

**VISION**

**MISSION**

**GOAL**

**AND**

**OBJECTIVES**

### **3. Vision, Mission, Goal and Objectives**

#### **3.1. Vision**

To create a tobacco-free society

#### **3.2. Mission**

To promote individual, community and government responsibility to prevent and reduce tobacco use through multi-sectoral participation in tobacco control.

#### **3.3. Goal**

To reduce mortality and morbidity due to the use of tobacco.

#### **3.4. Main Objectives**

The National Action Plan on Tobacco Control is guided by three main objectives:

4.4.1. To prevent the use of tobacco among young people and adults.

This main objective has two SMART\* sub-objectives:

3.4.1. a. To reduce the prevalence of smoking among male adults aged 20 years and above from 36 % in 2004 to 28.0 % in 2012.

3.4.1. b. To reduce the prevalence of smoking among adolescents aged 13-15 years from 15 % in 2003 to 10 % in 2012.

3.4.2. To protect from exposure to environmental tobacco smoke (ETS).

This main objective has two SMART\* sub-objectives:

3.4.2.a. To decrease the percentage of non-smoking adolescents aged 13-15 years who are exposed to tobacco smoke in public places from 60 % in 2003 to 45% in 2012.

3.4.2.b. By 2012, 75 % of indoor places will be compliant to regulations on environmental tobacco smoke.

*\*SMART stands for Specific, Measurable, Achievable, Realistic and Time-bound*

3.4.3. To promote cessation among smokers.

This main objective has two SMART\* sub-objectives:

3.4.3.a. By 2012, 75 % of patient smokers attending public health service will be routinely counselled and followed-up by health care providers.

3.4.3.b. By 2012, 20 % of high risk patient smokers attending public health service will be put on drug therapy to quit smoking.

### **3.5. Specific Objectives**

Each main objective has a number of specific objectives which are listed and justified below:

3.5.1. *Main objective:* To prevent the use of tobacco among young people and adults.

*Specific Objectives:*

- a. To increase public awareness on the consequences of tobacco use.
- b. To increase anti-tobacco policies and programmes in schools.
- c. To reduce access to tobacco products to minors.
- d. To reduce access to tobacco products through illicit trade.
- e. To increase the price of tobacco products.
- f. To reduce the influence of the tobacco industry on young people and adults.

3.5.2. *Main objective:* To protect from exposure to environmental tobacco smoke (ETS).

*Specific Objectives:*

- a. To increase awareness on the harmful effects of ETS.
- b. To control the contents and emissions of tobacco products.
- c. To reduce exposure to environmental tobacco smoke in indoor and outdoor public places.

*\*SMART stands for Specific, Measurable, Achievable, Realistic and Time-bound*

3.5.3. *Main objective:* To promote cessation among smokers.

*Specific Objectives:*

- a. To increase awareness and the intention to quit among smokers.
- b. To increase awareness among health professionals on smoking cessation programmes.
- c. To provide treatment for tobacco dependence.

In order to develop appropriate performance indicators to evaluate the implementation of the Action Plan and to monitor the outcomes of the related activities, it is required to strengthen the surveillance and evaluation system.

# **JUSTIFICATION**

## **4. JUSTIFICATION**

### **4.1. Specific objective: To increase public awareness on the consequences of tobacco use**

There is strong scientific evidence that tobacco is injurious to health. Tobacco is known to contain more than 4,000 chemical substances, out of which more than 50 are carcinogens. Smoking is responsible for 90% of all lung cancer, 75% of chronic bronchitis and emphysema and 25 % of ischaemic heart disease cases. It is harmful both to the smoker and the non-smoker who is exposed to sidestream smoke. In Mauritius, it is estimated that around 1000 deaths yearly are directly attributable to the use of tobacco. The economic burden of tobacco use on families cannot be overlooked as money needed for food, health, clothing, housing and other basic necessities of life is often spent on tobacco products.

Information remains a key element in confronting the epidemic of tobacco use. It encourages smokers to quit smoking and non-smokers not to take it up. It helps young people to dissipate perceptions such as smoking makes them fashionable, manly and attractive. It also helps people to understand the subtle strategies used by the tobacco industry to influence their behaviour and project a positive public image. Information is a powerful advocacy tool that serves to influence policies for stronger anti-tobacco regulations.

### **4.2. Specific objective: To increase anti-tobacco policies and programmes in schools.**

The Global Youth Tobacco Survey of 2003 shows that experimentation with tobacco starts early in life, the most common age being 12-13 years both in Mauritius and Rodrigues. It is also noted that 6.7% of school children in Mauritius and 9.5% in Rodrigues first tried their cigarettes at 7 years or younger. These findings dictate early interventions among children in order to increase their knowledge, influence their attitudes and behaviours and help them develop appropriate skills.

Education up to the age of 15 years being compulsory in Mauritius, children have to attend primary school for a minimum of 6 years and secondary school for a minimum of 3 years. The school thus provides the best opportunity to reach children and adolescents with anti-tobacco education in a gradual and comprehensive manner. At a time when it is becoming increasingly difficult to reach young people outside of schools due to a number of factors- more games and entertainment at home, internet cafés, video games outlets, private tuition- the school remains the ideal setting where anti-tobacco education could be imparted to young people.

#### **4.3. Specific objective: To increase the price of tobacco products.**

Regular increase in taxes and the price of tobacco products are considered to be one of the most effective strategies in tobacco control. Studies confirm the inverse relationship between taxation and consumption: when tobacco becomes more expensive, consumption goes down and vice versa. It is estimated that for every 10% increase in the price of tobacco products, consumption can decline by 4 to 8%. The drop in consumption is more pronounced among young people due to the decline in their purchasing power.

The tax on tobacco products is further justified by the fact that the National Action Plan on Tobacco Control is proposing to use part of it to fund specific anti-tobacco activities and health promotion programmes. A special tax of 2 % on tobacco should be imposed, representing a sum of around 30 million rupees annually. The special tax will have the merit of securing funds for a comprehensive and sustained health promotion programme. In other words, taxes on tobacco would also be used to inform and educate Mauritians on the consequences of tobacco use, improve their quality of life and reduce to a certain measure the harm caused to them through the use of tobacco.

#### **4.4. Specific objective: To reduce the influence of the tobacco industry on young people and adults.**

Marketing is crucial for the tobacco industry to stimulate consumption and maintain its profits. It uses tobacco advertising, promotion and sponsorship and labeling and packaging of tobacco products to influence the behaviour of people, especially the youth, towards tobacco use. The use of appealing images and popular artists, sportsmen and fashion models in advertising is common and helps to create an environment in which smoking is seen as glamorous, social and normal. In so doing, the tobacco industry reduces the effectiveness of public health education campaigns, encourages adult smokers to maintain their smoking habits and influences young people to take up smoking. Sponsorship, on the other hand, tries to create and support a positive public image of the tobacco industry and buy advocates for itself and its products.

The Public Health (Restrictions on Tobacco Products) Regulations of 1999 ban all forms of advertising, promotion and sponsorship. Despite this, exposure to advertising and promotion of tobacco through the internet and films has increased considerably. Sponsorship of charitable institutions, public libraries and university students by the local tobacco industry still exists.

In view of the above, the best strategy to reduce the influence of the tobacco industry is a comprehensive set of regulations in conformity with the WHO FCTC and proposing further restrictions on tobacco advertising, promotion, sponsorship, packaging and labeling. More effective counter-marketing campaigns should also be developed to denormalise the use of tobacco products.

#### **4.5. Specific objective: To reduce access to tobacco products to minors.**

The policy of reducing access to tobacco products to young people is based on a number of well-documented facts:

- people who try smoking during teenage are more likely to become adult smokers;
- most people who smoke below the age of 18 years become daily smokers during adulthood;
- 50 % of regular smokers who start smoking during adolescence die in middle age or later due to tobacco-related problems.

Early access to tobacco products is known to encourage smoking among young people. In many countries appropriate regulation or legislation limits accessibility of tobacco to young people. In Mauritius, the Public Health (Restrictions on Tobacco Products) Regulations 1999 ban the sale of cigarettes to minors. However, compliance with the regulations is highly inadequate and young people can easily purchase cigarettes from stores. The Global Youth Tobacco Survey 2003 indicates that more than one in two current smokers aged 13-15 years in Mauritius and more than one in three in Rodrigues purchase their cigarettes in stores. According to the survey, other factors that increase accessibility of cigarettes to young people are the sale of loose cigarettes, free distribution by tobacco representatives, the proximity of sale points and the social sources like older friends. Hence, new strategies based on the Framework Convention on Tobacco Control have to be devised to cope effectively with the problem, including increased enforcement and compliance with the regulations.

#### **4.6. Specific objective: To reduce access to tobacco products through illicit trade.**

Tobacco smuggling is a major threat to public health as it stimulates consumption by making international brands cheaper and more affordable to low-income smokers, including young people. In so doing, smuggling undermines the efforts of health authorities to reduce consumption and improve the health of the population.

It is widely believed that the multinational tobacco industries are also behind the global illicit trade in tobacco products and is a major beneficiary as more people smoke and others smoke more while governments lose revenue through tax evasion. Official figures for illegal seizures of tobacco in Mauritius shows that in 2005, 242 cartridges of cigarettes, 3,800 pouches and 789 packets of other tobacco products were seized. These might not reflect the real situation regarding illicit trade in Mauritius. Smuggled cigarettes are available on the local market.

Smuggling is an argument used by the tobacco industry to dissuade governments to increase taxes on tobacco products. However, evidence shows that even in the presence of smuggling, tax increases bring additional revenue to governments and reduce consumption.



#### **4.7. Specific objective: To increase awareness on the harmful effects of environmental tobacco smoke**

The WHO FCTC states that “scientific evidence has established unequivocally that exposure to tobacco smoke causes death, disease and disability.” It is a known risk factor for circulatory and respiratory diseases and for various types of cancer.

The Global Youth Tobacco Survey 2003 shows that one in two current smokers aged 13-15 years in Mauritius and one in four in Rodrigues are not convinced that tobacco smoke is harmful to them.

A combination of persuasive and coercive measures is necessary to induce the necessary behaviour change among smokers who smoke in the presence of others. Education on the harmful effects of environmental tobacco smoke should be maintained and strengthened. Appropriate regulations in conformity with the Framework Convention on Tobacco Control should be passed to ban smoking in public places. Sensitisation of parents and other family members through information and education remain the best strategy to cope with the problem of tobacco use and tobacco smoke in the home.

#### **4.8. Specific objective: To control the contents and emissions of tobacco smoke**

The Framework Convention on Tobacco Control states that “cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence, and that many of the compounds they contain and the smoke they produce are pharmacologically active, toxic, mutagenic and carcinogenic.” Their ingredients and design features are manipulated by tobacco manufacturers in ways that affect their safety, appeal and addictiveness.

In Mauritius no information is available to government authorities on the levels of tar, nicotine and other dangerous substances present in tobacco products. Regulations should make it mandatory for manufacturers to disclose to government the constituents and emissions of tobacco products and set the upper limits of harmful substances. It will make tobacco products less addictive, less appealing to smokers and less hazardous to health. In conformity with the Framework Convention on Tobacco Control, appropriate information thus collected from the tobacco manufacturers should be communicated to consumers to guide them in making informed choices about tobacco use. However, the fact remains that the health benefits of smoking cessation greatly exceeds those from smoking cigarettes with low levels of tar, nicotine and other chemical substances.

#### **4.9. Specific objective: To reduce exposure to environmental tobacco smoke.**

There is also ample evidence that there is no safe level of exposure to tobacco smoke. The Public Health (Restrictions on Tobacco Products) Regulations of 1999 prohibits smoking in indoor public places such as health and educational institutions, public libraries, sport complexes, offices, public transport, pharmacies, lifts, museums, post

offices, police stations and other places of work intended for use by the public. However, non-compliance is common in certain places and the Global Youth Tobacco Survey of 2003 indicates high exposure to tobacco smoke among school adolescents aged 13 to 15 years, both at home and in public places.

The National Action Plan on Tobacco Control proposes to strengthen the existing regulations on environmental tobacco smoke, ensure strict enforcement and compliance and sensitize parents and other family members to reduce exposure of children to second-hand smoke in the home. The promotion of smoke-free places not only protects non-smokers from environmental tobacco smoke but also denormalises smoking in public places and makes it socially unacceptable. In so doing, smoke-free environments provide the additional benefits of encouraging smokers either to quit or reduce smoking. Regulating smoking in public places is also a recognition of the right of individuals to live in an environment free from tobacco smoke.

#### **4.10. Specific objective: To increase awareness and the intention to quit among smokers.**

The intention to quit among smokers is based on information, motivation and the availability of cessation services. Smokers need to be informed on the consequences of tobacco use and the health benefits of cessation.

However, smoking is also closely linked to the social environment of the smoker. Appropriate anti-tobacco and counter-marketing regulations- ban on sale of tobacco to minors, ban on advertising, promotion and sponsorship, restrictions on packaging and labeling - create the favourable social climate for smoking cessation. Evidence suggests that media campaigns carried out in such an environment effectively stimulates smoking cessation. The use of appealing messages and pictures on tobacco packets and packages are increasingly used in tobacco control programmes to influence smokers to quit smoking. Thus a combination of communication strategies, including both interpersonal channels and public education campaigns, should be pursued to raise awareness and the intention to quit among smokers.

#### **4.11. Specific objective: To increase awareness among policy-makers and health professionals on the benefits and cost-effectiveness of smoking cessation programmes.**

Evidence abound on the effectiveness and cost-effectiveness of tobacco cessation programmes. However, the public health sector in Mauritius does not run tobacco cessation treatment services and health-care professionals are not trained in counseling techniques and drug therapy for patients who want to quit. In the absence of smoking cessation and treatment facilities, which represents one of the major weaknesses in the tobacco control programme in Mauritius, smoking cessation is promoted mainly through awareness interventions.

The Framework Convention on Tobacco Control states that “cigarettes and some other products containing tobacco are highly engineered so as to create and maintain dependence.” This confirms the fact that without the assistance of proven cessation therapies, quitting is not easy and relapse is frequent among smokers.

Lack of information among policy-makers on the effectiveness and cost-effectiveness of cessation programmes could delay support for such programmes. Evidence-based advocacy therefore needs to be carried out to attract funds and commitment for tobacco cessation counseling and pharmacotherapy.

The contribution of health professionals is also crucial in the success of tobacco cessation programmes. They are the key players in providing counseling and drug treatment to smokers and create among them the motivation to succeed in their quit attempts. They could also serve as excellent role models due to the trust and influence they exert on their patients. Strategies are therefore needed to inform health professionals on the appropriateness and techniques of cessation programmes.

#### **4.12. Specific objective: To provide treatment for tobacco dependence.**

Tobacco is highly addictive and tobacco users need help for quitting. Smokers should also be encouraged to quit smoking early because the longer the duration of tobacco use, the greater the risk of developing tobacco-related problems. According to the World Health Organisation, half of the smokers who start smoking during adolescence will eventually die from tobacco-related problems.

Smoking cessation is known to significantly improve health. Behavioural and pharmacological therapies exist that have proven to be highly effective in tobacco cessation. Even simple advice from health-care providers is known to increase significantly abstinence among tobacco users than no advice at all.

Treatment for tobacco dependence is also justified because it reduces the economic burden of treating tobacco-related complications. However, the success of tobacco dependence treatment depends not only on the use of proven therapies but also on a comprehensive tobacco control programme that creates the supportive environment for tobacco users to quit. In other words, the environmental factors that influence and support tobacco use should be addressed together with tobacco cessation programmes.

The Global Youth Tobacco Survey 2003 shows that two-third of current smokers aged 13-15 years in Mauritius and Rodrigues want to quit smoking and had made previous unsuccessful attempts.

The WHO FCTC requires that member countries “design and implement effective cessation programmes, diagnose and treat tobacco dependence, carry out counseling services and facilitate accessibility and affordability of pharmacological products for treatment of tobacco dependence.”

In view of the above, the National Action Plan on Tobacco Control proposes the development of a national smoking cessation programme whereby behavioural and pharmacological therapies would be made available to smokers who wish to quit smoking. It will be the first attempt towards the development and integration of a smoking cessation programme in the public health sector and its integration in the health care system. However, the pharmacotherapy programme will initially target a limited number of smokers from the high risk categories.

**INSTITUTIONAL  
FRAMEWORK**

## 5. INSTITUTIONAL FRAMEWORK

Tobacco control cuts across many sectors and requires their full participation to be effective. Ministries, institutions of learning and research, non-governmental organisations and the civil society are the leading partners and advocates for a comprehensive strategy in the fight against the epidemic of tobacco use. The collaboration of all partners is still more imperative at a time when Mauritius has moved from the ratification to the implementation stage of the Framework Convention on Tobacco Control.

A National Committee on Tobacco Control (NCTC) will be set up to advise government on policy matters relating to tobacco control and to coordinate and monitor the implementation of the National Tobacco Control Action Plan. It will be chaired by the Principal Medical Officer (Non-Communicable Disease/Health Promotion) of the Ministry of Health and Quality of Life. The Chairperson will be assisted by two Tobacco Control Focal Persons. The NCTC will comprise of representatives of the following organisations:-

- Ministry of Health and Quality of Life
- Ministry of Education and Scientific Research
- Ministry of Finance
- Ministry of Youth and Sports
- Ministry of Women's Rights and Family Welfare
- Ministry of Commerce
- Ministry of Social Security
- Ministry of Labour and Industrial Relations
- Mauritius Institute of Education
- Mauritius College of the Air
- Mauritius Research Council
- NATRESA
- VISA
- Plan de 5 Jours
- AHRIM
- Consumer Protection Associations
- Mauritius Employer's Federation
- Private Medical Practitioners Association (PMPA)

