STAR METRO WATCH

VACCINATION PROGRAMME

Health Ministry is conducting Measles-Rubella (MR) Supplementary Immunisation until Oct 12 throughout the country. The programme is designated for children aged six to 59 months (born between Aug 1, 2020 and Jan 31, 2025). This additional dose of MR vaccination is offered free. Parents can set appointments via MySejahtera mobile app or walk in to any government clinic.

COMMENT by Nur Zalikhaa' Zainal Abidin

Vape wave: Teens face new threat

MALAYSIA'S fight against tobacco is entering a troubling new phase. While the country has made commendable progress in reducing cigarette smoking among teenagers, a new and insidious trend has emerged – vaping.

Marketed as a safer alternative to cigarettes, vaping is gaining popularity among adolescents, threatening to undermine national public health goals under the 13th Malaysia Plan (13MP).

Medical professionals warn that vaping is far from harmless. Nicotine exposure during adolescence can impair brain development, weaken memory and concentration, and reduce learning capacity.

More worryingly, it heightens vulnerability to anxiety and depression while serving as a gateway to conventional smoking and even other forms of substance abuse.

Dangerous substitution

The Adolescent Health Survey 2022 offers a sobering picture. The proportion of teenagers aged 13 to 17 who smoke cigarettes has dropped sharply from 13.8% in 2017 to 6.2% in 2022.

At first glance, this is a success story but the decline in smoking has been offset by a surge in vaping. Within the same five-year period, teenage vape use jumped from 9.8% to 14.9%.

The reason is clear – vape products are aggressively marketed with youth-friendly flavours such as mango, strawberry and cotton candy, deliberately masking nicotine's harsh taste. These products are packaged as trendy lifestyle accessories, normalising nicotine use among students who may otherwise avoid tobacco.

Despite the government's emphasis on strengthening healthcare systems, the plan does not include explicit targets for reducing vaping prevalence among youth or adults.

While Strategy D3.1 under the 13MP acknowledges the need for health taxes on tobacco, alcohol and vaping products, the absence of clear benchmarks for e-cigarettes has created dangerous regulatory blind spots.

This lack of clarity allows manufacturers and retailers to exploit loopholes. Fragmented oversight among different enforcement agencies has further weakened regulatory effectiveness, enabling vape products to reach students with relative ease.

The challenge is most visible in schools. Data from *Sistem Sahsiah Diri Murid* (SSDM) recorded 19,450 cases of students caught vaping in 2024, which is five times higher than the 3,704 cases of cigarette smoking recorded in the same year.

This dramatic shift in nicotine consumption patterns underscores how vaping has overtaken cigarettes as the primary addiction among school-aged youths.

Although vaping in schools has been banned since 2015, enforcement remains patchy. Weak detection mechanisms, inconsistent discipline and minimal deterrents have allowed the problem to fester.

New legislation: A step forward but not enough

The Control of Smoking Products for Public Health Act 2024, set to take effect on Oct 1, aims to address these gaps. It prohibits vape sales to minors, restricts outlets near schools and imposes strict penalties on teachers and students.

Repeat student offenders face suspension of up to 14 days or even expulsion while teachers caught vaping may face fines of up to RM10,000 or two years in prison.

Yet, punitive measures targeting students risk being counterproductive. Automatic suspensions and expulsions could push vulnerable teenagers further away from support systems.

A more constructive approach would be to scale punishments based on severity and prioritise rehabilitation through community service, educational workshops or environmental cleanup initiatives.

Malaysia's regulatory stance lags behind regional and international peers.

> *"Medical professionals warn that vaping is far from harmless. Nicotine exposure during adolescence can impair brain development, weaken memory and concentration and reduce learning capacity."*

Malaysia has made important strides in reducing cigarette smoking among youths but complacency is not an option. – **BERNAMAPIC**

Australia has enforced a prescription-only model for nicotine e-liquids and banned flavoured vapes altogether while New Zealand has restricted sales to specialist stores and mandated strict age and identity verification.

By contrast, Malaysia lacks a centralised verification system and has yet to implement restrictions on flavours. This regulatory vacuum makes it easier for minors to access vape products compared to cigarettes.

To address these challenges and strengthen regulatory oversight, 13MP should prioritise the integration of blockchain and artificial intelligence to deliver end-to-end visibility over e-cigarette supply chain. A blockchain-backed registry of every vape transaction, recording manufacturers, distributors, retailers and purchasers can create an immutable audit trail.

The establishment of an AI analytics would enable automated monitoring to detect suspicious purchasing patterns.

Alongside technological tools, prevention must prioritise education and awareness. Youth-focused campaigns on TikTok, YouTube and other digital platforms can help counter the glamourisation of vaping.

Schools should be equipped with trained personnel capable of detecting early signs of nicotine dependence and providing accessible cessation support.

Avoiding a public health crisis

Malaysia has made important strides in reducing cigarette smoking among youths but complacency is not an option.

Without decisive and coordinated action, vaping risks becoming the new "normal" for an entire generation. The sharp rise in school-based vaping cases is proof that nicotine addiction is not being eliminated; it is simply evolving.

Several groups are calling for stronger regulations and enforcement. The authorities must stop issuing licences for new vape shops and possibly cease existing licences. Parents must be provided with resources to recognise signals of vaping in their children.

The 13MP's promise of a healthier, more resilient society will depend on tackling the vape epidemic seriously before it takes permanent root.

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Housing plan sparks affordability debate

Experts warn integration of schools and clinics in new developments could drive up home prices, especially for B40 and M40 buyers, unless offset by policy support

BY HARITH KAMAL
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PETALING JAYA: The government's plan to require schools and public amenities in large-scale housing projects under the 13th Malaysia Plan has sparked debate over whether affordability, especially for first-time buyers, can be sustained.

While many welcome the integration of schools, healthcare and community facilities into housing developments, property experts caution that the extra costs may ultimately filter down to buyers if not carefully managed.

Malaysian Institute of Property and Facility Managers president Ishak Ismail said mandatory facilities would inevitably push up developers' capital expenditure, posing a particular challenge for affordable housing projects already operating on slim margins.

"High-end projects may absorb or redistribute costs, but affordable schemes lack that flexibility. Beyond schools, requirements for healthcare facilities, lifts in vertical schools and other public amenities could raise costs further, hitting the B40 and M40 hardest. Even small price increases risk putting homeownership out of reach," said Ishak, who is also the managing director of IM Global Property Consultants.

He suggested public-private partnerships, density bonuses, tax incentives and phased construction to balance the impact.

"Allowing higher plot ratios or density in exchange for facilities could help developers offset costs through increased revenue."

But without support, Ishak warned, developers may shrink unit sizes, cut non-essential features or delay launches. Long-term maintenance also poses questions: "Lifts in schools or community clinics require regular upkeep. If borne by joint management bodies, service charges and sinking funds could climb," he said, calling for clarity on who would shoulder such costs.

Universiti Teknologi Malaysia associate professor in Property Economics and Finance Dr Muhammad Najib Razali said the proposal is timely, bringing Malaysia closer to global practice of compact, liveable communities.

"Embedding essential facilities reduces reliance on cars while improving access to education, healthcare and places of worship," he said, but warned of significant price impacts.

"Conventional schools cost about RM1,025 to RM1,135 per sq metre in 2020. Vertical schools need more complex structures and fire-safety systems, pushing costs higher. Developers are unlikely to absorb this. Home prices could rise 5% to 14%, meaning a RM600,000 unit might increase by RM41,000 to RM81,000, adding between RM180 and RM360 monthly to a 35-year mortgage."

Najib stressed that feasibility depends on clear government policy defining operational and maintenance responsibility.

"If developers must maintain schools or clinics, obligations increase and residents' service charges may rise."

He noted that in other countries, governments often share costs through subsidies or direct operation.

"Malaysia could adopt similar models. For example, developers build only the shell, while government funds the fit-out and runs the facilities.

"Subsidising schools and clinics would prevent cost inflating service charges," he said.

Hospital Medan beri harapan mangsa gempa Myanmar

Ibadat&Fadilat

Ibnu Abbas RA meriwayatkan Rasulullah SAW bersabda: "Sesiapa melazimi istighfar, Allah SWT akan menjadikan jalan keluar bagi setiap kesempitannya dan kelapangan daripada setiap kebimbangannya itu kelapangan serta dikurniakan rezeki daripada sumber tidak disangka-sangka kepadanya." (HR Abu Daud)

KAWASAN	SUBUH	ZUHUR	ASAR	MAGHRIB	ISYAK
Kangar	6:03	1:21	4:24	7:27	8:37
Alor Setar	6:03	1:20	4:24	7:26	8:36
P. Pinang	6:03	1:21	4:26	7:26	8:36
Ipoh	6:02	1:18	4:24	7:23	8:33
Kuala Lumpur	6:00	1:16	4:23	7:20	8:30
Shah Alam	6:00	1:16	4:23	7:20	8:30
Johor Bahru	5:52	1:07	4:17	7:10	8:20
Kuantan	5:55	1:10	4:18	7:14	8:24
Seremban	5:59	1:14	4:22	7:18	8:28
Bandar Melaka	5:58	1:13	4:22	7:17	8:26
Kota Bharu	5:56	1:13	4:17	7:19	8:25
K. Terengganu	5:52	1:09	4:14	7:15	8:24
Kota Kinabalu	5:00	12:18	3:22	6:23	7:33
Kuching	5:27	12:42	3:52	6:45	7:55

Kuala Lumpur: Kehadiran Angkatan Tentera Malaysia (ATM) menerusi Operasi Starlight III di Wilayah Sagaing, Myanmar bukan sahaja membawa rawatan perubatan, malah menyuntik semula harapan kepada mangsa gempa bumi yang kehilangan rumah, pekerjaan dan insan tersayang.

Di tengah kekalutan bencana yang melumpuhkan sistem kesihatan, pasukan perubatan ATM menjadi 'penyelamat sementara' dengan menubuhkan hospital medan lengkap dalam tempoh 72 jam selepas tiba di lokasi bencana pada 18 April lepas.

Pengarah Kesihatan Bahagian Kesihatan Ketenteraan (J9) Markas Angkatan Bersama, Kolonel Dr Ahmad Farhan Ahmad Fuad, berkata hospital medan itu mampu menempatkan 20 katil pesakit, bilik pembedahan, wad rawatan pesakit luar serta dua katil unit rawatan rapi (ICU).

"Kita bawa pakar bius, pakar bedah dan pakar plastik bagi melakukan rawatan rekonstruktif. Bila bercakap tentang trauma, ini bukan sekadar rawatan awal tetapi juga pemulihan jangka panjang.

"Jadi Operasi Starlight III bukan hanya *first response* , tetapi lebih menyeluruh," katanya kepada pemberita selepas sesi temu bual program *Apa Khabar Malaysia* terbitan Bernama TV semalam.

Operasi selama hampir 50 hari itu disertai 69 pegawai dan anggota pelbagai kepakaran.

Selain tenaga perubatan, ATM turut menghantar pasukan kejuruteraan dan komunikasi bagi memastikan operasi kendiri dapat dijalankan, termasuk penyediaan air bersih, tempat tinggal dan bekalan elektrik di kawasan terjejas.

Dr Ahmad Farhan berkata, cabaran terbesar ialah masa persiapan singkat iaitu hanya 72 jam sebelum penugasan, selain faktor keselamatan serta penyelarasan dengan pihak berkuasa kesihatan tempatan.

"Ketika menerima arahan, kita perlu bersedia secara mental dan fizikal. Myanmar pula ketika itu tidak stabil, jadi kita perlukan maklumat tepat tentang lokasi serta demografi pesakit.

"Walaupun menjangka kes trauma yang tinggi, keadaan berubah kerana kita tiba pada fasa pemulihan. Tumpuan turut diberi kepada menyokong sistem kesihatan mereka yang lumpuh," katanya.

Beliau berkata, kejayaan operasi itu hasil pengalaman terdahulu melalui Operasi Starlight I di Cox's Bazar, Bangladesh (2017-2019) dan Operasi Starlight II di Turkiye (2023) yang memperkukuh keupayaan ATM dari masa ke masa.

"Kali ini kita tambah elemen kejuruteraan dan komunikasi yang sebelum ini tidak dibawa. Ia membolehkan operasi lebih mantap dan teratur," katanya.

BUTA WARNA

BUTA warna merupakan sejenis kecacatan penglihatan yang menyebabkan seseorang sukar membezakan warna-warna tertentu, khususnya warna merah, hijau, kuning dan biru.

Keadaan ini sering kali tidak disedari sehingga penghidap menghadapi kesukaran dalam aktiviti harian yang melibatkan warna. Walaupun istilah "buta warna" kedengaran seperti tidak dapat melihat warna langsung, hakikatnya kebanyakan penghidap masih boleh melihat warna, tetapi mengalami kekeliruan terhadap warna-warna tertentu.

Masalah buta warna kebiasaannya berpunca daripada faktor genetik yang diwarisi sejak lahir. Ia berlaku apabila pigmen dalam sel kon retina mata, yang berfungsi untuk mengesan warna, tidak berfungsi dengan baik atau hilang sepenuhnya. Keadaan ini lebih banyak dialami oleh lelaki berbanding perempuan kerana gen yang menyebabkan buta warna terletak pada kromosom X. Dianggarkan satu daripada 12 lelaki mengalami buta warna, manakala bagi wanita, nisbahnya adalah lebih rendah.

Namun, selain genetik, terdapat juga buta warna, iaitu buta warna yang disebabkan oleh kecederaan, seperti kemalangan yang menjejaskan kecederaan pada retina atau bahagian oksipital otak yang berfungsi penting dalam memproses warna. Dalam kes tertentu, kecederaan ini masih boleh dirawat melalui kaedah pembedahan. Penyebab lain yang juga menyumbang kepada buta warna ialah penyakit mata tertentu, kesan sampingan ubat, dan penuaan.

Tahap keterukan buta warna berbeza-beza antara individu, daripada kes ringan hingga ke tahap serius. Antaranya:

- Buta warna ringan - sukar membezakan warna yang hampir serupa.
- Buta warna sederhana - kesukaran membezakan warna yang ketara, seperti hijau dan merah.
- Buta warna penuh - tidak dapat melihat sebarang warna (dunia kelihatan warna hitam, putih, dan kelabu) namun tahap ini jarang berlaku.

Buta warna boleh memberi kesan terhadap pelbagai aspek kehidupan seseorang. Contohnya, dalam bidang pendidikan, pelajar yang menghidap buta warna mungkin menghadapi kesukaran ketika membaca carta, peta atau gambar rajah berwarna. Dalam bidang pekerjaan pula, terdapat beberapa kerjaya yang memerlukan penglihatan warna yang normal, seperti juruterbang, ahli farmasi, tentera, dan juruelektrik. Oleh itu, mereka yang menghidap buta warna mungkin menghadapi kekangan untuk menceburi bidang-bidang tertentu.

Individu yang menghadapi buta warna juga menghadapi cabaran dalam menjalani kehidupan seharian. Antaranya termasuk kesukaran membezakan warna lampu isyarat (merah, hijau, dan kuning), mempunyai masalah dalam memilih warna pakaian yang sepadan, serta kesukaran dalam memilih pensil warna yang betul, terutamanya bagi kanak-kanak.

Walaupun begitu, terdapat pelbagai usaha dan teknologi yang boleh membantu individu buta warna menyesuaikan diri dalam kehidupan seharian. Sebagai contoh, penggunaan kanta khas atau aplikasi telefon pintar yang dapat membantu mengenal pasti warna dengan lebih tepat. Selain itu, pendidikan awal kepada pelajar dan ibu bapa juga penting agar mereka dapat mengenal pasti masalah ini lebih awal serta mendapatkan bimbingan yang sesuai.

Kesimpulannya, buta warna bukanlah satu halangan mutlak untuk menjalani kehidupan yang normal. Dengan sokongan teknologi dan kefahaman masyarakat, penghidap buta warna tetap boleh berjaya dalam bidang masing-masing. Apa yang penting ialah kesedaran awal, penerimaan diri dan penyesuaian yang bijak terhadap cabaran yang dihadapi.