



HEALTHbeat

ISSN 0118-4253

The Official Publication of the DEPARTMENT OF HEALTH
Issue No. 69

March - April 2012



Kuh Ledesma and Isabella

Melody for Health

Honorable Legislators...
Please Pass
The Abaya
Sin Tax Bill

Weeeh... Hindi Nga?!?
Tobacco-Free
Metro Manila
Film Festival

The Winners Are...
Outstanding
Healthy Lifestyle
Advocacy Awards



PANGIT MAG YOSI

ang **PANINIGARILYO** ay nagdudulot ng:

- Mabahong hininga, buhok at damit • Pagkasira o pagkabulok ng ngipin
- Paninilaw ng ngipin, daliri at kuko • Kawalang sensitibo sa panlasa at pang-amoy
- Mabilis na pagtanda at pangungulubot ng balat sa mukha
- Paghingal at madaling pagkapagod • Mga problemang sekswal, tulad ng pagbaba ng bilang ng itlog (ova) ng babae at pagiging abnormal ng laki, dami o bilis kumilos ng punla (sperm) ng lalaki.



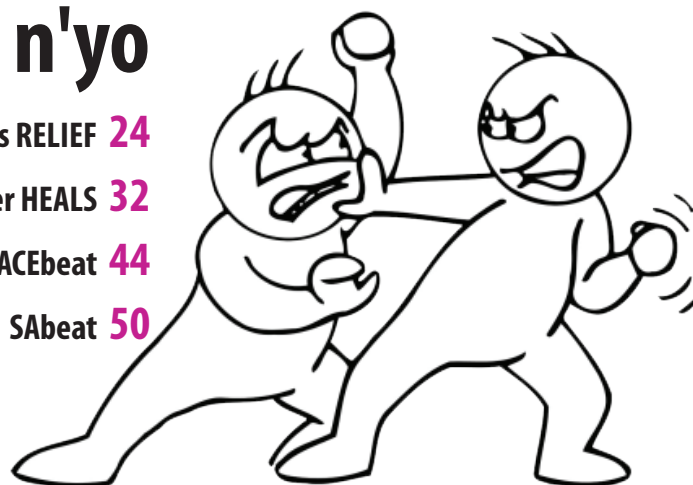
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Legislators, Please...

Legislators. They are the politicians elected by the people to write and pass laws that would commit to the common good. In a political system that recognizes the theory of the separation of powers, legislators are different individuals from the members of the executive and the judiciary.

We are currently witnessing how the members of the House of Representatives file an impeachment suit against Chief Justice Renato Corona and how the members of the Senate serve as judges in the trial. If this political exercise has become a media spectacular which has turned into a soap opera or even a comedy of manners, we cannot put the blame on our legislators. Let us not forget that we live in a society with a culture that everything, including the impeachment trial, is "more fun in the Philippines!"

Last February, Congressman Aurelio Gonzales Jr. has filed a House Resolution formalizing the appeal that seeks to put an end to the negative image of congressmen as seen in movies and television shows. He said the bad portrayals have been unfair and have only tainted the names of House members. Following this line, we can hope that legislators too would put a stop in showing tobacco use in all forms of media that would entice the youth to smoking.

Legislations can reverse the tobacco epidemic. Aside from the ban on advertising, promotion and sponsorship of tobacco products, laws are also needed to effect smokefree public places to protect the public from exposure to secondhand smoke; putting graphic health warnings on cigarette packs to encourage smokers to quit; and taxation to increase the price of tobacco products.

Taxation is the single most effective way to reduce tobacco consumption, that is why the Department of Health needs our legislators to pass House Bill No. 5727, penned by Cavite Representative Joseph Emilio Abaya. This is the most fitting among the 12 pending measures in Congress seeking to restructure the excise tax on alcohol and tobacco products. It moves from a multi-tiered tax structure to a unitary tax system, indexes taxes to inflation and dedicates taxes to alternative livelihood for tobacco farmers and universal health coverage in PhilHealth and to enhance the nation's health care system by upgrading government health facilities to provide better health services.

Honorable Legislators, please pass the necessary tobacco control laws that would protect the health of the youth and the majority of the population who are non-smokers. This common good is in your hands!

— The Editors

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Pop Diva Kuh Ledesma (right) and daughter Isabella (right) sing the DOH safe motherhood jingle, "Sa Health Center, Suportado Ka. Punta Na!" (Photo by Paking Repelente)

Melody for Health

The Department of Health is intensifying its effort to reduce maternal and child mortality as part of its commitment to achieve Millennium Development Goals 4 and 5 and **Kalusugan Pangkalahatan** (Universal Health Care). Together with the Local Government Units (LGUs) of Eastern Visayas and the Japan International Cooperation Agency (JICA), the DOH is stepping up the Strengthening Maternal and Child Health Services Project which seeks to enhance the capacities of health centers in the Eastern Visayas in delivering maternal and child health (MCH) services.

JICA, a governmental agency

of Japan, administers Japan's Official Development Assistance (ODA) programs in the form of technical cooperation, grant aid and loan. There are about 100 JICA overseas offices (including the Philippines). Today, it is advancing its activities around the pillars of a field-oriented approach and human security, with emphasis on effectiveness, efficiency, and speed. JICA's vision of "inclusive development" represents an approach to development that encourages all people to recognize the development issues they themselves face, participate in addressing them, and enjoy the fruits of such endeavors.

In particular, the JICA-supported

MCH Project aims to provide assistance through provision of essential medical equipment, capacity building of health service providers, institutionalization of the Community Health Teams (CHTs), and strengthening of partnerships among local stakeholders for increased support for improved MCH services.

Now on its second year, the Project has been received well. A gradual increase in use of MCH services at these health facilities has been observed and this contributed largely in making pregnancy and childbirth in Eastern Visayas safer. With the National Safe Motherhood Program now in full

"Sa Health Center, Suportado Ka. Punta Na!"

Chorus

Kuh: **Sa Health Center**

Isabella: **Punta na...**

Kuh: **Panganganak mo'y sigurado**

Isabella: **Sa Health Center**

Kuh: **Punta na...**

Isabella: **Ika'y ligtas at protektado.**

Verse 1

Kuh: **Pagmalaman mong ika'y buntis magpa-check up kaagad sa Health Center**

Isabella: **Nang apat na beses bago magsilang para kumplikasyon ay maiwasan.**

Repeat Chorus

Verse 2

Kuh: **Pagkatapos mong manganak punta na uli sa health center**

Isabella: **Para makasiguro at mapanatili ang kalusugan mo at ni baby.**

Repeat Chorus

Together: **Kaya laging tandaan
Sa Health Center,
Suportado ka!
Punta Na!**

implementation, the DOH is just like the excited "expecting parents" waiting for their baby project to be fully delivered.

"Sa Health Center, Suportado Ka" is the key message of the DOH's new radio jingle to promote its national safe motherhood program. Originally produced in Eastern Visayas, the song encourages pregnant women to visit health centers to avail of pre-natal care consultations, worry-free delivery and postpartum care with the support of the CHTs.

Pre-natal visits have been shown to reduce the risk of maternal deaths and to improve over-all maternal and child health. Now that health centers are equipped with the proper equipment and are manned by competent health workers, Filipino mothers and their babies will be provided quality health in these facilities, true to the promise of the jingle, "Sa Health Center, Suportado Ka. Punta Na!"

Pop Diva Kuh Ledesma and her daughter Isabella lent their talents to give the soul to the DOH Maternal and Child

Health radio jingle – a song that delivers a message of passion and love.

Kuh, known for her rendition of "Ako ay Pilipino" among others, is not just a singer but is a person with a golden heart. Unknown to many, she is an advocate in uplifting the lives of underprivileged children. She is currently raising funds to set-up libraries and church buildings which will benefit several communities in Cavite.

Isabella, meanwhile is a young lady with a lot of promise. Not only did she get her mother's looks, she also got her mother's musical talent and her compassion. She uses her talents in singing and acting to share messages of life and love to many people.

It is just fitting that the mother and daughter tandem of Kuh and Isabella sing this song which encourages mothers to seek proper health care in health centers so they can be assured of the support they need for their health and the health of their families.

- o O o -



The "Pomelo Squad" of the DOH National Center for Health Promotion poses with Kuh and Isabella during the media launch of the jingle.



Governor Esmail Toto Mangudadatu (right) gives vitamin A drops to a child. Assisting him are DOH ARMM Secretary Kadil Sinolinding (left) and Provincial Health Officer I Dr. Elizabeth Sumama. (©USAID/HealthPRO/Nancy Pizarro/2011)

First Person Account: **Our Own Journey to Good Health**

by

DR. ELIZABETH SUMAMA

Maguindanao Provincial Health Office

Little did I know that the beads of sweat on our foreheads would form ripples of change in our beloved province of Maguindanao.

When we first heard about the Department of Health's Lakbay Buhay Kalusugan, we really got nervous. It was an undertaking that we thought we could not do in Maguindanao.

I thought that it was a tall order.

Bring a mobile bus to a disadvantaged community and deliver health services and information to as many mothers, fathers, and children as possible. Impossible! I first said to myself.

Dr. Kadil Sinolinding Jr, our DOH ARMM secretary, and Dr. Tahir B. Sulaik, Maguindanao Provincial Health Officer II, guided us and convinced us that LBK can be done in Maguindanao. We presented LBK to

our Governor Toto Mangudadatu. He quickly approved it saying that health is a big priority for his administration.

Thus began our own LBK journey. It was difficult at first. We had to meet with different partners to get their support. We went to the town of Buluan, spoke to Mayor Datu Ibrahim Mangudadatu, and got his approval to host LBK.

On October 10, 2011, the colorful

bus came and our own health fiesta started. It was tiring but we did not mind the hardship because we saw so many mothers, fathers, and their children enjoying and participating. We never imagined that we would be able to serve 3,740 people, including 361 pregnant women and 722 children in just two days.

Through the collective efforts and participative support of all major stakeholders, we have made an impossibility into a very wonderful and promising health promotion caravan.

But I did not expect that our LBK journey would continue. Our local leaders, mindful of the lack of adequate information and education as one of the one major factors that prevent access to available health services, appreciated LBK so much that they decided to launch our local version of LBK. We called it the SLAM Mobile Health Festival. SLAM stands for the Southern Liguasan Alliance of Municipalities. The alliance is composed of other towns like Datu Paglas, Paglat, General Salipada K. Pendatun, Sultan sa Barongis, and Pagalungan. The honorable mayors of these towns joined hands and agreed to bring the LBK health caravan to different communities.

On February 23, we made our first stop in Datu Paglas where more than 1,000 fathers, mothers, and children participated in fun activities and health classes. Other health services like dental care, circumcision and minor surgery, handwashing program, reflexology and even free haircuts were added to the roster of activities.

The SLAM mayors also agreed to customize a mobile vehicle that would serve as the SLAM LBK vehicle.

For a health professional like me, it was very heart-warming to hear local leaders pledge their support to our health programs. Mayor Mohammad Paglas said it so fittingly, "We could not achieve optimal

health for our people without the heroic efforts of our unsung heroes – our health workers."

To my team: Municipal Health Officers Dr. Renalyn Masukat and Dr. Tina Almirante, our public health nurses, midwives, and barangay health workers, I say it was a job well done.

To the DOH and development partners like the US Agency for International Development (USAID), thank you for putting your trust in us.

Yes, we were in the midst of all

the action of LBK. But we also could not do it if not for the generous support of our other partners. Together, we made ripples of change because we all wanted the same thing – provide universal access to quality health care to all people of Maguindanao.

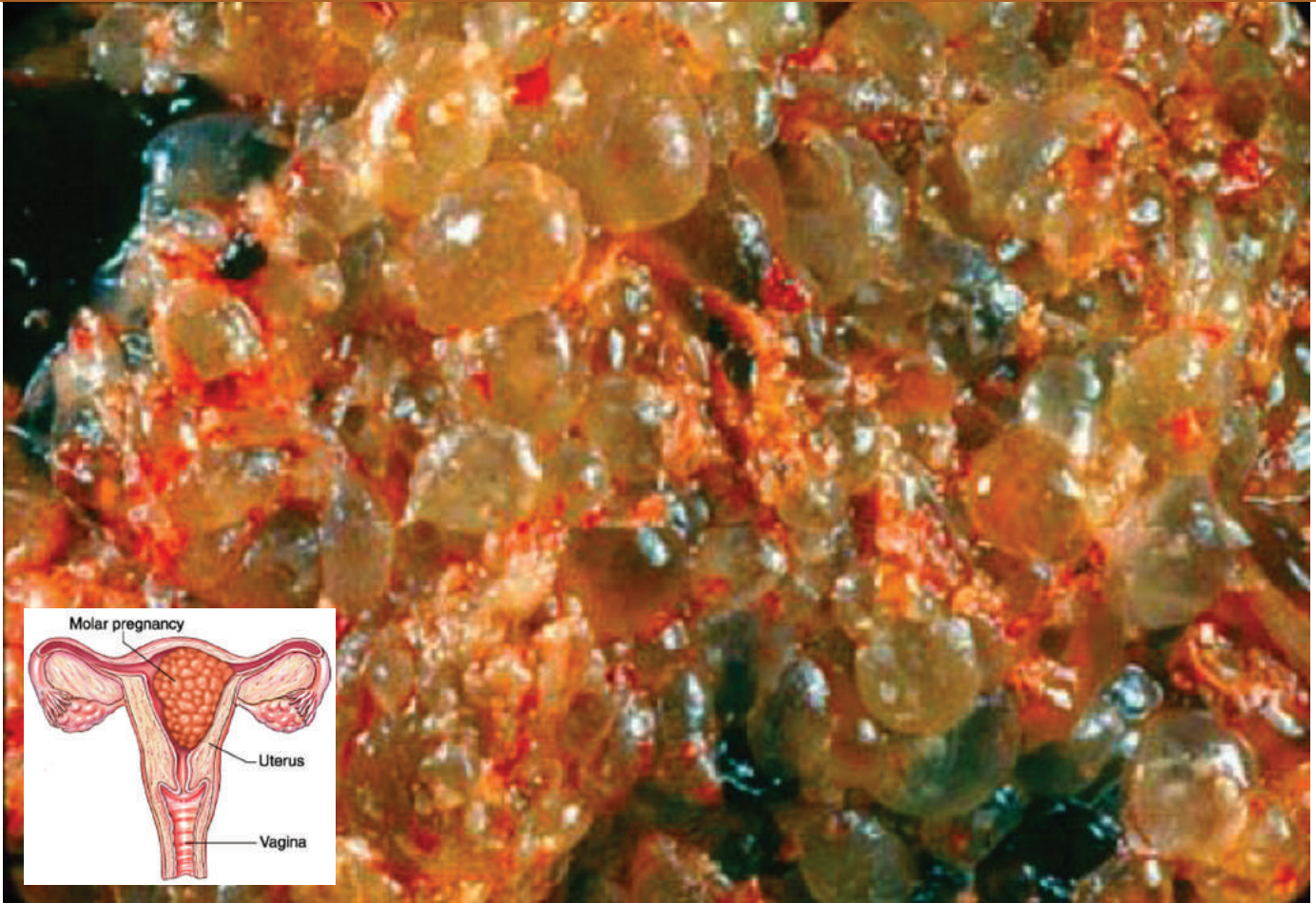
Our journey has just started. It's still a long way to go for us. But it's a trip we will gladly take and remember.

And LBK's message is heard so clearly in Maguindanao. *"Walang iwanan sa biyaheng kalusugan!"*

- o o o -



TOP: "Beads of sweat form ripples of change." Dr. Elizabeth Samama (left) presents the Maguindanao LBK experience at a lessons learned meeting in December 2011. **BOTTOM:** Pregnant women line up for their pre-natal check up at the LBK bus. (©USAID/HealthPRO/Nancy Pizarro/2011)



MOLAR PREGNANCY where a fertilized egg does not develop into a pregnancy but instead grows and forms into a bunch of grape-like shapes. Photo grabbed from <pathwiki.pbworks.com> and inset illustration grabbed from < www.mdguidelines.com>.

Molar Pregnancy

by

GLEN S. RAMOS

HEALTHbeat Staff

Pregnancy is almost always a happy event in a woman's life, but it is not without risks. One of the uncommon and very frightening complication of pregnancy is molar pregnancy or in its formal medical term, hydatidiform mole. This happens when a fertilized egg does not develop into a pregnancy, instead, it grows and forms into a bunch of grape-like shapes.

Molar pregnancy is one of a group of conditions called gestational trophoblastic tumors. Even though they are called tumors, they are usually not cancerous. They may spread through the womb, but can be cured. Only 1 out of 1,000 develops into cancer.

Dr. Abigail Baret, an Obstetrician-Gynecologist and a resident physician at Talon General Hospital (TGH), one of the

premier 50-bed tertiary level referral hospital based in the City of Tarlac, describes molar pregnancy as a defect of the fertilization process. She said the egg released by the ovary is entirely devoid of DNA, or what is also called as "empty egg." The chromosomes in a normal pregnancy is 46. A fertilized egg has 23 chromosomes from the mother and 23 from the father. In

a molar pregnancy, the wrong number of x and y chromosomes come together which results in abnormalities in cells that grow to form the placenta. The two chromosomes in the fertilized egg (i.e. molar chromosomes) directly come from the male only. The significant abnormality of this clinical condition is that the molar chromosomes are entirely derived from the father. Its cause is still unknown.

Baret identified two distinct types of molar pregnancy – complete and partial. In a complete molar pregnancy, the fertilized egg has no chromosomes from the mother and the chromosomes from the father's sperm are duplicated (meaning, there are two copies of chromosomes from the father). In this condition, it is not possible for an embryo, amniotic sac and normal placenta to develop but instead the placenta forms a mass of cysts that looks like a cluster

of grapes that can be seen through an ultrasound scan. In partial molar pregnancy, the fertilized egg has 23 chromosomes from the mother but a duplicated set from the father (there are a total of 69 chromosomes instead of the normal 46 and this can happen when chromosomes from the sperm are copied or when two sperm fertilize the same egg).

A complete molar pregnancy can be detected by using an ultrasound scan during the early stage of pregnancy. The levels of the hormone, human chorionic gonadotrophin (hCG) and also known as the “pregnancy hormone,” will be much higher than normal. Measuring the hCG level with a blood test is one way of finding out if the woman has a complete molar pregnancy. Levels can first be detected by a blood test about 11 days after conception and about 12 - 14 days after conception by a urine test.

In general the hCG levels will double every 72 hours. The level will reach its peak in the first 8 - 11 weeks of pregnancy and then will decline and level off for the remainder of the pregnancy.

Partial molar pregnancy is more difficult to detect, especially if it has not been seen on a scan. If the pregnancy ends naturally before a scan, i.e. miscarriage, the woman may opt to have a test to verify whether it was a partial molar pregnancy. Samples of the miscarried tissues will be analyzed to make sure the right treatment will be provided.

Baret explained that in a case of a molar pregnancy, all the usual pregnancy symptoms will be experienced. The woman will feel severe nausea and vomiting (hyperemesis), her belly may swell up due to the growing placenta,

making the uterus to expand. The developing placenta pushes up the levels of the hCG, which makes her so nauseous.

“But actually, it is not the embryo that is growing but the neoplasm which is replacing the true embryo. This will eventually turn into a tumor and which should immediately be removed,” she confirmed.

Bleeding during a molar pregnancy may also occur and it may vary. It could be bright red or dark brown, continuous or patchy, and light or heavy and it could start as early as six weeks into the pregnancy or as late as 16 weeks. Although bleeding is common in the early stage of pregnancy, it is essential to visit the doctor to ascertain the cause of the bleeding.

The occurrence of molar pregnancy is highest in teenage pregnancies, among women over 40 years old, those with history of molar pregnancies (especially two or more), those with history of miscarriage and those with vitamin A deficiency (especially betacarotene).

In the United States, molar pregnancy occurs in one out 1,500 pregnancies while the United Kingdom registers one in every 1,000. But in Asian women, they are twice as common and the reason is yet to be discovered. In one of her researches, Baret found that two out of 80 pregnancies in the Philippines are molar pregnancies, which is the highest rate of occurrence worldwide. The distinct marked geographical and ethnic variations in the prevalence of this condition are also very common in China, Indonesia, Japan, India, Africa and Latin America. There is no definite reason behind molar pregnancy but some medical experts attribute this condition to genetic factors, diet, and environment as probable influences.

At the Jecson's Medical Hospital, another hospital in Tarlac, an incident of



Dr. Abigail Baret, an Obstetrician-Gynecologist and a resident physician at Talon General Hospital in the City of Tarlac explains that although molar pregnancy belongs to a group of conditions called gestational trophoblastic tumors, it is usually not cancerous.

molar pregnancy was recorded in February alone. The patient suffered from profuse bleeding and complained of pains in the pelvic region.

Symptoms Diagnosis & Treatment

The symptoms of a molar pregnancy are the same with that of a normal pregnancy, like a missed period or morning sickness. But it also causes other symptoms that may include bleeding from the vagina, an enlarged uterus, severe nausea and vomiting, signs of hyperthyroidism.

Other symptoms are feeling nervous or tired, having a fast or irregular heartbeat, profuse sweating, a painful feeling in the pelvic region, vaginal discharge of grape-shaped tissues (this is usually a sign of molar pregnancy). Most of these indications can also happen during a normal pregnancy, a multiple pregnancy, or a miscarriage.

Molar pregnancy can be diagnosed by a pelvic exam, an ultrasound and a blood test. A pelvic exam may reveal whether the woman has large or small uterus or enlarged ovaries. A sonogram will show a "cluster of grapes" appearance, signifying an abnormal placenta. And a blood test will indicate an abnormally high amount of the pregnancy hormone hCG.

A woman suffering from a molar pregnancy may need a dilatation and curettage (D&C) or a minor operation commonly known as "raspa." A surgeon will carry out the D&C while asleep under general anesthesia.

"Most molar pregnancies naturally end and the grape-like tissues will eventually be expelled by the body. In some cases, it is removed by suction curettage (D&C) or sometimes through medication," Baret explained.

It is important that all the molar

cells be removed from the uterus wall because the cells can spread through the blood and may affect other organs, including the lungs, liver and brain. Further testing may be done to ensure that it hasn't spread beyond your uterus. Even though molar cells can spread, they are not cancerous and this condition has a cure rate of nearly 100 per cent.

Gestational Trophoblastic Disease

Approximately 90% of women who undergo this procedure require no further treatment. A regular blood test will be done over a period of 6 to 12 months to monitor the hCG levels and to look for signs of gestational trophoblastic disease (GTD) and to ensure that it will not develop after the operation.

According to Baret, "these blood tests will make sure that the hCG levels are dropping, indicating that the patient is getting better. Once the hCG levels are normal, then it is a sign that no molar tissue is left. A follow-up is also done to ensure that the mole has been completely removed from the walls of the uterus. Traces of the mole can begin to grow again and this may possess a cancerous-type threat to the body." GTD is a term used for a group of pregnancy-related tumors. These tumors are rare and appear when cells in the womb start to grow out of control. The cells that form gestational trophoblastic tumors are called trophoblasts and come from tissue that grows to form the placenta during a molar pregnancy.

In case a GTD may develop, there is a minimal chance that it will turn into cancer. And if this happens, chemotherapy is usually recommended so that it will not spread to other parts of the body, or it will sometimes be combined with radiation treatment.

In very few cases, however, persistent GTD can lead to an extremely

rare form of cancer called "choriocarcinoma." It is a quick-growing form of cancer that occurs in a woman's uterus (womb). The abnormal cells start in the tissue that would normally become the placenta, the organ that develops during pregnancy to feed the fetus. Choriocarcinoma is an uncommon, but very often curable cancer associated with pregnancy. A baby may or may not develop in these types of pregnancy.) A chest X-ray, bloodwork, and other radiological exams are done prior to D&C to determine if a molar pregnancy has metastasized (spread to other parts of the body). This can also be successfully treated with chemotherapy. The condition occurs in one in 30,000 of all pregnancies, including normal pregnancies and miscarriages.

Baret assures women who have had a molar pregnancy that they will still have a chance of having a normal pregnancy next time. However, it is important to follow your physician's advice before trying to start again. "For those who have undergone chemotherapy, they will need to wait up to six months or even a year. They need to have their hCG level back to normal because if they become pregnant before all of these conditions are set to normal, they will have a greater chance of having another molar pregnancy," she reiterated.

Pregnancy should be avoided for the period of one year. She recommends the use of birth control methods with the exception of an intrauterine device (IUD) until it is safe to try for another pregnancy. "Condoms can be used and pills, although I do not recommend using pills especially if the hCG levels are still high," she cautioned.

"The chances of having another molar pregnancy are very minimal, about one or two per cent. When the woman is pregnant again, be sure to have an ultrasound scan in your first trimester to make sure all is well," Dr. Baret concluded.

COLORECTAL CANCER

'*Di Malayo sa Bituka*

by

ELIZABETH G. MASCAREÑAS

HEALTHbeat Staff

Filipino's Most Vital Organ?

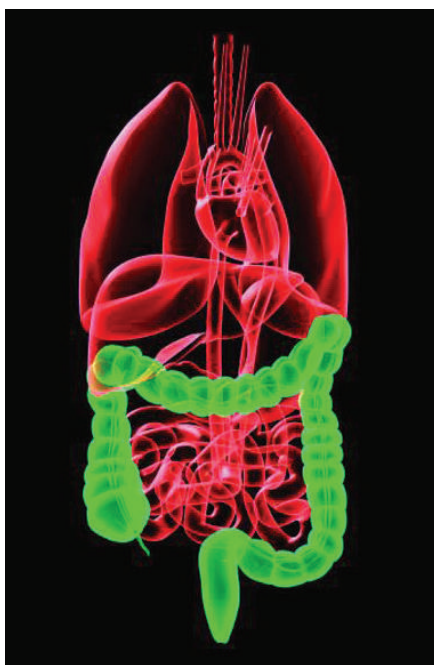
Think about this. For Filipinos, the most vital part of the human body is not the heart but the intestine.

Many of the rich, vivid and colorful Filipino idiomatic expressions zero in the intestine – “*magkakabit ang bituka*” refers to a strong relationship bond; “*halang ang bituka*” refers to very bad person; and “*huwag kang mag-alala, malayo yan sa bituka*” usually refers to a non-life threatening wound or condition.

Even the folk belief concerning the *aswang* has its interest on the intestines; and the life of a *manananggal* ends when salt is placed on its exposed intestines in the lower half of the body that is left behind while the upper half is in flight looking for its victim. And notice the modern Filipino psychic healers who concentrate their treatment on the abdominal area.

Life, so it seems, is focused on the intestines, and most parts of the abdominal region. And why not, the continuance and sustenance of life is food. The availability of food, or lack of it, becomes crucial to survival. And that Filipinos associate food with health is seen in rituals which always have food offerings.

Alas, the food we eat, the alcohol we drink, and the lifestyle we have may put this vital organ of the body at risk of developing a serious disease – cancer of the colon (large intestine) and rectum or



The large intestine. Photo grabbed from the Internet.

collectively known as colorectal cancer. Bad news, its cases are on the rise!

The American Cancer Society (ACS), in its Global Facts and Figures, reported that an estimated 1.2 million cases of colorectal cancer worldwide occurred in 2008, wherein the highest incidence rates were found in North America, Australia, New Zealand, Europe, and Japan. However, rates were low in Africa and South Central Asia. It was noted that rates were significantly higher in men than in women.

In 2008, there were about 608,700 deaths from colorectal cancer worldwide, which accounts for 8% of all cancer deaths.

The incidence of colorectal cancer globally is increasing in certain countries, where risk was historically low, like in Japan.

Meanwhile, in high-risk/high-income countries, trends are either gradually increasing (Finland, Norway), stabilizing (France, Australia), or declining (United States) with time. The greatest increases in the incidence of colorectal cancer are in Asia (Japan, Kuwait, Israel) and Eastern Europe (Czech Republic, Slovakia, Slovenia).

The ACS also stated that the decrease in colorectal cancer incidence in the United States partially reflects the increase in detection and removal of precancerous lesions, while the increase in several Asian and Eastern European countries may reflect changes in risk factors for colorectal cancer that are associated with westernization, such as elevated obesity and smoking prevalence.

In contrast to incidence trends, decreasing colorectal cancer mortality rates have been observed in a large number of countries worldwide and are most likely attributed to colorectal cancer screening and/or improved treatments. However, increases in mortality rates are still occurring in countries that have more limited resources, including Mexico and Brazil in South America and Romania and Russia in Eastern Europe, ACS stated.

Health Secretary Enrique T. Ona, who led the observance of Colorectal Cancer Awareness Month in March, announced that

the disease is more common in developing countries and in people aged 50 years and above. In the Philippines, approximately 5,787 Filipinos were affected by the disease in 2010 alone.

According to the Philippine Cancer Facts and Estimates 2010, colorectal cancer is the third most common cancer in men (3,208 cases or 8% of all cancer sites) and fourth among women (2,579 cases or 6%). It was noted that the incidence rates begin to suddenly rise at age 50 years in both males and females.

These figures were gathered from two population-based cancer registries, namely the Philippine Cancer Society - Manila Cancer Registry and the Department of Health – Rizal Cancer Registry, which generated age-standardized incidence rates of cancer during the period 1980-2002 where it showed rising trends in colorectal and prostate cancers and became more common than liver cancer with stable incidence over time.

The highest incidence rates of colon cancer among males was in 1998-2002 and were monitored in the cities of Mandaluyong, Parañaque, Manila and Quezon City, while the rest of Metro Manila and Rizal province had lower incidence rates. Among females, the highest incidence rates were in Parañaque, Quezon City and Manila, and also decreasing incidence rates eastward to Rizal province.

Meanwhile, the highest incidence rates of rectum cancer among males in 1998-2002 were in Manila, Quezon City, and Parañaque, and in females the highest incidence rates were in Manila, Pasig and Quezon City.

According to the two registries, one (1.2) out of 100 men and one (0.8) out of 100 women had a likelihood of getting colorectal cancer before age 75. There were 3,060 deaths in both sexes, 1,690 in males

and 1,370 among females, in 2010. In 2008, the estimated national standardized mortality rates were 4.7 per 100,000 in both sexes, 5.5 among males, and 3.9 among females.

Understanding Colorectal Cancer

With statistical figures on colorectal cancer continuing to increase, understanding the disease could be the first step to winning the battle against this type of cancer.

Colorectal cancer refers to the uncontrolled growth of abnormal cells in the colon or rectum, which are part of the digestive system. Colorectal cancer is usually curable when it is detected in the early stages. Increased screening could further reduce the incidence and mortality rate of colorectal cancer.

This cancer usually begins as polyps, which are abnormal growths in the inner lining of the colon or rectum. Polyps are not cancerous but can become so over the years. More than 95 percent of colorectal cancer is adenocarcinoma, a cancer of the

gland cells that line the inside wall of the large intestine.

No one knows for sure what causes colorectal cancer. But there are certain risk factors that can increase a person's chances of getting and dying from this type of cancer. Some risk factors for colorectal cancer cannot be controlled, such as having a family history of this cancer type, age and ethnicity. A person with a history of chronic inflammatory bowel disease also has a higher risk for developing colorectal cancer. However, some lifestyle habits that increase the risks may be managed, such as avoiding a diet high in animal fat and low in fiber, inactive lifestyle with no exercise, drinking alcohol, obesity and smoking.

Colorectal cancer sometimes arises without any symptoms. When symptoms do occur, they usually consist of the following: rectal bleeding or blood in the stool; change in bowel habits (such as diarrhea, constipation) that lasts for more than a few days; abdominal pain; a continuous feeling of need to have a bowel movement and body weakness.

Screening examinations for



Health Secretary Enrique T. Ona leads this year's observance of Colorectal Cancer Awareness Month in March dubbed as "Kapit-Bisig Sa Paglaban Sa Colorectal Cancer." This is in collaboration with the Philippine Society of Medical Oncology and Merck Serono.

colorectal cancer should start at age 50 years for average risk individuals who have not yet shown symptoms. Persons at higher risk should begin screening at a younger age and may need to be tested more frequently.

One of the most common diagnostic tests is annual fecal occult blood testing, which can detect minute amounts of blood in the stool, even without noticeable gross blood. Other tests for colorectal cancer include rectal digital examination; and proctoscopy or proctosigmoidoscopy, which refers to the examination of the lower end of the colon and rectum.

On the other hand, flexible sigmoidoscopy is an examination of the mucosal lining of the distal left colon and rectum. Colonoscopy or the examination of the entire colon may also be performed. It does not only let doctors see the interior of the colon and rectum, but also allows them to remove any polyps that may be growing. Polyps can develop into cancer, thus, the removal of these polyps can prevent cancer altogether. Ultrasound, blood tests, x-rays and magnetic resonance imaging or MRI

can also be considered for asymptomatic individuals.

Possible indicators of the disease may include changes in bowel habits, abdominal pain and bleeding from the rectum. However, screening for colorectal cancer is still an urgent step for individuals because symptoms may be absent or may be caused by other conditions.

A person with these symptoms or consider him/herself at risk even without the symptoms, may want to talk with a doctor who would be able to suggest ways to reduce the chance of developing colorectal cancer and plan an appropriate schedule for checkups.

Public information and education is important, as well as physician education. Delayed diagnosis of colorectal cancer is often attributed to the mistaken concentration of Filipino physicians with amoebiasis, other forms of infectious bowel diseases, and hemorrhoids. The wide availability of antidiarrheals, antibiotics, and amoebicides also results in their prolonged and sometimes dangerous use. Moreover,

many physicians still insist on prescribing vitamin preparations and hematinics for chronic unexplained weight loss and anemia without endeavoring to look for the cause.

Dr Felycette Gay Lapus of the Philippine Society of Medical Oncology, explained that the outlook for recovery depends on the stage of cancer, meaning the higher the stage, the more serious the disease. The five-year survival rate refers to the percentage of patients who live at least five years after being diagnosed. Stage I has a 74% five-year survival rate while Stage IV has a five-year survival rate of only 6%. Recent advances and multi-modality treatment has led to a greater potential for cure rates for advanced disease, some with greater than 40% five-year survival rates.

Anyone can suffer from colorectal cancer regardless of socio-economic status, education or culture. In the list of famous people diagnosed with the disease are: Pope John Paul II, US President Ronald Regan, Milton Berle - American comedian, Audrey Hepburn - actress, Charles Schulz - creator of "Peanuts," and President Corazon C. Aquino.

spiritual HEALTH

Hindi Kumplikado Ang Buhay

Isang guro ng Pilosopiya ang nagbigay ng iisang tanong sa kanyang mga estudyante para sa kanilang Final Exam. Ang tanong ay,

"Paano mo ako mapapaniwala na ang silya sa harap ninyo ay invisible?"

Isang oras ang ginugol ng klase para sagutin ang tanong, maliban sa isang tamad na estudyante na tinapos ang pagsusulit sa loob lamang ng limang segundo. Kinabukasan, ipinaskil ng guro ang resulta ng Final Exam. Ang tamad na estudyanteng ito ang nakakuha ng pinakamataas na grado. Alam ba ninyo kung ano ang kanyang isinagot?

"Anong silya?"

ARAL: Huwag gawing komplikado ang mga simpleng bagay.



Navigating through the maze of information from medical research can be difficult and confusing. This brief aims to provide concise and evidence-based information on state-of-the-art medical practice.

Additional Benefit of Bilateral Tubal Ligation: Prevention of Ovarian Cancer

Ovarian cancer is the seventh leading cause of cancer deaths among women in the Philippines. In 2010, an estimated 2,165 new cases of ovarian cancer were diagnosed, and over 1,000 women died from this disease nationwide.¹

As in most cancers, the cause of ovarian cancer is unknown, but risk factors, including age over 40 years, nulliparity (state of not bearing an offspring), and family history of breast and uterine (endometrial) cancers, have already been identified.²

Part of the reason why many regard ovarian cancer as a “silent killer” is because it does not usually show symptoms at the outset.³ If it does, these are nonspecific, minimal and often ambiguous. Lower back pain, pain during intercourse, abnormal vaginal bleeding, irregular menstrual periods, and other symptoms such as abdominal pain, bloating, loss of appetite, constipation, flatulence and frequent need to urinate, are sometimes confused with symptoms of other less severe diseases such as gastrointestinal complaints. Late diagnosis is common because ovaries are difficult to access and examine. Tests to diagnose the disease, such as pelvic ultrasound, laparoscopy, colonoscopy, blood test and biopsy, are still too costly to be part of a routine check-up for the general public. Treatment options include surgery for patients with early stage ovarian cancer, and chemotherapy for those in advanced stage.

Existing evidence shows, however, that the risk of ovarian cancer is greatly reduced through bilateral tubal ligation (BTL). In this surgical procedure, a woman’s fallopian tubes are cut to prevent the egg from meeting the sperm. This method of contraception is a safe and effective family planning option for women who do not want any more children. Research confirms that women with BTL had reduced the risk of ovarian cancer by 34% with the protective effect lasting 10-14 years following the procedure.⁴

Several theories have been proposed to explain BTL’s protective effect against ovarian cancer:

- Diminished ovarian circulation after TBL contributes to the suppression of ovarian hormone production;
- Reduced utero-ovarian circulation by BTL leads to the decreased amount of uterine growth factors reaching the ovaries;
- BTL may prevent the entry of carcinogens or talc into the fallopian tubes and contact with the ovaries as well.⁵

BTL is one of many family planning options available in the Philippines. While knowledge among all women in the country about ligation is widespread, only 9% of married women of reproductive age rely on BTL as their method of choice.⁶ BTL costs 1,400 - 10,000 Php, depending on whether it was done in the public or private sector.⁷ PhilHealth members and dependents are entitled to a Php4,000 reimbursement per case, subject to the provisions of the benefit package.⁸

In addition to BTL’s contraceptive benefits, information on how it protects against ovarian cancer should be shared by health service providers with women who have completed their family size and have signified their interest in long-acting and permanent methods of contraception.

¹<http://www.scribd.com/doc/80871630/11/REFERENCES>. pp. 11, 13.

²<http://www.doh.gov.ph/node/314>

³*Ibid.*

⁴D. Cibula, M. Widschwendter, O. Májek and L. Dusek. Tubal ligation and the risk of ovarian cancer: review and meta-analysis *Hum. Reprod. Update* (2011) 17(1): 55-67 first published online July 15, 2010 doi: 10.1093/humupd/dmq030

⁵<http://www.medicinesdirect.com/?p=996>

⁶National Statistics Office Philippines and ICF Macro. 2009. *National Demographic and Health Survey (NDHS)* 2008. Calverton, Maryland: National Statistics Office and ICF Macro, pp. 51, 52, 54, 63, 66.

⁷*Ibid.*, p. 62.

⁸http://www.philhealth.gov.ph/circulars/2008/circ16_2008.pdf



NAPC's New Sectoral Representatives

The National Anti-Poverty Commission (NAPC) is the government agency that coordinates poverty reduction programs of national and local governments and ensures that marginalized sectors participate in government decision-making processes.

NAPC was created by virtue of Republic Act (RA) 8425, otherwise known as the "Social Reform and Poverty Alleviation Act," which took effect on 30 June 1998. Its specific mandates include: acting as the coordinating and advisory body that exercises oversight functions in implementing the social reform agenda (SRA) and ensure that it is incorporated into the formulation of national, regional, sub-regional and local development plans; institutionalizing basic sector and non-government participation in managing the SRA cycle; developing microfinance programs and strengthening

the People's Credit and Finance Corporation as the forerunners for microfinance services; and strengthening local government units so they can incorporate the SRA in their local development efforts.

President Benigno S. Aquino III chairs NAPC and is assisted by the Vice-Chairperson for the Government Sector (with 25 national government agencies and presidents of the four leagues of local governments as members) and another Vice-Chairperson for the Basic Sectors (with representatives from the 14 basic sectors as members). NAPC is supported by a Secretariat, which is currently headed by Lead Convenor Joel M. Rocamora.

During the National Sectoral Assemblies held on October 17-19 2011, Aquino has imposed a new set of criteria for sectoral representatives who can participate in the assemblies of the NAPC. He issued

Administrative Order No. 21 that returns to the basic sectors the power to nominate their representatives. He said that during the past years, many civil society organizations have been disenfranchised from joining the NAPC process. AO 21 amended the implementing rules and regulations of RA 8425 to push for a more meaningful representation from the basic sectors.

On January 22, the Palace released Aquino's latest appointments and named the new NAPC sectoral representatives, including Engr. Emerito "Emer" Rojas (staunch anti-tobacco advocate and the cover of **Healthbeat's** September-October 2011 issue) for persons with disabilities. He is a tobacco victim who lost his voice to laryngeal cancer.

(See photo for the complete list of the sectoral representatives.)

- o o o -



LEFT: NAPC SECTORAL REPRESENTATIVES. Front row from left to right: Gloria Madayag (workers in the informal sector); Marilou Tapia (farmers and landless rural workers); Teresa Fernandez (women); Maria Cagay (victims of disasters and calamities); Maria Linda Paracuelles (urban poor); Norisa Saberín (children); and Delfa Talaid (artisanal fisherfolk). Back row from left to right: Gibby Gorres (youth and students); Marlon Manuel (NGOs); Emmanuel Villafuerte (senior citizens); Secretary Jose Eliseo Rocamora (NAPC lead convenor); Emer Rojas (persons with disability); Ponyong Kadlos (indigenous cultural communities/peoples); and Daniel Ang (cooperatives). **RIGHT: Engr. Emer Rojas** (staunch anti-tobacco advocate and the cover of **Healthbeat's** September-October 2011 issue) during his oath-taking as sectoral representative for persons with disabilities.



OHLAA

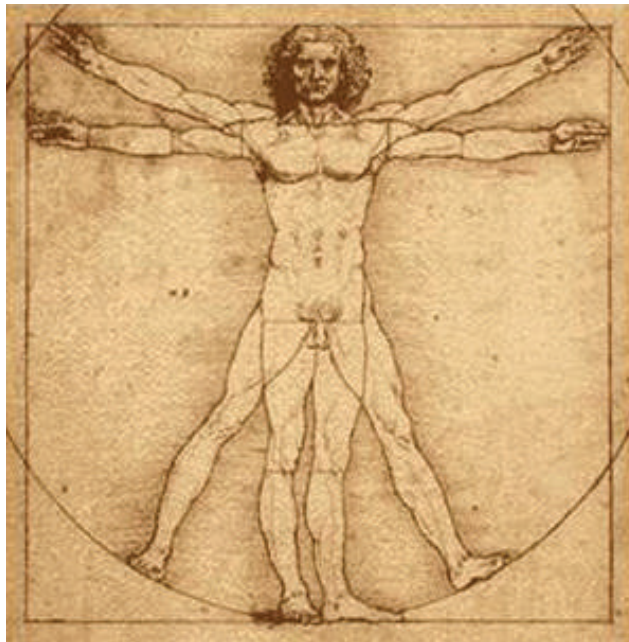
Outstanding Healthy Lifestyle Advocacy Awards

The Poor Dies Early

"Only the good die young," says a Billy Joel song in 1977. But maybe not anymore. International media reported in February the results of a longevity study in United Kingdom that showed that the wealthiest people live longer than the poor. This is not a pioneering study, but many of this kind of study in other countries had the same results. The World Health Organization (WHO) has stated that "people further down the social ladder usually run at least twice the risk of serious illness and premature death of those near the top."

The reason why poorer people die earlier is because they have less access to health services and their health literacy or the knowledge about health-related issues are very limited. The poor also tends to lead less healthy lifestyles like drinking, smoking and eating unhealthy food. The lower the social status also translates to more insecurity, stress and anxiety, all of which increase susceptibility to disease. And the level of work, degree of social isolation and sense of control over life could very much affect the likelihood of developing and dying from chronic diseases such as diabetes and cardiovascular disease.

And sadly, as WHO Director General



Healthy Lifestyle is about getting the right proportions. (Photo grabbed from the Internet)

Margaret Chan stressed, non-communicable diseases (NCDs) are "the diseases that break the bank". This is a reality that is experienced not only at the personal level but also at the country level. For many low- and middle-income countries, scaling up a core intervention package to prevent and treat NCDs is very difficult.

In the Philippines, two (2) of the 10 leading causes of morbidity and seven (7) of the leading causes of mortality in the country today are NCDs or chronic diseases. The major causes affecting the lives of the people are linked by the common and

preventable biological risk factors – high blood pressure, high blood cholesterol, overweight; and by related major behavioral risk factors – unhealthy diet and nutrition, physical inactivity, tobacco, alcohol and drug use.

Advocating Healthy Lifestyle

Over at the Department of Health, officials are trying very hard to reduce risk factors and create health-promoting environments as well as strengthen national policies and health systems. That is why the prevention and control of NCDs now becomes an important part of **Kalusugan Pangkalahatan**.

With the current initiatives of government, the DOH is now improving access of the poor to quality health care, providing them with financial risk protection through the expanded coverage and enhanced benefits of PhilHealth, and improving the quality of health services particularly in the public sector through health facilities enhancement. Many interventions are also directed at making the society and environment conducive to healthy lifestyle. After all, healthy lifestyle is about getting the right proportions.

Health Secretary Enrique T. Ona said, "I don't think we have been remiss in

advocating for a health lifestyle. We have time and again urged everyone to stop smoking, to engage in regular exercise, and to eat a healthy and well-balanced diet. We have had several activities to remind everyone about this. *Nagiging makulit na kami pero hinding hindi kami magsasawa sa pag-papaalala at pangungulit sa publiko ang pagpo-promote ng healthy lifestyle.*" He, however, stressed that "advocating healthy lifestyles does not only mean badgering and organizing public relations activities, it also entails putting in place policies that will be conducive for the pursuit of healthy lifestyles among our countrymen."

The DOH wants to cascade its efforts on the promotion of healthy lifestyle to all sectors of society. It is through concrete policies, programs and partnerships that the country and its people can better achieve

healthy lifestyle.

Thus, the DOH holds the Outstanding Healthy Lifestyle Advocacy Awards (OHLAA) every two years to recognize the work of local governments, other government agencies, and non-government organizations, professional societies, the private sector, and business and commercial establishments that have demonstrated exemplary efforts in the formulation of policies and programs that promote healthy lifestyle and caused its effective implementation. The scope of the Awards includes: 1) promotion of physical activity; 2) promotion of healthy diet and nutrition; 3) tobacco control; and 4) control of harmful use of alcohol.

The DOH staunch partner in this endeavor is the Philippine Coalition for the Prevention and Control of Non-

Communicable Diseases (PCPCNCD or commonly known as the NCD Coalition). It is a group of 40 organizations working on NCD prevention and control formed on April 14, 2004 by virtue of a Memorandum of Understanding with the DOH. Among its objectives are to: promote policy and legislative environment supportive to the practice of healthy lifestyle; enhance people's awareness and practice of healthy lifestyle; and enhance surveillance mechanisms for NCDs. The current chair of the NCD Coalition is the Philippine Association of Diabetes Educators.

On February 29 at the Landbank Plaza, the second OHLAA was held. Out of the 28 nominees that were screened based on the documents they submitted, eight (8) finalists were shortlisted for the next round which consisted of site visit and observation,



PRACTICE WHAT YOU PREACH. At the start of the 2nd Outstanding Healthy Lifestyle Advocacy Awards Night, Health Secretary Enrique T. Ona (center) and some members of his Executive Committee join the performers and lead the crowd to an aerobic exercise routine. In the photo are Undersecretary David Lozada, Assistant Secretary and National Nutrition Council Executive Director Maria-Bernardita Flores (extreme left and second from left), Undersecretary Teodoro Herbosa and then Assistant Secretary and now Undersecretary Nemesio T. Gako (second from right and extreme right). (Photo by Paking Repelente)



Carmona Mayor Roy Loyola leads the Balik-Padyak program. Today, more residents are using bicycle as a means of transportation and exercise regimen especially in the early morning and late afternoon.



As a DOH Red Orchid awardee for smokefree municipality in 2011, Veruela is serious in implementing its anti-smoking campaign.

interview of key players, and interview of beneficiaries. The finalists were further trimmed down to the five (5) winners who received a cash prize of Php 100,000 and a plaque of recognition each. Meanwhile, the three (3) remaining finalists received a cash prize of Php 25,000 and a plaque of recognition each.

The finalists are: Municipality of San Jacinto in Masbate; Taft District Health

Center in Surigao City; and Heaven on Earth Vegetarian Wellness Center in Baguio City.

And The Winners Are...

Local Government Unit Category

Two municipalities tied in this category with only 0.12 percentage points difference.

Municipality of Carmona, Cavite. This is its second OHLAA. Its program known as DAHLIA or Direct Access to Healthy Lifestyle Intervention and Advocacy includes healthy lifestyle exercises, regular medical check-up, lectures on lifestyle-related diseases, creation of social awareness through health promotion messages and materials, supportive facilities like wellness centers, and integration of the program to all sectors of the community. Community-based organizations and workplaces have adopted the DAHLIA program. The program has also been included in the annual investment plan of the municipality, thus, assured of its sustainability in terms of financial support. A system of monitoring, the DAHLIA card, was developed to ensure regular participation and utilize the same as a tool for evaluation and analysis. The commitment of local officials is expressed through policies and laws to include executive orders, memoranda, resolutions and ordinances. Likewise, continuous capability building programs are being implemented to enhance the effectiveness of health workers as implementers. As of now, there are more than 3,000 active participants of DAHLIA who benefit from the program and accept the responsibility of taking care of their health.

Municipality of Varuela, Agusan del Sur. The municipality deeply felt the effect of NCDs. Smoking, alcohol drinking, poor eating habits and the lack of concern for physical fitness were evident in the rising incidence of hypertension and chronic obstructive pulmonary diseases (COPD) as the top causes of morbidity, while stroke, cardiovascular diseases, COPD, cancer and liver cirrhosis as the top causes of mortality. The rural health unit was tasked to do healthy lifestyle advocacy down to the community level, but the burden of doing and not being heard by the majority of the



Making importance of its numerous recognitions, no less than Davao City Mayor Inday Sara Duterte (fourth from left) is present to receive the OHLAA Government Office Category.

constituents was discouraging. This situation was elevated to the local officials during a local health board meeting and they decided to issue an ordinance in March 2011 for an intensive and comprehensive program. Although self-change to break a bad habit is difficult and would take a very long time to do, with the ordinance in effect somehow forced people to abide with the law in order to avoid penalties. A multi-sectoral task force was also organized and a battlecry was coined to bring home the message – “*Mag HL Tayo, Tayo’y Aasenso Kapag May Sipag, Tiyaga at Malasakit (STM)*.” The proponents of this advocacy program are Mayor Salimar T. Mondejar and Municipal Health Officer, Dr. Lumira M. Lagapa.

Government Office Category

Davao City Health Office. The city’s healthy lifestyle program is a unique mix of a wide range of initiatives for the prevention and control of NCD risk factors

that span at least five years in combined implementation. The program includes the multi-awarded anti-smoking program. It would later become the standard emulated by other LGUs in the country. The program also integrated the nutrition programs that include food fortification, *Gulayan sa Barangay* and community-based feeding programs, among others. Mental Health program is being implemented down to the barangay level with strengthened linkage with the Philippine Mental Health Association to further advance its technical capacity. Davao City has also established centers and institutions for mental health, for women and children in crisis, and rehabilitation centers for drug dependents and people suffering from alcohol abuse. Physical activity is also included in the Program where government agencies, private institutions and malls are initiating activities to promote healthy lifestyle among individuals in the city. Central to these initiatives is the Integrated NCD

Management Program, popularly known as the Cardiovascular Disease (CVD) Program, which started in 2007. The CVD Program provides concrete interventions using population-wide strategies for physical activity, tobacco cessation, diet and nutrition, promotion of stress-free environment, and NCD risk factors education.

Non-Government Organization Category

Episcopal Diocese of Northern Philippines – Bontoc, Mountain Province. True to its mission of nurturing congregations as good stewards of creation, the diocese implements its comprehensive healthy lifestyle program: 1) Healthy Lifestyle Advocacy through Health Sunday celebration and other occasions; 2) No Smoking Campaign; 3) Liquor Ban; 4) Junking Junk Foods; 5) Health Assistance Plan; 6) Organic Food Production (herbal and vegetable gardening in mission schools;

demo organic farming in church lands), and; 7) Environment Protection. These were initiated by the Episcopal Churchwomen because they are greatly bothered by their drunken smoking husbands. Before the smoking ban, men went out of the church during sermons to smoke and missed the message. Now they stay put in their seats

and are healthier. Going beyond the confines of the church premises, the concerned women brought these activities to their homes and barangay halls and municipal councils resulting in behavior change and the passage of ordinances/policies on junk food ban, liquor and smoking control. With more cooperation now, the caring and

healthy families and communities of God continue to be built far and wide.

Commercial/Business Establishment Category

Novartis HealthCare Philippines. Healthy lifestyle is being promoted internally and externally through the company's *Be Healthy* and *Kaagapay* programs. The Novartis "Be Healthy" program is a group-wide initiative that helps employees adopt and stick to a healthy lifestyle. The program provides employees with information and activities that promote health and prevent illness. It is anchored on four pillars of healthy living: (1) Regular exercise; (2) Healthy diet; (3) Accurate, up-to-date health information; and (4) Maintaining health at work. Moreover, in collaboration with the Department of Health, medical societies and the media, Novartis has been supporting the country's observance of World Hypertension Day (WHD) since 2008. Through the annual WHD celebrations, Novartis and its partners implement innovative, easy-to-do and fun healthy lifestyle initiatives to increase awareness on hypertension, particularly in preventing, diagnosing early, and controlling this "silent killer." The Be Healthy program generated 100% participation from Novartis employees while over 800 doctors and laypersons participated in WHD-related activities from 2008 to 2011.

The OHLAA Board of Judges is composed of DOH Undersecretary David J. Lozada, Jr; Dr. Danilo Baldemor – president of the Philippine Association of Diabetes Educators; Aniceto Sobrepena – president of the Metrobank Foundation; Mariano Gabito – assistant director of the Department of the Interior and Local Government; and Dr. Cherian Varghese – NCD technical officer of the WHO Western Pacific Regional Office.



The advocacy of Episcopal Diocese of Northern Philippines resulted in the All Saints' Mission Elementary School canteen to serve fresh fruit juice extracts and no "junk foods."



Novartis Philippines has been supporting the country's observance of World Hypertension Day since 2008.

The Philippines gets one of five **Bloomberg Awards** **for Global Tobacco Control**

HealthJustice Philippines Wins

Michael R. Bloomberg, philanthropist and Mayor of New York City, conferred one of the five Bloomberg Awards for Tobacco Control to HealthJustice Philippines for providing tobacco industry monitoring information to government that led to the issuance and implementation of the Civil Service Commission and Department of Health Joint Memorandum Circular (CSC-DOH JMC) in order to protect the bureaucracy from tobacco industry interference – a first of its kind in the world.

The Bloomberg Awards recognize governments or non-governmental organizations in low- and middle-income countries that demonstrate excellent progress or

achievement in implementation of MPOWER policies. The MPOWER strategy, established by the World Health Organization (WHO), are the six most effective – and proven – tobacco control interventions: Monitoring the epidemic and prevention policies, Protecting people from secondhand smoke, Offering help to people who want to quit, Warning about the dangers of tobacco, Enforcing bans on advertising, promotion and sponsorship and Raising tobacco taxes and prices. The awards ceremony took place on March 22 in Singapore at the 15th World Conference on Tobacco or Health.

Bloomberg honored the fairly young non-government organization for monitoring the tobacco industry's attempts to undermine laws and government policies

that will reduce tobacco consumption in the Philippines. It was formed in 2008 by doctors, lawyers, and economists, provides government agencies and advocates with legal information and advice on how to counter these attempts.

The CSC-DOH JMC aims to promote transparency and accountability, which are basic governance values and in line with the core value to promote integrity in public service. The tobacco industry has consistently used political and economic power to prevent effective regulation and undermine tobacco control measures. Through the joint memorandum, the government is able to further control the meddling of the tobacco industry in the way it acts or decides, as well as show that the government is sincere in its efforts to be transparent and accountable in all its dealings.

The CSC-DOH JMC covers all government officials and employees under the jurisdiction of the CSC. It prohibits unnecessary interaction with the tobacco industry. If the interaction is necessary for its effective regulation, transparency must be observed and the interaction should be carried out in such a way to avoid the creation of any perception of real or potential partnership or cooperation. The joint memorandum also prohibits preferential treatment to the tobacco industry and it prohibits acceptance of gifts, donations and



Dr. Daniel Tan, president of HealthJustice Philippines, receives one of five Bloomberg Awards for Global Tobacco Control from New York City Mayor Michael Bloomberg. Photo grabbed from <Rappler.com>.

sponsorship from the tobacco industry.

Dr. Daniel Tan, who received the award on behalf of HealthJustice, said, "We have seen this policy systematically denormalize the tobacco industry and redefine as 'interference' any tobacco industry actions and reactions to various tobacco control measures, including legal challenges in court and personal attacks on advocates."

Tan said that the tobacco industry interference is the single biggest threat to tobacco control and WHO Framework Convention on Tobacco Control (FCTC) implementation. This first international health treaty – which the Philippines signed along with 173 countries – requires signatory countries to pass laws that will reduce, and eventually eliminate, tobacco use. These laws include those banning smoking, banning advertisements and promotions of tobacco products, requiring tobacco companies to put graphic health warnings on their products, and preventing government collaboration with the tobacco industry.

"That's why we helped develop a government-wide policy that will shield agencies in the Philippines from tobacco industry influence or threats," Tan added.

HealthJustice has also helped the Metropolitan Manila Development Authority, Land Transportation Regulatory Board and a number of local government units across the Philippines in their various tobacco control efforts. Its latest feat is in assisting the Department of Education (DepEd) in issuing DepEd Order No. 6 series of 2012 on the adoption and implementation of public health policies on tobacco control and protection against tobacco industry interference based on the

CSC-DOH JMC. It must be noted that many of the tobacco industry's so-called "corporate social responsibility" activities are directed in schools, like building classrooms or stage, painting buildings and holding youth events.

HealthJustice also advises other government agencies in the cases filed by tobacco companies in different courts to skirt the advertising ban, prevent graphic health warnings on packs, and relax on no-smoking spots. It also regularly sends advisories to media organizations when tobacco companies are trying to get around the rules, or when government officials and agencies may be getting cozy with the industry, such as when then Senator Richard Gordon, as chair of the Red Cross, was photographed accepting a donation from Philip Morris (PM), and when the Bureau of Internal Revenue publicized PM as one of the top corporate taxpayers.

Former Health Undersecretary and now PhilHealth's Chief Operating Officer Alexander Padilla said, "HealthJustice keeps government people from sliding back, makes people honest. If some sectors think HealthJustice is stretching things too far, the group will always get back to you with the WHO FCTC."

Other Awardees

HealthJustice Philippines won in the Monitoring category. The other awardees were: "Protecting" Category – Turkish National Coalition on Tobacco or Health (Turkish acronym: SSUK) for ensuring that the Turkish national tobacco control law passed was strong and comprehensive; "Warning" Category – Uruguay Ministry of Health for being a world leader in implementing pack warnings, which is

currently the largest pack warnings in the world (80% of pack on both front and back); "Enforcing" Category – Corporate Accountability International Colombia (CAI) and Fundación para la Educación y el Desarrollo Social (FES) for their joint effort to strengthen implementation and enforcement of Colombia's newly passed tobacco advertising and sponsorship ban; and "Raising tobacco taxes" Category – Egypt's Ministry of Finance for including a 100% tax on shisha (a tobacco smoked in a water pipe) and cigarette taxes which now represent over 70% of the pack price for the most popular brand in Egypt and have generated over 2.2 billion USD in government revenue annually.

As no country is currently performing at a level of excellence in the "Offering help to smokers to quit" category, there was no award given in this area.

Bloomberg said, "Tobacco kills every day but we are fighting back. Our awardees represent the thousands of heroes who are taking on the fight against tobacco in their countries, regions and cities every day. We are honoring those who have shown exemplary progress since our efforts commenced in 2007, and we hope their work will inspire others to achieve similar success."

Bloomberg Philanthropies works primarily to advance five areas globally: arts, education, environment, government innovation and public health. The Bloomberg Initiative to Reduce Tobacco Use is focused on reducing the public health impact of tobacco use globally by implementing proven tobacco control policies in low- and middle-income countries where 80% of tobacco-related deaths occur.

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Catch **HEALTHbeat** Online: <<http://www.doh.gov.ph>>

Rated SPG

Striktong Patnubay at Gabay ng Magulang ang Kailangan

JASPER: Kuya, lahat nalang ng palabas
ay kailangan ng PATNUBAY at
GABAY ng MAGULANG...
DENNIS: Oo nga eh...
JASPER: May matapos pa kayang gawain
si Nanay?

Ulan

LITA: Anak, tingnan mo nga kung
umuulan sa labas?
JEFF: 'Nay naman. Sa tanda n'yong 'yan
kailan ba umulan sa loob?

Chocolate Sundae

Sa Fastfood Chain...

ABBY: Isang chocolate sundae nga.
CREW: Ma'am 25 pesos po.
ABBY: (Nagbigay ng 100 pesos)
CREW: Ma'am, meron po ba kayong 5
pesos?
ABBY: Para kang ex-bf ko, binigay ko
na nga ang lahat ng meron ako...
tapos, nagkulang pa din ako?
CREW: Ma'am hindi ko naman po
sinabing nagkulang ka, minsan
humihingi lang kami ng konting
halaga para masuklian ka namin
ng buo.

Ito ang Tama

REMY: Hoy! Umuwi ka na nga! Inom ka
na naman ng inom d'yan!
JOEREM: 'Nay naman. Nakakahiya sa tropa!
Wala pa kaming tama. Konti
nalang 'to!
REMY: Aan'hin mo pa ang alak, kung sa
akin palang ay tatamaan ka na!
Uweeeeh!

Walang Mangyayari

LUZ: Tigilan mo nga yang pagbo-
boyfriend na yan... walang
mangyayari sa inyo!
HANNAH: 'Nay naman... Ba't po kagabi
meron?!?

Hagis

TITSER: Ang unang makasagot ng tanong
ko ay makakauwi agad.
PAULO: (Hinagis ang bag sa labas ng
bintana.)
TITSER: Kaninong bag 'yun?
PAULO: Sa'kin po Ma'am! Bye classmates!

Bagsak

NELSON: Bakit bagsak grades mo?
JERRY: How can I pass if my teacher hates
me? Parang love lang yan, kahit
gaano ka man kaseryoso, kung
ayaw sayo, hindi ka papasa.
NELSON: Naks! At nagdrama pa ang bobo.

Hot Cake

DENPOT: 'Nay penge pera, bibili ako ng
High Cake...
BETH: Engot ka talaga! Kanino ka ba
nagmana? Hot Cake 'yun!
DENPOT: Ganun ba, 'Nay? Oh, penge na
ng pera...
BETH: Sige, kunin mo dun sa kwarto
yung Soldier Bag ko!

Switzerland

NICOLO: Ma, saan nga yung Switzerland?
ALEGRIA: Ayan kasi. Kung saan-saan lang
inilalagay ang mga gamit! Tapos
kapag nawala, sa akin hahanapin!

Tobacco-Free Metro Manila Film Festival

Weeeeh... Hindi Nga?!?

by

ANTHONY R. RODA, MaHeSoS*

National Center for Health Promotion

Metro Manila Film Festival

In a decade that was regarded as the second golden age of Philippine cinema after the 1950s, the Metro Manila Film Festival began in 1974. It showcased quality films besting each other out for acting and technical awards as well as box office success. The Festival was organized mainly to help promote and enhance the preservation, growth and development of the local film industry.

According to Dr. Romulo A. Virola, secretary-general of the National Statistical Coordination Board, posted in "Statistically Speaking" on February 13, 2012 at <www.ncsb.gov.ph>, over the years, the production of local films saw a decline, from the average of 140 films per year from 1960 to 1999 to only 73 films per year during the past decade. Television (TV), telenovela or soap opera, and the Internet and intellectual copyright piracy may have caused the problems faced by the film industry at present. The film industry has also been producing films far from the quality of those made during the golden years of Philippine cinema, and the number of local box-office hits also dipped. In fact,



This film is adjudged as quality and best film in the 37th Metro Manila Film Festival but it looks like one big and long tobacco advertisement and promotion.

among the frontrunners of the box-office hits for the year were Festival entries.

The MMFF, which happens from Christmas Day to the Feast of the Three Kings, now becomes the biggest and most exciting event for the Philippine film industry. It

starts off with a parade of stars aboard extravagant floats on December 24, 2011, to the opening day on Christmas, to the glittering awards night two days later, and onto the last day on January 7, 2012. During this period, no foreign movies are shown in all cinemas.

Most producers gamble their multi-million peso budgets in the hopes of drawing moviegoers eager to splurge some of their holiday cash. The MMFF has also become one of the more prestigious award-giving institutions in the country, offering huge cash prizes to the winners. The Best Picture receives P800,000, while the Second Best Picture and Third Best Picture gets P550,000 and P300,000, respectively. On the other hand, the winner of the Gatpuno Antonio Villegas Award brings home P550,000. Meanwhile, the Best Actor, Actress, Director and Screenplay each get P100,000, while the Best Supporting Actor, Supporting Actress, Child Performer and technical winners win P50,000. Moreover, the earnings acquired during the 14-day Festival are divided among institutions/organizations involved in film development, welfare of movie workers and anti-film piracy.

**This article is based on a study entitled "Tobacco-Free Movies: Is It Possible in the Metro Manila Film Festival?" by Anthony R. Roda, Acting Division Chief of the National Center for Health Promotion and one of the Editors-in-Chief of HEALTHbeat. He is also one of the ASEAN focal points on tobacco control. The study was first presented as a poster in the 15th World Conference on Tobacco or Health in Singapore on March 20-24, 2012.*

Call for Tobacco-Free Movies

The 37th Annual MMFF is spearheaded by the Metropolitan Manila Development Authority (MMDA) – the overseer of Metro Manila, the Philippines' premiere region, which hosts 14 million residents and consists of 16 cities and a municipality. MMDA is led by Chairman Francis N. Tolentino, whose current "Enforcement of Smoke Free Policy" program regulated the use and consumption of tobacco products in confined public places. In retaliation to his exemplary advocacy, the tobacco industry challenged the authority of his office, criticized him harshly in the media, and filed administrative suits against him. Tolentino did not waver in his cause and he continued his advocacy even in the holding of the MMFF.

On June 2, 2011 when Tolentino announced the extension of the submission of scripts in order to qualify as MMFF entries, he also called on participating movie producers to exclude scenes that show actors smoking cigarettes. He said such scenes in films entice people to crave for a cigarette and that young viewers alike are enticed to smoke as they are indirectly being told that smoking is cool when they see a popular actor puffing a cigarette. He said, "We don't want to send the wrong message to our children. We want to inculcate positive, health-conscious values and awareness."

The Philippines Global Youth Tobacco Survey (2007), a school-based survey of students 13-15 years old, showed that 27.4 per cent of youth (34.7% males, 19.6% females) currently smoke cigarettes. And despite the ban on tobacco advertising in Philippine mass media, as high as 88% saw pro-cigarette ads on billboards and 84.7% saw pro-cigarette ads in newspapers and magazines.

Movie folk expressed alarm and

commented that Tolentino's appeal or directive is an encroachment on artistic freedom. In general, they say that filmmaking is built on the nuances of characterization and if smoking will project the nature of a role or enhance cinematography, it is justified. If the actor's character is smoking, it does not mean he is setting a bad example to the youth. Even in animé, there are characters who are smoking. Children watch this and they know how to distinguish reel and real life.

Counting Smoking in MMFF Movies

The result of Tolentino's appeal for tobacco-free movies seemed to be tried, ridiculed and rejected by more than half of the producers participating in the 37th MMFF. A Department of Health study entitled "Tobacco-Free Movies: Is It Possible in the Metro Manila Film Festival?" counted the scenes, shots and seconds smoking that were shown in each of the seven (7) official MMFF entries, analyzed the context in which smoking was used, and determined if tobacco brands were identified in the movie. The latter would constitute a violation under Republic Act 9211 (Tobacco Regulation Act of 2003) that prohibits tobacco advertising in mass media.

The monitoring of movies was done in cinemas during the Film Festival period. At first viewing, the total number of running time, scenes and smoking scenes were counted. When smoking scenes were present in a film, a second or third viewing was necessary to count the total number of shots and seconds. The actual counting of scenes, shots and seconds was done manually and this becomes the limitation of the study. Accuracy was estimated at plus or minus 10 scenes, shots and seconds.

A scene is one of the basic structural units of the film taken at one basic time and

place. A scene is composed of several shots. A shot is a photographic view or exposure and in the study tried to differentiate the smoking exposure into: long shot (full view of object or human figure some relation to its surroundings); medium shot (a shot of the person from the knees up or the waist up); and close-up (a shot of a person from the shoulders up). This was done to analyze how the film showed detail, character, and intricate emotion to the act of smoking. The more medium and close-up shots used, the more importance is given to the message of smoking.

Although there are several studies of this kind in other countries, this is a pioneering study in the Philippines, a tobacco-growing country that has banned tobacco advertising in mass media but still has strong tobacco industry influence in politics, governance, culture and the arts. The results provide a brief snapshot to help understand how smoking is portrayed in Philippine movies.

Smoking-Filled Movie Leads

Seven entries were included in the roster of films to the 37th MMFF. Originally, 11 films submitted the required scripts to the Festival. Only eight films were chosen as official entries. However, due to some production issues, two films pulled out of the competition. One spot was filled in by the ninth movie that was earlier not included in the official list.

This movie is the "**Manila Kingpin: The Untold Story of Asiong Salonga**," a black-and-white, biography, gangster, action flick starring Jorge Estregan (a.k.a. ER Ejercito) and produced by VIVA Communications Inc. and Scenema Concept International. It was originally directed by Tikoy Aguiluz, but he secured a court order to have his name removed from the credits

Counting the Smoking Scenes, Shots and Seconds in the 37th METRO MANILA FILM FESTIVAL Entries

FILM ENTRY/ GENRE/RATING	RUNNING TIME (minus Closing Credits)	NUMBER OF SCENES	NUMBER OF SMOKING SCENES	NUMBER OF SMOKING SHOTS	TIME OF SMOKING EXPOSURE
 Manila Kingpin: The Untold Story of Asiong Salonga Action/Gangster/Drama R-13	112 mins 00 sec	91	44	181 62 close-up shots 60 medium shots 59 long shots	11 mins 57 secs 163 secs 242 secs 302 secs
 Shake Rattle and Roll 13 Horror PG-13	142 mins 03 secs	102	1	2 1 long shot 1 close-up shot	0 min 14 secs 13 secs 1 sec
 Segunda Mano Horror/Suspense PG-13	100 mins 00 sec	84	1	2 1 long shot 1 medium shot	0 min 8 secs 4 secs 4 sec
 Yesterday, Today, Tomorrow Drama PG-13	113 mins 20 secs	115	0*	0	0
 Ang Panday 2 Action/Fantasy GP	105 mins 09 secs	79	0	0	0
 Enteng ng Ina Mo Comedy/Fantasy GP	101 mins 24 secs	77	0	0	0
 My Househusband (Ikaw Na!) Comedy/Romance PG-13	106 mins 16 secs	90	0	0	0

Note that the actual counting was done manually inside the movie theater, and accuracy is pegged at + or - 10 scenes, shots and seconds.

of the film due to re-shooting and editing of the film without his permission. Darryl dela Cruz was eventually named as director.

The movie earned a "Grade A" from the Cinema Evaluation Board because it was said to be a "fine example of a period film" and because its director was "able to establish believable characters through masterfully conceived and executed action scenes." The Board is mandated under the law to review and grade the quality of films before being released for public viewing. It also awards tax incentives to films graded "A" and "B" as a way of encouraging Filipino filmmakers to produce more quality films and increase the international marketability of Philippine cinema. This Board is totally independent and not at all connected to the MMFF.

"Manila Kingpin" also dominated the 37th MMFF Awards Night by winning a total of 11 awards, including Best Picture, Best Director, Best Screenplay, Best Supporting Actor, almost all of the technical awards, and the special award – Gatpuno Antonio Villegas Cultural Award.

Ironically, this adjudged quality and best film is filled with tobacco and smoking scenes from the first four minutes of the movie up to the last few minutes towards the end. Smoking is also very obvious in the movie's trailer, music video, print advertisement and poster. However, in the posters displayed inside the malls where the movie was being shown, the cigarettes were omitted.

The lead actor and his cohorts smoked cigarettes, while the main villain smoked cigar. The jail warden and some policemen were portrayed as smokers. And in one sex scene, the lead actor and his mistress use smoking as foreplay. Although there were no noticeable brands of cigarettes and cigars, the movie seems like one big and long tobacco advertisement.

Forty-four (44) out of the total 91 (48.4%) scenes depicted smoking on screen, with a computed running time of 717 seconds (11 minutes, 57 seconds). There were a total of 181 shots that showed smoking and this is divided into: 62 close-up shots (163 seconds); 60 medium shots (242 seconds), and 59 long shots (302 seconds). The whole movie, minus the closing production credits, runs 112 minutes (1 hour, 52 minutes).

Other MMFF Entries

The other MMFF entries that showed smoking scenes are "Shake, Rattle and Roll 13" and "Segunda Mano."

"Shake, Rattle and Roll 13" is the 13th instalment of the Filipino horror film dating back to 1984. This is a trilogy (three episodes) film produced by Regal Entertainment Inc. and Regal Multimedia Inc. under the matriarch of Filipino films, "Mother" Lily Monteverde. Incidentally, Monteverde has been very vocal against MMDA Chairman Tolentino's call to make the film entries tobacco-free. She was quoted in media as saying, "*Hindi pupwede* (It cannot be). Actors have to bring life to any role and if their character is smoking, it does not mean that they are setting a bad example to the youth."

In the first episode entitled "Tamawo," an Ilonggo word for a mysterious creature, the rich provincial ranch owner is shown smoking in one scene and two shots lasting for 14 seconds (a long shot for 13 seconds and a brief close-up shot for 1 second). The film was judged MMFF third best picture.

"Segunda Mano" is a horror/suspense movie produced by Star Cinema and starring Kris Aquino, the Presidential sister, and matinee idol and MMFF Best Actor, Dingdong Dantes. In one scene, a

glamorous woman vacationing from abroad and whose role flirts with the lead actor is shown smoking in one scene and two shots lasting for 8 seconds (a long shot for 4 seconds and a medium shot for 4 seconds).

"Yesterday, Today, Tomorrow" is a drama movie billed with a powerhouse cast and riveting performances led by Maricel Soriano (MMFF Best Actress) and produced by Monteverde's Regal Entertainment Inc. and Studio 5. Although there was no smoking scene in this movie, smoking was implied in a dialogue by one of the main female casts, Carla Abellana. In the middle of a supposed stressful meeting in the boardroom, she ended the meeting by saying to her colleagues, "Why don't we take a break, I'm sure *yosing-yosi na kayo* (you're raring to smoke)."

If this was a deliberate inclusion in the script to defy Tolentino's call for tobacco-free movies, only the producers would know. Incidentally, the MMFF executive committee unanimously disqualified the film from competing in the Best Picture, Director, Screenplay and Gatpuno Antonio Villegas Cultural Award because the movie was different from the script that was presented to the committee from which it based its approval and this was considered as a violation of the rules. Tolentino said that after the script was approved, what was shown was different and even the cast was different. Only the title was the same.

Fortunately, the three family entertainment MMFF entries did not show smoking scenes.

"Enteng ng Ina Mo" was the runaway box-office champion, grossing over P183 million in eight days of showing in the MMFF. This action, fantasy, adventure comedy movie also won the second best picture. It is produced by Star Cinema and M-Zet Films and the concept came from a fusion of blockbuster hit movies "Enteng



Smoking starts in the first four minutes of the black-and-white film, "Manila Kingpin: The Untold Story of Asiong Salonga," starring Laguna Governor ER Ejercito (a.k.a. Jorge Estregan, forefront). Photo from the Internet.

Kabisote" of Vic Sotto and "Ang Tanging Ina Mo" of Ai Ai delas Alas.

"Ang Panday 2" is an action, fantasy and adventure movie that is also the sequel to the 2009 reincarnation of one of Fernando Poe, Jr.'s most beloved cinematic alter-egos based on Carlo J. Caparas' comics creations. It stars Senator Bong Revilla and produced by Imus Productions and GMA Films.

"My House Husband Ikaw Na" is a comedy, romance movie produced by OctoArts Films starring reel- and real-life couple, Ryan Agoncillo and Judy Ann Santos, their first movie together since tying the knot. The movie essays a reversal of roles where the husband found himself out of work and taking care of the house and the two kids, while the wife goes to full-time work and becomes successful in her newfound career.

Tobacco Imagery Viewers Get

For the tobacco industry, films

provide an opportunity to convert a deadly product into a status symbol or token of independence. According to the World Health Organization in the second edition of "Smoke-free Movies: From Evidence to Action," published in September 2011, "because smoking on screen is uniquely vivid and because young people see so many films so often, its promotional effect on smoking initiation is striking."

In **"Manila Kingpin: The Untold Story of Asiong Salonga,"** cigarette smoking is for the main character who is a notorious gang leader but a caring, ala Robin Hood, toughie during his time, and cigar chomping is for the villain who gunned down the main character. The said villain has a scene where he spits cigar remnants in the face of a poor, helpless man. Research shows that the villain who smokes can be even more influential on adolescents than the hero.

The movie is set in the 1950s when smoking was all the rage in real and reel life. Although smoking may be necessary

to represent the smoking of real historical figures in which the film is based, smoking is overused and over emphasized in this film.

And while many movies use smoking as a form of relaxation after sex, this movie showed a reversal of imagery. In an interesting and innovative way, smoking became a prelude to sex. The lead actor's mistress, who is also a sex worker, seduces him by lighting two cigarettes and giving one for him to smoke. The sexiness of the acting as well as the effect of cigarette smoke in a black-and-white film completed the imagery that smoking is sex foreplay.

In **"Shake, Rattle and Roll 13,"** smoking is associated with the rich ranch owner, while in **"Segunda Mano,"** smoking is associated with a glamorous woman vacationing from abroad and who flirts with the lead actor after his wife supposedly left him.

Smoking actors are rich, tough and rebellious while smoking actresses are sexy, attractive and sophisticated. These are the messages delivered by the three movies that

show smoking scenes. For decades, these are the images the tobacco industry use in their marketing in the hope that young people will take part in the exciting lifestyles of the rich and the glamorous, that they will adopt the behaviors they see in these characters depicted in the movies.

In **“Yesterday, Today, Tomorrow,”** the message the lady boss blurts out to her colleagues in a tiring office meeting that it is time to smoke showed smoking is a way to relax and relieve those pent-up stress. But the idea that smoking relieves stress is a myth; rather than help smokers relax, nicotine actually increases anxiety and tension, says Psychologist Andy Parrott, whose findings have been published in the medical journal *American Psychologist*. He explained, “Regular smokers need nicotine to maintain normal moods as they suffer tension between cigarettes.”

Meanwhile, in the presentation of tobacco in the MMFF entries that have smoking scenes or dialogues, there is no message that reflects the dangers and consequences of tobacco use.

The Tobacco Atlas (2009) published by the American Cancer Society and the

World Lung Foundation noted that tobacco marketing increases cigarette consumption and seduces new smokers into addiction, negating public health efforts to control tobacco. The World Health Organization Framework Convention on Tobacco Control (WHO FCTC), the first global public health treaty, recommends that “Parties (or countries) recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.”

In the Philippines, the Tobacco Regulation Act of 2003 (Republic Act 9211) prohibits only mass media advertising on television, radio, print and outdoor billboards. Advertising and promotions are allowed at points of sale. Limited sponsorship is also allowed. Partial restrictions, like in the Philippines, are proven to be ineffective in reducing smoking because tobacco companies redirect their marketing efforts to available venues, like the movies.

In the December 2006 issue of *Archives of Pediatrics and Adolescent Medicine*, a study “The Extent to Which Tobacco Marketing and Tobacco Use in Films Contribute to Children’s Use of Tobacco,”

found that depictions of smoking in movies are more psychologically powerful than cigarette advertisements and have a greater impact on children’s attitudes and behaviors regarding smoking. The research looked at 51 studies and found that media exposure to tobacco use increases the odds of youth taking up smoking almost threefold.

Alas, even with several scientifically-proven evidences all over the world, many in the Philippine entertainment industry do not realize nor believe the impact that smoking in media has on influencing behaviors among children and adolescents. Even the self-professed non-smoker and non-drinker since birth, Cesar Montano, a popular action star who led an anti-smoking fun run in Manila on November 26, 2011, would not tuck in a smoking scene in any of his movies if the scene or the role calls for it. He said in one published news report, “I believe that if a scene requires that a character has to smoke, the act should be allowed. People should be able to draw the line between being oneself and playing a role.”

What Can be Done

Internationally, there is no consensus yet on what should be done about smoking on TV and in films. Often, the issues being raised are those of artistic freedom and being truthful/factual (because ordinary people do smoke), especially when dealing with historical films wherein famous people known to have smoked are portrayed or many people of that time/place smoked. Critics of censorship will also ask why alcohol or violence should not be treated in the same way.

In Thailand, the act of smoking and any lit cigarette is prohibited on screen, such that any TV shows or movies (including imported movies) that have smoking scenes



Alas, no movie in the Film Festival depicts true images and messages of the health hazards of smoking, like oral cancer as seen in a patient above.

are required to block out the hand or mouth with the cigarette. This is rather ugly and quite distracting (but great for raising awareness that smoking is bad), so that local producers have made conscious efforts to not have any smoking scenes in their films/shows.

In China, the State Administration of Radio, Film and Television released an order in February 2011 directing producers to minimize plot lines and scenes involving tobacco and show smoking only when necessary for artistic purposes or character development. Minors under age 18 cannot be shown smoking or buying cigarettes, and characters may not smoke in public buildings or other places where smoking is banned.

In the US, Stan Glantz, professor of the Department of Medicine and director of the Center for Tobacco Control Research and Education at the University of California San Francisco (UCSF) and his group made the following five reasonable, responsible steps to protect young audiences from on-screen smoking which were endorsed by the US Centers for Disease Control on July 15, 2011: 1) assigning R ratings to movies that depict onscreen smoking; 2) requiring anti-tobacco ads in movies that depict smoking; 3) prohibiting on-screen display of tobacco brands; 4) requiring producers to certify that no one associated with a movie depicting tobacco use received compensation for it, and; 5) harmonizing the State movie subsidy programs with the tobacco control programs by limiting eligibility for subsidies only to tobacco-free movies.

In India, the Ministry of Health and Family Welfare has issued a notification dated October 27, 2011 that mandates a U/A certification (universal/adult rating) shall be given for a film in which an actor/actors are shown smoking or using tobacco. A disclaimer of 20 seconds duration shall be required in the beginning and middle of the

film in the voice of the actor shown smoking or chewing tobacco. There shall also be a health warning scroll in legible and readable font going across the scene as a ticker saying smoking causes cancer; smoking kills, tobacco causes cancer. As of this writing, this notification is being contested by filmmakers.

Tobacco-Free Movies?!?

Tobacco-free movies may not be possible in the Metro Manila Film Festival at this time, but the pioneering effort to call on filmmakers not to depict smoking in their films may be the start of something big because it has already elicited healthy public discussion and debate. Although the tobacco industry remains silent on the issue in media, the move has drawn flak from the movie industry but wide support from tobacco control advocates and non-smoking public. This now gives an opportunity not only to push for government action but also to encourage self-regulation.

MMDA Chairman Tolentino hinted that it is time for the movie industry to run the film festival by itself and without the support of MMDA and the local government units. This may be a good idea considering that subsidies are provided by the government, even for movies that depict smoking scenes. It is about time to consider such films as indirect tobacco advertising and promotion vehicle, which is a violation of an existing law, and therefore should not be eligible for any government subsidies or tax incentives.

During Tolentino's call, the Department of Health was also reported to have consulted Grace Poe Llamanzares, chair of the Movie and Television Review and Classification Board (MTRCB), regarding the guidelines in the possible implementation of a No Smoking directive in films and

television programs. This would have been a good measure to prevent producers for incorporating smoking scenes. An R-18 or "For Adults Only" rating would not only limit viewership of minors, but would also mean limited showing in cinemas because the leading chain of malls in the country which carry the most number of moviehouses nationwide, ban R-18 movies in their efforts to make their malls family-friendly. However, the MTRCB has still to decide the merits of issuing tobacco-free guidelines.

Let this be the time to educate the filmmakers. Tobacco control advocates should exert efforts in educating filmmakers on the harmful effects of tobacco use and the evidences that smoking scenes have on smoking initiation and craving to smoke. This strategy may encourage them not to show smoking scenes or depict the true picture of diseases and deaths brought about by smoking in their movies.

And finally, in a country where politics and showbiz are inter-related as many politicians crossover to the other field almost instantly, actor-politicians, like Governor ER Ejercito, should be encouraged to push forward public health and welfare by not being seen in movies as characters who use and promote a product that is not only a health hazard but also deadly.

Last February, Congressman Aurelio Gonzales Jr. filed a House Resolution formalizing the appeal that seeks to put an end to the negative image of congressmen as seen in movies and television shows. He explained that the bad portrayals have been unfair to legislators and have only tainted the names of House members who work hard for their constituents. Well maybe, just maybe, legislators and other political leaders should also be thinking and working hard to put a stop in showing tobacco use in all forms of media for the sake of all Filipinos!

Weeeeh... Hindi nga?!?

PAG-IBIG sa Septic Tank

WARNING: This page is full of toilet humor.

Feelings

JOJIE: Alam mo para kang inidoro kapag na-jejebs ako.
DANNY: Hahaha. Ang sama. Bakit naman?
JOJIE: Kasi it's that feeling... I'm falling for you.
DANNY: Ako naman when I'm with you parang lagi akong naiihi.
JOJIE: Ha?
DANNY: Kinikilig pagkatapos.

Ayos!

FLOR: Ayusin mo nga kama mo, hindi 'yang puro Facebook ang inaatupag mo.
ERIC: Magugulo lang naman ulit. Bakit ko pa aayusin? Para lang akong nagmahal tapos masasaktan lang muli.
FLOR: Ayun! At nagdrama ang batugan! 'Wag ka na ring kumain, kasi idudumi mo lang din.

Imburnal

OSCAR: Miss, imburnal ka ba?
DELIA: *(Kinikilig)* Bakit naman?
OSCAR: Tanga lang kasi ang mahuhulog sa 'yo!
DELIA: Ah, ganun ba? Hmmp!
OSCAR: At isa na ko sa tangang 'yun.

Putik

GLADYS: Noon, ang akala ko, ang tao ay galing sa alikabok at gawa sa PUTIK..
JACKIE: Bakit, Mare? Walang katotohanan ba iyon?!?
GLADYS: Kasi ikaw, gawa sa PLASTIK?!?
Labi
GANI: Malamig siguro ang labi mo.
EDNA: *(Kinilig)* Hindi ah, bakit?
GANI: Nagyeyelo(w) kasi ang ngipin mo 'eh.

Kadiri

Nagkita ang kulangot at tinga...
KULANGOT: Oy! Pare kamusta ka na?
TINGA: You're here?!? Anong ginagawa mo dito 'pre?

Dumi

MIKE: Ipapasok ko na, ha?
DIANE: Dahan-dahan lang ha?
MIKE: Ako ang bahala.
DIANE: Aaahhh... Ang sarap!
MIKE: Ididiin ko pa!
DIANE: Oo sige, ikut-ikutin mo pa!
MIKE: Ayan, malinis na. Sa kabilang tenga naman.

Tunay na Lalaki

DINKY: Ang babae ay parang Barbie. Pwede mong paglaruan, at 'pag naluma na ay pwedeng ipamigay pero tandaan mo, ang tunay na lalaki ay hindi naglalaro ng Barbie.
TERE: Kaya wag n'yo kaming paglaruan kung tunay kayong lalaki!

Tunay na Babae

PHILIP: Ang laki ng problema ko sa syota ko, 'Pre.
IBARRA: Pare, tandaan mo ito... Ang tunay na babae ay marunong magluto tulad ng nanay n'ya. Hindi 'yung kasing-lakas uminom tulad ng tatay nya.

Payabangan

PAKING: Pare yung brief ko hindi T-back ...no back! Hahaha.
ROMY: Wala 'yan sa brief ko... 'Saken parang lumang plaka. Pwedeng Side A at Side B! Hahaha.
ARIEL: Yuck...grabe naman 'yan. Pare yung brief ko parang blockbuster na pelikula...
PAKING: Bakit?!?
ARIEL: NOW ON ITS SECOND WEEK!



Health Secretary Enrique T. Ona, during the hearing on excise tax reform on alcohol and tobacco products, explaining that the main intention of House Bill 5727. (Photo by Paking Repelente)

Honorable Legislators, Please Pass **The Abaya Sin Tax Bill**

by

DONATO DENNIS B. MAGAT
and **ANTHONY R. RODA, MAHeSoS**
HEALTHbeat Staff

Congress Delayed is Health Denied

There is a tug-of-war in the House of Representatives in reforming the excise tax structure of the so-called “sin” products, particularly tobacco and alcohol, and it may

still take a while or even the next Congress to do so even if it has been classified urgent by President Benigno S. Aquino III and with pressures from the World Trade Organization for the government to enact a new excise tax law that would be compliant with the global

standards.

The country’s cigarettes and alcoholic drinks are among the cheapest in the world! Cigarettes, for example, have become cheaper relative to basic commodities such as food, education, and

health in the past 10 years. The current multi-tiered tax system puts the youth and the poor in a trap by the ills of smoking and drinking as it encourages them to shift from higher-priced to lower-priced brands.

Increasing the tax and price of cigarettes and alcohol will effectively help protect the young and the poor from the harmful effects of smoking and drinking. Addiction to smoking and drinking usually happens when individuals start these vices at a very young age. Studies have also shown that the health effects of smoking and drinking are worst for those who begin smoking and drinking in their youth. Hence, the young population needs the most protection from picking up these vices.

On the other hand, the poor smokes and drinks more than the rich. The poor also have the least capacity to get the needed health care when they get sick due to smoking- and alcohol-related diseases, and are the most vulnerable to chronic poverty when they experience health shocks due to these vices. Moreover, the poorest households spend more on tobacco and alcohol more than education or health care. Hence, the poor also needs to be protected from the harm caused by smoking and drinking.

Local studies and reports show that many Filipinos are dying and the Philippines is in a health crisis. Some 515 to 827 Filipinos contract smoking-related lung cancer and lung and heart diseases DAILY! About 240 Filipinos die daily because of smoking-related diseases. Of the 10 leading causes of mortality, seven (7) are smoking-related. Although government revenue from tobacco taxes is about P23 billion annually, the economic burden of health costs and productivity losses of only four smoking-related diseases – cancer, heart diseases, stroke and chronic pulmonary diseases – add up to P148 to P314 billion yearly in the

country.

The government is in a financial crisis and it badly needs more revenues. Increasing sin taxes will be the most effective and efficient tool to raise a significant amount of revenues in the short to medium term. Even with improved tax administration under the Aquino administration, tax effort has remained low at 12% of gross domestic products (GDP). Moreover, GDP growth rate was only 3.7% in 2011. While the budget deficit was reduced to P96 billion in 2011, the government was not able to spend for essential public services, which is the main reason for the close-to-stagnant status of the economy in 2011.

Why the Abaya Bill

There are 12 pending measures in Congress seeking to restructure the excise tax on alcohol and tobacco products, but the one being supported by the Aquino administration is House Bill (HB) No. 5727, penned by Cavite Representative Joseph Emilio Abaya, the chair of the House committee on appropriations.

The following are the salient features of the Abaya bill:

- **IT MOVES FROM A MULTI-TIERED TO A UNITARY TAX SYSTEM:** It will simplify the current multi-tiered tax structure. Only one tax rate for all cigarettes and one tax rate for distilled spirits;

- **IT INDEXES TAXES TO INFLATION:** After reaching the unitary tax system, taxes will be automatically increased yearly, to follow inflation; and

- **IT DEDICATES TAXES TO UNIVERSAL HEALTH CARE AND ALTERNATIVE LIVELIHOOD FOR TOBACCO FARMERS:** Part of the taxes will be used for the Aquino Health Agenda of providing universal health care for all Filipinos. Another portion will be used to aid tobacco farmers in shifting to alternative

and more lucrative livelihoods.

This sin tax reform would have the effect of raising an additional P400 billion in revenues for the government during the last four years of Aquino's term.

Meanwhile, the Department of Health projected that an increase in sin taxes would generate at least P60.7 billion in additional government income annually. Of this amount, P45 billion will be allocated to tobacco farmers while the remaining will be used to fund the government's universal health care agenda or **Kalusugan Pangkalahatan**.

Here Comes The Opposition

The move to raise sin taxes is being opposed by lawmakers from the Solid North – the traditional tobacco-growing regions of Ilocos, Cagayan Valley and Central Luzon – claiming it would kill the tobacco industry and threaten the livelihood of 2.9 million tobacco farmers and workers and their dependents.

Ryan Singson, Ilocos Sur 1st District Representative, warned that if the government proceeds with its plan of adopting a unitary tax system for alcohol and tobacco products, tobacco-producing farmers of his province would have a difficult time finding buyers for their products. The unitary tax system would make cigarette brands currently taxed at P5 per pack pay P40-P45 per pack in three years. Meanwhile, local distillers led by the giant San Miguel Corporation, also warned that the 1,000-percent hike in taxes being sought by the sin tax measure would drive local players out of business and leave hundreds of thousands of workers jobless as domestic brands would lose their price advantage over foreign brands.

Singson filed a substitute version of the sin tax bill that supposedly intends to

balance competing interests, but a careful scrutiny of the bill shows that it does not serve the public interest.

According to the Action for Economic Reforms, an independent, reform-oriented policy group that conducts analysis and advocacy on key economic issues, the Singson bill does not reform the existing weak and backward law. It introduces a new classification system that will merely perpetuate the weaknesses in the law. It does not introduce indexation to inflation. Its tax rates are very low, and cannot even correct the losses from inflation in the previous years. This defeats the twin objectives of significantly yielding revenues for government and stemming the rise of both communicable and non-communicable diseases arising from tobacco and alcohol consumption.

Pro-Abaya Bill in Full Force

The League of Provinces of the Philippines (LPP) through its National President, Oriental Mindoro Governor Alfonso “Boy” Umali and its National Chairman, Ilocos Sur Governor Luis “Chavit” Singson recently joined mounting calls for the passage of the Abaya bill. With Chavit in this corner of the arena going against his son’s bill, the sin tax debates becomes more intriguing.

“It’s high time that we raise the taxes for tobacco products as this will not only raise funds for the health sector but benefit the tobacco farmers,” proclaimed Chavit whose province is the among the leading producers of tobacco products in the country. “I am calling our honorable legislators to approve the Abaya Bill and pave the way for the realization of the Universal Health Care,” added the Governor. He said that after years of opposing increased taxes on tobacco

products, he had come to the conclusion that only manufacturers prospered at the expense of the farmers.

Chavit said that he was alarmed when two giant tobacco companies merged because they would monopolize the industry to the detriment of farmers and small companies. He vowed to explain the benefits of supporting and passing of the Abaya bill to other congressmen and tobacco farmers in his area.

Meanwhile, Umali who leads the LPP, the organization of all provincial governors in the country, said, “The LPP supports this landmark legislative measure (HB 5727) which will generate revenues to finance public-private partnership projects, prevent smoking related expenditures, and save young and poor countrymen from lifestyle diseases.”

Former Finance Secretary Margarito Teves also expressed the urgency

on the enactment of the Abaya bill, which he said is an “improved” version of the Department of Finance’s (DOF’s) proposal under the Arroyo administration. “I want it to be like the Conditional Cash Transfer. The funding for tobacco farmers was not included on our proposed bill during my time. But with HB 5727, farmers are assured of income in the event that they would shift to other crops,” he said.

The bill provides a safety net for the tobacco farmers. The history of tobacco farming in the Philippines showed that it is declining and a lot of farmers have shifted to other crops. In the 1990s, 69,000 hectares in the country were used for tobacco, but it is now down to 30,000 hectares. In studies made by the Department of Agriculture, the possible alternatives for tobacco would be sweet corn, tomatoes, sweet pepper and bitter gourd.

Aside from Teves, 12 former



IN FULL FORCE PUSHING FOR THE ABAYA BILL. From left to right: Oriental Mindoro Governor Alfonso “Boy” Umali, Health Secretary Enrique T. Oña, Ilocos Sur Governor Chavit Singson, and BIR Commissioner Kim Henares. (Photo by Paking Repeleante)

government officials expressed their support for the Abaya bill through a position paper signed during a press briefing. They are former DOF secretaries Ernest Leung, Roberto de Ocampo, Jesus Estanislao and Ramon del Rosario; former DOF undersecretaries Romeo Bernardo and Milwida Guevara; former DOH secretaries Alberto Romualdez, Esperanza Cabral, Jaime Galvez Tan, Juan Flavio and Alfredo Bengzon; and former National Treasurer Leonor Briones.

For her part, Bureau of Internal Revenue Commissioner Kim Henares emphasized that the Abaya bill is being pushed for its benefits for the health of Filipinos as it seeks to prevent smokers and potential smokers from indulging in this addictive and harmful behavior. She said that the bill would tax all tobacco companies similarly, and added that it is unfair for non-smokers to pay for the health bills of smokers. With the proposed bill, the government through its **Kalusugan Pangkalahatan** agenda, it will have enough money to shoulder expenses of smoking-related diseases.

Dr. Shin Young-soo, World Health Organization (WHO) Regional Director for the Western Pacific Region, also throws in his support the use of a percentage of the proposed tobacco tax increase for health.

"For a half century, the scientific community has generated solid and robust evidence to show how smoking and exposure to secondhand smoke directly harms health," Shin said. "We know that

secondhand smoke contains not just nicotine and tar but more than 7,000 other chemicals, including hundreds that are toxic and about 70 that can cause cancer. WHO has a very clear stance on tobacco control and is determined to help governments protect the health of their people.

"We realize that developing strong tobacco control policies is not simple. Nevertheless, we know that the restructuring of tobacco prices and taxes in the Philippines would significantly reduce tobacco consumption and prevent unnecessary suffering and death from cancer, heart disease, stroke, and such chronic respiratory diseases as emphysema, which, with diabetes, are now the leading causes of illness and death in the country,"

The National Youth Commission (NYC) is also in the bandwagon appealing to Congress for higher taxes on cigarettes to discourage Filipino youth from acquiring the deadly habit. NYC Commissioner Percival Cendana said, "We have one of the cheapest prices of cigarettes, not only in Southeast Asia but also in the Asian region. At present, a local cigarette stick costs P2."

The most popular brands of cigarettes sold in the Philippines cost an average of less than 50 cents per pack. By contrast, in the Lao People's Democratic Republic cigarette prices recently doubled to about one US dollar per pack. In Malaysia, cigarettes cost three US dollars per pack. The average cost of a pack of cigarettes in Hong Kong (China) is six US dollars and nine in

Singapore.

The NYC reiterated a recent study by the University of the Philippines-Diliman Communication Research Society that revealed 60 percent of its respondents will quit smoking if cigarettes were priced at P5 per stick.

The NYC said that based on its "conservative estimation," two out five Filipino teens aged 13 to 15 years smoked in 2011. This computation was based on the Philippines Global Youth Tobacco Survey which showed that 19.6 per cent of the age group smoked in 2003. This figure increased to 27.3 per cent in 2007. The NYC estimated that youth smokers increased by 40 percent last year.

Health Secretary Enrique T. Ona expressed great satisfaction at this development which bodes well for the Abaya bill.

"We appreciate the support of our partners who fully understand how this measure will boost our fight against the menace of non-communicable diseases as well as our efforts to achieve **Kalusugan Pangkalahatan**, he said. Ona also revealed that the bulk of the projected revenue from the measure will be channeled to finance of the administration's effort to achieve universal health coverage in PhilHealth and to enhance the nation's health care system by upgrading government health facilities to provide better health services.

"We again urge legislators to pass the sin tax reform bill," Ona concluded.

HEALTH tip

Coffee With Dinner? Try Decaf...

That after-dinner cup could be interfering with your sleep. To get a good night's rest, avoid caffeine for eight hours before bedtime. While your body doesn't store caffeine, it takes many hours to eliminate the stimulant from your system. (*Lifted from Mayo Clinic website.*)

Why Nicotine is So Addictive

by

TATO M. USMAN, MD, MPAIM

DOH Center for Health Development - Autonomous Region in Muslim Mindanao

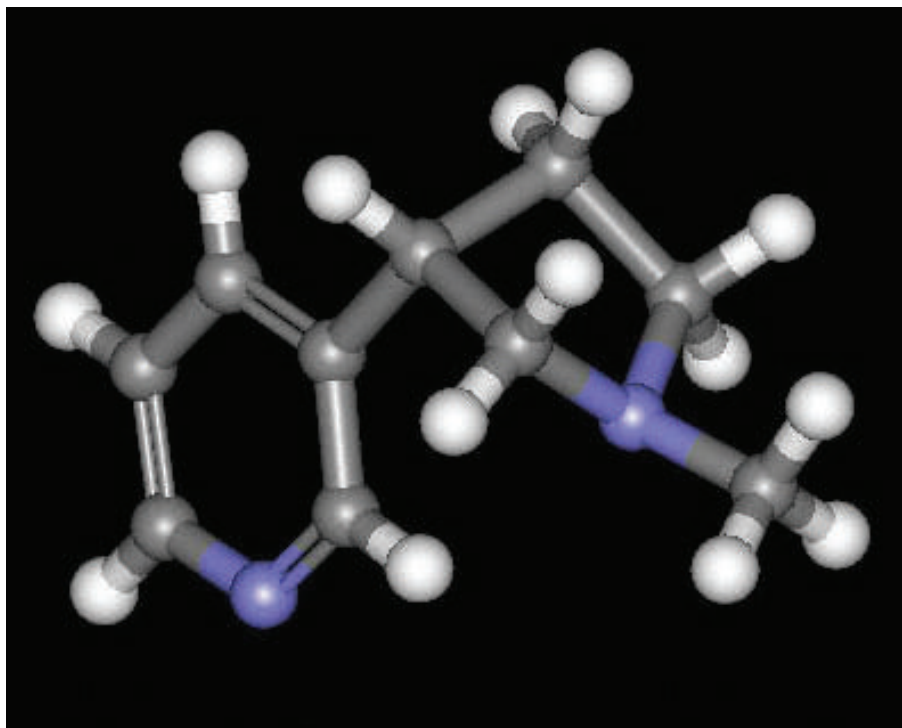
Addiction is defined as compulsive use despite damage to the individual or society and drug-seeking behavior can take precedence over important priorities. It persists despite a desire to quit or even repeated attempts to quit.

Nicotine is an alkaloid found in the nightshade family of plants that constitutes approximately 0.6%-3.0% of the dry weight of tobacco, with biosynthesis taking place in the roots and accumulation occurring in the leaves.

Nicotine is the tobacco plant's natural protection from being eaten by insects. Its widespread use as a farm crop insecticide is now being blamed for killing honey bees. A super toxin, drop for drop it is more lethal than strychnine or diamondback rattlesnake venom and three times deadlier than arsenic.

One cigarette may have approximately 1-1.5 mg nicotine (depending on the brand) and it is only one of more than 7,000 chemicals such as carcinogens (cancer-causing agents), toxic metals and poison gases) found when tobacco is lighted up.

Nicotine is a tertiary amine that results in addiction. According to John R. Polito, author of *Freedom from Nicotine - The Journey Home*, it is hard to understand nicotine addiction, or any form of drug addiction for that matter, without a basic understanding of the brain's primary motivation neurotransmitter, dopamine. The brain's dopamine pathways serve as a built-in teacher. It uses a desire, yearning



Nicotine: $C_{10}H_{14}N_2$. Photo grabbed from the <www.erowid.org>

or wanting sensation to get our attention when it wants to pound home a survival lesson necessary to keep us humans alive and thriving.

When we feel hunger our dopamine pathways are being stimulated, teasing us with anticipation "wanting" for food. If kept waiting, the anticipation may build into urges or even full-blown craves. Each bite we eat further stimulates dopamine flow until stomach peptides at last tell the brain we're full and wanting becomes satisfied.

But our brain does not stop with simply creating and satisfying wanting

associated with species survival events such as eating, drinking liquids, bonding, nurturing, accomplishment and sex. It makes sure that we don't forget them, that in the future we pay close attention to these activities.

The brain associates and records how each particular wanting was satisfied in the most durable, high-definition memory the mind may be capable of generating. It does so by hard-wiring dopamine pathway neuro-transmissions into our conscious memory banks (in the prefrontal cortex of the brain), where each is linked to the event that satisfied dopamine pathway wanting,

hunger and yearning.

On one hand, smoking a single cigarette may provide enough nicotine to initiate the addictive process, a recent study found. That is because a small quantity of nicotine, roughly equivalent to what is found in one cigarette, can produce long-lasting changes in the dopaminergic reward centers of the midbrain. By studying rat brain tissue, University of Chicago researchers found that the nicotine in cigarettes not only directly stimulates nicotinic acetylcholine receptors in the ventral tegmental area (VTA), one of the dopaminergic reward centers of the midbrain, but also alters synaptic function in the VTA.

In the study by Huibert Mansvelder, PhD and Dr. McGehee, the direct stimulatory effect on the nicotinic acetylcholine receptors in the midbrain was short-lived because these receptors desensitized in a matter of seconds. However, nicotine also induced a long-term potentiation of excitatory input to the dopamine neurons.

This phenomenon, said Dr. McGehee, probably explains the sustained rise in dopamine release that follows nicotine exposure; the root cause appears to be activation of presynaptic alpha 7 subunit containing nicotinic acetylcholine receptors on glutamatergic terminals. This activation results in an ongoing increase in the excitatory input to the VTA.

Recently, the National Institute on Drug Abuse-funded researchers have shown in animals that acetaldehyde, another chemical constituent of tobacco smoke, dramatically increases the reinforcing properties of nicotine and may also contribute to tobacco addiction¹⁴.

The investigators further report that this effect is age-related, with adolescent animals displaying far more sensitivity to this reinforcing effect¹⁴, suggesting that the brains of adolescents may be more

vulnerable to tobacco addiction.

Likewise, ammonia added to commercially made cigarettes can boost the availability of nicotine up to 100 times, says a new study by the Oregon Graduate Institute of Science and Technology in Portland. The study supports the claim of many critics of the tobacco industry that ammonia enhances the effect of nicotine, a claim that tobacco companies have denied.

The process of increasing the impact of nicotine by adding ammonia is called "free-basing" to heighten the effects of nicotine.

Nicotine exists in two forms, namely: acid and base. When ammonia is added, the nicotine converts from acid to base form. The base form can vaporize more easily from the smoke particles into the gas phase, enabling it to deposit directly on the lung tissue and immediately diffuse throughout the body.

Although the research has shown that ammonia makes nicotine more available from cigarette smoke, James F. Pankow, one of the authors of the study, warns that more research needs to be done to determine whether "the increased chemical availability translates into a more rapid uptake of nicotine by the smoker."

Similarly, the Action Smoking on Health and the Imperial Cancer Research Fund say that they have evidence uncovered by a review of tobacco industry documents that:

- Additives are used to make cigarettes that provide high levels of 'free' nicotine which increases the addictive kick of the product;
- Additives are used to enhance the taste of tobacco smoke;
- Sweeteners and chocolate are used to make cigarettes more palatable to children;
- Eugenol and menthol are added

to numb the throat to mask the aggravating effects of tobacco smoke;

- Additives such as cocoa are used to dilate the airways allowing the smoke an easier and deeper passage into the lungs; and
- Additives are used to mask the smell and visibility of smoke that is not breathed in by the smoker.

The Islamic Stance on Tobacco Addiction

Eminent Muslim scholar Sheikh Yusuf Al-Qaradawi, states: "There is harmful effect of smoking that is disregarded by those who have tackled the issue of smoking like the negative psychological effect. Getting accustomed to smoking enslaves one's will and makes it a prisoner of that foolish habit that one can hardly give up even if one decides to do so one day for a certain reason, such as noticing its obvious negative effect on one's health or concerns about upbringing one's children, or discovering one's need to spend one's money on useful and beneficial matters, or for any other similar reason. Due to such psychological enslavement, most often than not, smoker neglects to meet the needs of one's family because one is addicted to smoking, from which one has become unable to free oneself. In addition, if a smoker cannot afford it for a single day, due to an internal or external reason, one becomes afflicted with a state of disorder, imbalance, irritation and anger for the slightest reason."

In gist, there is a clear link among acetaldehyde, additives (like ammonia), nicotinic receptors (including alteration of synaptic function in the VTA) and dopamine that makes nicotine more addictive.

Allah Almighty knows best.

- o o o -

Photo floats online.



The **AIR POLLUTION** *that we breathe*

by
ABIGAIL CORPUZ-QUETULIO
HEALTHbeat Staff

Breathing can be dangerous in Metro Manila.

A few years back, I was confined at the Lung Center of the Philippines for a lung surgery that was caused by a congenital anomaly. After the operation, I was given a copy of my medical records and there I saw the condition of my lungs and how they looked like. I noticed there were tiny spots/stains in my lungs and when I asked the surgeon about it, he said those stains were just caused by the air pollution in Metro Manila. I realized that this happened to my lungs after only five years' stay in Metro Manila. I dreaded the thought of the extent of damage the air pollution would bring to my health in the next coming years.

Metro Manila has the worst air pollution in the country today. According to the Department of Environment and Natural

Resources (DENR), around 80% of Metro Manila's air pollution comes from vehicles while around 20% comes from factories, waste burning, and dust.

Poor air quality affects health and daily exposure to polluted air can be associated with worsening lung problems and increased cardiovascular events such as stroke and heart attacks. The Department of Health records show that three of the top 10 causes of deaths (chronic lower respiratory diseases, diseases of the heart, and pneumonia) and four of the top 10 causes of illness (acute lower respiratory tract infection and pneumonia, bronchitis/bronchiolitis, diseases of the heart, and acute respiratory infection) are related to air pollution.

Air pollution, as defined by the World Health Organization, is the

contamination of indoor or outdoor environment by any chemical, physical or biological agent that modifies the natural characteristics of the atmosphere. According to a World Bank study, around 18 million Filipinos are exposed to air pollution, resulting in an annual national economic loss of P7.6 billion due to human productivity loss.

DENR Secretary Ramon J. P. Paje stressed, "We need to reverse this trend, or at least put a stop to it not only for the sake of the economy, but more importantly, to improve our quality of life."

Air Pollutants and Health

The following are the common air pollutants and their health effects:

Particulate Matter (PM) or tiny

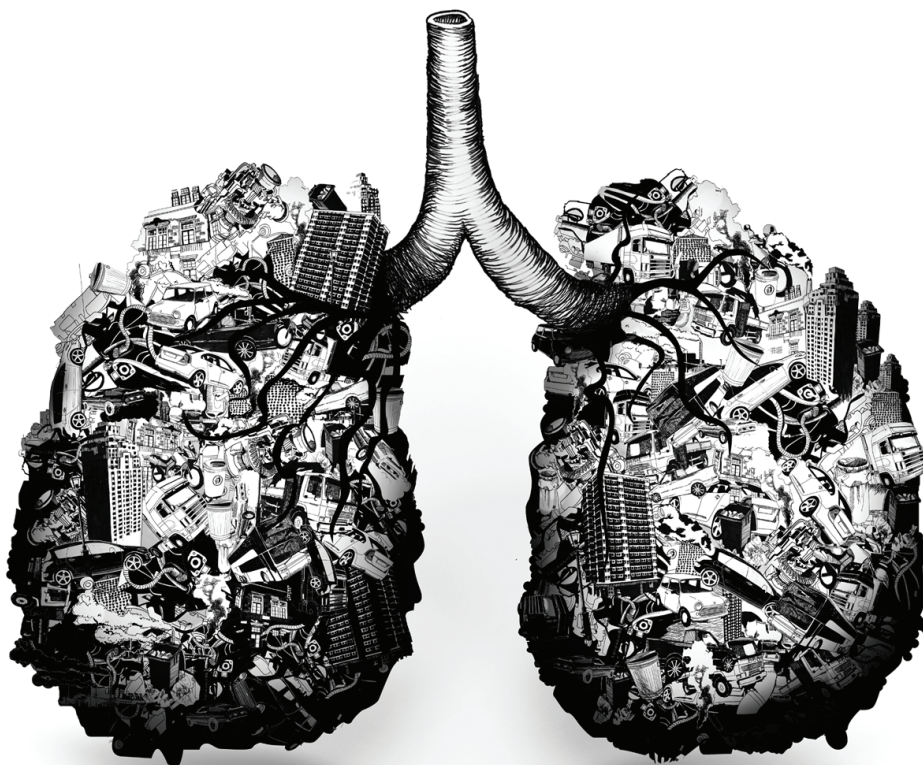
airborne particles or aerosols of two sizes: 10 micrometers or less and 2.5 micrometers or less. These are collectively referred to as total suspended particles (TSP), a regulatory measure of the mass concentration of PM in community air. These particles constantly enter the atmosphere from human sources like motor vehicle use, combustion products from space heating, industrial processes, power generation, and smoking tobacco. The health effects include reduced lung function, inflammation of the lungs, increased susceptibility to respiratory infections, aggravation of heart and lung diseases, and may cause chronic bronchitis and lung cancer.

Sulfur Dioxide (SO₂), a poisonous gas with a pungent, irritating smell released from vehicular emissions, combustion of fossil fuel (coal and heavy oils) and industrial emissions. Its health effects are breathing difficulties, eye irritation, chest tightness, especially among asthma sufferers, and aggravation of heart and lung diseases.

Nitrogen Oxide (NO_x) is a binary compound of oxygen and nitrogen or a mixture of such compounds found in vehicle exhaust, tobacco smoke and smog. Its health effects are irritation of the respiratory tract, increased susceptibility to respiratory infection, and impaired lung function.

Carbon Monoxide (CO) is a colorless, odorless, and tasteless gas that is slightly lighter than air. It is found in vehicular emissions resulting from incomplete combustion. It can cause headaches, dizziness, chest pains among those suffering from cardiovascular disease, and death when exposed in high concentration.

Volatile Organic Compounds (VOCs) are organic chemicals that have a high vapor pressure at ordinary, room-temperature conditions. Their high vapor pressure results from a low boiling point, which causes large numbers of molecules



Man-made outdoor and indoor air pollution affects the lungs and other vital organs of the body. Photo grabbed from <www.messefrankfurt.com>.

to evaporate or sublime from the liquid or solid form of the compound and enter the surrounding air. VOCs are numerous, varied, and ubiquitous. They include both naturally occurring chemical compounds and man-made like in vehicular emissions and biomass burning. VOCs can cause irritation of the eyes, nose and throat, headaches, nausea and loss of coordination.

Ground Level Ozone (O₃) or “bad” ozone is not emitted directly into the atmosphere. It results from photochemical reactions between NO_x and VOCs in the presence of sunlight. It can cause itchiness and burning of the eyes, irritation and inflammation of the lungs, breathing difficulty, and increased susceptibility to respiratory infections.

Poly-Aromatic Hydrocarbons (PAH) are chemical compounds that contain more than one fused benzene ring. They are commonly found in petroleum fuels,

coal products, and tar; e.g. Naphthalene, Anthracene and Phenanthrene. They are produced by combustion processes, including solid fuel use in households; tobacco smoke; vehicular and industrial emissions. Long-term exposure to PAH can lead to cancer, and affects the reproductive system, liver, lungs and skin.

Usok Mo, Buhay Ko

On February 29, the DENR and its partners conducted a Clean Air Summit for Metro Manila dubbed as “*Usok Mo, Buhay Ko*” which was participated in by close to 400 participants coming from national government agencies, local government units (LGUs) and civil society.

The Summit was organized by the DENR’s Environmental Management Bureau (EMB), along with the Department of Interior and Local Government, the Department of

Transportation and Communication (DOTC), the Metro Manila Development Authority (MMDA), the Kapisanan ng mga Brodkaster ng Pilipinas (KBP) and the Philippine Medical Association (PMA). Late last year, the DENR, PMA and KBP signed a Memorandum of Agreement that sought to strengthen the anti-smoke belching program in Metro Manila in an effort to maintain reduced particulates in Metro Manila. PMA and KBP committed to help raise public awareness on the urgency of addressing the country's worsening air pollution problem.

The Summit drew attention to the unhealthy effects of constant exposure to air pollution especially in Metro Manila, and enjoined commitments from various sectors to address the problem. It was agreed upon during the summit that there was need for a "no nonsense crackdown plus a readjustment on policies involving the implementation" of the Clean Air Act.

Under the Clean Air Act, the DENR has a major role as it serves as the environmental pollution regulatory agency particularly for air quality by setting standards, enforcement and monitoring. The DOH, on the other hand, has the role of participating in the development of air quality policies, guidelines and standards. The DOH also provides health information relative to diseases related to air pollution. The Department of Energy sets specifications for all fuel types and fuel-related products. Meanwhile, the DOTC through the Land Transportation Office (LTO) conducts roadside inspection and emission tests for approval and renewal of vehicle registrations. The LGUs including MMDA and as deputized by the LTO also conduct roadside inspections and emission test for smoke belching vehicles. They are also mandated to implement the banning of smoking in public places and burning of wastes.

Dr. Mike Aragon, PMA media affairs chairman, said laws and policies governing air pollution need amendments to make them attuned to the times. "Enforcement is the problem. Unsustained enforcement of the law coupled with graft is a major stumbling block in eliminating air pollution in the National Capital Region," he said.

Dr. Mardave Martinez, PMA vice president, said air pollution "kills" and it should not be tolerated. Before death comes, an affected family will first suffer from huge hospital expenses and loss of income due to sickness related to air pollutants, he said.

Meanwhile, Health Secretary Enrique T. Ona said that having a systematic and strict implementation on programs and initiatives to reduce air pollution would have direct health significance. As the present administration seeks towards achieving **Kalusugan Pangkalahatan** (Universal Health Care), strengthening the promotion and monitoring for air quality is indeed an important health issue to address. As every Filipino deserves access to quality health care services, everyone also deserves a good fresh air to breathe in especially here in Metro Manila.

Measuring Air Quality

A month after the Summit, the DENR reported that it has started putting air quality monitoring stations capable of gathering PM_{10} and $PM_{2.5}$. The TSP will still be monitored, but Sec. Paje said, "We do recognize the importance of shifting to measuring PM_{10} $PM_{2.5}$ as the more appropriate indicators of the adverse impacts of air pollution on human health."

He stressed that with the levels of TSP going down, the DENR can now focus more in coming up with concrete measures to address PM_{10} and $PM_{2.5}$ pollution. Based on the DENR National Air Quality Status Report

2005-2007, the TSPs were on a decreasing trend – from 144 to 97 microgram per Normal cubic meter (ug/Ncm) but the concentrations are still above the annual mean for TSP guideline value for one year of 90 ug/Ncm.

The DENR has already set up PM_{10} monitoring stations in Metro Manila. There are nine stations monitoring PM_{10} , 6 of which are manual and are situated in Caloocan, DOH Manila, MRT Pasay-Taft, Marikina, National Printing Office (NPO)-EDSA and MMDA Guadalupe. There are three automatic stations and these are located at Radyo ng Bayan in Valenzuela City, Ateneo University and National Mapping and Resource Information Authority (NAMRIA) which also measures $PM_{2.5}$.

Based on EMB records, most stations showed readings that exceed the PM_{10} annual guideline value of 60 microgram per normal cubic meter as provided for in the Clean Air Act. These are the stations at NPO-EDSA (74 ug/Ncm), Marikina (66 ug/Ncm), Pasay-Taft (130 ug/Ncm), Valenzuela-Radyo ng Bayan (64 ug/Ncm) and Caloocan-Partisol (168 ug/Ncm).

Paje added that the installation of additional monitoring stations on PM_{10} and $PM_{2.5}$ is now underway. For 2012, the DENR will put seven more PM_{10} and $PM_{2.5}$ stations, and eventually work towards setting up stations in all cities and municipality of Metro Manila in 2013.

Paje stressed the need for more intervention to achieve healthy air quality. This includes the enhancement of anti-smoke belching operations in Metro Manila; the adoption of more stringent emission standards for all types of motor vehicles; and stricter monitoring of private emission testing centers and motor vehicle inspection stations with the use of closed-circuit television or CCTV cameras.

- o o o -

HEALTHY LIFESTYLE

Banat ni Lolo, Hirit ni Lola

Old Age Doesn't Mean Poor Health

"Banat ni Lolo, Hirit ni Lola" may sound vulgar, but it's not!

It is the way the Department of Health is encouraging the older population to live a healthy lifestyle and participate fully in society by making important contributions as family members, volunteers and as active participants in the workforce. Old age should no longer be equated with poor health.

Dr. Margaret Chan, director-general of the World Health Organization

(WHO), said, "When a 100-year-old man finishes a marathon, as happened last year, we have to rethink conventional definitions of what it means to be 'old'. Stereotypes developed in past centuries no longer hold."

Life expectancy is going up in most countries, meaning more and more people live longer and enter an age when they may need health care. Meanwhile birth rates are generally falling. Countries and health care systems will need to find innovative and sustainable ways to cope with the demographic shift.

In the next few years, for the

first time, there will be more people in the world aged over 60 than children aged less than five. By 2050, 80% of the world's older people will be living in low- and middle-income countries. The main health challenges for older people everywhere are noncommunicable diseases (NCDs), such as heart disease, stroke, cancer, diabetes, and chronic lung disease.

With the rapid ageing of populations, finding the right model for long-term care becomes more and more urgent. "People in low- and middle-income countries currently face up to four times the



risk of death and disability from NCDs than people in high-income countries, yet most of these conditions are largely preventable or inexpensive to treat," says Chan.

This year, on the occasion of the World Health Day (April 7), the WHO is calling for urgent action to ensure that, at a time when the world's population is ageing rapidly, people reach old age in the best possible health.

The risk of developing all NCDs can be significantly reduced by adopting healthy behaviors, such as being physically active, eating a healthy diet, avoiding the harmful use of alcohol and not smoking or using tobacco products. The earlier people adopt these behaviours, the better their chance of enjoying a healthy old age. Healthy lifestyle from the very beginning of life is key to a healthy and active old age.

The WHO highlights the need for countries to take steps to prevent NCDs and to ensure that systems and services are in place to provide treatment and care when it is required. Many of these services are highly cost-effective. For example, high blood pressure – a key risk factor for both heart disease and stroke – can be effectively treated for just a few dollars a year. Today, less than 15% of older people in low- and middle-income countries in need are receiving treatment for high blood pressure.

The WHO has outlined four key actions that governments and societies can take now to strengthen healthy and active ageing.

- Promote good health and healthy behaviours at all ages to prevent or delay the development of chronic diseases.
- Minimize the consequences of chronic disease through early detection and quality care (primary, long-term and palliative care).
- Create physical and social

environments that foster the health and participation of older people.

- "Reinvent ageing" - changing social attitudes to build a society in which older people are respected and valued.

Ageing Population in the Philippines

In the Philippines, the population of 60 years or older was 3.7 million in 1995 or 5.4% of the total population. In the 2000 census, according to the National Statistical Coordination Board, this increased to about 4.8 million or almost 6%. At present, there are 7 million senior citizens (6.9% of the total population), 1.3 million of which are indigents.

With the rise of the ageing population is also the increase in the demand for health services by the elderly. According to a study on the share of health expenditure of Filipino elderly on the national health account (Racelis et al, 2003), the elderly are "relatively heavy consumers of personal health care (22%) and relatively light consumers of public health care (5%)." From out-of-pocket costs, the aged are heavy users of care provided by medical centers, hospitals, non-hospital health facilities and traditional care facilities.

Fortunately in the Philippines, like in most Asian countries, it is customary for the family elder to be cared for by his children or other relatives. There is a sense of respect and reverence of Filipinos to the elderly. Adult children care for their parents out of respect and gratitude for raising them. The government is also making sure that Filipino elderly are assisted in old age. An Office for Senior Citizens Affairs in cities and municipalities attends to their needs, while the senior citizens' ward in every government hospital provides better health care.

Moreover, the DOH is currently lining up appropriate and quality health care services for the elderly, especially those who belong to the marginalized sector.

Last year, 197,000 pneumococcal and 173,000 influenza vaccines were delivered to all Centers for Health Development (DOH regional offices) and provided for indigent senior citizens. Health Secretary Enrique T. Ona also revealed that the DOH is targeting to give out 1,043,745 of the said vaccines this year for indigent senior citizens aged 60 years old and above using the National Household Targeting System of the Department of Social Welfare and Development.

The DOH also conducts a "Summer Camp ni Lolo at Lola" every May and supports the Walk for Life" for the elderly every October.

Good Health Adds Life to Years

World Health Day is celebrated on April 7 to mark the anniversary of the founding of the WHO in 1948. The day fell on Black Saturday this year and the DOH and its partners moved the celebration to April 11 at the Quezon Memorial Circle in Quezon City. The worldwide theme "Good Health Adds Life to Years" was transformed into a more fun way of doing things in the Philippines and became "Healthy Lifestyle: *Banat ni Lolo, Hirit ni Lola.*" In the event, a dance-exercise video for senior citizens was launched to provide them with opportunities in adopting a healthy lifestyle. The exercise video was developed by the Strength and Conditioning, Inc. in collaboration with the DOH and WHO Philippines Office.

The Philippine Physical Activity Guidelines generally prescribes 30 minutes to one hour of physical activity and exercise per day which can be done in accumulated 10 minute bouts throughout the day or in one

continuous session. For older population, 60 years old and above, at least 30 minutes of light to moderate physical activity, accumulated or in one session, is needed for most days of the week, if not daily.

Older adults need their balance, strength and flexibility to ensure appropriate functionality and a good quality of life. Researches reiterate over and over the challenges brought about by ageing, such as balance deficiencies, loss of strength, and soft tissue stiffness. All these are alleviated by appropriate physical activity and exercise.

The dance-exercise video for older persons adopts movements that are simple and easy to follow. While it is only

12 minutes in length, it may be repeated if more exercise is desired. However, it must be emphasized that physical activity is best done with variety to effect balance and moderation. As such, other forms of physical activity should be done to complete the 30 minutes to one hour requirement. Examples are household chores, physically active commute, physically active recreational activities, social and other forms of dancing, and other forms of exercise such as yoga, tai-chi and the like.

For most people, physical activity and exercise promote health and wellness benefits. However, it must also be recognized that for a small minority of population, it

can cause potentially dangerous outcomes such as injury and illness. To reduce the risks associated with physical activity and exercise, a clearance from a physician is needed and adherence to the limitations prescribed by the results of the evaluation.

And a final reminder, adopting a healthy lifestyle requires consistency and good habit formation. For people doing the dance exercise-video, it is important to start slow and adopt modest objectives. Make progress only when the exercise becomes comfortable and easy. And at any point during the exercise, do not hesitate to stop if dizziness, nausea, shortness of breath or chest pains manifest.

FACEbeat





Trigger Finger

by

DONATO DENNIS B. MAGAT

HEALTHbeat Staff

DENNIS: *Bakit pag umaga di ko maunat ang middle finger ko? Sobrang sakit!*

GLEN: *Rayuma yan, pare.*

PAKING: *Sumpa yan, pare. Tingnan mo affected yung bad finger mo.*

DENNIS: *Mga loko! Bakit ba kinausap ko pa kayo. Wala naman pala ako mapapala sa inyo.*

It isn't the usual **Healthbeat** joke, so don't be dismayed if you did not find it

funny. In fact, the pain I had with my middle finger was so excruciating, especially in the morning.

One of the most common hand problems/injuries encountered today in orthopedic practice is trigger finger, also known as trigger digit. Trigger finger is medically termed Stenosing Tenosynovitis. It is a "snapping" condition of any of the digits of the hand when opened or closed.

One of the fingers gets stuck in a bent position and then straightens with

a snap — like a trigger being pulled and released. If trigger finger is severe, the finger may become locked in a bent position. The condition is called trigger finger because when the finger unlocks, it pops back suddenly, as if releasing a trigger on a gun. It is a common disorder, usually among adults, characterized by catching, snapping or locking of the involved finger flexor tendon, associated with dysfunction and pain.

Often painful, trigger finger causes the fingers or thumb to catch or lock in a



Dr Jonathan Sabadao (second year hand resident, left) and Dr. Ryan Ruiz (chief resident, center) of the Jose R. Reyes Memorial Medical Center Orthopedic Department treat Dennis Magat (Healthbeat's managing editor, right) who is suffering from trigger finger. (Photo by Paking Repele)

bent position. The problems often stem from inflammation of tendons that are located within a protective covering called the tendon sheath. People whose work or hobbies require repetitive gripping actions are more susceptible. It is also more common in women and in anyone with diabetes.

Dr. Melito Antonio Ramos, former Vice Chair of the Jose R. Reyes Memorial Medical Center (JRRMMC) Orthopedic Department, explains that trigger finger is a condition that usually affects older persons.

He added that it occurs because there is a disparity in size between the flexor tendon and the surrounding retinacular pulley system, commonly known as the A1 pulley, resulting to difficulty in flexing or extending the finger and the “triggering” phenomenon.

Basically, the cause of trigger finger is a narrowing of the sheath that surrounds the tendon in the affected finger. Tendons are fibrous cords that attach muscle to bone. Each tendon is surrounded by a protective sheath — which, in turn, is lined

with a substance called tenosynovium. The tenosynovium releases lubricating fluid that allows the tendon to glide smoothly within its protective sheath as the finger bends or straightens like a cord through a lubricated pipe.

If the tenosynovium becomes inflamed frequently or for long periods, the space within the tendon sheath can become narrow and constricting. The tendon can't glide through the sheath easily, at times catching the finger in a bent position before popping straight. With each catch, the tendon itself becomes more irritated and inflamed, worsening the problem. With prolonged inflammation, scarring and thickening (fibrosis) can occur and bumps (nodules) can form in the affected finger/s.

Diagnosis is made almost exclusively by history and physical examination alone. More than one finger may be affected at a time, though it usually affects the thumb, middle, or ring finger. The triggering is usually more pronounced in the morning, or while gripping an object firmly.

Data presented at the 2005 American College of Rheumatology National Meeting suggests that a majority of patients with rheumatoid arthritis have inflammation around the tendons of the palm of the hand that could develop into trigger finger. Also, prolonged, strenuous grasping may aggravate the condition.

In the Philippines, there is no exact data on the number of affected Filipinos but Dr. Ryan Ruiz, chief resident of the JRRMMC Orthopedic Department, approximates that about 25-30 patients every month are seen at the JRRMMC. If left untreated, this may result/progress to pain or restrictive finger movement.

He further explained that people whose occupation requires mostly the use of their hands are prone to develop trigger finger. Farmers, industrial workers, and musicians are frequently affected by trigger finger since they rely on their fingers or thumbs for multiple repetitive movements. The condition is more common in women than in men with a frequency of 2-6 times and tends to occur most frequently in people who are between 40 and 60 years of age. The peak incidence of trigger finger is observed among individuals aged 55-60 years. Age distribution has not changed significantly despite repetitive tasks.

Increased incidence of trigger finger is observed in the dominant hand. The involvement of several fingers is not unusual. Triggering seems to occur more frequently in patients with rheumatoid arthritis or diabetes mellitus. These patients also seem to be more resistant to injection treatment.

One of the first symptoms of trigger finger is soreness at the base of the finger or thumb. The most common symptom is a painful clicking or snapping when attempting to flex or extend the affected finger. This catching sensation

tends to worsen after periods of inactivity and loosen up due to continuous movement.

The signs and symptoms may progress from mild to severe. These include: finger stiffness, particularly in the morning, popping or clicking sensation as the finger/s is move, tenderness or a bump (nodule) at the base of the affected finger, finger catching or locking in a bent position, which suddenly pops straight, finger locked in a bent position, which becomes unable to straighten.

Dr. Jonathan Sabadao, second-year hand resident also of JRRMMC Orthopedic Department, explained that the key to prevention is education, proper biomechanics, and common knowledge. The common mistake of trying to work through the pain over use of the finger must be avoided. When dealt with trigger finger symptoms, address it conservatively by short exercises during stressful work at home, massage, resting and soaking finger in tepid water is effective and are good preventive measures. When symptoms persist, see your physician.

No x-rays or lab tests are used to diagnose trigger finger. It is generally diagnosed following a physical exam of the hand and fingers. In some cases, the affected finger may be swollen and there may be a nodule, or bump, over the joint in the palm of the hand. The finger may also be locked in a flexed (bent) position, or it may be stiff and painful.

"Treatment of trigger finger varies depending on the severity. The first

step to recovery is to limit activities that aggravate trigger finger, Sabadao explained. Occasionally, a doctor may put a splint on the affected hand to restrict the joint movement. If symptoms continue, anti-inflammatory medications may be prescribed.

An injection of steroid medication may also be recommended into the tendon sheath. If the condition does not respond to conservative measures or consistently recurs, surgery may be recommended to release the tendon sheath and restore movement. Stretching, ice, and anti-inflammation treatments can be helpful.

The most rapidly effective treatment is a local cortisone injection around the affected tendon and most patients responds to this type of treatment. However, if the condition persists after two injections, surgical procedure to ultimately remove the inflamed or scarred tissue is considered.

The recovery time differs from every individual and depends on the severity of the condition. The choice of treatment also impacts recovery time. However, most patients with trigger finger recover within a few weeks by resting and limiting the use of the affected finger and/or using anti-inflammatory medications.

Injection of the tendon sheath with a corticosteroid is effective over weeks to months in more than half of patients treated. When corticosteroid injection fails, the problem is predictably resolved by a relatively simple surgical procedure (usually outpatient, under local anesthesia). A

regimen of physical therapy is generally prescribed after the procedure, which may extend for two to six months.

One recent study in the Journal of Hand Surgery suggests that the most cost-effective treatment is two trials of corticosteroid injection, followed by open release of the first annular pulley. Choosing surgery immediately is often not necessary for resolution of symptoms.

More recently, a randomized controlled trial comparing corticosteroid injection with needle release and open release of the A1 pulley reported that only 57% of patients responded to corticosteroid injection (defined as being free of triggering symptoms for greater than 6 months). This is compared to a percutaneous needle release (100% success rate) and open release (100% success rate). There is a theoretical greater risk of nerve damage associated with the percutaneous needle release as the technique is performed without seeing the A1 pulley.

Other investigative treatment options with limited scientific support include non-steroidal anti-inflammatory drugs, occupational or physical therapy, steroid treatment, splinting, therapeutic ultrasound with anti-inflammatory cream and acupuncture.

Sabadao also suggests that people with trigger finger should immediately consult a health professional as this may limit one's performance of daily tasks or even productivity at the workplace.

- o O o -

Oki, Dok!

ED: Pare, alam mo ba kung bakit nagsusuot ng gloves ang mga duktur at nars bago mag-opera?

RAUL: 'Pre, kasi kung mamatay ang pasyente, walang makukuhang fingerprints!





The "Crack Epidemic"

"Exposure"

A fit and healthy body exudes confidence in carrying any type of clothing, from the relaxed jeans and t-shirt to the most formal barong or coat and tie for men and dinner dress or gown for women. And so the old fashion maxim goes, "if you have it, flaunt it."

But what if you don't have that kind of body, and what you got is a beer belly or a coca cola body (coke in can, that is) instead of a six-pack abs or a curvaceous body. Would you still wear the trendiest fashion?

On the street, on television, in the mall and even in the office, women (and men too) of all ages and sizes are wearing tight, low-slung, butt-hugging jeans and pants that hit at, or often far below, the hip. Low-rise jeans are worn to display more skin at the waist, torso, and hips. Accordingly, they are sometimes worn in combination with shorter crop tops, giving a glimpse of skin between the jeans and the top, or

showing their entire midriff including the belly button.

This fashion statement escalates to the "crack epidemic" where low-rise jeans partially reveal the buttocks when the wearer sits down or bends over. In many cases, butt cleavage becomes visible.

In some cases, it is the designer or branded underwear that is flaunted. When a thong is exposed above a pair of low-rise jeans on the back, it is commonly referred to as a "whale tail," due to its somewhat similar shape. When boxer shorts become visible this is known as "sagging" or "sagg".

A Facebook post posing as a "public service announcement" that is recently circulating, discourages people from wearing low-rise jeans. It says that this fashion trend was born in the United States' jails where prisoners who were willing to have sex with other prisoners needed to invent a signal by partially showing their butts and that they were available to be penetrated. (*See image next page.*)

In the US, low-rise jeans are said to

fall out of favor in 2008 and have become less common since, although they still remain somewhat popular. In the Philippines, it is still very much in fashion especially for young people. However, paraphrasing the tourism campaign, wearing low-rise jeans is "more funny in the Philippines" especially for the modest Filipinos. Instead of flaunting their butt crack, they keep on pulling their shirts or blouses down or cover their back with their hands when they sit or bend over. Wearing these jeans is like putting their hips and buttocks in some humiliating way.

"Etiology"

Low-rise jeans are not new fashion. The style dates back to the late 1960s with the ascendance of the hippie counterculture and rock 'n' roll, and was referred to as hip-huggers. Rock icons like Jimi Hendrix, Janis Joplin and Jim Morrison popularized it. Later, hip-huggers became a staple of popular culture and were incorporated into the disco scene of the 1970s. However, waistlines

moved higher in the 1980s and 1990s, as more women entered the corporate workforce.

The revival of low-rise jeans can be credited to British designer Alexander McQueen, who first showed his famous low-rise "bumster" trousers in his 1996 "Dante" collection show. And the style became popular again in the US, particularly among the youth, when Britney Spears started wearing it in 2000.

In 2004 and 2005, at least two US legislators tried to outlaw low-rise jeans, particularly the display of underwear under the pants, claiming it to be disrespectful and obscene. Their bills were eventually rejected.

Now, low-rise jeans are worn by both men and women. The jeans are intended to sit low on, or below, the hips. Usually they sit at least 8 centimetres (3 inches) lower than the belly button. But in several styles, the rise has dipped as low as 3 or 4 inches.

The "rise" of any jeans is determined by the distance between the crotch and the waist and is usually around 30 centimeters or cm (12 inches) on regular pants. In comparison, the average measurement of low-rise jeans is roughly 20 cm (8 inches). But in several styles, the rise has dipped as low as 7-10 cm (3-4 inches).

"Emergency"

The real problem with extremely low-rise jeans is that they are impractical. Sitting is difficult: If you cannot find a chair with a closed back, you may have to tie a shirt around the waist or risk scandalizing the room. If you drop something, or need to tie a

shoelace, abandon all hope because bending over with dignity is next to impossible. You must perfect the art of squatting, back straight and head up. These jeans also tend to slide down, requiring the wearer to hitch them up repeatedly.

You may look nice with those low-rise jeans or any other skinny outfits for a day but in a long run, you have no idea about the effects of wearing skin tight clothes. Take a look to know how tight clothes impacts health.

In 2003, the Canadian Medical Association Journal published a report by Dr. Malvinder S. Parmar stating that low-rise jeans can cause a condition called meralgiaparesthetica. It is characterized by numbness or tingling in the thighs, by pinching a nerve located at the hip. Left untreated, the numbness can become

permanent. This condition was diagnosed in three mildly obese women who had worn low-rise jeans for 6–8 months. It resolved itself after they avoided wearing low-rise jeans for 4–6 weeks.

Likewise, back pain may also occur. Wearing too tight low-rise jeans compresses the back muscles causing pain. You will know if your pants squeeze your waist badly when taking a seat. Again, tingling in the area may occur. To prevent this, when choosing a pair of jeans, try it and see to it that it does not shrink your body when you squat.

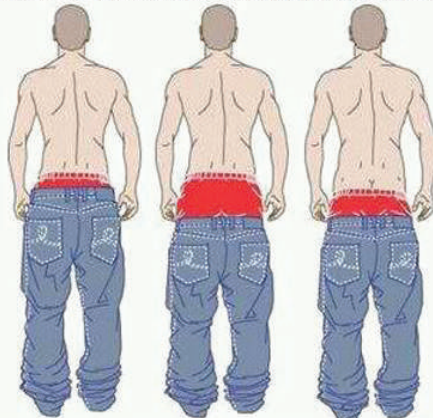
Then, there is the possibility of yeast infection. When women's pubic areas are kept tightly under wraps, the area becomes very warm and moist. This makes it a breeding ground for bacteria and, as a result, can cause yeast infections. The vaginal area becomes very itchy, irritating and painful. To avoid this, especially in hot weather, avoid wearing tight pants. Instead, wear sundresses, loose fitting and breezy pants.

Finally, there is heartburn, abdominal pain and even constipation. The tight pressure on the stomach and the abdomen leads to pain. It may cause an acid reflux resulting in severe burning sensation. Tight pants can also slow down the digestive process. The symptoms may include bitter taste in the mouth, pain below the waist, pain in the abdomen for two to three hours after eating a meal. It is important to eat smaller meals and make sure the belt and pants are not too tight. Or better yet, unbutton your pants and change it immediately. Drink water and wear a loose outfit.

In the final analysis, clothes should be made for comfort.

- o o o -

PUBLIC SERVICE ANNOUNCEMENT



FOR ALL THOSE THAT THINK IT'S NICE TO WALK AROUND WITH YOUR PANTS BELOW YOUR BUTT.. READ THE FOLLOWING EXPLANATION: THIS TREND WAS BORN IN THE UNITED STATES' JAILS, WHERE PRISONERS WHO WERE WILLING TO HAVE SEX WITH OTHER PRISONERS NEEDED TO INVENT A SIGNAL THAT WOULD GO UNNOTICED BY THE GUARDS SO THEY WOULDN'T SUFFER CONSEQUENCES. SO, BY PARTIALLY SHOWING THEIR BUTTS, THEY SHOWED THAT THEY WERE AVAILABLE TO BE PENETRATED BY OTHER INMATES. CLICK "SHARE" IF YOU WANT TO JOIN THE CAUSE FOR A BETTER DRESSED AND A MORE EDUCATED WORLD!

(A Facebook post discouraging people to wear low-rise jeans.)

Gusto Mong Away?

Away BFF

Nagkasulutan ng boyfriend ang dalawang BFF (Best Friends Forever)...

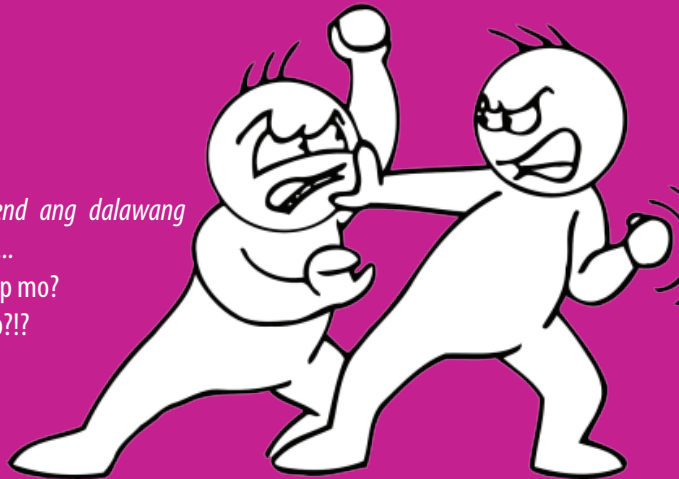
LIBBY: Anong pangarap mo?
WENA: Bakit friendship?!?
LIBBY: Sisirain ko!

Away Beki

NEIL: Sana mamatay na lahat ng malalandi sa mundo!
BRYAN: Bakit may pera ka na bang pampalibing mo?

Away Mag-asawa

JUDGE: Ano ang dahilan para kayo magpa-annul?
JOAN: *(Nagsalita habang nakayuko)* Your honor, katawan lang ang gusto niya sa akin.
JUDGE: At ano naman ang prueba mo?
JOAN: *(Nakayuko pa rin)* Tuwing nagsisiping po kami, tinatakpan niya ng towel ang mukha ko.
JUDGE: Ikaw Mister bakit mo ginawa yun?
MARIO: No comment, your honor. Just see for yourself.
JOAN: *(Nagalit at ihinarap ang mukha sa Judge)* Bastos po talaga ang 'yan!
JUDGE: *(Habang nakatingin kay Misis)* Annulment petition granted. Ikaw naman lalaki, bakit ngayon ka lang nag-file ng annulment? Ang tiyaga mo rin!



Away Matanda

LYNDON: Dok! Dok! Nawala ang memorya ko!
DOK: Huminahon po kayo, lolo. Kailan po nangyari ito?
LYNDON: *(Nagtataka)* Kailan nangyari ang ano?

Away Bansa

MANNY: Tayong dalawa, para tayong Pilipinas at Spratllys.
MARIVIC: Bakit naman?
MANNY: Kasi kahit gaano kalapit natin sa isa't isa, hindi ko pa rin masabing ikaw ay akin.

Away Mahirap

ERNIE: Pahingi naman ng pinya...
FRANK: Pahingi? Nasaan ka noong nagbubungkal ako ng lupa sa ilalim ng init ng araw? Nasaan ka nung binabantayan ko ang mga pananim habang kumukulog, kumikidlat at bumubuhos ang malakas na ulan? Nasaan ka nung nag-aani ako na nagkalat ang mga ahas sa daanan ko? Nasan ka nung naghihirap ako sa pagpasan ng pinya? Nasaan ka?
ERNIE: Nakakulong kasi ako noon! Nakapatay ako ng madamot!
FRANK: Ganun ba? Kuha ka na, kahit ilan! May langka pa doon!

Away Mag-ama

JOJO: Joshua! Kinuha mo ang pera sa bulsa ng pantalon ko 'no?
JOSHUA: Anong sabi mo 'Tay?!?
JOJO: Ang sabi ko, kinuha mo 'yung pera sa bulsa ng pantalon ko!
JOSHUA: 'Di ko talaga marinig 'Tay. Kung gusto mo palit tayo ng pwesto. Dito ka at ako naman ang magtatanong d'yan.
JOJO: Sige, subukan natin.
JOSHUA: Sinong babae 'yung kasama mo kanina?
JOJO: Ay, oo nga! 'Di nga marinig.

Away Dambuhala

PRESCY: Taba, taba, magkano baboy ngayon?!?
BAMBI: Hoy! Ayusin mo yang pananalita mo ha!
PRESCY: Baboy, baboy, magkano taba ngayon?!? Hahaha.

Ang **Dengue** ay isang lumalalang suliraning pangkalusugan sa buong mundo lalo na sa mga bansang ang klima ay tulad ng sa Pilipinas...

Dengue



SAMA-SAMA TAYONG
MAG-AKSYON
BARANGAY
KONTRA
DENGUE

Para sa ligtas na panganganak, pumunta sa health center, ospital o lying-in clinic:

Para doon manganak:

- May mga dalubhasang midwife, nurse at doktor
- May mga gamit at gamot
- May libreng bakuna laban sa Hepatitis B para kay baby

Dalhin agad sa ospital si nanay kung mangyari ang alinman sa mga sumusunod:

- Pagdurugo sa puerta
- Kombulsyon o pagkawala ng malay
- Matinding pananakit ng ulo na may kasamang panlalabo ng paningin
- Mataas na lagnat at paghihina
- Matinding paghilab ng tiyan
- Mabilis o mahirap na paghinga
- Maagang pagputok ng panubigan



*Alamin kung paano maging mas handa.
Pumunta sa pinakamalapit na health center.*

