

Implementation of 100% Smoke-Free Hospital in Thailand

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Background: The best way to protect non-smokers' health is to provide a smoke-free environment. Hospitals should be 100% smoke-free for the health of all patients and personnel.

Objective: To evaluate the 100% smoke-free hospital development plan for 2007-2009.

Material and Method: The present study conducted a cross-sectional, descriptive research from May to September 2009. Questionnaires on the 100% smoke-free hospital policy implementation were distributed to 1,040 hospitals, surveying the operational policy, environmental aspect, community activities, cessation service, and research aspects.

Results: During 5-month period, 676 out of 1,040 distributed questionnaires were answered, representing 1,159 Thai hospitals at $95 \pm 3\%$ confidence level. 86.4% of Thai hospitals became 100% smoke-free with announced local smoking policy, smoking cessation program, put up smoking free policy signs, organized smoking related activities, organized the global non-smoking day activities, set up smoking cessation clinic in the hospital, and encouraged staff to quit smoking. Out of 12 aspects, only four are implemented in less than 80% of the hospitals, setting up the working team, identifying smokers among patients, fining smokers in the hospitals, and researching. In order to be a 100% smoke-free hospital, both the staffs and inpatients must strictly refrain from smoking. Smoking staff were also encouraged to quit smoking in 95.7% of the hospitals. However, only 53.4% of the Thai hospitals provided smoking cessation service to inpatients.

Conclusion: 86.4% of Thai hospitals have become 100% smoke-free. For more effective hospital operation, TPAAT should set the standard for 100% smoke-free hospitals, presenting the Best Practice hospital, setting protocol in smoking cessation, protocol of fining smokers in the hospitals, and arranging academic conferences.

Keywords: 100% smoke-free hospital, Cessation service, Smoke-free environment

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In 2006, 95.5% of the Thai hospitals were smoke-free with a smoking area outside the building premises⁽¹⁾, in accordance with the Non-Smokers' Protection Act 1998⁽²⁾. In 2007, WHO has announced the best environment for healthy population is the Smoke-free Environment, or Smoke-free Air⁽³⁾. Thai Physician Alliance Against Tobacco (TPAAT) set up a development plan for Thai hospitals to be 100% smoke-free and has implemented the plan since 2007, aiming that the hospital could act as the role model of a smoke-free environment and centre of a non-smoking community in Thailand.

Objective

To evaluate the 100% smoke-free hospital development plan for 2007-2009.

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Material and Method

Between May and September 2009, questionnaires were distributed to 1,040 hospitals in the TPAAT network, surveying local policy issues, environmental aspect, community activities, smoking cessation, and research. The questionnaires also included comments on problems and support for the 100% smoke-free hospital program.

Results

Within five months, 676 out of 1,040 hospitals filled in the questionnaires, representing 1,159 Thai hospitals at $95 \pm 3\%$ confidence level. 90.4% were registered with the Ministry of Public Health, while 44.2% were 30-bed community hospitals.

Operational policy

84.5% of the hospitals had a clear smoking-related policy. 93.2% had smoking cessation programs. 77.7% had set up working committees and 86.4%

had publicly announced that they were 100% smoke-free hospitals (Table 1). 24.6% of the multi-disciplinary team did not realize the significance of the smoke-free hospital program due to the unclear policy, discontinuous activities, the lack of monitoring and evaluation (Table 2). 4.1% of the Thai hospitals expected the Ministry of Public Health to focus more on smoking policy with follow-up on the Ministry's progress (Table 3).

Environmental aspect

84.3% of the hospitals publicly displayed no-smoking policies announcement, while 37.3% of the hospitals fined smokers within the hospital premises (Table 1). However, 12% of the hospitals still lacked the penalty for smokers who did not act according to the smoke-free policies (Table 2).

Community activities

83.9% of the Thai hospitals arranged smoking-related activities, while 88.9% arranged Global Non-Smoking Day activities (Table 1). Nevertheless, 19.2% of the hospitals failed to promote the downside of smoking and treating smokers by changing behaviors (Table 2).

38% of the hospitals needed brochures, papers or textbooks about diseases related to tobacco to educate or communicate with people and a multidisciplinary team on smoking, and 3.3% of the hospitals wished for continuous public (advertise) relations on the downside of smoking, both locally and nationally (Table 3).

Cessation service

An evaluation was arranged on three topics. Encouraging health personal to quit smoking. 95.7% of the Thai hospitals surveyed for smoking personnel especially physicians (Table 1), 2.4% of the Thai physicians smoked. 8.6% thought that smoking health personnel issue was one of the major obstacles for 100% smoke-free hospitals (Table 2). Furthermore, 8.3% of the hospitals wished for their physicians to become leaders in all smoking policies, to be educated about tobacco control and treat tobacco dependence effectively (Table 3).

Identifying and treating smoking patients in the hospitals' own health care system for 62.4% of the Thai hospitals (Table 1).

Maintaining a smoking cessation clinic for 82.1% of the Thai hospitals. 58.4% of the clinics were

Table 1. Operational aspect in smoke-free hospitals program

Operation	Yes		No		N/A	
	Number	%	Number	%	Number	%
I. Operational policy						
1. Local smoking policy	571	84.5	105	15.5		
2. Smoking cessation project	630	93.2	44	6.5	2	0.3
3. Setting up the working team	525	77.7	144	21.3		
4. 100% smoke-free hospital	584	86.4	17	2.5	2	0.3
Smoke-free hospital with smoking area outside the building	73	10.8				
II. Environmental aspect						
5. Put up smoke-free policy sign	570	84.3	97	14.3	9	1.3
6. Fining smokers in the hospital	252	37.3	410	60.7	14	2.0
III. Community activities						
7. Organized smoking related activities	567	83.9	98	14.5	11	6.6
8. Organized the global non-smoking day activities	601	88.9	69	10.2	6	0.9
IV. Cessation service						
9. Encouraged staffs to quit smoking	647	95.7	22	3.3	7	1.0
10. Identifying smokers among patients	422	62.4	112	16.6	142	21.0
11. Set up cessation clinic	555	82.1	110	16.3	11	1.6
Open every public working day	395	58.4				
Cessation service for outpatients and inpatients	367	54.3				
Medication treatment for cessation	381	56.4				
V. Research						
12. Researching	113	16.7	551	81.5	12	1.8

Table 2. Obstacles in 100% smoke-free hospital program

Obstacles	Number	%
I. Operational policy		
1. Unclear policy or low support for the policy	167	24.6
II. Environmental aspect		
2. No penalty for smokers within the hospital premises	81	12.0
III. Community activities		
3. Low awareness on the downside of smoking and treatments	130	19.2
IV. Cessation service		
4. Health personals smoked	58	8.6
5. Knowledge and skills in smoking cessation problem	139	20.6
6. Others, for example, language problem, inter-department cooperation problem	14	2.0

Table 3. Supports needed in smoke-free hospital program

Obstacles	Number	%
I. Operational policy		
1. More emphasis on smoking-related policies by the Ministry of Public Health	28	4.1
II. Community activities		
2. Promotional media in the hospitals	257	38.0
3. Public relation campaign, both locally and nationwide	22	3.3
III. Cessation service		
4. Educated physicians leading the team	56	8.3
5. Academic knowledge, lecturers, academic conferences	216	31.9
6. Smoking cessation medication	81	12.0
7. Budget for research, medication, overtime payments	85	12.5
8. Encouragements for continuous development, for example, Best Practice hospital awards	9	1.3

open on every public working day, while 54.3% of which provided smoking cessation services for both inpatients and outpatients. 56.4% of the hospitals were with smoking cessation medication service (Table 1). However, it was found that the lack of knowledge and skill in smoking cessation services lead to problems for 20.6% of the hospitals, with two percent language problem around the border area (Table 2). 31.9% of the hospital wished for support in academically, both in terms of lecturers and smoking-related conferences. 12% of the hospitals needed support on cessation medication, while 12.5% of the hospitals struggled on budget (Table 3). This included encouragements such as Best Practice Award for smoke-free hospitals and Best Research Awards.

Research on smoking

Only 16.7% of the Thai hospitals conducted research on smoking (Table 1).

Discussion

Within three years, TPAAT had transformed 86.4% of the Thai hospitals into 100% smoke-free hospitals. Only four of 12 aspects are implemented in less than 80%. Those were setting up the working team, identifying smokers among patients, fining smokers in the hospitals and researching. To develop more efficiency in implementing policies and achieving the 100% smoke-free hospital goal, TPPAT should set up the standard for 100% smoke-free hospitals, including setting up the working committee and system of identifying smokers among patients. With the support and monitoring of Ministry of the Public Health on this program, continuous and sustainable quality improvements are expected.

In order for the hospital to become 100% smoke-free, hospital staff and patients must not be smoking within the hospital premises. Smoking medical personnel had been encouraged to quit smoking. 2.4% of the Thai physicians smoked,

less⁽⁵⁾ and now, Thailand has a lower smoking rate compared to Sweden⁽⁶⁾, China⁽⁷⁾, Poland⁽⁸⁾ and Canada⁽⁹⁾. Identifying and treating smoking patients has been done in only half of the Thai hospitals due to the unavailability of smoking cessation medication in the health insurance system⁽¹⁰⁾ and the lack of knowledge and skills in smoking cessation services. The solutions to these problems lie on setting up smoking cessation treatment guidelines, including smoking cessation medication into the health insurance system, presenting Best Practice hospital as role models⁽¹¹⁾, arranging regional academic conferences, educating on smoking for the medical students and setting up a residency training program and other health professionals^(12,13).

In addition, sending messages on the downside of smoking through knowledge sharing sessions and public relations on the media, are as important as the effective smoking cessation services in hospitals. 100% smoke-free hospitals should be the role model for achieving ultimate goals on smoke-free households and communities. Furthermore, standardized fining protocols for those smoking within the hospitals premises should be established, together with raising awareness on the downside of smoking for further impacts.

Finally, more research should be encouraged by TPAAT through research funding, arranging more academic conferences for presenting research results, and presenting more awards, both locally and nationally.

Conclusion

86.4% of Thai hospitals have become 100% smoke-free. For more effective hospital operation, TPAAT should set the standard for 100% smoke-free hospitals, protocol of fining smokers in the hospitals, and the standard for smoking cessation clinics. For quality development, smoking cessation medication should be widely available. Furthermore, granting Best Practice hospital awards and Best Research awards would be seen as encouragement.

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โรงพยาบาลปลอดบุหรี่ 100% ในประเทศไทย

จันทนา วิธวาศิริ, สมศรี เผ่าสวัสดิ์

ภูมิหลัง: การคุ้มครองสุขภาพผู้ไม่สูบบุหรี่ที่ได้ผลดีที่สุด คือการจัดสิ่งแวดล้อมให้ปลอดบุหรี่ โรงพยาบาลเป็นสถานที่ดูแลรักษาผู้ป่วยทุกเพศทุกวัยจึงควรจัดให้เป็นสถานที่ปลอดบุหรี่ 100% เพื่อคุ้มครองสุขภาพของทุกคนในโรงพยาบาล

วัตถุประสงค์: เพื่อประเมินผลแผนพัฒนาโรงพยาบาลในประเทศไทยให้เป็นโรงพยาบาลปลอดบุหรี่ 100% พ.ศ. 2550-2552

วัสดุและวิธีการ: ศึกษาเชิงพรรณนาแบบตัดขวาง โดยใช้แบบสอบถามโรงพยาบาล 1,040 แห่ง เกี่ยวกับการดำเนินงานโรงพยาบาลปลอดบุหรี่ 100% ด้านนโยบาย ด้านสิ่งแวดล้อม ด้านกิจกรรมชุมชน ด้านบริการเลิกบุหรี่ และด้านการศึกษาวิจัยในระหว่างเดือน พฤษภาคม-กันยายน พ.ศ. 2552

ผลการศึกษา: ระยะเวลา 5 เดือน ได้รับแบบสอบถามกลับ 676 ฉบับ จากโรงพยาบาล 1,040 แห่ง สามารถใช้เป็นตัวแทน 1,159 โรงพยาบาล ในประเทศไทยได้ที่ระดับความเชื่อมั่น $95 \pm 3\%$ พบว่าช่วงระยะ 3 ปี ร้อยละ 86.4 ของโรงพยาบาลในประเทศไทยจัดเป็นโรงพยาบาลปลอดบุหรี่ 100% มีนโยบายเรื่องบุหรี่ประกาศโดยผู้อำนวยการโรงพยาบาล มีโครงการลด เลิก บุหรี่ มีการติดป้ายประกาศนโยบายของโรงพยาบาล มีกิจกรรมเกี่ยวกับบุหรี่ในชุมชน มีกิจกรรมวันงดสูบบุหรี่โลก มีคลินิกเลิกบุหรี่ในโรงพยาบาล และมีการสนับสนุนให้เจ้าหน้าที่โรงพยาบาลเลิกบุหรี่ ดำเนินการครอบคลุมกว่าร้อยละ 80 ของโรงพยาบาลในประเทศไทย เพียง 4 ประการ ได้แก่ การแต่งตั้งคณะกรรมการทำงานเรื่องบุหรี่ การลงโทษปรับผู้ฝ่าฝืนสูบบุหรี่ในเขตโรงพยาบาล ระบบการค้นหาผู้ป่วยที่ใช้บริการของโรงพยาบาล และการศึกษาวิจัยเรื่องบุรี่ยังมีการดำเนินการเฉพาะบางโรงพยาบาลไม่ครอบคลุมทั่วประเทศ การที่โรงพยาบาลจะปลอดบุหรี่ได้จริง เจ้าหน้าที่โรงพยาบาลและผู้ช่วยในของโรงพยาบาลจะต้องไม่สูบบุหรี่ โรงพยาบาลในประเทศไทยร้อยละ 95.7 มีการสำรวจค้นหาเจ้าหน้าที่ที่สูบบุหรี่ และสนับสนุนให้เลิกบุหรี่แต่มีระบบการเลิกบุหรี่ให้ผู้ป่วยในเพียงร้อยละ 54.3 เท่านั้น

สรุป: ร้อยละ 86.4 ของโรงพยาบาลในประเทศไทยเป็นโรงพยาบาลปลอดบุหรี่ 100% และมีการดำเนินการครบถ้วนครอบคลุมอยู่ในเกณฑ์ดี ส่วนที่ยังมีการดำเนินการไม่ครบถ้วนสามารถพัฒนาได้โดยการกำหนดมาตรฐานการดำเนินงานโรงพยาบาลปลอดบุหรี่ 100% การนำเสนอของโรงพยาบาลต้นแบบที่ดี จัดทำแนวปฏิบัติการรักษาโรคติดบุหรี่แนวทางการลงโทษผู้ฝ่าฝืนสูบบุหรี่ในเขตโรงพยาบาล รวมถึงการจัดประชุมวิชาการในระดับต่าง ๆ