

AKHBAR : SINAR HARIAN
MUKA SURAT : 27
RUANGAN : NEGERI

Isu pelanggan merokok, peniaga roti canai pula tanggung rugi

KOTA BHARU - Seorang peniaga roti canai di sini terpaksa menanggung kerugian lebih 80 peratus selepas isu pelanggan merokok di kedainya tular sejak minggu lalu.

Peniaga itu, Wan Nurul Hazana Wan Khadir, 35, berkata, hasil perniagaan yang diraih sekitar RM500 hingga RM600 sehari sebelum ini berkurang sehingga RM100 kerana roti canai tidak habis dijual.

Katanya, keadaan itu juga menyebabkan kesedihan dirinya yang berniaga untuk membantu bapa saudara, Anuar Hamad, 45, yang menghidap sakit jantung.

"Bukan nak merungut, tetapi nak beritahu. Akibat kisah tularnya kakitangan hospital hisap rokok dalam kedai, kami hilang pendapatan.

"Roti canai yang dibuat biasanya 15kg dan habis setiap hari, sekarang 2kg pun tak habis," katanya ketika dihubungi di sini pada Isnin.

Ujar Wan Nurul Hazana, kejadian itu pertama kali berlaku sejak 15 tahun berniaga di kawasan tersebut walaupun sudah meletakkan tanda larangan merokok di kedainya.

Katanya, kakitangan itu juga adalah pelanggan tetapnya kerana kedai makan terletak berdekatan hospital namun bukan semua yang merokok tetapi tindakan setengah mereka menyebabkan pelanggan lain takut untuk datang.

"Isu sebenar nak beritahu kakitangan yang menghisap rokok dalam kedai makan, tetapi saya pula yang menanggung akibat apabila pelanggan tidak datang.



Kedai makan Wan Nurul Hazana yang tidak dikunjungi pelanggan selepas tular isu pelanggan merokok dalam kedai.

"Pihak yang menularkan perkara ini sepatutnya bertanggungjawab dan memikirkan dahulu kesan kepada peniaga seperti saya sebelum berbuat demikian," kata wanita itu.

Ujarnya, berharap agar keadaan itu tidak berlarutan kerana dia perlu membayar gaji kepada penebar roti canai sebanyak RM50 sehari dan sewa kedai RM300 sebulan.

"Saya juga berharap pihak yang menularkan perkara itu tampil membuat permohonan maaf," katanya.

AKHBAR : NEW STRAITS TIMES
MUKA SURAT : 19
RUANGAN : LETTERS

TOBACCO ALTERNATIVES

Educating youth on vaping dangers better than banning it

LAST month, the government sent the Tobacco Product and Smoking Control Bill back to the Parliamentary Special Select Committee for further review.

The committee will look into ways to regulate not just conventional cigarettes but also tobacco alternatives like vaping.

This is a move in the right direction, considering vaping has become increasingly popular in Malaysia. The government can also learn from other countries on how to regulate vaping.

A vaping epidemic among adolescents has forced some countries to impose strict enforcement on the production, sale and use of e-cigarettes.

Thailand, Singapore, India, Iran, Taiwan, Brazil and Argentina have banned e-cigarettes. Hefty fines are imposed on tourists who bring in e-cigarettes. But do bans always work? Not necessarily.

Although Saudi Arabia issued a fatwa against the use of tobacco products, its black market has seen an estimated 300 percent rise in the mark-up on cigarettes and hookah products.

The Saudi Ministry of Commerce and Investment officially banned the sales of e-cigarettes or vaping products in September 2015. However, there is no explicit law banning vaping.

In May this year, Saudi's Public Investment Fund instead set up the Badael Company to develop and manufacture tobacco-free nicotine delivery products in the kingdom by year-end.

Badael's products are expected to help nearly one million people (or 25 per cent of all smokers) switch from smoking by 2032.

China and some states in the United States have banned flavoured vapes, such as bubble gum and fruits,

that would attract minors.

China has also imposed a sales ban on e-cigarettes on e-commerce sites, as well as on live-streaming platforms, which are deemed alluring to minors. Despite the ban, e-cigarettes are still accessible to minors.

Meanwhile, the British government encouraged conventional cigarette smokers to swap to a less deadly habit under the "swaptostop" scheme. Smokers are given vape device starter kits and support to help them quit smoking.

The United Kingdom is also offering financial incentives and clinical support for pregnant women to switch to vaping. Prime Minister Rishi Sunak has said the government will form an "illicit vape enforcement squad" to raid vape stores that sell the devices to minors.

Denmark, Sweden, Norway and

Finland allow the sale of vapes, but they strictly regulate such devices by banning them from being advertised. South Korea, on the other hand, imposes high taxes on e-cigarette products, but that has not stopped its youth from vaping.

Australia and New Zealand are planning to ban disposable vapes, although the sales of vapes are restricted to pharmacies and can only be bought with a prescription in Australia.

Australian authorities remain committed to the idea that e-cigarettes function as tools for smokers to quit.

The Philippines was the first country in Asia to enact legislation that distinguishes combustible tobacco products from those that do not burn, that is, vaporised nicotine and non-vaporised nicotine products.

The Vaporised Nicotine and Non-

Nicotine Products Regulation Act allows the Philippine government to regulate the importation, sales, manufacturing, packaging, distribution and use of vaping products.

Manila forces vape manufacturers to register with the authorities and prohibits colourful packaging with various flavours from being sold in the republic. Vapes and vape stores must not operate within 100m of schools.

At the end of the day, global regulations are becoming increasingly ineffective in preventing the young from picking up the bad habit.

The energies of government, media and civil society would be better directed at education and providing factual information on the perils of vaping than punitive actions like bans.

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AKHBAR : THE STAR
MUKA SURAT : 7
RUANGAN : NATION

The call of duty beckons, some doctors answer

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PETALING JAYA: While some doctors have turned down offers to serve in certain locations, especially Sabah and Sarawak, others have answered the call of duty.

Dr Jay (name changed), who will be posted to Sarawak after being granted a permanent position, said although it is difficult to move there because she had elderly parents to care for, she decided to accept the offer.

"There is an understanding that if you serve in Sabah and Sarawak, you will be considered for a permanent position.

"Besides this consideration, I treat it as a call of duty as we must serve pockets of society that are under-served.

"I think it is a bit irresponsible if doctors turn down these offers simply because they do not want to serve at a certain place – but if

they have valid reasons that can be justified, such as care giving responsibilities, then it is acceptable," she said.

Dr Timothy Cheng, an orthopaedic surgeon who has been serving in Sabah since 2012, said it did not take him long to adapt, adding that he loved the environment there.

"I have no regrets. It is a privilege to be able to serve the people of Borneo. My advice will be to just go wherever you are posted," he said.

However, he added that the weakness of the relocation system must be addressed.

"The system is unfair as it does not allow claims for cargo and travel. This is the main issue," he said.

According to letters from the ministry's human resources department sighted by *Sunday Star*, contract staff being absorbed into permanent positions will not be eligible for relocation claims as

their services will "cut off", since they will be transitioning from contract to permanent positions.

This resulted in many healthcare workers – who will have to report for duty at their new place of work by July 31 – having to fund their relocation out of their own pockets.

Another doctor, who declined to be named, said the distribution of doctors across the country is unequal.

"There are many places in the country where there are not enough healthcare professionals, including doctors.

"So it is very upsetting when news surfaces of doctors not wanting to serve in places far from their current place of practice," he said.

The doctor also said the needs of the nation are significant and should be taken into account.

"If everyone does not want to move, who will serve the people in these less popular areas? How

are people there going to receive medical treatment?" he added.

However, he said the responsibility does not fall solely on the doctors, as there must also be efforts by the government to ensure certain benefits are provided to entice them to take up the offer.

"Each facility should have autonomy to hire their own staff with a higher salary scale in less popular areas," he said.

The Star had previously reported that at least 700 medical officers were applying to remain in the Klang Valley.

On July 18, it was reported that more than 200 doctors failed to report for work, or rejected contract positions, to serve in Sarawak.

The Malaysian Medical Association said doctors posted to Sarawak should report for duty first, after which they could appeal for their preferred placement.