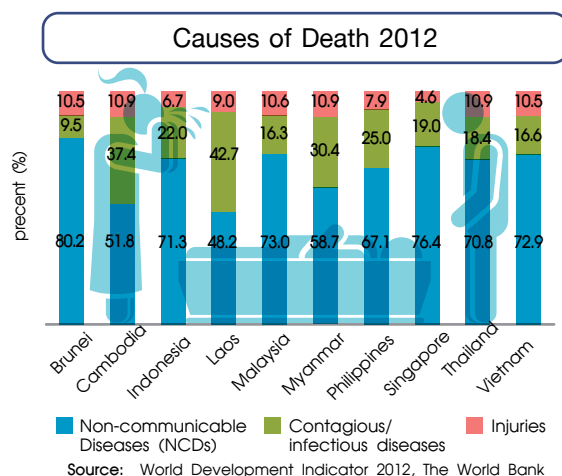


5

Health Behaviours

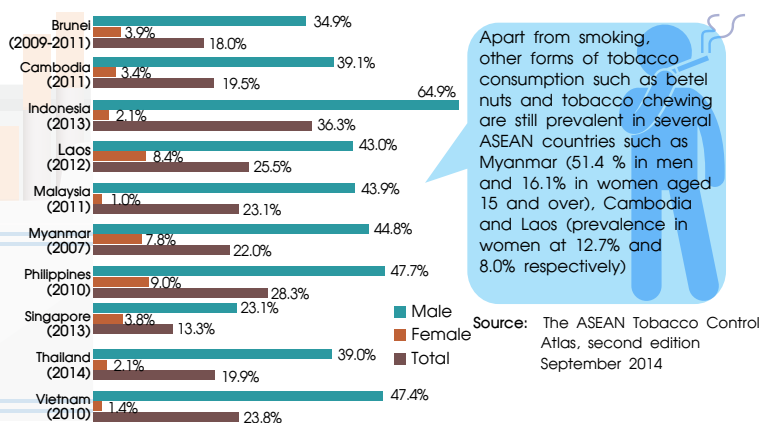
Indonesians have the highest smoking rate whilst Thais drink more heavily than their ASEAN counterparts and Malaysians have the highest rate of obesity.

Alcohol, tobacco and obesity due to unhealthy diets and physical inactivity are silent threats against ASEAN populations. In every country, monitoring and prevention of these risk behaviours is needed.



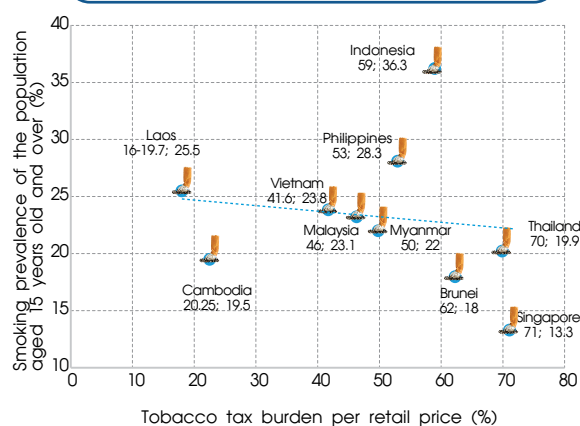
The increase in illnesses and deaths from chronic non-communicable diseases are mainly caused by unhealthy behaviours. ASEAN's smoking rates are high, especially among men. Indonesia, the only ASEAN nation which has yet to ratify the WHO Framework Convention on Tobacco Control, seems to face the greatest challenges for this issue as more than one third of the population aged 15 and above are smokers. In some countries, public spaces such as restaurants and buses or even inside the house are risk areas for secondhand smoking.

Prevalence of Smoking among Population Aged 15 and Over



Source: Tobacco Taxes and Prices in ASEAN: An Overview (May 2014), Southeast Asia Initiative on Tobacco Tax (SITT) of the Southeast Asia Tobacco Control Alliance (SEATCA)

Prevalence of Smoking in Comparison to Tobacco Tax Burden per Retail Price







Note: Prevalence data for Smoking: Thailand (2014), Singapore, Indonesia (2013), Laos (2012), Cambodia Malaysia (2011), Brunei (2009-2011), Philippines Vietnam (2010), Myanmar (2007)

Source: Tobacco Taxes and Prices in ASEAN: An Overview (May 2014), Southeast Asia Initiative on Tobacco Tax (SITT) of the Southeast Asia Tobacco Control Alliance (SEATCA)

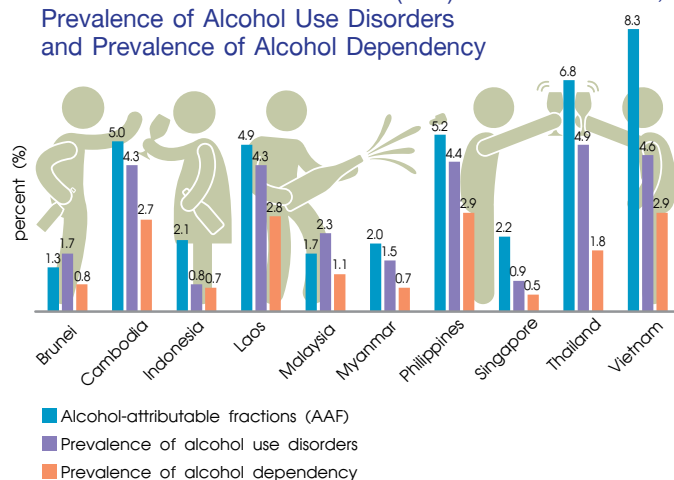
Laotians drink more alcohol per capita than their counterparts in other ASEAN countries (slightly more than Thais) but Thai drinkers are the heaviest drinkers in ASEAN, consuming the equivalent of 23.8 liters of pure alcohol per head per year. The problem is reflected in Thailand's prevalence of alcohol use disorders the region's highest. Vietnam is another country where the problem needs to be closely monitored as the country has the region's highest alcohol-attributable mortality rate and alcohol dependency rate.

Funds/Organizations Established for the Purpose of Health Promotion and Tobacco Control

	Foundations/funds by source of funding	Year estab- lished	Total funding/tax rate
Sin Taxes			
	Thai Health Promotion Foundation	2001	120-130 million US dollars (2013-4) from 2%, incrementa of excise taxes paid by manufacturers and importers of alcoholic beverages and tobacco products
	Lao PDR Tobacco Control Fund	2013	2.1 million US dollars (Public Health Ministry's 2014 estimate) from 2% tax of sales profit plus 200 kip per pack
	Vietnam Tobacco Control Fund	2013	Approximately 4.3 million US dollars (2013-5) from 1% excise tax (effective from 1 May 2013). To be increased to 1.5% and 2% in May 2016 and 2019 respectively
Ministry of Public Health's budget			
	Singapore Health Promotion Board	2001	136 million US dollars (2014)
	Health Promotion Centre, Ministry of health Brunei	2008	560 million US dollars (2013-2014)
Government reserves			
	Malaysian Health Promotion Board (MySihat)	2006	3.08 million US dollars (2013)

ที่มา: The ASEAN Tobacco Control Atlas, second edition September 2014

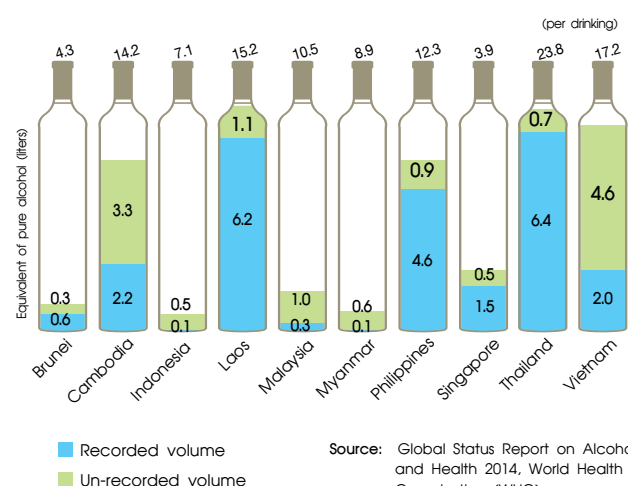
Alcohol-Attributable Fractions (AAF) of Total Fatalities, Prevalence of Alcohol Use Disorders and Prevalence of Alcohol Dependency



Note: Prevalence as percentage of population aged 15 and over (2010), AAF as percentage of fatalities from all causes (2012 estimate)

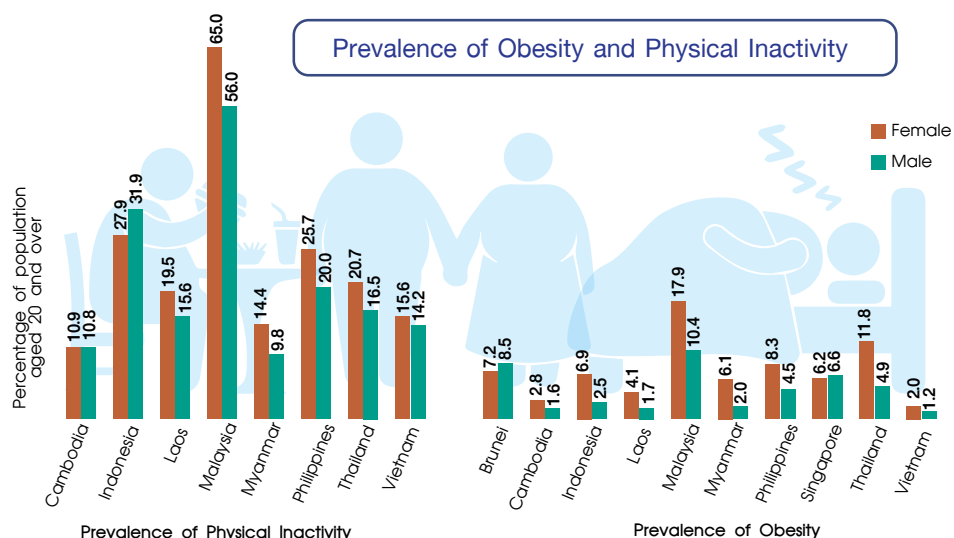
Source: Global Status Report on Alcohol and Health 2014, World Health Organization (WHO)

Alcohol consumption per person per Year, 2010



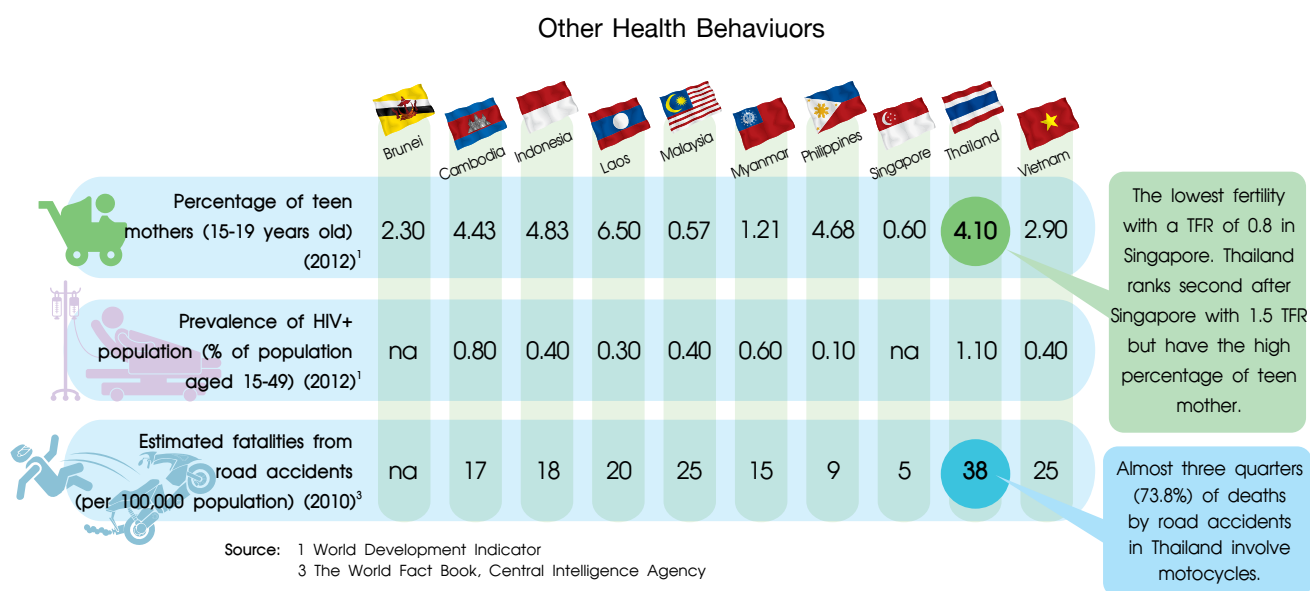
Source: Global Status Report on Alcohol and Health 2014, World Health Organization (WHO)

Within ASEAN, Malaysia has the highest prevalence of obesity. Obesity is principally caused by inappropriate eating behaviours and physical inactivity. More Malaysians—both male and female—are found afflicted by this latter problem than their counterparts in other ASEAN countries.



Note: 2008 data; Obesity = body mass index ≥ 20 kg./m²

Source: Obesity data: World Health Statistics 2014; Physical inactivity data: Non-communicable Diseases: Country Profiles 2011



In addition to alcohol consumption, smoking, unhealthy diet and physical inactivity, ASEAN countries and especially Thailand should pay attention to other health behaviours also such as teen sex and unwanted pregnancy, accident-prone road behaviors and HIV/AIDS prevention.

Each country must implement measures to help its population to prevent, reduce, refrain from and quit unhealthy behaviours as well as create and develop mechanisms to monitor and mitigate their harmful consequences.

