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**Confederation of Medical Associations in Asia and Oceania**

# **The Sampran Declaration on Tobacco Control in Asia and Oceania Region**

**Adopted by the 46th CMAAO Mid-term Council Meeting  
Kuala Lumpur, Malaysia, September 2010\*<sup>1</sup>**

## **PREAMBLE**

Tobacco use is the leading cause of preventable death, killing more than 5 million people each year worldwide. Second-hand smoke kills about 600,000 people who were non-smokers each year. Most of these deaths are in low- and middle-income countries including countries in Asia and Oceania. Apart from other well-known health hazards, tobacco use also increases morbidities such as malnutrition and subfertility, hence urgent action is needed.

The WMA, representing the medical associations of the world, issued a statement on the health hazards of tobacco products in 1988 at the 40th World Medical Assembly. This was amended at the 49th and 59th WMA general assemblies. The CMAAO adopted the WMA statement in 1988. With the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2005, the global tobacco control community has made considerable progress against the global tobacco epidemic.

According to the WHO Report on the Global Tobacco Epidemic, 2008 and 2009, the majority of the world's smokers are in Asia and Oceania, which makes tobacco control in the region the main challenge. Only a few countries have a national policy on comprehensive tobacco control. Most users are inadequately warned about the extreme addictiveness of tobacco and the full range of health risks. In all CMAAO countries, cessation services are still insufficient to help the 360 million smokers. Although second hand smoke is easily prevented but only few countries having comprehensive smoke-free environment legislation. The health of more than one third of population in the region is at risk from exposure to second hand tobacco smoke and remains unprotected.

In this regard, government and policy makers must play a pivotal role in ratifying and enforcing the WHO FCTC. The medical profession must recognize its role and social responsibility in tobacco control.

At the individual level, doctors should be agents of change in the battle against tobacco use. The medical profession is deeply committed to tobacco control and a smoke-free society. The CMAAO together with all other organizations such as the WHO will partner with the regional and national tobacco control organizations to act decisively against the tobacco epidemic—the leading global cause of preventable death.

The success of this program is going to be wholly dependent on the proactive role of the medical profession in tobacco control and prevention of its health hazards, the cooperation of the general public through the civil societies who will reinforce the medical profession and the

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\*1 The Sampran Declaration was originally adopted by the 1st International Summit on Tobacco Control in Asia and Oceania Region held in Sampran, Thailand, in February 2010.

commitment of the national government to enact and enforce laws directed towards tobacco control.

## RECOMMENDATIONS

The CMAAO urges the CMAAO members to take the following actions to help reduce the health hazards related to tobacco use, at:

### I. National Medical Association Level

1. Adopt a policy position opposing smoking and the use of tobacco products, and publicize the policy so adopted.
2. Prohibit smoking at all business, social, scientific and ceremonial meetings of the National Medical Association.
3. Develop, support, and participate in programs to educate the profession about the health hazards of all forms of tobacco use. Convince and help smokers and smokeless tobacco users to cease the use of tobacco products, and develop cessation programmes for tobacco users and avoidance programmes for non-smokers and non-users of tobacco.
4. Strongly urge individual physicians to be role models (by not using tobacco products), healthcare team leaders and spokespersons to campaign and to educate the public about the deleterious health effects of tobacco use, exposure to second-hand smoke and the benefits of tobacco cessation and making a smoke-free home.
5. Mandate all medical schools, hospitals and other health-care facilities to prohibit smoking on their premises.
6. Introduce or strengthen educational programs for physicians to prepare them to identify and treat tobacco dependence in their patients.
7. Strengthen and cooperate with the regional network to develop an effective regional system on tobacco cessation. Support widespread access to effective treatment for tobacco dependence—including identification of smokers in the routine services and provision of counseling, necessary pharmacotherapy and other appropriate means.
8. Develop and endorse a clinical practice guideline on the treatment of tobacco use and dependence.
9. Urge the national authorities to add tobacco cessation medications to the List of National Essential Medicines and Health Security System.
10. Mandate medical schools, research institutions, and individual researchers not to accept any funding or any form of support from the tobacco industry.

### II. Individual Physician Level

1. Ask every patient for smoking history and provide brief advice to every patient along with referral to specialized cessation treatment.
2. Do not accept any funding or any form of support from the tobacco industry.

### III. Government Level

1. Support MPOWER\*<sup>2</sup> as the main tobacco control strategy released by WHO.
2. Advocate the enactment and enforcement of laws that:



\*<sup>2</sup> M=Monitor tobacco use and prevention policies, P=Protect people from tobacco smoke, O=Offer help to quit tobacco use, W=Warn about the dangers to tobacco, E=Enforce bans on tobacco advertising and promotion, R=Raise taxes on tobacco products.

- a. provide for comprehensive regulation of the manufacture, sale, distribution and prohibit any form of promotion and advertisement of tobacco products. All forms of promotion of tobacco products including sponsoring sports events and entertainment should be banned.
- b. require written and pictorial warnings about health hazards to be printed on all packages of tobacco products.
- c. prohibit smoking in all enclosed public places (including health care facilities, schools, and education facilities), workplaces (including restaurants, bars and nightclubs) and public transport.
- d. prohibit the sale, distribution, and accessibility of cigarettes and other tobacco products to children and adolescents.
- e. prohibit the sale of tax-free tobacco products.
- f. prohibit all government subsidies for tobacco and tobacco products.
- g. prohibit the promotion, distribution, and sale of any new forms of tobacco products that are not currently available.
- h. increase taxation of tobacco products, using the increased revenues for prevention programs, effective cessation programs and services and other health care measures.
- i. curtail or eliminate illegal trade in tobacco products and the sale of smuggled tobacco products.

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## Confederation of Medical Associations in Asia and Oceania

# CMAAO Resolution on Drug Prescription

Adopted by the 46th CMAAO Mid-term Council Meeting  
Kuala Lumpur, Malaysia, September 2010

Through the discussion at the 46th CMAAO midterm council meeting held in Kuala Lumpur, Malaysia, CMAAO member countries reaffirmed that the prescribing of medicine has great significance in patients' safety and the patient-physician relationship. Thereby, the right to prescribe medicine must be solely the responsibility of the physician.

CMAAO member countries hereby strongly support "The proposed WMA resolution on Drug Prescription" written by Japan Medical Association and Korean Medical Association as attached.\*<sup>1</sup>

(Official signatures are omitted.)

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\*<sup>1</sup> The attached documents, *Proposed WMA Resolution on Drug Prescription* has since been amended and adopted by the WMA General Assembly, Vancouver, Canada (October 2010). WMA Policies are available on the WMA website for <http://www.wma.net/en/30publications/10policies/index.html>.