

A Study on Enforcing Tobacco Product Control Act 2560 B.E. (2017) after easing COVID-19 Measures

Chayan Sittibusaya¹, Chirawat Yoosabail Parinya Darasuwon², Onnicha Noonak³,
Asmeen Bueto⁴, Kanpirom Yangsup⁵, Rattaphong Sonsuphap⁶

^{1,2,3,4,5} Office of Tobacco Products Control Committee, Department of Disease Control, Thailand

⁶ College of Social Innovation, Rangsit University, Thailand

⁶rattsonsuphap@gmail.com

ABSTRACT

The World Health Organization states that smoking increases the risk of bacterial and viral infections by two to four times that of lung-related infections. According to a study of COVID-19 cases in China, it has found that smokers are more likely to worsen their symptoms and die 14 times higher than non-smokers. After easing the control measures of coronavirus 2019, people will start to return to their daily lives. This can be expected that there will be more perpetrators on the Tobacco Products Control Act 2560 B.E. (2017), especially smoking in public places where it is a non-smoking area. In line with the 2017 National Statistical Office survey results, it was found that the market was a found place with the highest level of smoking, followed by public transport stations. After the implementation of the law enforcement measures, it was found that 68 provinces reported the performance of the measures, accounting for 88.3 percent, consisting of provinces that met the criteria, more than the specified criteria were 42 provinces, 62%, of the provinces. And the provinces that operated under the threshold (6 times fewer law enforcement) and 26 provinces or accounted for 38 percent. There were still 7 other provinces or 9.1 percent that did not report the results as scheduled, and two provinces, or 2.6 percent took no action at all. The results show that model of law enforcement at the provincial level, the composition of the working group or the auditing team in the field to enforce the law affect the operation visiting the area to implement law enforcement measures under the Tobacco Products Control Act 2560 B.E. (2017) after easing the control measures for the spread of coronavirus (COVID-19).

Keywords

Corona Virus Disease (COVID-19); Tobacco Products Control Act B.E. 2017; Non-smoking area; Thailand.

Article Received: 10 August 2020, Revised: 25 October 2020, Accepted: 18 November 2020

Introduction

The spread of the novel coronavirus 2019 (novel coronavirus 2019, 2019-nCoV) or COVID-19 has caused pneumonia from the late 2019 (Zhu N et al., 2019) to the present. In the early stages of the outbreak, more than 8,000 people were infected with a mortality rate of 10% and a rise of 50% among the elderly. On this regard, the World Health Organization (WHO) has announced a new coronavirus outbreak "pandemic". (World Health Organization [WHO], 2020) (World Health Organization [WHO], 2020) On April 2020, it was reported more than 2.4 million cases and more than 100,000 deaths (Ahmed, Maqsood, Abduljabbar & Vohra, 2020) from 200 countries.

Accordingly, the World Health Organization has reminded smokers of the risk of COVID-19 infection. Smokers must touch the cigarette with their hands that may be contaminated with COVID-19 and then taken into the mouth. Also, people who smoke regularly tend to have reduced lung capacity. Once infected, it makes serious illnesses and the risk of death than the general public. This is in line with international research suggesting that smoking is 2-4 times more vulnerable to bacterial and viral infections than normal people of COVID-19 infection (Gulsen, Arpinar, Uslu, Droemann & Kilinc, 2020), it also increases the severity of respiratory tract infections (Grundy, Suddek, Filippidis, Majeed & Coronini-Cronberg, 2020) (Zhou, Yu, Du, Fan, Liu & Liu, 2020), and is also more likely to die than non-smokers.(Alqahtani, Oyelade, Aldhahir, Alghamdi, Almeahmadi & Alqahtani, 2020)

Thailand is considered very successful in controlling the spread of COVID-19 in the country. After successfully implementing control of the COVID-19 epidemic, the government has implemented relief measures at various locations such as markets, bus stations, airports and train stations, which are designated as smoke-free zones. The Tobacco Products Control Act 2560 B.E. (2017) (Ministry of Public Health, 2020) (TOBACCO PRODUCTS CONTROL ACT B.E. 2560, 2020) (Pipattanacha, 2019, pp.103-112) mandates that these are places that require special attention and surveillance due to the large number of people accessing the service. This makes it more vulnerable to the spread of COVID-19, especially smoking violations in those locations which is one of the risk behaviors that can lead to infection and the transmission of COVID-19 to those nearby.

On May 8, 2020, the National Tobacco Products Control Committee have a resolution in the meeting Ordered the Provincial Tobacco Products Control Committee and the Bangkok Tobacco Products Control Committee carry out proactive law enforcement action in the market areas and the bus stations of each province. Each of them have to report the results within the specified time frame to the National Tobacco Products Control Board for acknowledgment.

Therefore, the researcher wants to study the pattern, methods and results of operations, the implementation of proactive measures following the easing of COVID-19 control measures under the Tobacco Products Control Act of 2560 B.E. (2017), hoping that the information obtained from this study will help to know the pattern, methods and

composition of the working group or the operations team in the field for law enforcement, affecting operations in the field to implement law enforcement measures The Tobacco Products Control Act of 2560 B.E. (2017), in order to reduce the risk factors of the corona virus outbreak 2019. Also, help reduce the factors causing the loss of the NCDs problem which is the number one cause of death in the Thai population. (Aungkulanon et al., 2019)

Research objectives

1. To study the results of law enforcement for the control of tobacco products after measures to mitigate the spread of COVID-19 in Thailand.
2. To find a model for collaboration among relevant agencies in law enforcement for the control of tobacco products after measures to mitigate the spread of COVID-19 in Thailand.

Theoretical framework

The researchers used the concept of public policy to explain through the model created to understand the ideas and the results of public policy implementation, i.e. how the past actions created in the best interests for the society. In this work, two models are used as a conceptual framework for describing the rational model and the incremental model as follows:

Rational Model: Public policy is created for the best interests of the society, i.e., rational policies are aimed at the best interests of society; wherein the best interests of society are defined when the government decides on a policy that will benefit society rather than its expenditures as much as possible. And it should avoid choosing a policy that costs more than the benefits that society will derive in choosing a rational policy. The policy makers must know the following issues:

- 1) Knowing all the needs or problems of society, and knowing which problems or needs are more important than the others;
- 2) Knowing options for solving each problem and how many solutions there will be;
- 3) Knowing the outcome of every option;
- 4) Being able to calculate the benefit, compensation, expenditures; and,
- 5) Choosing the most effective alternative.

However, the rational model has major weaknesses: in general, there is no collective social interest that can be agreed upon, given that there is a conflict over substantial benefits and costs. (Easton, 1957)

Public policy incremental model: this defines the ongoing activities of the government over time. It may be a short term, year-on-year, or a period of 3-5 years, or more than 5 years until it becomes a strategic plan. It can also be adjusted appropriately according to the actual situation. The incremental model assumes that policymakers often examine past policy commitments and how to focus their attention on policy changes and future costs. However, the incremental model has a major weakness: it does not help develop initiatives or creative. As a result, new jobs or policies are often hindered by highly conservative decision-

makers. (Yehezkel, 1968) Both models point out what is important. How well it corresponds to the context of reality:

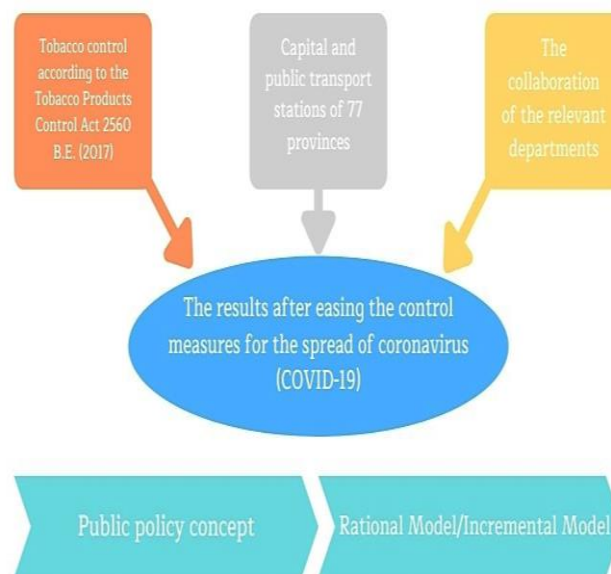


Figure 1: Research Conceptual Framework

Methodology

Conducting mixed research to supplement documentary research from collecting various secondary related data. And quantitative research by survey from the collection of primary data which is a retrospective study on the results of the operation to enforce the law to control tobacco products after a measure to mitigate the spread of COVID-19 in markets and bus stations of all 77 provinces, with a public transport station, and a location market, conducting fieldwork operations twice a month, with an interval of at least 7 days over a period of 3 months (July - September).

The data collection tool in this research is questionnaires to collect data that explores records of law enforcement. The questionnaire is a checklist system with an open-ended form, divided into 2 sets, namely:

1. Local law enforcement results form (Record 1) is divided into 3 parts as follows:

Part 1: Information of law enforcement: The organization of the environment to be a non-smoking area, such as name, location, province, day / month / year and time of application in the area. And a closed-ended question regarding the display of a non-smoking sign at a designated location, including the number of the offenders.

Part 2: Information of Enforcement Promotion of tobacco products promotion at retail stores (convenience stores, local vendors, etc.) located in the market area, such as store names, tobacco products promotion at retail stores.

Part 3: Law enforcement summary form.

2. Questionnaire on mechanisms for operating law enforcement in the area according to the Tobacco Products Control Act 2020 after the Corona Infectious Disease Control Act is eased. It is divided into two parts:

Part 1: Mechanisms for the implementation of law enforcement in the area, such as the model of ordering, method of ordering and responsible agencies.

Part 2: Operating procedures for law enforcement in the area, such as the composition of the working group, local operation plans budget spent on area obstacle.

As for data analysis, a software package is used consisting of descriptive statistics such as frequency distribution tables, displayed as percentage, mean, median, minimum, maximum and standard deviation.

Results

1. Results of law enforcement for tobacco control after measures to mitigate the spread of COVID-19 in Thailand. Performance under the law enforcement measures in accordance with The Tobacco Products Control Act 2017, after easing the COVID-19 epidemic control measures, as of November 18, 2020, with the following results:

1. In the implementation of the law enforcement measures, it was found that 68 provinces reported the performance of the measures, accounting for 88.3 percent, consisting of

1.1 Provinces where operations meet / exceed the specified criteria (Entering the area to enforce the law totaling 6 times or more), totaling 42 provinces, or 62 percent, as shown in Table 1.

1.2 Provinces that operate below the threshold (Visiting the area to enforce the law less than 6 times), totaling 26 provinces, representing 38 percent, as shown in Table 2.

Still there were seven other provinces, or 9.1 percent, that did not report results as scheduled, and two provinces or, or 2.6 percent, had no action, as shown in Table 3. Whereas Figure 1 provides an overview of the results of operations in accordance with national law enforcement measures after easing control measures for the spread of COVID-19

Table 1: Provinces where operations met / exceeded the specified criteria (auditing the area to enforce the law totaling 6 times or more)

List of provinces with operations meeting / exceeding the specified criteria			
Chiang Mai	Lamphun	Phrae	Phayao
Uttaradit	Tak	Sukhothai	Phitsanulok
Phetchabun	Pathum Thani	Ang Thong	Sing Buri
Saraburi	Suphan Buri	Samut Songkhram	Phetchaburi
Prachuap Khiri Khan	Rayong	Trat	Chachoengsao
Sa Kaeo	Khon Kaen	Kalasin	Udon Thani
Nong Khai	Sakon Nakhon	Nakhon Ratchasima	Buriram
Surin	Si Sa Ket	Ubon Ratchathani	Yasothon
Amnat Charoen	Mukdahan	Phang Nga	Phuket
Surat Thani	Songkhla	Satun	Phattalung
Yala	Narathiwat		

Table 2: Provinces with underperforming (auditing the area to enforce the law less than 6 times)

List of provinces with underperforming			
Nan	Chiang Rai	Mae Hong Son	Chai Nat
Nakhon Sawan	Uthai Thani	Nakhon Phanom	Phichit
Nonthaburi	Ayutthaya	Lop Buri	Nakhon Nayok
Ratchaburi	Samut Prakan	Nakhon Pathom	Chonburi
Chantaburi	Nakhon Si Thammarat	Roi Et	Prachinburi
Krabi	Ranong	Trang	Pattani

Table 3: Provinces with underperforming (auditing the area to enforce the law less than 6 times)

List of provinces that do not report results as scheduled			
Lampang	Chaiyaphum	Bueng Kan	Nong Bua Lamphu
Bangkok	Chumphon	Loei	

Table 4 Provinces without law enforcement action

Provinces without law enforcement action	
Maha Sarakham	Samut Sakhon



Figure 2 : Overall performance of national law enforcement measures

2. The establishment of public places as a legal non-smoking area. This has been the operations into 2 areas:

2.1 The market found a total of 116 law enforcement sites, 81% of which were found to be classified as a non-smoking area in accordance with the law, with the top 3 offenses found as follows:

1) The non-smoking area sign was not displayed, accounted for 29 percent

2) The non-smoking area sign was displayed, but it was not displayed correctly or not complete as required by law, accounted for 26 percent.

3) The non-smoking area sign was displayed, but the design of the non-smoking area was incorrect, accounted for 21 percent.

In this regard, having seen smoking violators in the legal non-smoking area, namely 30 persons who violated smoking in the non-smoking area, divided into competent officials,

had prosecuted 26 cases or representing 86.6 percent and the competent official has taken action. The admonition was 4, or it was 13.3 percent.

2.2 Public transport stations A total of 73 law enforcement sites were found, where 97.3 percent were classified as a non-smoking area according to the law, with the top 3 offenses found as follows:

1) The non-smoking area sign was displayed, but it was not displayed correctly. Or not complete as required by law accounted for 40 percent.

2) The non-smoking area sign was displayed, but the design of the non-smoking area was incorrect which accounts for 40 percent.

3) A non-smoking area sign is displayed, but it is displayed in an area where it is not disclosed or cannot be seen clearly, accounted for 20 percent.

In this regard, having seen smoking violators in the legal non-smoking area, namely, 62 people who violate smoking in the non-smoking area, divided into competent officers, 37 cases or 59.67 percent were prosecuted and the competent officials were unable to 25 cases, or 40.3 percent, were prosecuted, but instead warned them. Due to the action of comparing, fines and prosecuting the offenders. It takes quite a lot of time to complete the process. Many perpetrators are required to travel by public buses at the specified time and thus are unable to operate.

3. The issue of offenses in promoting the sale of tobacco products in retail stores In the target area, it was found that an investigation of 2,944 retail stores in the market area and in the public bus station area, a total of 609 stores did not find any offense related to the promotion of tobacco products.

4. Form of command of the commander at the provincial level, for law enforcement activities in the target areas, 57.5 percent were orders through the secretary of the Provincial Tobacco Products Control Committee and 26.4 percent were command systems through working groups or sub-committees that It has been appointed to provide flexibility in working according to the context of the area. In addition, there are also direct orders through agencies such as through the Provincial Public Health Office or order through the Provincial Police Division which accounts for 9.2 percent.

5. The method of command of the supervisors at the provincial level found that most of them were ordered through the government book system, up to 70 percent, followed by the orders through the meeting of the working group or the committee. Which accounted for 24 percent, including the order method through the teleconferencing system, 4 percent of the VDO conference, and other forms of command as appropriate in the province.

6. Process of monitoring and reporting agencies, it was found that most of the processes were performed by the secretary of the Provincial Tobacco Products Control Committee. Representing 79.3 percent operated by the working group Specially established Accounted for 14.3% and operated by other agencies 1.6 percent.

2. To find a model for collaboration among relevant law enforcement agencies.

According to the study, it was found that the top five auditing team composition models with the highest number of provinces were the 1st and 2nd positions with 9 provinces

with the same composition of the team layout, number 3 with 8 provinces, No. 4, 6 provinces. And No. 5, total of 4 provinces, of which the first two operated by the working groups which consists of Office of Provincial Health, Provincial Police Division, Office of the Governor (Province), Local Administrative Organization and Provincial Administration Department with a format as an integration of work Each agency has worked together before. No. 3 Working group consists of a team of personnel in the public health sector only which consists of personnel in the affiliation Provincial Health Office District Public Health Office, Hospitals and Sub-District Health Promoting Hospitals, etc. Rank 4 and 5 have the composition of the auditing team similar to pattern 1 to form 3, but with additional personnel under the provincial transport office to join as a working group. The components of the field auditing team pattern for each law enforcement rank are shown in Table 4.

Table 4: Composition of the fieldwork auditing team formation for each order of law enforcement

Compositions of fieldwork auditing teams for law enforcement								
No.	Province number	Amount to the area	Public health	Police	Excise	Local	Rule	Transport
1	9	6	✓	✓	✓	✓	-	-
2	9	6	✓	✓	✓	✓	✓	-
3	8	6	✓	-	-	-	-	-
4	6	3	✓	✓	✓	-	✓	-
5	4	4	✓	✓	✓	-	-	✓

As for the budget used in law enforcement, it was found that 58% of the budget was spent from provincial projects, which were funded by the Office of the Health Promotion Foundation (Thai Health Promotion Foundation) through projects supervised by the Department of Disease Control and more than 40 percent that did not use a specific budget. This is because it was an integration of works with a working group established at the provincial level that already had budget supported. And 2% was budget integrated with other agencies such as Chiang Rai Province, budget integration with local government organizations.

Discussion

Public policy is the way the state's activities, actions or decisions are made and decisions made in advance to guide

the actions taken in order to achieve the stated goals. The concept of public policy studies has three dimensions: policy theory or model, policy area, and policy process.

The World Health Organization's Public Policy on Tobacco Control Measures states that smoking increases the risk of bacterial and viral infections 2 - 4 times that of lung-related diseases, according to a study of COVID-19 cases in China. There is a chance that symptoms worsen. And 14 times more deaths than non-smokers, which after easing the control measures for the coronavirus disease outbreak 2019, people will start to return to their daily lives.

As for Thailand, public policy on tobacco control with The Tobacco Products Control Act 2017 covers three dimensions as a framework for implementing the policy. The results of the study showed that smoking is increasing, especially in non-smoking public places. This is in line with the 2017 National Statistical Office's survey, indicating that the market is the place where smoking is the highest, followed by public transit stations, after having implemented the law enforcement measures. This study also found that there were 68 provinces operating in accordance with the measure, accounting for 88.3 percent, consisting of provinces that performed according to / above the specified criteria. (Entering the area to enforce the law, totaling 6 times or more), totaling 42 provinces, or 62 percent, and provinces that operate below the threshold (visiting the area to enforce the law less than 6 times), 26 provinces, representing 38 percent. There are still 7 provinces, or 9.1 percent, that have not implemented the measures and two provinces or 2.6 percent have not been implemented at all. As for the collaboration model of related agencies in law enforcement, it was found that the order from the provincial supervisors was the same. And working in the form of a working group or the operational team in the fieldwork has been effective for the implementation of measures in accordance with The Tobacco Products Control Act 2560 B.E. (2017), after easing the COVID-19 epidemic control measures (COVID-19), this study is a policy process which is intended that governments or other stakeholders expressed in the policy process are referred to as the "Life Cycle" in Dror's concept (1968) and are consistent with the model policy stage. Policy formulation and the post-policy phase of Lindblom (1980). In addition, this study is consistent with the concept of Dye (1984) in terms of the policy formation stage. Policy formulation, policy decision Implementing the policy and policy evaluation as well.

Conclusion

Performance under the law enforcement measures in accordance with The Tobacco Products Control Act 2560 B.E. (2017), after easing the COVID-19 epidemic control measures, there were 68 provinces reporting the results of the measures, accounting for 88.3 percent, with the market being the place to see. Smoking was the highest, followed by public transportation.

After having implemented the law enforcement measures. As for the working style, it was found that the order of the provincial supervisors, the composition of the working group or the operation team to visit the area to enforce the law, affecting the implementation of the law enforcement measures under the Tobacco Products Control Act B.E. 2560 (2017) after easing the control measures for the spread of COVID-19 divided into 4 areas as follows:

1) In terms of attitudes: it was found that related persons had attitudes about smoking in non-smoking areas trivial, i.e., it's not a serious matter enough to prosecute. And people think that smoking is not a serious matter.

2) Skills and proficiency: it was found that most public health agencies lacked law enforcement skills.

3) Public relations Communicate and understand legal issues: it was found that both the public and the seller.

And most market buyers do not know what the law requires for the area of the market. It is a non-smoking area according to Tobacco Products Control Act B.E. 2560.

4) Law enforcement: it was found that the merchants Stalls lack the necessary cooperation and law enforcement in public transport stations is quite difficult. Due to the traffic of buses and passengers pass in - out all the time, including most of the perpetrators, especially smoking in non-smoking areas, are often foreigners. Which need to leave on time Causing it to be unable to complete comparisons, adjustments or proceedings.

In addition, the study also found that 58 percent spent the budget from provincial-level projects funded by the Office of Health Promotion Fund (Thai Health Promotion Foundation) through projects supervised by the Department of Disease Control. And more than 40 percent that do not use a specific budget. This is because it is an integration of work with a working group established at the provincial level that has a budget. Already supported and 2% is budget integration with other agencies such as Chiang Rai Province, budget integration with local government organizations.

Acknowledgement

The researcher would like to offer our heart-felt thanks to the Executive of the Ministry of Public Health, Ministry of Education, Ministry of Interior, governors of various provinces, local government organizations of the 77 provinces, as well as government and private network partners who helped make this research report successful

References

- [1]] Zhu N, Zhang D, Wang W, Li X, Yang B, Song J. (2019). A novel coronavirus from patients with pneumonia in China. *New England Journal of Medicine*. ;382:727-733.
- [2] World Health Organization. (2020). WHO Director-General's opening remarks at the media briefing on COVID-19. Retrieved from <https://www.who.int/director-general/speeches/detail/who-director-general-s-opening-remarks-at-the-media-briefing-on-covid-19---29-june-2020>
- [3] World Health Organization. (2020). Coronavirus disease 2019 (COVID-19) Situation Report – 86: Data as received by WHO from national authorities. Retrieved from https://www.who.int/docs/default-source/coronaviruse/situation-reports/20200415-sitrep-86-covid-19.pdf?sfvrsn=c615ea20_6

- [4] Ahmed N, Maqsood A, Abduljabbar T, Vohra F. (2020) Tobacco smoking a potential risk factor in transmission of COVID-19 infection. *Pakistan Journal of Medical Sciences*. May;36(COVID19-S4): S104-S107.
- [5] Gulsen A, Arpinar Yigitbas B, Uslu B, Droemann D, Kilinc O. (2020). The effect of smoking on COVID-19 symptom severity: Systematic review and meta-analysis. *MedRxiv*.; (08): 7590207.
- [6] Grundy EJ, Suddek T, Filippidis FT, Majeed A, Coronini-Cronberg S. (2020). Smoking, SARS-CoV-2 and COVID-19: A review of reviews considering implications for public health policy and practice. *Tobacco induced diseases*.;58. doi:10.18332/tid/124788.
- [7] Zhou F, Yu T, Du R, Fan G, Liu Y, Liu Z. (2020). Clinical course and risk factors for mortality of adult inpatients with COVID-19 in Wuhan, China: a retrospective cohort study. *The Lancet*. Mar 28;395(10229):1054-62.
- [8] Alqahtani JS, Oyelade T, Aldhahir AM, Alghamdi SM, Almeahmadi M, Alqahtani AS .(2020). Prevalence, severity and mortality associated with COPD and smoking in patients with COVID-19: a rapid systematic review and meta-analysis. *PloS one*. 15(5):e0233147.
- [9] Notification of the Ministry of Public Health (No. 19) 2553 B.E. (2010). Re. Designation on Names or Types of Public Locations Prohibited from Exposed Cigarette Consumption and the Designation of Certain Areas within the Perimeter of Those Public Locations as a Smoking Areas, or Non-Smoking Areas, in Compliance with Health Protection of Non-Smoker Act 2535 B.E. (1992) (2020). Retrieved from <http://www.ratchakitcha.soc.go.th/DATA/PDF/2553/E/040/49.PDF> (in Thai)
- [10] TOBACCO PRODUCTS CONTROL ACT B.E. 2560 (2017): (2020). Available from:<http://www.ashthailand.or.th/en/cont>ent_attachment/attach/new_thai_law.pdf (in Thai)
- [11] Vasin Pipattanacha. (2019)."New Regulation: Non-Smoking Area" according to the Tobacco Product Control Act 2560B.E.. *Public Health Policy and Laws Journal*.5(1):103-112. (in Thai)
- [12] Aungkulanon S, Pitayarangsarit S, Bundhamcharoen K, Akaleephan C, Chongsuvivatwong V, Phoncharoen R. (2019). Smoking prevalence and attributable deaths in Thailand: predicting outcomes of different tobacco control interventions. *BMC Public Health*.
- [13] Easton, D. (1957). *An Approach to the Analysis of Political Systems*. World Politics. 9(3). p.41. The Johns Hopkins University Press.
- [14] Dror, Yehezkel. (1968). *Public Policymaking Reexamined*. San Francisco: Chandler Publishing Company. pp.303-306
- [15] Lindblom, C. & Woodhouse, E. (1968). *The Policy-making Process*. Englewood Cliffs, N.J. : Prentice Hall, ©1993. p.3