The number will increase to 70,000 per year in 2030. This figure is conservative because the numbers who die of secondhand tobacco smoke has not been estimated yet.

**Figure 5: Mortality from tobacco and road traffic injury in Viet Nam (2007)**
4. How many percent of lung cancer cases and other diseases are caused by tobacco use?

Smoking is responsible for 90% of lung cancers, 75% of emphysema (COPD), and 25% of ischemic heart disease cases. Tobacco use also causes more than 25 major diseases of which some are illustrated in the WHO poster below.

**Figure 6: WHO chart of diseases caused by smoking**

5. What are the social costs of tobacco use in other countries and in Viet Nam?

Tobacco use creates huge costs for medical treatment of tobacco related diseases, and also in term of productivity loss, fires and environment damage. Below are some examples of economic costs of tobacco use in some countries:

- In the US the costs is estimated at $184.5 billion US$ per year.
- Germany: 24.4 billion US$
- France: 16.4 billion US$
- Australia: 14.2 billion US$
- China: 4.3 billion US$

Worldwide smoking causes 10% of all fires. In the US alone in 2002 smoking caused 14,450 fires, killing 520 people.

In Viet Nam: one study by Hanoi School of Public Health has estimated that the economic costs associated with three diseases caused by tobacco use to be more than US$ 75 million per year. The costs incurred from more than 25 disease caused by tobacco use will certainly be much higher.

In addition, smokers in poor households can spend a significant amount of their small budget on buying tobacco. In many countries poor smoking households spend between 5% and 15% of their household income on tobacco.

Poor households in Viet Nam spend about 5% of their income on smoking. In these households the amount of money spent on tobacco is even higher than the amount spent on education or health care. If poor smokers stop smoking they will have better health, more money to buy food and to pay for the education of their children.
6. How cost-effective are the WHO recommended tobacco control measures?

Tobacco control measures are highly cost-effective and can be very effective as part of a basic public health package in low and middle income countries. Measured in terms of the cost per year of healthy life saved, tax increases would cost between $5 and $17 for each year of healthy life saved. This compares favorably with many health interventions commonly financed by governments, such as child immunization.

The estimated costs per healthy life year saved by implementing other tobacco control measures (such as smoke-free environment, advertising ban, etc) range from US$ 20 to 80. Meanwhile, for cancer treatment each life year saved would cost tens of thousand dollars.

If Viet Nam does not act decisively now on tobacco control, the country will have to bear, in the near future, the costs for treating more cancers and heart disease could be hundreds of times more costly than implementing tobacco control measures.

7. What are the key points of the draft Tobacco Control Law of Viet Nam?

There are 4 key areas in the TC law:
- Smoking ban in indoor workplace, indoor public place and on public transport
- Pictorial health warnings
- Complete ban on tobacco sponsorship (the ban on advertising and promotion had already been enforced in the revised Trade Law 2005)
- Setting up a Health Promotion Foundation supported a health fee applied on every cigarette pack.

Raising taxes and therefore prices, is the most effective way to reduce tobacco use. This especially discourages young people from using tobacco. Tobacco tax is currently regulated by the Law on Special Consumption Tax. The Tobacco Control Law should still contain a clause that sets the target for the level of tobacco tax in coming years to meet the recommendations by the World Bank and WHO. This recommendation is that tobacco tax should account for 65% to 80% of the retail price. Currently, tobacco tax in Vietnam accounts for about 40% of the retailed price.

8. What is Secondhand Tobacco Smoke (SHS)?

SHS is the combination of smoke emitted from burning the end of a cigarette or other tobacco products and smoke exhaled by the smoker. SHS contains thousands of known chemicals, at least 250 of which are known to be carcinogen or otherwise toxic.

Viet Nam is one of countries that has very high rate of regular exposure to SHS. According to the National Health Survey 2002, more than 70% of children under 5 live in households that have smokers. The Global Youth Tobacco Survey 2003 and 2007 showed that among the school children aged 13-15, more than 60% reported being exposed regularly to SHS at homes and more than 80% reported being exposed to SHS in public places.
Questions 9-11

9. What diseases are caused by exposure to SHS?
Exposure to SHS can cause many dangerous diseases such as Lung Cancer, Heart Diseases, Respiratory Infection, and Low Birth Weight. For example, SHS exposure increases the risk of coronary heart disease by 25-30% and the risk of lung cancer in non-smokers by 20-30%. In children it can cause Middle Ear Infection and Sudden Infant Death syndrome (SID).

**DISEASES CAUSED BY SECOND-HAND SMOKE**

<table>
<thead>
<tr>
<th>CHILDREN</th>
<th>ADULTS</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brain tumours*</td>
<td>Stroke*</td>
</tr>
<tr>
<td>Middle ear disease</td>
<td>Nasal irritation, Nasal sinus cancer*</td>
</tr>
<tr>
<td>Syphilis*</td>
<td>Breast cancer*</td>
</tr>
<tr>
<td>Respiratory symptoms, Impaired lung function</td>
<td>Coronary heart disease</td>
</tr>
<tr>
<td>Asthma*</td>
<td>Lung cancer</td>
</tr>
<tr>
<td>Sudden Infant Death Syndrome (SIDS)</td>
<td>Athero-disease*</td>
</tr>
<tr>
<td>Leukemia*</td>
<td>Chronic obstructive pulmonary disease (COPD)<em>, Chronic respiratory symptoms</em>, Asthma*, Impaired lung function*</td>
</tr>
<tr>
<td>Lower respiratory illness</td>
<td>Reproductive effects in women: Low birth weight, Pre-term delivery*</td>
</tr>
</tbody>
</table>

* Evidence of causation: suggestive
  Evidence of causation: sufficient

10. Is it a violation of human right if smoking is banned in all indoor public places, indoor workplaces, and on public transports?
The answer is no. Non-smokers have the right to clean air without exposure to the second-hand smoke.

The smoking ban has been adopted in an international treaty - the WHO Framework Convention on Tobacco Control (FCTC) which, to date, has been ratified by more than 160 countries. FCTC sets the foundation for a comprehensive set of evidence-based tobacco control measures that member countries need to implement in order to effectively control the tobacco epidemic. Vietnam joined the FCTC since December 2004.

The right to “enjoyment of the highest attainable standard of health” is found in the FCTC; in the WHO constitution; and in the Covenant on Economic, Social and Cultural Rights. SHS exposure will undermine the right of people to achieve the highest attainable standard of health.

The smoking ban in indoor workplaces, public places and on public transport has been implemented successfully in many countries and cities in the world. In these places vast majority of the public, between 65% and 90%, support the smoking ban.

In Vietnam, surveys showed that between 72% and 92% of the adults, and more than 80% of school children aged 13-15 support smoking ban in public places.

For smokers’ freedom, they can smoke outside where they will not harm the health of others; no one has the right to harm others’ health by secondhand tobacco smoke emitted in indoor environment.

11. Why is it necessary to implement 100% smoke-free environment?
It is because there is no safe level of exposure to SHS. That is why WHO recommends that to fully protect the public from exposure to SHS, the indoor environment must be totally smoke-free.

The separation of smokers and non-smokers in indoor environment or the use of ventilation system has been proved to be ineffective to protect against exposure to SHS.

Based on the scientific evidence and best international experiences, the parties to the FCTC has adopted the Guidelines on Protection from Exposure to Tobacco Smoke in the second session of the Conference of Parties in 2007. The guideline gives concrete recommendations and calls on the FCTC member countries to implement and enforce 100% smoke free policies within five years of the treaty’s entering into force. Viet Nam is a party to the FCTC since March 2005.
12. What are the benefits of pictorial health warnings on tobacco product packaging?

Pictorial health warnings are an effective and low-cost education channel because all smokers will see the messages every time they reach for a cigarette.

Pictorial health warnings make it easier for smokers to understand and remember the consequences to their health of smoking. It is also understandable for those who cannot read.

Pictorial health warnings are also effective in preventing youth from taking up smoking because it helps explain to youth that smoking is not glamorous; it causes diseases and death.

It costs government very little to implement policies mandating pictorial health warnings on tobacco products and they are overwhelmingly supported by the public.

![Sample pictorial health warnings](image)

13. How many countries have already implemented pictorial health warnings?

As of September 2008, 23 countries have applied pictorial health warnings. Many countries are considering designs or regulations for pictorial health warnings.

In the ASEAN region four countries already implemented pictorial health warnings: they are Thailand, Singapore, Malaysia and Brunei. Some others in the region are in the process of drafting regulations.

14. When quitting smoking people will gain weight. Will it cause additional health risks from heart diseases?

People who quit smoking will gain, on an average, only about 3-4 kg. This increase of weight does not pose a significant risk for heart disease and other health conditions.

Still, to control weight those who quit smoking should do physical exercise and eat a healthier diet consisting of more vegetables and fruits and less fatty food.

15. Cessation treatment will require significant resources for counseling and the costs of medication. How should Viet Nam mobilize funds for the cessation service?

The health-care systems of countries hold the primary responsibility for treating tobacco dependence. Some pharmaceutical products for cessation treatment can be very costly, but there are also simple and inexpensive interventions that are effective in helping tobacco users who want to quit such as: 1) brief advice from physicians at all level of the primary healthcare system; 2) establishing free telephone quit-tobacco lines; and 3) access to low-cost pharmacological products.

One of the best ways to fund for the costs of cessation treatment is to have it covered by health insurance. This has been applied successfully in many countries.

Another good way is to apply a health fee on every cigarette pack sold, and the money collected will be used to set up a Health Promotion Foundation (HPF). The HPF will support health promotion activities and will cover the cost for cessation treatments.
16. Why is it necessary to establish a Health Promotion Foundation (HPF) from a health fee applied on tobacco products?
- Many public health programmes, including tobacco control, are under-funded.
- The regular government budget is based on one-year planning which makes it difficult to effectively plan for long term programmes and interventions.
- There are many competing programmes for the Government’s regular budget for health. Thus sustaining a sufficient level of funding for a certain prevention programme from the regular Government budget for a sufficient time period could be very difficult. This is not to mention the competition for regular budget funding by hospitals and treatment needs.
- The procedures under the regular budget system make it difficult to support certain programme/areas such as support to civil society, NGOs.
- The use of health fees will generate additional fund for health promotion and tobacco control without affecting the government budget for other activities/programmes.
- The experience from HPF from other countries such as Australia, Thailand has shown that through funding public health programme HPF has helped reduce smoking, alcohol abuse, increase physical exercise, improve health and reduce health care costs20.

17. Why does WHO recommend that the numerical numbers indicating the level of TAR and nicotine content should not be printed on tobacco packages?
It is because the current method used to measure tar and nicotine level is the ISO/FTC method which gives misleading information on the level of tar and nicotine smokers breathe in.

In the ISO/FTC method the results of the measurement can change when the cigarettes is designed with numerous little holes in the wrapping paper around the filter. When designed this way it will give low tar and nicotine measurement in the test results using the ISO/FTC method. When smokers smoke the cigarette their fingers or lips will block parts of those holes, so they will breathe in higher level of tar and nicotine than the amount see in the test using a smoking machine.

On the other hand, when smokers lighting those so called ‘light’ cigarettes they will compensate by breathing in the smoke more deeply to satisfy their nicotine craving. In the end, they will take in the same amount of toxic as when they smoke regular cigarettes.

Therefore, WHO recommends that “Tar, nicotine, and CO numerical ratings based upon current ISO/FTC methods and presented on cigarette packages and in advertising as single numerical values are misleading and should not be displayed.”21

18. What are the recommendations of WHO for effective enforcement of the tobacco control law?
- As part of the legislative process, it is necessary to develop and implement an enforcement plan and ensure infrastructural support for enforcement. This includes the designation of who will be responsible for inspections, and ensure that they are well trained and supported. Educational campaigns are also an essential component to increasing public support for and compliance with the legislation.
- Experience from other countries has shown that the enforcement of smoking ban will require significant investment in human resource and funding for public education during the first year after the law take effect. During the first few months it is important to strictly enforce the ban and give fines to violators. After that, when public accept the ban and see its benefits they will voluntarily comply with and actively enforce the ban by themselves22.
- The cost for enforcement or implementation of tax increase and graphic health warnings is minimal.
- For the enforcement of ban on advertising promotion and sponsorship it is important to give fines to the companies/manufacturers that have their products violated the ban on advertising promotion and sponsorship rather than give fines to the tobacco retailers.
19. What will happen with government revenues when tobacco tax is increased? Will the revenue be reduced because people will buy fewer cigarettes?

On the contrary! According to the World Bank, on average when the price of cigarettes is increased by 10% tobacco consumption will be reduced by 4% to 8%\(^23\). At the same time, for every 10% increase in tobacco tax level the tax revenue will increase about 7%\(^24\).

Furthermore, a large amount of the money saved by quitters will be spent on other goods which will help generate additional jobs and tax income for the government.

One of the countries that have implemented very successful tobacco tax policy to control tobacco use is Thailand. The government of Thailand increase tobacco rate every few years during the last 15 years. From 1992 to 2007 tobacco tax rate has increased from 55% to 80% of whole sale price. As the results, the amount of tobacco tax revenue collected by government has more than doubled during the same period. In 1992 the government collected about 15.5 billion Bath per year (about 450 million US$), while in 2007 the amount increased to 41.5 billion Bath (about 1200 million US$). See figure 7.

In Viet Nam, it is estimated that an increase of tobacco tax of 20%, with other factors unchanged, will lead to a price increase of about 10%. This will result in saving 102,700 tobacco related deaths by the year 2050. At the same time government tobacco tax revenue will increased by 2,785 billion VND (about 174 million US$) per year\(^25\).

20. When governments raise cigarette taxes will it have a disproportionate impact on poor consumers?

In Vietnam, tobacco tax is levied as a percentage of the cigarette factory price. Therefore, those who use more expensive cigarette will have to pay more tax. Poor consumers often use low cost cigarettes and water-pipe tobacco, which is currently not taxed, so the amount of tax poor consumers have to pay is much smaller than that of wealthy consumers.

On the other hand, poor consumers\(^26\) are more responsive to price increases than rich consumers. It means that when tax and price are increased, more poor smokers will reduce their consumption of cigarettes or to give up smoking completely. By doing so, more poor people will gain in finance and health terms.

In addition, a portion of new tax revenues can be earmarked to helping poor smokers quit and funding other poverty reduction and social programs.

21. Some people said that when tobacco tax is increased in Viet Nam there will be a lot of smuggling; is it true?

Tax increases can encourage smuggling if they lead to significant increase in price. However, it is important to note that other factors can be just as important, and sometimes more, in encouraging smuggling:

- strength and effectiveness of smuggling control;
- weaknesses in border control;
- level of transparency and corruption in a country;
- taste of smokers for smuggled cigarettes and the acceptance of the public to smuggled products;
- and the level of control on the retailers’ network.

In the case of Viet Nam cigarette smuggling is caused by many different factors, and price is certainly not an important one because:

- In Viet Nam the price of some smuggled cigarettes is even higher than the same brand produced domestically (e.g. 555 brand)\(^27\).
- Smokers in Viet Nam seem to consider smuggled cigarettes to be of higher quality than the domestic ones.
- There is a very weak control over the tobacco retailers network in the country. Cigarettes are sold in every street corner.
- Viet Nam only made a small tax increase in 2006 and in 2008, while tobacco smuggling has been in existence for many years already.

Therefore, in the case of Vietnam it is unreasonable to blame tax increases for the smuggling problem in the country.

22. What are effective measures to control tobacco smuggling?

The solutions to the smuggling issues are:
- Strengthen smuggling control. Impose high penalties for violations.
- Mark locally produced and legally imported cigarette packs with stamps (which Vietnam already applied).
- Print pictorial health warnings also help to differentiate smuggled cigarettes and legal ones.
- Control the retailer’s network through licensing.
- Educate retailers and the public about the law and the penalties on smuggling.
- International cooperation is also important in combating illicit trade. Parties of the FCTC are now negotiating a protocol on combating illicit trade on tobacco product, which can become an effective instrument to control international smuggling after its adoption. Vietnam needs to actively participate in the FCTC Intergovernmental Negotiation Body on illicit trade of tobacco products and promote international cooperation in combating smuggling.

23. Will tobacco control result in permanent job losses for an economy?

Tobacco use will not decrease sharply overnight since tobacco users are addicted to the product. Also, even when smoking rate decreases the number of smokers and quantity consumed may still not decrease due to the continuous population growth in these countries. An estimate from 2003 shows that worldwide cigarette consumption will continue increasing at least until 2025, despite strong tobacco control and consequent reduction in prevalence, mainly because of population increases.

In Thailand there has been a significant reduction of smoking rates during the last 25 years, from 27.8% in 1981 to 19.0% in 2006, but the number of smokers in the country stays almost stable, around 10 million smokers, for the same period.

Furthermore, in the future, when consumption will actually start going down, money not spent on tobacco will be spent on other goods, generating alternative employment. Studies by the World Bank report "Curbing the tobacco epidemic: government and the economic of tobacco control" show that most countries would see net job gains if consumption fell, except few countries that are heavily dependent on tobacco economy such as Zimbabwe. Even if all strong tobacco control measures were implemented, the decline of jobs would be gradual and the economy will have time to adjust.

In Viet Nam a study conducted by National Commerce University found that tobacco employment only accounts for 0.6% of total employment in Vietnam. The research also concluded that if tobacco tax is increased by 50% tobacco consumption will be reduced by about 10%. If the money forgone from tobacco consumption is spent on other goods and services, then the economy output will be increased by 600 billion VND (about 35 million US$), while total employment, in the long term, will be increased by more than 50,000 jobs.
24. Will the jobs and income of tobacco farmers be affected by the issuance of a strong tobacco control law?

The answer is that a strong tobacco law will probably not affect tobacco farmers at least in short and medium term (10 year term) the reasons are:

- The same as mentioned in the answers for question number 22, plus a number of other reasons:

- In Viet Nam the population pyramid\textsuperscript{32} indicates that there is a huge number of youth entering the adulthood in coming years and the population will continue to grow in the next several decades. See Figure 12 below.

- The production of cigarettes in Viet Nam increased significantly in recent years. The total production has doubled, from 2 billion packs to more than 4 billion packs, between 1999 and 2007\textsuperscript{33} (See figure 13).

- In addition, currently Viet Nam is still largely dependant on outside provision of tobacco leaves. The country imports about half of the tobacco leaves for the production of cigarettes and therefore, does not depend solely on its local production.

**Figure 12.** Viet Nam population pyramid for 2000 and 2025

**Figure 13:** Production of cigarettes in Viet Nam, 1990-2007
25. There are some newspapers reporting recently that cigarettes contain radioactive substances? What is the scale of the problem?

The contamination of radioactive substances is a serious public health issue that has come up recently. According to the US Environment Protection Agency, "By far, the largest radiation dose received by the public comes from smoking cigarettes. While cigarette smoke is not an obvious source of radiation exposure, it contains small amounts of radioactive materials which smokers bring into their lungs as they inhale. The radioactive particles lodge in lung tissue and over time contributes a huge radiation dose. Radioactivity may be one of the key factors in lung cancer among smokers".

Tobacco leaves have the ability to catch and accumulate radioactive substances, which are released in the form of radon from contaminated fertilizers or soils. (The leaves of other vegetables do not have this characteristic). The two major radioactive substances are lead-210 and polonium-210. The radioactive substances will accumulate in the lungs of smokers in high concentration when smokers inhale tobacco smoke. It is estimated that smoking half pack of cigarettes per day could increase the radioactive substances in the body of smokers equivalent to exposures to between 300 and 2000 hospital X-rays per year (depending on the kind of X-ray machines used). This sheds more light on why tobacco causes many lung cancers and other cancers.
Key References


5. Ibid


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