

MALAYSIA'S Control of Smoking Products for Public Health Act 2024 (Act 852) was designed to protect public health, a goal few would dispute. However, enforcement must be fair and practical.

Holding business owners jointly liable when customers choose to flout the law shifts responsibility away from the actual offender and onto parties who lack the power to fully prevent such behaviour.

Most food and beverage (F&B) business operators already do what is reasonably expected of them. They prominently display no-smoking signs, inform customers of the law and discourage smoking in their premises.

Beyond these actions, their control is limited. They are not law enforcement officers. They cannot detain smokers, issue fines or forcibly remove individuals without risking confrontation, threats to staff safety and even physical harm.

Enforcement action on smoking also places small and medium F&B businesses at particular risk. Many operate on thin margins with limited staff. A single violation by an uncooperative customer can result in fines that could wipe out days or even weeks of profit, despite the operator having taken reasonable steps to comply.

More importantly, responsibility should lie with the individual who chooses to break the law. Customers are aware that smoking at prohibited areas is an offence. When they knowingly break the law, accountability

Enforcement action on smoking should not penalise business owners



should rest with them, not with the business owners.

Penalising compliant operators undermines the principle of personal responsibility.

If the government is serious about enforcing the smoking ban, deterrence should focus on the offender. Fines and penalties imposed on smokers should be sufficiently severe to discourage violations.

The drink-driving law provides a clear example. Incidents of drink driving have declined significantly because stiff penal-

ties and jail terms deter individuals from getting behind the wheel after drinking.

Interestingly, the premises where alcohol was consumed is not penalised when a drunk driver is caught by the police. Responsibility squarely lies with the driver.

Similarly, when a vehicle owner is fined for fitting illegal number plates, the authorities do not penalise the accessory shop that sold the plates. The fine is imposed on the individual who bought them and thus com-

mitted the offence.

The issue of ashtrays at F&B outlets also deserves some clarification. The mere presence of ashtrays at F&B outlets should not be construed as encouraging smoking.

Many operators keep ashtrays for hygiene reasons, such as to prevent cigarette ash and butts from being discarded on tables, floors or public walkways by recalcitrant smokers.

Providing an ashtray in such situations is an attempt to keep premises clean and hygienic, not an endorsement of smoking. Penalising business operators for this well-intended action is unfair.

Enforcement of public health and fairness do not have to be in conflict. For Malaysia's F&B industry, a balanced and practical enforcement approach is not just preferable, it is necessary.

Enforcement officers should exercise discretion and avoid overzealous action without due consideration of circumstances and compliance efforts.

The government should seriously consider amending Act 852 by shifting the full responsibility of not complying with the smoking ban on the individual who breaks the law, and not the business owners.

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Kuching Division Health Office Investigation and Prosecution Unit officers pose after the proceedings on Monday.

Store owner fined RM60,000 for selling tobacco products near education institution

KUCHING: A convenience store owner was fined a total of RM60,000 by the Magistrates' Court here on Monday for selling tobacco products within 40 metres of an educational institution, and selling smoking products that were not packaged and labelled in accordance with the law.

Magistrate Mason Jaro Lenya Barayan imposed a fine of RM30,000 for each offence after the company director, represented by the premises manager, pleaded guilty when the charges were read out to him.

For the first charge, the company

was found to have sold smoking products within 40 metres of an educational institution, an offence under Section 10(1) of the Smoking Products for Public Health Act 2024 read together with Regulation 4(b) of the Control of Smoking Products for Public Health (Control of Sale) Regulations 2024.

For the second charge, the company was found selling smoking products that were not packaged and labelled in accordance with the law, an offence under Section 10(1) read together with Section 15(1) of the

Act and Regulation 8(1)(b) of the Regulations.

Both offences carry a fine of between RM20,000 and RM100,000 or imprisonment of up to two years or both upon conviction.

The prosecution was conducted by Mohd Fairus Ibrahim from the Kuching Division Health Office, while the company representative was not represented by counsel.

During mitigation, the company representative appealed for a lighter sentence, stating that it was the company's first offence and assuring the court that

it would not repeat the same mistake.

In response, the prosecution said the sale of tobacco products, smoking materials or tobacco substitutes near schools or educational institutions was a seriously matter as it could encourage minors to purchase such products and expose schoolchildren to smoking.

The prosecution the Smoking Products for Public Health Act 2024 aims to protect public health, particularly among youths, and to prevent young people from picking up the habit.

Fragility hip fracture a silent killer

Patients rarely die from bone cracks but from issues after prolonged bed rest

By FAZLEENA AZIZ
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PETALING JAYA: Fragility hip fractures among the elderly are a serious public health concern not from the fracture itself, but from complications that arise from prolonged immobility, says orthopaedic surgeon Dr Mohd Afiq Muhamed Fuad.

He said patients rarely die from the broken bone, but rather from the cascade of complications that followed prolonged bed rest.

"Extended immobilisation can lead to serious and potentially fatal complications such as deep vein thrombosis, pulmonary embolism, pressure sores over the sacrum and pneumonia related to prolonged lying down. These complications significantly increase mortality and adversely affect quality of life," he said.

As such, fragility hip fractures are managed as a medical emergency and part of the national key performance indicators for healthcare delivery.

"In principle, patients with hip fractures should undergo surgery within 48 hours for those who are medically fit for surgery. Early surgery allows early mobilisation, which is crucial in reducing complications, shorten hospital stay and improve survival and functional outcomes," said Dr Mohd Afiq, who is also a clinical lecturer at the Department of Orthopaedic and Traumatology, Hospital Sultan Abdul Aziz Shah, Universiti Putra Malaysia.

He was commenting on projec-



Keep moving: KPJ Ampang Puteri Specialist Hospital Physiotherapists attending to a patient using parallel bars to assist with ambulation. — RAJA FAISAL HISHAN/The Star

tions by the Asian Federation of Osteoporosis Societies which indicate that Malaysia was expected to see one of the highest increases in hip fracture numbers over the coming decade, driven largely by an ageing population.

Dr Mohd Afiq noted that fragility hip fractures are increasingly common among individuals aged 60 and above, particularly the 75

years and above group, due to longer life expectancy, better access to healthcare and higher levels of independence.

"These fractures occur because of osteoporosis, where bones become weak and brittle. Unlike younger individuals who usually require high-energy trauma such as motor vehicle accidents to sustain fractures, elderly patients

may fracture their hips from a simple slip or fall from standing height," he explained.

He added that most falls leading to hip fractures occur at home.

"Toilets at home, especially those with slippery floors and inadequate support, are among the most common locations where elderly falls occur," he said.

To reduce the risk of falls, he advised simple but practical measures such as wearing proper anti-slip footwear at home, using non-slip flooring, and installing grab rails in high-risk areas like bathrooms and toilets.

Private Physiotherapy Clinics Association of Malaysia president Datuk Dr Balwant Singh Bains said those between 45 and 50 should undergo a full-body assessment by a physiotherapist to help identify early stiffness and movement limitations.

"Early detection allows us to guide and empower individuals to address these areas through targeted stretching and exercise programmes, ensuring that joint range of motion remains complete and functional," he said.

For those above 70, regular physiotherapy assessments are even more important, as age-related weaknesses and imbalances can still be corrected or managed effectively, he also said.

Dr Balwant added that even in the absence of pain, it is advisable to consult a physiotherapist periodically for a comprehensive movement and functional review.

Apart from these internal bodily factors, external environmen-

tal hazards also play a crucial role including cluttered living spaces with limited room to move freely, poor lighting, especially at night, and narrow bathrooms. He recommended installing a night light in the bedroom and motion-sensor lights throughout the house.

"Bathrooms should ideally be wider, with additional safety features such as grab bars installed near toilets and in shower areas to provide support while standing, sitting or bathing.

"I also encourage elderly individuals to sit on a stool or chair while washing their lower limbs, as bending forward often leads to loss of balance and falls," he said.

Malaysia Coalition on Ageing chairman Cheah Tuck Wing said that it was important for the elderly to consider renovating their homes to suit their current stage of life.

"They must consider installing hand rails, anti-slip tiles, elderly friendly toilet bowls and sensors to detect movements.

"This is because most incidents are likely to happen in the house and most elderly folks tend to spend time in their homes."

Cheah added that the government can subsidise or give incentives to install basic assistive devices at home to prevent falls like Singapore's Seniors' Mobility and Enabling Fund.

Likewise, community support for the elderly and ensuring that someone keeps an eye on them can help them to receive quick treatment in case of an emergency.

Hip fractures to triple by 2050

By DIYANA PFORDTEN
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PETALING JAYA: With the ageing population increasing in the country, so are hip fractures caused by falls.

According to a study, such injuries are projected to increase by 3.5-fold in just over two decades, up from about 6,000 cases to nearly 21,000 in 2050, the highest among the nine Asian countries surveyed by the Asian Federation of Osteoporosis Societies.

It said Malaysia's rapidly ageing population places mounting pressure on an already stretched healthcare system.

The projected surge is expected to cost more than US\$125mil (RM507.4mil) annually.

Singapore is expected to see the second-largest increase in hip fractures, rising 3.5-fold from 4,477 to 15,806, followed by Hong Kong (2.86-fold) and South Korea (2.85-fold).

"The main target in Asia is to reduce the annual incidence of hip fracture by 2% to 3% each year to stabilise the total number of hip fractures over time.

"To achieve this goal, it is essential for various stakeholders — including patients, their families, healthcare professionals and government bodies — to be actively engaged," it was emphasised.

Another study by the Malaysian Orthopaedic Journal, "The Current and Future Challenges of Hip Fracture Management in Malaysia", said strengthening acute fracture care, expanding rehabilitation and secondary prevention services, and recognising musculoskeletal health as a national priority are essential steps to mitigate the looming impact of hip fractures in the decades ahead.

It said that falls were the most common cause of hip fractures, with most individuals sustaining a deterioration in mobility and becoming more dependent for daily living, which would persist six to 12 months post-fracture.

"Several risk factors were associated with inpatient mortality, such as increasing age, hearing impairment, visual impairment, chronic kidney disease, thyroid disease and an abbreviated mental test of less than eight.

"Those not operated were 2.6 times more likely to die compared to those operated," it said.

The study noted that many patients did not receive comprehensive fall assessments, rehabilitation planning or osteoporosis treatment after discharge, leaving them at a high risk of sustaining a second fracture.

In terms of fracture type, femoral neck fractures (breaks in the narrow section of the thigh bone

or femur) accounted for between 23% and 62% of cases, while intertrochanteric fractures (breaks in the upper part of the thigh bone or femur) made up about 46%.

The study said Malaysians who sustained hip fractures shared similar characteristics with those reported internationally — they were older, medically complex and at a high risk of falling.

"The average age of hip fracture patients in Malaysia ranges from 74 to 79 years, and up to three-quarters are women.

"About 77% have at least one chronic medical condition, while around one in four are multimorbid," it said.

It added that diabetes is among the most common comorbidities, affecting 25% to 46% of patients, followed by hypertension (34%–74%), ischaemic heart disease (3%–11%) and stroke (6%–10%).

"A significant proportion already had a history of falls or fractures before their injury, with one in four reporting a previous fall, 13% a prior fragility fracture, and 5% a previous hip fracture," it said.

Despite their high fracture risk, the study noted that only 12% were taking medication or supplements to support bone health, such as anti-osteoporosis drugs, calcium or vitamin D.

Fall prevention tips

Accompanied physical activity

Older adults benefit more when exercise is supervised or done with others compared to doing it solo. This includes walking together, sit-to-stand, seated exercises eg heel raises. This can reduce muscle regression by 50-80%.

Wear secure shoes

- Non-slip rubber soles, low/stable heels and secure fastenings (Velcro/laces).
- Studies have shown that proper footwear can reduce slip injuries in specific populations by as much as 67%.

Assistive devices

- Handrails for staircases.
- Non-slip treads for bare-wood steps.
- A raised toilet seat or one with armrests.

Remove home hazards

- Secure loose rugs with double-faced tape or remove loose rugs.
- Use non-slip mats in your bathtub or shower.
- Use a bath seat, which allows you to sit while showering.

Lighting

- Place a lamp within reach of your bed in case you need to get up in the middle of the night.
- Turn on the lights before going upstairs or downstairs.

Check health conditions

- Certain eye and ear disorders may increase your risk of falls.
- Check symptoms of dizziness, joint pain, shortness of breath or numbness in your feet and legs when walking.
- Your health care provider may evaluate your muscle strength, balance and walking style as well.

Source: Mayo Clinic

The Star graphics

Satu keluarga ubah gaya pemakanan

Kuala Lumpur: Ibu bapa yang mempunyai anak menghidap Sindrom Prader-Willi (PWS) akan menguruskan isu kerap lapar dihadapi dengan pelbagai cara dan strategi.

Pensyarah Kanan di Jabatan Sekolah Seni Liberal dan Sains Taylor's University, Prof Madya Dr Wan Puspa Melati Wan Abdul Halim berkata, setiap keluarga yang mempunyai anak menghidap PWS mempunyai sistem yang berbeza untuk menanganinya.

Wan Puspa berkata, berdasarkan kajiannya, salah satu cara ialah keluarga yang mempunyai anak PWS akan mengubah gaya pemakanan mereka.

"Ada keluarga yang

buat, mereka tak ada makanan ringan dalam rumah. Seluruh keluarga itu amalkannya yang mana ia satu perkara yang baik kerana mengamalkan gaya hidup sihat.

"Mereka juga makan bila perlu dan setiap kali makan akan mengawal sukatan makanan. Selain itu, apabila mereka nak beli barang atau makanan, mereka juga akan ajar anaknya jumlah pengambilan kalori.

"Ibu bapa ini akan mengajar anak-anak mereka bermula umur empat atau lima tahun," katanya kepada Harian Metro.

Wan Puspa berkata, cara lain dilakukan oleh ibu bapa terhadap anak yang menghidap PWS adalah dengan melakukan strategi *distraction* atau mengalihkan perhatian.

"Sebagai contoh di meja makan, habis sahaja sepinggan nasi, itu akan dikira cukup.

"Selepas anaknya habis makan, ibu bapa akan segera mengangkat pinggan berkenaan dan meminta anaknya menonton televisyen atau membuat aktiviti lain untuk mengalihkan perhatian.

"Sekiranya anaknya lapar, ibu bapa itu juga akan memberi buah-buahan," katanya.

