RULES AND REGULATIONS PROMOTING A 100% SMOKE FREE ENVIRONMENT

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I. Rationale

Tobacco is the leading preventable cause of death, killing 5.4 million people per year from lung cancer, heart disease and other diseases, according to the World Health Organization (WHO) Report on the Global Epidemic, 2008.

Smoking in the Philippines is among the highest in the world today. In 2008, the country ranked 9th highest in the world for adult male smokers, according to the World Lung Foundation and the American Cancer Society. In the same year, the country ranked 16th highest in the world for female adult smokers. Even among the world's youth, the country counts among the heaviest tobacco users with Filipino girls occupying 2nd place and Filipino boys occupying the 4th slot, in 2003. In the country, tobacco-related diseases comprise 6-8% of deaths from all causes; or one in every five students ages 13-15 currently smoke, and 35% of adults are current smokers.

It is equally alarming to note that hundreds of thousands of people who have never smoked die each year from illness related to inhalation of other people's tobacco smoke. Half of all children worldwide are exposed to tobacco smoke, particularly in the home. More than 50 studies on environmental smoke and lung cancer risk in people who have never smoked, especially spouses of smokers, have been conducted during the last 25 years. Most of these studies showed an increased risk, especially for persons with higher exposures.

The increasing evidence on the impact on health of expenditure to tobacco smoke demands greater protection of smokers and nonsmokers. Scientific evidence has firmly established that there is no safe level of exposure to environmental tobacco smoke (ETS) or second-hand tobacco smoke (SHS), a pollutant that causes serious illnesses in both adults and children. SHS contain thousands of known chemicals, at least 250 of which are known to be carcinogenic or otherwise toxic. Thus, increased protection would lead to a change in the perception of smoking and in behavior toward smoking, along with a reduction of smoking itself.

The WHO issued the guidelines on Article 8 of the FCTC on the protection from exposure to tobacco smoke and these are adopted by the Conference of the Parties to the WHO FCTC in 2007, Principle One of the guidelines state:

> "Effective measures to provide protection from exposure to tobacco smoke, as envisions by Article 8 of the WHO Framework Convention, require the total elimination of smoking and tobacco smoke in a particular space or environment in order to create a 100% smoke-free environment. There is no safe level of exposure to tobacco smoke, and notions such as a threshold value for toxicity from second-hand smoke should be rejected, as they are contradicted by scientific evidence. Approaches other than 100% smoke free environments, including ventilation, air filtration and the use of designated smoking areas (whether with separate ventilation systems or not), have repeatedly been shown to be ineffective and there is conclusive evidence, scientific and otherwise, that engineering approaches do not protect against exposure to tobacco smoke."

Implementing 100% smoke-free environments is the only effective way to protect the population from the harmful effects of exposure to SHS.

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This Administrative Order supports the earlier Administrative Order No. 2007-0004 dated January 15, 2007 which serves as IRR to the Tobacco Regulation Act of 2003 (RA 92 11).

II.
Objectives

1. To protect the population from the damaging effects caused by tobacco smoke by promoting a comprehensive 100% Smoke-Free Environment.
2. To encourage LGUs to actively ensure 100% Smoke-Free Environment, the DOH shall develop an awards system.

III. Scope and Coverage

This Administrative Order shall cover all DOH offices/units at the Central Office, the Centers for Health Development, Hospitals and attached Agencies as well as all levels of Local Government Units (Provincial, City, Municipal and Barangay).

IV. Definition of Terms

As used in the context of this Order, the following terms are defined as follows:

1. 100% Smoke-Free Environment - referred to as a complete ban on smoking which provides effective protection from ETS.

2. ETS - refers to environmental tobacco smoke or equally refers to second-hand tobacco smoke (SHS) or other people's smoke. It is the combination of smoke emitted from the burning end of a cigarette or other tobacco products usually in combination with the smoke exhaled by the smoker. Terms such as "passive smoking" and "involuntary exposure to tobacco smoke" should be avoided since the tobacco industry may use these terms to support a position that "voluntary exposure is acceptable."

3. FCTC - Framework Convention on Tobacco, the world's first public health evidence- based treaty adopted by WHO Member States, including the Philippines on 21 May 2003 during the 56th World Health Assembly. This treaty is the first international legal instrument designed to reduce tobacco-related deaths and diseases around the world. It reaffirms the right of all people to the highest standards of health.

4. Smoker - a person who smokes any tobacco product either daily or occasionally.

5. Tobacco use - the consumption of tobacco products by burning, chewing, inhalation and other forms of ingestion.

V. Policies and Guidelines

1. The Department of Health shall adopt a 100% Smoke-Free Environment Policy in all health facilities, hospitals and all DOH-attached agencies nationwide and shall recommend the adoption of this policy to all LGUs and private health facilities nationwide.

2. To promote a 100% Smoke-Free Environment in all health facilities, hospitals,. CHDS and DOH-attached agencies, the following strategies and approaches must be institutionalized:

a. The prohibition of tobacco use in all health facilities, hospitals and DOH-attached agencies' premises, including, but not limited to: offices, grounds, motor pool areas, canteen/cafeteria/food preparation areas, dormitories, quarters.

b. The ban on sale of tobacco products within one hundred (100) meters from any point of the perimeter of offices of DOH and attached agencies, hospitals and health facilities;

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c. Display of tarpaulins, posters and other relevant information materials on the ill effects of smoking (e.g. Smoker's Body and Picture-Based or Graphic Health Warnings) in strategic places of buildings, compounds and premises.

d. The conduct of trainings, meetings, workshops and any health human resource development activity only in smoke-free establishments.

e. All things being equal, the preferential recruitment and selection of non-smoking individuals to plantilla positions over those who smoke but possess the same qualifications for the position.

f. Provision of information and/or assistance on where to go and what to do if the employees would want to quit smoking.

g. Disciplinary action shall be imposed on smoking personnel who fail to uphold the policy. Smokers will be required to attend sessions on smoking cessation until a desired behavior is achieved.

h. Placing stiffer penalties like an administrative case for not following office rules pursuant to Civil Service Rules and Regulations.

i. The above guidelines should be made integral part of any policies and programs related to implementing and advocating healthy workplaces.

3. The Department of Health shall identify and recognize LGUs enforcing 100% Smoke Free Environment. In so doing, the Department shall:

a. Develop standard protocol/checklist that promote and integrate Tobacco Prevention and Control in the Continuing Quality Improvement Program. Accreditation/certification by the health authorities of premises as offering a 100% Smoke-Free Environment becomes vital part of the LGU regulatory function. Accreditation certification is awarded after the competent authorities have ascertained that the suggested activities have been carried out and after verifying the information provided and the impact on users and the community.

b. Develop a set of criteria and mechanisms to identify champions of 100% Smoke-Free Environment.

c. Develop an awards system and provide incentives to DOH offices, hospitals, health facilities and local government units that meet quality standards of Tobacco Prevention and Control. Launching of "Red Orchid Awards" will be on May 31, 2009; the first awarding ceremony shall be on May 31, 2010 and subsequently on May 31 every year in the observance of "World No Tobacco Day."

VI. Roles and Responsibilities

In promoting 100% Smoke Free Environment, different offices within the DOH and attached agency have the following roles and responsibilities:

1. National Center for Health Promotion

a. Develop and sustain high intensity advocacy campaign on 100% smoke free environment including prototypes of picture-based health warnings and promotion of smoking cessation services

2. National Center for Disease Prevention and Control

a. Develop guidelines and provide package of cessation services to clients, including behavioral therapy and pharmacologic therapy.

b. Provide technical expertise on the development of capacity building module on cessation.

c. Develop an effective referral system for personnel who want cessation services in coordination with NCHFD and schedule counseling sessions for personnel with multidisciplinary team of experts, as applicable

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3. Health Policy Development and Planning Bureau

a. Develop policy, guidelines and/or memorandum of agreement with partners that would operationalize smoke-free environment in different settings such as workplaces, educational facilities and sporting environment

b. Provide multi-year investment planning and resource generation on 100% smoke-free environment in coordination with BIHC

4. Bureau of Local Health Development

a. Provide policy guidance and technical assistance to local government units in the development of 100% smoke-free ordinance or resolution and in the implementation of the ordinance or resolution.

b. Ensure the development and maintenance of database on anti-smoking initiatives by the Centers for Health Development

5. Health Human Resource Development Bureau

a. Develop training package on cessation in coordination with NCDPC

b. Ensure implementation of the conduct of human resource development activities only in smoke-free establishments

c. Ensure implementation of the provision on preferential recruitment and selection of nonsmoker over smoker to vacant plantilla posts

d. Ensure implementation of the ban on sale of tobacco products within 100 meter perimeter of offices of DOH in coordination with security personnel and deputize enforcers of the ban on sale, as applicable

e. Develop and maintain database on smoking status of employees and action taken to address the smoking behavior

6. National Center for Health Facilities and Development

a. Provide technical expertise on establishment of smoking cessation clinics in DOH hospitals

b. Develop a database on hospital-based experts on smoking cessation and database on facility-based smoking cessation programs

c. Promote the enhanced outpatient benefit package on smoking cessation developed by PHIC for overseas workers in all hospitals.

7. National Epidemiology Center

a. Provide technical assistance on development of surveillance system for tobacco industry monitoring

b.Provide technical assistance on the conduct of tobacco control researches and on local adaptation of Global Tobacco Surveillance System, such as Global Youth Tobacco Survey, etc.

8.Field Implementation Management Office

a. Monitor and evaluate CHD and hospital implementation of this AO.

b. Undertake search and validation of LGU, Hospital or DOH Attached Agencies Regional Office nominees for 100% Smoke-Free Awards.

c. Document best practices

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9. Bureau of International Health Cooperation

a. Provide multi-year investment planning and resource generation from international partners on 100% smoke-free environment in coordination with HPDPB

10. Bureau of Food and Drugs

a. Ensure that nicotine replacement therapy in the form of patches and gums is included in the list of essential drugs as per recommendation of the World Health Organization.

b. Ensure proper labeling of tobacco products.

c. Implement ban on tobacco promotions.

d. Document and file legal action on violations of tobacco companies on advertisements and promotional activities.

11. Philippine Health Insurance Corporation

a. Develop guidelines on outpatient benefit package for youth smokers and if feasible depending on actuarial studies conducted, for adult smokers.

b. Conduct intensive campaign on the enhanced outpatient benefit package on smoking cessation for overseas workers in coordination with NCHFD

VII. Funding

The Department of Health, Centers for Health Development and DOH attached agencies shall provide the necessary funding support for technical assistance, advocacy, monitoring and promotion of 100% Smoke-Free Environment. Awards, advertisements and conduct of awarding ceremony or events, and provision of grants to consistently performing local government units shall be sourced from NCDPC or NCHP budget line items.

VIII. Repealing Clause

Other related issuances inconsistent with the provisions of this Administrative Order are hereby revised, modified or rescinded accordingly. All other provisions of existing issuances which are not affected by this order shall remain valid and in effect.

IX. Effectivity

This Order shall take effect 15 days after publication.

Adopted: 11 May 2009

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