

Impact of Tobacco Control to Sustainable Development Goals: Literature Review

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Abstract:

The article has studied the current measures of tobacco control in Vietnam, summary Vietnam's results in harm prevention of tobacco. Also, the thesis focuses on more detailed analyzing and comparing data from two Vietnam's surveys follow to Global Adult Tobacco Survey (GATS) in 2010 and 2015; then, point out the impacts of tobacco control in gaining sustainable development in Vietnam, particularly in gaining SDG 1 (End poverty) and SDG 3 (Ensure health for all at all age) and quality educational goals. The finding also have some review on implementing of tobacco control measures in Vietnam and give some recommendation for Vietnam to improve Framework Convention on Tobacco Control in the next period in order to gain suitable SDGs.

Keywords: Tobacco control, sustainable development, Vietnam

1. Introduction

Tobacco harms to the health of people in the general and working-age people in particular, costs health care and carries a burden of disease for the whole health system. In addition to the cost of medical examination and treatment caused by tobacco, the loss of productivity due to illness and premature death among working-age people. As a macro perspective, tobacco use causes poverty worse at the national level by hampering economic growth. As a micro-scale, tobacco use impoverishes families of smokers.

Investing in tobacco control to achieve poverty reduction, economic growth and prevention of non-communicable diseases (NCDs) is vital. In fact, Vietnam is one of 193 member countries joined in the sustainable development goals (SDGs) were endorsed by the United Nation which have the aim to “end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda”. Meanwhile, tobacco use has devastating health, social, environmental and economic consequences. It is a major barrier to sustainable development. Tobacco use has negatively affects to many of the 17 SDGs. Therefore, tobacco control is essential for sustainable development in Vietnam.

The sustainable development goals (SDGs) were endorsed by the United Nations and hence all of its 193 member countries which Vietnam is one of them. The Sustainable Development Goals are a United Nations initiative, formally adopted by the United Nations General Assembly on 25 September 2015 in a resolution entitled Transforming our world: the 2030 Agenda for Sustainable Development. The SDGs build on and succeed the Millennium Development Goals. They include 17 goals and 169 targets to be achieved over the next 15 years, with the aim to “end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda”. The sustainable development goals apply to all countries, rich and poor, and recognize the crucial interrelationship of health, poverty, education, gender, and many other issues.

Meanwhile, tobacco use has devastating health, social, environmental and economic consequences. It is a major barrier to sustainable development. Tobacco use impacts health, poverty, global hunger, education, economic growth, gender equality, the environment, finance and governance.

The research will explain why tobacco control helps to gain the sustainable development goals. Also, the research will provide evidence on how tobacco control plays a role in gaining sustainable development goals.

2. Literature review

Reducing tobacco use plays a major role in global efforts to achieve the SDGs target to reduce premature deaths from noncommunicable diseases (NCDs) by one third by 2030. Many of the 17 goals have a direct or indirect relation to tobacco control. The most immediately relevant are the following and there are several

tobacco control studies that show the positive evidence of tobacco control in implementing appropriate sustainable development goals as follows:

Ensure healthy lives and promote well-being for all at all ages: Tobacco use causes death, disability and disease. Tobacco kills over 8 million people every year, costs the world economy nearly 2% of its gross domestic product, and strips land and soil of their viability. How tobacco control helps Sustainable Development Goal: One of the SDG targets is strengthening the implementation of WHO FCTC, a treaty which sets forth measures proven to be effective in reducing tobacco consumption. If nothing is done, 1 billion people could die from tobacco-related diseases in this century. Mortality related to smoking studies: "Mortality attributable to smoking in Vietnamese men in 2008." *Prev Med* 57(3): 232-237.) . (Norman, R. E., T. Vos, J.J.Barendregt, B. N. Linh, N. T. Huong, H. Higashi (Carnahan and A. D. Lopez (2013); "Association of environmental tobacco smoking exposure with an increased risk of hospital admissions for pneumonia in children under 5 years of age in Vietnam." (Suzuki, M., V. D. Thiem, H. Yanai, T. Matsubayashi, L.-M. Yoshida, L. H. Tho, T. T. Minh, D. D. Anh, P. E. Kilgore and K. Ariyoshi (2009); Global Survey of Tobacco Use in Adults (GATS, 2010). Problem caused by tobacco use, production, spending, etc.

End poverty in all its forms everywhere: Tobacco use leads to chronic diseases that are costly to treat and premature deaths that cause financial burdens on families. Tobacco addiction depletes meager family income of the poorest households. Tobacco companies set a low price for poor farmers and their contract growing deals keep farmers in a debt cycle. Tobacco impoverishes governments due to the enormous financial burden it incurs with respect to health care costs, lost productivity, and environmental damage, among others.

Tobacco control contributes to poverty alleviation efforts. Tobacco control measures (ban on advertising, smoke free places, higher tobacco taxes, etc.) will reduce tobacco use and spending on the vice and healthcare; and instead, allow income to be redirected towards necessities like food, education, and other investments that could lift the poor out of poverty.

Some studies show evidence for analyze above such as: "Tobacco and poverty: evidence from Vietnam." (Efroymson, D., H. A. Pham, L. Jones, S. FitzGerald, L. T. Thu and L. T. Thu Hien (2011); "Financial burden of smoking on households in Vietnam." *Medical Practice Journal*(533): 94-107 (Nguyen, T. M., V. K. Hoang and T. L. Nguyen (2006); "Direct and indirect costs of smoking in Vietnam." (Hoang Anh, P. T., L. T. Thu, H. Ross, N. Quynh Anh, B. N. Linh and N.

T. Minh (2014); "Burden of cancer attributable to tobacco smoking in member countries of the Association of Southeast Asian Nations (ASEAN), 2012", *Cancer Epidemiology*, Volume 44, Pages 84-90) Susi AriKristina, DwiEndarti, Montarat Thavor-ncharoensap (2016).

Achieve gender equality and empower all women and girls: Tobacco use has been rising among women, as women have been specifically targeted by the tobacco industry. In certain countries, there are already more women or girls smoking than boys or men. Women face gender-specific health risks from tobacco, such as the disproportionate burden in exposure to second-hand smoke and use during pregnancy. Globally, second-hand smoke accounted for 886,000 deaths in 2015. "Survey levels of passive smoking in public places", *Public Health Magazines*, Dang Thu Trang, Pham Thai Hang & Nguyen Van Huy (2011); "Second-exposure tobacco to women and children at home ", *Public Health Magazines*, 2012, Heather Wipfil, Le Bao Chau, Nguyen Thi Quy & Nguyen Thu Dung (2009). Tobacco control measures can stop the rise in tobacco use among women and girls, and reduce problems associated with second-hand smoke exposure. The WHO FCTC requires parties to undertake measures which address gender-specific risks under Article 4.2.

Reduce inequality within and among countries: Tobacco tax reduces consumption, mostly in the poor therefore it helps TC helps to narrow the gap of inequality. "Tobacco Taxation in Vietnam". *International Union Against Tuberculosis and Lung Disease*. (Guindon, E., N. T. T. Hien, H. V. Kinh, E. McGirr, D. V. Trung and N. T. Lam (2010). "The impact of tobacco prices on smoking onset in Vietnam: duration analyses of retrospective data", *The European Journal of Health Economics*: 19-39.) (Guindon, G. E. (2014). "The effect of imposing a higher, uniform tobacco tax in Vietnam", *Health Research Policy and Systems* (Kinh,

H. V., H. Ross, D. Levy, N. T. Minh and V. T. B. Ngoc (2006). "Cigarette price level and variation in five Southeast Asian countries." (Liber, A. C., H. Ross, S. Ratanachena, E. U. Dorotheo and K. Foong (2014). "The Empirical Analysis of Cigarette Tax Avoidance and Illicit Trade in Vietnam, 1998-2010" (Nguyen, M. T., H. T. T. Nguyen, R. Denniston, H. Ross, A. D. So and T. A. Hoang (2013).

Ensure sustainable production and consumption patterns: Tobacco consumption generates tons of waste and releases thousands of chemicals into the planet's air, water and soil. Cigarette butts are the most discarded waste item worldwide, amounting to 1.69 billion pounds of toxic trash each year. Indoor Particulate Matter (PM) concentrations from smoking have been found to be up to 10-fold higher than PM concentrations from diesel car exhaust. Smokers are at higher risk of dying from cardiovascular disease and lung cancer, because air pollution "combines synergistically with cigarette smoking for mortality

Tobacco control can enhance responsible consumption and production by reducing tobacco use and its resultant waste. Tobacco control "encourages countries and individual farmers to shift from tobacco production toward activities that are friendlier to people and planet, while supporting tobacco users to quit or reduce consumption and non-users to never start.

Strengthen the means of implementation and revitalize the global partnership for sustainable development: The tobacco industry seeks partnerships with governments and institutions in order to promote its commercial interests. Tobacco industry partnerships with government and other institutions form part of its public relations strategy, designed to enhance their image, by lending them credibility and legitimacy, and thereby sending a deceptive message that their products are safe and benign. The tobacco industry uses partnerships with government and other institutions, including through so-called corporate social responsibility (CSR) contributions and activities, to gain access to high-level officials, which allows them to help in crafting policies that are in line with their commercial interests, including the provision of tax exemptions and delaying enforcement of tobacco control policies, among others.

Article 5.3 of the WHO FCTC provides that parties must protect public health policies from the commercial and vested interests of the tobacco industry. The guidelines for implementation of Article 5.3 lay down specific measures to ensure compliance with the foregoing obligation, including the rejection of partnerships and other agreements with the tobacco industry. Full compliance with Article 5.3 of the WHO FCTC ensures transparency and that policies adopted and implemented are in line with the standards provided in the treaty.

2.1. Sustainable development

The two publications which are the world conservation strategy and the book entitled "Our Common Future", known as the Brundtland Report, 1987 have led to detailed discussions over the implications of sustainable development for academic enquiry, policy making and action.

For the academic community, there has been an explosion of interest in the definition of the term sustainable development as well as numerous studies, which have attempted to measure or model sustainable, as opposed to unsustainable development.

Sustainable development has as its goal the improvement of the negative effects of environmental pollution having in regard the need to satisfy present generation needs while ensuring the liveliness of the environmental factors for future generations.

It's about improving the wellbeing of everyone wherever they are and achieving this milestone collectively. Sustainable development is not just about the environment. Its focus is much broader than that. It's all about meeting the diverse needs of people in different communities, social cohesion, creating equal opportunity to ensure a strong and healthy society. Sustainable development also focuses on finding better ways of doing things without affecting quality of our life.

Sustainability is often represented diagrammatically. There are three pillars of sustainability economic viability, environmental protection and social equity. Countries are recognizing the importance of conserving natural resources, people are switching to cycling instead of driving that will improve their

health, farmers are practicing climate smart agriculture and industries are realizing as to how much they can save through energy efficiency. There are many initiatives already in place, but still many road blocks to sustainable development that have to be overcome. Therefore, concept of Sustainable Development is: “Sustainable development is development that meets the needs of the present, without compromising the ability of future generations to meet their own needs.”

The concept of sustainable development can be defined as maintenance and sustainable utilisation of the functions (goods and services) provided by natural ecosystems and biospheric processes. Conversely, in a situation of unsustainability, where the limits of the biosphere’s carrying capacity are exceeded, not all of the environmental functions can be fully fulfilled anymore.

2.2. Sustainable development goals

The sustainable development goals build on and succeed the Millennium Development Goals . At the Millennium Summit in September 2000, the United Nations General Assembly adopted the United Nations Millennium Declaration, which states that the central challenge facing the world today is to “ensure that globalization becomes a positive force for the entire world’s people”. The Declaration affirms a need for the global community to work together to maximize the benefits of globalization and to ensure that the world shares its costs equitably.

It identifies the following principles as essential to international relations in the 21st century: freedom, equality, solidarity, tolerance, respect for nature, and shared responsibility. Specific activities are outlined in the following priority areas: peace, security and disarmament; development and poverty eradication; protection of our common environment; human rights, democracy and good governance; protection of the vulnerable; meeting the special needs of Africa; and strengthening the United Nations.

In relation to development and poverty eradication, the United Nations has promulgated the goals as the Millennium Development Goals. Their aim is to reduce poverty and promote health and human development as keys to social and economic progress. There are eight Millennium Development Goals:

1. Eradicate extreme poverty and hunger.
2. Achieve universal primary education.
3. Promote gender equality and empower women.
4. Reduce child mortality.
5. Improve maternal health
6. Combat HIV/AIDS, malaria and other diseases.
7. Ensure environmental sustainability.
8. Develop a global partnership for development

The Sustainable development goals were endorsed by the United Nations and hence all of its 193 member countries which Vietnam is one of them. The Sustainable Development Goals are a United Nations initiative, formally adopted by the United Nations General Assembly on 25 September 2015 in a resolution entitled Transforming our world: the 2030 Agenda for Sustainable Development. The Sustainable development goals build on and succeed the Millennium Development Goals. They include 17 goals and 169 targets to be achieved over the next 15 years, with the aim to “end poverty, protect the planet, and ensure prosperity for all as part of a new sustainable development agenda”. The SDGs apply to all countries, rich and poor, and recognize the crucial interrelationship of health, poverty, education, gender, and many other issues.

There are three primary goals of sustainable development:

- To minimize the depletion of natural resources when creating new developments.

- To create development that can be maintained and sustained without causing further harm to the environment.
- To provide methods for retrofitting existing developments to make them into environmentally friendly facilities and projects.

Global organizations such as United Nations, NGOS, aid organizations and even governments are increasingly sponsoring efforts to ensure sustainable development goals are realized for every individual across the board. Some other most important sustainable development goals set by these bodies include:

Eradication of poverty across the world: These organizations primarily focus on the least developed and low-income countries where poverty is rife. They aim to eradicate poverty across the board by expanding social protection programs like school feeding, cash transfers, targeted food assistance, social insurance and labor market programs such as skill training, old age pensions, wage subsidies, unemployment insurance, disability pensions and so on.

Promotion of good health and wellbeing: This sustainable development goal seeks to ensure good health and well-being for all at each stage of life. The goal takes into account all the main health priorities such as maternal and child health, reproductive health, environmental, communicable and non-communicable diseases, universal health coverage, and access to quality, safe, effective, and affordable vaccines and medicines. It also advocates for enhanced health financing, increased research and development, strengthening the capacity of every country engaged in health risk prevention and management.

Provision of quality education for all: These bodies have realized that the level of child school dropout is at an all-time high. This gap must be closed to ensure sustainable future development even as international communities work to ensure quality and equity in the education sector. In a nutshell, this goal seeks to ensure equitable and inclusive quality education and promotion of long life learning opportunities.

Provision of clean water and sanitation: Water and sanitation are on top of the chart regarding sustainable development. They are critical to the survival of humans and the planet. This goal aims to address aspects relating to sanitation, hygiene, drinking water and the quality and sustainability of water resources across the globe.

Building up strong infrastructure, supporting inclusive and sustainable industrialization and incubating innovation: This goal takes into account three aspects of sustainable development: industrialization, infrastructure, and innovation. Infrastructure is vital because it offers the basic framework necessary to smooth running of enterprise and society at large. Industrialization drives up economic development, yield job opportunities, hence, reducing levels of poverty. Innovation enhances technological abilities of industrial sectors and triggers the development of innovative skills.

Enabling Access to affordable and clean energy: Energy is the most critical resource to achieving most of the SDGs. Energy plays a vital role in mitigating poverty through advancements in industrialization, education, water supply and health and fighting climate change. This sustainable development goal focuses on developing and expanding renewable energy resources such as sun, wind, hydropower, liquid and solid biofuels, biogas and geothermal. These renewable sources of energy don't emit greenhouse gasses to the atmosphere and so are ideal for the environment and human health.

Achieving gender equality: In the past few decades, gender equality and women empowerment have been agendas for most governments for long-term sustainable development. Access to education for girls has since improved, the percentage of child marriage has plummeted, and huge leaps have been taken in the domain of sexual and reproductive health and rights such as dramatic reduction in maternal health. Although there is still a long way to go to reach this milestone, organizations are using every ounce of their energy and throwing in resources to ensure the dream is realized.

There are other SDGs set by these bodies including decent jobs and economic growth, sustainable cities and communities, conservation of sea, ocean and marine resources, combating climate change, sustainable consumption and production patterns and much more.

The sustainable development goals identify health as central to development. The message is clear: good health is a prerequisite to the economic progress and development of individuals and nations. In the same way, we can measure economic development in part by the levels of health of a population, and by access to appropriate health care. The SDGs are interdependent within a broad development agenda.

The SDGs are an energizing international vision that demands that the developed world take seriously the plight of the poor. The sustainable development goals make explicit the relationship between economic progress and health, but not all health issues in developing countries are included. By outlining the link between tobacco, poverty and economic development, it shows how reducing tobacco use can improve health, reduce poverty and increase development. It demonstrates that tobacco is incompatible with sustainable development.

Today, tobacco use is not exclusively, or even principally, a problem in developed countries; it is rapidly becoming a global pandemic, infiltrating even the poorest nations.

3. Situation of Vietnam's tobacco control measures

Framework Convention on Tobacco Control: Article 20 "Research, supervision and exchange of information" strongly recommends that states need to develop monitoring programs: "The parties will establish, at the appropriateness, national, regional and global surveillance programs for the sphere of influence, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke".

The World Health Organization's MPOWER program states that: "Good surveillance will provide information on the size of the tobacco epidemic in a country as well as how to adjust policies to meet specific needs of that country".

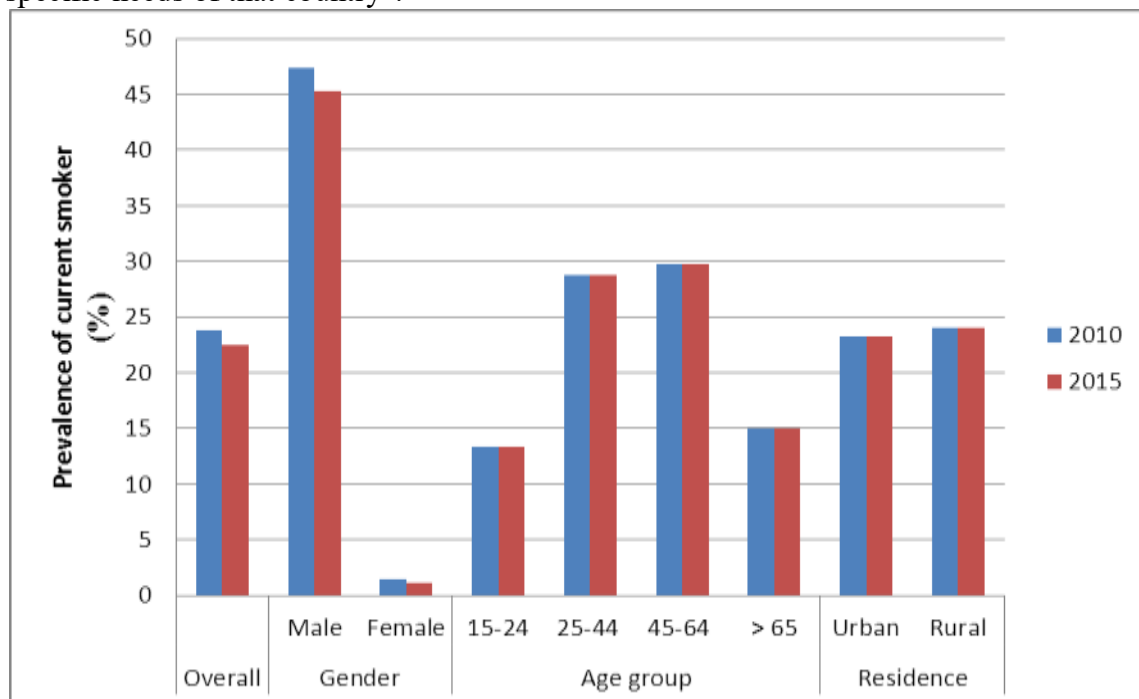


Figure 1: Prevalence of current smoker compared to 2010 and 2015

Sources:

1. Ministry of Health, Global Adults Tobacco Use Survey GATS 2010, Vietnam, 2011
2. Ministry of Health, Global Adults Tobacco Use Survey GATS 2015, Vietnam, 2016.

Figure 1 shows the percentage of adults who current smoke by gender, age groups and residence in 2010 and 2015. The overall smoking rate for smokers is 23.8. % in 2010 and had a slight downward trend to 22.5% in 2015. Therefore the current gender ratio also changed towards a slight decrease in these years. The trends in the age groups and location of current smoking rates in 2010 and 2015 were the

same. Also, there is no change in the prevalence by age groups and residence in 2010 and 2015. However, there was a positive signal when the prevalence. Smoking has tended to decrease from 2010 to 2015. Specifically, the total number of current smokers decreased from 23.8% in 2010 to 22.5% in 2015. The current prevalence of smoking among men decreased from 47.4%, from 1.3% in 2010 to 45.3% for men and 1.1% for women in 2015.

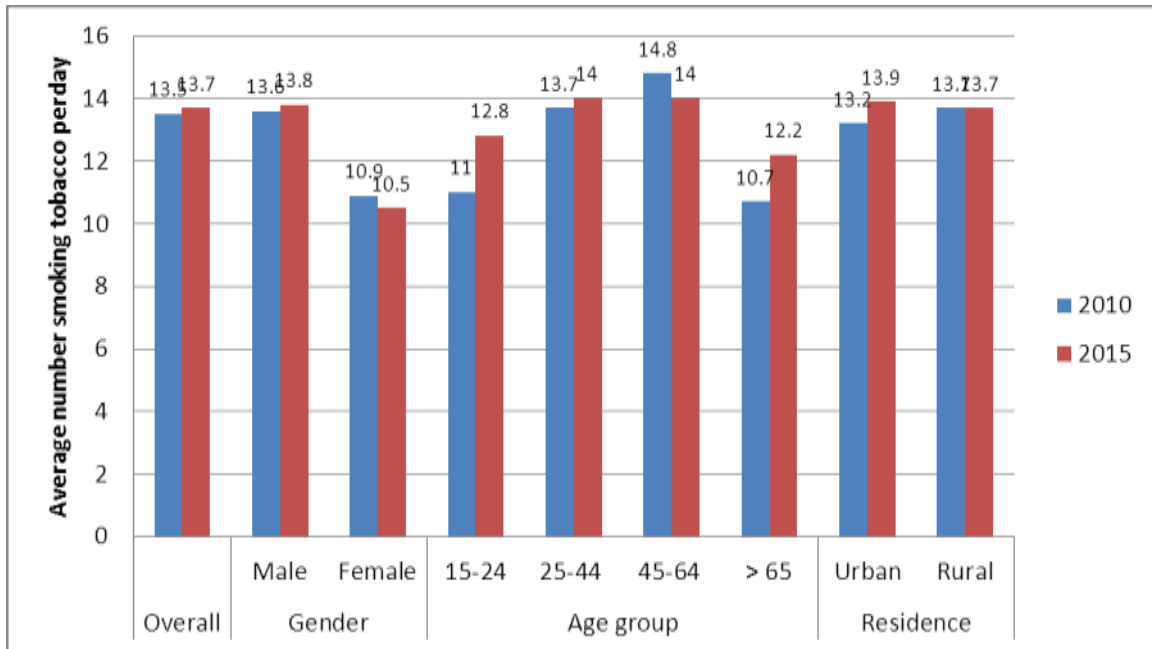


Figure 2: Average number of the most consumed smoking tobacco product used per day among daily smokers compared to 2010 and 2015.

Sources:

1. Ministry of Health, *Global Adults Tobacco Use Survey GATS 2010, Vietnam, 2011*
2. Ministry of Health, *Global Adults Tobacco Use Survey GATS 2015, Vietnam, 2016.*

Figure 2 shows that, according to the overall indicator, the average number of cigarettes smoked per day in 2015 was 13.7%, slightly higher than in 2010 at 13.5%, so there was an increase in smoking. The average number of cigarettes smoked per day in men in 2015 was 13.8% higher than in 2010 was 13.6% but the reversal in women was 10.5% lower than in 2010 was 10.9%. The average number of cigarettes smoked in the day tended to fluctuate the same in both periods of 2010 and 2015, specifically increasing for the age groups 15-24, 25-44 and 45-64 and then decreasing for the age group of over 65. The percentage distribution of daily smokers in rural areas was similar in both periods, but in 2015 the city accounted for 13.9% higher than in 2010 and 13.2%.

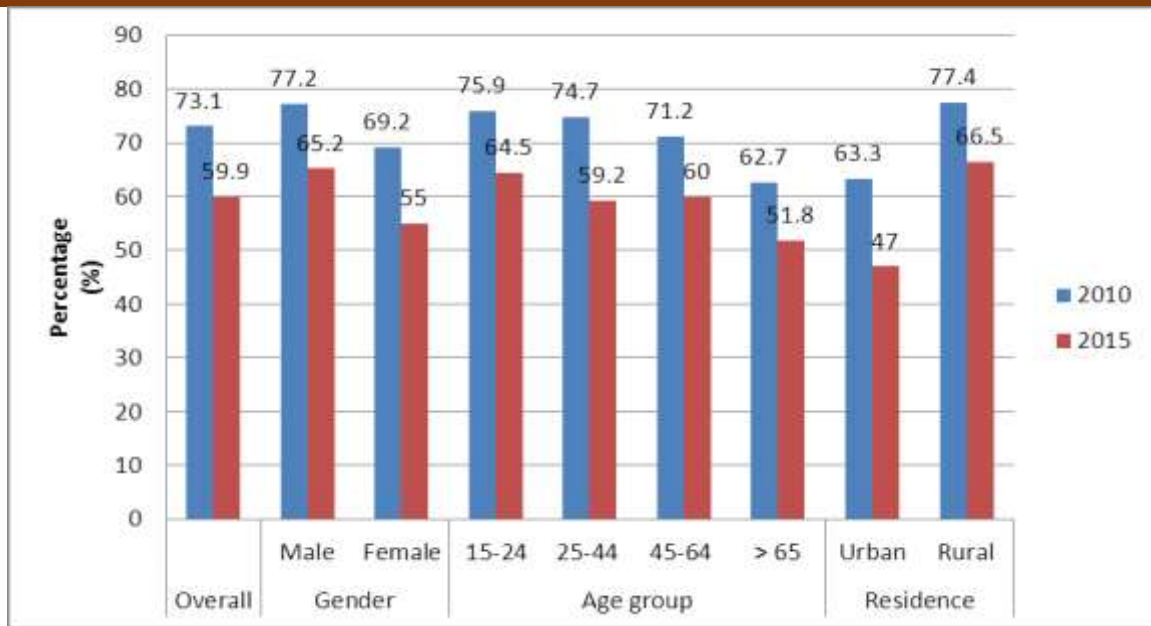


Figure 3: Percentage of adult exposed to tobacco smoke at home in 2010 and 2015

Sources:

1. Ministry of Health, *Global Adults Tobacco Use Survey GATS 2010, Vietnam, 2011*
2. Ministry of Health, *Global Adults Tobacco Use Survey GATS 2015, Vietnam, 2016.*

Figure 3 shows that home smoke exposure rates in 2010 and 2015. Compared to 2010, home smoke exposure rates decreased in all categories, including gender, age groups and residence in 2015. If in 2010 the home smoke exposure rate was 73.1%, this figure in 2015 was 59.9%. In terms of gender, the proportion of second-hand smoke exposure in women dropped by 14.2% more than men during the period. In terms of age group, home smoke exposure rate dropped the most in this period, aged 25-44 (15.5%), followed by 15-24 years (11.4%), followed by 45- 64 years old (11.2%) and the lowest is over 65 years old (10.9%). The proportion of second-hand smoke exposure in homes in urban areas is much lower than in rural areas. Specifically, the urban tobacco smoke exposure rate decreased by 16.3% during this period while that of the rural area decreased by 10.9%

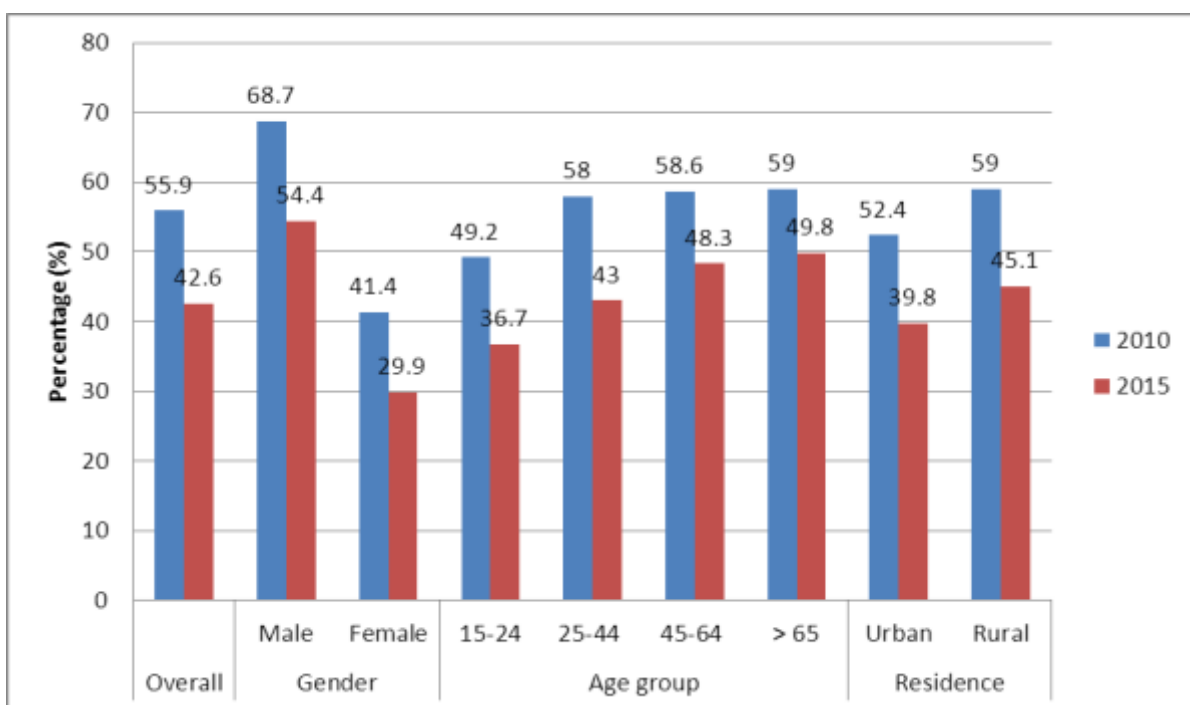


Figure 4: Percentage of adult exposed to tobacco smoke in the workplace in 2010 and 2015

Sources:

- 1. Ministry of Health, Global Adults Tobacco Use Survey GATS 2010, Vietnam, 2011*
- 2. Ministry of Health, Global Adults Tobacco Use Survey GATS 2015, Vietnam, 2016.*

The figure shows that the tobacco smoke exposure rates in the workplace in 2010 and 2015. Compared to 2010 the workplace smoke exposure rates have decreased in all categories, including gender, age groups and location in 2015. If in 2010 the smoke exposure in the workplace was 55.9%, by 2015 this figure would be 42.6%. In terms of gender, the rate of secondhand smoke exposure among women decreased by 11.5% while men fell sharply by 14.3% during this period. In terms of age group, the highest rate of home smoke exposure during this period was 25-44 years old (15%), followed by 15-24 years old (12.5%), followed by 45- 64 years old (10.3%) and the lowest is over 65 years old (9.2%). Home tobacco smoke exposure rates in urban areas are lower than in areas.

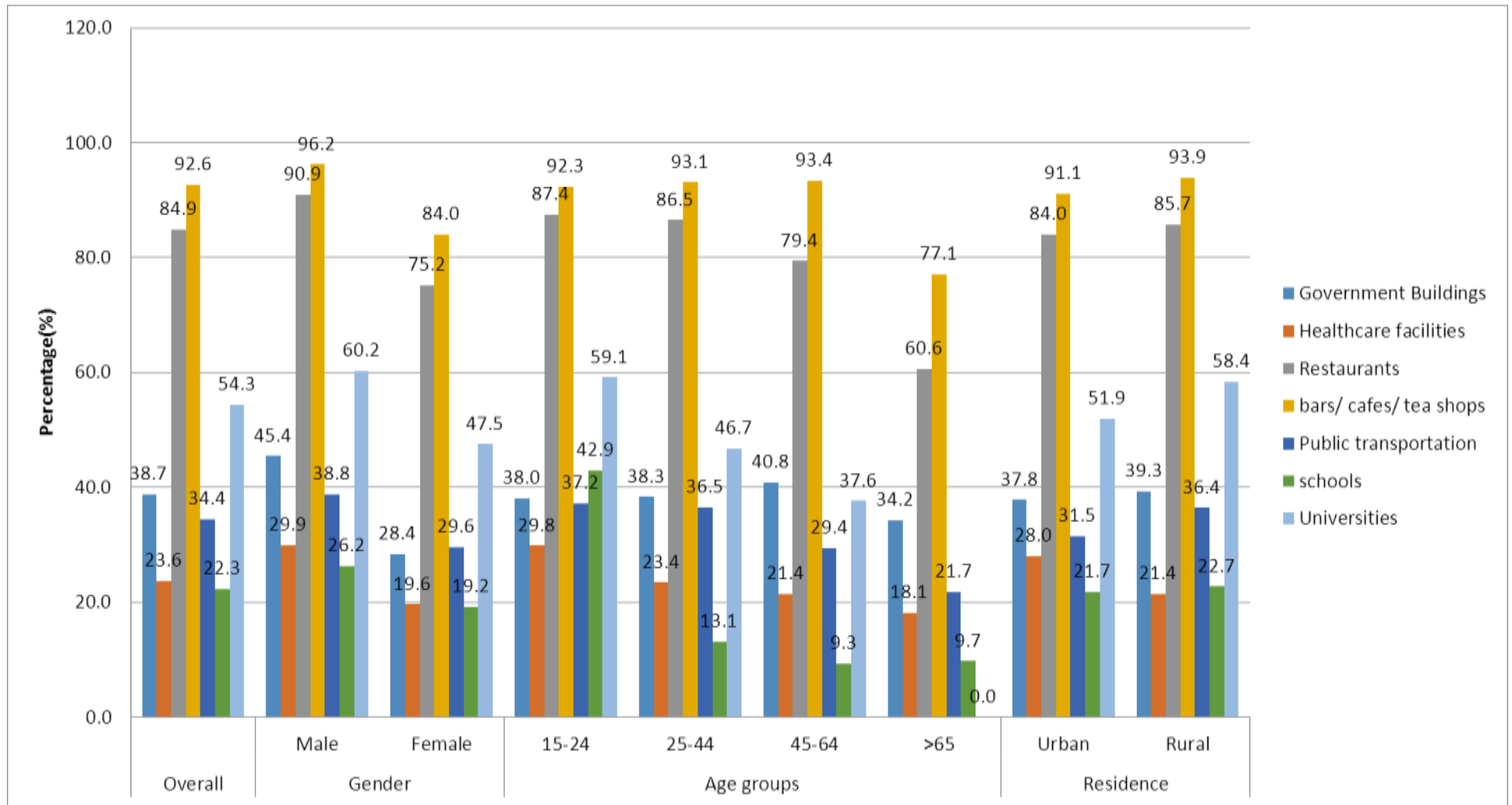


Figure 5: Percentage of adult exposed to tobacco smoke in the public places in 2010

Sources: Ministry of Health, Global Adults Tobacco Use Survey GATS 2010, Vietnam, 2011.

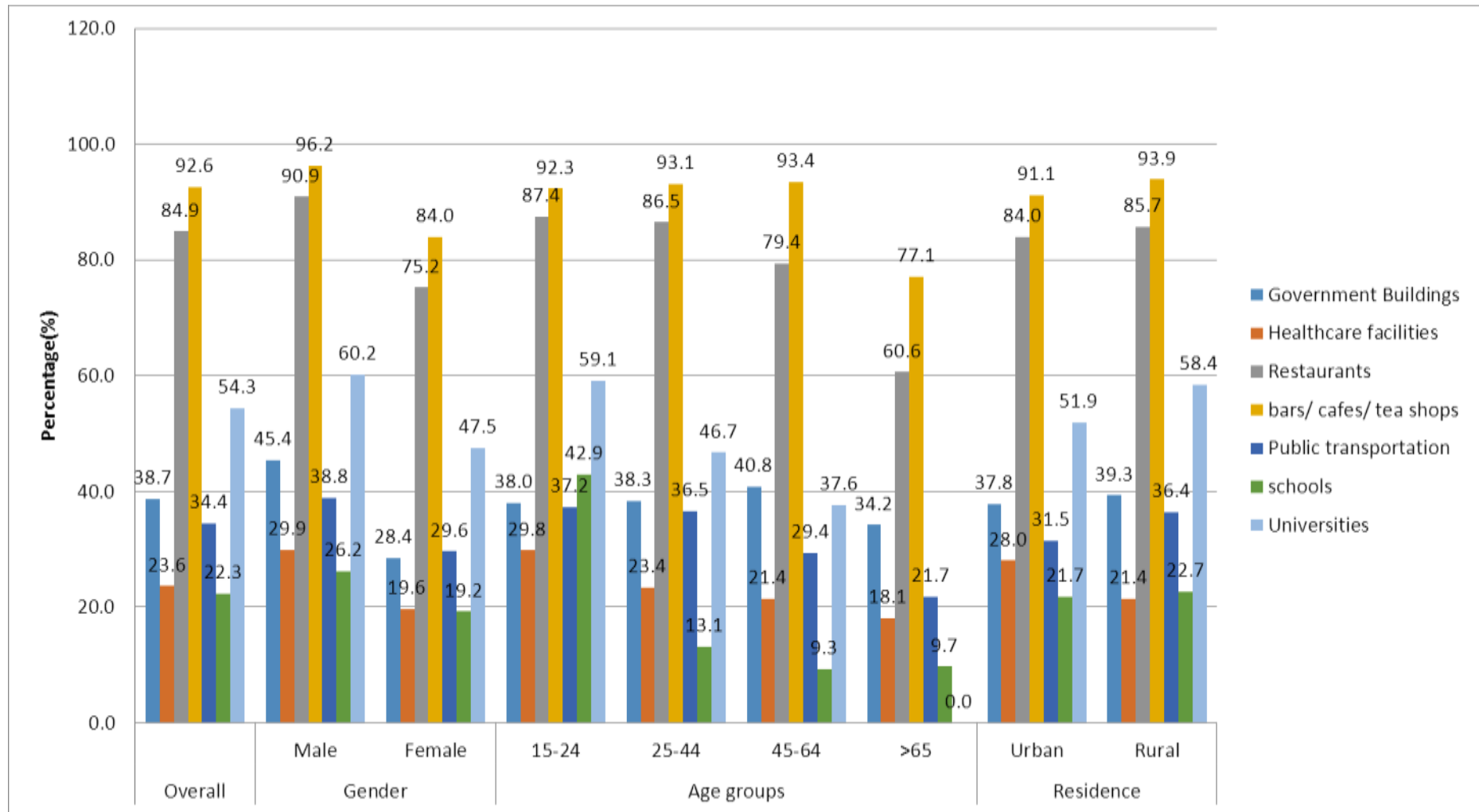


Figure 6: Percentage of adult exposed to tobacco smoke in the public places in 2015

Sources: Ministry of Health, Global Adults Tobacco Use Survey GATS 2015, Vietnam, 2016

Figure 5 and Figure 6 shows that patterns of exposure to tobacco smoke in public places between 2010 and 2015. Among adults who have been to public venues within the past 30 days in both periods, secondhand smoking rates. The highest rates found in pubs /coffee/tea are 92.6% (2010) and 89.1% (2015), followed by the rates at restaurants 84.9% (2010) and 80.7% (2015). The lowest rates of secondhand smoking in health facilities and schools are 23.6%, 22.3% (2010) and 18.4%, 16.1% (2015), respectively. The average exposure rates are universities, government agencies and public transport, respectively.

The exposure rate in pubs / coffee / tea is 96.2% (2010) for men slightly higher than 92.9% in 2015, 84% for women (2010) is also slightly higher than 2015 for 81.5%. More than 90% of exposure is concentrated in urban and rural areas as well as 3 younger age groups, over 65 years old group accounted for only 77.1% in 2010 and this figure was slightly lower than 90% in 2015. The group over 65 years old accounts for 91.4% higher.

Exposure rates in restaurants are 90.9% for men (2010), slightly higher than for 2015 (87.1%), and women accounting for 75.2% (2010) are also slightly higher than 2015 for 70.9%. More than 85% of the exposure is concentrated in urban and rural areas as well as in the 2 younger age groups, age groups 45-64 years and 80% and 65 years and over 65.6% in 2010. These figures are lower slightly from 80-82% in 2015, only the group over 65 years old accounted for 65.7%.

Exposure rates at health facilities are 29.9% for men (2010), slightly higher than 2015 for 22.9%, and 19.6% for women (2010), a bit higher than 15.5% for 2015. More than 21-30% of the urban and rural concentrations of concentrated exposure, as well as 3 younger age groups, accounted for only 18.1% in the age group over 65 in 2010. These figures are slightly lower from 16.5-24 % in 2015 only the group over 65 years old accounted for 13.2%.

Exposure rates in schools are slightly higher for males (26.2% (2010) compared to 20.1% for 2015, and 19.2% for females (2010) at 13.1% for 2015. More than 21% of the exposure was concentrated in urban and rural areas in 2010 and this figure dropped to 16% in 2015. The highest school-based exposure rates were among the 15-24 year age group. 42.9% (2010) and decrease to 24.4% (2015); the lowest is over 65 years old, only 5.8% in 2015.

4. Conclusion

In fact, Vietnam is one of the 15 countries with the highest rates of adult male smoking in the world. Among ASEAN countries, Vietnam is the third country with the highest number of smokers, after Indonesia and the Philippines. By efforts in tobacco control in many years, Vietnam has achieved remarkable results in tobacco harm prevention. As analyze above, the smoking prevalence tended to be lower compared with 2010 for overall (23.8% in 2010 vs 22.5% in 2015) and among men (47.4% vs 45.3%) and among women (1.4% vs 1.1%). The prevalence of indoor secondhand smoke (SHS) exposure in most places significantly declined from 2010 to 2015, including in the home (73.1% to 59.9%), workplace (55.9% to 42.6%), universities (54.3% to 37.9%), public transportation (34.4% to 19.4%), and schools (22.3% to 16.1%). The proportion of current smokers who received advice to quit by a healthcare provider when visiting health facilities increased from 29.7% in 2010 to 40.5% in 2015. There was no increase in quitting smoking as the proportion of former smokers among ever smokers remained unchanged from 2010 to 2015 (29.3% and 29.0%, respectively). There was an increase in the public's awareness about the harmful health effects of smoking and exposure to SHS between 2010 and 2015. The proportion who believed smoking causes stroke, heart attack, and lung cancer significantly increased from 2010 to 2015 (55.5% to 61.2%).The percentage of persons aged 15-24 years who reported noticing cigarette advertising and promotions significantly declined between 2010 and 2015 (25.3% to 19.8%). The average amount paid for 20 manufactured cigarettes tended to be lower (12,700 VND in 2010 after adjusting for inflation; 11,800 VND in 2015).

Efforts in reducing tobacco use plays a major role in global efforts to achieve the many targets among 17 sustainable development goals target to reduce premature deaths from non-communicable diseases. Tobacco control have directly impacts to target of ending poverty, ensuring healthy lives, gaining quality educational goals and indirectly impacts to other goals.

In order to help achieve the goals of sustainable development, tobacco control in Vietnam follows the WHO FCTC framework convention: Tobacco control strategies need to focus on appropriate sustainable development goals to achieve be effective; develop tobacco control strategies in stages; closely supervise the implementation of strategies; review on the strengths and weaknesses of tobacco control campaigns in the community regularly; review on implementing tobacco control law follow to MPOWER index system. Policies should focus particularly on young people, women and the poor in their tobacco control activities. This finding give some recommendation for tobacco control implementing that needs to reasearch more about health impacts of tobacco use, the tobacco use and poverty to be evidences to persuade policy maker. Research for advocacy, especially when presented in a way that generates media attention, can do much to gain the attention of policymakers, and thus motivate them towards action in the cause of tobacco control. Also, it is important to increase taxes on manufactured tobacco products; strengthen anti-smuggling measures; integrate tobacco control in broader poverty reduction efforts in order to gain sustainable development goals in the next period.

REFERENCES

- i. Bangkok, *"The Collaborative Funding Program for Southeast Asia Tobacco Control Research Regional Research Report on Tobacco"*, Southeast Asia Tobacco Control Alliance, 2007.
- ii. Barren Leaf, Golden Harvest: *"The Costs of Tobacco Farming"*, Campaign for Tobacco Free Kids, 2001.
- iii. Dang Thu Trang, Pham Thai Hang & Nguyen Van Huy. *" Survey levels of passive smoking in public places"*, Public Health Magazines, 2011.
- iv. Dhaka: WBB Trust and HealthBridge, *"Addressing Tobacco and Poverty in Bangladesh: Research and Recommendations on Agriculture and Taxes"*, 2007.
- v. Efroymsen D, Ahmed S, Townsend J, et al, *"Tobacco and Poverty, Observations from India and Bangladesh"*, Dhaka: PATH Canada, 2002
- vi. Efroymsen, D., H. A. Pham, L. Jones, S. FitzGerald, L. T. Thu and L. T. Thu Hien ,*"Tobacco and poverty: evidence from Vietnam."*, 2011.
- vii. *Global Survey of Tobacco Use in Adults (GATS, 2010)*.
- viii. *Global Survey of Tobacco Use in Adults (GATS, 2015)*.
- ix. Guindon, E., N. T. T. Hien, H. V. Kinh, E. McGirr, D. V. Trung and N. T. Lam *"Tobacco Taxation in Vietnam"*, International Union Against Tuberculosis and Lung Disease, 2010.
- x. Guindon, G. E, *"The impact of tobacco prices on smoking onset in Vietnam: duration analyses of retrospective data"*, The European Journal of Health Economics, 19-39, 2014.
- xi. Hoang Anh, P. T, L. T. Thu, H. Ross, N. Quynh Anh, B. N. Linh and N. T. Minh, *"Direct and indirect costs of smoking in Vietnam."*, 2014.
- xii. Heather Wipfil, Le Bao Chau, Nguyen Thi Quy & Nguyen Thu Dung, *" Second- exposure tobacco to women and children at home "*, Public Health Magazines, 2012
- xiii. Kinh, H. V., H. Ross, D. Levy, N. T. Minh and V. T. B. Ngo, *"The effect of imposing a higher, uniform tobacco tax in Vietnam"*, Health Research Policy and Systems (c (2006).
- xiv. Liber, A. C., H. Ross, S. Ratanachena, E. U. Dorotheo and K. Foong, *"Cigarette price level and variation in five Southeast Asian countries."* ((2014)
- xv. Nguyen, T. M., V. K. Hoang and T. L. Nguyen, *"Financial burden of smoking on households in*

- Vietnam." *Medical Practice Journal*, page 94-107, 2006.
- xvi. Norman, R. E., T. Vos, J.J.Barendregt, B. N. Linh, N. T. Huong, H. Higashi (Carnahan and A. D. Lopez, "Mortality attributable to smoking in Vietnamese men in 2008." *Prev Med* 57(3): 232-23, 2013;
- xvii. Naher F, Efroymson D, and Ahmed S, "Tobacco Cultivation and Poverty in Bangladesh, Issues and Potential Future Directions", 2007.
- xviii. Ottawa: PATH Canada, "A Burning Issue: Tobacco Control and Development; A Manual for Non-Governmental Organization", 2001.
- xix. *Using Media and Research for Advocacy: Low Cost Ways to Increase Success.*
- xx. Ottawa: HealthBridge, 2006.
- xxi. Suzuki, M., V. D. Thiem, H. Yanai, T. Matsubayashi, L.-M. Yoshida, L. H. Tho, T. T. Minh, D. D. Anh, P. E. Kilgore and K. Ariyoshi , "Association of environmental tobacco smoking exposure with an increased risk of hospital admissions for pneumonia in children under 5 years of age in Vietnam.",2009);
- xxii. Susi AriKristina, DwiEndarti, Montarat Thavor-ncharoensap, "Burden of cancer attributable to tobacco smoking in member countries of the Association of Southeast Asian Nations (ASEAN), 2012", *Cancer Epidemiology*, Volume 44, Pages 84-90) (2016).
- xxiii. MPOWER- A policy package to reverse the tobacco epidemic, Retrieved 19/10/2020, from https://www.who.int/tobacco/mpower/mpower_english.pdf.
- xxiv. Tung, Vu (2017), Gánh nặng bệnh tật của việc sử dụng thuốc lá, Retrieved 19/10/2020, from <https://suckhoedoisong.vn/ganh-nang-benh-tat-cua-viec-su-dung-thuoc-la-n135148.html>,