

**Statement by Minister of Health**  
**MRC School-based Tobacco Control Study**  
Cape Town  
21 November 2007

It is with both excitement and humility that I stand here to celebrate our progress in developing a comprehensive tobacco control program for South Africa, particularly our young. Tobacco use remains the single most preventable cause of morbidity and mortality in South Africa and the world. It is a leading cause of chronic disease such as cardiovascular diseases, diabetes, strokes as well as cancer.

Since the advent of democracy in 1994, the South African government has taken a proactive role to promote the health of our citizens. Our government has undertaken numerous initiatives at international and country level to promote the health and well being of young people in particular.

For example, we have signed the World Summit Declaration, ratified the Convention on the Rights of the Child, and the Framework Convention for Tobacco Control (FCTC).

At a country level, the National Plan of Action for Children is a further illustration of existing commitments to improving the health of South African youth. Our legislative efforts with regard to tobacco control started with amendments to the Tobacco Products Control Act. These amendments focused on three areas which are:

- Regulation of smoking in public places;
- Prohibition of sales to children under the age of 16; and
- Regulation of advertising of tobacco products including labelling

The Tobacco Products Control Amendment Act banned all advertising and promotion of tobacco products including sponsorship and free distribution. It stipulated penalties for transgression of the law and specified the maximum permissible levels of tar and nicotine in tobacco products.

In addition, the Ministry of Health worked together with the Ministries of Trade and Industry and of Finance to raise excise duties on tobacco; with a target being to reach 50% of the cost of a pack of cigarettes by the year 2000. I am glad to say that we achieved and exceeded this target.

The Tobacco Products Control Amendment bill seeks to introduce

- Restrictions of smoking in outdoor public places
- Prohibited indirect advertising including sponsorships of programmes, projects, bursaries and scholarships
- Directed the removal of tobacco from the general view of the public at the point of sale
- Prohibited the use of words such as “light” and “low tar”
- Increased the age of sale to minors from 16 to 18 years of age
- Increased the penalties for transgressing certain laws from R500 to R50 000

The bill also seek to prohibit smoking in a car with a child under the age of 12 years and give the Minister a discretion on the definition of tobacco products (including ‘smokeless tobacco’ such as ‘snus’).

South Africa has installed world-class surveillance systems of youth smoking and other health behaviours through our Youth Risk Behaviour Survey and Global Youth Tobacco Surveys. We are about to conduct the Youth Risk Behaviour Survey for the second time. The results from these studies are used to inform policy programme development and implementation.

The intervention study presented today represents one compelling way in which our surveillance programs have led to the development of interventions.

Despite these impressive Macro level efforts, which have helped reduce the rate of smoking throughout South Africa, the challenges still remain. There are several demographic and socioeconomic trends that portend an increase in smoking in some sections of our population as indicated in the presentation.

We have to ensure that whatever economic progress that our people are making is not linked in anyway with health risk behaviour like smoking. The increased in disposable income should be used to improve the overall wellbeing of individuals and their families and not to buy cigarettes.

Legislation is just but one component of a comprehensive tobacco control policy. Health and public education are also urgently needed. And tobacco control is but one component of a comprehensive health education programme.

This study presented today has demonstrated the capacity of South African scientists and educators to develop a state-of-the-art and truly South African curriculum. The research

team developed not one, but two distinct type of prevention curricula. This project has contributed not only to our own health and educational welfare, but to the international science of tobacco and substance use control.

The two curricula each resulted in a 50% reduction in tobacco use. Considering the impact of smoking behaviour on the later onset of chronic diseases, such education if it is expanded could significantly reduce the prevalence of smoking and its health consequences.

As the two curricula had differential impact by gender and race, the results point to the need for culturally and gender appropriate health education. Although the initial programmed targeted cigarette and other drug use, many of the basic intellectual and social skills addressed in these curricula may also be applicable to the promotion and responsible sexual behaviour as well as to nutritional issues, cancer prevention and prevention of heart disease.

Our next step is to determine how best to disseminate these programmes. We will need to collaborate with our colleagues in the Department of Education and the MRC.

We have some important decisions to make such as:

- Whether we should combine the two programs or offer them separately to schools?
- How best to train and support educators to use them?
- How best to integrate them into other health topics?

We commend the scientists from the MRC and the USA as well as the South African Departments of Health and Education on this groundbreaking work. We are certain that the results will inform the policies of the Department of Education on health education around smoking and substance use; as well as provide direction for future research and practice in the design and testing of other health programmes in our schools.

Thank you