



Republic of the Philippines
Department of Health
OFFICE OF THE SECRETARY
San Lazaro Compound, Rizal Avenue,
Sta. Cruz, Manila, Philippines
Tel. No. 711-95-02/711-95-03



December 10, 2003

ADMINISTRATIVE ORDER

No. 122 s, 2003

SUBJECT: A Smoking Cessation Program to support the National Tobacco Control and Healthy Lifestyle Program.

I. RATIONALE

Smoking is dangerous to health and the hazard this has posed to human welfare has prompted health authorities especially the World Health Organization (WHO) to consider tobacco as a "silent epidemic". It is one of the main risk factors for acquired lung diseases (ALD), diabetes mellitus (DM), lung cancer and cardiovascular diseases (CVD). The death rate from all CVDs for smokers is 2 to 3 times that for non-smokers. This death toll from tobacco use is expected to reach 8.4 million by 2040, 70% of which will occur in developing countries according to the WHO.

In the Philippines, 80,000 deaths in 1990 were attributed to smoking. It is estimated that smoking -related deaths this year could be greater. Smoking also enhances the risk for diabetes. In the Philippines, lung cancer as the leading cause of death ranked number 10 in 1965, then number 5 in 1985, and the most recent DOH statistics indicate that cancer had caused 4 deaths every hour in 1993. Mortality from lung cancer has doubled among women, while among men, it had stabilized at 10%. A Philippine Global Youth & Tobacco Survey in 2000 showed that 16.5 million of Filipinos are currently smoking, 85% of whom want to stop smoking. It also showed that these current smokers start at the age of 10-14 years – 40% are schoolboys and 19% are schoolgirls.

Smoking inside public places, also enhances the exposure of non-smokers to environmental tobacco smoke (ETS). Children and younger adults are particularly vulnerable. Infants have a greater incidence of acquiring acute respiratory infections such as pneumonia and bronchitis. Involuntary smoke reduces the growth rate of lung function in children, and contributes to the development and triggering of asthma. It is estimated that ETS causes 150,000 to 300,000 excess cases of lower respiratory infections every year among infants 18 months or younger.

Smoking also has known negative economic impacts. The Department of Health (DOH) estimates that P 46 billion were spent for the medical care of smokers who developed any of the several diseases attributed to the habit.

Signed AO
Received in the Records
Section on 1-12-04

A number of smoking cessation initiatives have been undertaken by the DOH since 1982. The Lung Center of the Philippines started what could be considered as the Philippines first anti-smoking educational campaign in that year.

In 1987, the then Non-Communicable Diseases Service under the Office of Public Health Services, developed the Philippine Cancer Control Program (PCCP) under a broader Cardiovascular Disease Program (CVDP). A priority concern of the PCCP was the lung cancer prevention program under which tobacco control was viewed as its primary prevention strategy with the following objectives:

1. To reduce the national prevalence of smoking from 46.6% in 1987 to 36.6% by the year 1997.
2. To render all DOH health facilities smoke-free by 1993
3. To reduce the prevalence of smoking among the 18 year-old youth and below) from 22.7% in 1987 to 12% by 1997
4. To ban smoking among elementary and high school students,
5. To monitor & evaluate the impact of the five year plan.

As a result, Department Circular (DC)147-a, s 1987 on "The creation of a smoke-free environment within the DOH" was issued. All government security forces were subsequently instructed to strictly enforce DC 147-a by Department Order (DO) 154-e, s 1990. The smoking ban was extended to cover all regions through an Administrative Order (AO) 15 s. 1993. In March 22, 1993, labeling and advertisement of cigarette products was regulated by AO 10 in accordance with Republic Act 7394 otherwise known as the "Consumers Act of 1992."

In 1999, the DOH revised its program for tobacco control to respond to developments outside of the country. The Framework Convention on Tobacco Control (FCTC) under the World Health Organization (WHO) required governments to support tobacco control initiatives including smoking cessation. Article 5 Section 24 of Republic Act 8749, otherwise known as the Philippine Clean Air Act of 1999 provides that smoking is prohibited inside a public building or an enclosed public place including public vehicles and other means of transport or in any enclosed area outside of one's private residence, private place of work or any duly designated smoking area. The local government unit is mandated to enforce this provision.

By 2001, DO 288-e s 2001 was issued creating a tobacco control task force and designating point persons for a National Tobacco Control Program with the following components: international agreements, national legislation, advocacy, smoking cessation, economic alternatives for farmers, education, and epidemiology. A Technical Working Group (TWG) for the development of a smoking cessation program was created by DO 70-e s 2002 and as repealed by DO 193 s 2002, the TWG was mandated to implement the National Tobacco Control and Lifestyle Program for the Department of Health which had three components : (1) advocacy, education and promotion, (2)smoking cessation and healthy lifestyle and (3) epidemiology, surveillance and research cluster.

Last June 21, 2003, Republic Act 9211, an "Act Regulating the Packaging, Use, Sale, Distribution and Advertisements of Tobacco Products and for Other Purposes," was signed into law. Section 33 paragraphs (b) and (c) required that the DOH establish "withdrawal clinics".

This Order provides the specific guidelines in implementing a National Smoking Cessation Program (NSCP) for such provisions.

II. COVERAGE AND SCOPE

This Order covers all DOH offices, attached agencies, retained DOH hospitals and health facilities, permanent or temporary (such as field hospital or clinic tents) and fixed or mobile units (ambulances, vehicles, etc.). Further, Local Government Units (LGUs) and other institutions with health facilities such as schools, industrial establishments, and other government or private agencies or establishments are encouraged to participate in the NSCP.

The scope of the NSCP shall be confined to the provision of smoking cessation services to current smokers.

III. DEFINITION OF TERMS

- A. Smoking cessation - the systematic, safe, and sustainable process of withdrawing nicotine from a smoker's body.
- B. Smoker - a habitual, chronic user of nicotine.
- C. Smoking – refers to the act of using a cigarette or other tobacco product, regardless of whether or not it is being inhaled.
- D. Environmental tobacco smoke (ETS) - cigarette smoke that contaminates indoor air.
- E. Side stream smoke (SSS) - smoke emitted from the smoldering of cigarettes between puffs.
- F. Mainstream smoke (MSS) - produced when a smoker inhales cigarette smoke.
- G. Smoke free environment (SFE) - indoor air free of ETS.
- H. NSCP coordinator – any licensed physician who had undergone training on the NSCP who is connected with the hospital or health facility as a permanent employee.
- I. Current smoker – a smoker who had used nicotine within one (1) year from the most recent day of diagnosis regardless of amount.

- J. Successful quitting – the absence of nicotine products or by-products in the breath, urine or blood of a nicotine addict or a self-report from a smoker of an abstinence from smoking validated by a smoking cessation coordinator for at least one year from the day of last clinic visit when patient was already free of any abnormal levels of nicotine metabolite.
- K. Smoking cessation clinic (SCC) – refers to the withdrawal clinic prescribed by RA 9211, s 2003.

IV.PROGRAM

A.VISION

Reduced prevalence of smoking and minimizing smoking –related health risks.

B. MISSION

To establish a national smoking cessation program (NSCP).

C. OBJECTIVES

1. To promote and advocate smoking cessation in the Philippines.
2. To provide smoking cessation services to current smokers interested in quitting the habit.

V. GENERAL POLICIES

As the agency mandated to promote and protect the health of the Filipino people, the Department of Health adopts the following policies and principles in the implementation of the NSCP.

1. The DOH fully supports the World Health Organization's Tobacco Free Initiative as embodied in the Framework Convention on Tobacco Control (FCTC) recognizing that health is a basic constitutional right.
2. To control the tobacco epidemic, the DOH shall cooperate and coordinate with all other stakeholders at all levels of government, and with all sectors of Philippine society. The DOH will also serve as a role model in the NSCP within its own facilities and among its own personnel.
3. The DOH shall provide technical assistance to DOH health facilities and other participating LGUs, schools, industrial establishments and other

government or private agencies supporting the NSCP subject to the availability of resources.

VI. PROGRAM COMPONENTS. The program shall have the following components:

A. TRAINING

1. An NSCP training committee shall be institutionalized. This shall be composed of the following:
 - a. Chairperson – Degenerative Disease Office – National Center for Disease Prevention & Control
 - b. Vice-chairperson – Smoking Cessation Program Manager from Lung Center of the Philippines.
 - c. Members – a pool of technical experts in smoking cessation from recognized government, non-government or private hospitals or agencies.
2. The training committee shall define, review and regularly recommend to the Chairperson training programs that are consistent with the latest good clinical practices approved by specialty associations, and the rules and regulations from the DOH.
3. All DOH health personnel, LGUs, selected school, industrial and other government health practitioners shall be trained on the policies and guidelines on smoking cessation.
4. Training centers shall be identified by the DOH whose track record, facilities and presence of specialists in smoking cessation contribute to the success of the NSCP.

B. ADVOCACY

1. A smoke-free environment (SFE) shall be maintained in all DOH facilities, offices, attached agencies and retained hospitals and other participating agencies.
2. A smoke-free environment shall also be maintained in other participating non-DOH facilities, offices, attached agencies and retained hospitals, field or mobile units.
3. Advocacy plans, strategies and activities shall be developed at all levels. These shall be directed at increasing the utilization of smoking cessation clinics, health education programs, advocacy and other activities of the NSCP.

4. Observance and celebration of the World No Tobacco Day (WNTD) shall be celebrated every 31st of May and shall be participated by all DOH officials, staff and employees and all officials of participating non-DOH offices .
5. Observance and celebration of World No Tobacco Month shall be celebrated on June each year and shall be participated by all DOH officials, staff, and employees, and all officials of participating non – DOH offices.
6. Generate knowledge, and strategies and activities that can help the Tobacco Control Program resolve the issues it addresses.

C. HEALTH EDUCATION

1. Health education shall serve as an important tool to assist smokers quit their habit, empowering the smoker's immediate family assist their patient and facilitate the implementation of smoking cessation process.
2. The following activities shall be conducted:
 - a. Smokers and at least one immediate family member shall regularly participate in health education lectures.
 - b. Health education campaigns shall be conducted in the neighborhoods or communities where smokers reside to improve the success rate of established SCCs, and the NSCP as a whole.
 - c. Health education campaigns shall also be conducted in schools, industrial establishments and offices of other government agencies that will implement the NSCP.

D. SMOKING CESSATION SERVICES

D.1. SMOKING CESSATION CLINICS

1. There shall be at least one smoking cessation clinic (SCC) in every zone. CHDs may also establish SCCs in their offices to cater to CHD employees. Zones or CHDs may however, establish more than one SCC depending upon their resources.
2. Other health facilities in LGUs, schools, industrial establishments, and other government or private agencies implementing the NSCP may also establish a smoking cessation clinic.
3. The SCC shall be lodged at the Out-Patient Department of any DOH retained hospitals or non-DOH hospital or in a designated room of any other DOH or participating non-DOH office selected for this purpose.

4. It shall be headed by an NSCP coordinator who shall be assisted by a trained Health Education & Promotion Officer at the CHDs or a trained Registered Nurse from the OPD of any DOH or participating non-DOH hospital, or office.
5. The services rendered in these SCCs shall include case finding, screening, diagnosis, treatment, case holding, health education, support group, laboratory procedure, reporting and recording of program activities..
6. The procedures and practices for these services shall be consistent with the latest good clinical practices taught by the NSCP Training Committee.
7. The referral system shall begin with the individual NSCP coordinators in every implementing health facility, hospitals or office or agency. Smoking cessation clinics in every health zone shall accept referrals from these NSCP coordinators. Designated training centers shall serve as the end-point of the referral system.
8. Patients who develop an adverse reaction to the pharmacological interventions prescribed by the DDO shall be reported to the Bureau of Food and Drugs in accordance with BFAD's most current procedures. The NSCP Coordinator or the referral clinic shall submit an incident report to the DDO.
9. Adverse reactions to any non-pharmacological interventions prescribed by the NSCP training committee shall be reported to the nearest NSCP coordinator.
10. The daily administration and management of the SCC shall conform to the current issuances from the DOH concerning hospital or program management & administration.
11. The SCC shall maintain an SCC information system consistent with the latest teachings from the most recent training seminar.

D.2. SMOKERS' FAMILY SUPPORT GROUP (SFSG)

1. At least one (1) member of the smoker-patient's immediate family either parents, brothers or sisters and all children must be recruited in this Support Group.
2. The recruitment process must be voluntary. The family member's consent should be obtained after fully disclosing the protocol(s) for smoking cessation and assuring that they understood the same.
3. The support group will assist smokers, the NSCP coordinator and the smoking cessation clinic succeed in the treatment trial.
4. Every family member recruited shall be registered in the Smoker's Family Support Group Register.

5. Members of this support group will meet at least once every two weeks after recruitment to discuss the current needs and problems of the patient and its possible solution.
6. Members of the support group whose patients succeeded or dropped out of the treatment process will be graduated from the Smokers' Family Support Group.

E. RESEARCH AND DEVELOPMENT

1. Research and development activities shall also be part of the NSCP
2. These activities shall be towards understanding the nature of nicotine dependence among Filipinos.
3. The development of psychological, psychiatric, behavioral and other non-pharmacological treatment approaches appropriate to Filipino patients and their value systems and norms shall be conducted.
4. The development of pharmacological approaches appropriate to Filipino patients shall also be undertaken.

VII. ROLES AND FUNCTIONS

A. Department of Health -National Center for Disease Prevention and Control

i. Degenerative Diseases Office

The NSCP shall be lodged at the Degenerative Diseases Office of the Department of Health. The DDO shall be the lead agency in the development, implementation and monitoring of the program as well as in the provision of technical and other services such as:

1. Coordinate the development, implementation, and monitoring of the NSCP.
2. Monitor, assess and evaluate the implementation of the NSCP
3. Establish smoking cessation clinics in selected hospitals or health facilities
4. Train NSCP coordinators
5. Source and assist in sourcing funds for the NSCP
6. Design prototype information materials and health education materials; and
7. Design and maintain an information system including smoking cessation clinic registry, family support group

registry, and other databases that will ensure the success of the program

ii. Environmental and Occupational Health Office

The Environmental and Occupational Health Office shall assist the DDO in the development of strategies and activities in converting implementing units into a smoke-free environment.

iii. Family Health Office

The Family Health Office shall assist DDO in the development of strategies and activities to provide smoking cessation services to adolescents, pregnant mothers and other special groups targeted by the Family Health Office.

b. Other DOH offices:

- i. National Center for Health Facility Development. The National Center for Health Facility Development shall assist the DDO in the coordinative activities of the NSCP.
- ii. National Center for Health Promotion. The National Center for Health Promotion shall assist the DDO in the development and design of advocacy and health promotion campaigns for the NSCP.
- iii. The Health Human Resources Development Bureau shall advise DDO in the development of the human resources training program
- iv. Centers for Health Development. The Centers for Health Development shall perform the following responsibilities in support of the National Comprehensive Smoking Cessation Program:
 1. Advocate the objectives and goals of the NSCP;
 2. Promote the utilization of smoking cessation clinics.
 3. Celebrate the World No Tobacco Day (WNTD);
 4. Encourage LGUs, schools, industrial establishments, and other government institutions within their catchment areas to participate in the NSCP;
 5. Coordinate with the DDO in the implementation of the NSCP;

6. Assist DDO in maintaining the information system of the NSCP;
7. Coordinate with the smoking cessation clinics and catalyzes the referral of current smokers;
8. Undertake public health education campaigns; and
9. Monitor the implementation and progress of the program and shall give feedback to the DDO on whatever evaluation results were collected from the implementing units

v. Specialty Hospitals, Retained Hospitals and Medical Centers

1. The Lung Center of the Philippines shall:
 - a. Act as Vice-chairperson in the NSCP Training Committee; and
 - b. Coordinate and undertake research and development activities to improve the clinical services of the smoking cessation clinics
2. The Philippine Heart Center shall recommend the latest technical interventions and researches that would contribute in the enhancement of programs related to the implementation of NSCP.
3. The Chiefs of Hospitals and Medical Centers are required to implement the NSCP in their facilities with the following functions:
 - a. Render its facilities and compounds a smoke-free environment (SFE);
 - b. Participate in the celebration of WNTD;
 - c. Promote and advocate to current smokers, immediate family members and communities to participate in the NSCP; and
 - d. Coordinate with the DOH in implementing the NSCP.
 - e. Recommend to DDO a NSCP Coordinator and shall submit his/her name to the DDO for monitoring purposes.

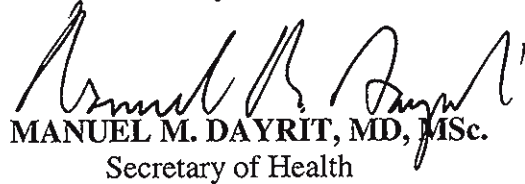
B. Other Government Agencies, Local Government Units and other Health Facilities. All government agencies, local government units and other health facilities are encouraged to participate in this program.

VIII. Funding

Funds for the establishment, operation and evaluation of the NSCP shall be charged against the funds of the Hospitals as Centers for Wellness for hospital-based NSCP and the CHD funds for CHD NSCP subject to the usual accounting and auditing rules and regulations.

IX . Effectivity

This administrative order shall take effect immediately.



MANUEL M. DAYRIT, MD, MSc.
Secretary of Health

Fn: AO – smoking cessation (Dec. 17, 2003)

COMRA

...

...