South-East Asia Regional workshop to address the challenges of illicit tobacco trade and unrecorded alcohol

Report of the Regional Workshop

Bangkok, Thailand; 25-27 June 2024
South-East Asia Regional Workshop to address the challenges of illicit tobacco trade and unrecorded alcohol

25—27 June 2024 | Bangkok, Thailand

Photo1: Group photograph of the delegates attending the regional workshop
Photo 2: A technical session underway on day one of the regional workshop

Photo 3: Mobility break during day two of the regional workshop
Report of the South-East Asia Regional workshop to address the challenges of illicit tobacco trade and unrecorded alcohol

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### ACRONYMS

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<td>AP</td>
<td>Asia-Pacific</td>
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<td>ENDS</td>
<td>Electronic Nicotine Delivery Systems</td>
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<td>Framework Convention on Tobacco Control</td>
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<td>NCD</td>
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<td>NENTPs</td>
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<td>SDGs</td>
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<td>SEA</td>
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<td>ST</td>
<td>Smokeless Tobacco</td>
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<td>TFI</td>
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<td>Tobacco Industry Interference</td>
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Introduction

The World Health Organization (WHO) South-East Asia (SEA) Region is home to more than a quarter of the global population. Tobacco consumption and harmful use of alcohol are the risk factors for noncommunicable diseases (NCDs) and are, thus, major public health concerns for the Region. Tobacco use is a significant risk factor for cardiovascular and respiratory diseases, more than 20 different types of cancer, and many other debilitating health conditions. Globally, every year, more than 8 million deaths are caused by tobacco use. Of these, around 4 million occur in the SEA region. Likewise, excessive alcohol consumption has negative health consequences and is a risk factor for mental disorders, communicable and noncommunicable diseases, premature mortality, injury, and domestic violence, all of which have severe economic and societal costs.

As per the fifth edition of the WHO global report on trends in prevalence of tobacco use 2000–2030, only two countries in the Region (India and Nepal) are likely to achieve at least a 30% relative reduction in tobacco use by 2025, assuming they are able to continue implementing tobacco control measures at the current pace or faster. One country (Indonesia) is likely to experience an increase in prevalence, whereas the remaining eight countries of the Region are likely to achieve a decrease in prevalence, albeit less than 30%. In the year 2022, the Region has the highest average tobacco use prevalence rates among adults globally. In fact, out of approximately 1245 million adult tobacco users globally, around 411 million (33%) reside across the Region. More significantly, over 280 million smokeless tobacco users, or 77% of the global total, and around 11 million adolescent tobacco users, or 30% of the global total, currently reside in the Region. Thus, immediate measures are needed to counter the tobacco epidemic in the Region.

Elimination of illicit trade in tobacco products is a key supply-side policy to reduce tobacco use and its health and economic consequences. However, progress has been rather slow in the Region in combating illicit trade. Appropriate policies and tools are either not in place or often poorly implemented. Only two countries in the Region, India and Sri Lanka, are Parties to the WHO Framework Convention on Tobacco Control (FCTC) Protocol to Eliminate Illicit Trade in Tobacco Products. Effective track and trace mechanisms are largely missing across the countries of the Region. Also, availability of effective and quality tobacco cessation services, especially at the population level, is a key demand-side policy to address tobacco
use. To this end, some countries in the Region have well established national quitlines, some have quitlines with limited functionalities and few others completely lack quitlines to support population-level tobacco cessation. Besides, an estimated 25% of worldwide alcohol consumption is unrecorded. Notably, unrecorded alcohol consumption is associated with disproportionate harm that goes beyond toxicity, which is linked to hazardous drinking patterns of unrecorded alcohol, and its association with alcohol use disorders and social marginalization. The online sale of unrecorded alcohol, which circumvents alcohol availability regulations, is an emerging and not yet well-explored issue.

This regional workshop was planned to address the challenges of illicit tobacco trade and unrecorded alcohol consumption in the countries of the Region. The workshop aimed to provide an ideal avenue to share global best practices and the latest evidence with the policymakers of the countries across the Region, centred around monitoring and combating illicit tobacco trade and unrecorded alcohol consumption. Additionally, the workshop was used to review the best practices in national quitlines and also explore the possibility of having integrated quitlines for tobacco, alcohol and substance use.
Objectives of the Regional Workshop

General Objective:

To strengthen country capacity to address the challenges of illicit tobacco trade and unrecorded alcohol consumption and to expand the scope of national quitlines

The specific objectives were as given below:

- To review the public health significance of and current challenges to addressing illicit tobacco trade and unrecorded alcohol consumption in the Region;
- To share the latest regional and global evidence on various aspects of the illicit tobacco trade and unrecorded alcohol consumption and share various international and regional experiences and good practices on addressing illicit tobacco trade and unrecorded alcohol consumption;
- To identify evidence-based strategies for implementing regulatory measures to monitor and control illicit tobacco trade and unrecorded alcohol consumption in the Region; and
- To review national tobacco quitline services for exploring scope of expansion to include alcohol and substance use

Expected outcome of the workshop:

It was expected that the workshop will propose pragmatic solutions and the way forward to address the issues of illicit tobacco trade, unrecorded alcohol consumption and expansion of national quitline services in Member States of the SEA Region.

The agenda of the Regional workshop is appended as Annexure 1 and the list of participants is appended as Annexure 2.
Opening of the Regional Workshop

At the outset, Dr Jagdish Kaur, Regional Adviser, Tobacco-Free Initiative (TFI), SEA Regional Office of the WHO, welcomed all the dignitaries and experts participating in the workshop and delivered the RD’s message.

RD underscored that experience from many countries shows illicit trade in tobacco products can be successfully addressed, even when tobacco taxes and prices are raised, resulting in increased tax revenues and reduced tobacco use. She noted the slow progress in combating illicit trade and reiterated the urgent need for all countries in the Region to become Parties to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products. Effective track and trace mechanisms ought to be in place across the countries. RD observed that the public health implications of this workshop for the Region are immense as it addresses two major issues - illicit trade in tobacco products and consumption of unrecorded alcohol. RD noticed with appreciation that the workshop will also provide an avenue to review the best practices in national quitlines and explore the possibility of having integrated quitlines for tobacco, alcohol and substance use in the countries of the Region.

Mr Andrew William Black, Team Lead, Direct Assistance to Parties, WHO FCTC Secretariat delivered the message on behalf of Dr Adriana Blanco Marquizo, Head of the WHO FCTC Secretariat. Dr Adriana noticed that this is an opportune time to review the regional progress in the implementation of the measures related to addressing illicit trade in the Region and to find pragmatic solutions. Dr. Wanna Hanshaoworakul, Senior Expert in Preventive Medicine, Department of Disease Control, Ministry of Public Health, Thailand opined that effective tobacco control in the Region can only be ensured by addressing the growing menace of illicit tobacco trade. She expressed confidence that the regional workshop will go a long way in supporting the countries to identify a way forward to tackle illicit tobacco trade and unrecorded alcohol in the Region. Dr Andrea Bruni, Regional Adviser, Mental Health & Alcohol, SEA Regional Office of the WHO delivered the vote of thanks and appreciated participation of all relevant stakeholders to meet the challenge of illicit tobacco trade and unrecorded alcohol in the Region.
Photo 4: Round of introductions during the opening ceremony of the regional workshop

Photo 5: Round of introductions during the opening ceremony of the regional workshop
The technical sessions started with a recorded presentation by Dr Robert Preece, Consultant, Health Taxes, Global Tax Program, World Bank. He provided a global review of country-experiences on confronting illicit tobacco trade. Around 20 case studies at the regional and country levels were discussed during the presentation. A detailed analysis of the available practical options, based on these case studies, was shared. Mr Jeremias Paul Jr., Head, Fiscal Policies for Health Unit, Health Promotion Department, WHO HQ emphasized that tobacco taxation is not the key driver for illicit trade. There is no “automaticity” as claimed by the tobacco industry. Other factors are at play, particularly governance factors. It is imperative to critically examine tobacco industry claims about illicit trade and challenge it by strengthening governance, tax administration and enforcement. Global and regional cooperation is key. Dr Jagdish Kaur from the SEA Regional Office of the WHO delivered a presentation on the current status of illicit tobacco trade in the Region. She shared that the Region has made definitive efforts to take the Protocol to Eliminate Illicit Trade in Tobacco Products forward. Many countries in the Region have shown interest in becoming Parties to the Protocol. However, progress has been limited owing to various political and other issues. More concerted efforts are needed at various levels to accelerate the recognition and implementation of the Protocol.

Mr. Ilya Smorodinov, Deputy Head of World Customs Organization (WCO) Regional Intelligence Liaison Office for the Commonwealth of Independent States (RILO CIS), delivered a virtual presentation on cooperation between customs administrations in the sphere of combating tobacco products smuggling. He talked in detail about WCO information and communication enforcement tools, operation PATHFINDER, Global Customs Enforcement Project and Global Analytical Survey. Mr Billy KH YEUNG, Intelligence Analyst, WCO, RILO, Asia-Pacific (AP) talked about addressing cross border challenges and enforcement issues in respect of illicit tobacco trade. He discussed about project crocodile, operation LYNX and WCO AP illicit tobacco initiative 2024. He underscored the significance of information sharing and awareness creation in the context of addressing illicit tobacco trade.

Mr Andrew William Black, Team Lead, Direct Assistance to Parties, WHO FCTC Secretariat gave an introduction to the Protocol to Eliminate Illicit Trade in Tobacco Products. Key provisions of the Protocol were explained by Mr Rodrigo Santos Feijo, Programme Manager,
WHO FCTC Secretariat. He emphasized that the protocol is a strong legal instrument relying on collaboration. It exemplifies multisectoral approach, beyond the traditional tobacco control community. The protocol is a cross-sectoral, international engagement for global benefits. Prof. Dr Shafiun Nahin Shimul, Institute of Health Economics, University of Dhaka, Bangladesh delivered a presentation on identifying research gaps in the context of illicit tobacco trade and how to address these. He emphasized that there is an urgent need for more collaborative research using standardized and transparent methodologies.

The last technical session of the day involved country presentations from India and Sri Lanka sharing their experiences of implementing the Protocol to Eliminate Illicit Trade in Tobacco Products. It may be noted that India and Sri Lanka are the only two countries in the Region that are currently Parties to the Protocol. Both countries reiterated their commitment to holistically implement the provisions of the protocol. However, there are a lot of challenges which need to be circumvented. Global and regional collaboration and cross learning among countries would be a key driver. Dr Patricia Rinwigati Waagstein, In-country Coordinator for Legal dan Policy for Indonesia, Campaign For Tobacco Free Kids highlighted the salient role played by the civil society in countering illicit tobacco trade. She shared numerous examples of civil society organizations in the Region supporting the national governments in countering this public health menace.
Photo 6: Mobility break during day one of the regional workshop

Photo 7: Bilateral discussion with team Bhutan at the end of day one of the regional workshop
Proceedings of Day Two (26th June 2024)

The day two started with country presentations on illicit tobacco trade. Each of the participating countries made a small presentation on the current situation of illicit tobacco trade and the major challenges and key opportunities in respect of the same. The information shared by the countries fed into the group discussions held later in the day.

The technical sessions on unrecorded alcohol started with a presentation by Dr Andrea Bruni from the SEA Regional Office of the WHO. He discussed at length the public health significance of alcohol in the Region with special emphasis on use of unrecorded alcohol. Mr Dag Rekve, Senior Technical Officer, WHO HQ delivered a presentation on the alcohol epidemiology and policy responses globally as well as in the SEA Region. He discussed the public health issues with alcohol consumption and harms, the effectiveness of various policy responses, the unique challenges posed by unrecorded alcohol and the potential strategies to mitigate the negative impacts of alcohol consumption, particularly unrecorded alcohol. Mr Jeremias Paul Jr. from WHO HQ talked about the role of fiscal policies in addressing illicit trade of alcoholic beverages. He emphasized that effective fiscal policies in respect of alcoholic beverages save lives, mobilize revenues, address health inequities, reduce health system burdens and costs, and target NCD risk factors for Sustainable Development Goals (SDGs) fulfilment.

Dr Jürgen Rehm, Senior Scientist, Centre for Addiction and Mental Health (CAMH), Toronto, Canada discussed the impact of alcohol taxation changes on unrecorded alcohol consumption based on current evidence and recommendations. He underscored that unrecorded alcohol consumption is a summary term for different categories of alcohol. It should be considered in the implementation of taxation and other policy changes. However, there is no automatism i.e., taxation increases do not cause increases in unrecorded consumption and the situation actually depends on a number of factors, most importantly, level of unrecorded consumption, normalization of unrecorded consumption and consumers (general population versus high-risk drinkers). He cautioned that, in any case, there are a number of countermeasures which should be implemented in conjunction with taxation changes. This was followed by country presentations on unrecorded alcohol use by Bhutan, Nepal and Bangladesh. Each of these countries made a small presentation on the current
situation of alcohol use and the major challenges and key opportunities in respect of the same. The key information shared by these countries fed into the group discussions held thereafter.

All the participants were divided into three groups (Group A: Implementing track and trace mechanism - learning from best practices; Group B: Evidence to action - identify evidence-informed measures to monitor and control illicit tobacco and alcohol trade and homebrew alcohol in the Region; and Group C: Research questions for the future). The details of the three groups are appended as Annexure 3.

Group A identified that none of the countries in the Region has implemented a track and tracing system for tobacco. However, Sri Lanka has implemented a track and tracing system for alcohol. In Sri Lanka, there are registered manufacturers and importers for alcohol. A proof sticker has been introduced, which is given to manufacturers or importers upon request by the Department of Excise. This sticker contains a separate QR code that allows any party to verify the authenticity of the product. An application was introduced, available for download from the Google Play Store or Apple Store, enabling any purchaser to check the authenticity. Additionally, a separate application was introduced for Excise Officers to check the product. The main issue discussed was how to address duplicates since a third party can manufacture the proof stickers with same QR codes. Then an idea was floated in the group on whether an online system could be introduced for manufacturers or importers to request stickers, which would prevent any duplicates from being created by the system. Regarding the tobacco industry, the main challenge is that only the manufacturers and importers are registered with the government. The distributors and retail sellers are not registered. Therefore, unlike in the case of alcohol, without identifying the registered distributors or retailers, only the consumer or the enforcing authorities could scan and identify the purported product. Another challenge is to implement the track and tracing regime for indigenous smoked tobacco products such as beedi which are highly unregulated. Even when licenses are given to manufacturers, they subcontract the production, and it is directly supplied to the retailer. To circumvent this, one solution may be mandatory licensing of manufacturers and distributors of these products subject to a maximum limit, with the direction that all beedi products should be sold through a licensed manufacturer and distributor. This may create an environment where there is a possibility to implement a sticker system for the indigenous smoked tobacco products as well.
Group B recommended that all the countries in the Region should become Parties to the Protocol to eliminate illicit trade in tobacco products. The experts iterated that the evidence-informed measures outlined in the various instruments of the Protocol and discussed during the Meeting of the Parties (MOP) biennially should be the way forward for the Region. It was emphasized that measures aimed at mitigating the illicit tobacco trade should be part of a larger tobacco control landscape, including countering tobacco industry interference (TII), prohibiting tobacco marketing targeted at youth and children, especially in respect of novel and emerging nicotine and tobacco products (NENTPs) such as electronic nicotine delivery products (ENDS) and heated tobacco products (HTPs), and provisioning quality tobacco cessation services. Likewise, in case of unrecorded alcohol, policy options aimed at curbing its use should be clubbed with implementation of comprehensive rehabilitation and reintegration programmes, community engagement and empowerment, strengthening enforcement of other relevant rules and regulations and countering promotion and advertisement of alcoholic beverages, as appropriate. The group observed that illicit trade is not only limited to smoked tobacco in the Region, but also extends to smokeless tobacco (ST). Additionally, illicit trade in NENTPs is an emerging challenge for the countries of the Region.

Group C delved into the research questions for the future in respect of illicit tobacco trade and unrecorded alcohol. In the case of illicit tobacco trade, future research needs to look into the magnitude and types of illicit tobacco trade by country and region, the economic costs of illicit tobacco trade, the health impact of illicit tobacco, impact evaluation of various interventions in reducing illicit tobacco trade, effectiveness of regional cooperation on illicit tobacco trade, and the effect of demand reduction strategies on illicit tobacco trade. For unrecorded alcohol, future research should be aimed at generating evidence around the magnitude and types of unrecorded alcohol by country and region, the economic costs of unrecorded alcohol use, impact of prices of beer or other alcoholic beverages on the extent of unrecorded alcohol use, disparity (by income and other socioeconomic indicators) in consumption (legally sold alcohol versus unrecorded alcohol), identifying policy loopholes in respect of unrecorded alcohol, identifying innovative or context-specific strategies to reduce unrecorded alcohol use and differential health risks associated with branded versus home-brewed alcohol. The group also identified a crosscutting research question - the impact of an effective track and trace mechanism in addressing illicit tobacco trade and unrecorded alcohol use.
Photo 8: A technical session underway on day two of the workshop

Photo 9: Group work (Group A-implementing track and trace mechanism) on day two of the workshop
Photo 10: Group work (Group B-evidence to action) on day two of the workshop

Photo 11: Group work (Group C-research questions for future) on day two of the workshop
Proceedings of Day Three (27th June 2024)

The day three proceedings started with two parallel tracks. The track one was on national quitlines and scope of establishing and expanding “integrated” quitlines. The experts participating in the track two pondered on how to establish a regional forum to address the challenges of illicit tobacco trade and unrecorded alcohol.

The opening session of track one started with a presentation from Dr Dongbo Fu, Medical Officer, TFI, WHO HQ. He shared the WHO’s position on the role of quitlines in tobacco cessation. National toll-free quitlines are one of the proposed cost-effective interventions in the updated Appendix 3 of the WHO Global NCD Action Plan (2013-2030). These are efficient means of delivering evidence-based tobacco cessation services. Quitlines offer confidential, personal and tailored support motivating and supporting quit attempts. Dr Jagdish Kaur from the SEA Regional Office of the WHO delivered a presentation on the current status of tobacco quitlines in the Region. She strongly felt that every country in the Region should strive to have a “functional” national tobacco quitline to meet the growing demand among smokers and smokeless tobacco users alike. For greater public health gains, it is important to explore the possibility of having integrated quitlines for tobacco, alcohol and substance use for a comprehensive solution to addiction. Thus, best practices regarding national quitlines and scope of establishing and expanding “integrated” quitlines need to be shared. In this regard, she noticed that Thailand is the torch-bearer in “integrated” quitlines in the Region. Challenges of including smokeless tobacco cessation and e-cigarette cessation services need to be addressed. Possibilities to integrate quitlines and mCessation need to be explored, specially in the context of delivering quality tobacco cessation services at the subnational levels.

This was followed by a panel discussion on sharing best practices regarding national quitlines and scope of establishing and expanding “integrated” quitlines. Dr Jintana Yunibhand, Director, Thailand National QuitLine shared how the learnings from tobacco quitline can support other areas including alcohol and substance abuse. She discussed various possibilities and challenges at the country level. Prof. Dr Raj Kumar, Director, Vallabhbhai Patel Chest Institute, India delivered a presentation on “Quitlines at national and subnational levels and challenges to have a comprehensive cessation support with integrated quitline/mCessation”. Dr Budi Raharjo from Indonesia reviewed the national quitline experience and shared the
action plan for strengthening cessation support in Indonesia. Dr Alan Ludowyke, Chairman, National Authority on Tobacco and Alcohol, Sri Lanka discussed how the quitline evolved over years in the country, including various challenges of including ST cessation. The panel discussion was followed by country presentations on national quitlines focused around current situation, future aspirations and desired support. The key information shared by the countries fed into the recommendations of the Regional workshop.

The experts participating in track two felt a strong need for a common forum or platform for the SEA Regional countries to “jointly” counter illicit tobacco trade and unrecorded alcohol at the country level. Participating countries shared their respective experiences and challenges. It was informed that RILO inputs are not uniformly implemented. Data sharing remains a limitation. It was advised that RILO can share country contact points for better collaboration and coordination. It was suggested to do a comprehensive mapping of the existing modalities being used/relied upon by the customs to avoid duplication and ensure more efficient use of existing resources. Greater technical cooperation is needed to leverage the existing platforms through RILO for access to data on a periodic basis by the countries. New modalities can be explored to inform WHO on a periodic basis regarding the quantum of illicit trade in tobacco, alcohol and substances using sub-categorization. It is imperative to collaborate with the United Nations Office on Drugs and Crime (UNODC), which can be taken forward by custom officers who enforce legal provisions. A dashboard was proposed to feed data on regular basis by authorized officials at country level, led by RILO. Information sharing among countries is vital and will support best practices implementation. It is essential to continue the discussion through online means and explore future meetings for follow up.

The second half of the day involved a field visit to the Thailand National Quitline, Bangkok. All the participants observed the working of the quitline. An onsite technical briefing was held by Dr Jintana Yunibhand, Director, Thailand National Quitline.
Photo 12: Track one (national quitlines and scope of establishing and expanding “integrated” quitlines) on day three of the workshop

Photo 12: Track two (open discussion on establishing a regional forum to address the challenges of illicit tobacco trade and unrecorded alcohol) on day three of the workshop
Photo 14: Delegates enroute to Thailand National Quitline, Bangkok

Photo 15: An onsite technical briefing by Dr Jintana Yunibhand, Director, Thailand National Quitline
Recommendations of the Regional Workshop

In line with the country presentations and the group discussions thereof, the following are the recommendations to address the issues of illicit tobacco trade, unrecorded alcohol consumption and expansion of national quitline services in the SEA Region:

❖ Consider being a Party to the Protocol to eliminate illicit trade in tobacco products (for the remaining countries in the Region; at present, only India and Sri Lanka are Parties to the Protocol) and thus, seek to secure the entire supply chain of tobacco products through a series of key evidence-informed measures to prevent, deter, detect, investigate and prosecute illicit tobacco trade;

❖ Tax all forms of tobacco optimally and equitably as an integral component of a comprehensive tobacco control strategy and simultaneously implement appropriate measures to strengthen customs and tax governance, administration and enforcement; evidence to date belies tobacco industry claims that taxes are the key driver for illicit trade;

❖ Forge greater collaboration and coordination among RILO, WHO, UNODC and countries of the Region on matters related to combating illicit tobacco trade and unrecorded alcohol use, including technical cooperation to leverage the existing platforms used by RILO for access to up-to-date data and information on a regular basis; comprehensive mapping of the existing modalities used by the customs authorities is desirable to avoid duplication and ensure more efficient and optimal use of available resources;

❖ Contemplate on creating a common forum for the SEA Regional countries to “jointly” counter illicit tobacco trade and unrecorded alcohol use at the country level, including designing a dashboard in collaboration with RILO AP to facilitate data and information sharing and best practices implementation; to this end, it is essential to continue the discussion through online and other possible platforms and explore organizing future meetings for follow up;

❖ Undertake operational research at the regional and country level to look into the magnitude and types of illicit tobacco trade by Region and country, the economic costs of illicit tobacco trade, the health impact of illicit tobacco, impact evaluation of various interventions in reducing illicit tobacco trade, effectiveness of regional cooperation on
illicit tobacco trade and the effect of tobacco demand reduction strategies on illicit tobacco trade;

❖ Generate evidence at the regional and country level around the magnitude and types of unrecorded alcohol use by Region and country, the economic costs of unrecorded alcohol use, impact of prices of beer or other alcoholic beverages on the extent of unrecorded alcohol use, disparity (by income and other socioeconomic indicators) in consumption (legally sold alcohol versus unrecorded alcohol), identifying policy loopholes in respect of unrecorded alcohol, identifying innovative or context-specific strategies to reduce unrecorded alcohol use and differential health risks associated with branded versus home-brewed alcohol;

❖ Remain vigilant against the threat of NENTPs such as ENDS, HTPs and nicotine pouches in the backdrop of aggressive marketing of these products by the tobacco industry targeted at children and adolescents, including in the context of illicit trade in these products;

❖ Establish a “functional” national toll-free tobacco quitline to meet the growing demand among smokers and smokeless tobacco users alike in countries which do not have a quitline at present; and

❖ Explore the possibility of having “integrated” quitlines for tobacco, alcohol and substance use for enhancing public health gains through a comprehensive approach to addiction; best regional and global practices regarding “establishing” and “expanding” national toll-free quitlines need to be prioritized for implementation.