

## **It's time we made smoking history! Tobacco control in Malta - The present and the future**

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### **Introduction**

'Tobacco products have no safe level of consumption. They are the only legal consumer products that cause ill health and premature death when used exactly as the manufacturer intends. Unless concerted action is taken quickly, 250 million of today's children will die prematurely from an avoidable cause - tobacco use'. The above declarations are not the author's, but statements of the World Health Organisation (WHO)<sup>1</sup>.

This article is a brief overview of tobacco control in Malta regarding the present situation and plans for the future, and is based on the following WHO Ten-Point Programme for Successful Tobacco Control<sup>1</sup>.

1. Protection for children from becoming addicted to tobacco through such measures as the banning of sales to and advertising targeted at children.
2. Implementation of fiscal policies to discourage the use of tobacco, such as tobacco taxes that increase faster than the growth in prices and income.
3. Allocation of a portion of the money raised from tobacco taxes to finance other tobacco control and health promotion measures.
4. Health promotion, health education and smoking cessation programmes. Health workers and institutions set an example by being smoke-free.
5. Protection from involuntary exposure to environmental tobacco smoke (ETS).
6. Elimination of socio-economic, behavioural and other incentives which maintain and promote the use of tobacco.
7. Elimination of direct and indirect tobacco advertising, promotion and sponsorship.
8. Controls on tobacco products, including prominent health warnings on tobacco products and any remaining advertisements; limits on and mandatory reporting of toxic constituents in tobacco products and tobacco smoke.
9. Promotion of economic alternatives to tobacco growing and manufacturing.
10. Effective management, monitoring and evaluation of tobacco issues.

### **Protection for children**

At present, there are no less than four different organisations in Malta providing protection from tobacco for children. The Department of Education provides teaching on tobacco and drug abuse across the curriculum in primary schools, and during Personal and Social Education (PSE) Classes in secondary schools (Palmier Cecy C., pers. comm., 1999). The Health Promotion Department also educates in schools against tobacco use, using a multi-stage approach with subsequent reinforcement through informal meetings, group work, workshops, sessions and lectures<sup>2</sup>. Next there is the Agency against Drug and Alcohol Abuse - Sedqa - which runs prevention programmes against alcohol and other drug abuse in primary schools (Children in Favour of a Free Environment)<sup>3</sup>, and in secondary schools (I Value My Health)<sup>4</sup>. The fourth organisation is Caritas Malta (Church Secretariat for Social and Charitable Action), which furnishes drug information / education, promotes awareness, and enhances social competencies in primary schools (Be a Winner for Life!) and secondary schools (Celebrate Life!), to adolescents (Peer Leadership Courses, Life Skills Courses) and to youths (Youth-To-Youth Group)<sup>5</sup>.

Looking forward to the future protection of children from tobacco, new 'Tobacco Sales Regulations' have been presented by the author to the Ministry of Health's Committee for Smoking and Health. These would enforce the ban of single cigarettes, and prohibit the sale of tobacco products in schools, colleges, universities, and sports or athletic facilities (amongst others). Sales through automated vending machines, using self-service displays, by mail order or the Internet; and to persons under 18 years (presently under 16) would also be banned.

### **Fiscal policies**

WHO Tobacco Control Points 2, 3 & 9 concern the use of fiscal policies to discourage the use of tobacco, of tobacco taxes to finance other tobacco control measures, and of economic alternatives to tobacco growing and manufacturing. Although local cigarette prices have been raised in the last three government budgets, it otherwise

may be said that such WHO policies are not practised in Malta.

### **Health promotion and smoke-free example**

In the field of health promotion, there are three active organisations. The Health Promotion Department runs an anti-tobacco programme, which includes school interventions, smoking cessation counselling, media campaigns, WHO/CINDI Quit & Win Campaigns, community interventions, educational and self-help literature and videos, and research into the tobacco problem<sup>2</sup>. Caritas Malta too, provides drug information/education, promoting awareness, and enhancing social competencies to parents (Parental Skills Courses) and in industry (Employees Assistance Programme). Moreover, it furnishes the means for strengthening of local communities in parishes, training speakers to act as leaders of change, and implementing community outreach<sup>5</sup>. Agenzija Sedqa also holds media campaigns and issues educational and self-help literature.

The provision of a smoke-free example by health-care personnel was legislated in 1986 through the Malta Tobacco (Smoking Control) Act XLII (section 14)<sup>6</sup>. This bans smoking in any hospital, clinic or other health institution (amongst others), with the exception of specified areas in such premises. However, in 1989, Mamo and Galea showed that 25% of Maltese doctors still smoked (EEC figures varied from 10% in UK to 45% in Spain), while 30% allowed smoking in their waiting rooms<sup>7</sup>.

### **Protection from environmental tobacco smoke (ETS)**

Voluntary measures against ETS have been taken in selected cases. Air Malta, the national airline, implemented a total smoking ban on European flights in November 1998, and the Tower Point Guest House in Sliema is the first entirely smoke-free guesthouse/hotel in Malta. There are also a number of smoke-free workplaces on the island, which include ST Microelectronics, Baxter, Alfred Mizzi & Sons, and the administrative offices of Simonds Farsons Cisk and Malta International Airport (Spiteri M., pers. comm., 1999).

However, such measures need to be legislated, and so new 'Regulations Banning Smoking in Public Places' have been prepared by the author for the Committee for Smoking and Health, based on European Union (EU) documentation. These regulations would extend the present smoking ban in public transport, cinemas, theatres, hospitals, clinics or other health institutions, local television studio broadcasts and schools. Thus smoking would be banned also in enclosed premises open to the public (with the exception of designated non-smoking rooms or areas). These include establishments where services are provided to the public, where elderly persons are received, where children or young people are received or housed, where higher education and vocational training are given, in radio or TV studios open to the public, where exhibitions are held, where sports are practised, and enclosed premises of ports and airports.

### **Elimination of advertising and other smoking incentives**

In line with EU directives, the author has presented the Committee for Smoking and Health with 'Tobacco Advertising' regulations which would extend the present advertising ban on television, radio (or other broadcasting medium) and in cinemas, to a total ban on advertising (with a one-year delay in respect of the press), except at point of sale. These regulations would also ban sponsorship (after a two-year delay) and other forms of promotion of tobacco (including free samples, discounts, gifts and contests), and prohibit the use of tobacco trademarks on non-tobacco goods.

### **Prominent health warnings and limit on tar-yield**

Proposed 'Labelling of Tobacco Products Regulations' would replace the present inconspicuous and ineffective health warnings, confined to cigarette packets on one side only, with conspicuous and effective warnings on the front, back and one side of such packets, and extend such warnings to all forms of tobacco. Moreover, 'Maximum Tar-Yield Regulations' have been proposed to reduce the health damage caused by tar in cigarettes. These regulations, too, have been prepared by the author for the Committee for Smoking and Health to bring Malta in line with present EU directives.

### **Management, monitoring and evaluation**

This is the crux of any tobacco control programme. While Sedqa is monitoring and evaluating its global approach to protection of children from tobacco, drug and alcohol addiction, Caritas Malta periodically evaluates programmes to assess and analyse the situation, through research and data analysis. The Health Promotion Department gets an up-to-date picture of the local tobacco problem through specific questions in the National Census questionnaire.

Although the Committee for Smoking and Health has no means at its disposal for monitoring or evaluating tobacco issues, it may "advise the Minister on any measure (necessary) to co-ordinate and promote the prevention and control of smoking"<sup>6</sup>. Moreover, another proposed regulation identifies the enforcement of the Tobacco (Smoking Control) Act as the responsibility of health inspectors and of police officers.

### **Concluding recommendations**

There is an evident need for co-ordination of the different tobacco control activities held by the various local organisations in order to avoid duplication and increase effectiveness. Anti-smoking fiscal policies need to be introduced, with a percentage of the income going to tobacco control measures. In view of Malta's application for membership to the European Union, updated tobacco control regulations in line with EU directives should be implemented without delay.

Tobacco control must be not merely a top public health priority, but a top public policy priority with the government playing a central and crucial role. As such, a co-ordinating tobacco control authority should be set up in Malta to effectively manage all efforts to stem the

tobacco epidemic.

For the sake of our children's health, let us all work together to make smoking, history!

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