



Southeast Asia Tobacco Control Alliance



ASEAN Tobacco Control Atlas

Sixth Edition - August 2024

ASEAN Tobacco Control Atlas, Sixth Edition

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Southeast Asia Tobacco Control Alliance

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Tan Yen Lian
Ulysses Dorotheo

Sixth Edition • August 2024

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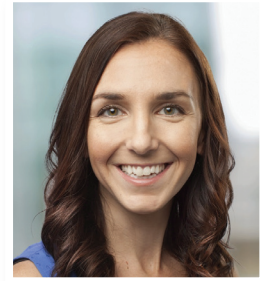
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Foreword



We are pleased to support this sixth edition of the ASEAN Tobacco Control Atlas, which continues to serve as a valuable resource to inform, guide, and inspire policy makers, advocates, and tobacco control stakeholders across ASEAN. The Atlas stands as a testament to the commitment and collaborative efforts of many in combating tobacco use in the region.

We are honoured to have a decade-long partnership with the Southeast Asia Tobacco Control Alliance (SEATCA) and its network of partners across Southeast Asia, whose unwavering dedication, advocacy and expertise have been instrumental in preventing tobacco-related death and disease in the region. The Atlas highlights these critical advancements aligned with the WHO Framework Convention on Tobacco Control:

- Smoke-free public places: More countries are enforcing comprehensive smoke-free laws, though challenges remain in designated smoking areas and law enforcement.
- Plain/standardized packaging: Lao PDR, Myanmar, Thailand, and Singapore have all moved forward on this ground breaking policy, prohibiting marketing on tobacco packaging.
- Pictorial health warnings: All ten ASEAN countries use pictorial health warnings, with five countries having some of the largest warnings in the world.
- Bans on tobacco advertising: Most countries have fairly comprehensive national bans on tobacco advertising, with a few exceptions still allowing certain sales practices that make cigarettes accessible to youth.

Full implementation of these policies will not only reduce tobacco use but will in turn have a cascading effect on social, environmental, and economic development more broadly, and play a vital role in protecting the next generation from the harms of tobacco. As we look ahead, it is crucial that governments remain vigilant and proactive in their efforts. The ASEAN community continues to be a prime target for tobacco industry growth, with an astonishing 479.1 billion cigarettes purchased in 2022. Together, we can keep up the momentum in the region, accelerating further progress to create a healthier future for all ASEAN citizens.

Jean Paullin

Senior Program Officer, Global Policy & Advocacy
Bill & Melinda Gates Foundation

Foreword



You might think that, after having written an invited preface to five previous editions of the ASEAN Tobacco Control Atlas published since 2013, that there was little more to say in this 6th edition. How wrong.

We know that there is no quick fix to the tobacco epidemic, but the good news is that in comparison with earlier editions, there has been a slow but steady improvement in monitoring the tobacco epidemic, comprehensive smoke-free laws, pictorial pack warnings, tax policies and bans on tobacco advertising, promotion and sponsorship.

But this 6th edition of the Atlas also documents the increasing and appalling behaviour of the tobacco industry, documented in even greater detail in successive Tobacco Industry Interference Indexes.

This Atlas clearly shows that the real enemy of smokers is not the tobacco control advocates, but the tobacco industry itself, luring them to use a deadly and addictive product. In addition, the industry strongly promotes newer products like e-cigarettes and Heated Tobacco Products and opposes control measures on these products. This is the third time in history they have erroneously claimed they had a 'safer cigarette,' the previous two occasions being low tar cigarettes and filter cigarettes, which also did nothing to protect the smoker. The World Health Organization has identified the tobacco industry as the biggest threat to reducing tobacco use. Tobacco control in ASEAN will not be successful until governments put a stop to this pervasive industry interference.

In contrast, tobacco control agencies - whether governments or non-governmental associations like SEATCA - are the smokers' friends, promoting a variety of measures, to reduce youth smoking and help adult smokers to quit. I have never yet met a smoker who does not regret starting smoking, usually well below the age of 20 years. They recognise smoking as a harmful, addictive and expensive habit and do not want their children to start tobacco use.

With the publication of this 6th edition, the series of Tobacco Control ASEAN Atlases is now established as a valuable source of information for the 10 ASEAN countries. The stunningly simple, colourful, graphic format - based on sound data giving visual comparisons between countries - is immediately understandable.

The Atlas does not just track the tobacco epidemic; it is a challenge and a call to countries in the region to step up action - now.

Professor Dr Judith Mackay
Director
Asian Consultancy on Tobacco Control

Message



In the rapidly changing landscape of ASEAN, tobacco remains a major challenge with its negative impacts on public health, the economy, the environment, and society. In line with the WHO Framework Convention on Tobacco Control (FCTC) and the UN Sustainable Development Goals (SDGs), ASEAN Member States have implemented a wide range of measures to reduce tobacco use. These are well captured in the ASEAN Tobacco Control Atlas and include raising awareness about the dangers of tobacco use, implementing pictorial health warnings and standardized/plain packaging on tobacco products, smoke-free environment campaigns, banning tobacco advertisement, promotion, and sponsorship, promoting tobacco cessation, instituting hefty taxes on tobacco products, and dedicating tobacco tax revenues to health promotion and tobacco control. Despite these efforts, tobacco use remains the leading preventable cause of disease and death in the ASEAN region.

Guided by the ASEAN Socio-Cultural Community Blueprint 2025, ASEAN envisions a healthy, caring, and sustainable Community. Therefore, ASEAN Member States must step up to the tobacco challenge. We must move more quickly to strengthen and implement current tobacco control policies, particularly noting that the region is being flooded by the tobacco industry with newer products, such as e-cigarettes, heated tobacco, and nicotine pouches, that sustain nicotine addiction and contribute to diseases and deaths among our peoples. We must stay alert to various tactics employed by the industry to protect its profits and to circumvent tobacco control laws and regulations, even to the extent of exploiting developing economies such as in Lao PDR. These tactics include supposed economic investments, so-called corporate social responsibility projects, the use of front groups, and even legal challenges to delay, hinder, or undermine tobacco control efforts. It is imperative that ASEAN Member States continue to take decisive, innovative, and strategic action to accelerate progress in tobacco control to protect the health and well-being of all people.

This sixth edition of the ASEAN Tobacco Control Atlas offers valuable information and insights into the latest tobacco control developments within the ASEAN region, providing up-to-date, reliable, and comparable data. It is a critical resource for policymakers, government agencies, civil society organizations, and other partners of ASEAN Member States seeking to craft innovative and effective tobacco control policies, programs, interventions, and partnerships to protect and promote public health in ASEAN.

Additionally, the Atlas is a crucial reference for further shaping regional cooperation in tobacco control as the ASEAN Health Sector finalizes its work program for the next five years, working towards achieving the SDGs and the global target of a 30% relative reduction in tobacco use prevalence by 2030.

On behalf of the ASEAN Health Cluster, I would like to express our appreciation for the valuable contributions of the Southeast Asia Tobacco Control Alliance (SEATCA), a strong technical partner of the ASEAN Health Cluster since 2011. We look forward to continued and expanded cooperation with SEATCA through the ASEAN Post-2015 Health Development Agenda and the ASEAN Health Cluster 1 on Promoting Healthy Lifestyles. We extend special thanks to SEATCA for its collaboration and support to Lao PDR on the ASEAN Smoke-free Award (ASA) launched at the 16th ASEAN Health Ministers Meeting to recognize subnational governments that have demonstrated significant leadership in the implementation of effective smoke-free policies 'Towards a Smoke-free ASEAN'.

Congratulations to SEATCA and all its partners for producing this outstanding work.

Mrs Aphone Visatthep

Permanent Secretary, Ministry of Health, Lao PDR
SOMHD Chair, ASEAN Health Sector

Preface

SEATCA is pleased to publish this sixth edition of the ASEAN Tobacco Control Atlas. In these pages, readers will appreciate both the extent and impact of the tobacco industry’s invasion into ASEAN societies and the various actions taken by ASEAN Member States in accordance with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC), which remains the globally recognized minimum standard for all governments that are serious about reducing tobacco use, saving lives, and promoting public health.

Since the 5th edition of the atlas, Singapore’s adult smoking prevalence has dropped to 9.2%, currently the lowest in ASEAN (Congratulations, Singapore!), and this was achieved without promoting e-cigarettes as smoking cessation aids (as has been done in England, without any population-level impact on smoking prevalence). In fact, Singapore has remained firm in its ban on electronic smoking devices, as have Brunei, Cambodia, Lao PDR, and Thailand, in the face of fierce lobbying to reverse the ban by the industry and its front groups, who are basically proponents of nicotine addiction by promoting e-cigarettes, heated tobacco products, and nicotine pouches as so-called “tobacco harm reduction”.

Another bit of good news is that Lao PDR is the 4th Asian country (after Thailand, Singapore, and Myanmar) to require standardized tobacco packaging after its health minister issued the Standardized Packaging Regulation shortly before this year’s World No Tobacco Day. Lao PDR may even be the third in Asia to implement this, since Myanmar’s government gave in to industry pressure and postponed its standardized tobacco packaging enforcement three times from 10 April 2022 to 1 January 2023 to 31 December 2023 to 31 December 2024 (sad but true!).

An “almost” world-second would have been Malaysia’s Generational End Game (GEG) policy, which would have banned the sale of tobacco and recreational nicotine products to anyone born after 2006. This was proposed by then Malaysian health minister Khairy Jamaluddin in January 2022, after New Zealand announced a similar “Smoke-free Generation” policy banning purchase of cigarettes for those born after 2008.

While New Zealand went on to pass the smoke-free generation policy in amendments of its tobacco control law in 2022, Malaysia’s GEG bill languished and was eventually dropped in 2023, soon after New Zealand’s new government announced it would repeal the tobacco control law amendments passed the year before.



Still, this gives us hope, as the tobacco endgame is no longer an aspiration but an achievable reality within our lifetime. In fact, in 2021, the town of Brookline in Massachusetts, USA passed a law banning the sale of any tobacco product (including ESD) to anyone born since 1 January 2000, and after that Tobacco-Free Generation (TFG) law was upheld unanimously by the Massachusetts Supreme Court earlier this year, two other Massachusetts towns (Wakefield and Stoneham) passed similar laws in March 2024. Maybe it’s about time for Balanga City in the Philippines to continue its legal appeal for its TFG city ordinance, which the industry challenged in court in 2018. Check out Chapter 11 of the atlas for those details.

We thank our SEATCA teammates and all our country partners from all 10 ASEAN countries for their time and efforts to help make this 6th edition a reality. It stands as a witness to both the gains and the challenges to national, regional, and global tobacco control and is a testament to the diligence and persistence of dedicated and passionate public health advocates (particularly our ASEAN country partners). It is also a manifesto against the diabolical tobacco industry and all those that further its profit-driven interests.

We hope that, like past editions of the atlas, this sixth one will be as informative and even more useful in accelerating political actions to achieve the tobacco endgame sooner than later.

Tan Yen Lian, M.A.
Knowledge and Information Manager
SEATCA

E. Ulysses Dorotheo, MD, FPAO
Executive Director
SEATCA

About SEATCA



Southeast Asia Tobacco Control Alliance

• Vision •

A future free from tobacco and nicotine addiction

• Mission •

Working together to end tobacco and nicotine addiction for present and future generations

The Southeast Asia Tobacco Control Alliance (SEATCA) is a regional multi-sectorial alliance that supports ASEAN member states in developing and implementing effective and evidence-based tobacco control policies in line with the WHO Framework Convention on Tobacco Control (FCTC).

Since 2001, SEATCA's programmes have contributed to the advancement of the tobacco control movement in Southeast Asia particularly in Cambodia, Indonesia, Lao PDR, Malaysia, Myanmar, Philippines, Thailand and Vietnam. Working closely with country partners, SEATCA's strategies have been to support progressive policy development, strengthen national tobacco control working groups, generate more local evidence for advancing policies, and increase the number and capacity of tobacco control advocates.

Over the years, SEATCA's efforts have been recognized nationally and internationally. SEATCA has also been engaged by emerging alliances in tobacco control to share the SEATCA model as a learning platform for tobacco control best practices and lessons learned.

In recognition of SEATCA's outstanding contributions to tobacco control in the region, WHO conferred SEATCA with its World No Tobacco Day Award in 2004 and the WHO Director-General Special Recognition Award in 2014.

"SEATCA has emerged as a major catalyst for advances made in tobacco control in the South East Asia Region, especially with regard to policy and legislation."

- Dr. Shigeru Omi, then WHO Regional Director for the Western Pacific, 2004.

"This award recognizes the valuable contribution of SEATCA as a regional ally especially in the area of tobacco taxation. SEATCA is a key catalyst and leader in tobacco tax reform in the ASEAN community bringing together various stakeholders and working closely with ministries of health and finance."

- Dr. Shin Young-soo, WHO Regional Director for the Western Pacific, 2014.

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Dr Nguyen Tuan Lam, *National Professional Officer, WHO Country Office for Vietnam*

The P r o



Makes products that kill around 8 million people worldwide annually.

The old ways and new

Makes products aimed at vulnerable groups including teens, women and girls.



blem



Sues governments to undermine, weaken or delay life-saving tobacco control measures worldwide.

ways to sell harm.

Employs child labour to make tobacco products.

Makes fake smoke-free products and claims to be part of the solution.

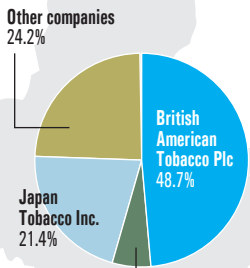


Tobacco industry players in ASEAN

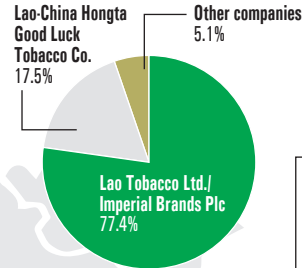
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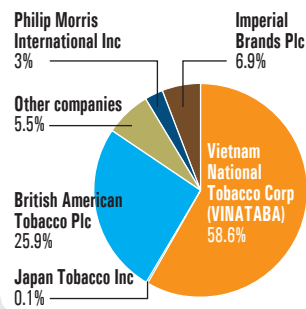
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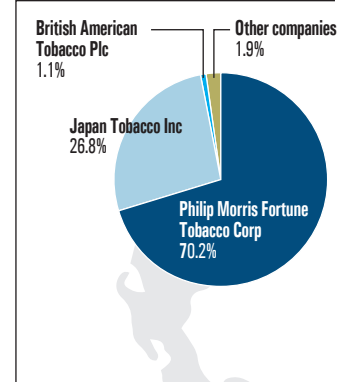
Lao PDR



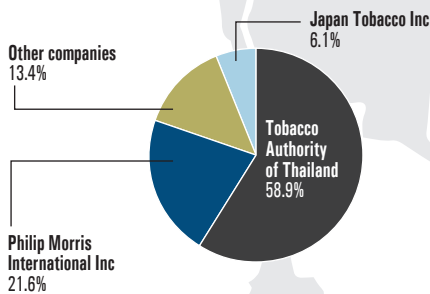
Vietnam



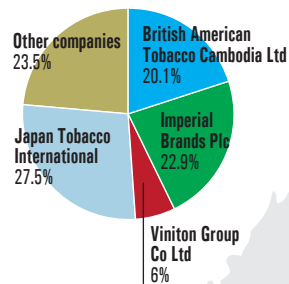
Philippines



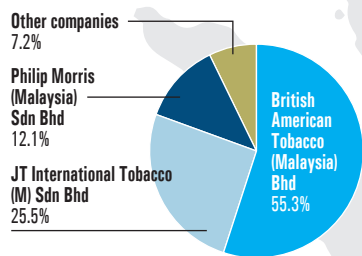
Thailand



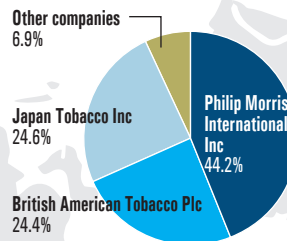
Cambodia



Malaysia



Singapore

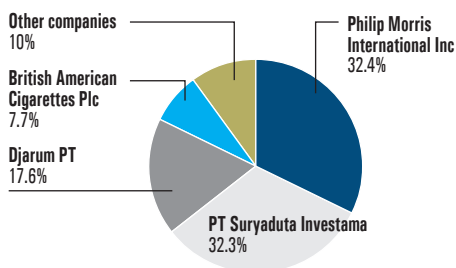


Brunei Darussalam

(No tobacco manufacturer and importer since 2014)



Indonesia



Chapter 1

Profiting from Deadly Products

In the global tobacco market, transnational tobacco companies (TTCs) have been shifting from developed countries and targeting markets in poorer, less developed countries where tobacco control is not as stringent and where tobacco use is significantly high among men and attractively low among women. The tobacco market in ASEAN was projected to sell 474.7 billion cigarettes in 2023, primarily in Indonesia, Philippines, Thailand, and Vietnam.

Four of the world’s five largest TTCs – British American Tobacco (BAT), Philip Morris International (PMI), Japan Tobacco International (JTI), and Imperial Brands (IB, formerly Imperial Tobacco Group) control the cigarette markets in most countries in ASEAN. They have also expanded their product portfolio with electronic nicotine delivery system (ENDS, also known as e-cigarettes) and heated tobacco products (HTPs). The e-cigarette market value in four ASEAN countries (Indonesia, Malaysia, Philippines, and Vietnam) reached USD 581.5 million in 2019 and was projected to grow by 30% (to USD 756.7 million) in 2023.

Two ASEAN countries (Indonesia and Vietnam) were among the world’s top 10 cigarette producers in 2022 and 2023. Indonesia, Philippines, and Singapore were among the world’s top 20 cigarette

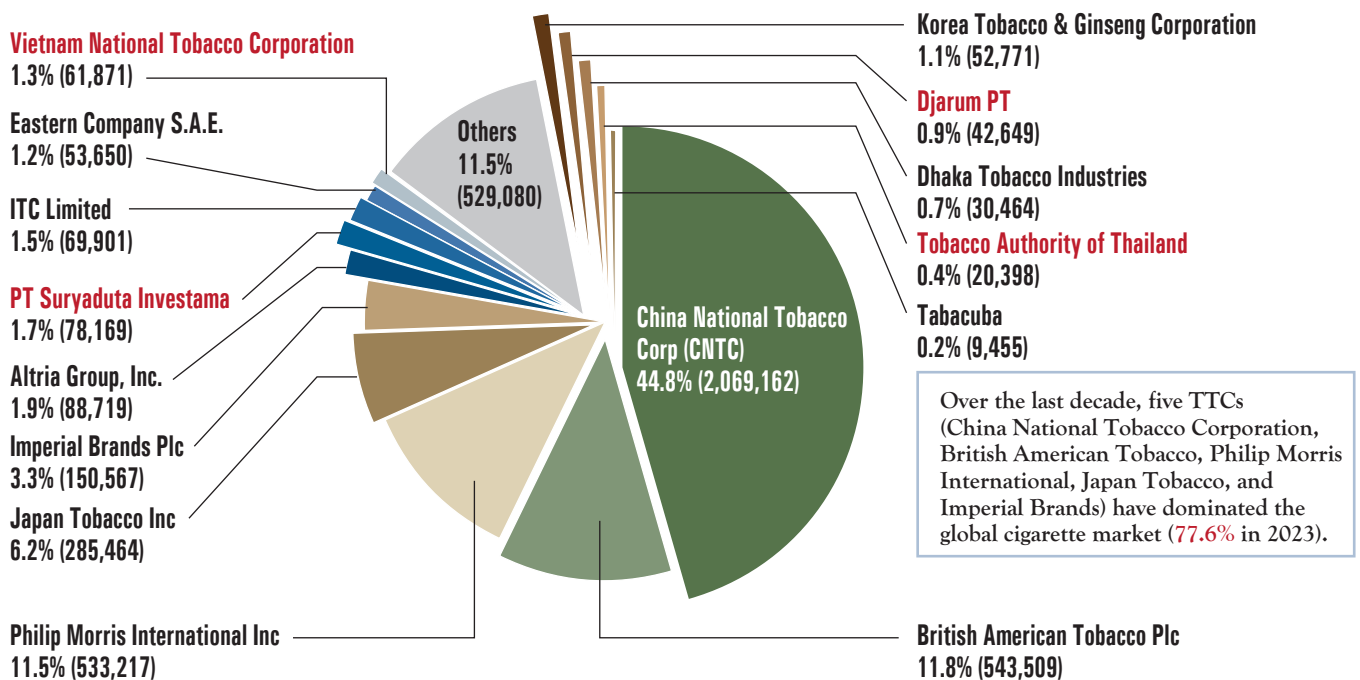
exporters in 2021. Five ASEAN countries (Indonesia, Lao PDR, Myanmar, Philippines, and Thailand) were among the world’s top tobacco-leaf-producing countries in 2021.

In an effort to enlarge their footprints in some ASEAN countries, TTCs are undertaking mergers and joint ventures, resulting in increased market control by a few international companies. PMI has controlling stakes in local cigarette companies in the Philippines and Indonesia. IB maintains its majority ownership in Lao Tobacco Ltd (LTL), its joint venture with the Lao Government. State-owned companies are the leading manufacturers in Thailand (Tobacco Authority of Thailand, formerly the Thailand Tobacco Monopoly), and Vietnam (Vietnam National Tobacco Corp – VINATABA). PMI has the most (10) manufacturing facilities located in ASEAN countries, followed by JTI (7), BAT (6), and IB (2).

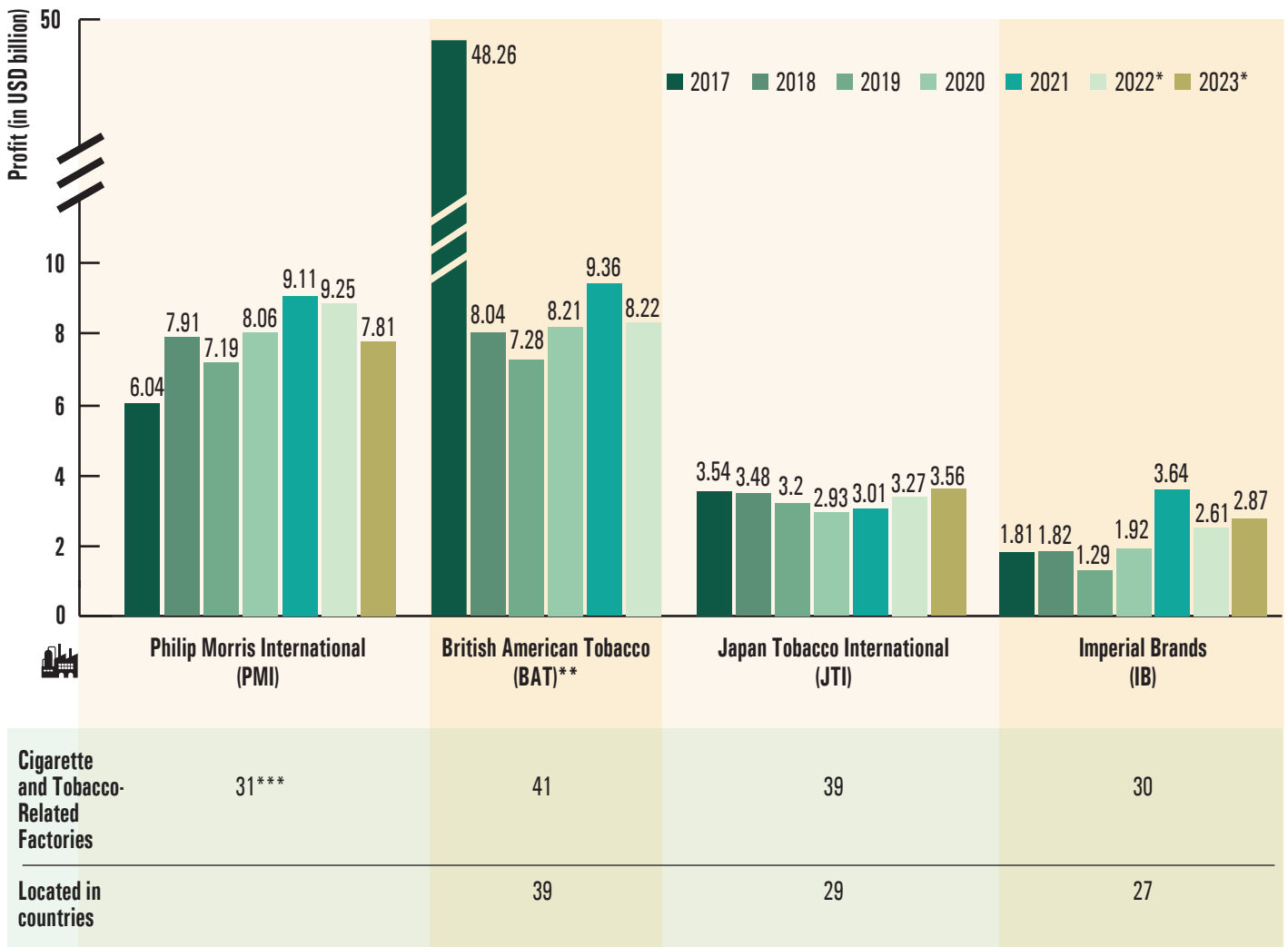
The tobacco industry has been making billions in profits from selling cigarettes in ASEAN and worldwide with the combined profit of the global top four TTCs (PMI, BAT, JTI, IB) estimated to be USD 22.7 billion in 2022.

Tobacco company shares of global cigarette market, 2023

Four local tobacco companies in ASEAN in top 15 global cigarette producers (million cigarettes)



Tobacco industry profit in global market (2017 – 2023)



*The tobacco industry profit in 2022 and 2023 is the forecast data.

**No data available in 2023.

***An additional 8 facilities produce heated tobacco products, and 14 other facilities produce other tobacco and nicotine products for a total of 53 factories.

Excessive number of cigarette retailers in selected ASEAN countries

Country	Total smokers	Cigarette retailers	Cig Retailer per 10,000 smokers	Physicians per 10,000 population
Indonesia	63,138,469	2,400,000	380	7
Malaysia	4,786,400	80,000	167	23
Philippines	15,100,000	694,821	460	8
Singapore	287,569	4,313	150	28
Thailand	9,936,644	497,219	500	10

Tobacco manufacturing facilities in ASEAN					
		Philip Morris International (PMI)	Japan Tobacco International (JTI)	British American Tobacco (BAT)	Imperial Brands (IB)
Cambodia 			Phnom Penh	Phnom Penh	
Indonesia 		Karawang (West Java) Pasuruan (East Java) Malang Surabaya Probolinggo	Pasuruan Blitar	Malang	
Lao PDR* 					Vientiane
Malaysia 		Seremban**		Johor Bharu	
Myanmar 		Yangon	Yangon	Yangon	
Philippines 		Tanauan City, Batangas Marikina City	Malolos City, Bulacan Malvar, Batangas		
Singapore 				Singapore	
Vietnam 		Can Tho City	Ha Trung City, Thanh Hoa	Bien Hoa City, Dong Nai	Danang

*In Lao PDR, Lao-China Hongta Good Luck Tobacco Co. (100% owned by Chinese investors and formerly called Lao-Chinese Lucky Tobacco Company) has the second largest market share in the country and the manufacturing facility is located in Savannakhet province.

**Philip Morris Malaysia (PMM) announced to discontinue its manufacturing plant in Malaysia in 2012 and currently operates a Cast Leaf plant in Seremban, which uses tobacco dust and stems to manufacture reconstituted tobacco to be used as one of the blend components in Primary Processing in the PMI manufacturing centers around the world. This 100% export facility is the largest in the world for PMI and its products are exported to PMI businesses around the globe.



In the Philippines, PMI has operated a tobacco leaf warehouse in the Subic Bay Free Port Zone (since at least 2009) and a manufacturing facility in the First Philippines Industrial Park. It received income tax holiday (ITH) for four (4) to a maximum eight (8) years; after the ITH, exemption from national and local taxes with only a special 5% tax rate on gross income; and exemption from duties and taxes on imported capital equipment spare parts, material and supplies. With the approval of the amended CREATE Act, businesses in the Subic Free Port Zone may be eligible to receive an additional 6 years of ITH, a special rate for corporate income tax, exemption from VAT on importation for 16 years, and a VAT Zero-Rating on Local Purchase for 16 years beginning 2024.

Big transnational tobacco companies consolidating their power in ASEAN

TTCs	Year	Acquisition/Merger/Partnership
Philip Morris International (PMI)	2024	Philip Morris International and its Philippine affiliate, PMFTC opened PHP 2.2 billion manufacturing facility in Batangas, Philippines on April 15 2024. The new manufacturing facility will produce tobacco sticks for PMI's smoke-free products.
	2022	Philip Morris International's Indonesian subsidiary, PT HM Sampoerna Tbk, invested USD 186 million on a production factory of IQOS HEETS in Karawang, West Java, Indonesia . The production facility started operation in 2022 and was Philip Morris International's (PMI) first production facility in Southeast Asia.
	2010	Philip Morris Philippines Manufacturing Inc merged with Fortune Tobacco Corp in 2010, creating Philip Morris Fortune Tobacco Corp (PMFTC) Inc., which is the largest tobacco company in the Philippines .
	2005	Philip Morris International bought 97% stake of the local cigarette manufacturer PT H.M. Sampoerna for USD 5.2 billion in 2005. It became the largest tobacco company in Indonesia .
British American Tobacco (BAT)	2009	BAT acquired 85% stake of the PT Bentoel Internasional Investama Tbk for USD 494 million, the 4 th largest tobacco company in Indonesia in 2009.
Japan Tobacco International (JTI)	2017	Japan Tobacco Group acquired assets of Mighty Corporation (including its distribution network, manufacturing equipment, inventories and intellectual property) for PHP 46.8 billion (USD 936 million) to become the second largest tobacco company in the Philippines .
		Japan Tobacco acquired Karyadibya Mahardhika (KDM) and its distributor, PT. Surya Mustika Nusantara ("SMN"), 100% stake of 2 subsidiaries of Gudang Garam for USD 677 million in Indonesia .
Imperial Brands (IB)	2001	Imperial Tobacco, through its subsidiary, Coralma International (a French company) has a controlling stake in Lao Tobacco Ltd (LTL), its joint venture with the Lao Government that gave the company tax privileges and special benefits for 25 years. LTL is the largest tobacco company in Lao PDR .
Juul Labs	2022 - 2023	Juul Labs was 35% owned by Altria, the parent company of Philip Morris USA till December 2023, which made a USD12.8 Billion investment in JUUL. Juul Labs faced significant regulatory and legal challenges. In July 2022, Altria's original investment has been substantially reduced and worth only 5% of its original value, pegging its new fair value at USD 450 million. Altria announced in March 2023 that it has exchanged its entire investment with an estimated fair value of USD 250 million by December 2022, to irrevocable global license to certain of JUUL's heated tobacco intellectual property.
	2019 - 2020	Juul Labs entered the Philippine market in June 2019 and partnered with Gokongwei-owned Better For You Corporation (BFY). In September 2020, it was reported that Juul is planning to pull out of 11 countries including Italy, Germany, Russia, Indonesia, and the Philippines. Juul entered the Indonesian market in July 2019 with local partner PT Erajaya Swasembada Tbk, a distributor of Apple Inc.'s iPhones. However, in February 2022 (just seven months after it launched in Indonesia), it announced that it is suspending its sales "indefinitely" because it cannot stop retailers from selling cigarettes to young people.
KT&G	2023	KT&G Corporation (" KT&G ") invested in a new manufacturing plant (Next Generation Products (NGP)) in the East Java province, Indonesia (commencing operation in 2026 as an export hub) and received an agreement of support from the Ministry of Investment.

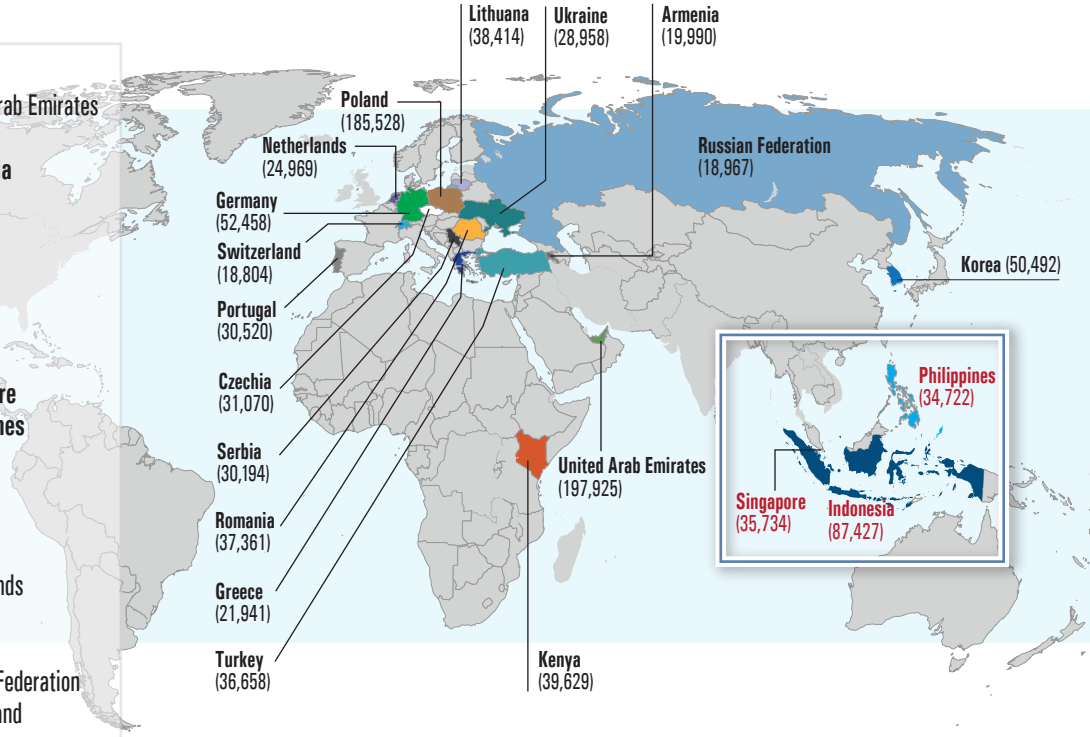
"This transaction is a tremendous strategic fit for our business that will cement our leadership in South East Asia."

Matteo Pellegrini, President of Phillip Morris in Asia 2010, referring to Philippines merger

Top 20 global cigarette exporters (2021)

Cigarettes (tonnes)

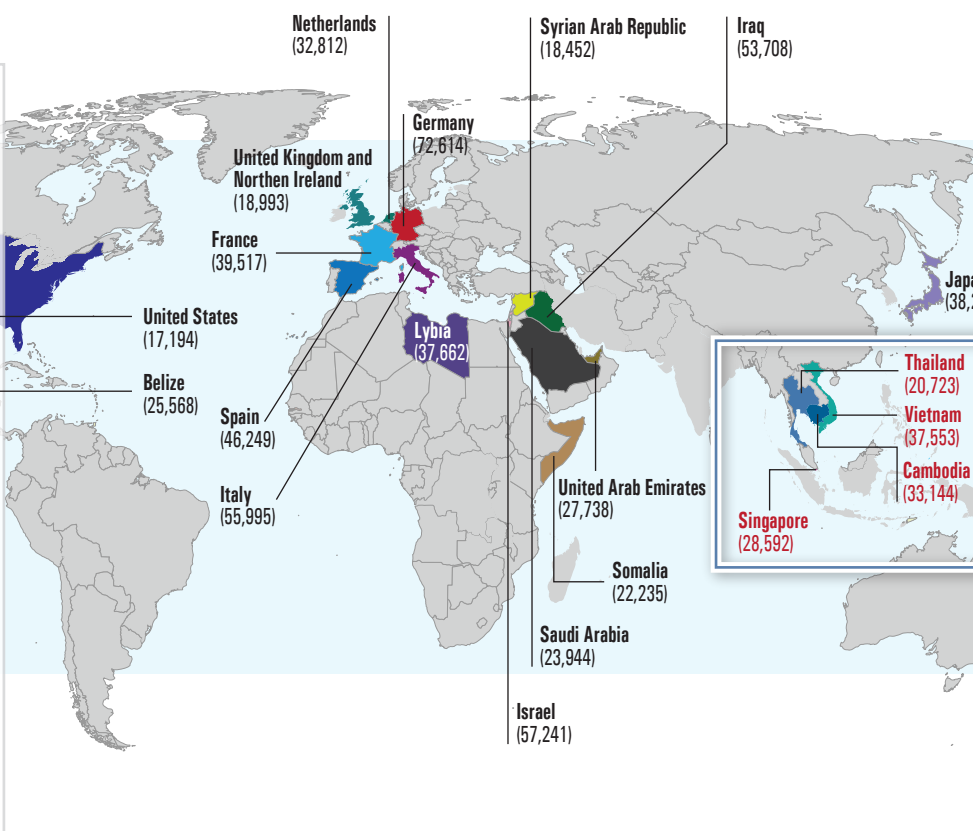
Rank	Country
1	United Arab Emirates
2	Poland
3	Indonesia
4	Germany
5	Korea
6	Kenya
7	Lithuania
8	Romania
9	Turkey
10	Singapore
11	Philippines
12	Czechia
13	Portugal
14	Serbia
15	Ukraine
16	Netherlands
17	Greece
18	Armenia
19	Russian Federation
20	Switzerland



Top 20 global cigarette importers (2021)

Cigarettes (tonnes)

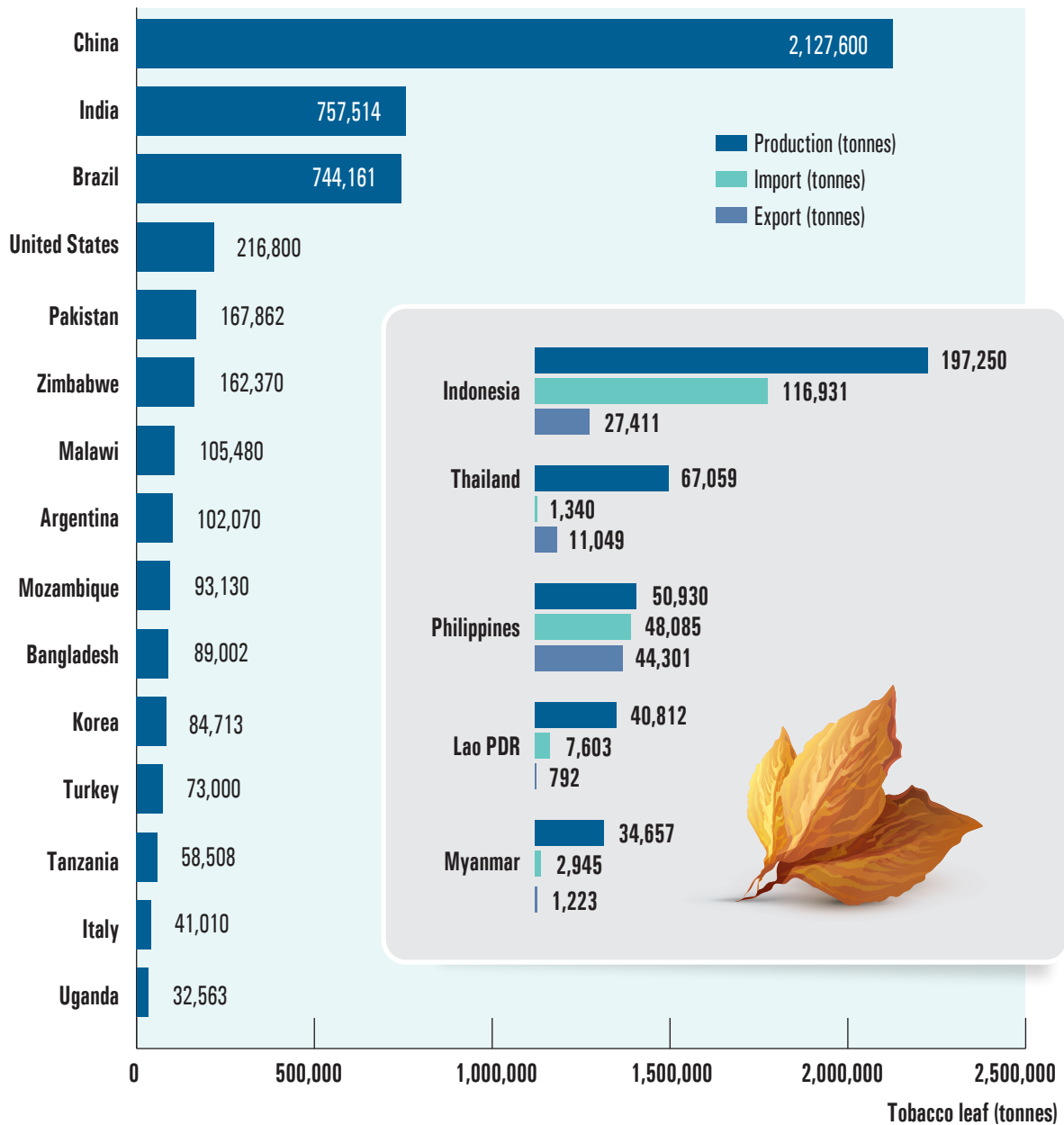
Rank	Country
1	Germany
2	Israel
3	Italy
4	Iraq
5	Spain
6	France
7	Japan
8	Libya
9	Vietnam
10	Cambodia
11	Netherlands
12	Singapore
13	United Arab Emirates
14	Belize
15	Saudi Arabia
16	Somalia
17	Thailand
18	United Kingdom and Northern Ireland
19	Syrian Arab Republic
20	United States of America



Quick Fact

The global tobacco market size was estimated at **USD 867.55 billion** in 2022 and is expected to grow at a compound annual growth rate (CAGR) of **2.1%** from 2023 to 2030 due to the rising tobacco consumption in the developing regions of Asia and Africa.

Five ASEAN countries among world's top tobacco-leaf producing countries (2021)



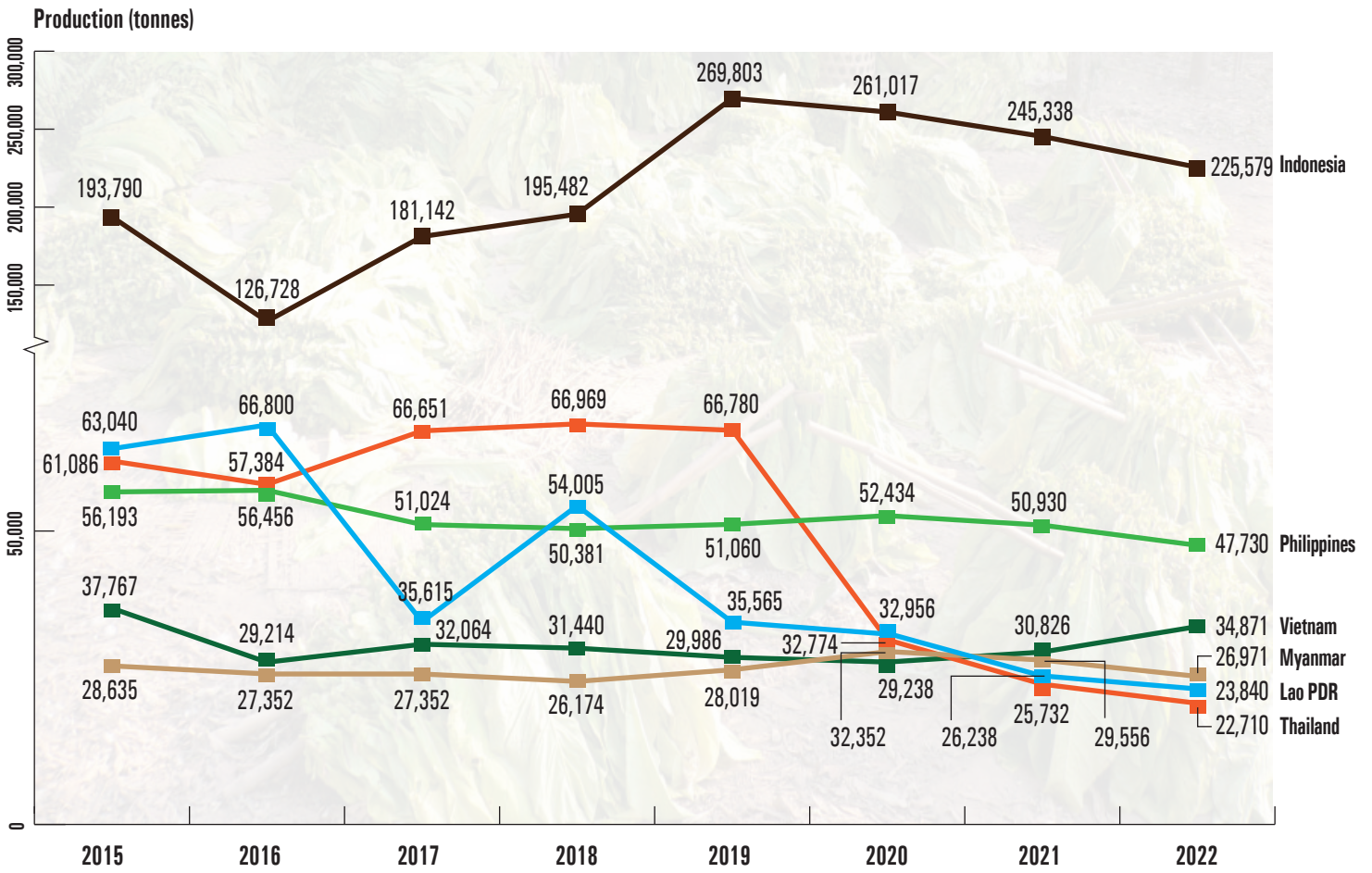
Quick Fact

More than **300 million** people globally acute food insecurity. Meanwhile **3.2 million** hectares of land across **124** countries are being used to grow deadly tobacco, even in countries where people are starving.

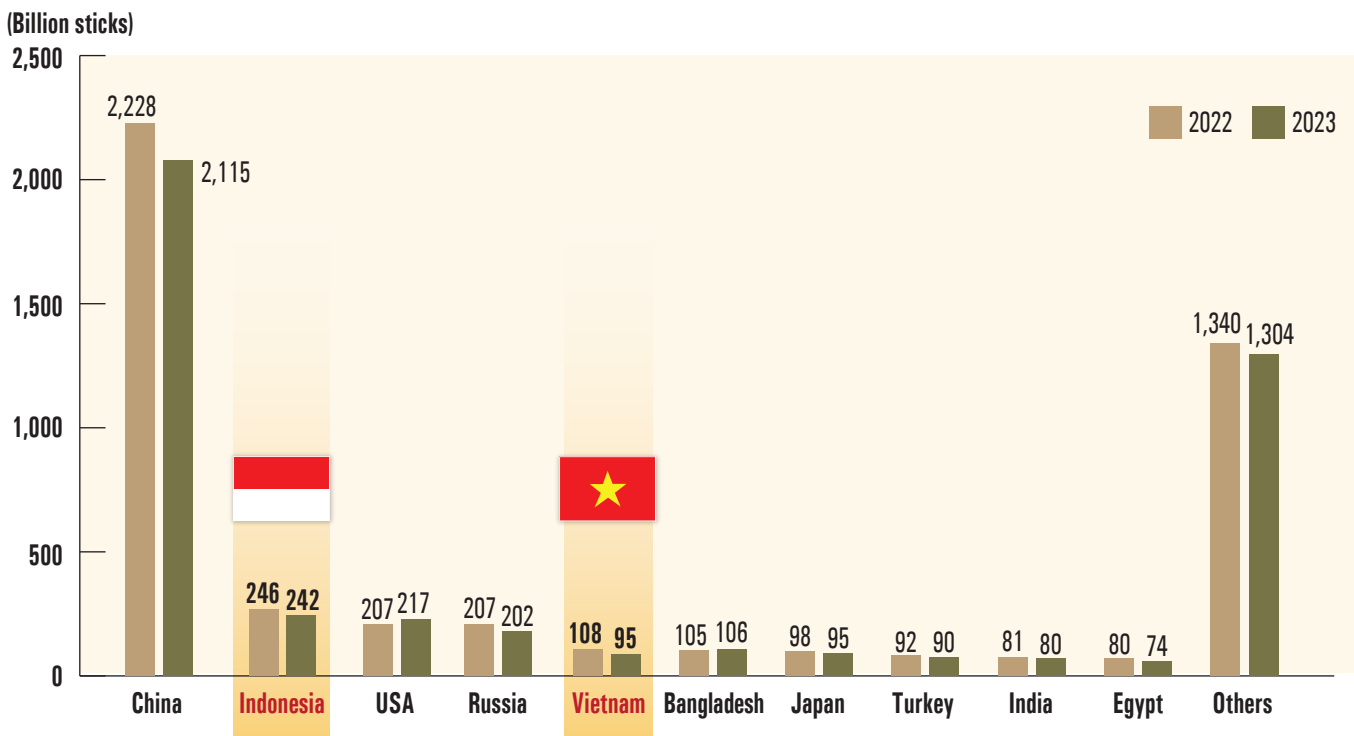
Globally, **79** countries are facing acute food insecurity, and the majority are low- and middle-income countries, where tobacco is reported increasingly grown.



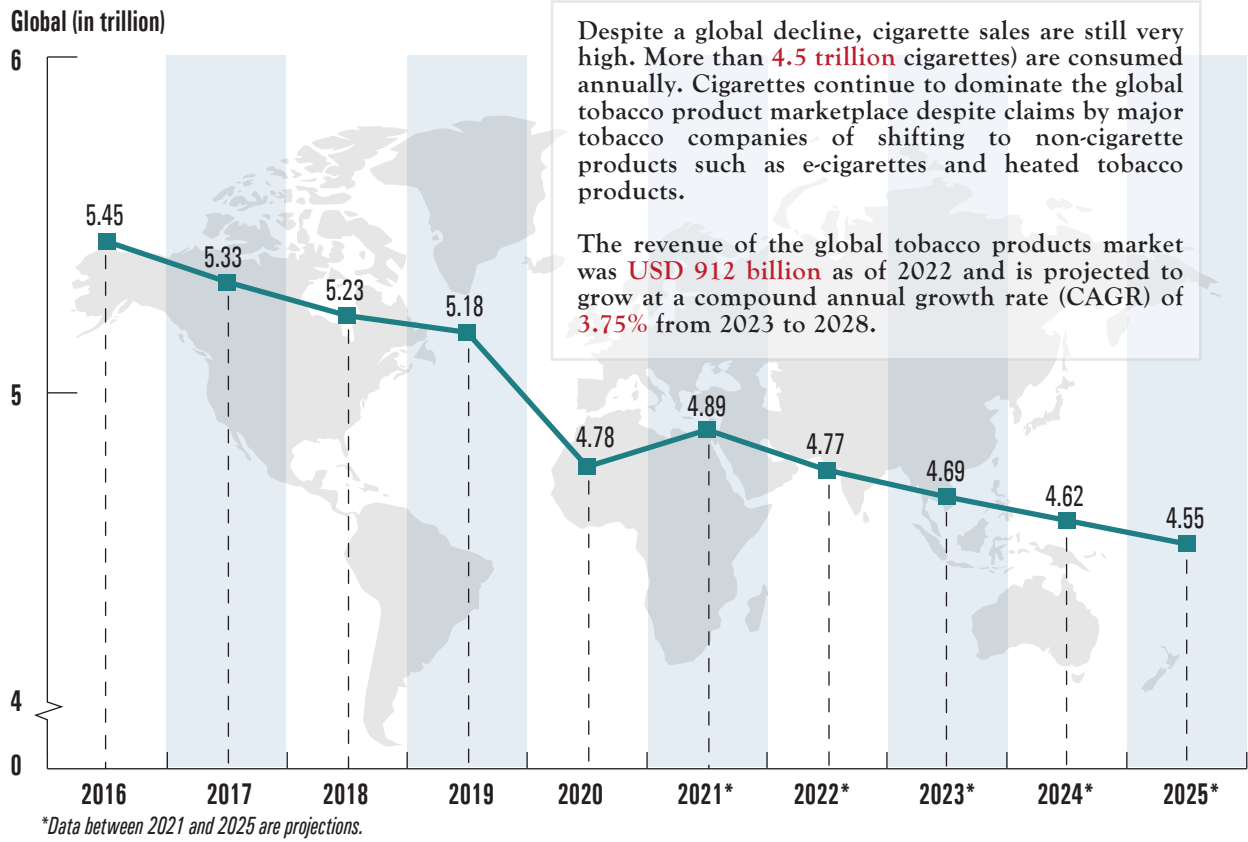
Tobacco leaf production in ASEAN (2015 – 2022)



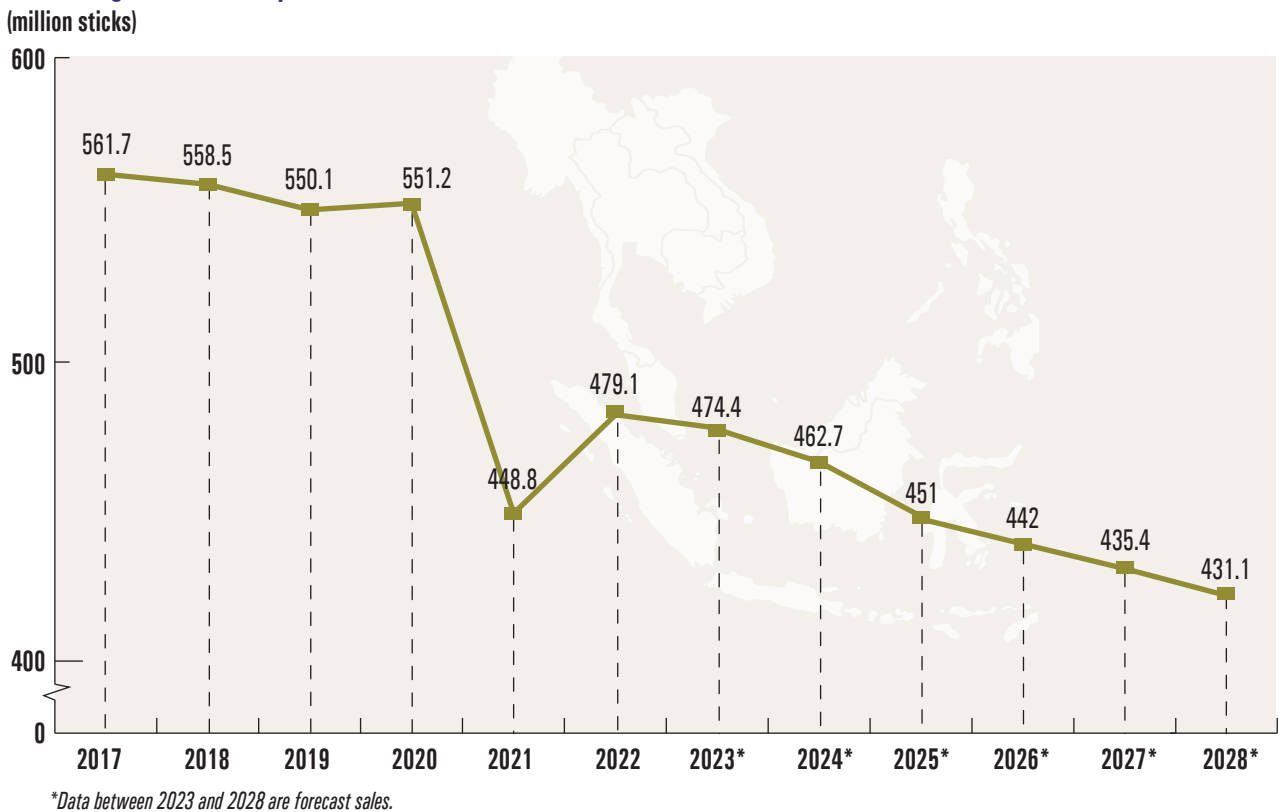
Top 10 global cigarette markets (2022 and 2023)



Global cigarette consumption (2016 – 2025)

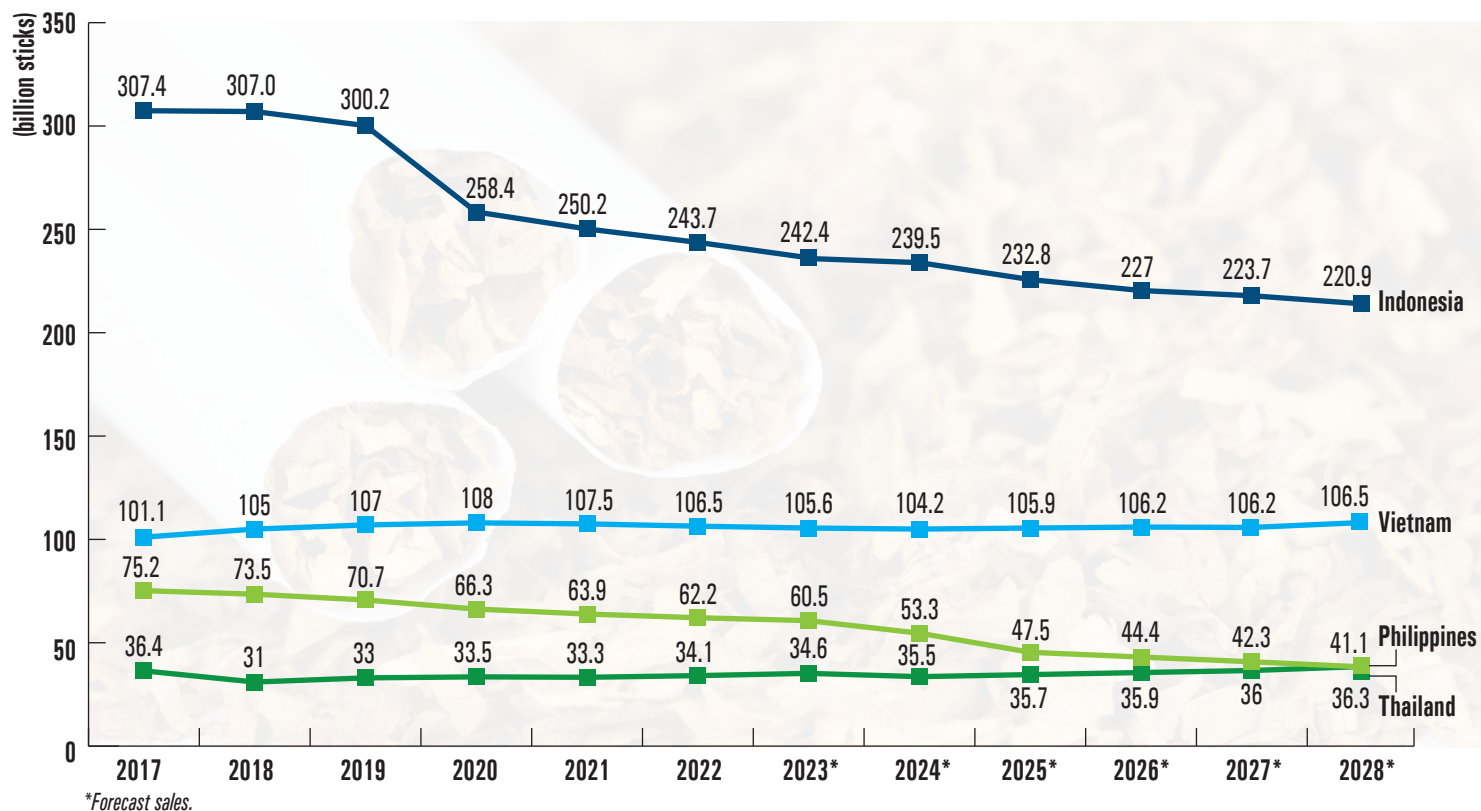


ASEAN cigarette consumption (2017 – 2028)

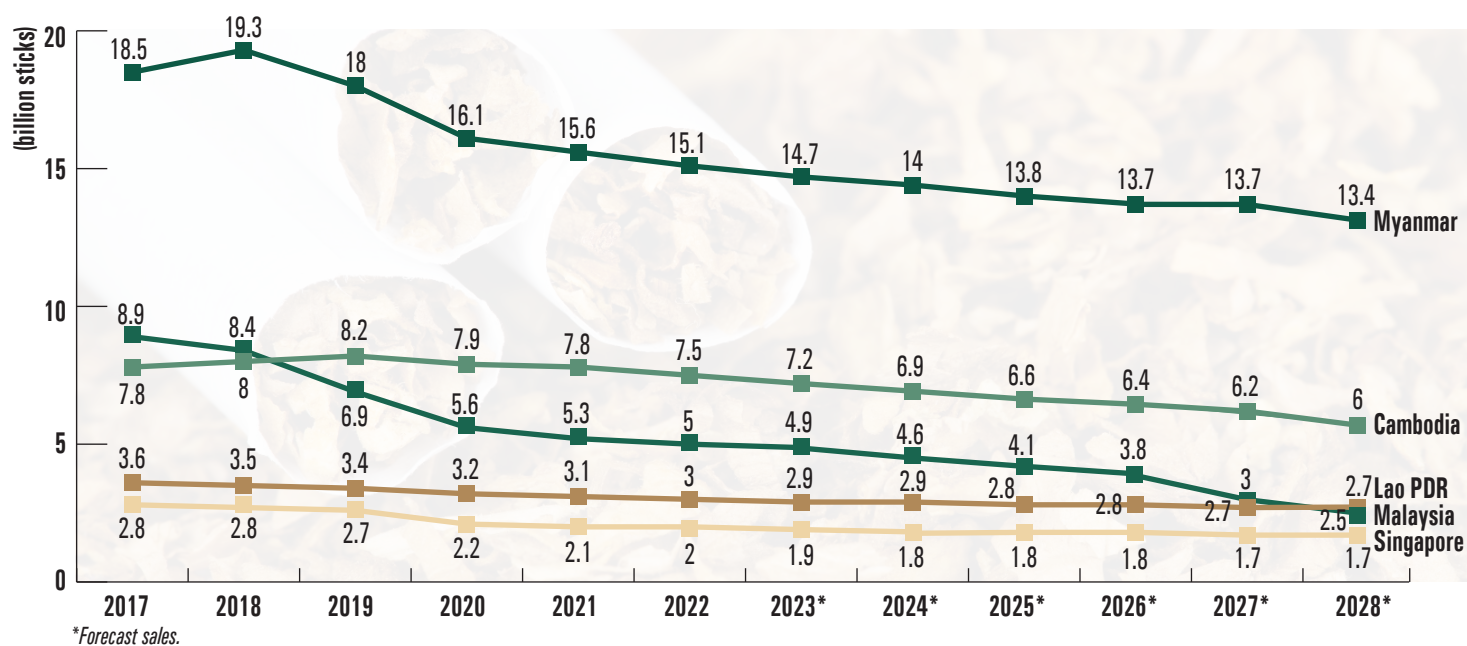


Cigarette sales volumes in ASEAN region (2017 – 2028)

Cigarette sales volumes are highest in Indonesia, Philippines, Thailand and Vietnam



Cigarette sales volumes in Cambodia, Lao PDR, Malaysia, Myanmar and Singapore



Quick Fact

Globally, more than **8 million** deaths and at least **USD 2 trillion** in economic losses are caused by tobacco every year.

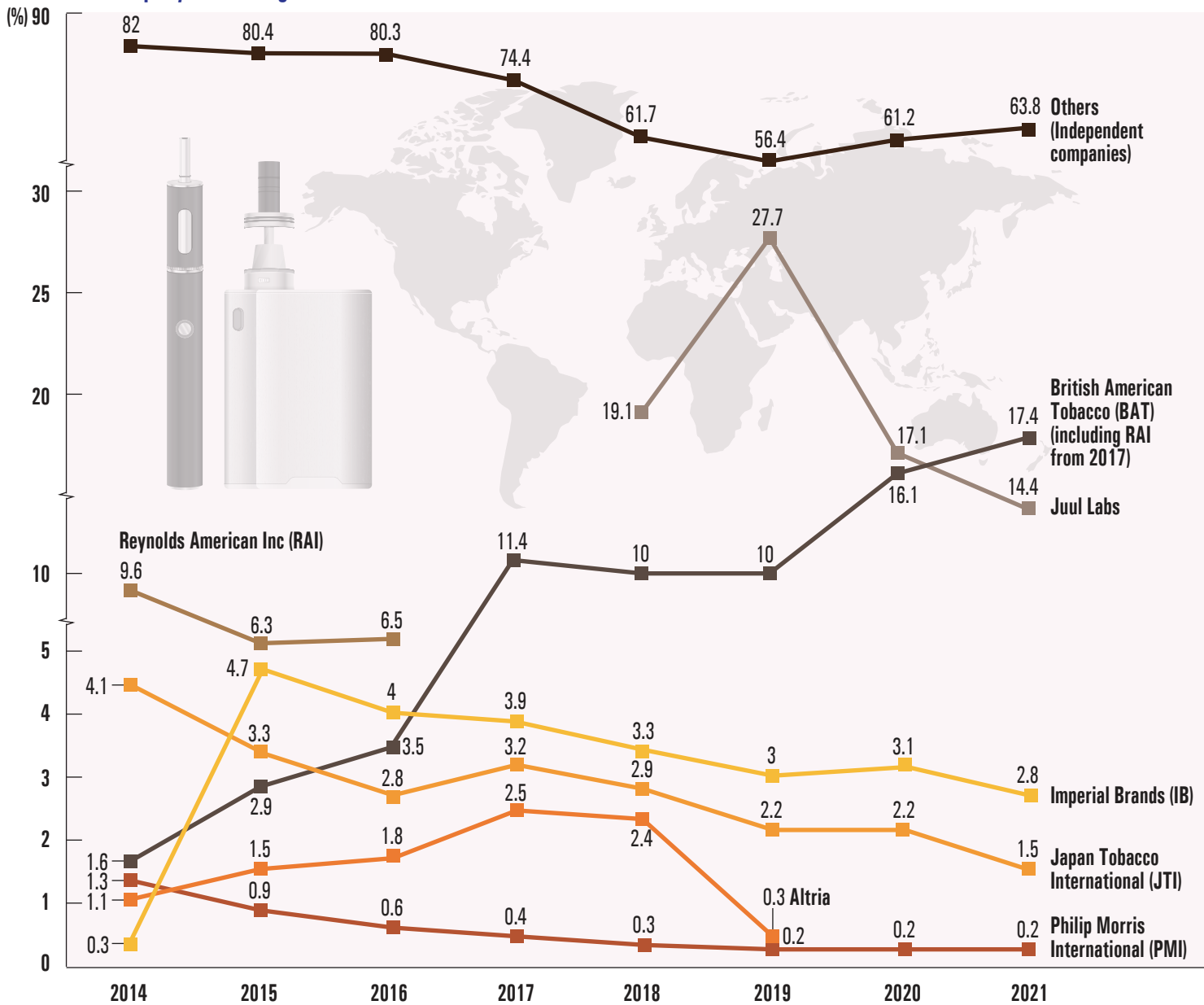
In ASEAN, an estimated **1.39 billion** cancer sticks were consumed daily by adult smokers.



The global tobacco industry is dominated by five transnational tobacco companies (TTCs), all with a presence in Asia: China National Tobacco Corporation (CNTC), Philip Morris International (PMI), British American Tobacco (BAT), Japan Tobacco Inc. (JTI), and Imperial Brands. These TTCs have also ventured into electronic nicotine delivery systems (ENDS) and heated tobacco products (HTPs) and are accessing many countries in Asia as fast-growing markets for expansion.

The Asia Pacific region is a key target of tobacco companies, with e-cigarette nearly doubled to USD 1.4 billion between 2014 and 2018. The market continues to grow rapidly to USD 2.2 billion in 2019, it doubled again to USD 4.4 billion in 2021, making it the fastest-growing regional market in terms of value.

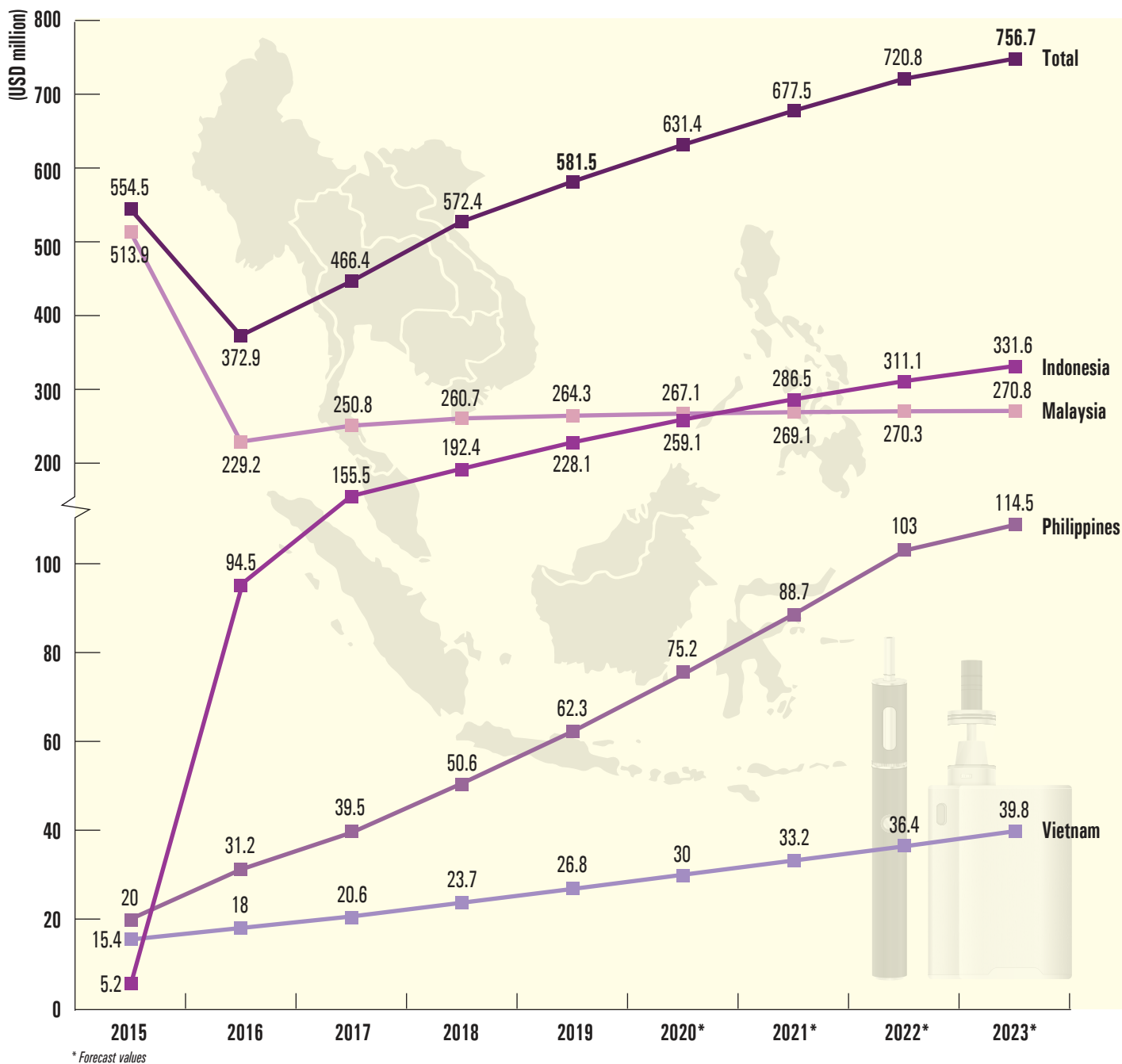
Tobacco company shares of global ENDS market (2014 – 2021)



In 2019, the Electronic Nicotine Delivery System (ENDS) market value in four ASEAN countries (Indonesia, Malaysia, Philippines and Vietnam) was USD 581.5 million, and it is projected to grow by 30% (to USD 756.7 million) in 2023.

E-commerce is a significant and growing sales channel in the region, with most of the popular or featured brands in online shops originating from China. Southeast Asian youth are targeted with a wide variety of flavours, trendy designs, and point-of-sale promotions, and several e-cigarette related injuries and diseases have been reported in the region.

ENDS market size in ASEAN (2015 – 2023)



* Forecast values



The global e-cigarette market is projected to grow from **USD 22.5 billion** in 2022 to **USD 47.5 billion** in 2028 at a compound annual growth rate (CAGR) of **13.5%** during the forecast period 2023 to 2028.

Corporate Cover Up: PMI, BAT and JTI CSR in ASEAN

Tobacco companies continue to promote themselves as “good corporate citizens” to create and maintain a positive public view of its business, to divert attention from and whitewash the diseases and other harms caused by the products they manufacture and sell, and to gain access to high-level officials and policy makers and thereby unduly influence and corrupt tobacco regulatory policy development and implementation.

During the peak of the COVID-19 pandemic, Philip Morris International substantially increased its investment in so-called Corporate Social Responsibility (CSR) endeavors across the ASEAN region from 2019 to 2021, with funds soaring from USD 9,566,715 in 2019 to USD 23,615,833 in 2021. However, it concurrently halved the number of organizations through which these funds were channeled.

PMI continues to dissociate its CSR initiatives from its core tobacco business by engaging foundations or civic organizations to execute these activities. In 2021, the majority of funds were directed to a single entity in the Philippines, the Jaime V. Ongpin Foundation Inc. (JVOFI).

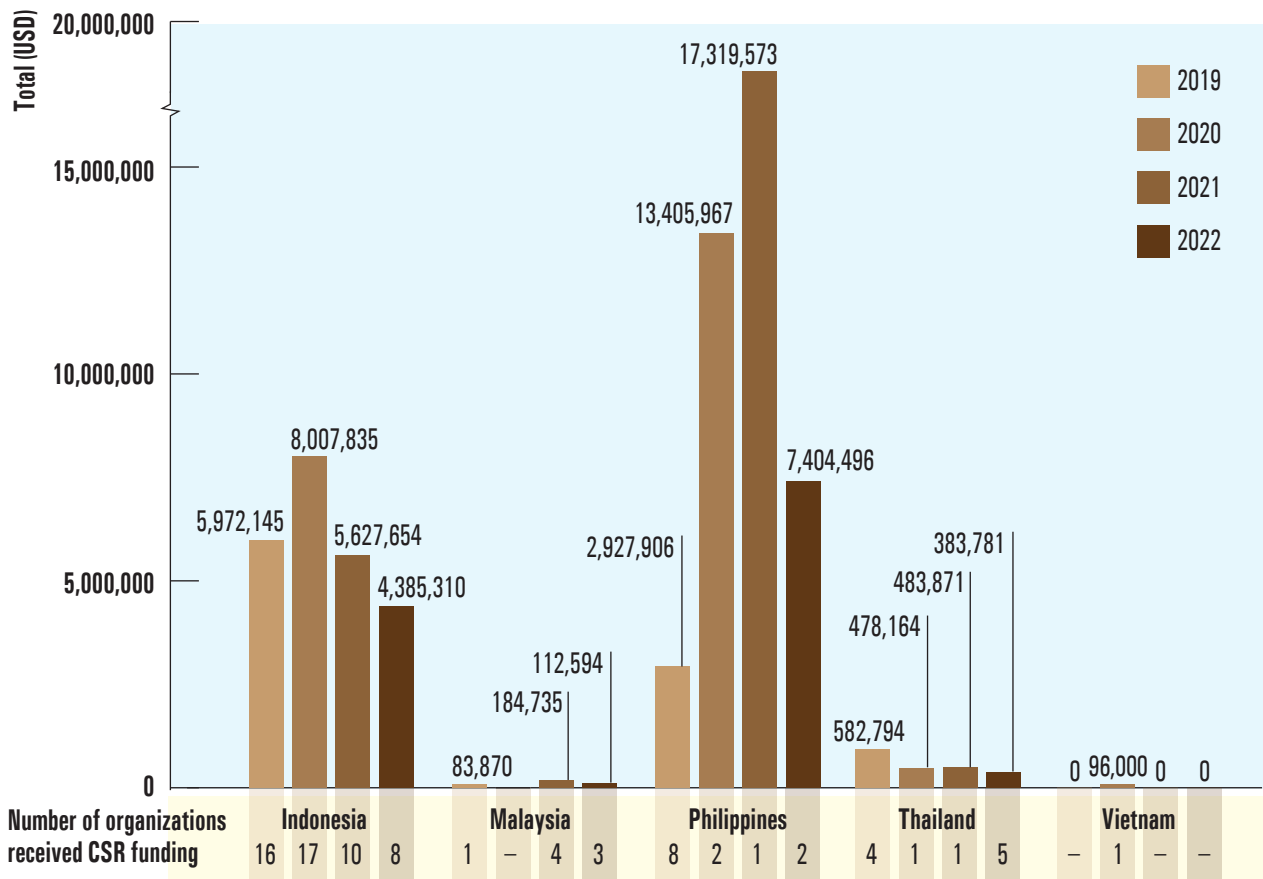
By 2022, there was a noticeable decline of nearly 50% in CSR contributions across the region, plummeting from USD 23,615,833 in 2021 to USD 12,286,181 in 2022. Although the USD 12.3 million allotted for CSR initiatives might seem substantial, it represents a mere fraction (0.03%) of the company’s USD 31.8 billion net revenue during the same period.

Of notable importance is the distribution of these contributions, with the Philippines getting the largest share (USD 7,404,496 in 2022). This allocation, primarily directed to JVOFI, surpasses the total CSR disbursements in all other ASEAN nations combined. Meanwhile, in Thailand, the CSR fund is routed through farmers’ associations.

A discernible trend over recent years indicates an overall reduction in the number of organizations receiving sponsorship from PMI, though there is a slight increase in contributions to select organizations in Malaysia and Thailand. This consolidation of CSR funds into fewer organizations may suggest that PMI is becoming more discerning in its CSR focus areas or attempting to create the perception of a more substantial impact with its contributions.

In addition, PMI also provided in-kind contributions equivalent to USD 9,959,495 in 2021 (increased from USD 281,123 in 2020) to organizations in Indonesia, Malaysia, Philippines, and Singapore.

Philip Morris International activities in ASEAN (2019 – 2022)



What TTCs spend on CSR activities is paltry compared to the remuneration paid to their top executives. Jacek Olczak, CEO of PMI, alone was paid almost more than PMI's total expenditure on CSR activities in the ASEAN region in 2022.

Tobacco industry's miniscule CSR spending in ASEAN compared to its profits and remuneration for the CEO

TTCs	CEO	Remuneration in 2022 (USD million)	2022 profits in global market* (USD billion)	Total CSR expenditures in ASEAN (USD million)
Philip Morris International (PMI)	Jacek Olczak	15.77	9.05	12,286,181 (2022)
British American Tobacco (BAT)	Jack Bowles Tadeu Marrocco	11.94 6.35	8.22	No data available
Imperial Brands	Stefan Bomhard	7.39	1.93	No data available
Japan Tobacco International (JTI)	Eddy Pirard	No data available	3.27	2.61 (2016-2019)

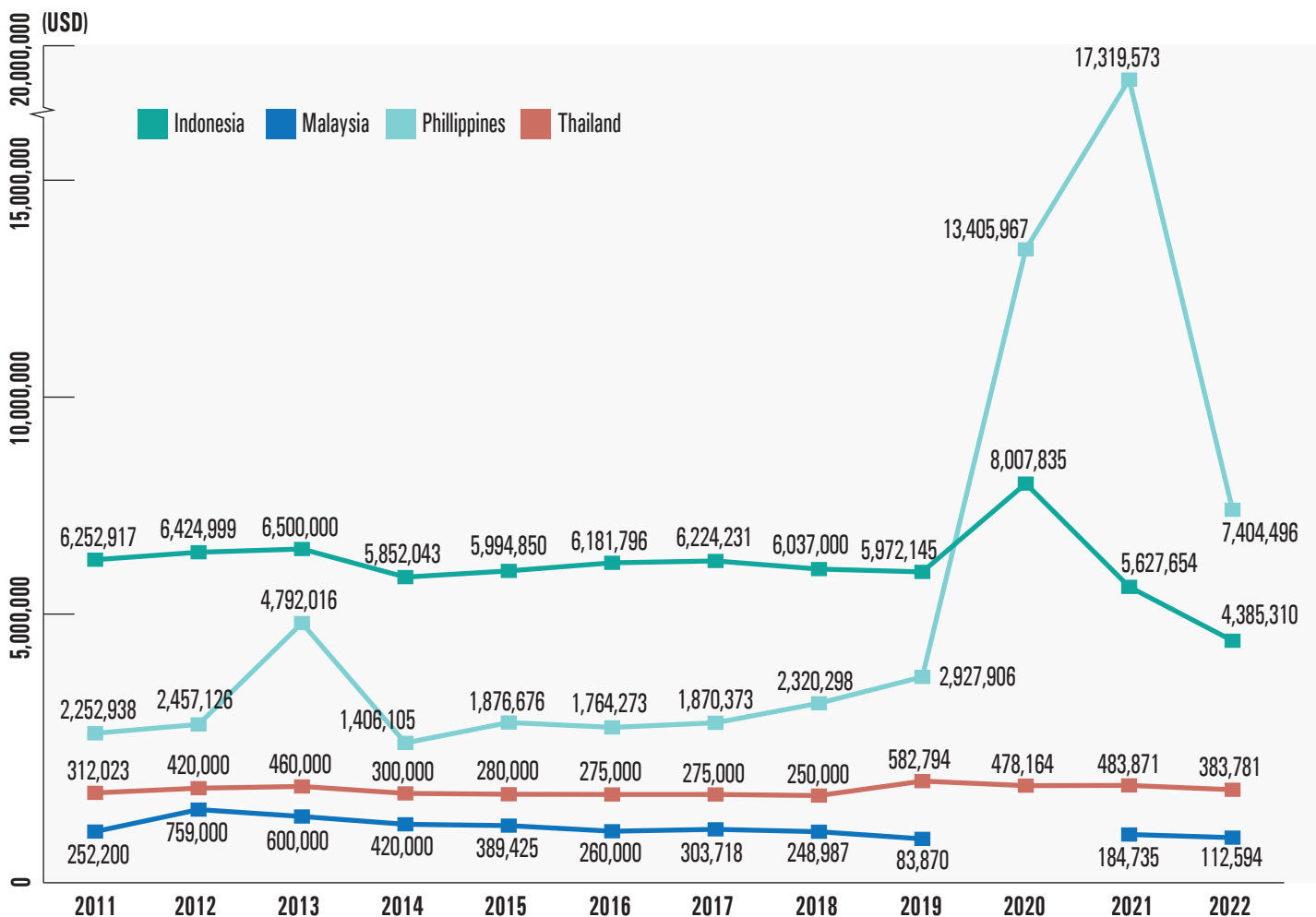
* 2022 data on industry profits is not available.



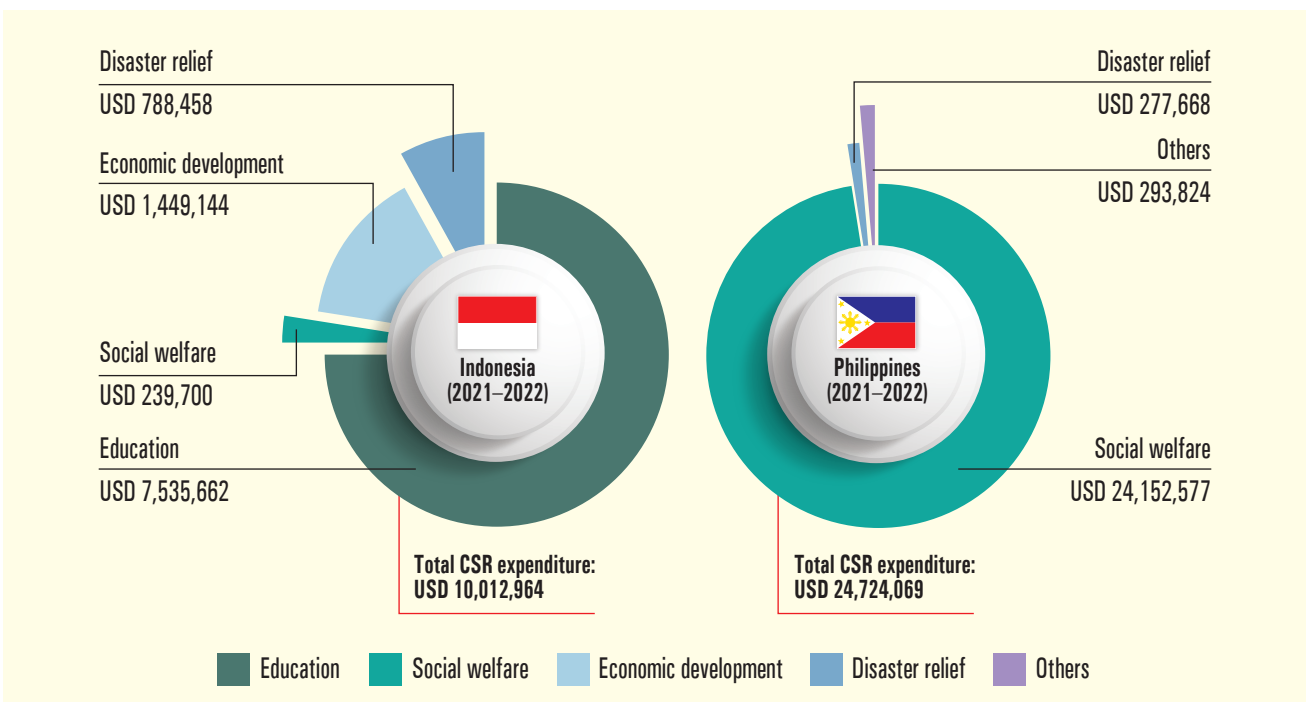
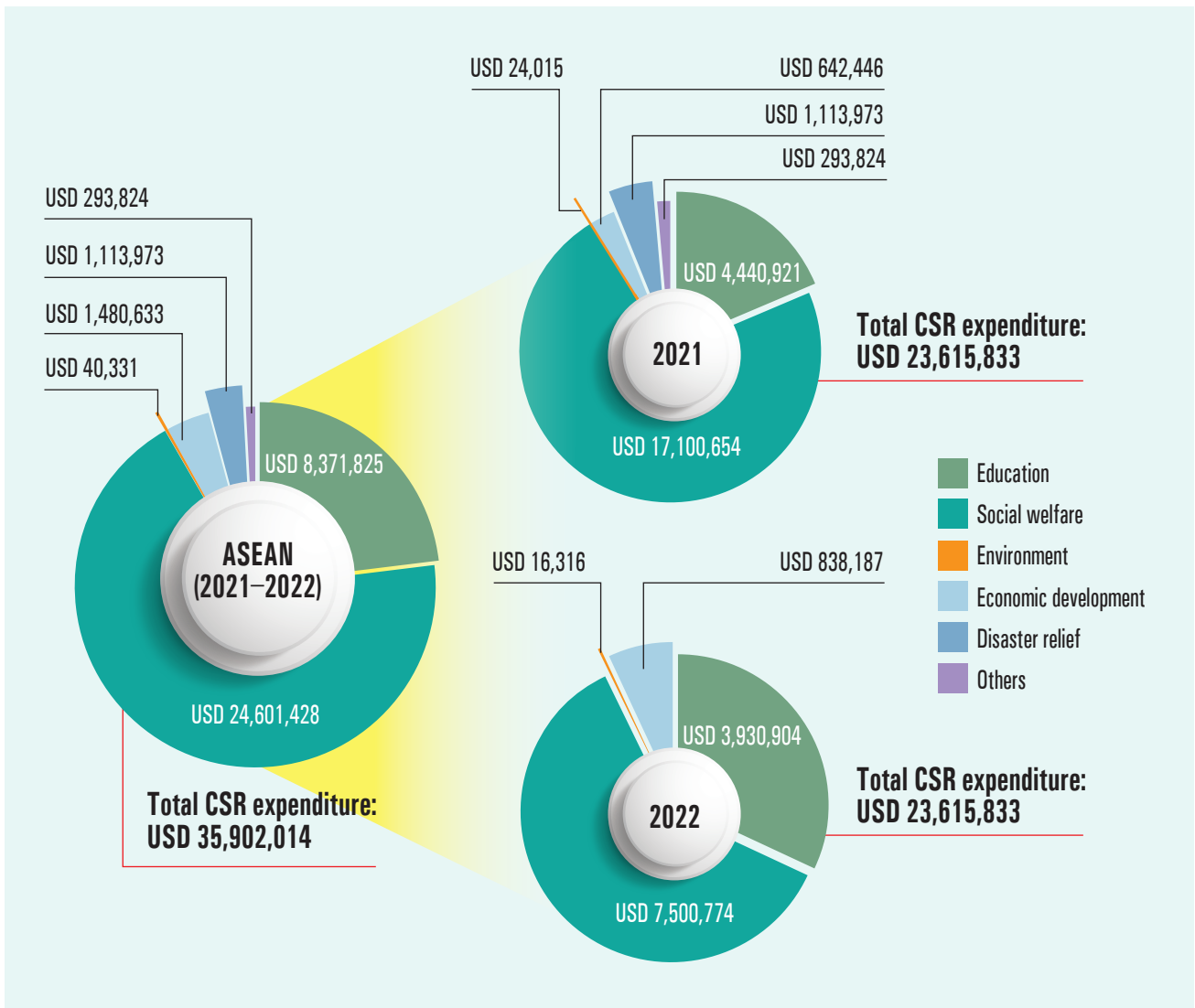
A PMI executive has stated clearly that their corporate giving is not charitable: "I never use the word corporate philanthropy. That implies that you do something without any regard to yourself... I don't see any corporation giving money without a reason."

(Demick, 1993)

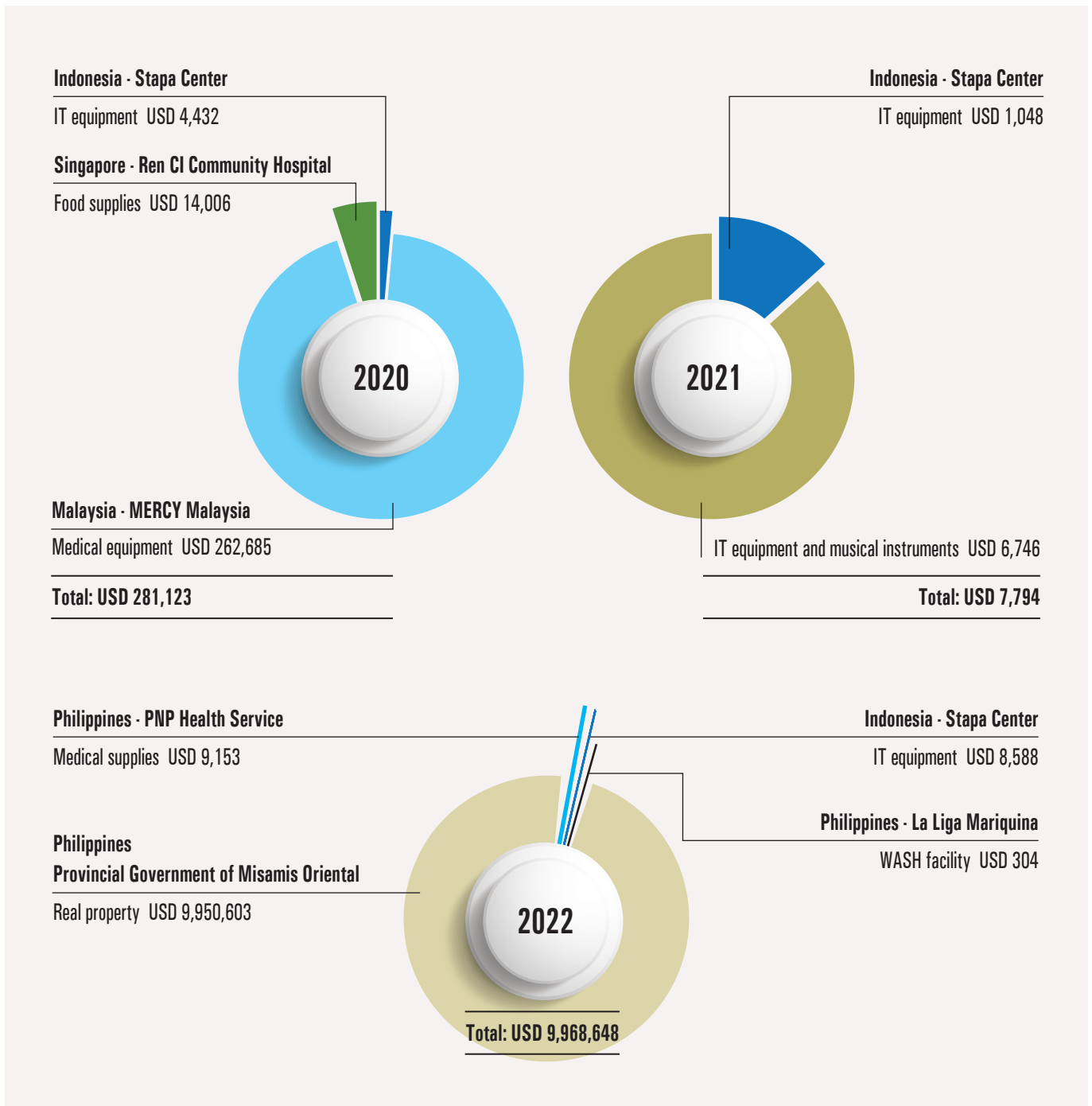
Top 4 ASEAN countries receiving PMI CSR funding (2011 – 2022)



Sectors targeted by PMI CSR Activities in ASEAN (2021 – 2022)



PMI in-kind contribution in ASEAN (2020 – 2022)



Quick Fact

More than **USD 50 billion** a year of profit (**USD 10,000** per tobacco death) enables the tobacco industry’s powerful public relations, marketing, and scientific arms to present themselves in a positive light, making donations of cash, protective equipment, ventilators, and other health support to governments and health-care systems, while aggressively marketing of new addictive products.

Legal challenges of the tobacco industry to undermine tobacco control in ASEAN



Tobacco Industry front groups and lobby groups to fight tobacco control

The tobacco industry rallies and funds front groups to fight tobacco control measures at both international and national level. The tobacco industry includes any (a) tobacco or tobacco product (including electronic smoking devices (ESD)) manufacturer, processor, wholesale distributor, importer, (b) parent, affiliate, branch, or subsidiary of a tobacco or tobacco product (including ESD) manufacturer, wholesale distributor, importer, retailer, or (c) any individual or entity, such as, but not limited to an interest group, think tank, advocacy organization, lawyer, law firm, scientist, lobbyist, public relation, and/or advertising agency, business, or foundation, that represents or works to promote the interests of the tobacco and nicotine industry. The International Tobacco Growers Association (ITGA) is one such group which mobilizes tobacco growers to interfere in tobacco control policy development in ASEAN countries and fight FCTC implementation. Other front groups include retailers and trade associations, coffee shop associations or research groups, which challenge tobacco control legislation.

	Country	Front groups and lobby groups in ASEAN	ESD
	Tobacco		ESD
Farmers groups	Regional / international	International Tobacco Growers Association (ITGA)	
	Indonesia	<ul style="list-style-type: none"> Asosiasi Petani Tembakau Indonesia (APTI) – Indonesia Tobacco Farmers Association Asosiasi Petani Cengkeh Indonesia (APCI) – Indonesian Clove Farmers Association Paguyuban Petani Pedagang Tembakau Magelang (P3TM) – Association of Tobacco Farmers and Traders of Magelang 	
	Philippines	<ul style="list-style-type: none"> Philippine Tobacco Growers Association (PTGA) Federation of Free Farmers (FFF) 	
	Thailand	<ul style="list-style-type: none"> Thai Tobacco Growers, Curers and Dealers Association Tobacco Farmer Association (TFA) Chiangmai Tobacco Curing Association Sukhothai Burley Tobacco Farm Association Petchaboon Burley Tobacco Farm Association Thai Northeastern Tobacco Farmer 	
Manufacturer Associations	Cambodia	<ul style="list-style-type: none"> Association of Tobacco Industry in Cambodia (ATIC) 	
	Indonesia	<ul style="list-style-type: none"> Gabungan Produsen Rokok Putih Indonesia (GAPRINDO) – The Association of Indonesia White Cigarette Producers Gabungan Perserikatan Pabrik Rokok Indonesia (GAPPRI) – The union of Indonesia Cigarette (kretek) Industries Paguyuban Mitra Produksi Sigaret Indonesia (MPSI) – Cigarette Manufacturing Association Gabungan Perusahaan Rokok (GAPERD) – Association of Cigarette Companies Persatuan Perusahaan Rokok Kudus (PPRK) – Cigarette Company Association of Kudus Forum Masyarakat Industri Rokok Indonesia (FORMASI) - Indonesian Forum of Tobacco Industry Community 	<ul style="list-style-type: none"> Asosiasi Personal Vaporizer Indonesia (APVI) – Indonesian Association of Personal Vaporizer Asosiasi Vaper Indonesia (AVI) – Indonesia Vapers Association PAVENAS (Paguyuban Asosiasi Vape Nasional)
	Myanmar	<ul style="list-style-type: none"> Myanmar Cigarette Producers’ Association Myanmar Association of Cheroot Making Industries 	
	Philippines	<ul style="list-style-type: none"> Philippine Tobacco Institute (PTI) Federation of Philippine Industries (FPI) 	<ul style="list-style-type: none"> Philippine E-cigarette Industry Association (PECIA)
	Singapore	<ul style="list-style-type: none"> Tobacco Association (Singapore) 	
	Lao PDR	<ul style="list-style-type: none"> Lao Tobacco Ltd 	
	Philippines	<ul style="list-style-type: none"> National Tobacco Administration (NTA) 	
State-owned company/ State agency	Lao PDR	<ul style="list-style-type: none"> Lao Tobacco Ltd 	
	Philippines	<ul style="list-style-type: none"> National Tobacco Administration (NTA) 	
	Thailand	<ul style="list-style-type: none"> Tobacco Authority of Thailand (TAOT) 	
	Vietnam	<ul style="list-style-type: none"> Vietnam National Tobacco Corporation (VINATABA) Vietnam Tobacco Association (VTA) 	<ul style="list-style-type: none"> Vietnam Tobacco Association (VTA)

continued

Country	Front groups and lobby groups in ASEAN		
	Tobacco	ENDS	
Retailer groups	Regional	<ul style="list-style-type: none"> Asia Pacific Travel Retail Association (Singapore) 	
	Cambodia	<ul style="list-style-type: none"> Dufry (Cambodia) Ltd 	
	Indonesia	<ul style="list-style-type: none"> Himpunan Peritel dan Penyewa Pusat Perbelanjaan Indonesia (Hippindo) 	
	Malaysia		<ul style="list-style-type: none"> Malaysia Retail Electronic Cigarette Association (MRECA)
	Philippines	<ul style="list-style-type: none"> Peoples' Coalition Against Regressive Taxation (PCART) Philippine Association of Supermarkets Inc. (PASI) 	
	Singapore	<ul style="list-style-type: none"> Singapore Retailers Association DFS Venture Singapore Informal group of licensed tobacco retailers 	
Business groups	Regional	<ul style="list-style-type: none"> US-ASEAN Business Council (US-ABC) EU-ASEAN Business Council ASEAN Intellectual Property Association (ASEAN-IPA) Property Rights Alliance (PRA) International Trademark Association (INTA) American Chamber of Commerce European Chamber of Commerce 	
	Indonesia	<ul style="list-style-type: none"> Forum Komunikasi Pengusaha Rokok Kecil (FKPRK) – Communication Forum of Small Cigarette Businessmen 	<ul style="list-style-type: none"> APPNINDO Aliansi Pengusaha Penghantar Nikotin Elektronik Indonesia Paguyuban Asosiasi Vape Nasional Indonesia (PAVENAS) E-cigarette producers and customers
	Malaysia	<ul style="list-style-type: none"> International Chamber of Commerce Malaysia Malaysian International Chamber of Commerce and Industry Malaysia-Singapore Coffee Shop Proprietors General Association (MSCSPGA) Federation of Sundry Goods Merchants Associations of Malaysia (FSGMAM) 	<ul style="list-style-type: none"> Malaysia E-Vaporisers and Tobacco Alternative Association (MEVTA) Malaysian Vape Chamber of Commerce (MVCC) Malaysian Organization of Vape Entity (MOVE)
	Philippines	<ul style="list-style-type: none"> Philippine Aromatic Tobacco Development Association, Inc. (PATDA) American Chamber of Commerce of the Philippines, Inc. Federation of Philippine Industries 	
	Singapore	<ul style="list-style-type: none"> Singapore International Chamber of Commerce European Chamber of Commerce, Intellectual Property Rights Committee Amcor Specialty Cartons (of Amcor Group) (Singapore/ Switzerland) (Packaging industry) GD Machinery Southeast Asia Pte Ltd (a COEASIA company) (Packaging industry) Design Bridge (Design/advertising agency) 	
	Thailand	<ul style="list-style-type: none"> Thai Tobacco Trade Association (TTTA) 	
	Vietnam	<ul style="list-style-type: none"> Vietnam Chamber of Commerce and Industry (VCCI) 	<ul style="list-style-type: none"> Vietnam Chamber of Commerce and Industry (VCCI)
	Regional / international	<ul style="list-style-type: none"> Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA) International Network of Nicotine Consumer Organisations (INNCO) 	
Consumer / astroturf groups	Indonesia	<ul style="list-style-type: none"> Aliansi Masyarakat Tembakau Indonesia (AMTI) - Indonesia Tobacco Society Alliance Komunitas Perokok Bijak (KOJAK) – Wise Smokers Community Koalisi Nasional Penyelamat Kretek (KNPK) – National Coalition for the Rescue of Kretek 	<ul style="list-style-type: none"> Koalisi Indonesia Bebas Tar (KABAR) – The Indonesia Tar-Free Coalition Konsumen Vape Berorganisasi (KONVO) – Vape Consumers Organization Asosiasi Konsumen Vape Indonesia (AKVINDO) – Indonesian Vape Consumers Association Masyarakat Sadar Risiko Indonesia (MASINDO) – Indonesian Risk Awareness Society

continued

	Country		Front groups and lobby groups in ASEAN	
			Tobacco	ENDS
Consumer / astro turf groups	Malaysia			<ul style="list-style-type: none"> Malaysian Vape Industry Advocacy (MVIA)
	Philippines	<ul style="list-style-type: none"> Proyosi Inc / Nicotine Consumers Union of the Philippines 		<ul style="list-style-type: none"> Harm Reduction Alliance of the Philippines The Vapers Philippines Quit for Good Foundation Vapers PH Vaper Ako
	Thailand	<ul style="list-style-type: none"> Thai Smokers Group (TSG) 		<ul style="list-style-type: none"> End Cigarette Smoke Thailand Group (ECST)
	Vietnam			<ul style="list-style-type: none"> Vietnam Consumer Protection Association (VCPA)
Labor/ workers group	Indonesia	<ul style="list-style-type: none"> Federasi Serikat Pekerja Rokok, Tembakau, Makanan Minuman (FSP RTMM-SPSI) – Federation of Trade Unions of Cigarette, Tobacco, Food and Beverages 		
	Philippines	<ul style="list-style-type: none"> Trade Union Congress of the Philippines (TUCP) 		
	Thailand	<ul style="list-style-type: none"> Tobacco Authority of Thailand Workers Union 		
Think tanks/ Legal	Regional / international	<ul style="list-style-type: none"> Factasia.org (HK-based) Competitive Enterprise Institute (US-based) R Street Institute (US-based) 		
	Lao PDR	<ul style="list-style-type: none"> Lao Law & Consultancy Group 		
	Malaysia	<ul style="list-style-type: none"> Institute for Democracy and Economic Affairs (IDEAS) 		<ul style="list-style-type: none"> Galen Centre for Health and Social Policy Malaysia Society for Harm Reduction (MSHR) Datametrics Research and Information Centre Sdn Bhd (DARE)
	Philippines	<ul style="list-style-type: none"> Minimal Government Thinkers 		<ul style="list-style-type: none"> Ascra Consulting Inc.
Foundation/ CSR group	Regional/ International	<ul style="list-style-type: none"> JTI Foundation Fundacion Altadis (Imperial Brands) 		
	Indonesia	<ul style="list-style-type: none"> Putera Sampoerna Foundation Djarum Foundation 		<ul style="list-style-type: none"> Yayasan Pemerhati Kesehatan Publik (YPKP) – Public Health Observer Foundation
	Malaysia	<ul style="list-style-type: none"> BAT Malaysia Foundation 		
	Philippines	<ul style="list-style-type: none"> American Chamber Foundation Philippines Jaime V. Ongpin Foundation Tan Yan Kee Foundation Wong Chu King Foundation Synergeia Foundation, Inc 		



Tobacco is a
GLOBAL THREAT

The **I m p**



**More than
1.2 Billion**

Globally, more than 1.2 billion people use tobacco

- **Adult (aged 15 years and above)**
Male - 1.02 billion
Female - 224 million

At least 37 million youth worldwide

- **Aged 13-15 years (current tobacco user)**
Boys - 25 million
Girls - 12 million

Lives lost from tobacco use annually

More than 7 million deaths result from direct tobacco use

1.3 million non-smokers are killed by exposure to secondhand smoke.

**More than
8 Million**

Tobacco is a **SILENT KILLER** that contributes to significant **MORTALITY, ILLNESSES** and **SUFFERING** worldwide



act



**USD
1.4 Trillion**

Global annual costs from tobacco-related healthcare and lost productivity

Growing health care costs and burden of disease from tobacco use

Adult tobacco users living in poverty worldwide

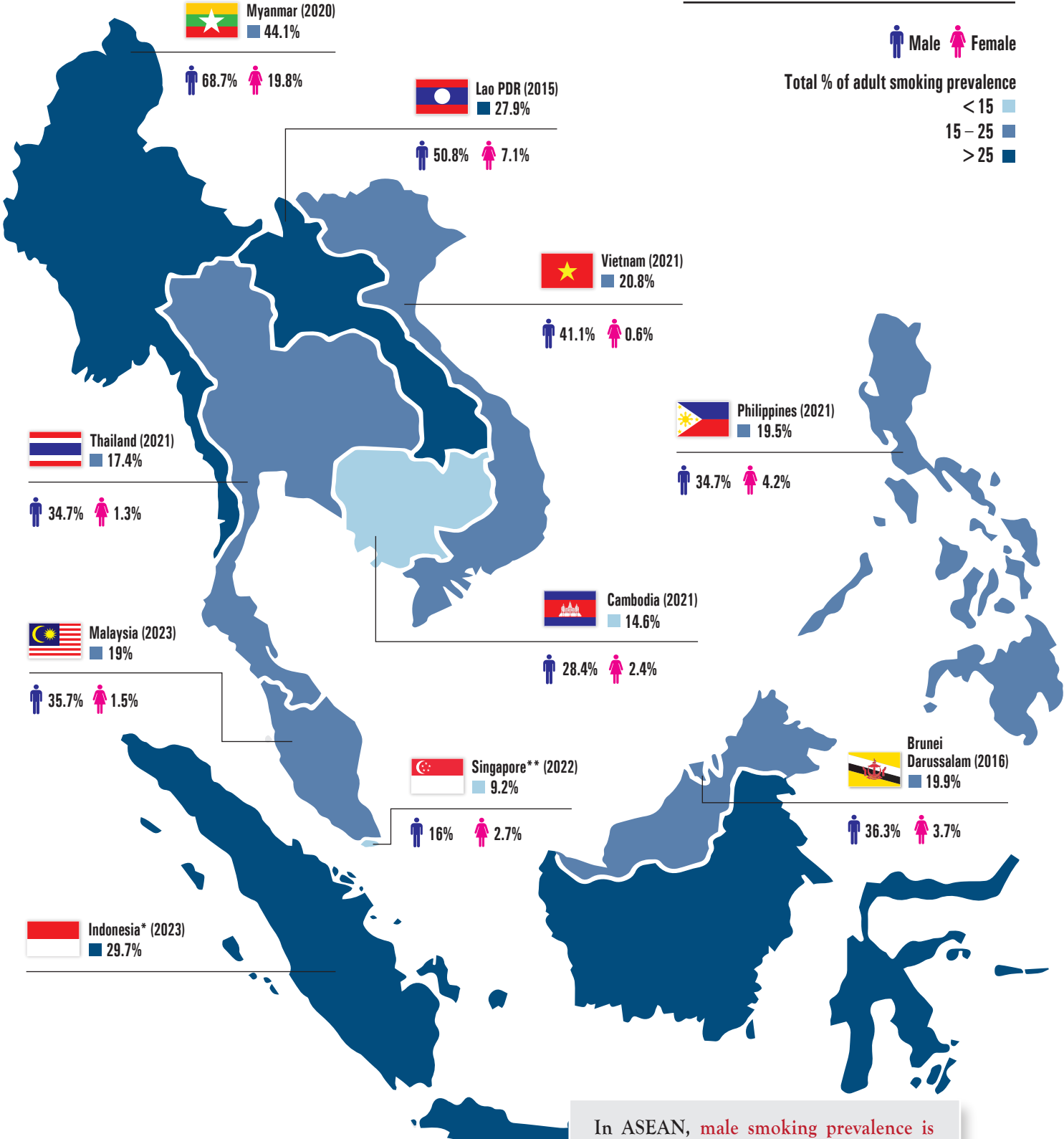
More than 10% of household income is spent on tobacco products – meaning less money for food, education and healthcare

**226
Million**



Tobacco use not only **DAMAGES HEALTH** but also **WORSENS POVERTY** and causes **DEVASTATING** social, economic and environmental **HARMS**

Adult smoking prevalence in ASEAN



MOST
44.1%
of the Myanmar population smoke

LEAST
9.2%
of the Singaporean population smoke

In ASEAN, male smoking prevalence is highest in Myanmar (68.7%) and Indonesia (52.4%) and lowest in Singapore (16%). Female smoking rates are particularly high (between 4.2% and 19.8%) in Lao PDR, Myanmar and Philippines.

*29.7% refers to smoking prevalence among adults aged 15 years and over. The 2023 National Health Survey also estimated 27.1% smoking prevalence among population aged 10 years and over, 52.4% (male), and 1.1% (female).
**Daily smokers aged 18 to 74 years.

Nicotine and Tobacco Addiction

Globally, more than one billion (1.24 billion) people use tobacco with adult male smokers (1.02 million) significantly outnumbering women (224 million). This alarming number represents about one-third of the global population aged 15 and above. It has grown substantially in low- and middle-income countries, constituting over 80% world's tobacco users. In the ASEAN region, there are currently 129 million (19.1%) adult smokers, more than half of whom live in Indonesia (63.1 million).

More than 4.5 trillion cigarettes are sold each year worldwide, and it is estimated 1.39 billion cigarettes are smoked daily by adults in ASEAN). In 2022, an estimated 479.1 billion cigarettes were sold in ASEAN countries with 93% primarily consumed in Indonesia, Philippines, Thailand, and Vietnam. Due to the expansion of the world's population and dynamic economic growth, unless urgent action is taken, the number of smokers is expected to reach at least 2 billion people by 2030.

Among ASEAN countries, adult male smoking prevalence is highest in Myanmar (68.7%) and

Indonesia (52.4%) and lowest in Singapore (16%). Adult female smoking rates are particularly high (ranging between 4.2% and 19.8%) in Lao PDR, Myanmar and Philippines.

Youth smokers are estimated to be around 24 million worldwide. Of these, the South East Asian (6.4 million or 27%) and Western Pacific (4.7 million or 19.9%) regions have the largest number of youth cigarette smokers. In ASEAN, youth smoking prevalence is high (ranging between 11.3% and 19.2%) particularly in Indonesia, Malaysia, Philippines and Thailand.

In addition to smoking, increasing exposure and prevalence of Electronic Smoking Devices (ESD) use among youths in ASEAN further contribute to nicotine addiction. The prevalence of e-cigarette among youth is high (ranging between 13.3% and 17.6%) particularly in Brunei, Indonesia, Malaysia, Philippines, and Thailand.

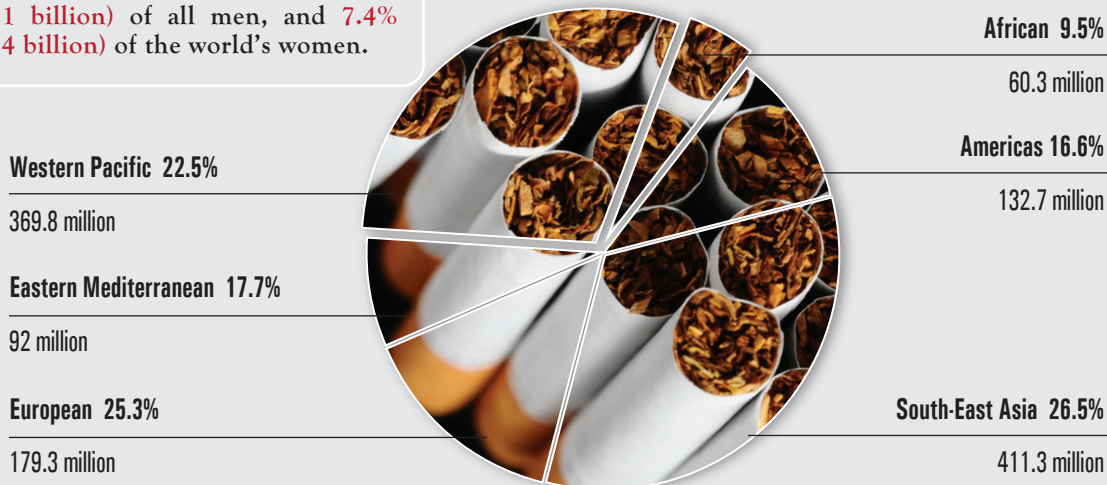
Reducing the prevalence of tobacco use (smoked and smokeless tobacco) A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2030

Country	National target (%)	*Global targets (%)
Brunei	13.93% (30% relative reduction in prevalence of current tobacco use (19.9%) in adults by 2023, set in 2019)	12.88% (30% relative reduction from 18.4% in 2011)
Cambodia	30% (10% relative reduction in adult male smoking prevalence (33.7%) by 2026, set in 2021)	13.65% (30% relative reduction from 19.5% in 2011)
Indonesia	10 – 18 years old: 8.7% in 2024 (no target for adults)	24.01% (30% relative reduction from 34.3% in 2010)
Lao PDR	17.85% (30% relative reduction in adult smoking prevalence in 2012 (25.5%) by 2025, set in 2015)	Same as national target
Malaysia	19.63% (15% relative reduction in adult smoking prevalence (20.1%) by 2025 set in 2015)	17.22% (30% relative reduction from 24.6% in 2011)
Myanmar	24.8% and 23.5% (5% and 10% relative reduction in prevalence of current tobacco use (26.1%) in persons aged 15+ years by 2021 and 2025 respectively, set in 2017)	15.4% (30% relative reduction from 22% in 2009)
Philippines	15% - 18% adult smoking prevalence by 2022	20.8% (30% relative reduction from 29.7% in 2009)
Singapore	While there is no numerical target, Singapore will work towards reducing tobacco use to as low as possible	10% (30% relative reduction from 14.3% in 2010)
Thailand	17.59% (15% relative reduction in prevalence of current tobacco use (20.7%) in persons aged 15+ years by 2025, set in 2010)	14.49% (30% relative reduction from 20.7% in 2009)
Vietnam	36% in adult male and 1% in adult female smokers by 2030	16.66% (30% relative reduction from 23.8% in 2010)

* A 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2030 (2020 baseline).

Global estimate of tobacco smokers* and prevalence by WHO region (2022)

In 2022, **20.9% (1.245 billion)** of the global population used tobacco, **34.4% (1.021 billion)** of all men, and **7.4% (0.224 billion)** of the world's women.



* Any tobacco use (smoked and/or smokeless)

ASEAN has 10% of world's smokers

19.1% of adults in ASEAN smoke

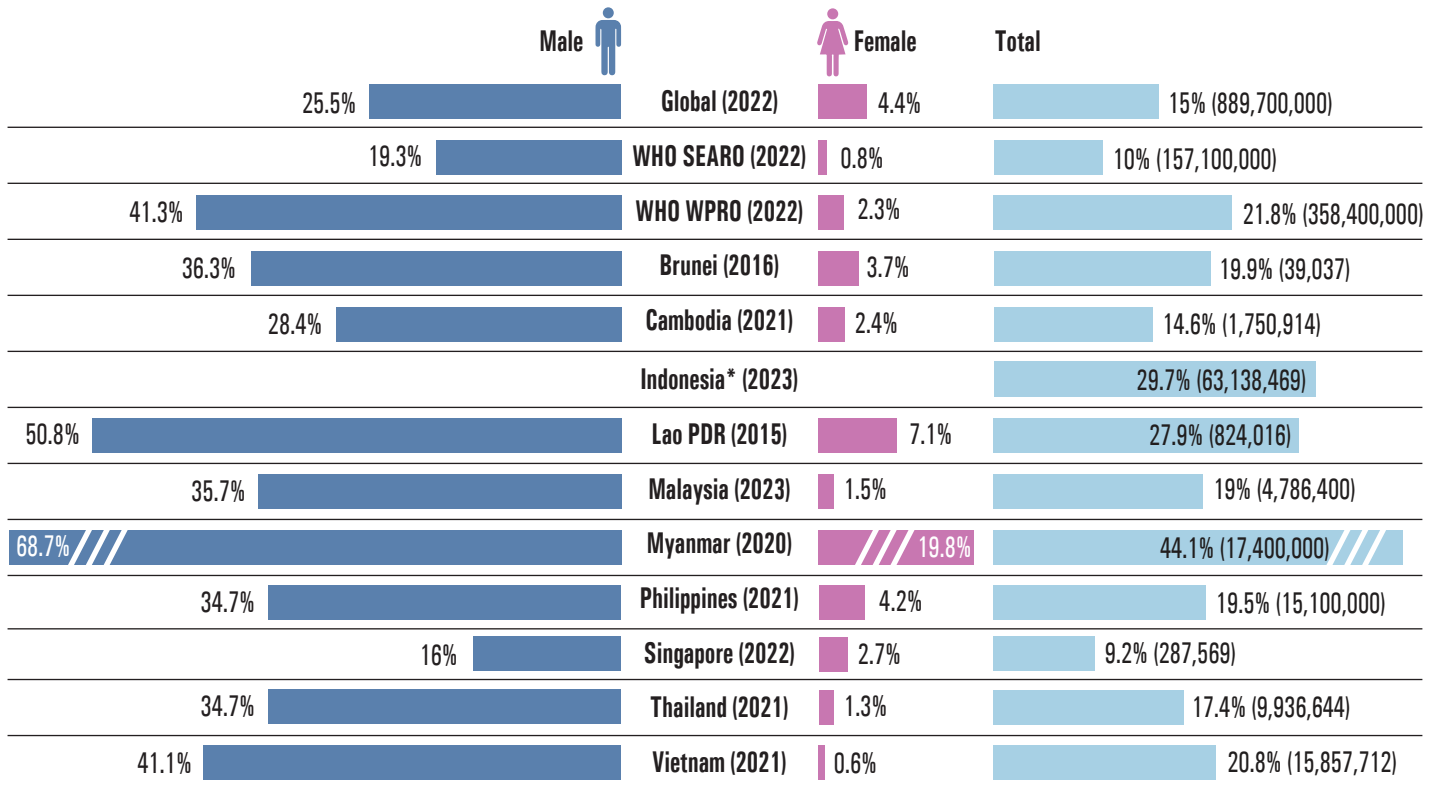
ASEAN has **129 million** adult smokers, more than half whom live in Indonesia.
Total ASEAN population: **674,474,000 (2021)**

The distribution of adult smokers and prevalence in ASEAN



Adult smoking

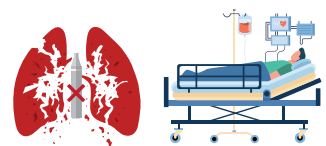
Numbers don't lie: Percentage of adult male and female smokers



*The 2023 National Health Survey estimated smokers prevalence aged 10 year and above for male (52.4%), female (1.1%), and total (27.1%).

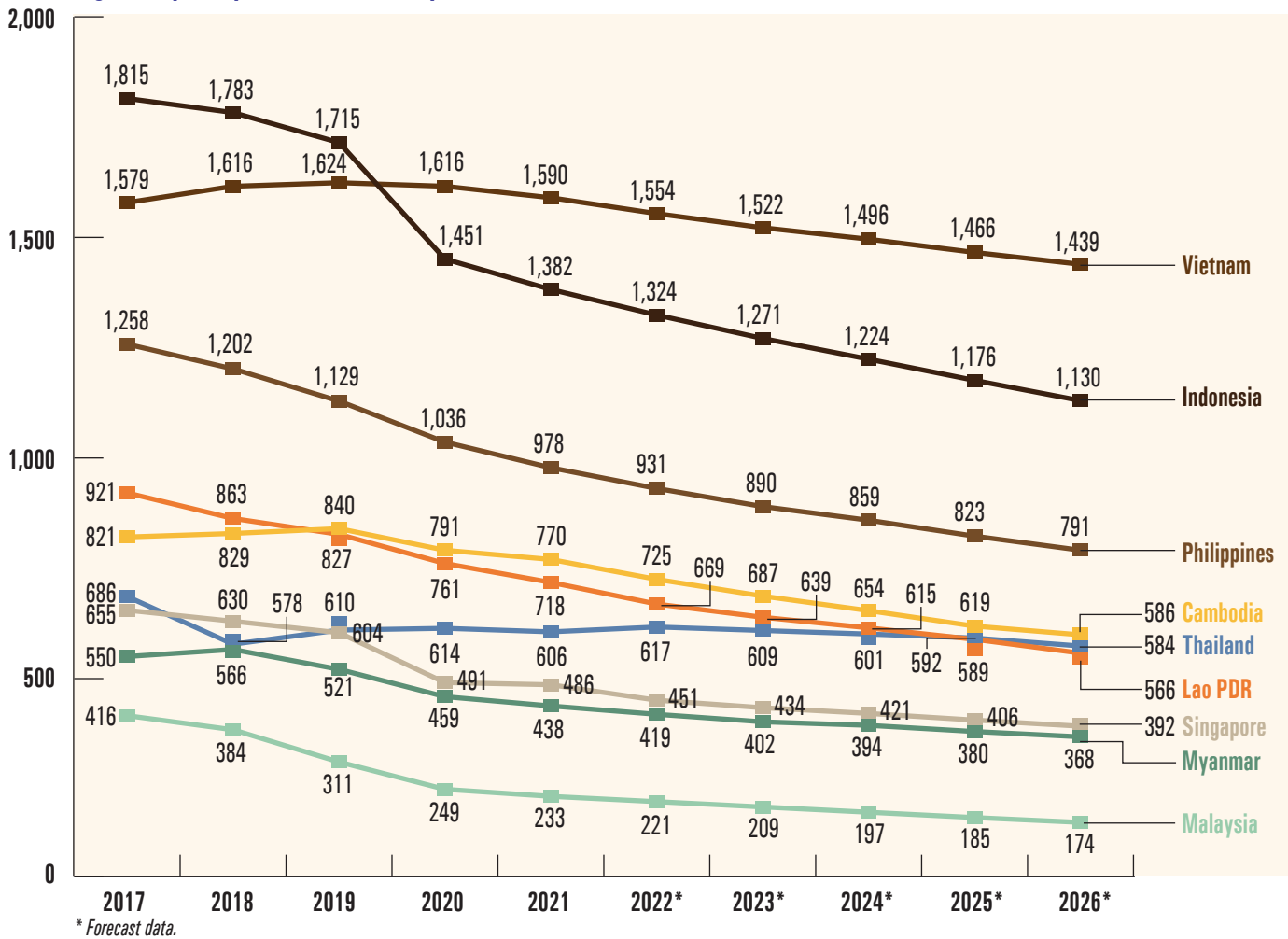
Quick Fact

E-cigarette use is associated with an increased risk of respiratory symptoms. Young people are at risk of experiencing significant respiratory symptoms, including bronchitis and shortness of breath, after just 30 days of electronic cigarette use. Current e-cigarette use was associated with an increased risk of emergency room visits and death.



The World Health Organization (WHO) has warned that all forms of tobacco, including heated tobacco products (HTPs), are harmful. E-cigarettes as consumer products are not shown to be effective for quitting tobacco use at the population level, and alarming evidence has emerged on adverse population health effects. Urgent action is needed to control e-cigarettes to protect children, and non-smokers and to minimize health harms to the population.

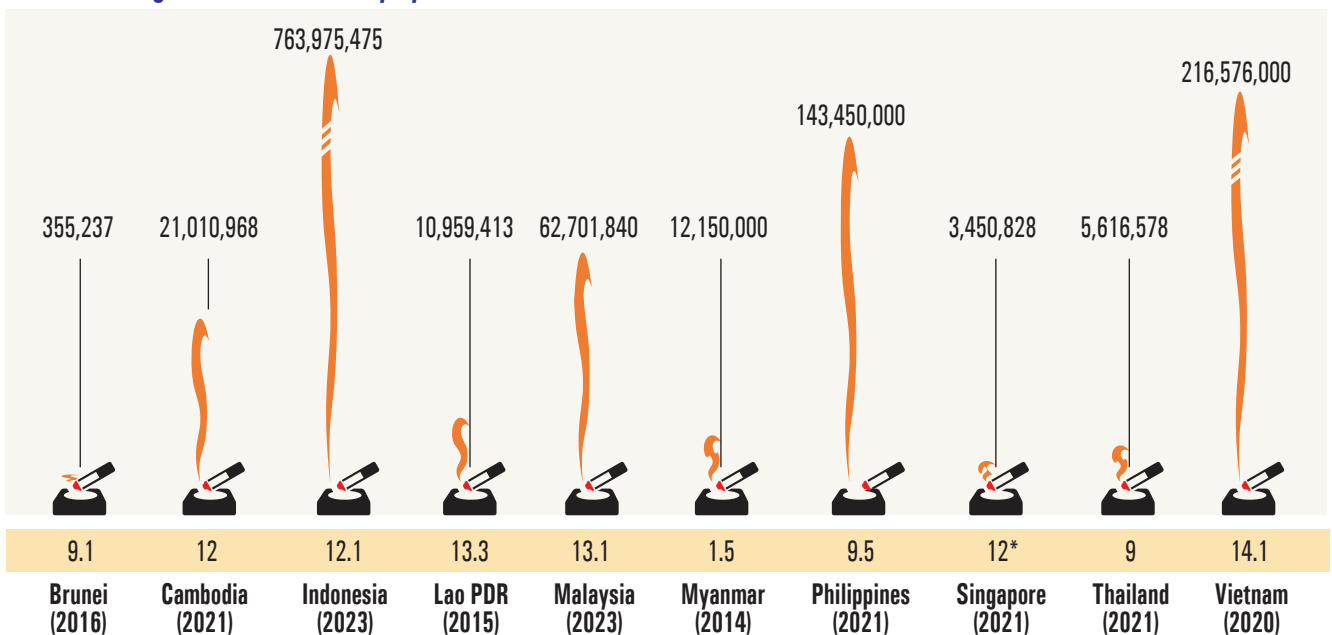
Cigarette per capita annual consumption in ASEAN (2017 – 2026)



Quick Fact

By contrast, in high-income and European countries annual consumption declined by over 1,000 cigarettes per adult after 2003, whereas in low- and middle-income and Asian countries annual consumption increased by over 500 cigarettes per adult.

1.24 billion cigarettes smoked daily by adults in ASEAN

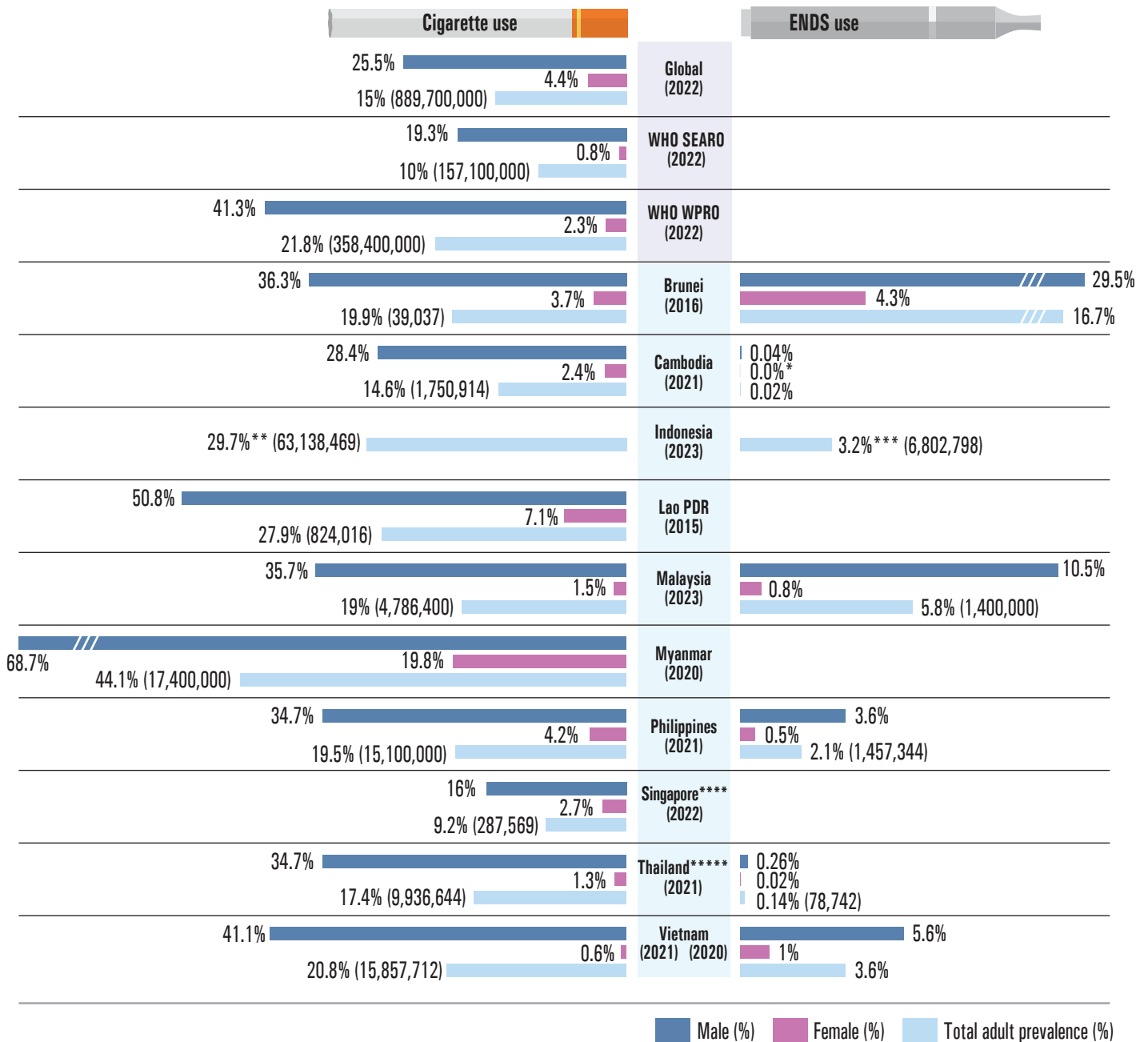


*Daily smokers aged 18 to 74 years.

Orange flame: Total number of cigarettes smoked by adults daily; Yellow flame: Average number of cigarettes smoked daily

Adult smoking and ENDS use

Numbers don't lie: Percentage of adult male and female smokers and ENDS users



* Insufficient numbers to determine prevalence of e-cigarette use among adult female.

**29.7% refers to smoking prevalence among adults aged 15 years and over. The 2023 National Health Survey also estimated 27.1% smoking prevalence among population aged 10 years and over, 52.4% (male), and 1.1% (female).

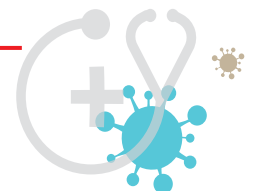
***3.2% refers to e-cigarette prevalence among adults aged 15 years and over. The 2023 National Health Survey also estimated 3.2% e-cigarette prevalence among population aged 10 year and over, 3.1% (male), and 5.5% (female).

**** Daily smokers aged 18 to 74 years.

***** The data refers to the use of use of both ENDS and HTP.

Quick Fact

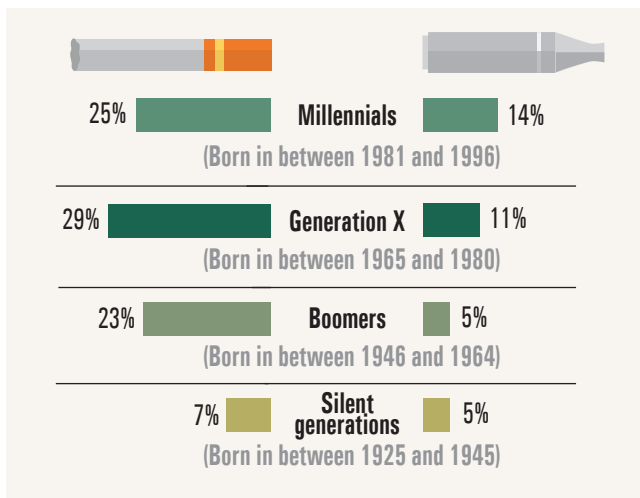
Smoking is associated with an increased risk of suffering from a wider range of COVID-19 symptoms and smokers are more likely to visit hospital than non-smokers.



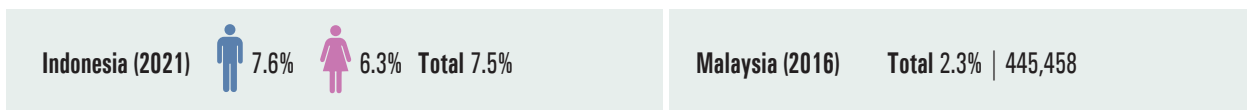
Regular smokers and ENDS users by gender (Global)



Regular smokers and ENDS users by generations (Global)



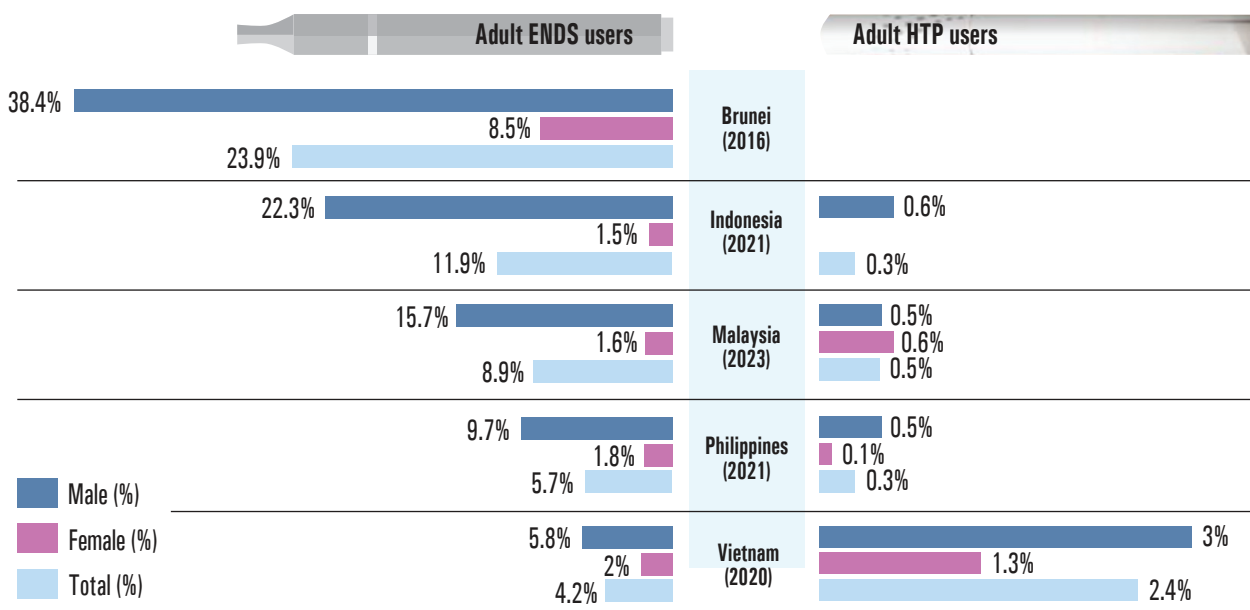
Prevalence of current adult dual users of cigarettes and ENDS



Quick Fact

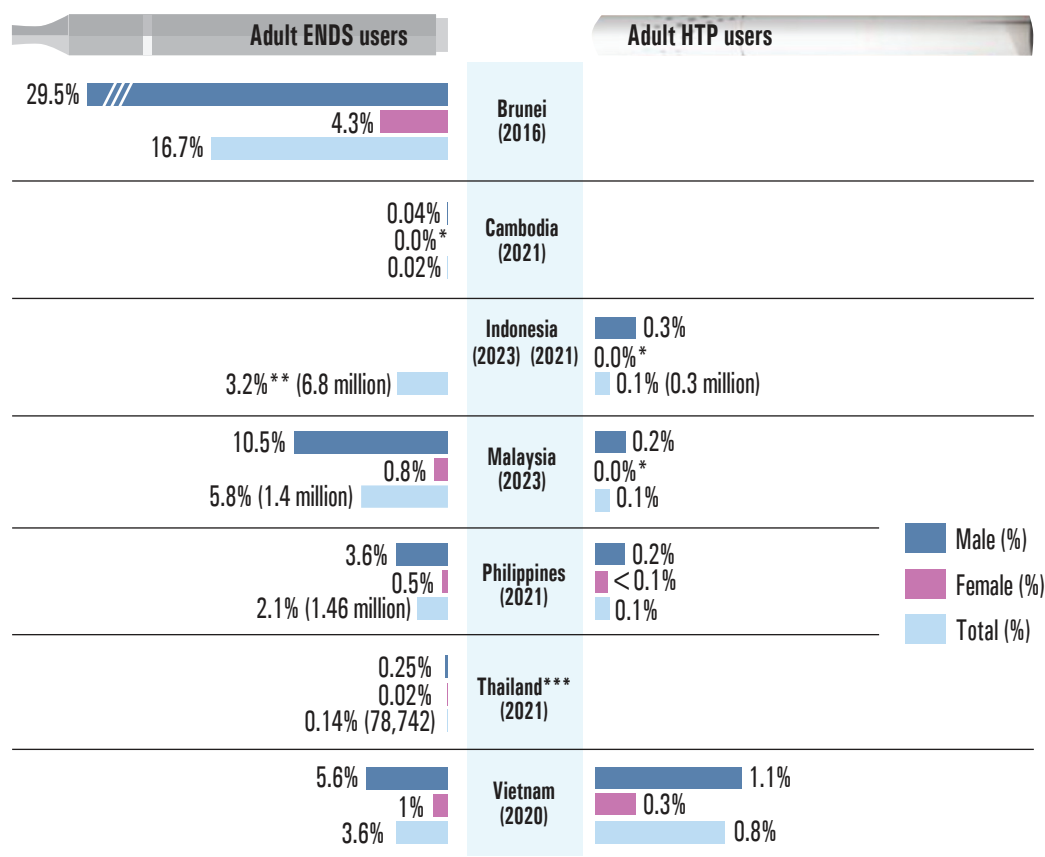
Dual use of both e-cigarettes and cigarettes has higher risk of having a heart attack than cigarette use only. Similarly, dual and solely e-cigarette users are at a higher risk of heart attack than non-smokers.

Prevalence of "ever-tried" use of ESD among adults in ASEAN*



*No data available in Cambodia, Lao PDR, Myanmar, Singapore and Thailand.

Prevalence of current use of ESD among adults in ASEAN*

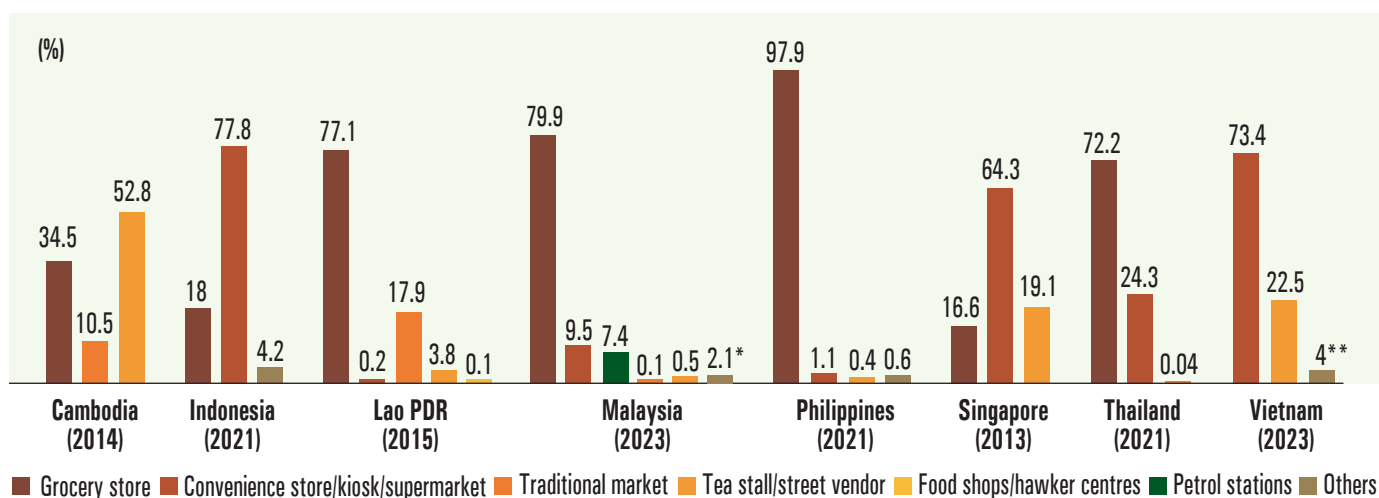


*Insufficient numbers to determine prevalence of e-cigarette or heated tobacco product use among adult female.

**3.2% refers to e-cigarette prevalence among adults aged 15 years and over. The 2023 National Health Survey also estimated 3.2% e-cigarette prevalence among population aged 10 year and over, 3.1% (male), and 5.5% (female).

***The data refers to the use of e-cigarettes and heated tobacco product.

Most common source of purchase of manufactured cigarettes in ASEAN

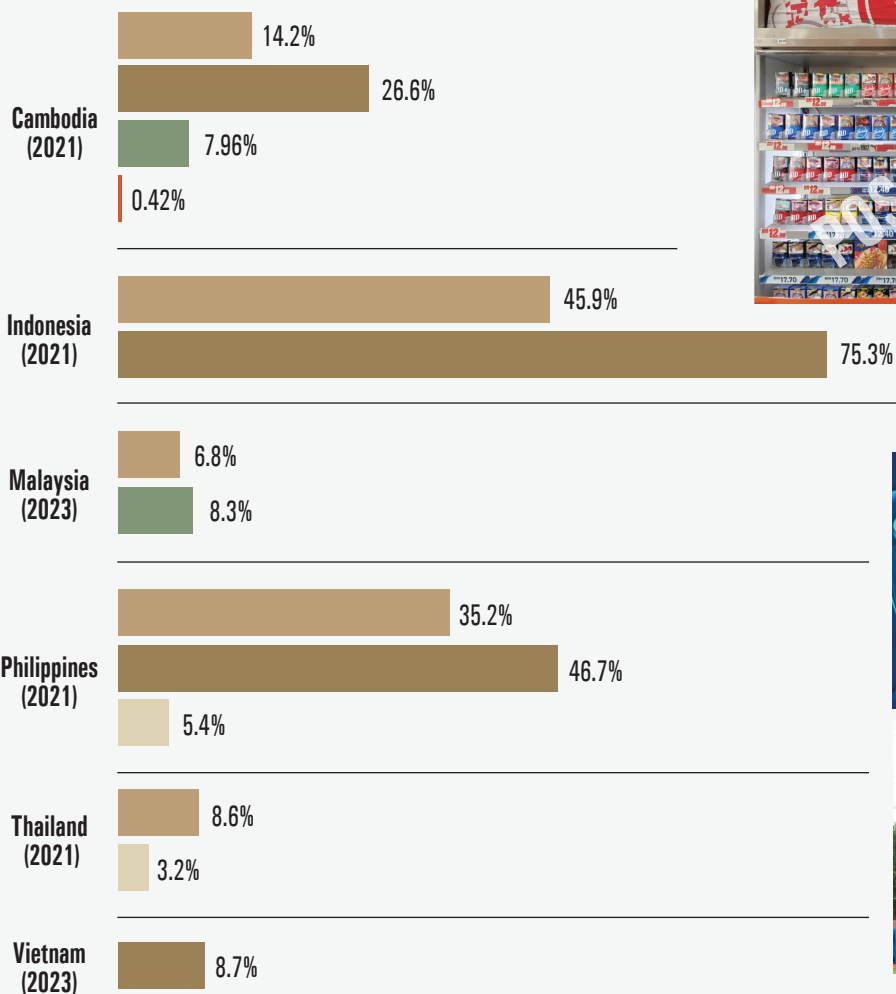


* Other person (2%) and vending machine (0.1%).

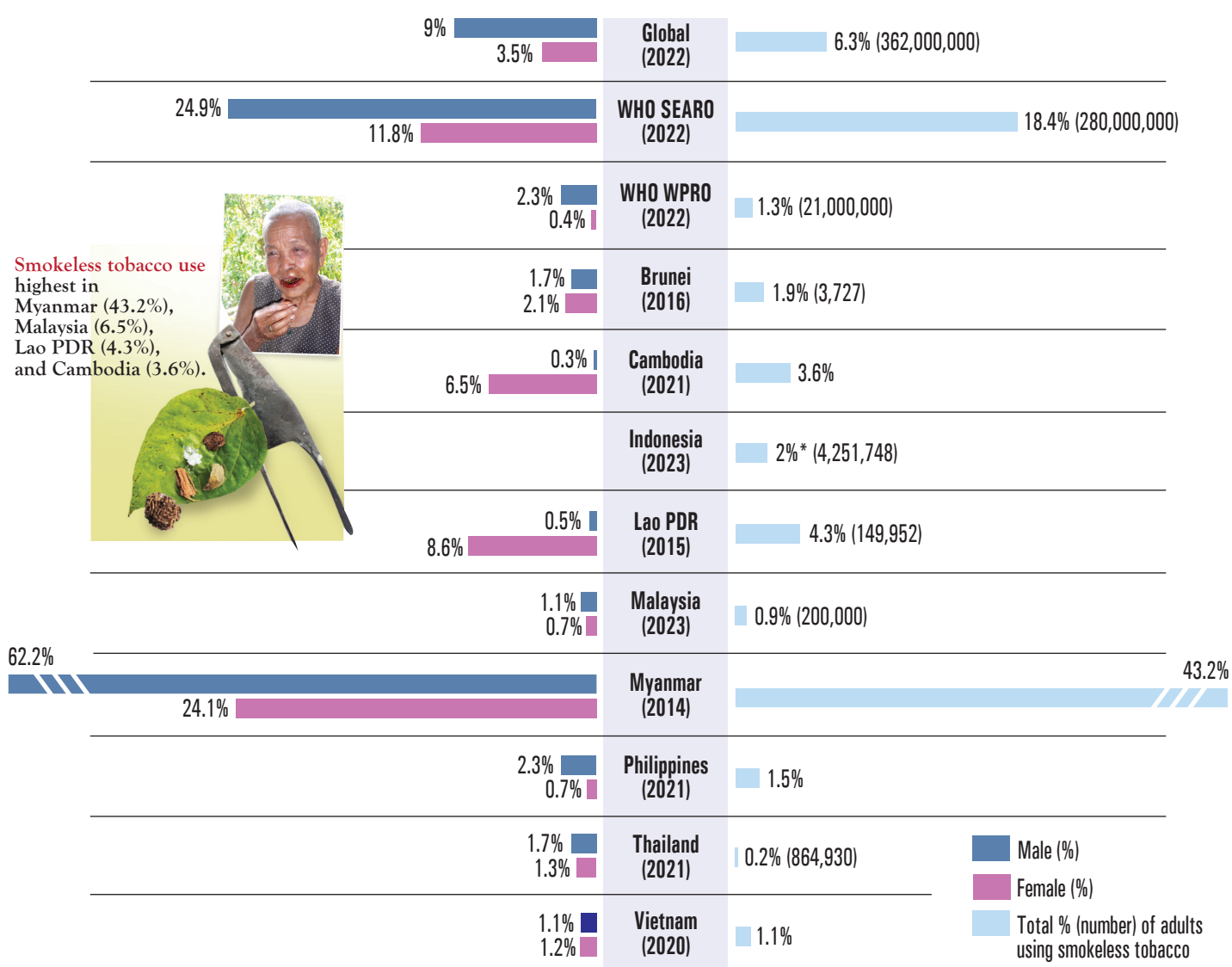
**Duty-free shop (1.7%) and other (2.3%).

Adult susceptibility to tobacco advertising and promotion in ASEAN

- Adults who saw advertisement or promotion at point-of-sale (%)
- Adults who saw tobacco advertisement, promotion, or sporting event sponsorship (%)
- Adults who saw object with a tobacco brand on it (%)
- Adults who saw cigarettes advertisements on social media (Facebook and Youtube) (%)
- Adults who saw cigarette advertisements on Tik Tok (%)



Number and percentage of adults who use smokeless tobacco in ASEAN



*2% refers to prevalence of smokeless tobacco use among adults aged 15 years and over. The 2023 National Health Survey also estimated 1.9% prevalence of smokeless tobacco use among population aged 10 years and over, 1.9% (male), and 2.0% (female).

Quick Fact

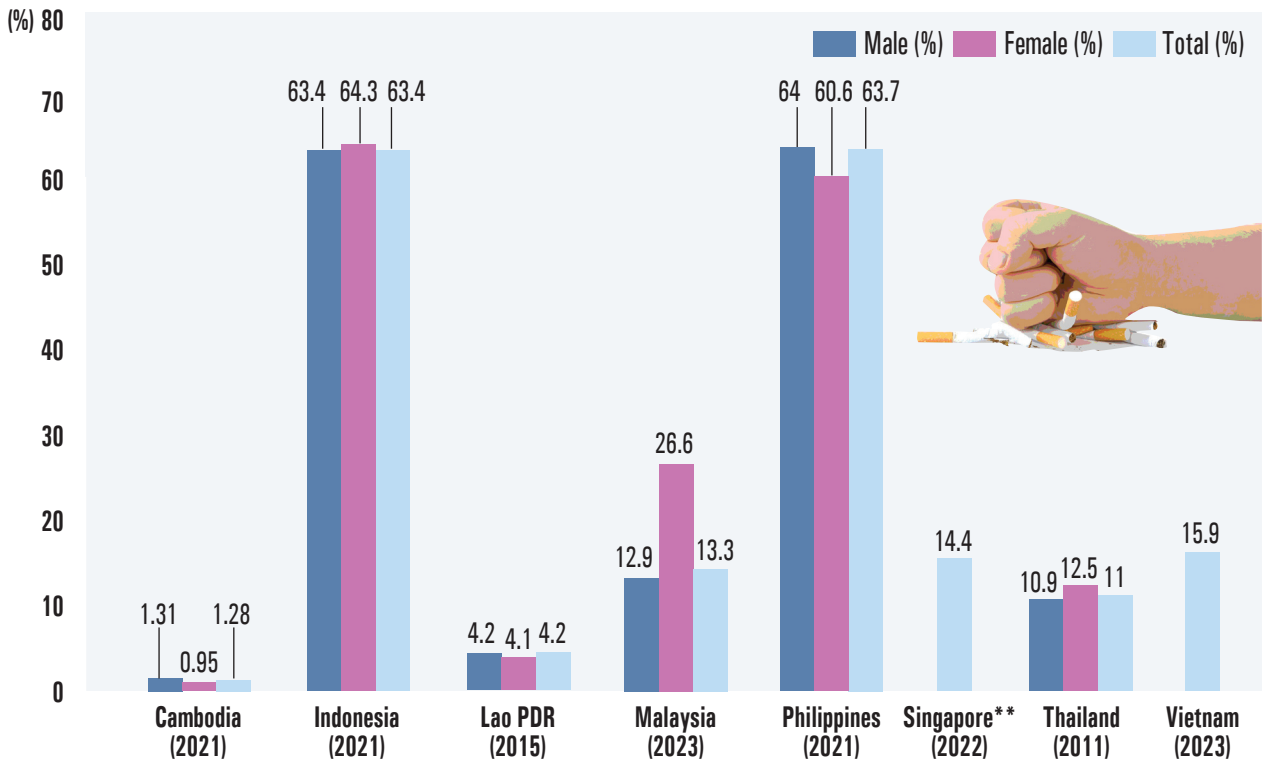
About **362 million** adults from **165 countries** currently use smokeless tobacco – **259 million men** and **103 million women**. Most (**280 million or 77%**) smokeless tobacco users live in the South-East Asia Region (**24.9% of males** and **11.8% of females**), while the Western Pacific Region has at least **21 million** smokeless tobacco users. Each WHO region is estimated to have at least **10 million** adult smokeless tobacco users.



More than **85%** of the smokeless tobacco-related burden is in South and Southeast Asia and the risk estimates for cancers are highest in this region. In 2017, at least 2.5 million DALYs and 90,791 lives were lost across the globe due to oral, pharyngeal and oesophageal cancers that can be attributed to smokeless tobacco.

Quitting tobacco use

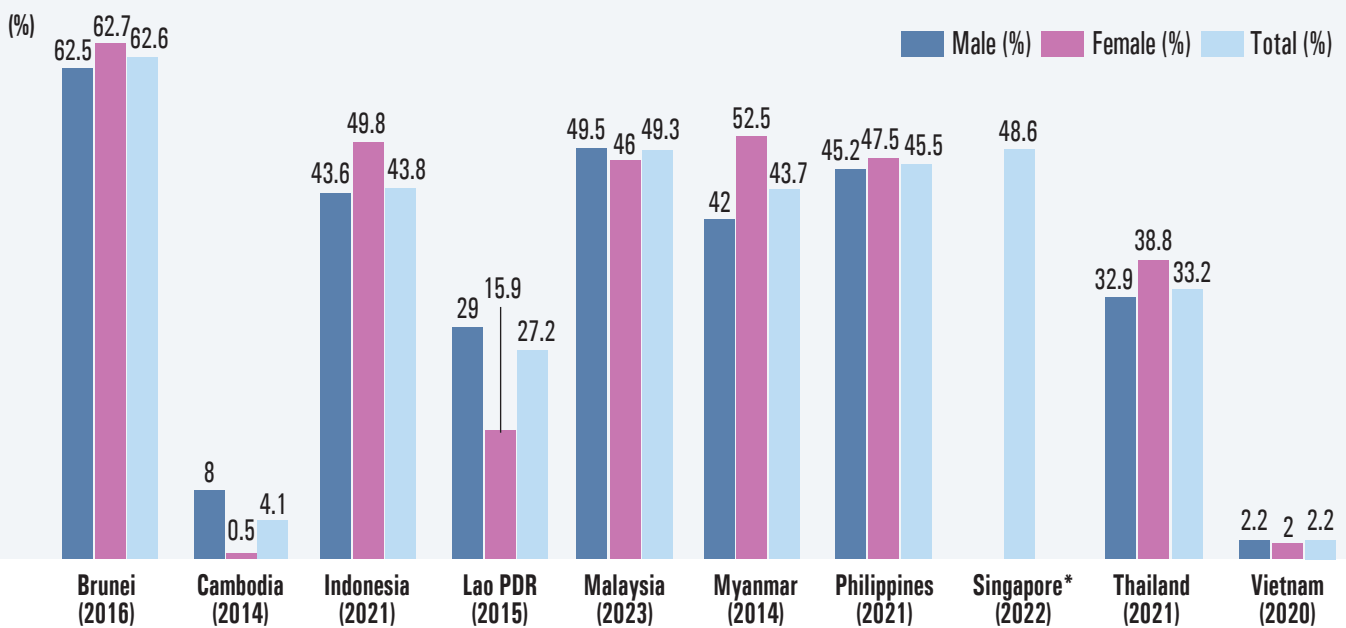
Percentage of current smokers (aged ≥ 15 years old) who intend to quit within the next 12 months*



*No data available in Brunei and Myanmar.

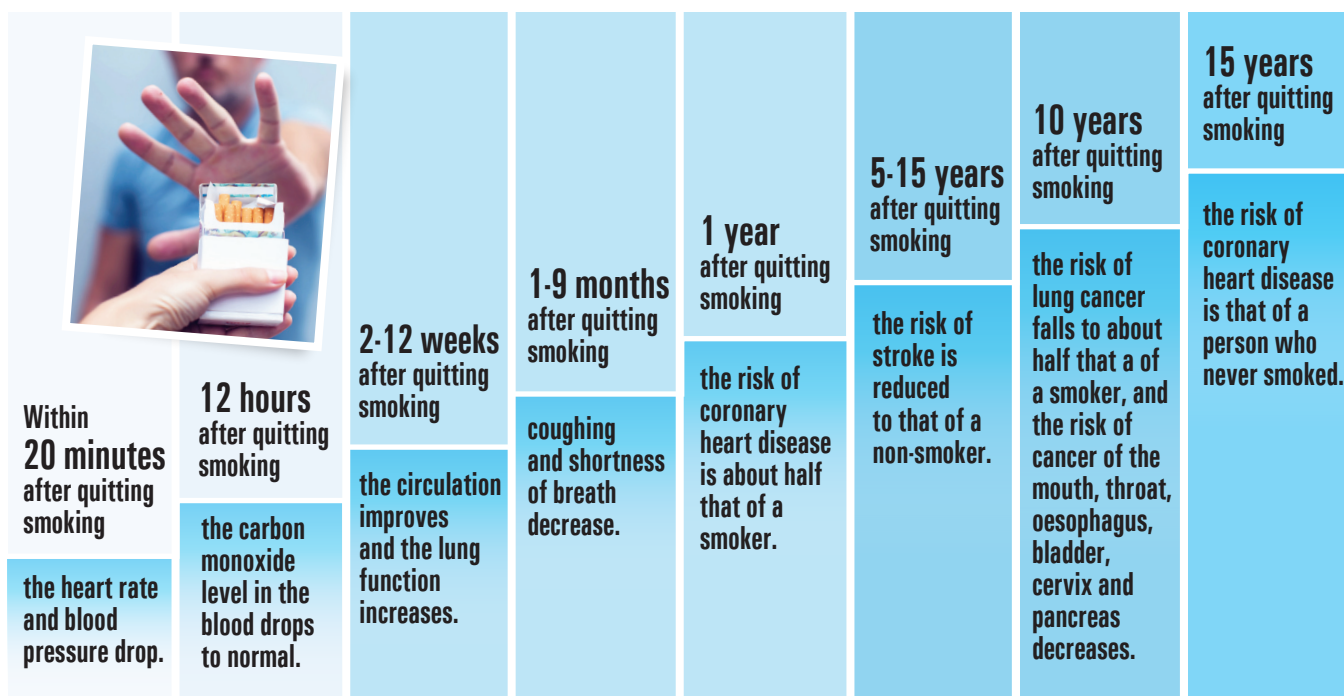
**Daily smokers aged 18 to 74 years.

Percentage of current smokers who attempted to quit in the past 12 months



*Daily smokers aged 18 to 74 years.

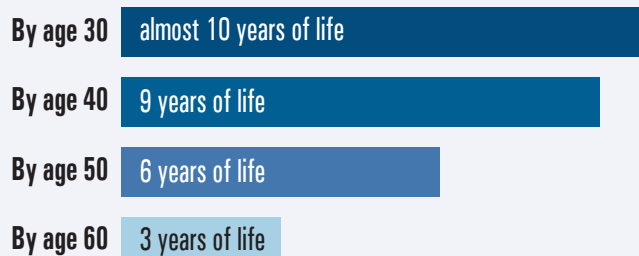
Health benefits of quitting tobacco use



Quick Fact

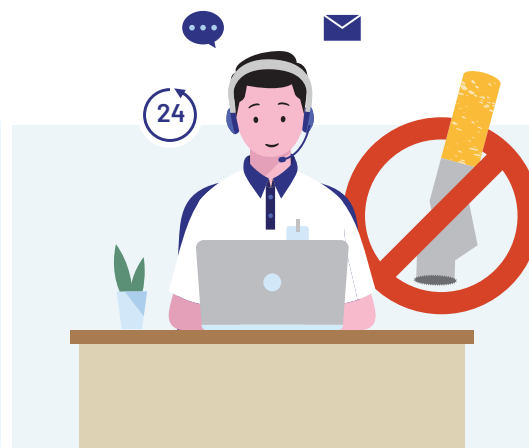
Smokers who quit before the age of 50 had their risk of lung cancer fall 57% over the follow-up period compared with those who continued to puff. Those who quit at 50 or older experienced a 40% reduction in lung cancer risk over that time.

Years of life gained by quitting smoking



Cessation support (national toll-free tobacco quitline service) in selected ASEAN countries

Indonesia	Layanan Berhenti Merokok (0800-177-6565)
Malaysia	Infoline: 03-8883 4400
Philippines	Quit Smoking: Call DOH Quitline 1558 (formerly 165-364)
Singapore	QUITLINE 1800 438 2000
Thailand	Quitline 1600
Vietnam	Quitline 1800 6606 (Bach Mai Hospital) Quitline 1800 1214 (Gia Dinh Hospital)



Youth smoking* prevalence in ASEAN



* Percentage of youths aged 13-15 years old who smoked cigarettes on one or more days in the past 30 days.

** Cambodian youths aged 13-15 years old who currently use any tobacco product (including HTP) anytime during the past 30 days.

*** Indonesian youths aged 10-18 years old who currently smoked cigarettes in the past 30 days.



**** Malaysian youths aged 13-17 years old who currently use any tobacco products during the last 30 days.

***** Philippines/Vietnamese youths aged 13-15 years old who currently use any tobacco product during the past 30 days.

***** Singapore youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Youth Smoking

Numbers don't lie: Percentage of smoking among boys and girls (13 – 15 years)* in ASEAN

	Boys 		Girls 	Total
Among WHO regions, the highest number of boys smoking (4 million) is in the South East Asia Region.	6.5%	Global	3%	4.8%
	7.1%	WHO SEARO	1.7%	4.5%
	6.1%	WHO WPRO	2.2%	4.3%
	9.6%	Brunei (2019)	2.2%	6.1%
	4.4%	Cambodia (2022)**	2.8%	3.5%
	14.3%	Indonesia (2023)***	0.2%	7.4%
	10.7%	Lao PDR (2016)	2.1%	6.4%
	14.5%	Malaysia (2022)****	3.6%	9%
	17%	Myanmar (2016)	1.5%	8.3%
	18.3%	Philippines (2019)*****	6.9%	12.5%
No data available	Singapore (2014-2016)*****	No data available	4%	
11.4%	Thailand (2022)	4.8%	8.1%	
3.1%	Vietnam (2022)*****	0.8%	1.9%	

* Percentage of youths aged 13-15 years old who smoked cigarettes on one or more days in the past 30 days.

** Cambodian youths aged 13-15 years old who currently use any tobacco product (including HTP) anytime during the past 30 days.

*** Indonesian youths aged 10-18 years old who currently smoked cigarettes in the past 30 days.

**** Malaysian youths aged 13-17 years old who currently use any tobacco products during the last 30 days.

***** Philippines / Vietnamese youths aged 13-15 years old who currently use any tobacco product during the past 30 days.

***** Singapore youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Quick Fact

Globally, an estimated 9.7% of 13-15 year olds use tobacco products, 25 million boys and 12 million girls. Around 5 million adolescent cigarette smokers – or 26% of the global number – live in the South-East Asia Region. Around 9 million adolescent cigarette smokers – or 47% of the global total – live in lower-middle-income countries and another 2 million live in low-income countries.

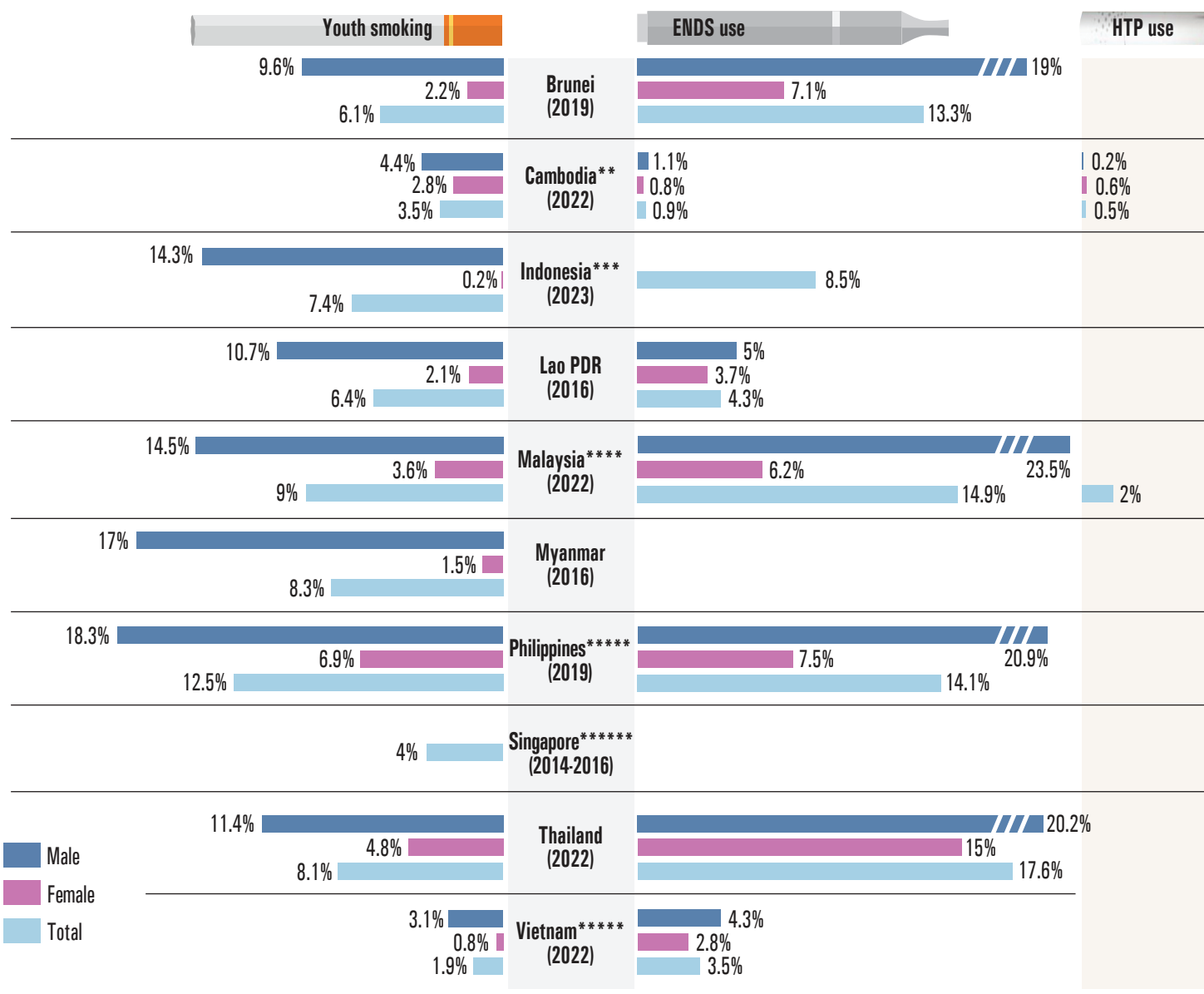
"They represent tomorrow's cigarette business. . . As this 14-24 age group matures, they will account for a key share of the total cigarette volume ~ for at least the next 25 years."

September 30, 1974 R.J. Reynolds Tobacco Co. marketing plan presented to the company's board of directors.
Bates No. 501421310-1335



Youth smoking and ESD use

Numbers don't lie: **Percentage of youth smokers* and ESD users in ASEAN**



* Percentage of youths aged 13-15 years old who smoked cigarettes on one or more days in the past 30 days.

** Cambodian youths aged 13-15 years old who currently use any tobacco product (including HTP) anytime during the past 30 days.

*** Indonesian youths aged 10-18 years old who currently smoked cigarettes in the past 30 days.

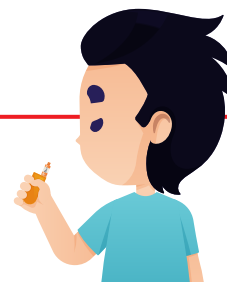
**** Malaysian youths aged 13-17 years old who currently use any tobacco products during the last 30 days.

***** Philippines / Vietnamese youths aged 13-15 years old who currently use any tobacco product during the past 30 days.

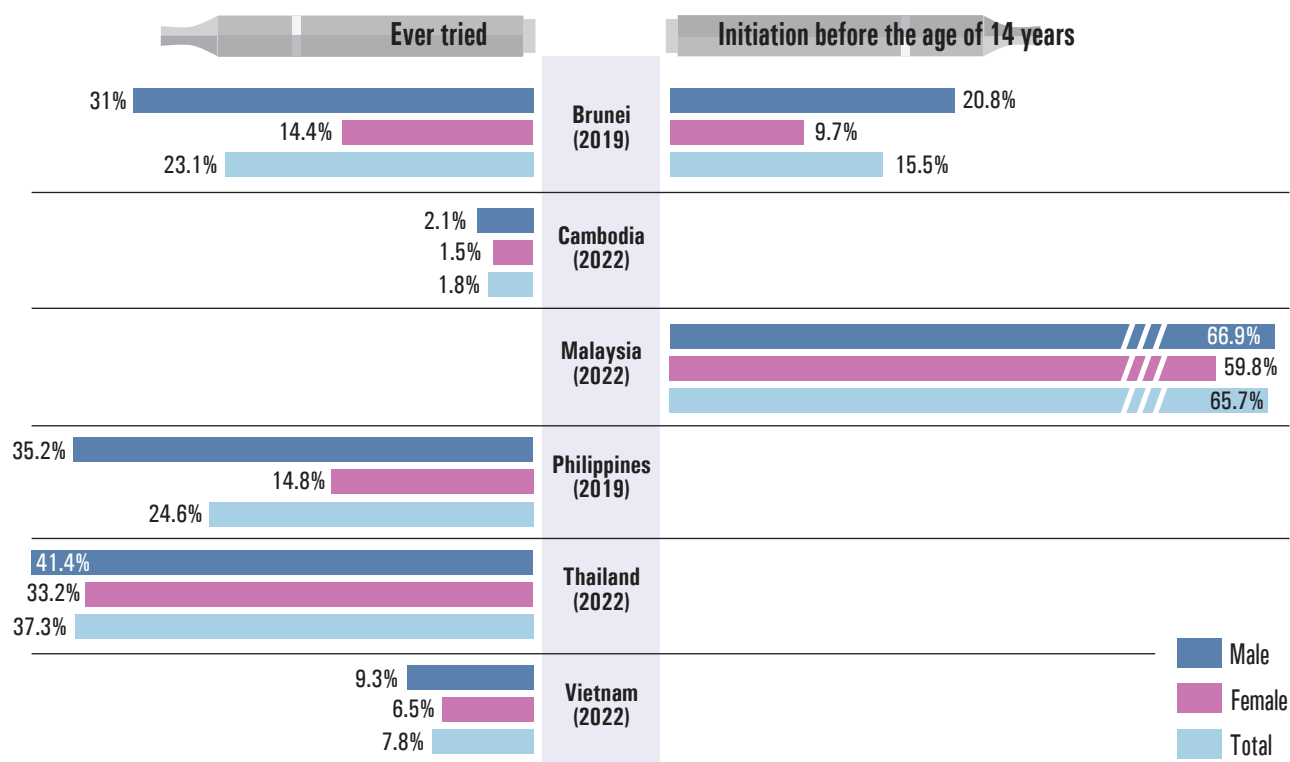
***** Singapore youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Quick Fact

Children 13-15 years old are using e-cigarettes at rates higher than adults in all WHO regions. E-cigarettes as consumer products are not shown to be effective for quitting tobacco use at the population level. Instead, alarming evidence has emerged on adverse population health effects.

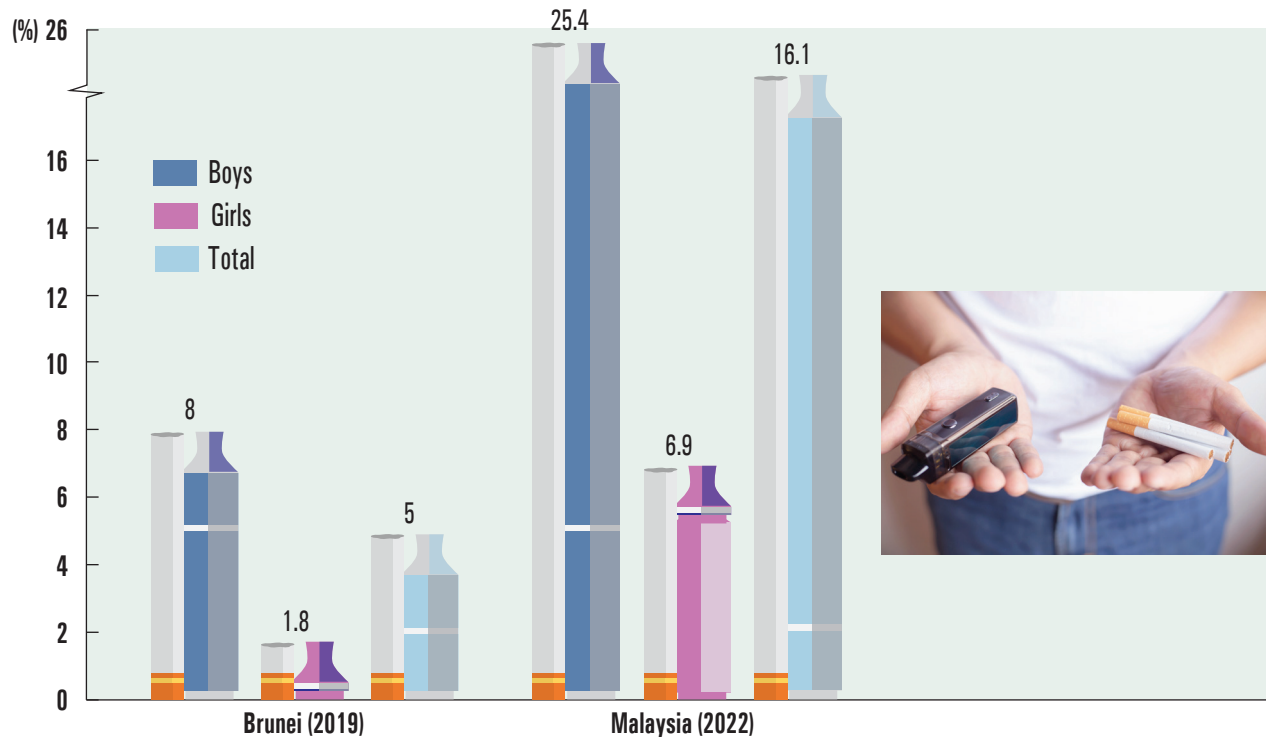


Prevalence of ever use of ENDS by youth and of ENDS initiation before age 14 years*



*No data available in Indonesia, Lao PDR, Myanmar, and Singapore.

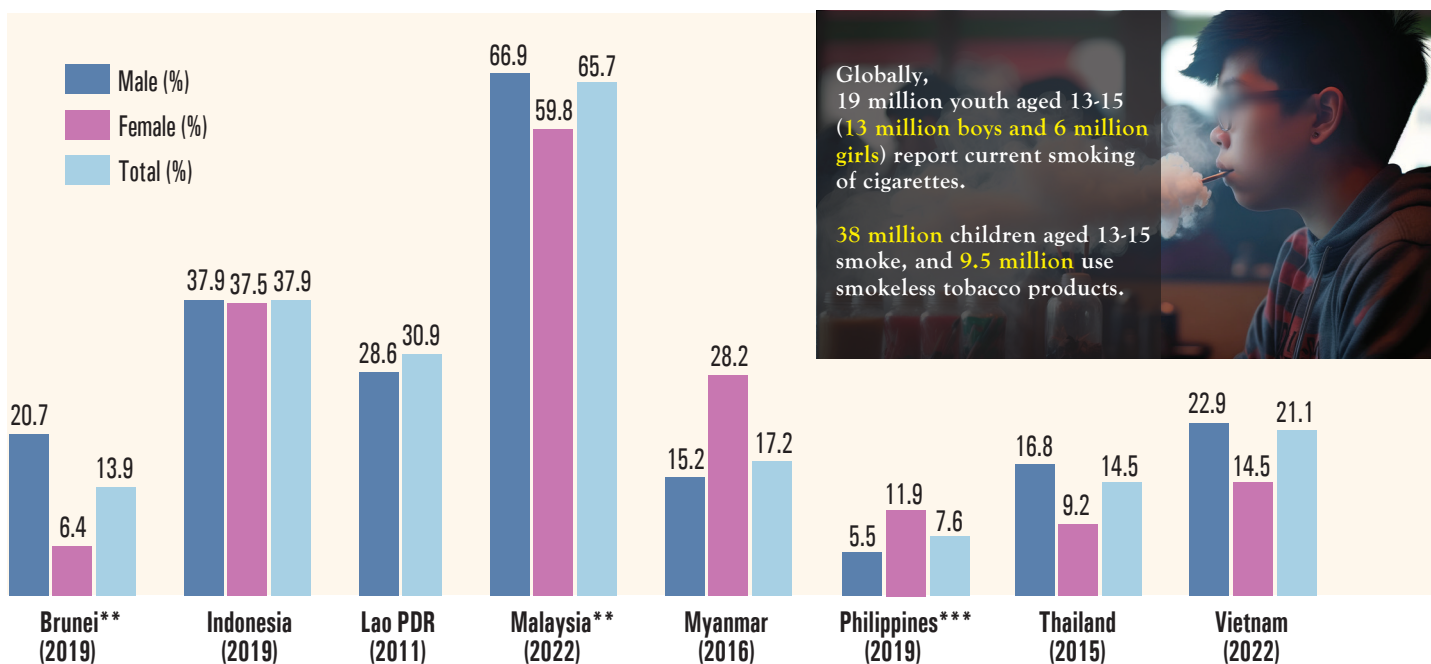
Prevalence of youth dual use of cigarettes and ENDS in ASEAN



*No data available in Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Singapore, Thailand and Vietnam.

Youth smoking initiation

Early initiation of youth ever smokers* in ASEAN

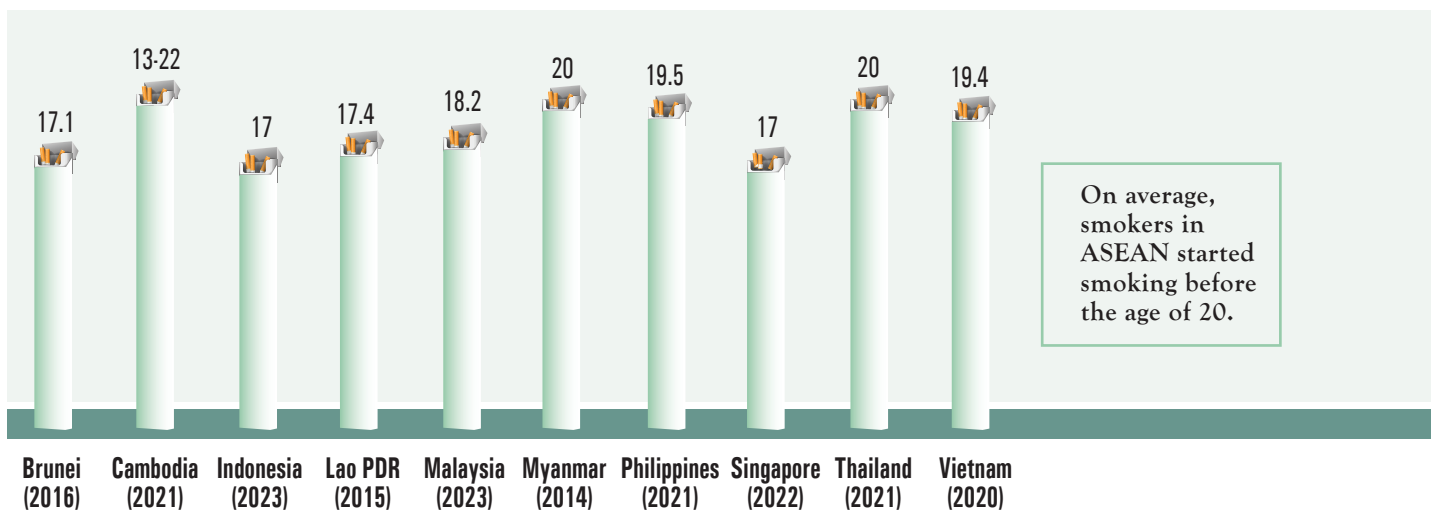


Globally, 19 million youth aged 13-15 (13 million boys and 6 million girls) report current smoking of cigarettes.

38 million children aged 13-15 smoke, and 9.5 million use smokeless tobacco products.

*First smoked before the age of 10 years.
 ** First tried cigarette smoking before age of 14 years.
 *** Percentage of ever smokers who first smoked at the aged of 7 or younger.

Average age of adult smoking initiation (daily smokers) in ASEAN

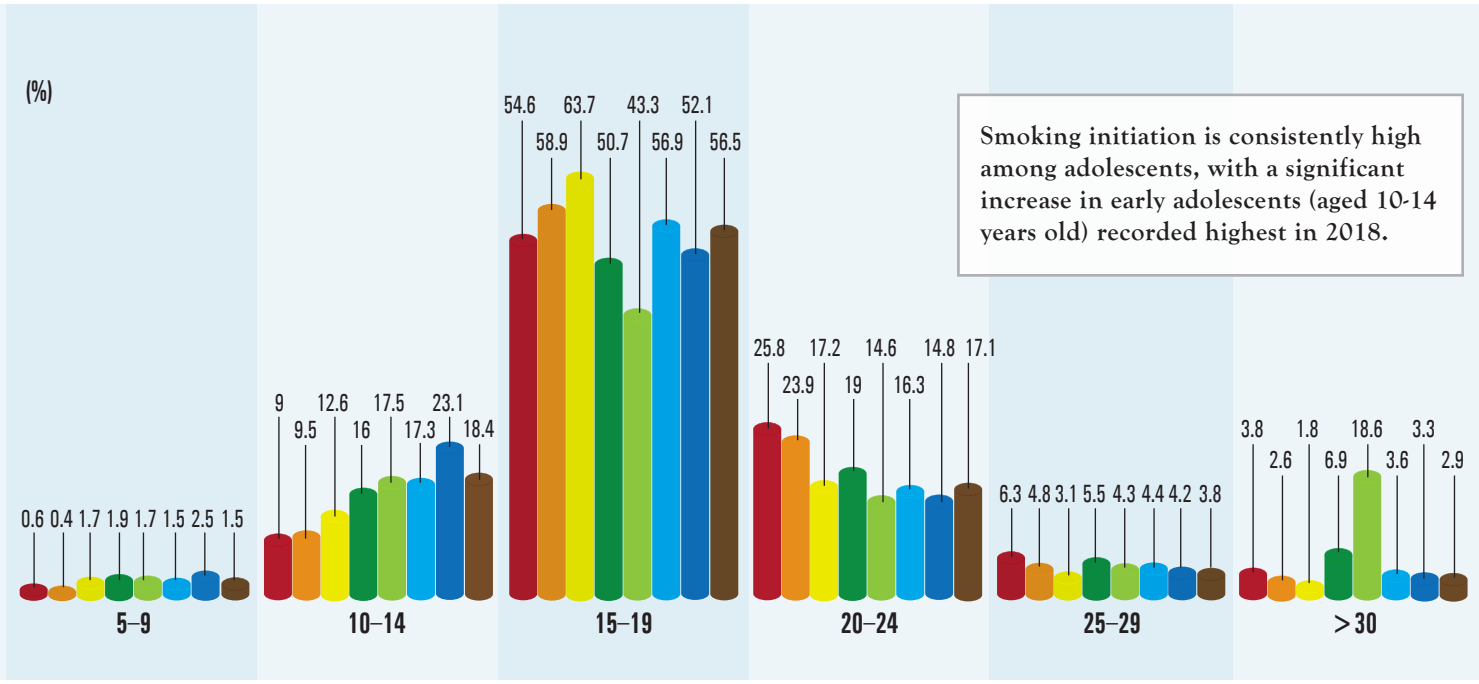


On average, smokers in ASEAN started smoking before the age of 20.

Quick Fact

Adolescents who use electronic nicotine delivery systems (ENDS) are three to five times more likely to start smoking tobacco cigarettes compared to those who never used ENDS.

Smoking initiation trend among Indonesians between 1995 and 2023



Smoking initiation is consistently high among adolescents, with a significant increase in early adolescents (aged 10-14 years old) recorded highest in 2018.

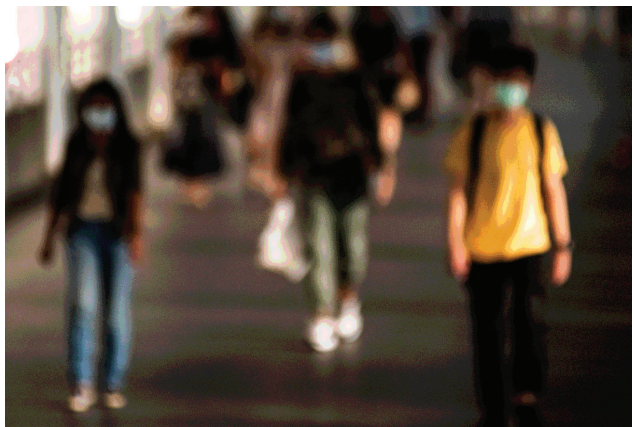
Age of smoking initiation

1995 2001 2004 2007 2010 2013 2018 2023



DEATHS FROM TOBACCO

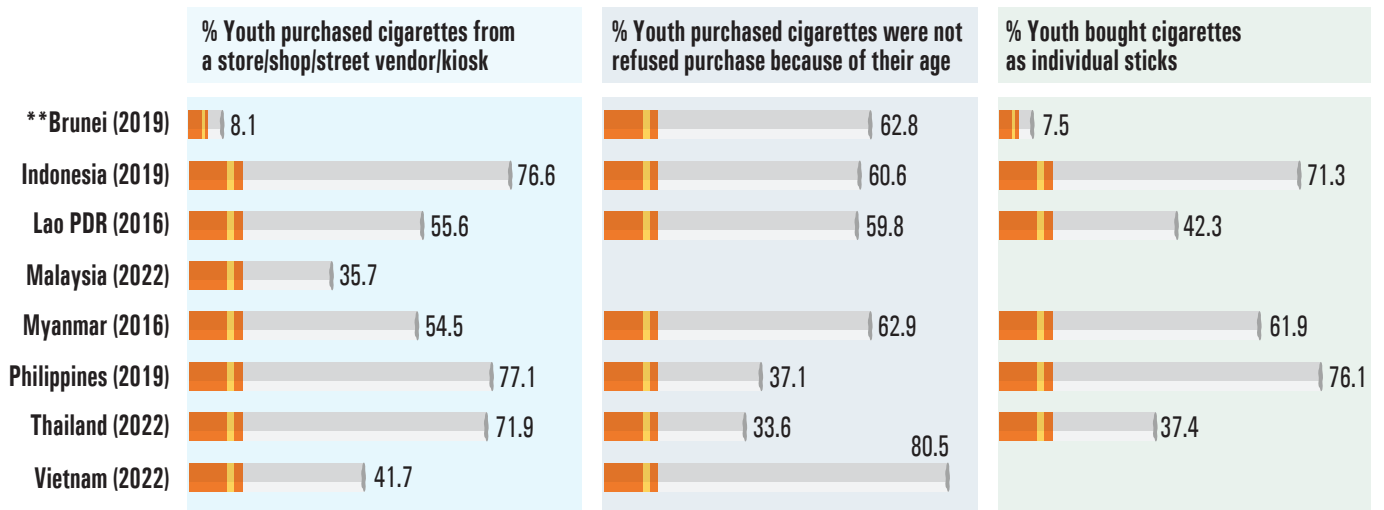
- 269,000 Indonesians/year
- 737 Indonesians/day



YOUNG SMOKERS

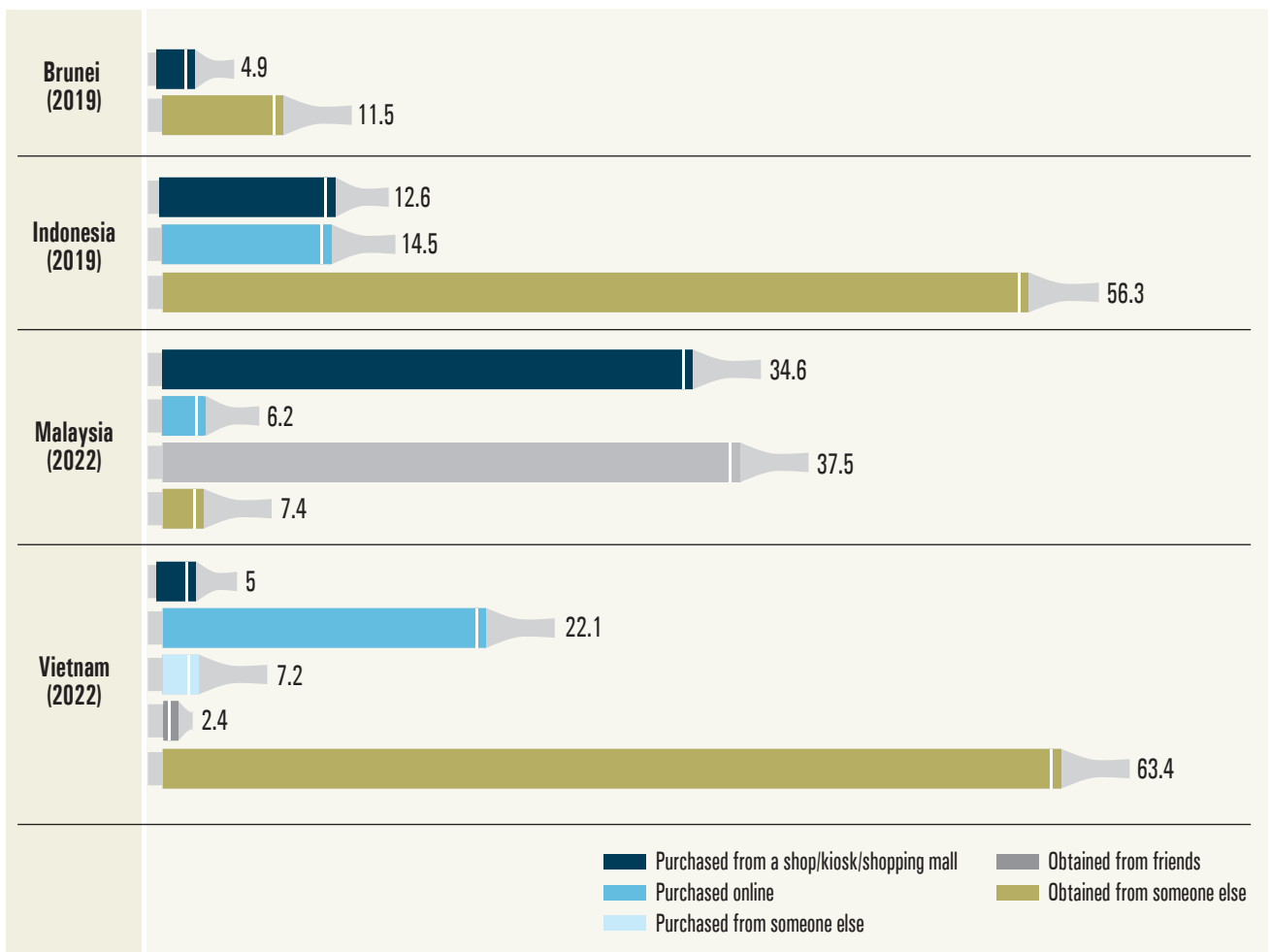
- 2.9 million Indonesian young smokers (10-18 years old)

Source of cigarettes for youth*



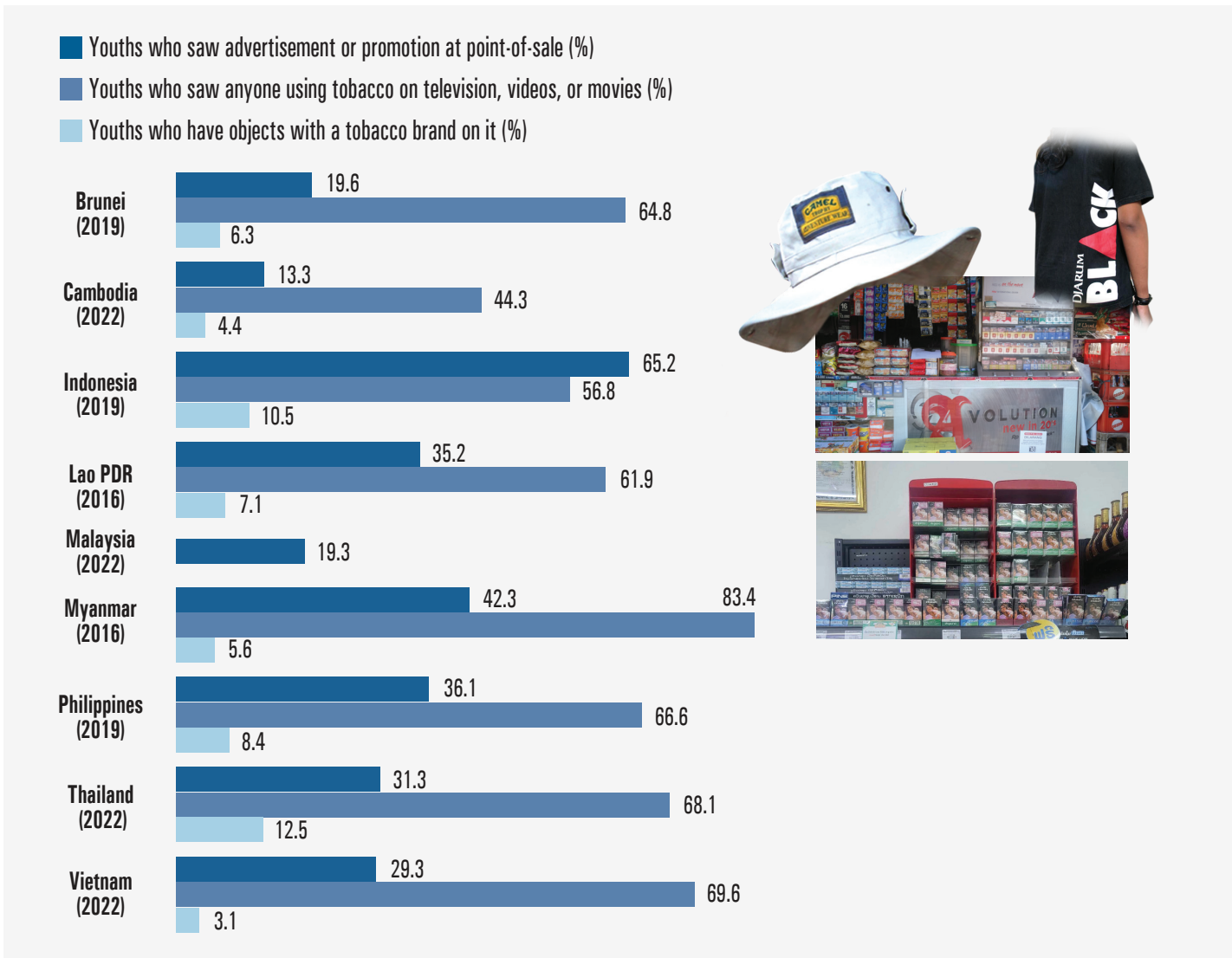
* No data available in Cambodia and Singapore. **Store in this context means illegal tobacco vendor because there is no licensed tobacco.

Source of ENDS for youth*



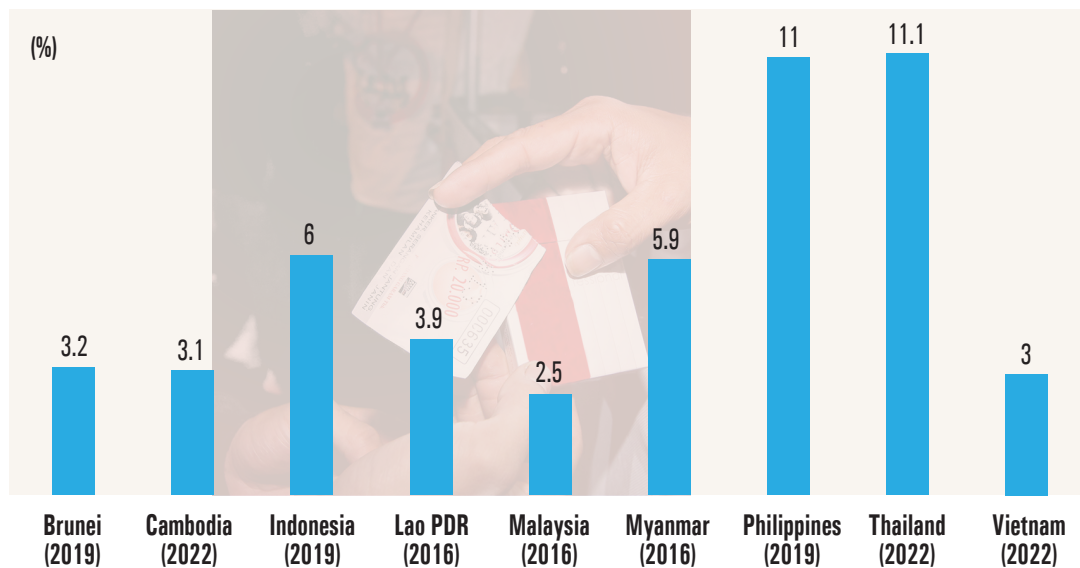
* No data available in Cambodia, Lao PDR, Myanmar, Philippines, Singapore, and Thailand.

Youth susceptibility to tobacco advertising and promotion in ASEAN



*No data available in Singapore.

Percentage of youths offered free cigarettes by a tobacco company representative in ASEAN



Targeting youths and women

Kiddie packs (Indonesia and Philippines)



Indonesia*

A Mild, the most popular local brand sold in 16 and 12 sticks per pack.




Philippines


Marlboro, the most popular foreign brand sold in 10 sticks per pack.

**New 2024 Government Regulation on Health prohibits packs containing less than 20 sticks.*


No ASEAN country currently bans flavoured tobacco products




Cambodia




Indonesia



Malaysia



Philippines



Vietnam



Philippines: Sales and marketing of cigarettes, e-cigarettes, and heated tobacco product (HTP) at retailers near the schools

- Out of 6,617 retailers within 200 meters of 353 schools in urban and rural areas of nine cities/regions, 2,070 cigarette, 43 e-cigarette, and 33 HTP retailers were located within 100m of majority of the schools in violation of the law.
- Indoor and outdoor ads and promotions were common across the retailer types and visible within 100m from the school.
- 98% of e-cigarettes and HTP retailers and 90% of cigarette retailers sold products with flavours.
- 98% of cigarette retailers sold single sticks.



Quick Fact

Multinational tobacco companies target minors worldwide using strategies to advertise and promote cigarettes at points-of-sale near schools and playgrounds. Four common strategies include (1) display of cigarettes near snacks, sweets and sugary drinks, (2) placement of cigarette advertisements near the eye-level of children, (3) advertisements and display of flavoured cigarettes and (4) sale of single sticks of cigarettes.

Online sales and promotion of tobacco products and ENDS/HTPs

	Tobacco products		ENDS/HTPs	
	Ban	No ban	Ban	No ban
Brunei	✓		✓	
Cambodia	✓		✓	
Indonesia		✓		✓
Lao PDR	✓		✓	
Malaysia	✓		✓	
Myanmar	✓			✓
Philippines	✓			✓
Singapore	✓		✓	
Thailand	✓		✓	
Vietnam	✓			✓

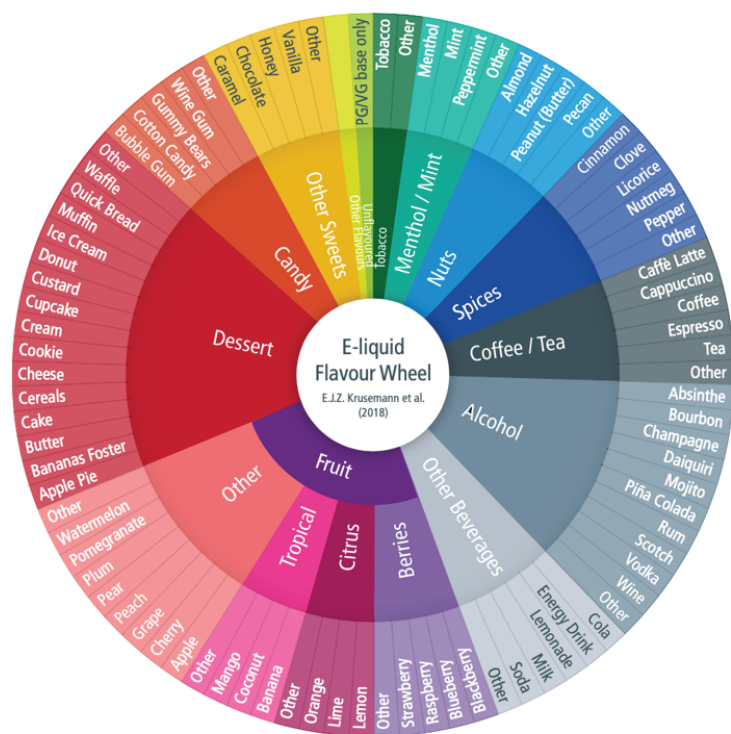


"Today's teenager is tomorrow's potential regular customer. . ."

Myron E. Johnston, Philip Morris researcher, in a 1981 report to Robert B. Seligman, Philip Morris vice president of research and development.



Huge diversity in e-liquid flavours appealing to children



The tobacco industry employs a wide range of tactics to target youths, including attractive forms, trendy designs, handy sizes, affordable prices, fun and fruity flavours, point-of-sale promotions, and using social media to portray ESD as a lifestyle must-have for the youth. More than 16,000 flavored e-liquids are available in today's market.

ESDs in the form of children's toys and snacks are sinister devices hiding behind a cute and fun facade, evading detection by parents, teachers, and authorities.

The ESD market in ASEAN was estimated to grow to USD 766 million in 2023.

Youth-appealing e-cigarette designs sold in ASEAN



Cambodia



Indonesia



Lao PDR



Malaysia



Myanmar

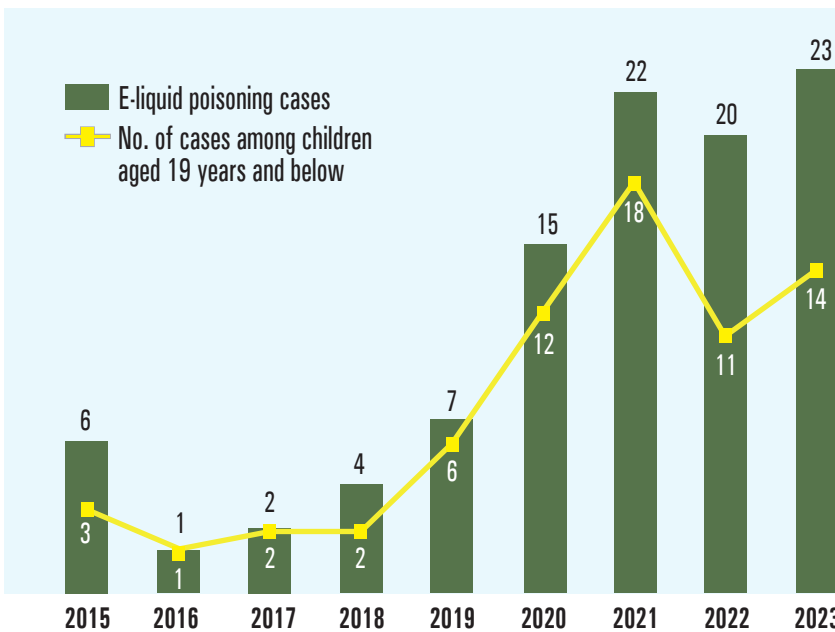


Vietnam

Nicotine poisoning from e-liquid exposures



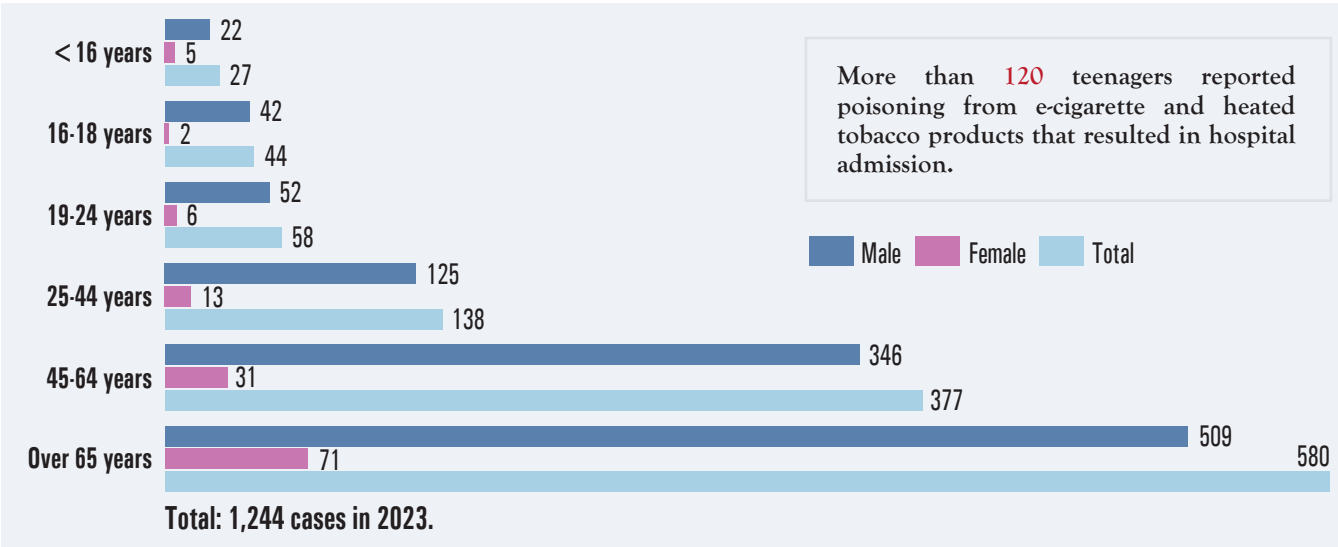
Malaysia (2015 – August 2023)



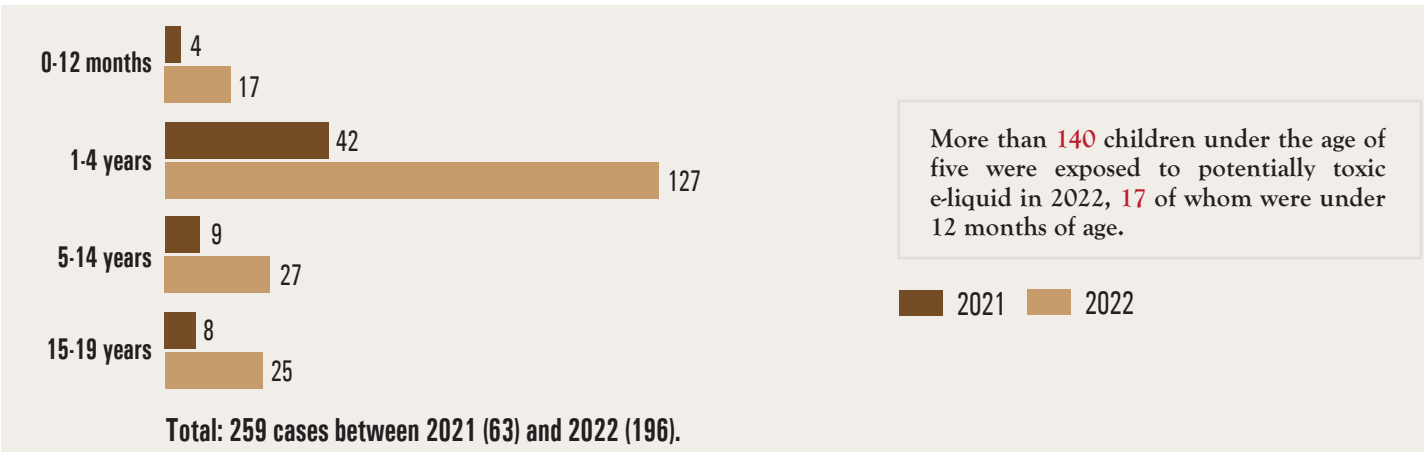
The most frequent e-liquid poisoning was reported among children aged 5 years and below (40 cases – 60.7%) and adults aged 20-74 years (15 cases – 22.7%). Most cases (76%) involved accidental ingestion of e-liquid at home.

Total: 100 cases between 2015 and 2023

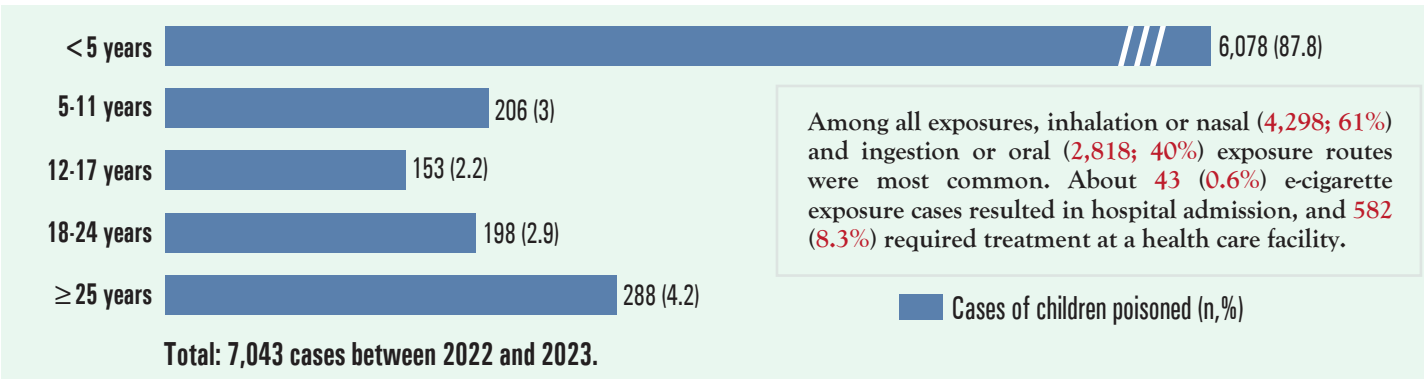
 Vietnam (2023)



 Australian children (2021 – 2022)



 United States (April 2022 – March 2023)



Quick Fact

The U.S. Food and Drug Administration says young children can be severely harmed by drinking e-liquids. Harmful effects can include seizure, coma, respiratory arrest, and death. Children may also be exposed to e-liquids and their contents, including nicotine, through unintentional contact with the mouth or skin (i.e. spilled e-liquid) or by inhaling the e-liquid aerosol.

Average monthly expenditure for manufactured cigarettes (in USD) among smokers ≥ 15 years old

Average monthly expenditure for manufactured cigarette (USD)

- < 10
- 10 – 15
- 16 – 20
- > 20



*No data available on average monthly expenditure for manufactured cigarette.

Chapter 3

Basic Needs Sacrificed

Tobacco use is inextricably linked to poverty. Tobacco consumption varies according to socioeconomic group, but in most countries, those who tend to consume tobacco the most are the poor and the poorest and men with low education. This also results in a disproportionate burden of disease and deaths across the groups. The inequality in smoking implies wide disparities in the health status of different socioeconomic groups in many countries.

of their income on tobacco, diverting limited family resources from spending on basic necessities such as food, health care, shelter, and education.

Tobacco also exacerbates poverty among families of tobacco users, who are at risk of falling seriously ill from tobacco-related diseases and dying prematurely, thereby imposing heavy health care costs on families and depriving them of much-needed household income.

In many ways tobacco perpetuates the vicious cycle of poverty that many smokers are in. Nicotine addiction drives smokers to spend a large proportion

Quick Fact

Globally, about **226 million** adult tobacco users live in poverty.

Smoking prevalence was strongly linked to the level of education and socio economic status. In most countries, smoking and other forms of tobacco use are much higher among the poor.

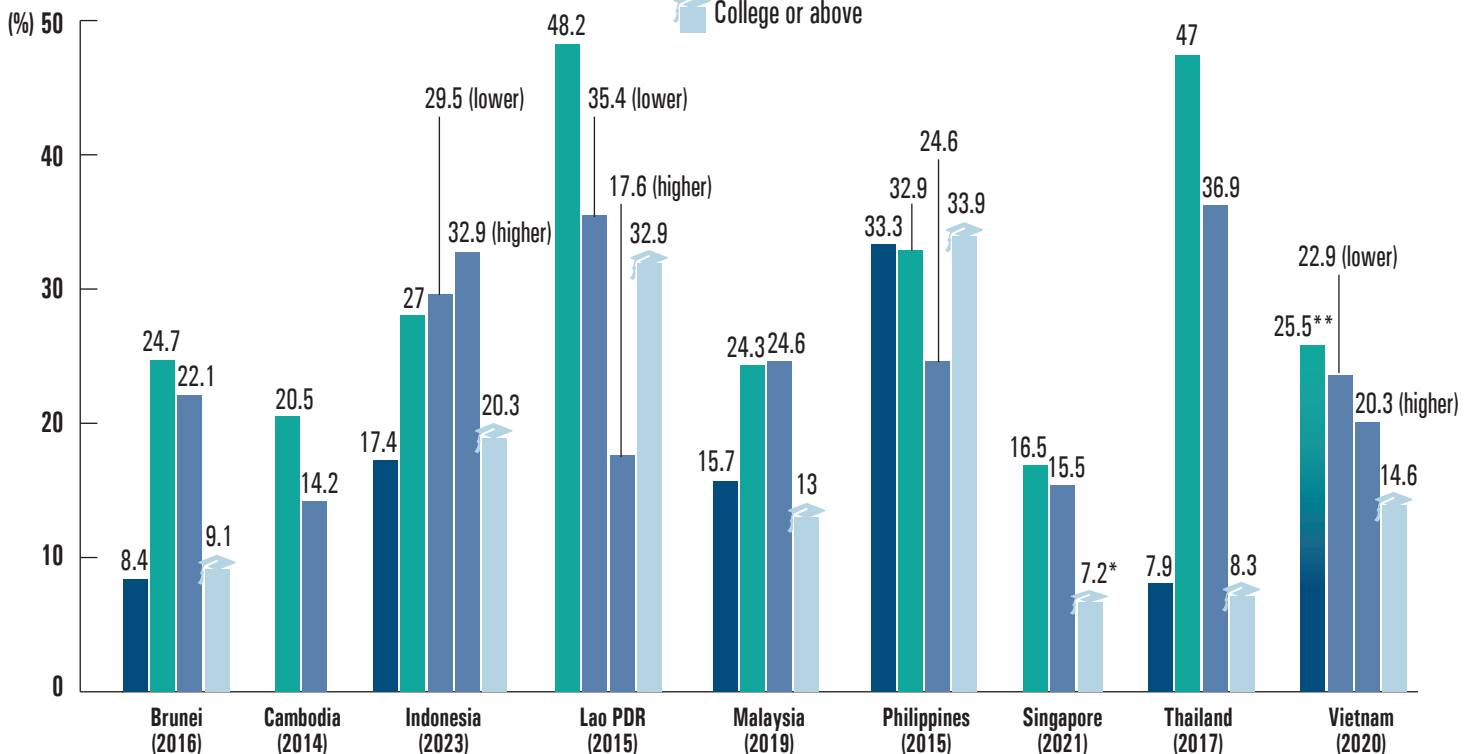


Poverty and inequality

Education level of adult smokers in ASEAN

Education level (%)

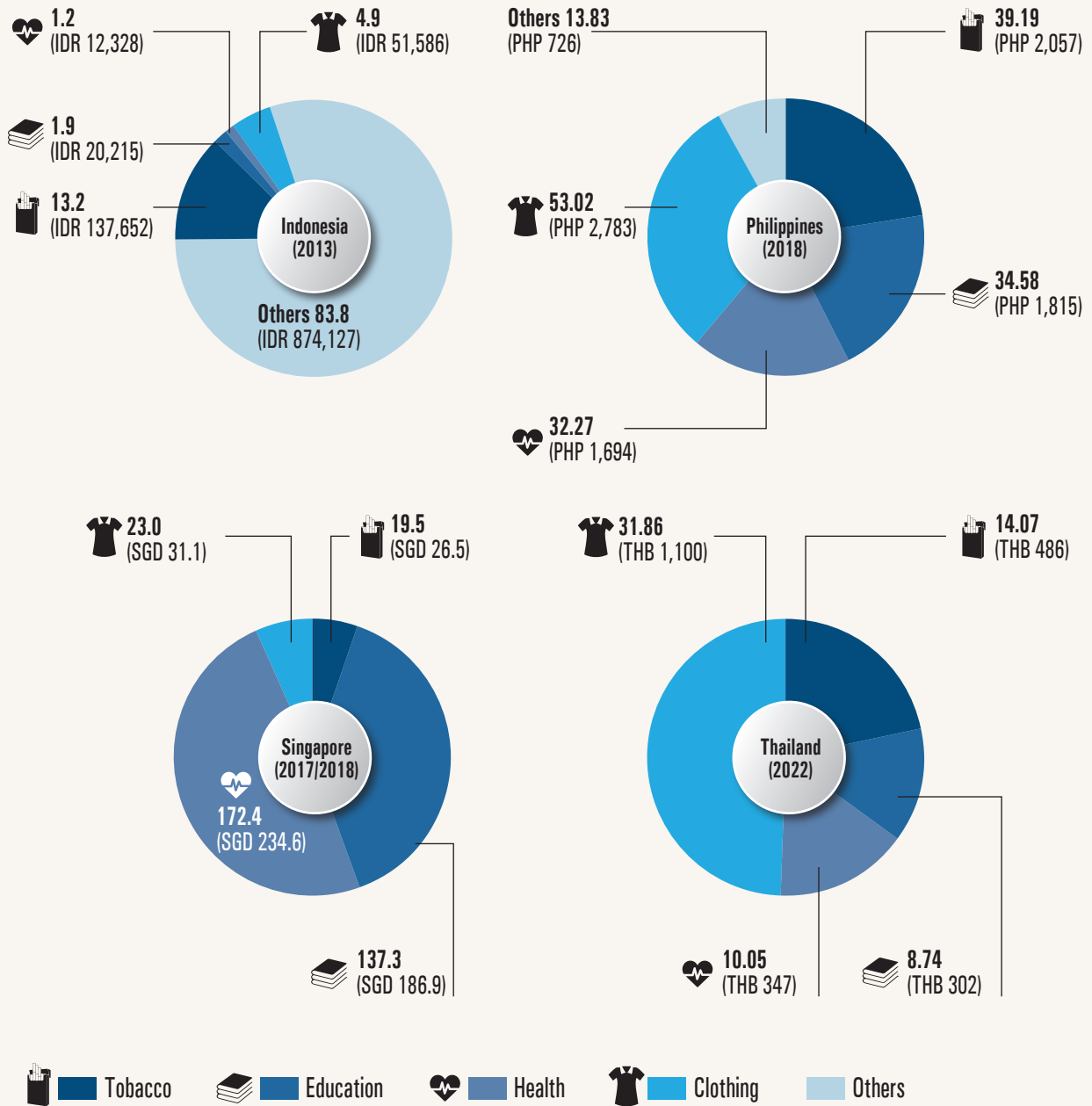
■ Less than primary ■ Primary ■ Secondary (lower/higher)
 🏠 College or above



*Figure refers to post-secondary school.

**The percentage of primary and less than primary.

Expenditures of poorest households on tobacco and basic needs (USD)



Quick Fact

Among poor families in urban slum areas of Indonesia, households where the father was a smoker are at greater risk of household food insecurity.

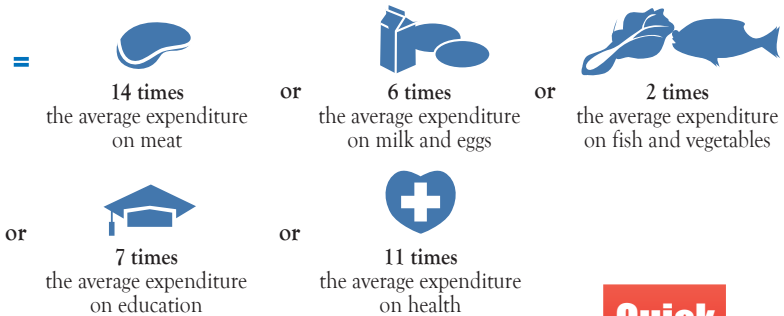
Paternal smoking diverts household money from food to tobacco (22% of weekly per capita household expenditures) and exacerbates child malnutrition.

Annual tobacco expenditures = Lost opportunities

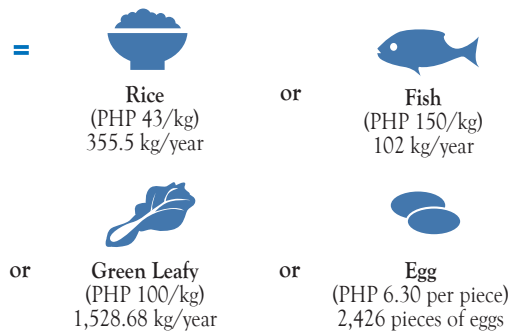
Cambodia Annual expenditure of USD 235,062,723 spent on tobacco in 2021. Of these, USD 203,476,326 on manufactured cigarettes, and hand-rolled cigarettes (USD 5,051,519).



Indonesia Annual expenditure on cigarettes by smokers among the poorest group in 2013.



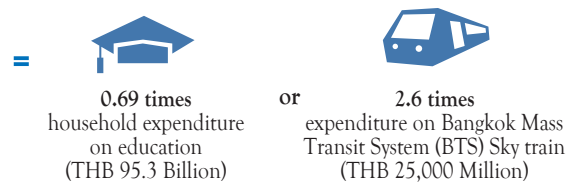
Philippines Annual expenditure of current smokers on cigarettes is USD 299.56 (PHP 15,286.8) per smoker in 2021.



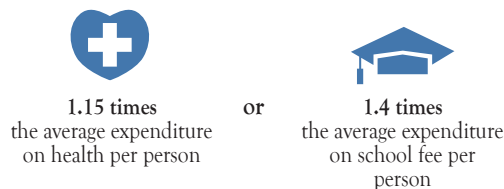
Quick Fact

In low-income countries, sometimes more than 10% of household income is spent on tobacco products – meaning less money for food, education and healthcare.



















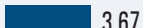



Thailand Annual expenditure on tobacco is estimated to be USD 20.87 Billion (THB 65.76 Billion) in 2017.



Vietnam Average annual expenditure on cigarettes is USD 150.6 (VND 3,476,400) per smoker in 2020.



Price per pack of most popular cigarette brands relative to quantity of rice (kg) and eggs in ASEAN

Country	Most Popular Cigarette Brand	Price		Quantity of	
		Local currency	USD	Rice (kg) 	Eggs (pieces) 
Brunei	Djarum Super*	BND 4.10	5.11	 5.8	 35
Cambodia	Luxury	KHR 2,000	0.50	 0.7	 4
Indonesia	A Mild (16 sticks)	IDR 29,000	1.93	 2.6	 15
Lao PDR	Adeng	LAK 9,000	0.43	 0.5	 5
Malaysia	Dunhill	MYR 17.70	3.75	 6.8	 43
Myanmar	Lucky Strike	MMK 2,200	0.65	 0.8	 7
Philippines	Marlboro	PHP 175	3.12	 4.4	 28
Singapore	Marlboro	SGD 15.50	11.49	 5.87	 45
Thailand	SMS	THB 66	1.82	 3.67	 15
Vietnam	Thang Long	VND 13,500	0.54	 1.1	 5

* Djarum Super was the most popular brand sold prior to May 2014. There are no licensed tobacco importers and retailers in Brunei since May 2014. Hence, there are no cigarettes being sold legally in the country at present.

Tobacco farming: Cycle of poverty

Poverty is widespread among tobacco farmers in Indonesia. 72.2% of tobacco farmers are poor compared to 11.1% of the general population in the country.

- Most tobacco-farming households are on social assistance in some form, including nearly three-fourths who use “rice for the poor” programmes.
- Food insecurity is common among tobacco-farming households—more than 60% of households reported insufficient food for the household at some point in the year.
- Tobacco farmers have a high risk of green tobacco sickness (GTS).



Tobacco cultivation is not profitable for most farmers.

- Considering only direct costs (i.e. not household labor), most tobacco-farming households are spending more on tobacco cultivation than the revenue they generate from it.
- Input costs for growing tobacco are typically very high in Indonesia compared to most other crops.
- Many tobacco farmers report having limited capital - 53% of tobacco farmers reported the need for loans to cultivate tobacco.

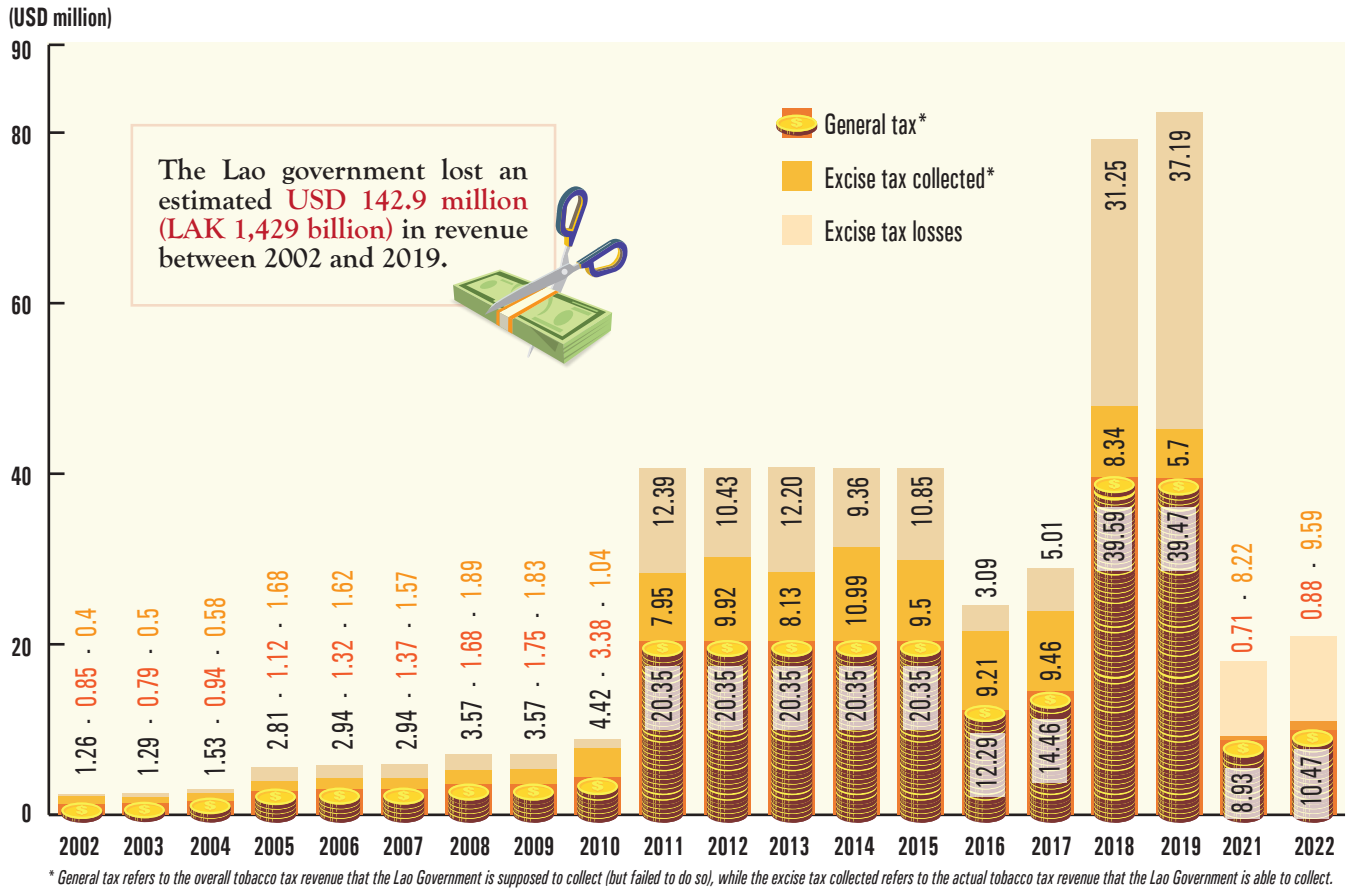
On average, former tobacco farmers were doing better (average total incomes - USD 3,797.68) than current tobacco farmers (household's total income - USD 2,921.19).



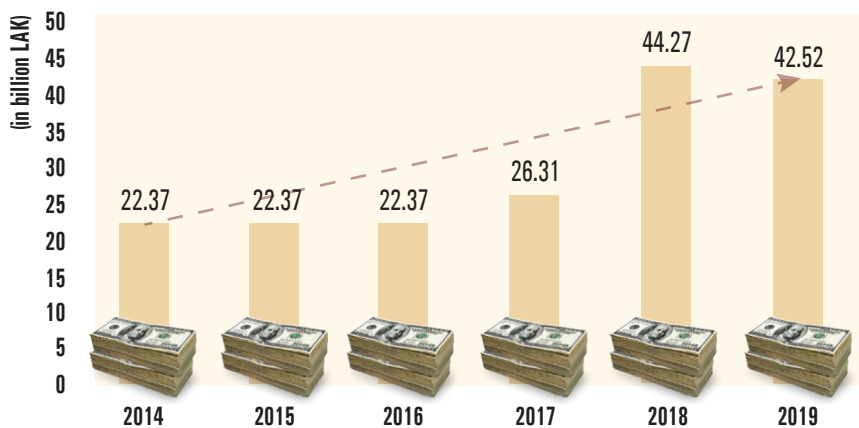
Lao PDR: Tobacco tax revenue losses

The Lao government continues to lose revenues due to its unfair Investment License Agreement (ILA) with the tobacco industry. Signed in 2001, the ILA capped ad valorem tobacco tax rates at 15% to 30% of production cost until 2026 (25-year tax break) when the country's tobacco tax rate by law is 72% of wholesale price (effective December 2023). If the ILA is not terminated, the Lao government will continue to suffer more revenue losses till 2026.

Tobacco tax revenues and revenue losses in Lao PDR (2002 – 2022)



Lao PDR Tobacco Control Fund uncollected revenues (2014 – 2019)



The Lao government lost an estimated **USD 20.33 million (LAK 180.21 billion)** between 2014 and 2019 from uncollected revenue (2% of profit tax and LAK 200/pack surcharge taxes from domestic tobacco companies such as Lao Tobacco Ltd) for the Tobacco Control Fund (TCF). This is a significant revenue collection loss to support tobacco control programs and strengthen public health in the country.

Annual deaths attributed to major tobacco-related diseases* in ASEAN



Quick Fact

More than **half a million** people die from tobacco-related diseases annually in ASEAN.

On average smokers lose **15 years** of their life. Millions of people stop smoking by dying.

*Institute for Health Metrics and Evaluation tobacco metrics team has used a new Burden of Proof approach to estimate the relative risk curves for smoking on related health outcomes and calculated the risk-outcome score (ROS) for each smoking-outcome pair. Based on the ROS, each smoking-outcome pair is rated from 1 to 5 stars, with 5 stars indicating the strongest evidence on the effects of smoking on the health outcome. The BOP approach is a major methodological update for Global Burden of Disease (GBD) 2021. This new approach incorporates both within and between study heterogeneity, which distinguishes it from other traditional meta-analytical approaches.

Chapter 4

Burden of Death, Disease and Disability

When used as intended by the manufacturer, tobacco is the only legal product that kills up to two thirds of its regular users, currently killing more than 8 million people globally each year, including about 1.3 million non-smokers, who lose their lives due to exposure to secondhand smoke. All forms of tobacco are harmful, and there is no safe level of exposure to tobacco smoke. As such, tobacco use continues to be the world’s single largest preventable cause of diseases, harming almost every organ of the body.

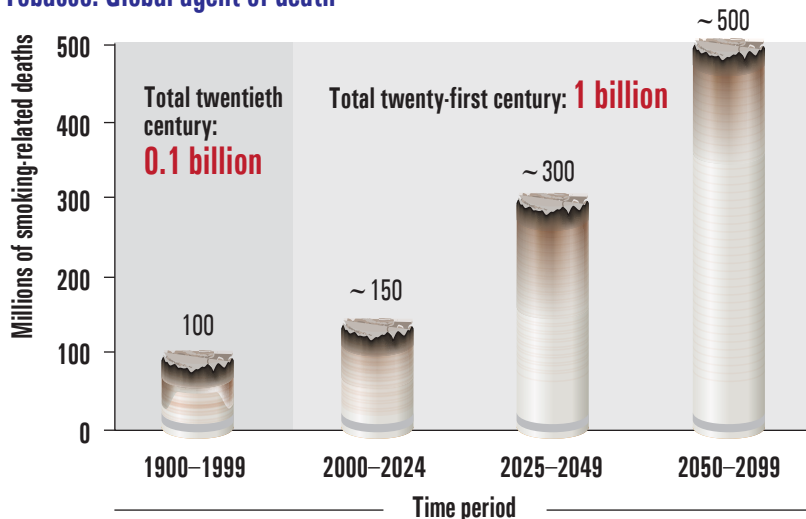
Given the current trends of the tobacco epidemic being exported from high-income countries to low- and middle-income countries, it is estimated that tobacco use will kill more than 8 million people annually by 2030, with 80% of these premature deaths in low- and middle-income countries. In the ASEAN region, tobacco already causes more than half a million deaths every year.

Tobacco-caused diseases also impose a heavy economic burden on society and the government,

costing a staggering USD 1.66 trillion annual expenditure in tobacco-related healthcare costs and in lost productivity due to illnesses and early deaths. Most ASEAN governments already spend significant amounts of their budgets on direct and indirect tobacco-related healthcare costs that are many times higher than the revenues gained from tobacco.

In addition, tobacco product pollution causes a serious threat to the environment. Six ASEAN countries (Indonesia, Malaysia, Myanmar, Philippines, Thailand, and Vietnam) have among the highest volumes of cigarette plastics entering the environment worldwide. It is estimated a global 4.5 trillion cigarette butts (including 452.6 billion from the ASEAN region) is being discarded into the environment yearly. ASEAN countries spend around USD 9.97 billion annually on managing marine pollution and waste caused by tobacco product packaging and cigarette butts.

Tobacco: Global agent of death



Tobacco killed about **100 million people** worldwide in the 20th century, and remains a serious and growing concern.

Tobacco will kill 1 billion people in the 21st century unless urgent action is taken. About half of these deaths will occur before 70 years of age.

About **USD 1.66 trillion** social and economic losses due to tobacco use in 2022, the equivalent of **1.7%** of annual global gross domestic product (GDP).

- Around 80% of the world's 1.3 billion tobacco users live in low- and middle-income countries.
- In 2020, 22.3% of the world’s population used tobacco (36.7% of men and 7.8% of women).

Quick Fact

On the basis of current consumption patterns, approximately **450 million** adults will be killed by smoking between 2000 and 2050. At least half of these adults will die between 30 and 69 years of age, losing decades of productive life.

Direct and indirect tobacco-related health care costs in ASEAN

		Total number of adult smokers
Brunei (2012)	BND 190 million (USD 155.48 million) direct and indirect economic costs for overall tobacco-related diseases (0.9% of Brunei's 2012 GDP).	39,037
Cambodia (2017)	KHR 2.71 trillion (USD 660 million) total economic costs of tobacco use for 31 tobacco-related diseases (3.0% Cambodia's 2017 GDP).	1,750,914
Indonesia (2019)	Between IDR 184.36 trillion (USD 13.27 billion) to IDR 410.76 trillion (USD 29.56 billion) direct costs of smoking including all diseases and all levels of care (1.16%–2.59% of the gross domestic product).	63,138,469
Lao PDR (2017)	LAK 3.6 trillion (USD 427.8 million) total economic costs of tobacco use for 30 tobacco-related diseases (2.3% of Lao PDR's 2017 GDP).	824,016
Malaysia (2012)	MYR 15.78 billion (USD 5.18 billion) direct and indirect economic costs for overall tobacco-related diseases (1.7% of Malaysia's 2012 GDP).	4,786,400
Myanmar (2016)	MMK 2.62 trillion (USD 1.92 billion) total economic costs of tobacco use for 30 tobacco-related diseases (3.3% of Myanmar's 2016 GDP).	17,400,000
Philippines (2021)	PHP 365.79 billion (USD 7.168 billion) direct and indirect economic costs for overall tobacco-related diseases (1.88% of Philippines 2021 GDP).	15,100,000
Singapore (2014)	SGD 609.37 million (USD 479.8 million) direct and indirect costs for 4 tobacco-related diseases (0.19% of Singapore's 2014 GDP).	287,569
Thailand (2017)	THB 87.25 billion (USD 2.6 billion) direct and indirect economic costs for tobacco-related diseases (0.56% of Thailand's GDP or 15% of total health expenditure in 2017).	9,936,644
Vietnam (2022)	VND 108.2 trillion (USD 4.6 billion) direct and indirect costs for 35 tobacco-related diseases (1.14% Vietnam's 2022 GDP).	15,857,712

Quick Fact

Non-communicable diseases (NCDs) are an ever-increasing health threat for future generations. Tobacco use is a leading common risk factor for NCDs, killing 41 million people each year, equivalent to **71%** of all deaths globally, including **15 million** people aged between 30 and 69 years.

Global economic cost of tobacco health burden

USD 354 billion

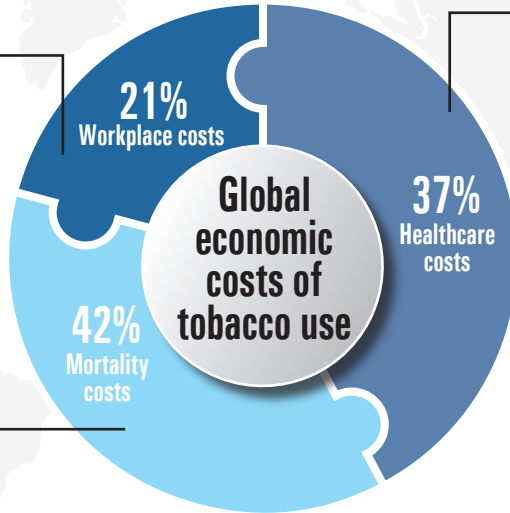
Workplace costs absenteeism (missed days of work) and presenteeism (reduced productivity while at work)



USD 912 billion

Healthcare expenditure due to tobacco-attributable diseases

USD 659 billion
Indirect cost of mortalities caused by tobacco use

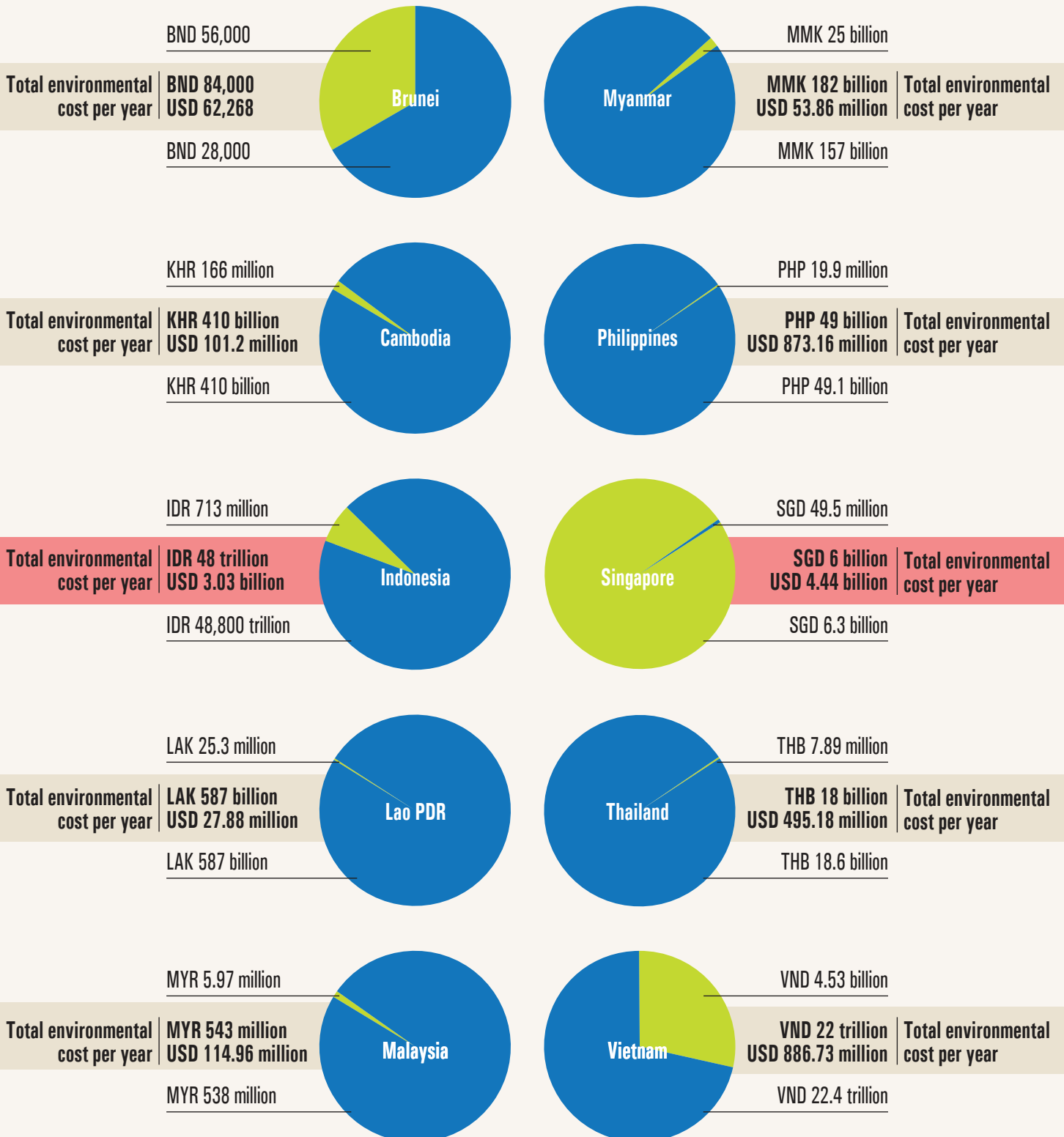


Tobacco threats to the environment

The marine pollution and waste management cost of tobacco product packaging and cigarette butts in ASEAN

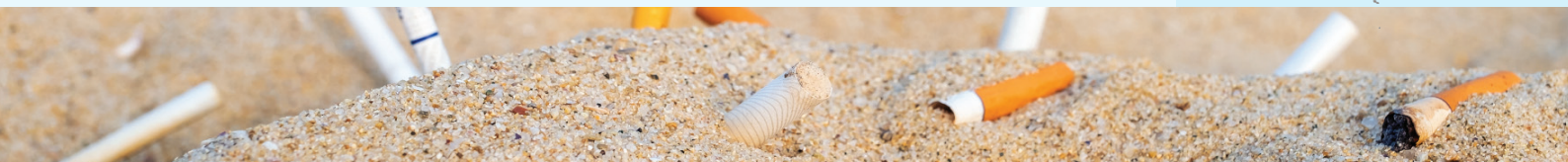
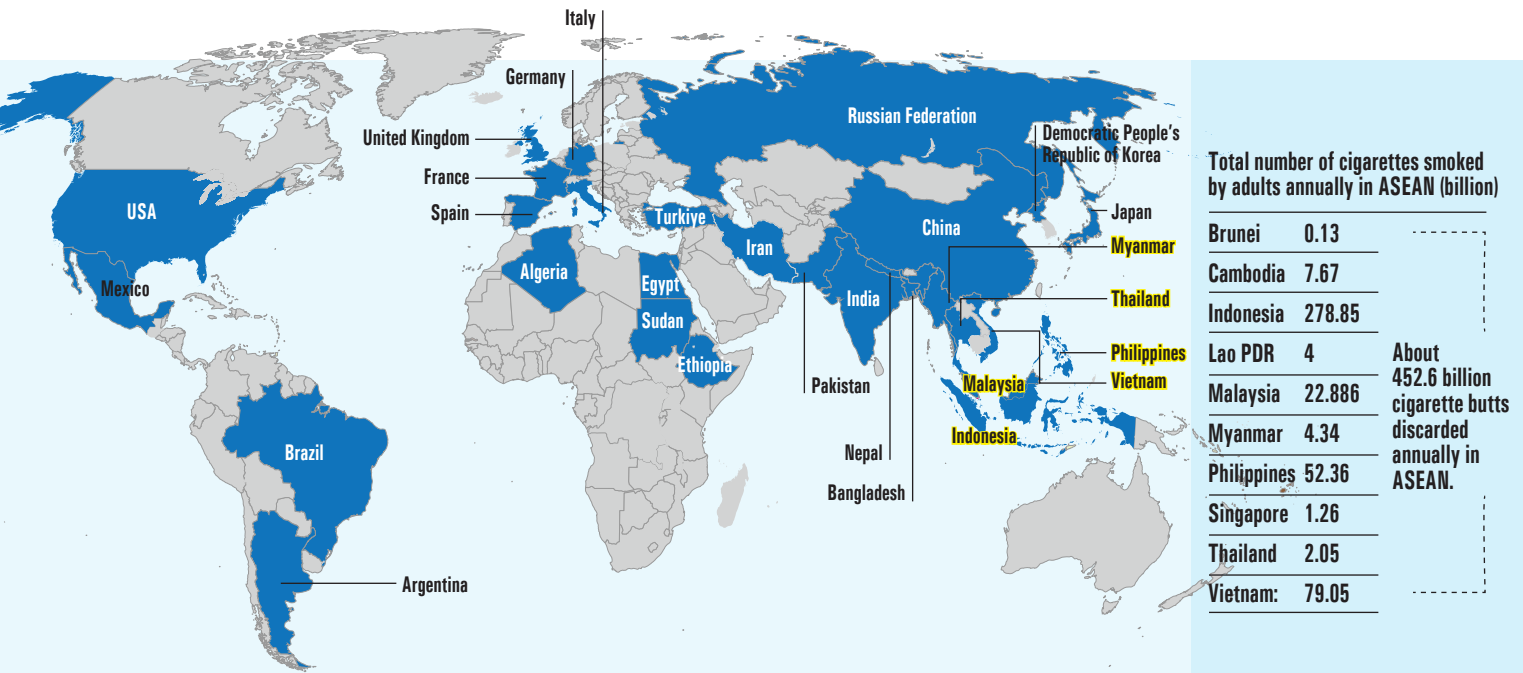
Total environmental cost per year in ASEAN: USD 9.97 billion

■ Marine pollution ■ Waste management

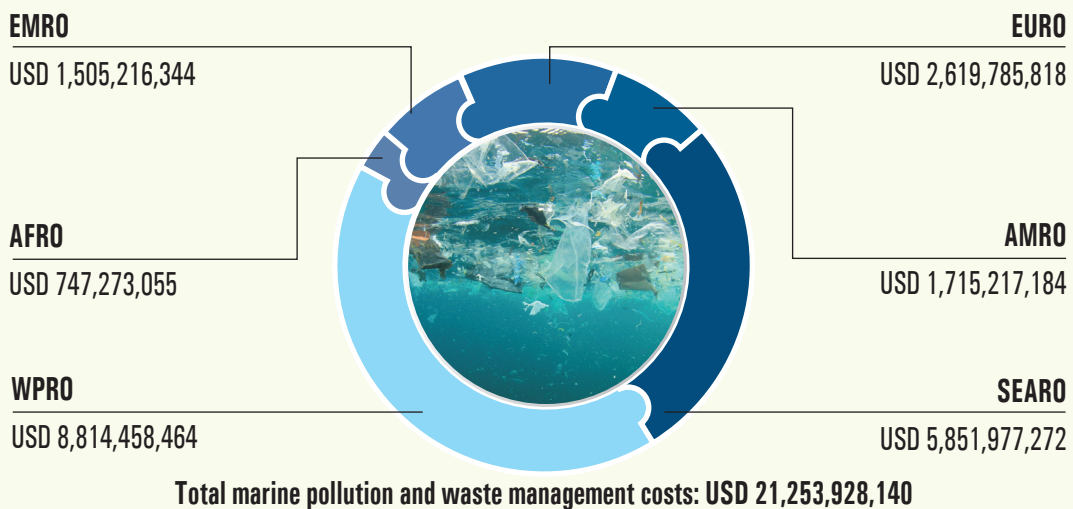


Six ASEAN countries among biggest cigarette plastics polluters worldwide

Tobacco plastic waste is costing the global economy USD 25.7 billion every year in waste management and marine ecosystem service losses, with a total of USD 186 billion in the past 10 years considering inflation rates. The loss of ecosystem services during the plastics' lifetime is USD 3.7 trillion per year. About 4.5 trillion cigarette butts (including 452.6 billion from the ASEAN region) are discarded into the environment in a single year, making them the most littered item on earth and the most common item of litter on beaches.



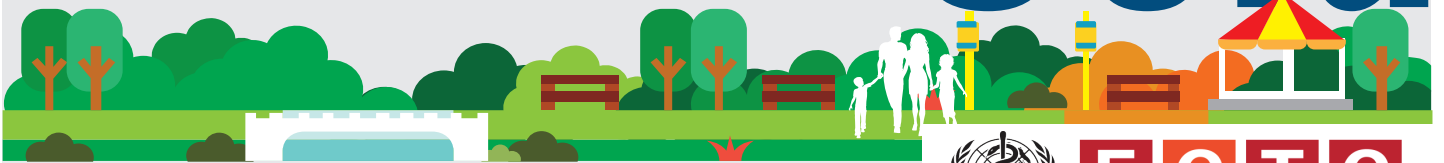
Marine pollution and waste management costs per year for the lifetime of tobacco plastics (USD)



Quick Fact

The loss of marine capital due to plastics is estimated to be **USD 3,300 to 33,000** per tonne per year or about **USD 0.5 trillion – USD 2.5 trillion** per year.

The Solu



FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

FCTC compliance in ASEAN

WHO FCTC Ratification



Brunei Cambodia Lao PDR Malaysia Myanmar Philippines Singapore Thailand Vietnam

are Parties to the WHO FCTC. Indonesia is a non-Party to the WHO FCTC

WHO FCTC Articles 5.1: Tobacco control strategies and plans) and 5.2: Coordinating mechanism or focal point for tobacco control



Brunei Cambodia Lao PDR Malaysia Myanmar Philippines Singapore Thailand Vietnam

have established or reinforced and financed a national coordinating mechanism for tobacco control, as well as developed multi-sectoral national tobacco control strategies, plans, and programmes in accordance with the WHO FCTC

WHO FCTC Article 5.3: Protection from tobacco industry (TI) interference



Brunei Cambodia Lao PDR Myanmar Philippines Singapore Thailand

have a code of conduct or guidelines on protection of tobacco control policies from tobacco industry interference

WHO FCTC Article 6: Price and tax measures



Myanmar Philippines Singapore

have regular adjustment processes or procedures for periodic revaluation of tobacco tax levels

tion



The WHO Framework Convention on Tobacco Control (WHO FCTC) provides a framework for effective tobacco control measures to be implemented at the national, regional and international levels.

WHO FCTC Article 8: Protection from exposure to tobacco smoke



Brunei



Cambodia



Lao PDR



Malaysia



Myanmar



Philippines



Singapore



Thailand



Vietnam

require smoke-free public places

WHO FCTC Article 11: Packaging and labelling



Brunei



Cambodia



Lao PDR



Malaysia



Myanmar



Philippines



Singapore



Thailand



Vietnam

require pictorial health warning labels on tobacco packaging



Myanmar



Singapore



Thailand

require standardized/plain tobacco packaging

WHO FCTC Article 13: Comprehensive bans on tobacco advertising, promotion, and sponsorship



Brunei



Cambodia



Lao PDR



Malaysia



Myanmar



Singapore



Thailand



Vietnam

have implemented a fairly comprehensive ban on advertising, promotion and sponsorship

WHO FCTC Article 26: Financial resources



Lao PDR



Thailand

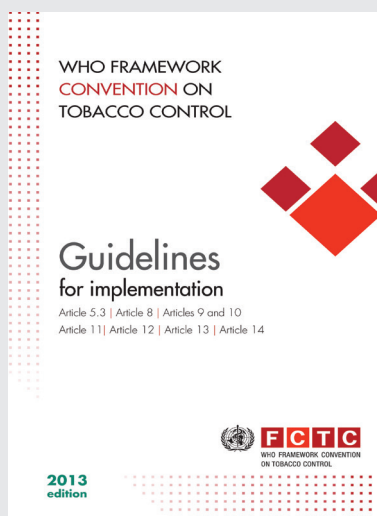


Vietnam

have established a health promotion or tobacco control fund from tobacco taxes

Solution

WHO FCTC: A Must for Sustainable Development



Designed to counter the global tobacco epidemic, the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC) is the first public health treaty negotiated under the auspices of the WHO. The World Health Assembly (WHA) adopted the WHO FCTC in 2003; it is a landmark legal instrument in international, regional, and national tobacco control that has changed the paradigm of public health. At present, 183 governments, representing more than 90% of the world's population, are Parties to the WHO FCTC and have committed to implementing the treaty's various lifesaving measures. Indonesia is the only ASEAN country that has not ratified the WHO FCTC.

The WHO FCTC provides a policy framework to reduce tobacco consumption through evidence-based supply and demand regulatory interventions, such as: (a) protecting public health policies from commercial and vested interests of the tobacco industry; (b) raising tobacco excise taxes and using the revenue to fund tobacco control; (c) legislating for smoke-free environments banning smoking in public places; (d) implementing pictorial health warnings and standardized/plain packaging on tobacco products; (e) banning tobacco advertising, promotion, and sponsorship; (f) eliminating illicit trade in tobacco products; (g) providing alternative livelihoods to tobacco farming; (h) preventing sales to and by minors; and (i) collecting and sharing data on tobacco use and prevention efforts.

Because tobacco poses a major threat to life and health (killing more than 8 million people annually, including 1.3 million non-smokers exposed to second-hand smoke), it also threatens sustainable global and national development. A multisectoral, whole-of-government, and whole-of-society approach is therefore essential for the implementation of the WHO FCTC as a means to achieving the Sustainable Development Goals (SDGs) and to meet the global target of a 30% relative reduction in tobacco use prevalence among persons aged 15 and over by 2030 as agreed by WHO Member States.

Higher taxes TAPS ban 100% smoke-free Standardized packaging

Within ASEAN, most countries have made significant progress in implementing measures to reduce tobacco use in line with the WHO FCTC since its entry into force in 2005.

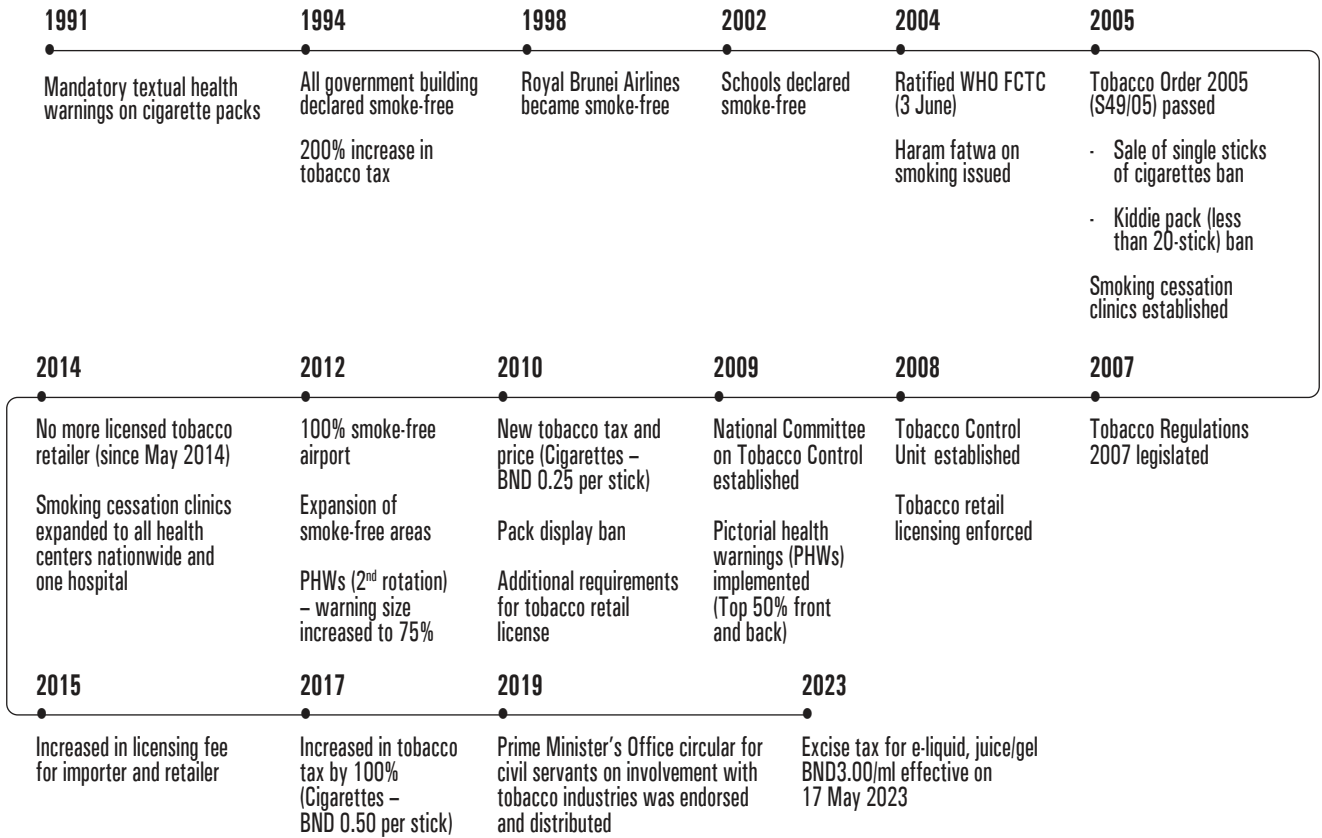
Over the past several years, ASEAN member states have demonstrated growing commitment and leadership in adopting FCTC-compliant policies and interventions, particularly to (a) protect the public from exposure to secondhand smoke by restricting smoking and ensuring 100% smoke-free environments in all enclosed workplaces, public places, and public transportation, covering all forms of tobacco products including waterpipes and electronic smoking devices (e-cigarettes and heated tobacco products) (Article 8) and (b) raise public awareness of health risks of tobacco use, help motivate quit attempts, and discourage tobacco use uptake through standardized (plain) tobacco product packaging and prominent pictorial health warnings on all tobacco packages (Article 11).

That said, full implementation of the WHO FCTC remains a work in progress, and further strengthening of national tobacco control policy is needed to achieve the objective of the treaty. This includes reducing tobacco product affordability through tobacco tax systems strengthening and regular excise tax increases (Article 6); enforcing a comprehensive ban on tobacco advertising, promotion and sponsorship, including prohibiting corporate social responsibility (CSR) activities by the tobacco industry, banning retail pack display and online sales of tobacco products and all electronic smoking devices (Article 13); and securing sustainable financing for tobacco control (Article 26), such as through establishment of health promotion/tobacco control mechanisms funded through tobacco surcharge taxes. It is also widely acknowledged that most ASEAN member states still lag in safeguarding their public health policies from tobacco industry interference (Article 5.3), which is a major obstacle to effective tobacco control implementation.

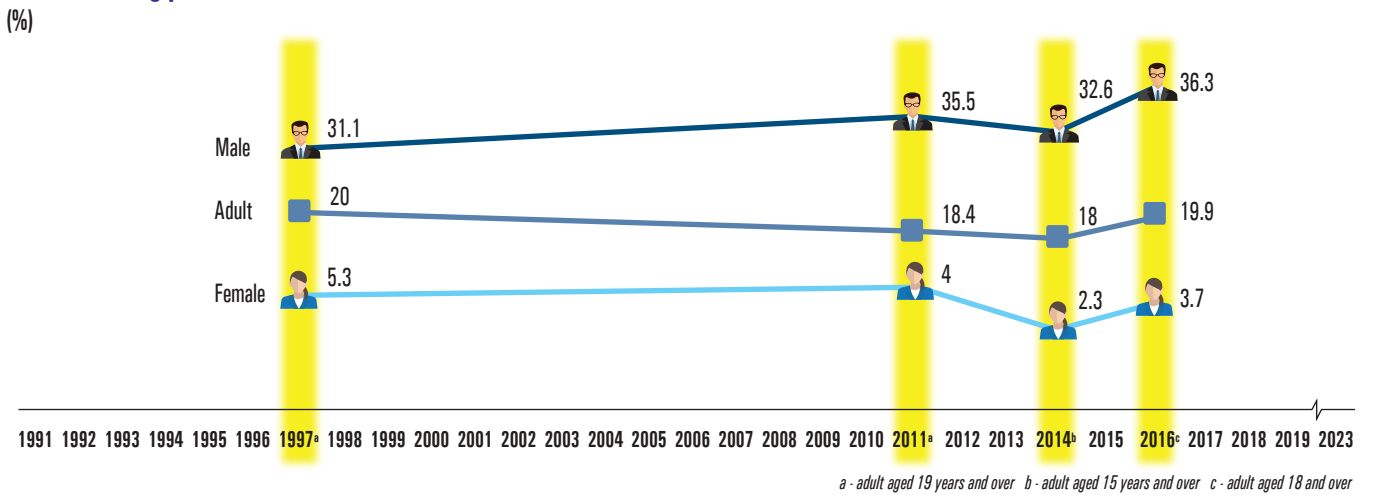
Sustainable financing Large pictorial warnings Multisectoral coordination Code of Conduct



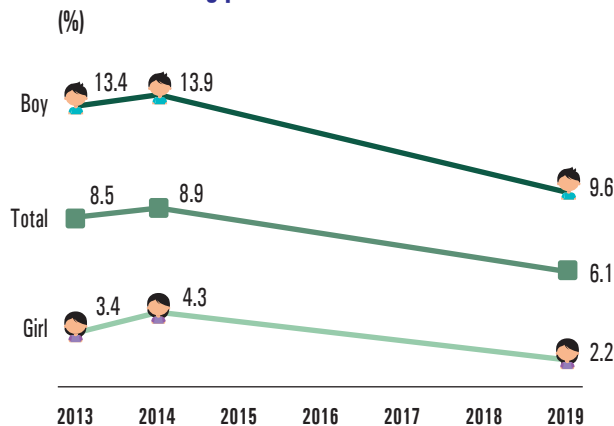
Key tobacco control milestones



Adult smoking prevalence in Brunei

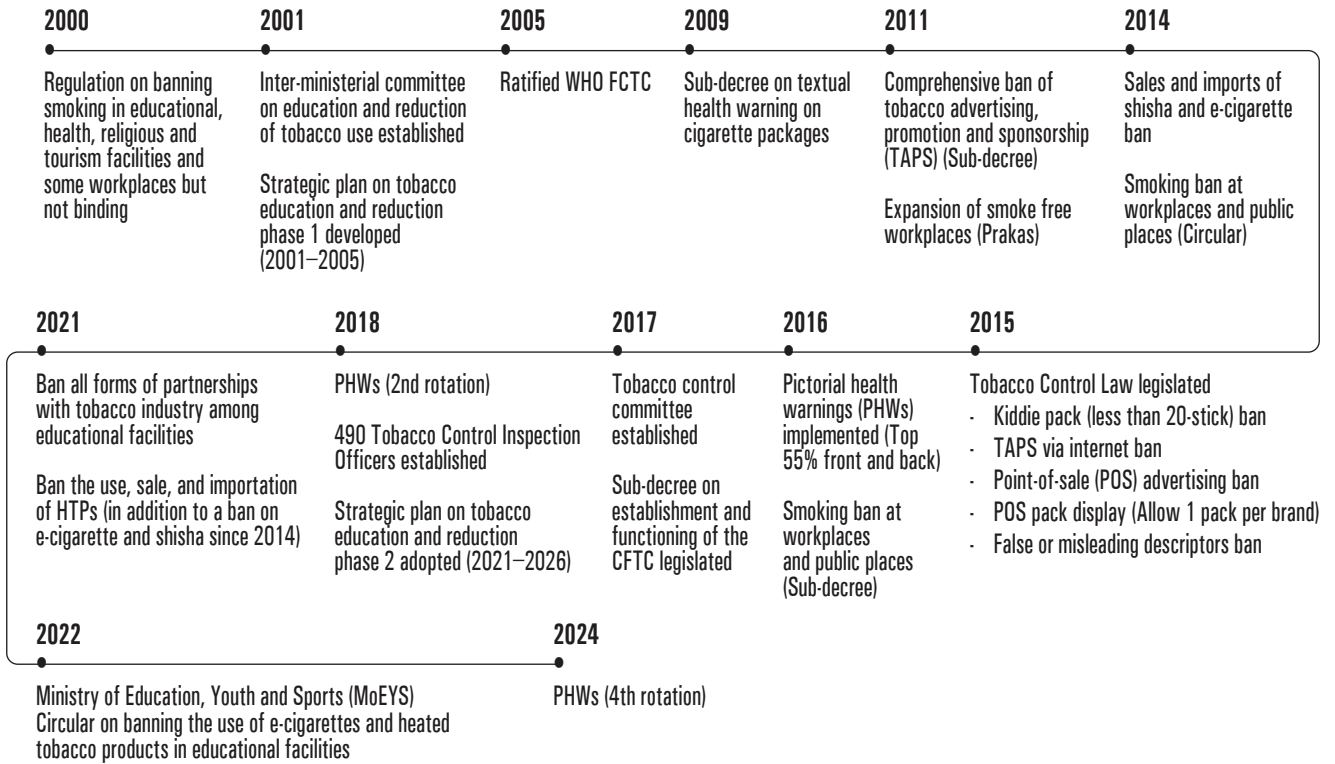


Youth smoking prevalence in Brunei

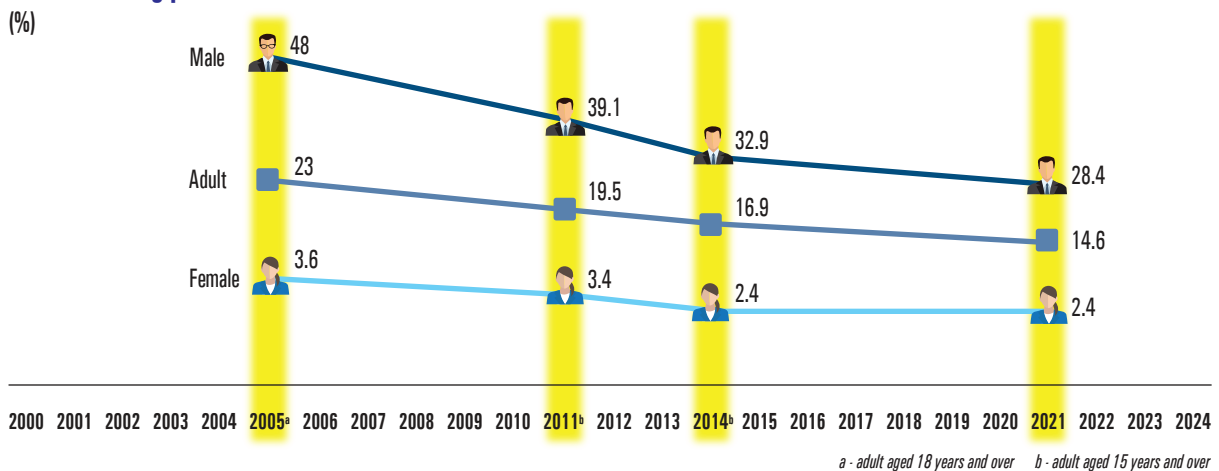




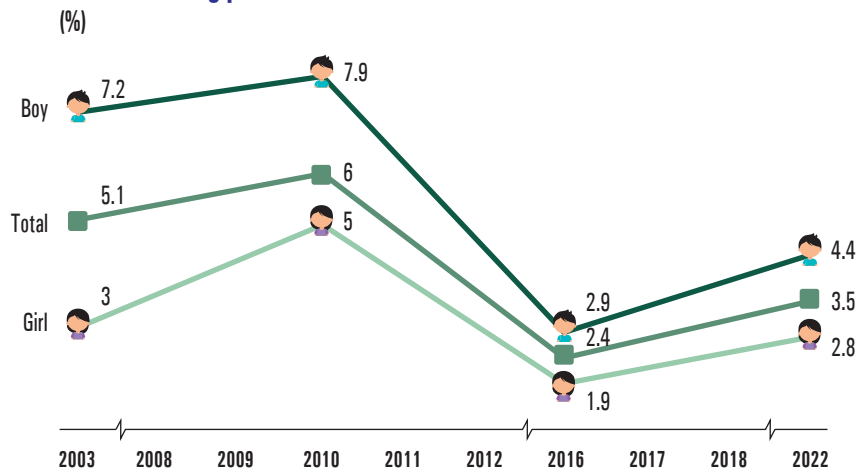
Key tobacco control milestones



Adult smoking prevalence in Cambodia



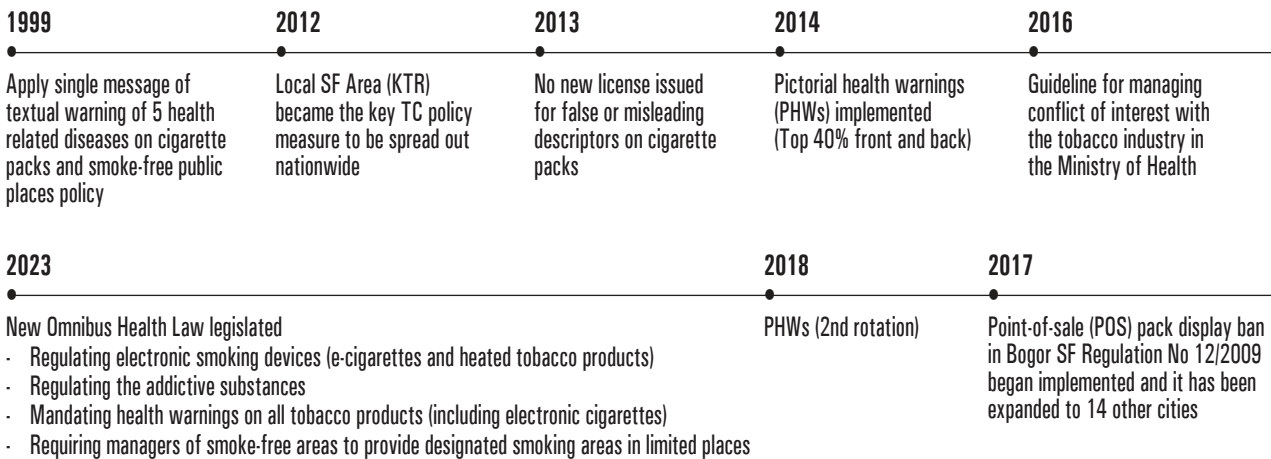
Youth smoking prevalence* in Cambodia



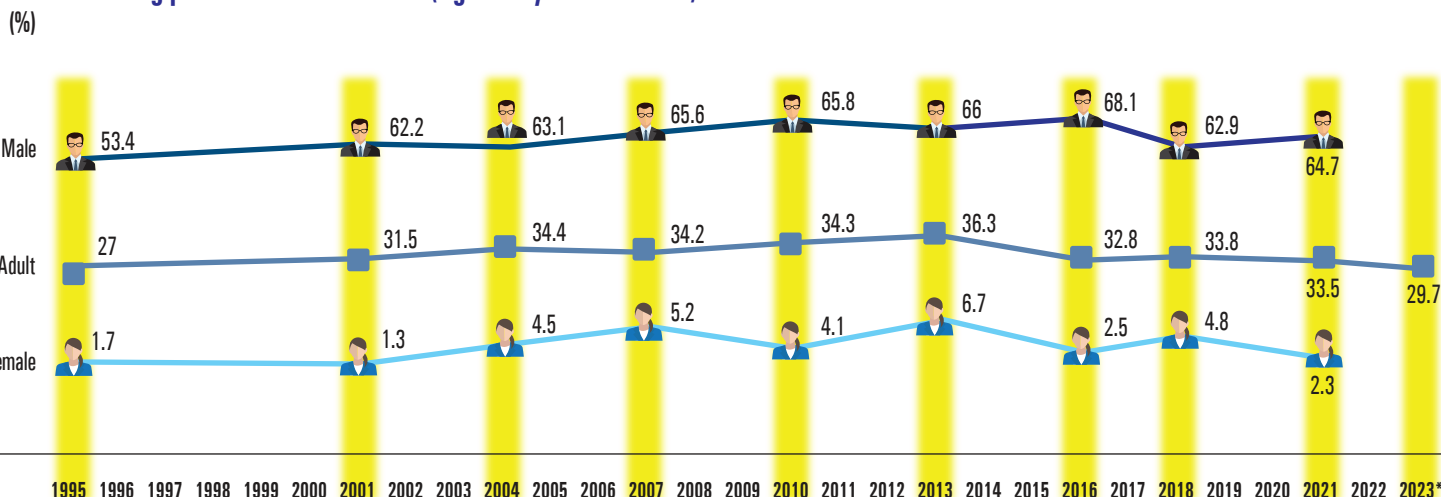
* The data is based on the current use of any tobacco product at any time during the past 30 days.



Key tobacco control milestones

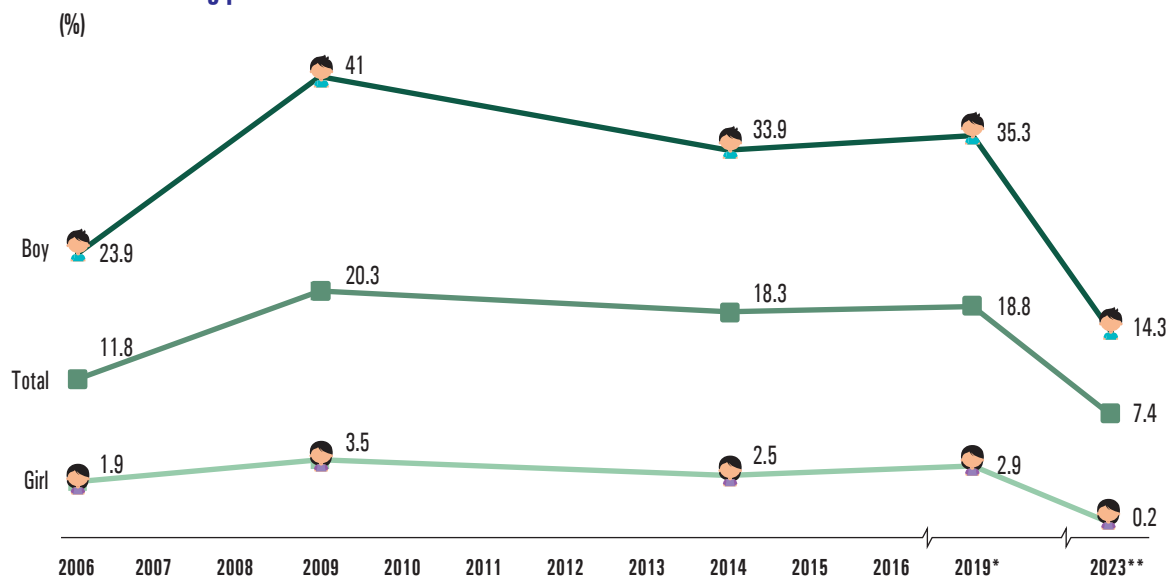


Adult smoking prevalence in Indonesia (Aged 15 years and over)



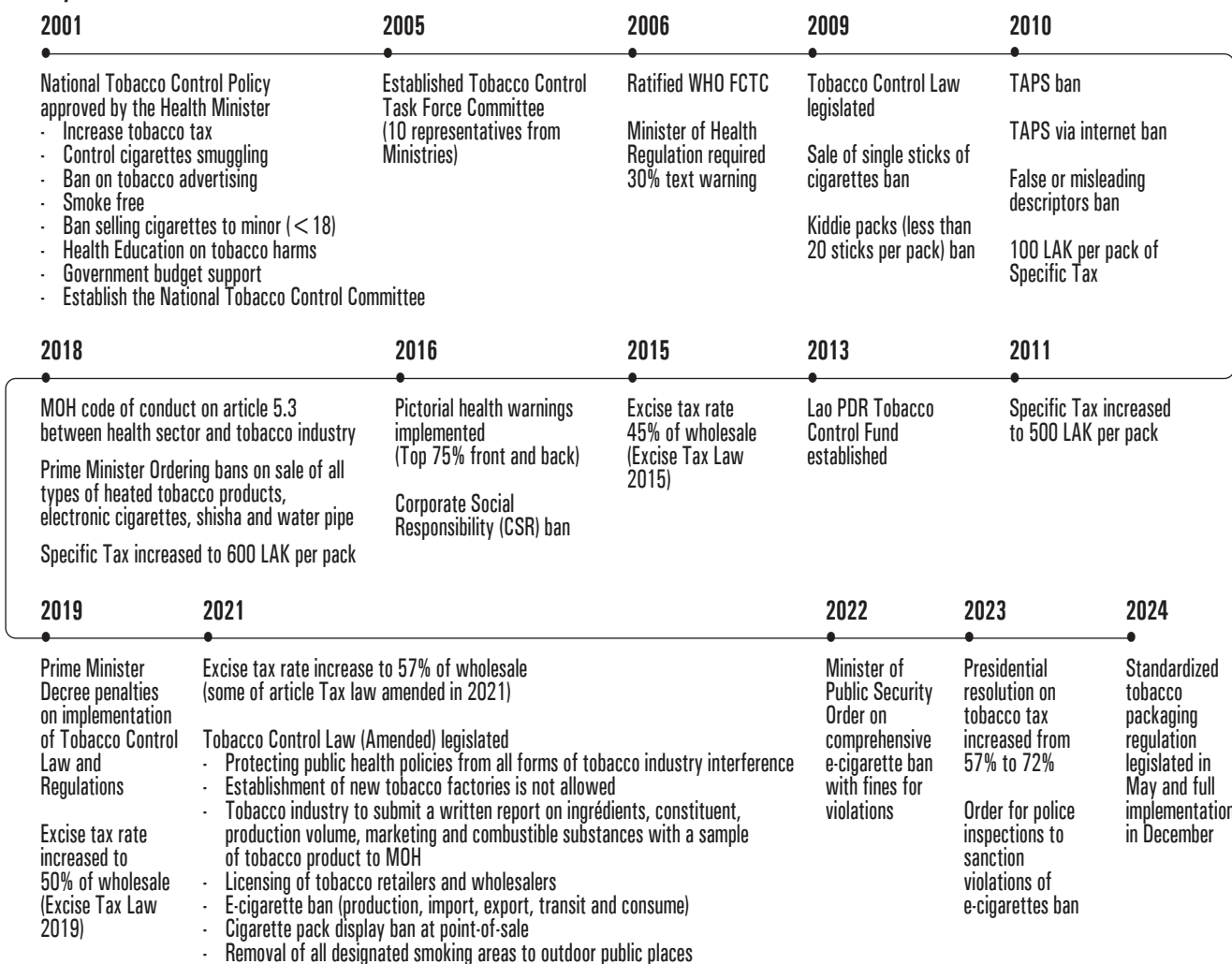
* 29.7% refers to smoking prevalence among adults aged 15 years and over. The 2023 National Health Survey also estimated 27.1% smoking prevalence among population aged 10 years and over, 52.4% (male), and 1.1% (female).

Youth smoking prevalence in Indonesia

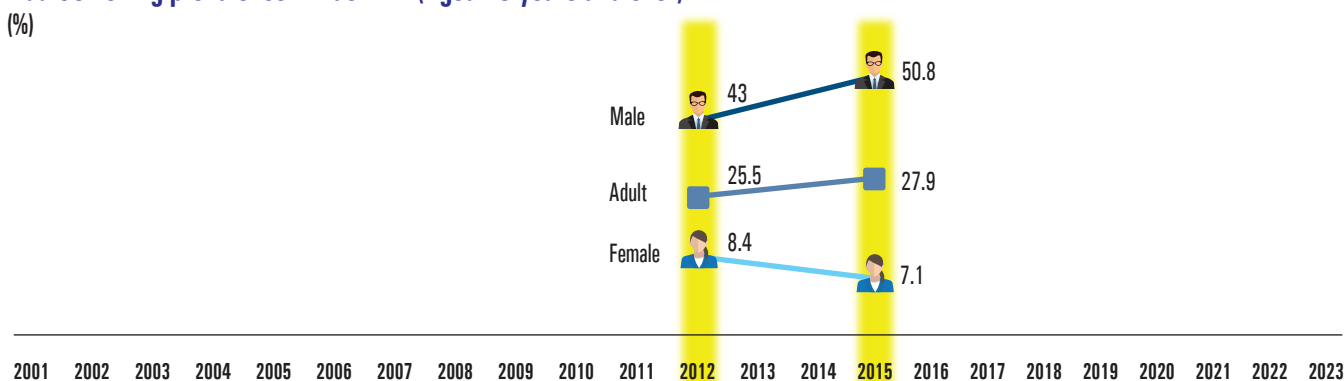


*The data refers to currently smoked tobacco.
 **The data refers to youths aged 10-18 years old who currently smoked cigarettes.

Key tobacco control milestones



Adult smoking prevalence in Lao PDR (Aged 15 years and over)

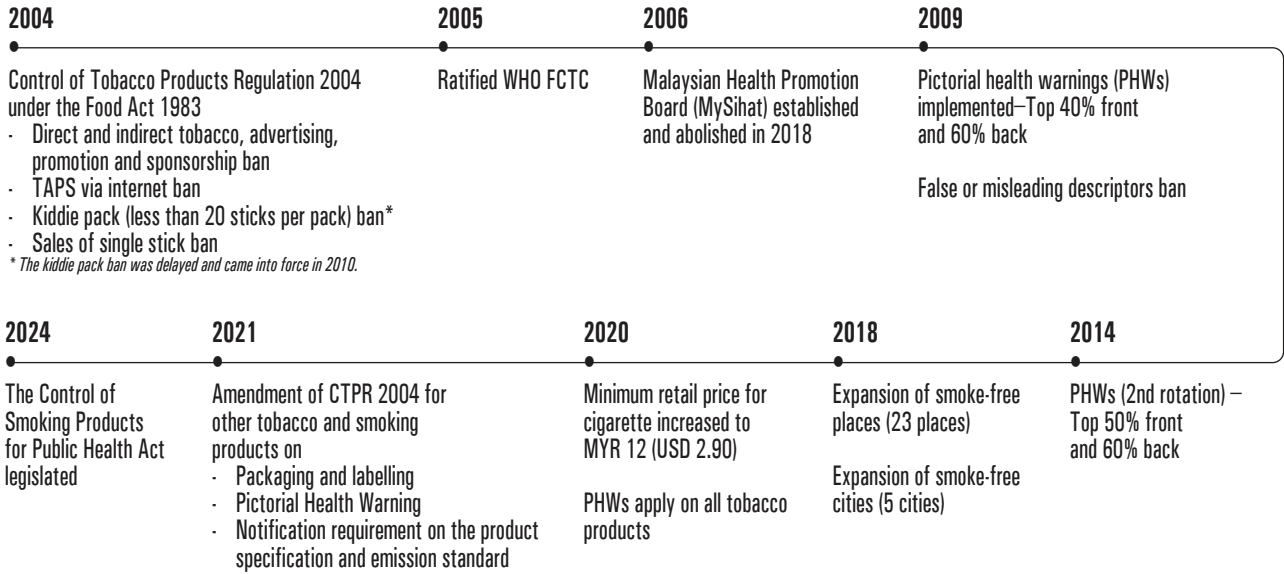


The trend of youth smoking prevalence in Lao PDR

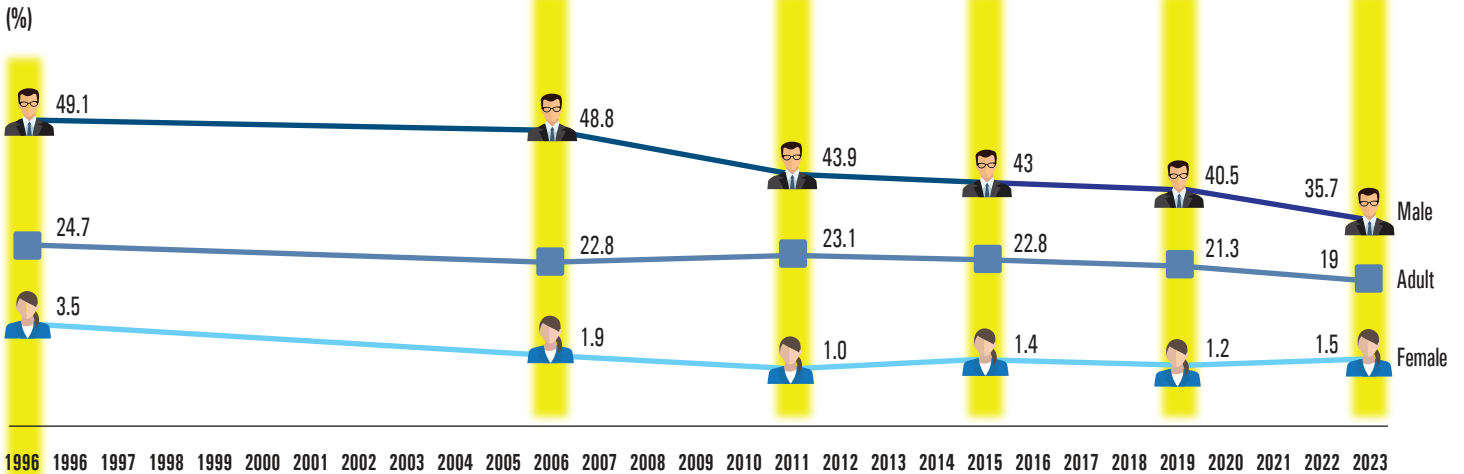




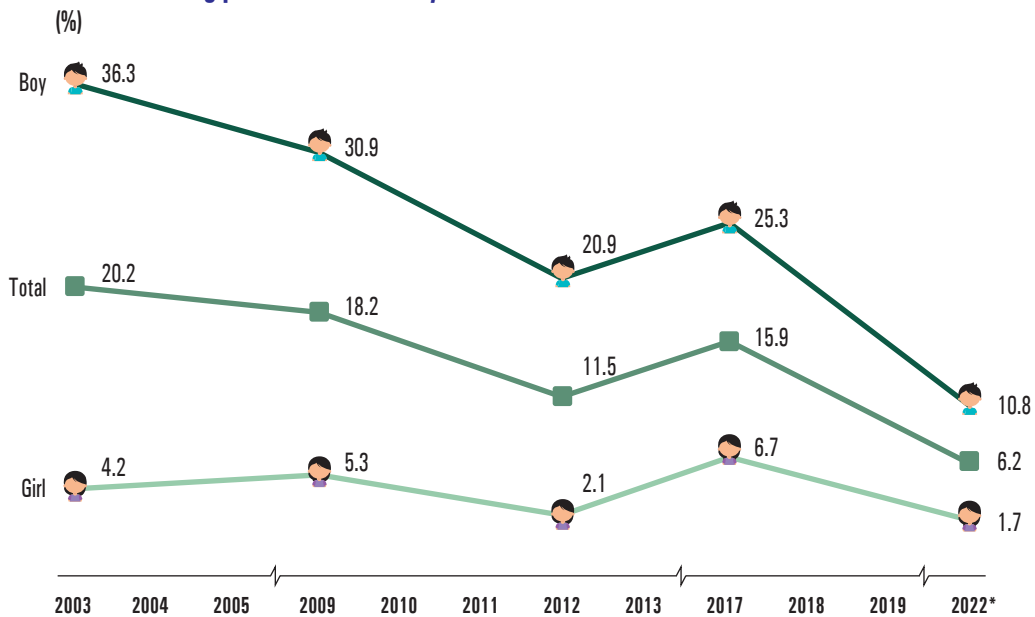
Key tobacco control milestones



Adult smoking prevalence in Malaysia



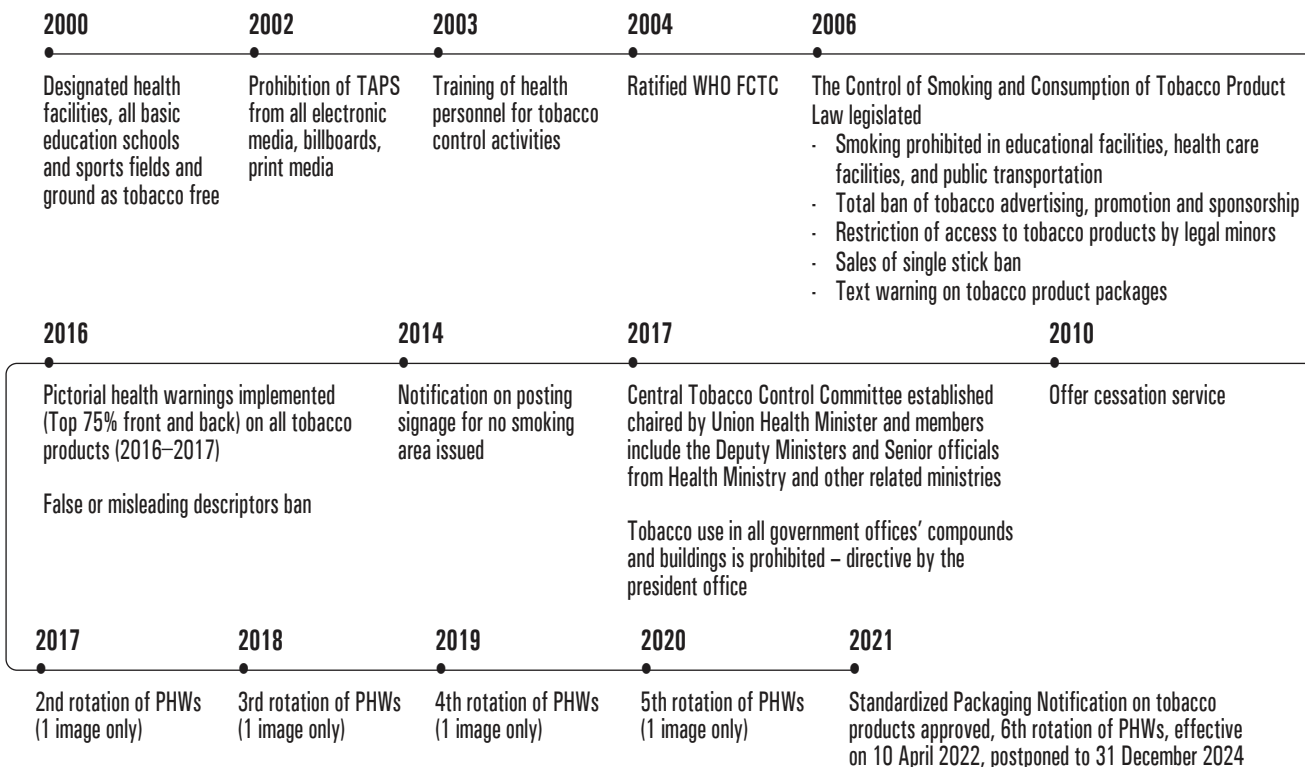
Youth smoking prevalence in Malaysia



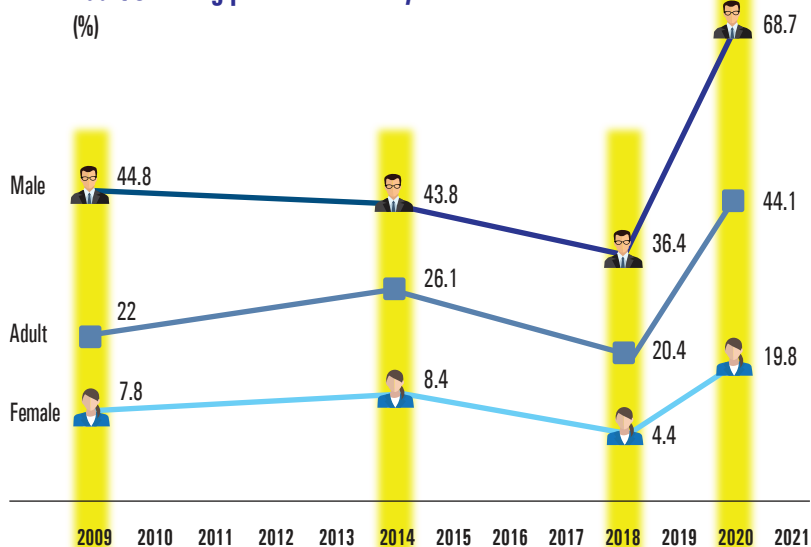
*The data is based on youth aged between 13 and 17.



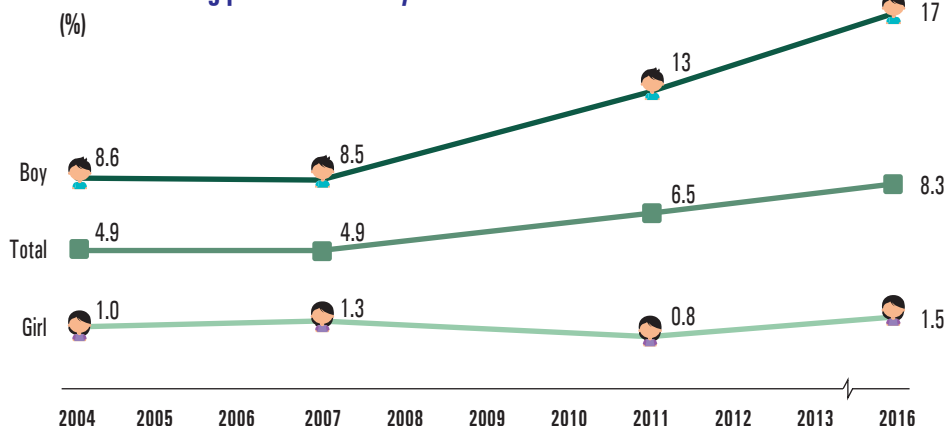
Key tobacco control milestones



Adult smoking prevalence in Myanmar

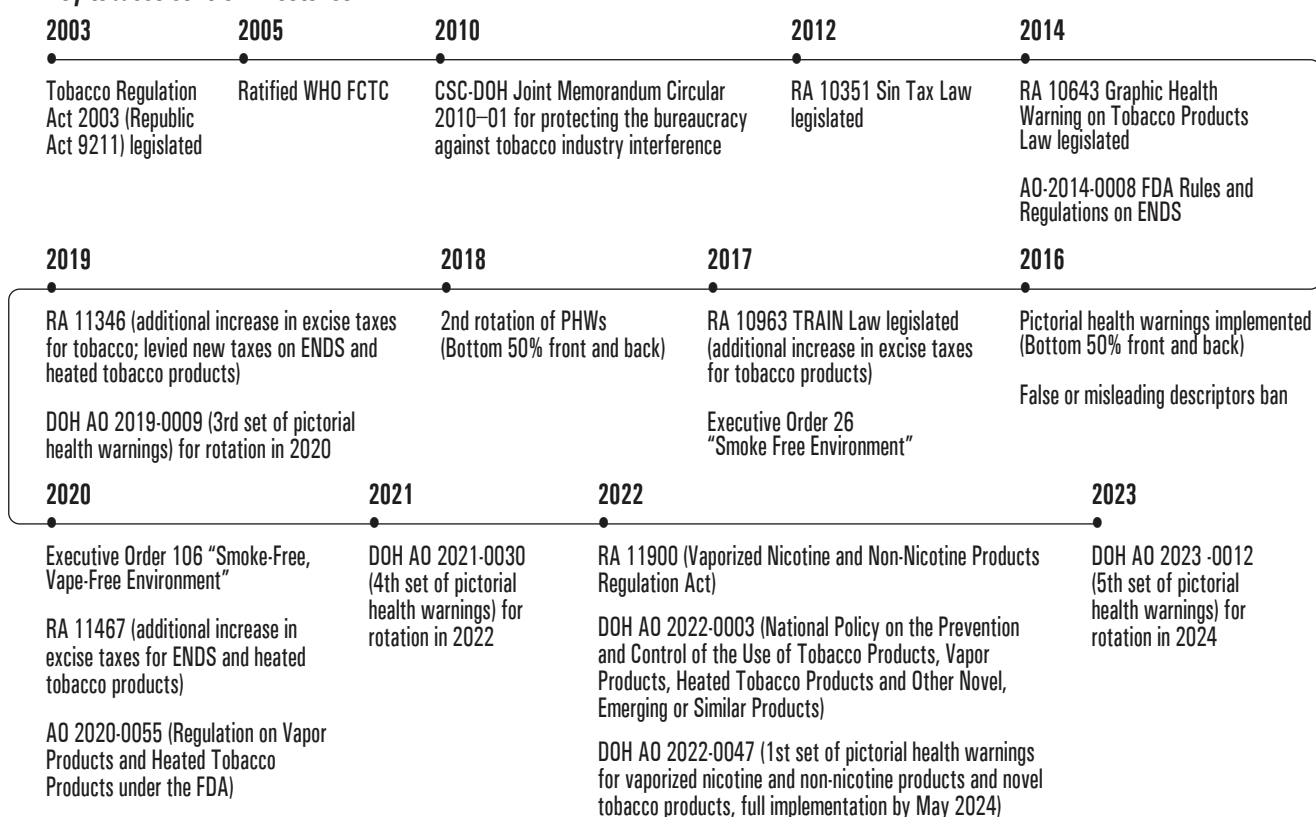


Youth smoking prevalence in Myanmar

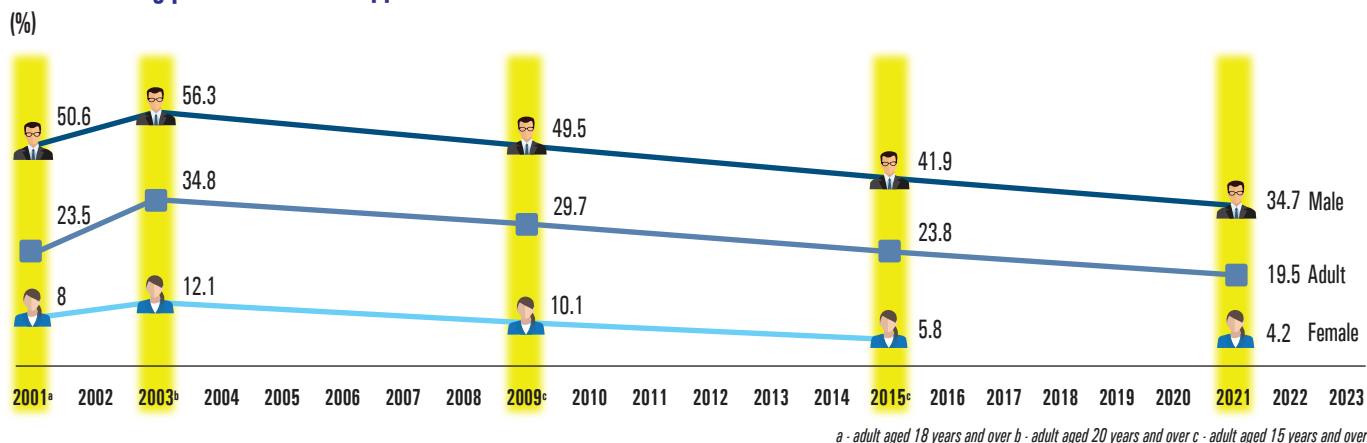




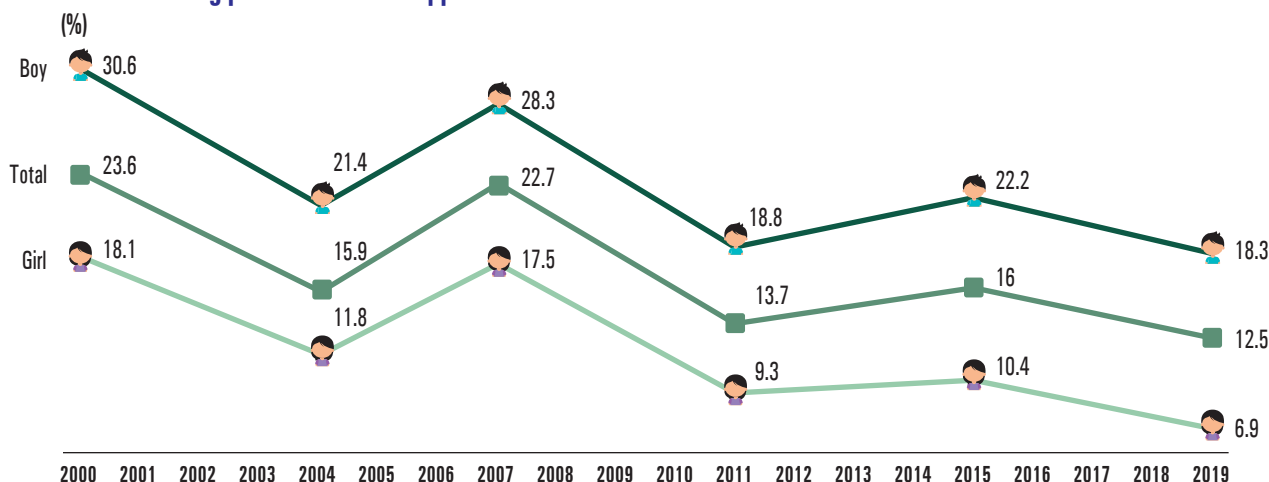
Key tobacco control milestones



Adult smoking prevalence in Philippines

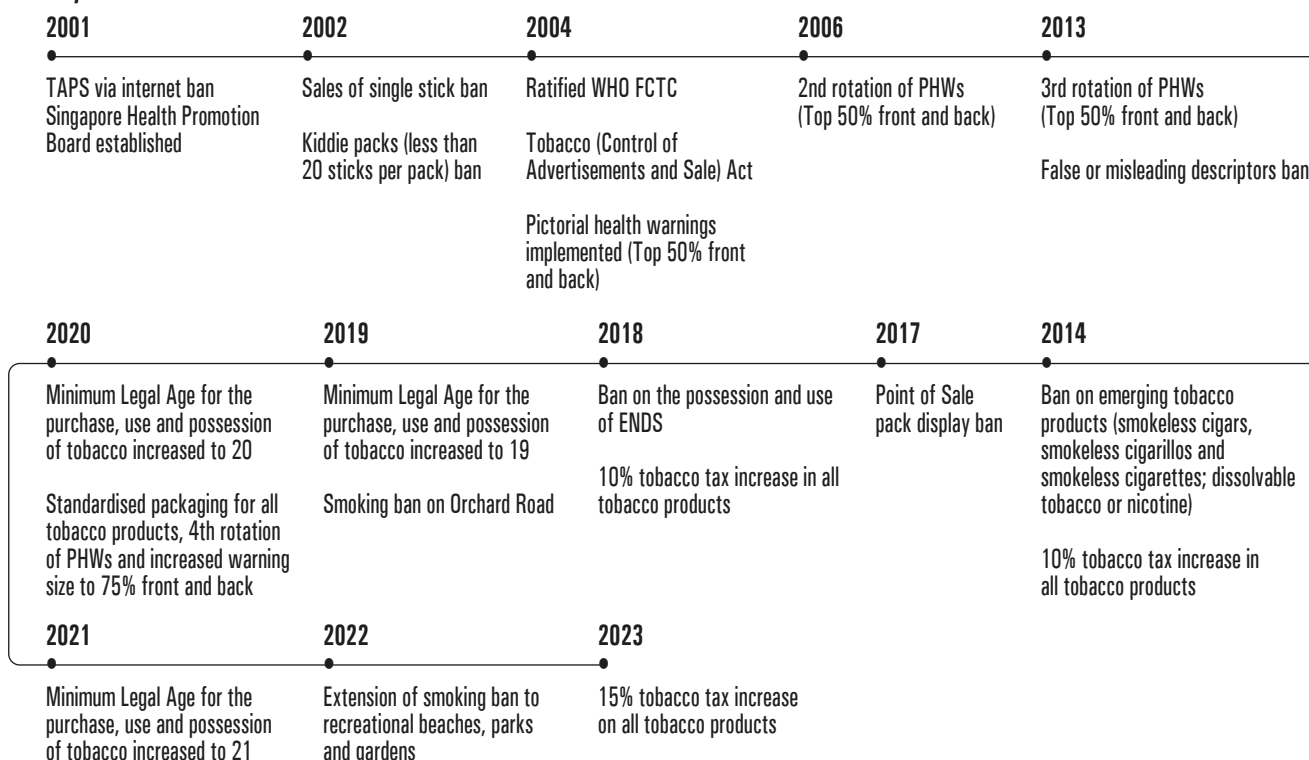


Youth smoking prevalence in Philippines

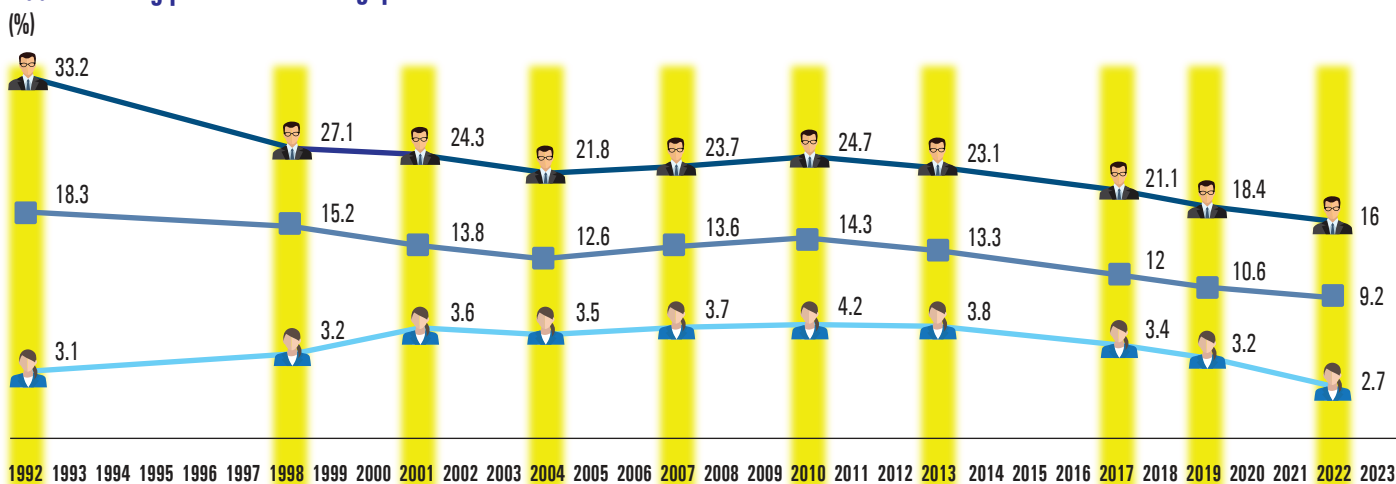




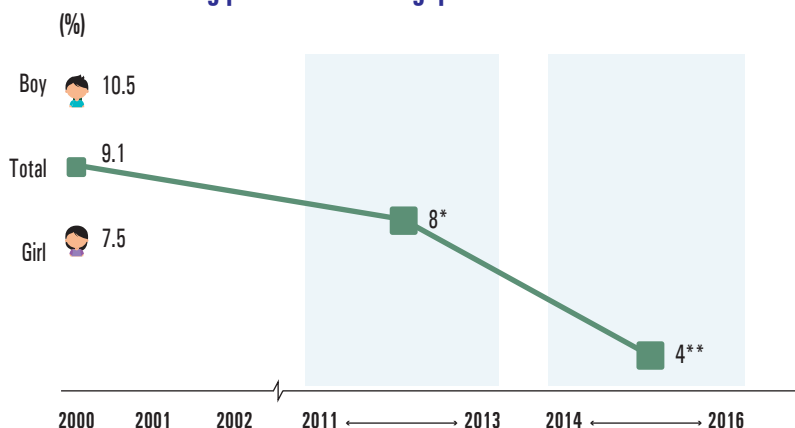
Key tobacco control milestones



Adult smoking prevalence in Singapore



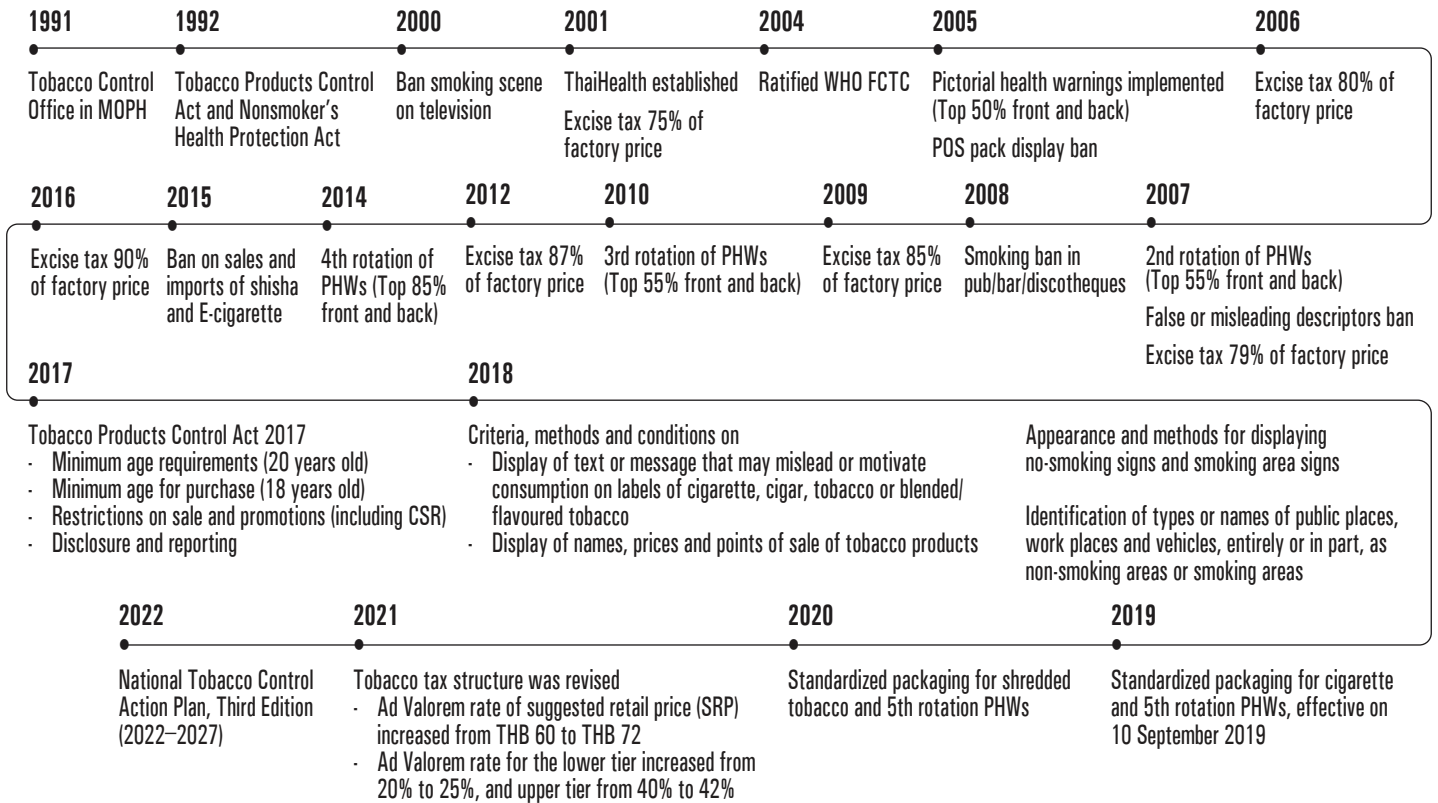
Youth smoking prevalence in Singapore



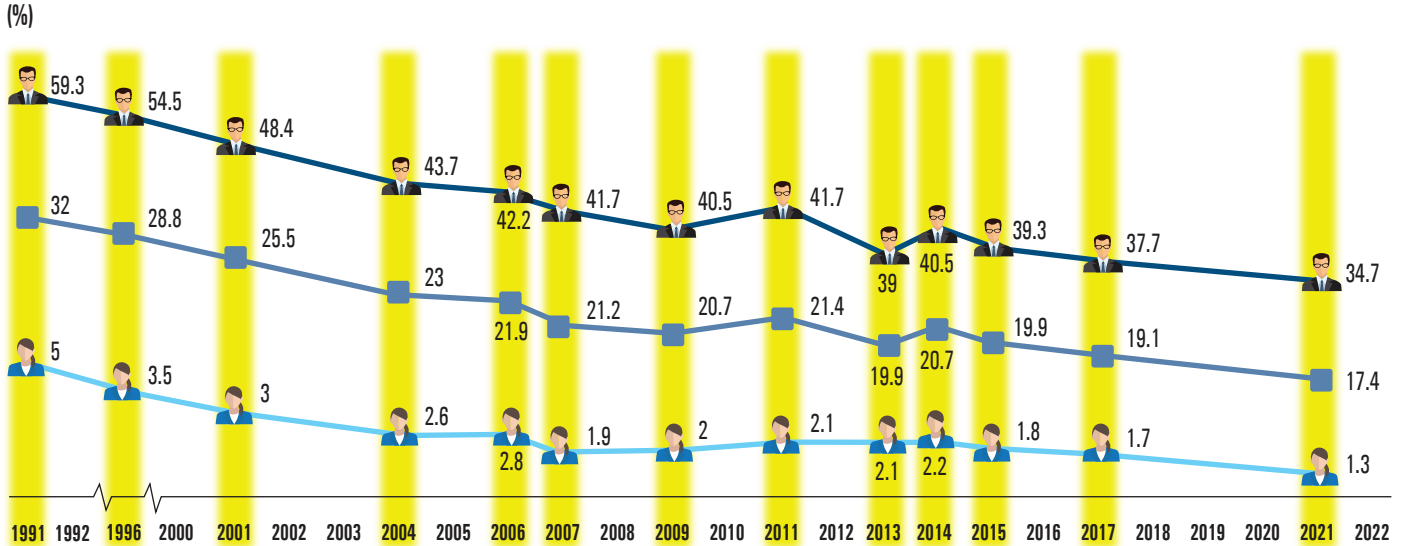
* Youth smoking prevalence (8%) is a consolidated figure from three different surveys among youth aged 13-20 between 2011 and 2013.
** Youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.



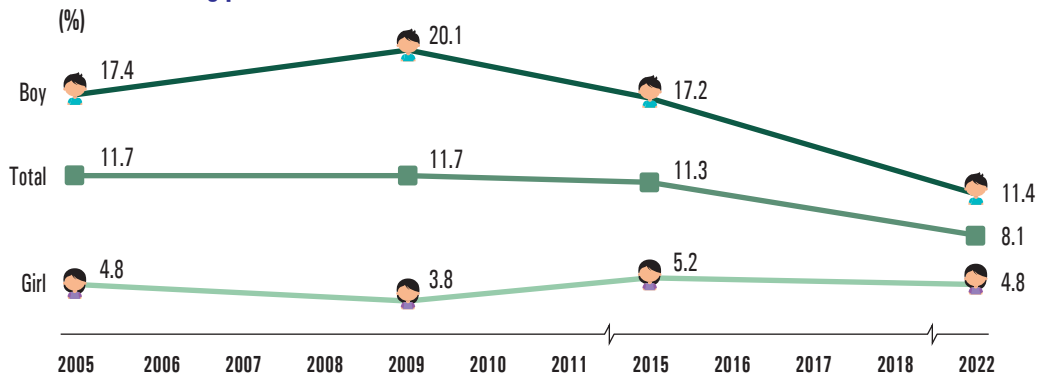
Key tobacco control milestones



Adult smoking prevalence in Thailand

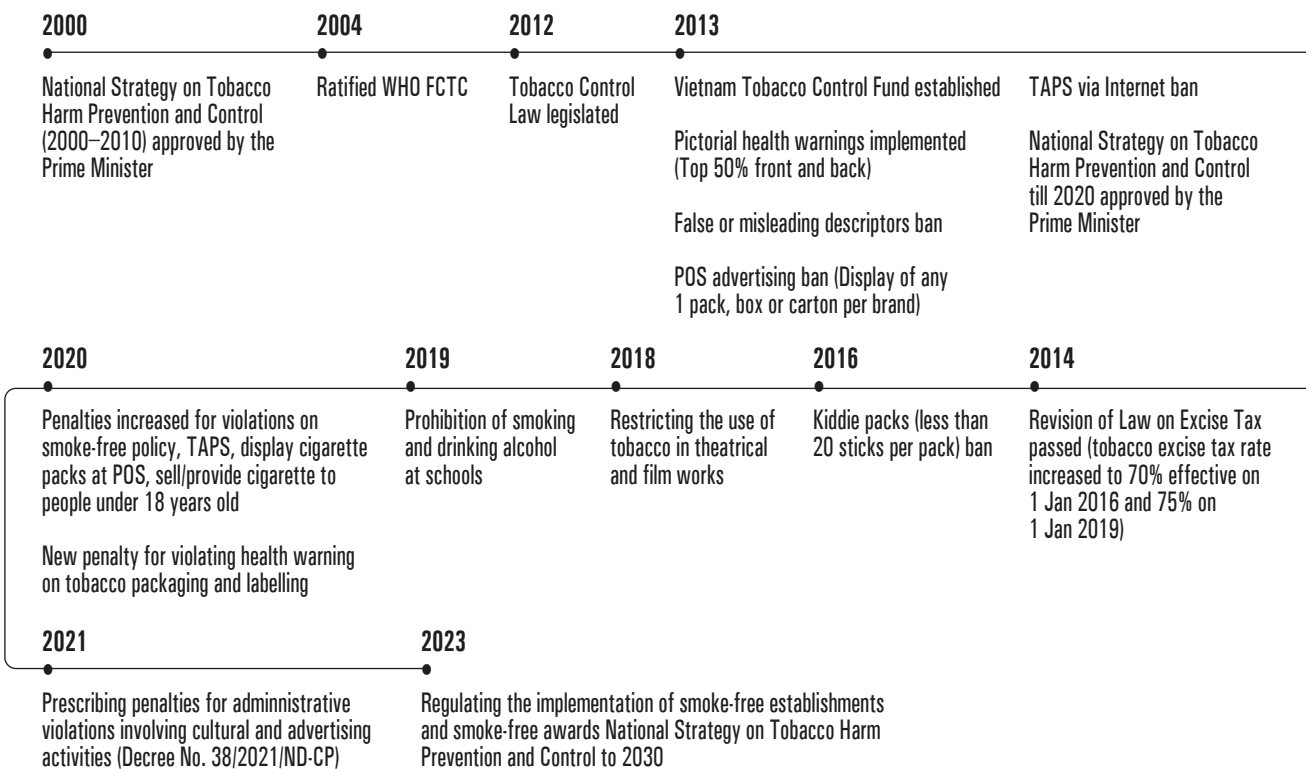


Youth smoking prevalence in Thailand

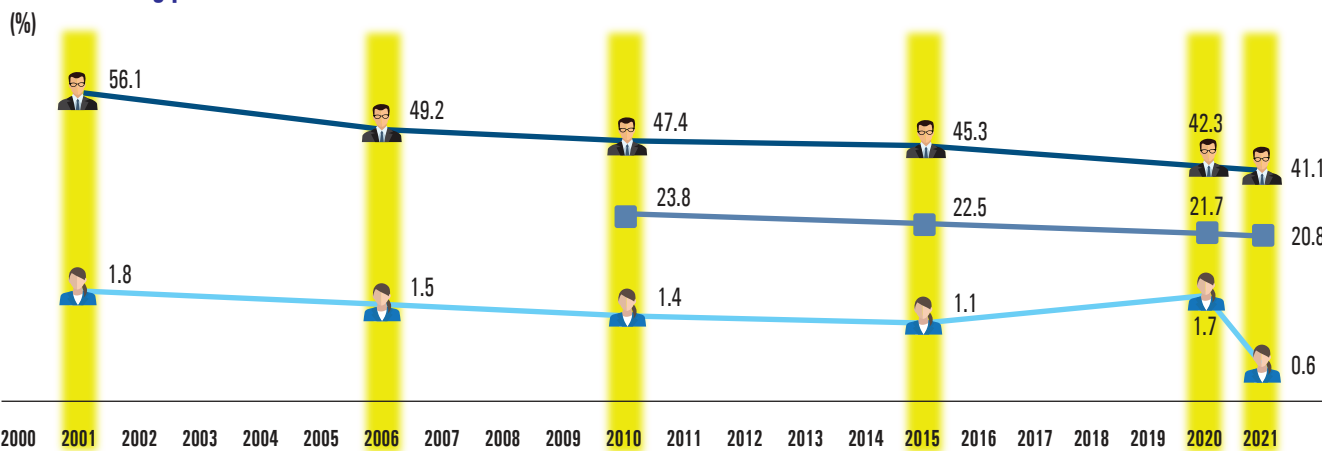




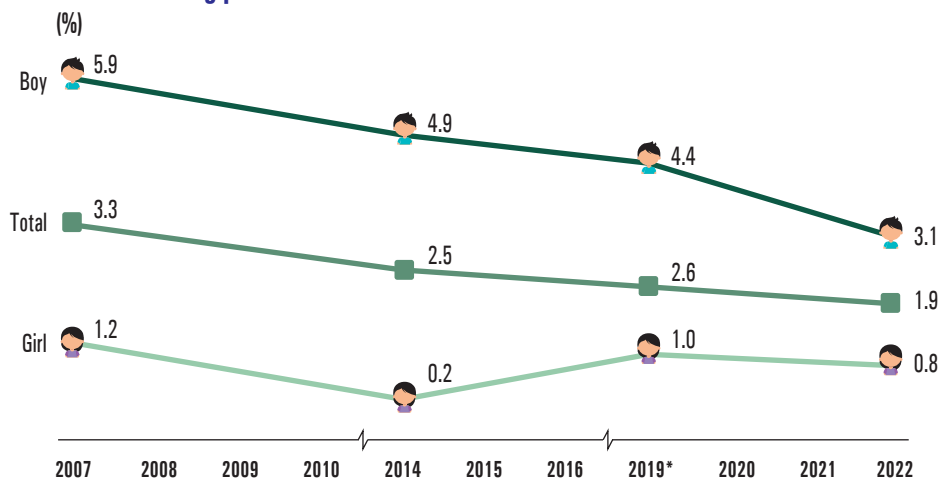
Key tobacco control milestones



Adult smoking prevalence in Vietnam



Youth smoking prevalence in Vietnam



*The data is based on youth aged between 13 and 17 who currently smoke cigarettes.

Human resources for tobacco control



* Full-time tobacco control staff from Tobacco-Related Disease Control unit, Ministry of Health and Food and Drugs Association (FDA) Indonesia.

** Part-time tobacco control staff from Directorate of Health Promotion and Human Development, Ministry of Health Indonesia.

***The ratio estimate based on number of part-time tobacco control staff.

****Department of Health officers from Substance Abuse Prevention Unit (include tobacco control) and health promotion officers across the region in the Philippines.

*****About half of the NGOs in Thailand are not solely working on tobacco control issues but on other health-related ones as well.

Human and Financial Resources for Tobacco Control

Knowledgeable and skilled human resources and effective multi-sectoral collaboration at different levels of government and society are necessary for the effective development and implementation of a wide range of tobacco control activities. To this end, the WHO FCTC requires Parties to establish or reinforce and finance a national coordinating mechanism or focal point to develop, implement, periodically update, and review comprehensive multi-sectoral national tobacco control strategies, plans, and programmes (Articles 5.1 and 5.2).

Generally many countries still lack the necessary structural, human, financial, and technical resources to implement cost-effective and sustainable tobacco control programmes. Few national governments in ASEAN have a sufficient number of staff working full-time on tobacco control. Both Singapore and Thailand have strong tobacco control policies in place with support from a significant number of national-level tobacco control staff, while other countries in the region need to build national capacity (human, financial, and technical) to carry out effective and sustainable tobacco control programmes to combat the tobacco epidemic.

Country	National mechanism for tobacco control	Governmental funding mechanisms for tobacco control
Brunei	National Committee for Tobacco Control Multi-sectoral Taskforce for Health	Yes
Cambodia	Committee for Tobacco Control (CFTC)	No
Indonesia	None, only Ministry of Health (MOH) Focal Point*	Yes**
Lao PDR	National Tobacco Control Committee	Yes
Malaysia	Framework Convention on Tobacco Control (FCTC) Secretariat	Yes
Myanmar	Central Board of the Control of Smoking and Consumption of Tobacco Products	No
Philippines	Department of Health (Health Promotion Bureau, Disease Prevention and Control Bureau, and Bureau of International Health Cooperation) and the Food and Drug Administration	Yes
Singapore	Health Promotion Board	Yes
Thailand	National Tobacco Products Control Committee	Yes
Vietnam	Vietnam Tobacco Control Fund (VNTCF)	Yes

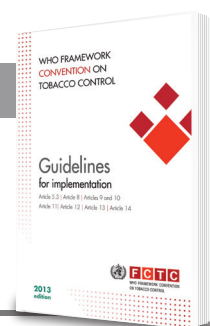
* Tobacco-Related Disease Control unit, Directorate of Non-communicable Diseases (NCDs), Ministry of Health.

** Local Government mechanism through Local Tobacco Tax and Excise Sharing Fund.

WHO FCTC

Article 6 Guidelines recommend countries “dedicate revenue” to fund tobacco control and other health promotion activities.

Article 26 requires all Parties to secure and provide financial support for the implementation of various tobacco control programs and activities to meet the objectives of the convention.



Tobacco control and health budgets in ASEAN



Quick Fact

The global tobacco control funding gap is currently estimated at **USD 27.4 billion**. The current average annual amount of domestic funding for tobacco control per country is **USD 15 million**, half of what's needed to scale-up FCTC policies implementation.

The Way Forward: Innovative National Financing Solutions

In many countries tobacco control is often not a national priority. Consequently, domestic resources for WHO FCTC implementation are far from secure and must compete with other programmes for government funding. An effective way to address this is the introduction of dedicated surcharge taxes on tobacco and alcohol, which can aid in reducing consumption of these harmful products and, more importantly, provide a more secure funding stream for health promotion and tobacco control programmes.

Four out of ten ASEAN countries have established health promotion or tobacco control funds through surcharged taxes (Thailand, Lao PDR and Vietnam) and treasury budget (Singapore).

Governance and roles of health promotion/tobacco control funds in ASEAN

Type and Year Established	Type	Governed and chaired by	Report to	Role of organization			
				Granting agency	Policy development	Implementing health promotion programmes	Building capacity
Thai Health Promotion Foundation (ThaiHealth) (2001)	Autonomous agency	Board of Governors and chaired by Prime Minister	Cabinet and to both houses of Parliament	✓		✓	✓
Singapore Health Promotion Board (2001)	Statutory Board under MOH	Board of Directors and chaired by independent Chairman	Minister of Health and Parliament	✓		✓	✓
Vietnam Tobacco Control Fund (2013)	Semi-autonomous agency and a unit in MOH	Inter-sectoral Management Board chaired by Minister of Health	Government Office and National Assembly	✓		✓	✓
Lao PDR Tobacco Control Fund (2013)	Unit in MOH	Tobacco Control Fund Council (National Tobacco Control Committee chaired by Director General of Finance and Planning Department, Ministry of Health)	National Tobacco Control Committee and Government Cabinet			✓	✓

Health promotion fund resource hub

The Southeast Asia Tobacco Control Alliance (SEATCA) and the Thai Health Promotion Foundation (ThaiHealth), established an online of Health Promotion Fund Resource Hub and Health Promotion Fund E-learning course.

The HPF Hub (hpfhub.info) serves as one-stop resource for innovative sustainable financing mechanisms for health promotion. The HPF Hub provides a comprehensive guide to understand the importance of a health promotion fund, fiscal mechanisms to secure a long-term sustainable fund, fund management, and practical steps to establishing a Health Promotion Fund alongside evaluation and assessment frameworks.

In addition, the HPF Hub offers a free e-learning course on “Innovative and Sustainable Financing for Health Promotion and Tobacco Control”.

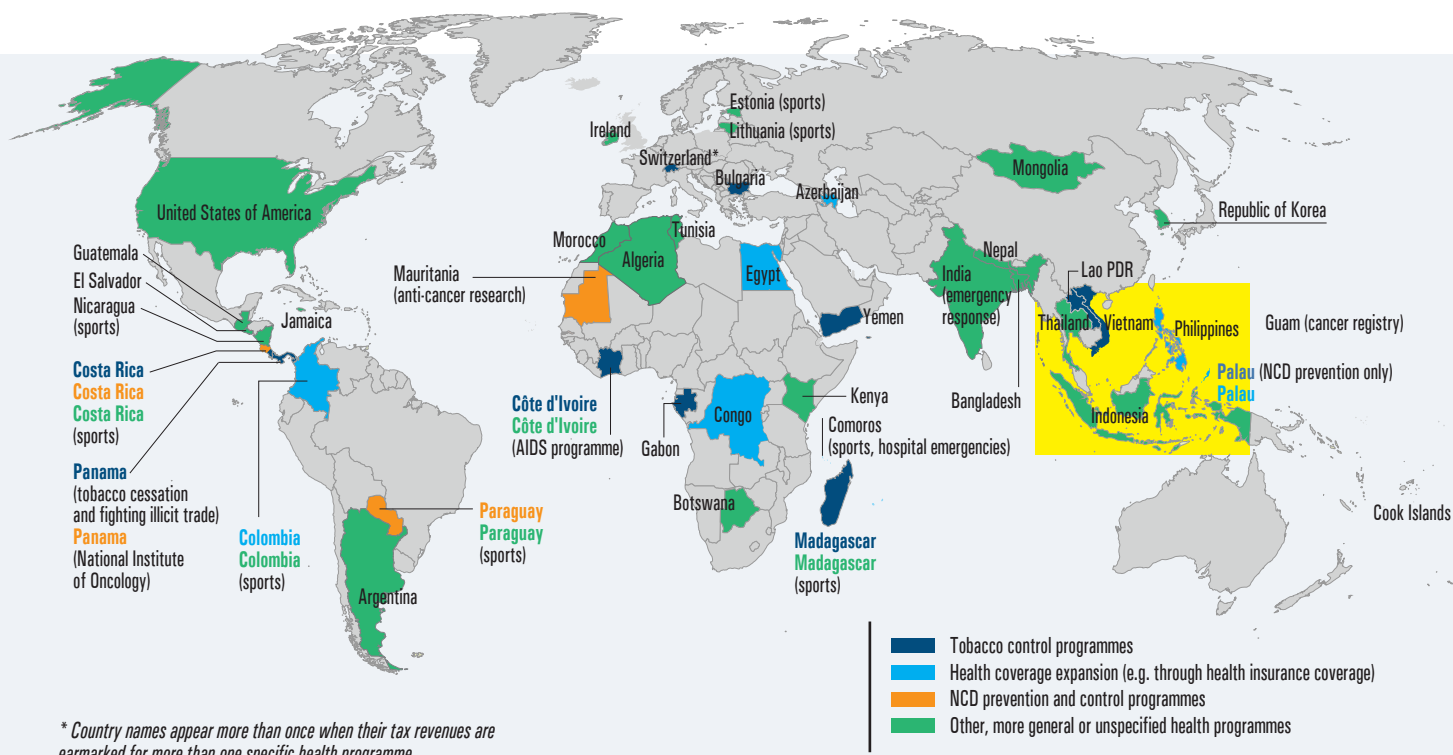
Recognizing most countries are still facing inadequate and sustainable funding to address health and economic burdens caused by NCD, this e-learning provides an online learning platform for sharing knowledge and lessons learned from experts on developing innovative financing mechanisms to secure sustainable funding for health promotion and NCD prevention.



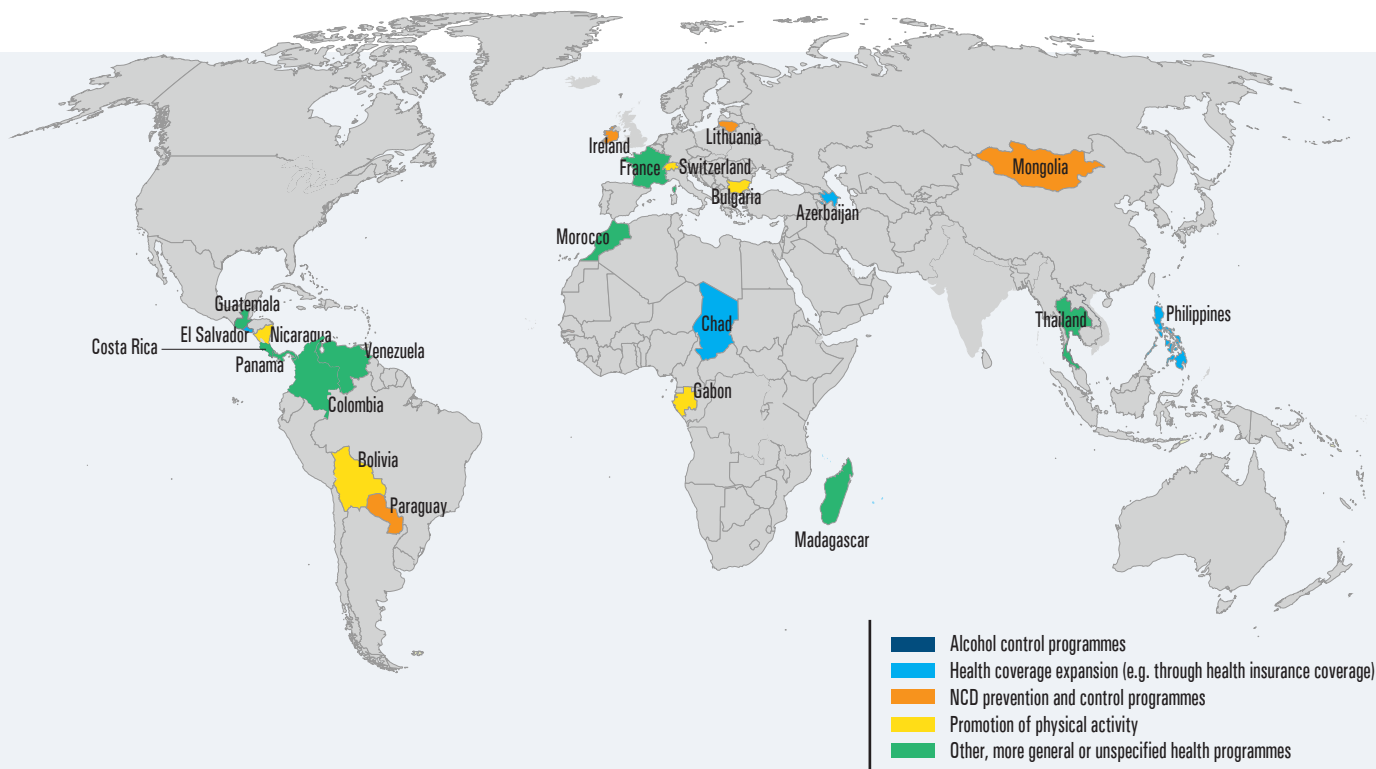
Join for free now, <https://elearning.hpfhub.info>

Earmarked taxes: A global view

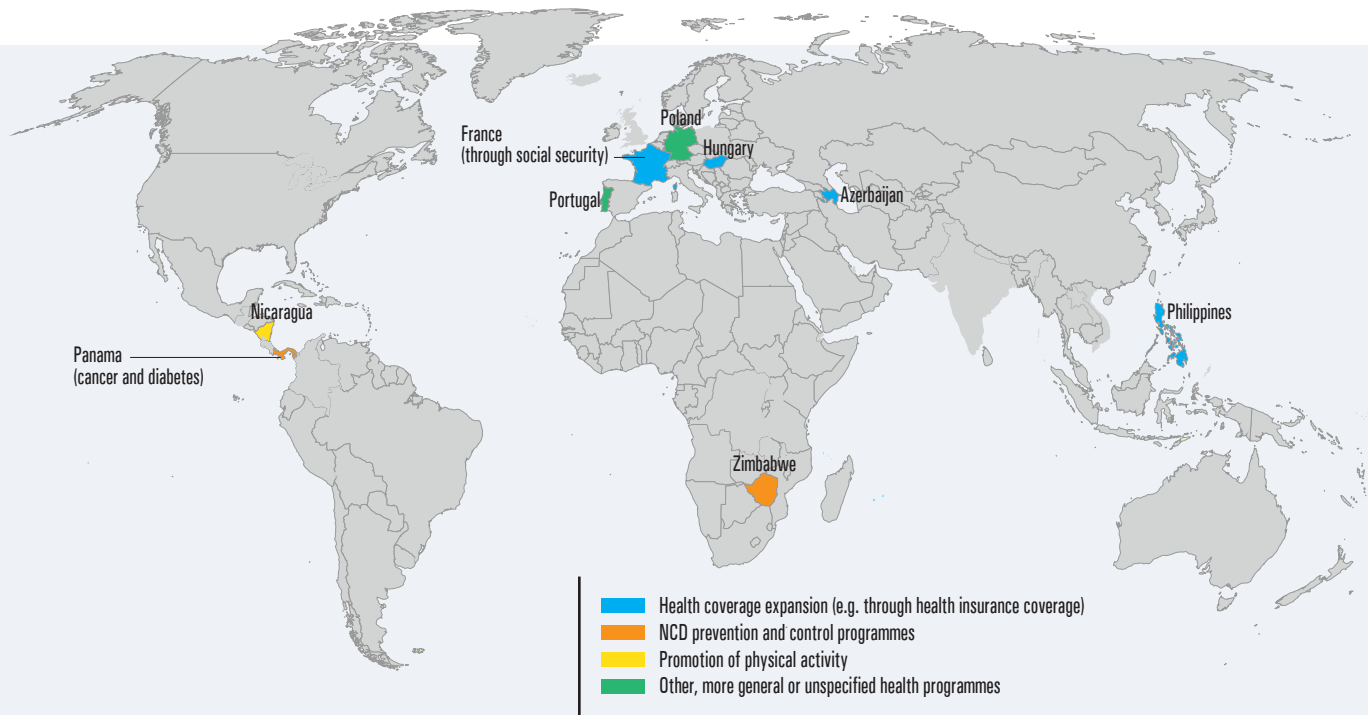
More than 40 countries earmark tobacco tax revenues for health purposes



More than 20 countries earmark alcohol tax revenues for health purposes



Nine countries earmark sugar-sweetened beverage tax revenues for health purposes



UN Declarations:

“Recognizes that **price and tax measures on tobacco can be an effective** and important means to reduce tobacco consumption and health-care costs, and represent a **revenue stream for financing for development** in many countries”



Declaration of the United Nations 3rd International Conference on Financing for Development, Addis Ababa, Ethiopia, July 2015

“45. (d) Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.

“49. Promote all possible means to identify and mobilize adequate, predictable and sustained financial resources and the necessary human and technical resources, and to consider support for voluntary, cost-effective, innovative approaches for a long term financing of non-communicable disease prevention and control, taking into account the Millennium Development Goals”

Political Declaration of the High-level Meeting of the UN General Assembly on the Prevention and Control of NCDs, New York City, September 2011

Quick Fact

Funding for tobacco control is low - received only **0.3%** of total development assistance for health (DAH) between 2018 and 2021.

An annual funding of **USD 9.6 billion** is needed for comprehensive implementation of WHO FCTC worldwide. However, the current funding available for tobacco control programmes is about **USD 1.2 billion** (equivalent of **12%** of the amount required for comprehensive tobacco control implementation) with an annual funding gap of **USD 8.4 billion**.

Innovative funding mechanisms in ASEAN

		Budget Allocations (USD)	
Ministry of Health Budget	Health Promotion Centre (operational budget), Ministry of Health, Brunei (2008)*	408,606 (BND550,000) (2023-2024) 408,606 (BND550,000) (2022-2023) 185,730 (BND250,000) (2021-2022)	189,107 (BND 250,000) (2019-2020) 115,942 (BND 160,000) (2017-2018) 115,942 (BND 160,000) (2016-2017)
	Singapore Health Promotion Board (2001)**	435 million (SGD 591 million) (2022) 358 million (SGD 486 million) (2021) 241 million (SGD 328 million) (2020)	261.71 million (SGD 352 million) (2019) 185.61 million (SGD 245 million) (2018) 183.33 million (SGD 253 million) (2017)
	Philippine Department of Health Philippine Health Insurance Corporation	Republic Act 10351 (2012) 85% of incremental tobacco and alcohol tax revenue earmarked for health <ul style="list-style-type: none"> • 80% for Universal Health Coverage (UHC) • 20% for medical assistance and health enhancement facilities programme Republic Act 11467 (2020) I. Sugar-sweetened beverages (SSBs) 50% of the total excise taxes collected from sugar-sweetened beverages shall be allocated in the following manner: <ol style="list-style-type: none"> a. 60% for the implementation of the Universal Health Coverage (UHC) Law b. 20% for the health facilities enhancement programme (HFEP) of Department of Health c. 20% for Sustainable Development Goals (SDGs) -related programmes under the National Economic and Development Authority (NEDA) II. Alcohol products 100% of the total revenues collected from excise taxes on alcohol products shall be allocated in the following manner: <ol style="list-style-type: none"> a. 60% for the implementation of the Universal Health Coverage (UHC) Law b. 20% for the health facilities enhancement programme (HFEP) of Department of Health c. 20% for Sustainable Development Goals (SDGs) -related programmes under the National Economic and Development Authority (NEDA) III. Heated tobacco and vapor products 100% of the total revenues collected from excise taxes on heated tobacco and vapor products shall be allocated in the following manner: <ol style="list-style-type: none"> a. 60% for the implementation of the Universal Health Coverage (UHC) Law b. 20% for the health facilities enhancement programme (HFEP) of Department of Health c. 20% for Sustainable Development Goals (SDGs) -related programmes under the National Economic and Development Authority (NEDA) 	
Earmarked Surcharge Tax	Lao PDR Tobacco Control Fund (2013)***	2% profit tax plus LAK 200 per pack 40,933 (LAK 779,128,800) (2022) 117,740 (LAK 1,004,912,730) (2018) 116,700 (LAK 945,266,000) (2017)	
	Thai Health Promotion Foundation (ThaiHealth) (2001)	2% surcharge levied on excise tax from alcohol and tobacco 121.43 million (THB 4.17 billion) (2023) 118.24 million (THB 4.08 billion) (2022) 122.63 million (THB 4.09 billion) (2021) 136.88 million (THB 4.09 billion) (2020)	140.07 million (THB 4.17 billion) (2019) 124.87 million (THB 4.03 billion) (2018) 135.04 million (THB 4.4 billion) (2017) 119.80 million (THB 4.28 billion) (2016)
	Vietnam Tobacco Control Fund (2013)	1% excise tax, effective 1 May 2013; 1.5% from 1 May 2016; and 2% from 1 May 2019 17.15 million (VND 405 billion) (2022) 16.26 million (VND 375 billion) (2020) 11.26 million (VND 261 billion) (2019)	
National Treasury Allocation	Malaysian Health Promotion Board (MySihat) (2006)****	1.91 million (MYR 7.5 million) (2018) 1.65 million (MYR 7.1 million) (2017)	
	Indonesia Local Cigarette Tax (2014)	Distribution of 10% local cigarette tax revenue to provinces for health***** 1.52 billion (IDR 22.79 trillion) (2023) 1.27 billion (IDR 18.96 trillion) (2022)	

*The budget also covers other NCD prevention programmes (healthy eating, physical activity, school health and community programmes), in both children and adults.

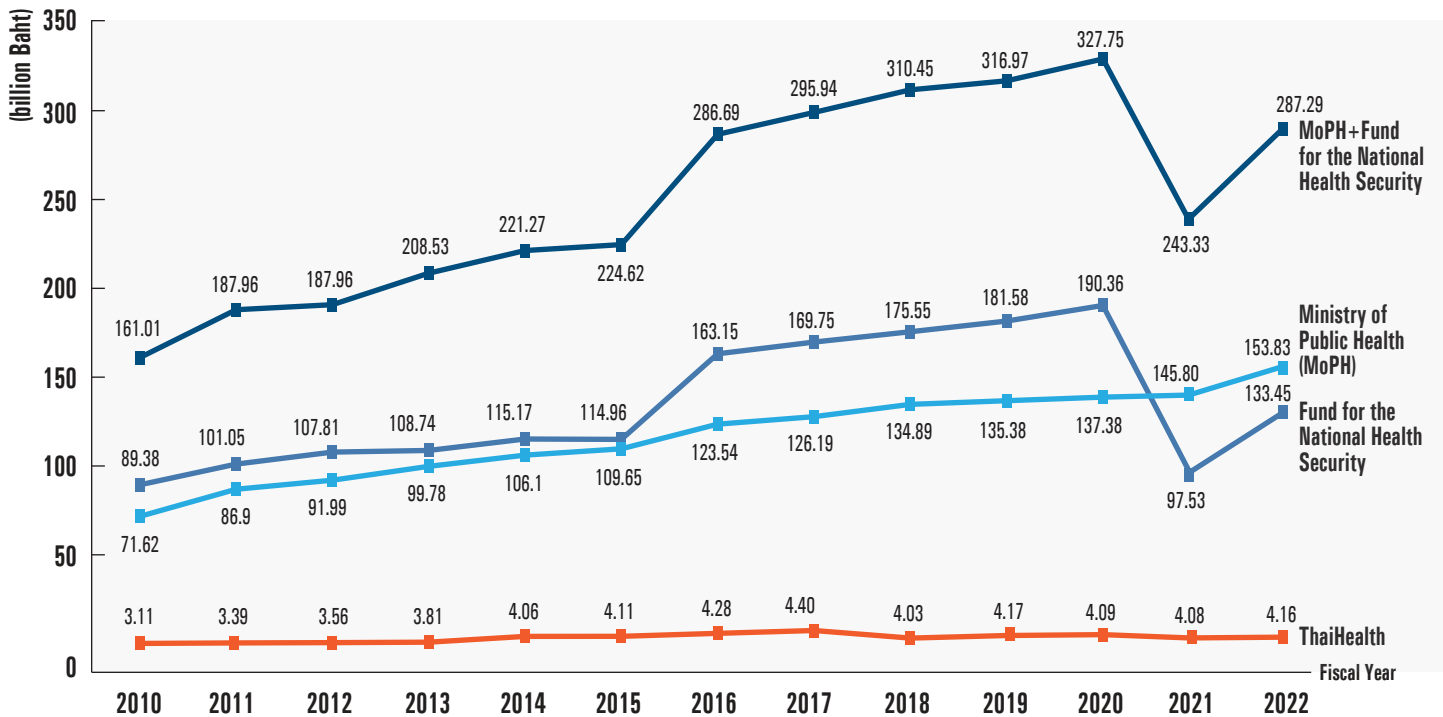
** Budget for all health programmes under HPB and not solely for tobacco control.

*** This excludes the tax uncollected from imported brands as the tobacco industry refused to pay the 2% profit tax and LAK 200 per pack.

**** In June 2018, the Cabinet decided to abolish MySihat as part of the government's rationalisation plan.

*****10% local tobacco tax surcharged for social development (50% of the amount is for health - 75% of the 50% allocation for health is to be used for National Health Insurance (Jaminan Kesehatan Nasional (JKN)) program, 25% for maintenance of health facilities).

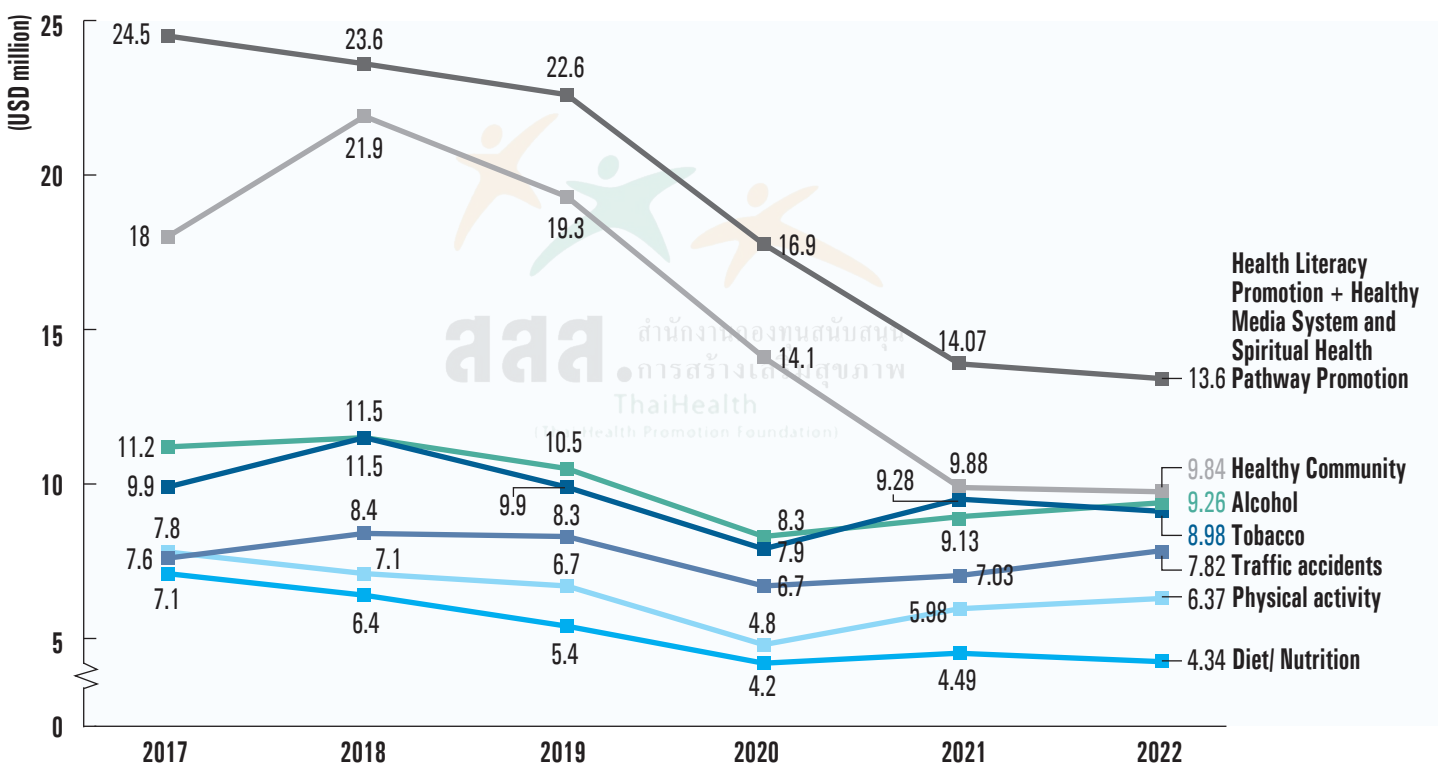
Thailand: Annual budget for health (2010–2022)



ThaiHealth budget as percentage of combined MoPH budget + Fund for National Health Security (%)

1.93	1.80	1.78	1.83	1.84	1.83	1.49	1.49	1.30	1.32	1.25	1.68	1.45
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Thaihealth funding for selected major NCDs risk reduction programmes (2017–2022)



Implementation of FCTC Article 5.3 in ASEAN



*In 2017, the Vietnam Ministry of Health (MOH) issued an official letter advising all ministries and local government offices on non-cooperation with the PMI-funded Foundation for a Smoke-free World (FSFW), and in 2019, MOH also issued a circular to safeguard the drafting process for policies and legal documents to reduce interference from other units with conflicts of interests.

Chapter 6

Insulating Public Health Policies from Industry Interference

The tobacco industry is not like any other business. Despite selling a highly addictive and inherently defective product that kills up to two-thirds of its consumers, it continues to escape commensurately stringent regulation of its business and products and even interferes at all levels of tobacco control policy development and implementation. Through both overt and covert means, the industry uses its massive resources to deter and thwart governments' efforts from implementing effective tobacco control measures and protecting public health policies. Tobacco industry interference remains a major problem in the ASEAN region as in other parts of the world.

The tobacco industry employs an extensive range of unethical and intentionally orchestrated tactics and strategies, at both the country level and internationally, to directly and indirectly challenge, defeat, discredit, dilute, obstruct, delay, and circumvent the implementation of effective tobacco control measures. These include political lobbying to manipulate and hijack the political and legislative process through drafting and distributing industry-friendly legislation, providing incentives to government officials and politicians to take a pro-industry position, and hiring former prominent government officials or appointing them to be tobacco industry spokespersons or board members. Other tactics include intimidating governments and individuals with litigation or threat of legal suit, mobilizing front groups to advance its cause, and making false claims and spreading half-truths and misinformation through position papers, news items, posters, and paid ads.

Article 5.3 of the WHO FCTC requires Parties, when setting and implementing their public health policies with respect to tobacco control, to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law. By unanimously adopting the WHO FCTC Article 5.3 Guidelines at the third session of the Conference of the Parties (COP3) in 2008, Parties to the treaty formally recognized the irreconcilable conflict between the tobacco industry's interests and public health policy interests.

Within ASEAN, eight countries (Brunei, Cambodia, Indonesia, Lao PDR, Myanmar, Philippines, Singapore, and Thailand) have taken concrete steps to protect their public health policies from tobacco industry interference by developing a policy, guidelines, or a code of conduct to prevent unnecessary interactions with the industry and ensure transparency of any interactions that do occur in line with the Article 5.3 Guidelines. Only Brunei, Lao PDR, Philippines, and Singapore have a whole-of-government code of conduct or policy that prohibits unnecessary government interactions with the tobacco industry.

Regardless of such actions taken, there has been increasing industry interference in many countries, and this is expected to continue. Hence there remains much room to institute or strengthen mechanisms at the highest levels to prevent or reduce such industry interference in tobacco control.

Quick Fact

The World Health Organization (WHO) expressed concerns at the ongoing attempts by the tobacco industry, and third parties acting on its behalf, to influence scientific research, public and media perceptions and policymaking, in order to protect and expand its tobacco and nicotine product markets. The WHO recalls that “the tobacco industry should not be a partner in any initiative linked to setting or implementing public health policies, knowing that its interests are in direct conflict with the goals of public health”. Decades of duplicitous behavior serve as proof that tobacco companies put profit before public health.

WHO launched the "Stop the lies" campaign to amplify youth voices, expose tobacco industry tactics and to increase public awareness on the need to defend health policies and protect the health of future generations. The campaign aims to protect young people from the tobacco industry and their deadly products, by calling for an end to tobacco industry interference in health policy.



Photo credit: WHO stop the lies #tobaccoexposed

Global Center for Good Governance in Tobacco Control (GGTC)

From 2017 to early 2023, the Global Center for Good Governance in Tobacco Control (GGTC) was designated by the FCTC Secretariat as the Knowledge Hub for Article 5.3 to support the implementation of the Convention’s obligation on protecting against tobacco industry interference. GGTC developed tools, such as the comprehensive e-learning platform on Article 5.3, provided technical assistance to Parties to enhance the implementation of WHO FCTC Article 5.3, and established a resource database of tobacco industry documents and actors as mandated by the 8th Session of the Conference of Parties (COP) to the WHO FCTC.

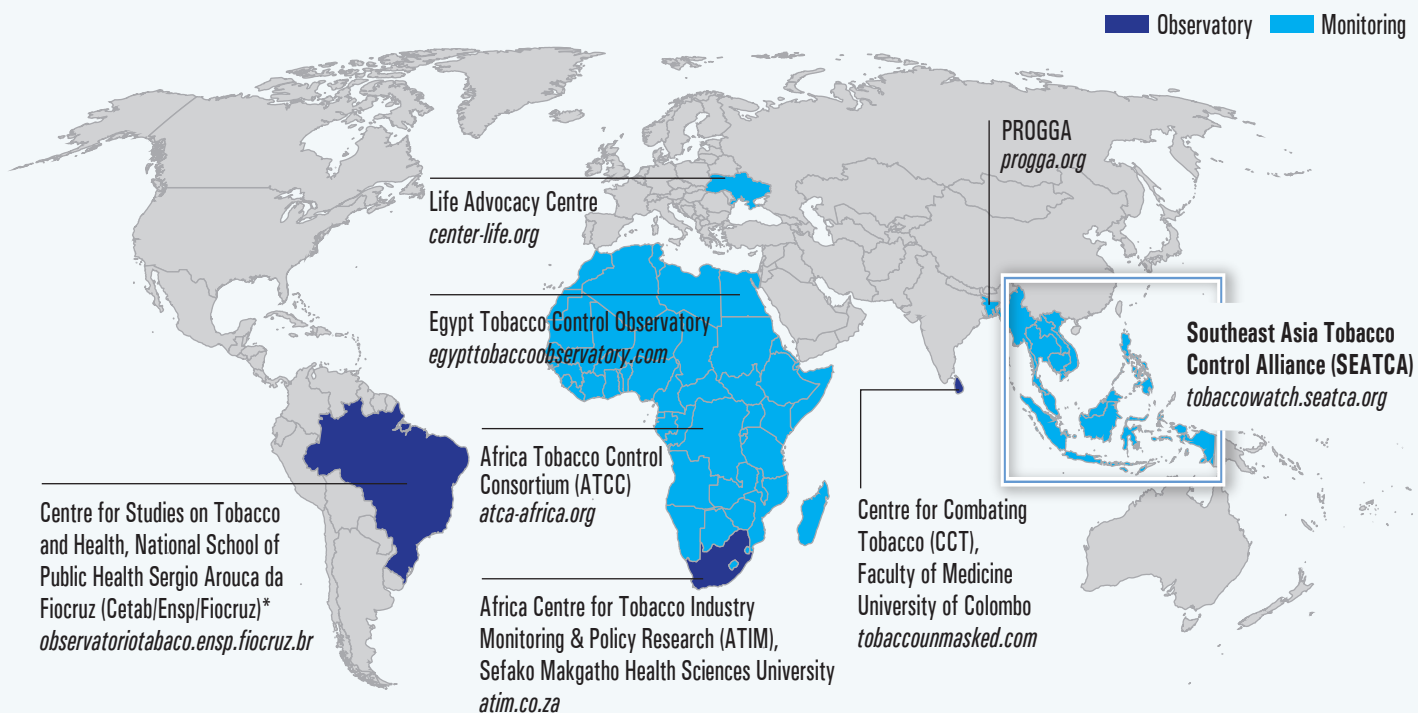


Global Center for Good Governance in Tobacco Control

GGTC collaborates with advocates, governments, and institutions worldwide and continues to offer technical assistance to countries fighting against tobacco industry interference, maintains a resource hub that offers key materials on good governance in tobacco control, and disseminating tools to counter tobacco industry tactics.

Monitoring Centres

The Monitoring Centers in Egypt, Ukraine, and Bangladesh joined the network of Observatories and Monitoring Centers established to monitor and identify tobacco industry tactics all over the world.



Quick Fact

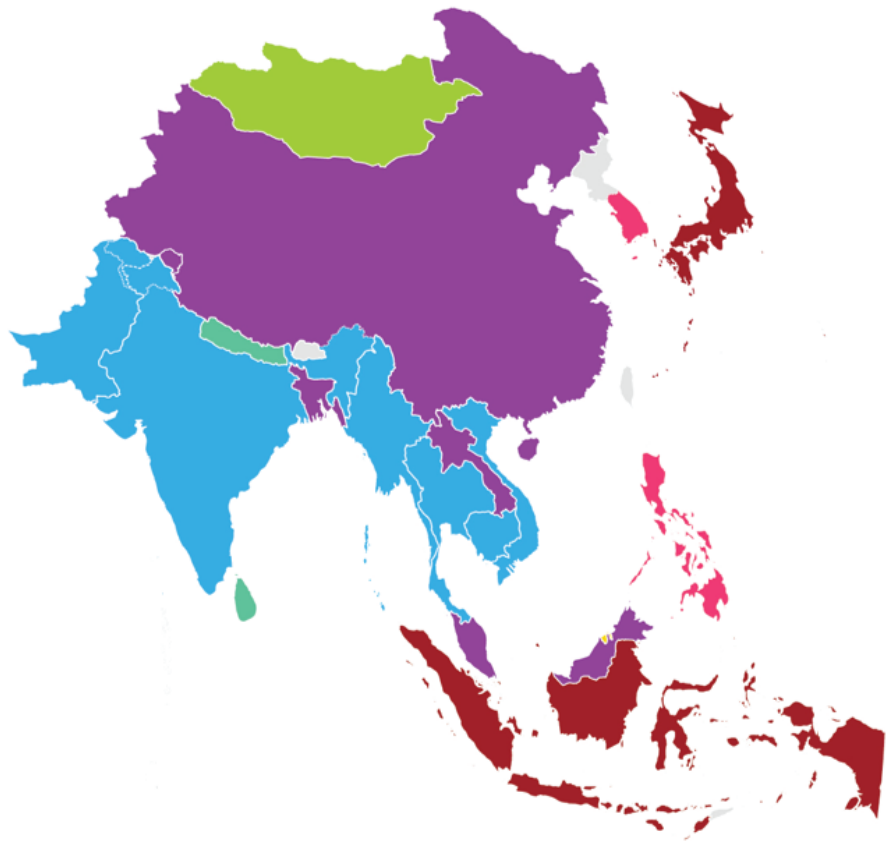
Intergovernmental Organizations and UN agencies such as the United Nations (UN), UN Economic and Social Council (ECOSOC), UN Global Compact (UNGC), World Health Organization (WHO), UN Development Programme (UNDP), UN Children’s Fund (UNICEF), UN Educational, Scientific and Cultural Organization (UNESCO), and World Bank **have adopted or developed policies to be consistent with or to support the implementation of WHO FCTC Article 5.3** to protect against tobacco industry interference.



Asia is not spared from tobacco industry interference in public health policy

Asia

Rank	Country	Score
1	Brunei Darussalam	14
7	Mongolia	38
11	Nepal	42
11	Sri Lanka	42
25	Maldives	49
26	Thailand	50
31	Myanmar	52
32	Pakistan	53
38	Vietnam	57
40	Cambodia	58
40	India	58
46	Philippines	60
46	Korea, Rep.	60
67	Lao PDR	70
72	Bangladesh	72
74	China	73
78	Malaysia	76
87	Indonesia	84
88	Japan	88



The lower the score, the better the ranking



Global Center for Good Governance in Tobacco Control



A GLOBAL TOBACCO INDUSTRY WATCHDOG

www.globaltobaccoindex.org | www.exposetobacco.org

Brunei and Mongolia emerge as trailblazers in their ongoing efforts to counter tobacco industry interference, while Japan and Indonesia continue to experience the strongest tobacco industry interference.

The absence of protective measures on policy development enables the industry to exert its influence to shape government attitudes in favor of weak tobacco control measures especially on electronic smoking devices (ESDs), as evident in the Philippines, Malaysia and Indonesia.



Of the 90 countries surveyed in the Global Tobacco Index, while some have adopted good measures to prevent tobacco industry interference in the development and implementation of tobacco control policies, many have not utilised the recommendations provided by in the Article 5.3 Guidelines.

Implementation of FCTC Article 5.3 in ASEAN

Industry interference in policy development

The tobacco industry (TI) works to defeat, dilute, and delay effective tobacco control policy. They participate in different stages of policy development to undermine any stringent measure a government may propose. However, several governments have acted to protect their policies from industry interference.



Brunei **Cambodia** **Myanmar** **Thailand**

- 👍 **Brunei, Cambodia, and Thailand** do not accept or endorse policy or legislative drafts by or in collaboration with the tobacco industry, nor invite the tobacco industry to sit at meetings where policies are decided.
- 👍 **Brunei, Cambodia, Myanmar** do not allow the TI to sit in inter-ministerial or committee meetings on implementing the FCTC.

Industry-related CSR activities

Tobacco companies employ tactics to deflect focus away from the detrimental impacts of their products by using so-called “corporate social responsibility” (CSR) activities. These endeavors frequently concentrate on vulnerable demographics, providing a platform for the companies to portray unwarranted legitimacy and cultivate social trust.

The industry engages with non-health government sectors such as sports, education, environment, welfare and development, and law enforcement to whitewash its business agenda and dissociate its corporate image from the health harms caused by the products it manufactures and sells.



Brunei **Cambodia** **Lao PDR** **Myanmar** **Singapore** **Thailand** **Vietnam**

- 👍 Among ASEAN countries, only **Brunei, Lao PDR, Myanmar, and Thailand** have banned all tobacco-related CSR activities, while Cambodia, Singapore, and Vietnam have banned the publicity of these activities.

Benefits to the tobacco industry

Except in **Brunei**, the tobacco industry continues to receive benefits in a variety of ways in most countries because governments still perceive the tobacco industry’s business as a significant contributor to economic advancement. Because of this preconception, the tobacco industry gains political capital to influence policies to its advantage.



Cambodia **Myanmar**

Delay in implementation of stronger tobacco control measures was accommodated in

- 👎 **Cambodia** the Ministry of Economy and Finance (MEF) granted the tobacco industry’s request to delay the rotation of Pictorial Health Warnings (PHWs) by four months (from 1 August 2021 to 1 December 2021).
- 👎 **Myanmar** the government granted the industry an extension to implement standardized tobacco packaging since the law’s signing in October 2021. The implementation has been delayed until 31 December 2024.







Forms of unnecessary interaction

Unnecessary interactions between government personnel and the tobacco industry still occur. With the exception of Brunei, all countries have documentation of such interactions that include senior government officials attending social functions with or accepting assistance and offers of partnerships from the tobacco industry.







Unnecessary interactions

• Attending social functions and junkets

-  In the **Philippines**, President Marcos, the First Lady, and their son, a congressman, hosted PMI executives at the Malacañang Palace in November 2022.
-  **Vietnam's** President had meetings with the US-ASEAN Business Council (USABC), the American Chamber of Commerce (Amcham), the United States Chamber of Commerce (USCC), McLarty Associates, Business Council for International Understanding (BCIU) and leaders of multinational businesses and corporations, including Philip Morris, where he expressed appreciation for the role of US associations and corporations in promoting US businesses and their investment in Vietnam over the years.
-  In **Cambodia**, the Secretary of State of the Ministry of Interior, who is the chair of the Committee for Combating Fake Products, with the Director General of the Consumer Protection, Competition and Fraud Repression Directorate General (CCF) of the Ministry of Commerce, joined the inauguration ceremony of JTI's new head office on 23 September 2022.
-  In **Lao PDR**, the Lao-China Hongta company, among other companies, was awarded an "Outstanding Leading Business Award" during COVID-19 in 2021 at the National Assembly Hall in Vientiane in December 2021.
-  In **Indonesia**, several ministers in the Indonesia Maju Cabinet, including the Minister of Health, were speakers at the Millennial & Gen-Z Summit despite the fact that the event was sponsored by Djarum (SUPERLIVE), and Djarum Super cigarettes were promoted at the venue.
-  In **Malaysia** the US-ASEAN Business Council held its annual Business Mission meeting, where business executives from many American corporations, including Philip Morris, met with members of the Cabinet. Notably this included the Minister of International Trade and Industry, Deputy Minister of Domestic Trade and Cost of Living, and Minister of Natural Resources, Environment, and Climate Change, to discuss the role of foreign investment and international trade in Malaysia's post-pandemic economic recovery.

• Accepting assistance and offers of partnerships

-  In **Lao PDR**, the Ministry of Industry and Commerce (MOIC) signed a MOU with the tobacco industry to enforce smuggling control and receive incentives for enforcement. MOIC collects information on illicit tobacco products in the domestic market, but the information is often withheld from other ministries, such as the Ministry of Health. The agreement with the tobacco industry is still enforced to this day.
-  In **Thailand**, the Tobacco Authority of Thailand (TAOT) and the Tobacco Growers and Traders Association, which received funding from PMI, attended a meeting with the Sub-Committee for Studying Factors Affecting the Health System and Monitoring the Enforcement of Public Health Laws in the House Committee on Public Health to discuss the impact of smuggling and selling illegal cigarettes.
-  In **Vietnam**, the tobacco industry is required to contribute to a fund for control of illicit trade and is considered a partner in addressing illicit tobacco activities.
-  In **Cambodia**, JTI was a sponsor of the National Career and Productivity Fair organized by the Ministry of Labour and Vocational Training from 28-29 October 2022.

Greater transparency needed

Most governments have no procedures in place for the disclosure of meetings and interactions with the tobacco industry or about entities, affiliates organizations and individuals acting on the industry's behalf such as lobbyists. While the tobacco industry can communicate with the government regarding its business, systematic recordkeeping to document what transpires or how the industry's agenda might impact policy (such as when the meetings take place, their purposes, or the contents and outcomes of such meetings) remains lacking.

No policy in ASEAN countries requires disclosure or registration of tobacco industry-affiliated lobbyists, organizations, or individuals. Globally, only six countries currently maintain a register of lobbyists required under election or transparency laws. These include Australia, Canada, the European Union, France, Ireland, and the United Kingdom.



👍 Among ASEAN countries, only **Brunei** discloses its interactions with the tobacco industry.

👍 The **Philippines'** Joint Memorandum Circular (JMC) 2010 requires government departments to report on their interaction with the industry; however, the Civil Service Commission (CSC) does not have full information about meetings of other agencies with the tobacco industry. For example, while there are social media posts and anecdotal information of different interactions between the tobacco industry and government agencies, the CSC reports that it has not received any documents or disclosure of any meetings or interactions as required by the JMC.

👎 The governments of **Malaysia, Thailand, and Vietnam** continue to interact (either in closed-door meetings or open interactions) with the tobacco industry; however, details of these interactions are not accessible or made transparent to the public.

👍 There are certain domestic laws/ regulations in all countries that require the tobacco industry to register aspects of its business operations (such as manufacturing, trading, and revenues) to operate. For example, in **Myanmar**, a Special Goods Tax Law requires all manufacturing facilities and distribution chains to register with the government, while in the **Philippines**, corporate and business entities are also required to register with the BIR and Securities and Exchange Commission (SEC) to operate.

Conflicts of interest



👍 One way the tobacco industry gains influence with governments is by subscribing to a patronage system - exchanging contributions for candidates, parties, and their election campaigns for political support. **Brunei** prohibits political contributions from the tobacco industry and political campaigns do not take place in **Lao PDR** and **Vietnam** because of their unitary/single-party governments.



👎 In the **Philippines** (through individuals, including industry representatives) and **Thailand** (with certain monetary limits) the tobacco industry is still allowed to give political contributions.

Conflicts of interest



Another way the tobacco industry influences public policy and creates a conflict of interest situations is through the “revolving door”, where politicians or civil servants take up jobs as lobbyists or consultants in the area of their former public service or where former private sector employees accept government positions that regulate the sector they were once a part of. Revolving doors may undermine trust in governments because of the potential for real or perceived conflicts of interest regarding matters of the state.

Country	Current/ former public service/ employees	Position in tobacco industry
Cambodia	Senator	President of the LYP Group (owner of cigarette company Hero King)
	Senator	Founder and President of Anco Brothers Co., Ltd
Indonesia	Former Director of Beverage Industry, Tobacco Products and Refresher Materials, Former Director of Beverage Industry, Tobacco Products and Refresher Materials, and the Head of Data and Information Center	Indonesian Cigarette Manufacturers’ Association (GAPPRI)
	Former Director General of Agro Industry from Ministry of Industry	Chairman of Gaprindo
Lao PDR	Vice Minister of Ministry of Industry and Commerce (MOIC)	Vice Chair of the LTL Board
	MOF and MOIC representatives	TI Joint Venture Board of Management
Philippines	Former Chief Justice and former Governor of the Philippine Central Bank	Board of Trustees of Tan Yan Kee Foundation
Thailand	Retired military personnel	Board member of Tobacco Authority of Thailand (TAOT)
Vietnam	Minister of Industry and Trade (MOIT) officials	Vinataba

Preventive measures

Article 5.3 details guidelines to protect against interference, not only by the tobacco industry but also by entities working on its behalf. Two elements are essential for achieving this outcome: (a) governments need information about the industry’s activities and practices to ensure transparency and accountability; and (b) a code of conduct for the bureaucracy prescribing the standards they should comply with in their interactions with the tobacco industry or its representatives. The interactions should be limited to only when strictly necessary.



- Brunei, Lao PDR, Philippines, and Thailand are leading the way in implementing a code of conduct for the bureaucracy prescribing the standards they should comply with in their interactions with the tobacco industry or its representatives.
- Lao PDR requires tobacco industry (manufacturers and importers) to submit information on ingredients, constituents, combustible substances, production volume of each brand, tobacco marketing plan, tobacco marketing expenditure, with samples of tobacco products, to the Ministry of Health twice a year for inspection and disclosure to the public.
- Cambodia, Indonesia, Malaysia, Myanmar, Philippines, Thailand, and Vietnam require the tobacco industry to submit information on tobacco production, manufacture, market share, and revenues. However, they are not required to provide information on marketing expenditures, expenses on lobbying, philanthropy, and political contributions.

Preventive policy measures

Country	Preventive measures that apply to the whole bureaucracy	Preventive measures limited to issuing authority
Brunei	Prime Minister Circular (Code of Conduct) – Prohibition of involvement of the tobacco industry and smoking in government premises Prevention of Corruption Act*	
Cambodia	Law on Anti-Corruption*	Ministry of Education, Youth, and Sport Circular on ban all forms of partnerships with tobacco industry among educational facilities including ban the use, advertisement, and display and sale of tobacco and alcohol products within campuses of public and private educational facilities
Indonesia	Ministry of Administrative and Bureaucratic Reforms Guidelines for Managing Conflict of Interest* Several anti-corruption laws*	Ministry of Health Guidelines for Managing Conflicts of Interest with the Tobacco Industry within the Health Ministry
Lao PDR	Tobacco Control Law (Amended) 2021 - prohibition of involvement with the tobacco industry in protecting public health policies Law on Anti-corruption*	
Malaysia	Anti-corruption Commission Act*	
Myanmar	Anti-corruption Code of Ethics for Companies and Corporate Bodies*	Directive No. 91/2020: Guidelines on contact with cigar and tobacco product manufacturer, distributor, seller or related person
Philippines	Civil Service Commission-Department of Health Joint Memorandum Circular (JMC) 2010-01 Code of Conduct and Ethical Standards for Public Officials and Employees* Anti-graft and Corrupt Practices Act*	<ul style="list-style-type: none"> • Department of Education (DepEd) Order No.6, s. 2012 – guidelines against tobacco industry interference • Department of Labor and Employment (DOLE) Memorandum (30 April 2012) – reiterates the JMC • Bureau of Internal Revenue (BIR) Memorandum Order No. 16-2012 - restricts interactions with the tobacco industry • Department of Foreign Affairs (DFA) Memorandum (24 May 2013) – directs compliance with the JMC • Metro Manila Development Authority (MMDA) Memorandum (20 August 2013) – amends the Code of Conduct to include protection against tobacco industry interference • Department of Social Welfare and Development (DSWD) Administrative Order No. 11-2019 - guidelines against tobacco industry interference • Food and Drug Administration (FDA) Advisory No. 2019-501 - reminds public physicians to follow the JMC and avoid interaction with the tobacco and e-cigarette industry

(continued)

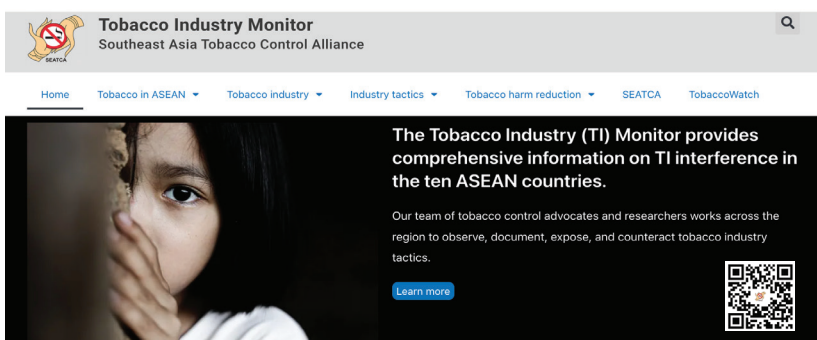
* Not specific to the tobacco industry.

Preventive policy measures

Country	Preventive measures that apply to the whole bureaucracy	Preventive measures limited to issuing authority
Thailand	Office of Civil Service Commission Regulation Several anti-corruption laws*	Ministry of Public Health Guidelines on Interaction with Tobacco Entrepreneurs and Related Persons
Vietnam	Ministry of Health Official Letter to other ministries on non-cooperation with the Foundation for a Smoke-free World funded by PMI Anti-corruption Law*	

* Not specific to the tobacco industry.

SEATCA Tobacco Industry Monitor (TIM)



SEATCA’s Tobacco Industry Monitor (TIM) tracks, documents, and provides comprehensive information on tobacco industry interference in the ASEAN. Visit the Tobacco Industry Monitor website (<https://timonitor.seatca.org/>) to know more about tobacco industry tactics including

conducting so-called CSR activities, funding and supporting front groups, impeding tobacco control policies, promoting harm reduction, and others.

Quick Fact

Global Action to End Smoking (GAES), formerly the Foundation for a Smoke-Free World (FSFW)

In 2017, Philip Morris International (PMI) announced its financial support (USD 960 million for 12 years) for the establishment of the Foundation for a Smoke-Free World (FSFW), whose purported goal is to “eliminate smoking.” In May 2024, FSFW changed its name to Global Action to End Smoking (GAES). This followed its announcement in September 2023 of the cancellation of its funding agreement with PMI paying a final grant of USD 140 million to FSFW/GAES which could still fund its activities for years to come. As it stands, GAES is still solely funded by money from PMI.

FSFW/GAES presents itself as a tobacco control organization, but, unsurprisingly, its definition of “smoke-free” is fully aligned with PMI’s “smoke-free future” ~ not eliminating tobacco use but switching smokers to so-called less harmful alternatives like e-cigarettes.

For more detailed information, please visit <http://tobaccowatch.seatca.org> and <https://timonitor.seatca.org/> and refer to the Asian Tobacco Industry Interference Index: Implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control in Asian Countries (2023), ASEAN Tobacco Industry Interference Index 2023: Implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control, Handbook on Implementation of WHO FCTC Article 5.3: Policies and Practices that Protect Against Tobacco Industry Interference (2021), and Anti-corruption and Tobacco Control (2017).

Prices of most popular cigarette brands in ASEAN



*Djarum Super was the most popular brand prior to 2014. There are no licensed tobacco importers and retailers in Brunei since May 2014. Hence, there are no cigarettes being sold legally in the country.

Reducing Tobacco Affordability and Consumption

Excise tax increases that significantly raise tobacco product prices and reduce their affordability are among the most effective fiscal measures to reduce tobacco consumption (and thereby its adverse health consequences) by discouraging the purchase of tobacco products, thereby encouraging tobacco cessation and preventing tobacco uptake among various segments of the population, in particular price-sensitive young people and the poor (low-income group). Tobacco taxes can therefore have large aggregate benefits for public health and socio-economic development, primarily through healthier and more productive populations and reduced healthcare costs, reducing poverty, and providing a reliable source of government revenues. For these reasons, tobacco tax increases are described as a win-win policy measure, i.e. a highly cost-effective WHO “best buy” public health intervention and a reliable source of domestic financing.

The World Bank has recommended that the total tax burden should be 66% to 80% of the retail price, and the WHO has recommended that at least 75% of the retail price should be excise. The current global guidance for tobacco taxation, however, remains to be WHO FCTC Article 6 and its implementation guidelines (adopted by the WHO FCTC COP in 2014), which recommend that governments should adopt long-term tax and price policies that meet both their public health and fiscal needs.

This means applying specific or mixed (specific and ad valorem) taxes on all tobacco products, taxing all tobacco products in a similar way (to reduce the potential for product substitution), and regularly

increasing tax rates to continually reduce the affordability of tobacco products. This also means strengthening tobacco tax administration (licensing, warehousing, anti-forestalling, fiscal markings, and enforcement), considering dedicating tobacco tax revenues to tobacco control programmes, and prohibiting or restricting tax/duty-free sales of tobacco products.

This chapter provides an overview of the tobacco tax situation in ASEAN countries, where tax policies have been strengthened in some countries, but require more improvements in others.

Thailand has the highest tax burden as a percentage of retail price (81.3%), followed closely by Singapore (70.7%) and Indonesia (66.8%). These countries are good examples where tax increases have contributed to higher tobacco tax revenues and a decline in smoking prevalence rates observed in Thailand and Singapore. Most countries also do not have any long-term tobacco tax policies with regularly evaluated fiscal and public health targets. Cigarette prices remain affordable and relatively low throughout the region, particularly in Cambodia, Lao PDR, Myanmar, and Vietnam (less than USD 1 per pack) where regular tax increases are needed to keep pace with economic and income growth.

In the case of Lao PDR, the government’s lopsided Investment License Agreement (2001-2026) with Imperial Brands prevents the Lao government from benefiting, as the government continues to lose millions in tobacco tax revenues (see page 54) while being unable to reduce tobacco use.

Generally, cigarette prices remain affordable and relatively low throughout the region, but particularly in Cambodia, Lao PDR, and Vietnam (less than **USD 1** per pack) where regular tax increases are needed to keep pace with economic and income growth.



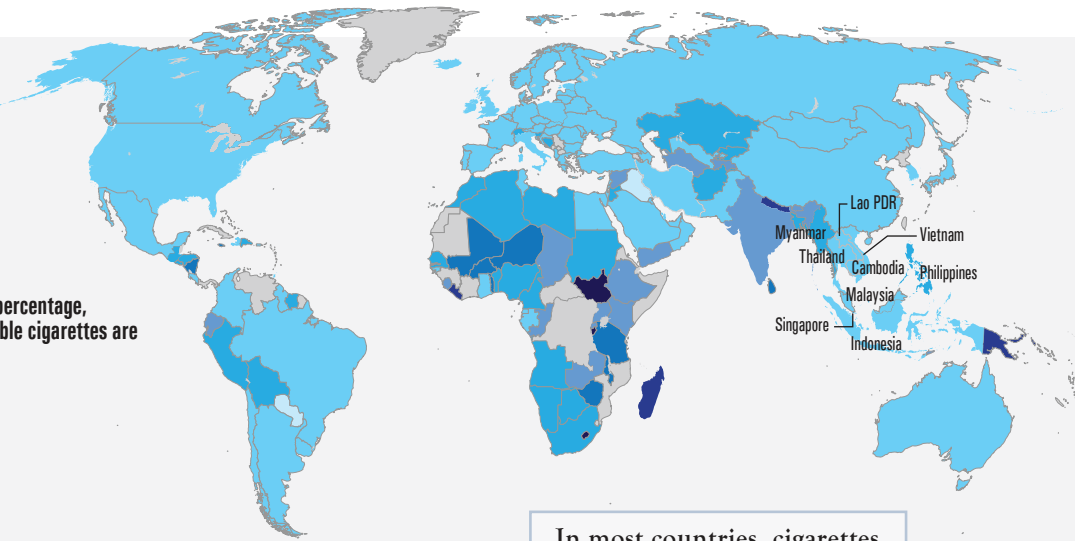
Cigarettes are sold less than **USD 1** per pack in Lao PDR.

Cigarette affordability: Affordability of the most sold brand of cigarettes (2022), globally

% of GDP per capita required to purchase 2000 cigarettes of the most sold brand

Philippines	7.11%
Myanmar	6.88%
Indonesia	4.98%
Malaysia	3.41%
Cambodia	2.82%
Thailand	2.67%
Lao PDR	2.46%
Vietnam	2.44%
Singapore	1.31%

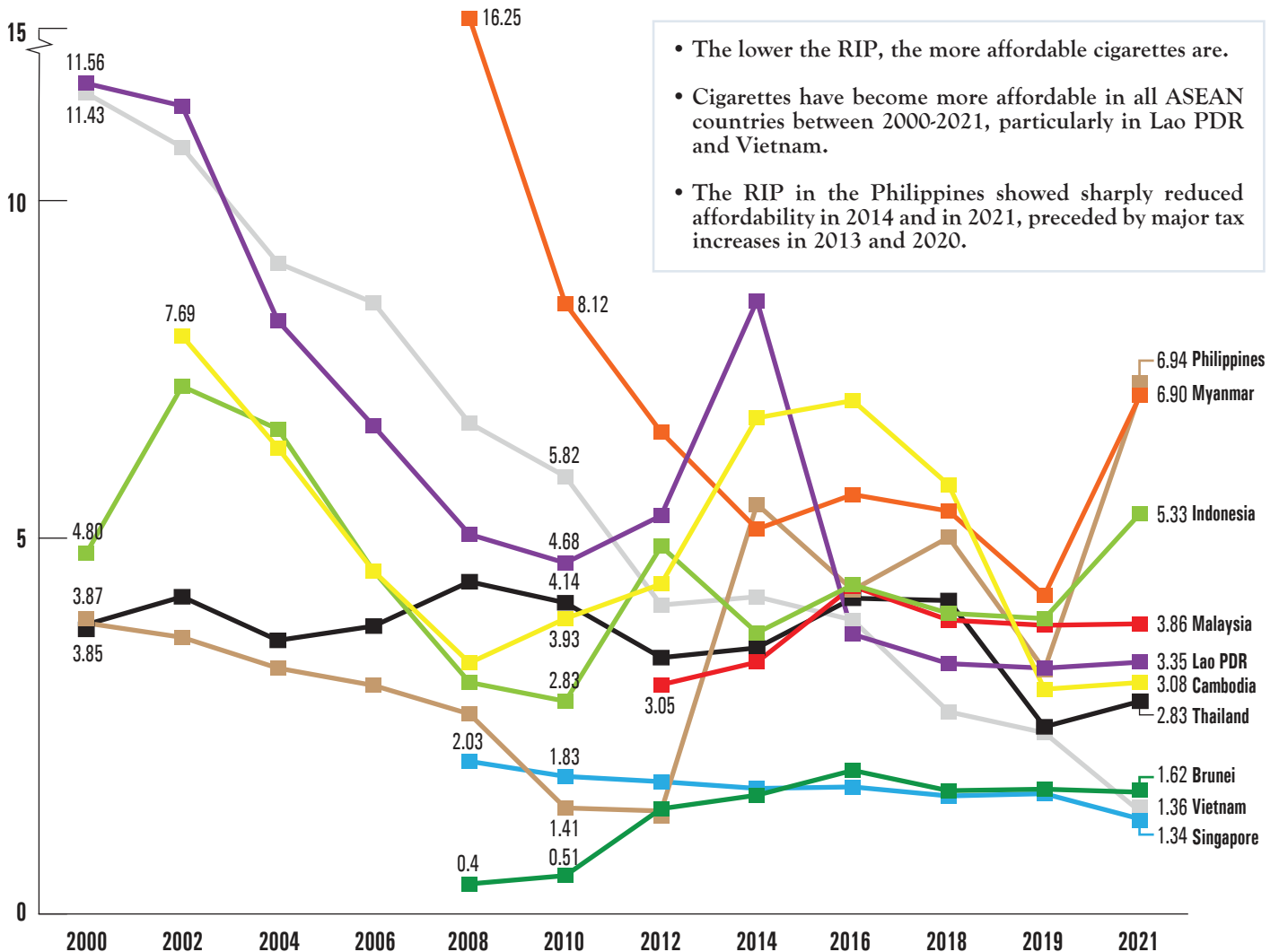
The higher the percentage, the less affordable cigarettes are



In most countries, cigarettes are still affordable.

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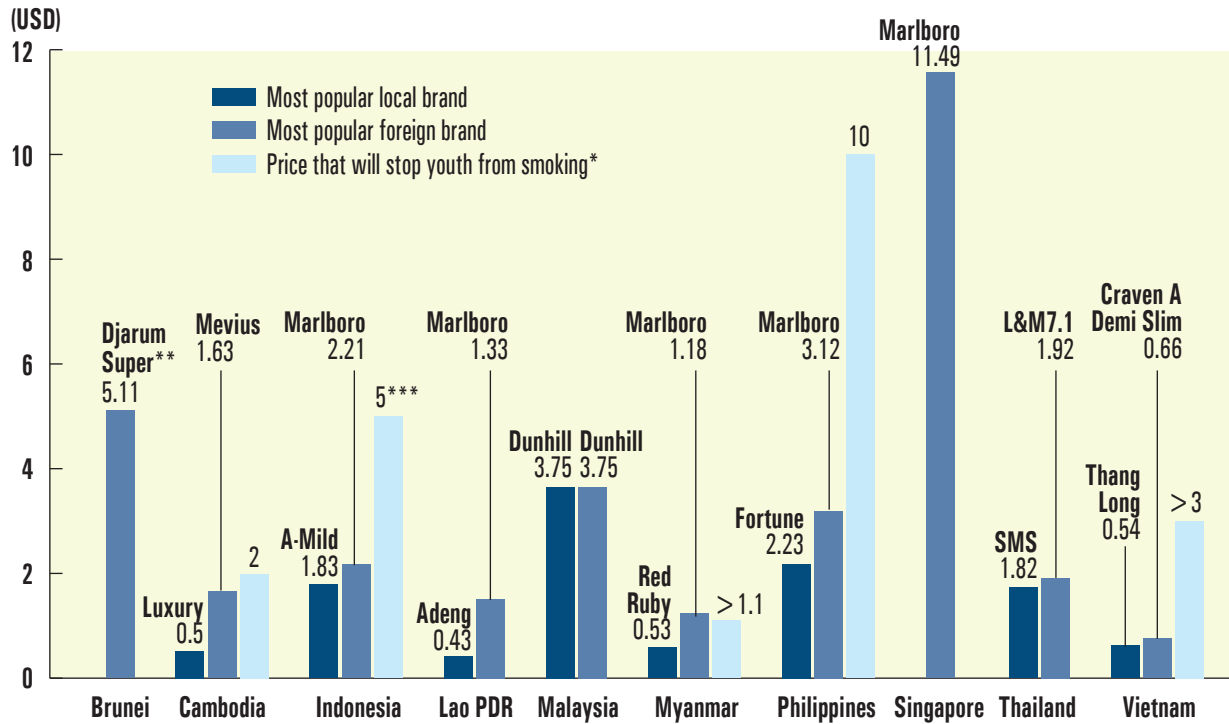
Cigarette affordability: Relative Income Prices (RIP)* of cigarettes in ASEAN



- The lower the RIP, the more affordable cigarettes are.
- Cigarettes have become more affordable in all ASEAN countries between 2000-2021, particularly in Lao PDR and Vietnam.
- The RIP in the Philippines showed sharply reduced affordability in 2014 and in 2021, preceded by major tax increases in 2013 and 2020.

* Relative Income Price (RIP) refers to percentage of per capita GDP required to purchase 100 packs of cigarettes.

Price of most popular cigarette brand and price that will stop youth from smoking

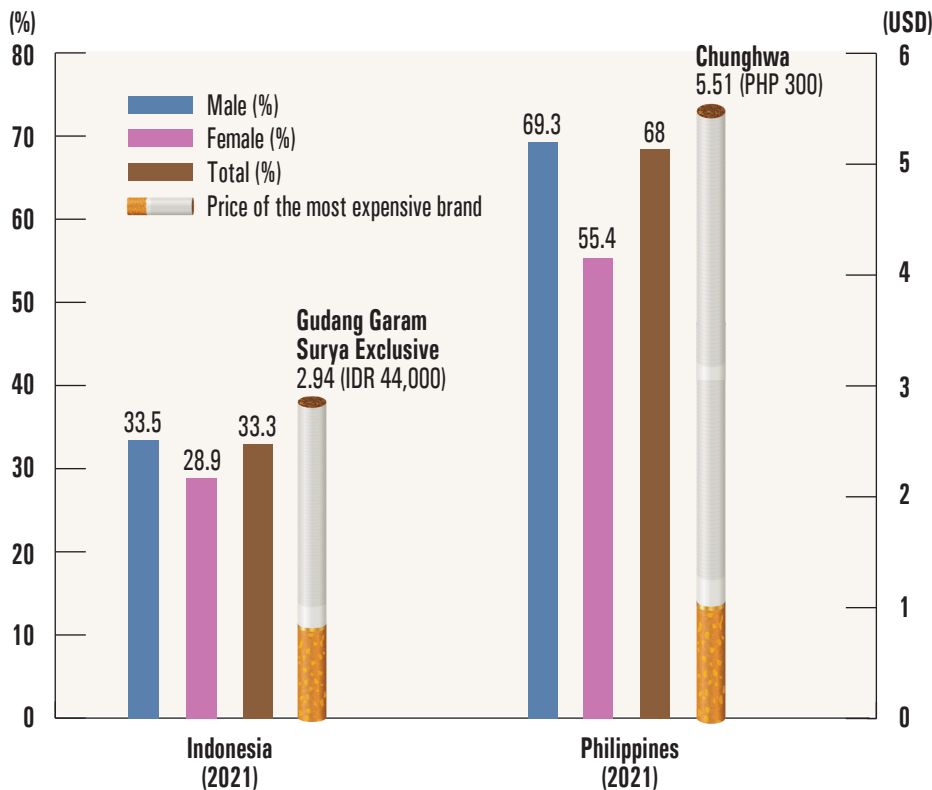


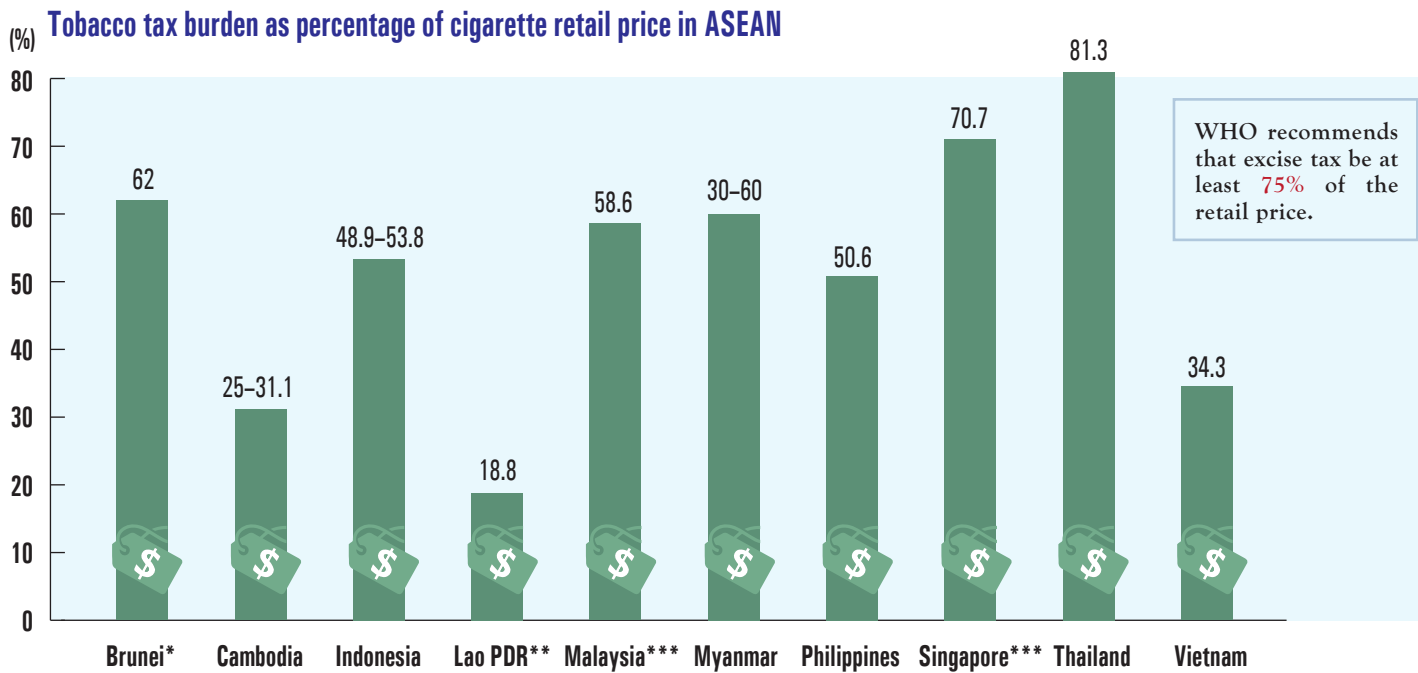
*Youth opinion survey in five ASEAN countries in 2017. Respondents were aged 13-24 years.

**Djarum Super was the most popular brand prior to 2014. There are no licensed tobacco importers and retailers in Brunei since May 2014.

***Survey among Indonesians aged 14-78 years.

Current adult smokers who attempted to quit in the past 12 months because of high price of cigarettes















* There are no licensed tobacco importers and retailers in Brunei since May 2014. Hence, there are no cigarettes being sold legally in the country.

** In Lao PDR, it was estimated total tax incidence (15.4%) and excise tax share (6.3%).

*** The estimate was calculated based on premium cigarette brand/most sold brand.

Cigarette tax systems in ASEAN

	Country	Excise rate	VAT	Import tariffs	Others
Specific Tax	 Brunei	BND 0.50/stick	None	None	N/A
	 Indonesia	IDR 118–1,193/stick (8 tiers)	9.9%	0–5% from ASEAN and China: 40% from outside ASEAN plus China	Local cigarette tax (10% of excise tariff)
	 Malaysia	MYR 0.40/stick	10%*	MYR 0.20/stick	N/A
	 Myanmar	MMK 10–27/stick (4 tiers)	N/A	30% on CIF	5% commercial tax for import, sale and export of tobacco and tobacco products 1% special excise duty, income tax and import duties are also charged on raw tobacco and materials for cigarettes
	 Philippines	PHP 60.00/pack on 1 January 2023; and 5% annual increase beginning on 1 January 2024	12%	0%–10%	N/A
	 Singapore	SGD 0.491/stick	8%	None	N/A
Mixed System	 Lao PDR	15%–30% of production cost plus LAK 600/pack additional specific tax (in practice) 57% of wholesale price plus LAK 600/pack additional specific tax (by law)	10%	72%	Profit tax 20% Royalty fee 5% of production cost Compulsory contribution to Lao PDR Tobacco Control Fund: 2% of profit tax and LAK 200/pack**
	 Thailand	25% Ad valorem rate of suggested retail price (SRP) less than/equal to THB 72/pack plus THB 1.25/stick 42% Ad valorem rate of SRP more than THB 72/pack plus THB 1.25/stick	7%	The rate depends on the trade agreement	Provincial Administration Organization tax of THB 1.86/pack ThaiHealth tax at 2% of excise tax Thai Public Broadcasting Service tax at 1.5% of excise tax Sport tax at 2% of excise tax Interior tax at 10% of excise tax Senior citizen fund tax at 2% of excise tax
Ad Valorem Tax	 Cambodia	20% of 90% of invoice price	10%	7%–35% plus 10% import VAT	Public lighting tax (5% of invoice value),*** Profit tax (20% of profit), Turnover tax (2% of invoice value)
	 Vietnam	75% of ex-factory price	10%	30%–135% 30% applies on tobacco materials including tobacco leaves and other materials 135% applies on cigarettes and cigars	Compulsory contribution to Vietnam Tobacco Control Fund (VNTCF): 2% of excise tax

* In Malaysia, a tax rate of 10% sales and services tax (SST) was applied on all goods in September 2018.

** In Lao PDR, based on the new tax law passed in 2016, the excise tax rate should be 15–30% (2016–2017); 45% (2018–2019), and 60% (2020 onwards). However, the tax rate is not enforced due to the unfair Investment License Agreement (ILA) with the tobacco industry signed in 2001. The tobacco industry pays 15% of the production cost only. Lao Tobacco Limited (LTL) has stopped paying a specific tax LAK 600 per pack since September 2019. The Ministry of Finance can collect only LAK 200 per pack from imported cigarettes sold in the country.

***In Cambodia, the Ministry of Economy and Finance (MEF) developed a sub-decree to increase public lighting tax from 3% to 5%. The sub-decree is enforced by 1 January 2024 after approval from the Council of Ministers.

Implementation of FCTC Article 6 Guidelines

While some countries have made significant progress in implementing tobacco tax policies, the region as a whole is advancing very slowly.

- Have regular adjustment processes or procedures for periodic revaluation of tobacco tax levels.



- Have long-term policies on the tobacco taxation structure with regular monitoring and adjustments.



- Have had tax increases that are discouraging consumption.



- Dedicate tobacco tax revenues to tobacco control/health promotion programmes.



- Have a procedure/policy that protects tobacco tax and price policies from commercial and other vested interests of the tobacco industry.



Quick Fact

In Malaysia, an excise tax of **10%** ad valorem is applied on all smoking devices—electronic cigarettes, electronic heated tobacco product, and traditional tobacco devices such as hookah/shisha and smoking pipes.

In addition, liquid or gel used for electronic cigarette was subjected to an ad valorem sales tax of **10%** and a specific excise duty of **MYR 0.40 (USD 0.08)** per millilitre of e-liquid starting 1 January 2021 (for non-nicotine) and 1 April 2023 (for nicotine).



In Malaysia, there has been no tax increase on tobacco since 2015 following statements from the tobacco industry that a tax increase will worsen smuggling.

In Indonesia, while value-added tax (VAT) for all consumer products is 10%, cigarettes have been given a discount for many years at only 8.4%. In 2015, the VAT for tobacco was raised slightly to 8.7%. The government continues to accommodate demands from the tobacco industry that delay the regulation of tobacco as seen in the decades-long reduction in the number of cigarette tax tiers.

Thailand has also awarded tax exemption for native tobacco leaves, however the Department of Excise has started to collect tax on native tobacco leaves since 2017 according to the Excise Act 2017. In Cambodia, export tax was exempted for tobacco producers exporting up to 3,000 tons of dried tobacco per year to Vietnam duty-free in 2019 and 2020.

Tobacco tax administration in ASEAN

Authorization/licensing	Brunei*	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Requires a license or control system on the manufacture and import or export of tobacco products.	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Have licensed wholesaling, brokering, warehousing or distribution of tobacco and tobacco products.	✓	✓		✓	✓		✓	✓	✓	✓
Have enforced a license system on retailing of tobacco products.	✓							✓	✓	✓
Have a control or license system for tobacco farmers and producers.	N/A						✓	N/A	✓	✓
Requires license for transporting of commercial quantities of tobacco products	✓			✓			✓	✓	✓	
Requires license for manufacture, import or export of tobacco manufacturing equipment.	✓	✓		✓	✓	✓	✓		✓	✓
Requires license for transporting of tobacco manufacturing equipment.	✓			✓			✓		✓	

*Since May 2014, there has been no licensed tobacco importer, although the license fee for tobacco importers and wholesalers is USD 3,700 (BND 5,000)/year since 2015.

Quick Fact

Thailand enforces a license or control system on the whole tobacco supply chain. All other countries in ASEAN require licensing for only some parts of the supply chain, thereby allowing loopholes for tax evasion and illicit trade.

Licensing of tobacco retailers in ASEAN

Country	Cost of License (USD/year)	Country	Cost of License (USD/year)
Brunei	442 (BND 600)	Singapore***	295 (SGD 400)
Cambodia	No	Thailand****	2.82 – 14.13 (THB 100 – 500)
Indonesia	No	Vietnam	Fee for assessment and recognition: In city and urban level: 50.9 (VND 1,200,000) In district level: 25.4 (VND 600,000)
Lao PDR*	Yes		Fee for licensing: In city and urban level: 8.48 (VND 200,000) In district level: 4.24 (VND 100,000)
Malaysia**	32 (MYR 150)		
Myanmar	No		
Philippines	No		

* In Lao PDR, Ministry of Industry and Commerce is in the process of developing a ministerial regulation on licensing for the distribution and trade of tobacco products.

** In Malaysia, the licensing fee of MYR 150 is enforced starting January 2024.

*** In Singapore, a new license fee is SGD 340 and SGD 60 for admin fees and SGD 300 for annual renewal fee.

**** Thailand has two types of tobacco retail licensing: VAT (THB 500/year) and non-VAT (THB 100/year).

Tax all tobacco products: No duty-free import allowance

Duty-free Allowance in the Region	Country
No duty-free concession on all tobacco products	Brunei* (since 2010)
200 cigarettes or 50 cigars or 250 grams of chopped tobacco	Cambodia
200 cigarettes or 25 cigars or 100 gm of rolling tobacco	Indonesia
200 cigarettes or 50 cigars or 250 gm of tobacco	Lao PDR
200 cigarettes or 225 gm of tobacco	Malaysia**
400 cigarettes, 100 cigars or 250 gm of tobacco	Myanmar
400 cigarettes	Philippines***
No duty-free concession on all tobacco products	Singapore* (since 1991)
200 cigarettes or 250 gm of tobacco or all types of combined	Thailand
200 cigarettes or 20 cigars or 250 gm of shredded tobacco	Vietnam

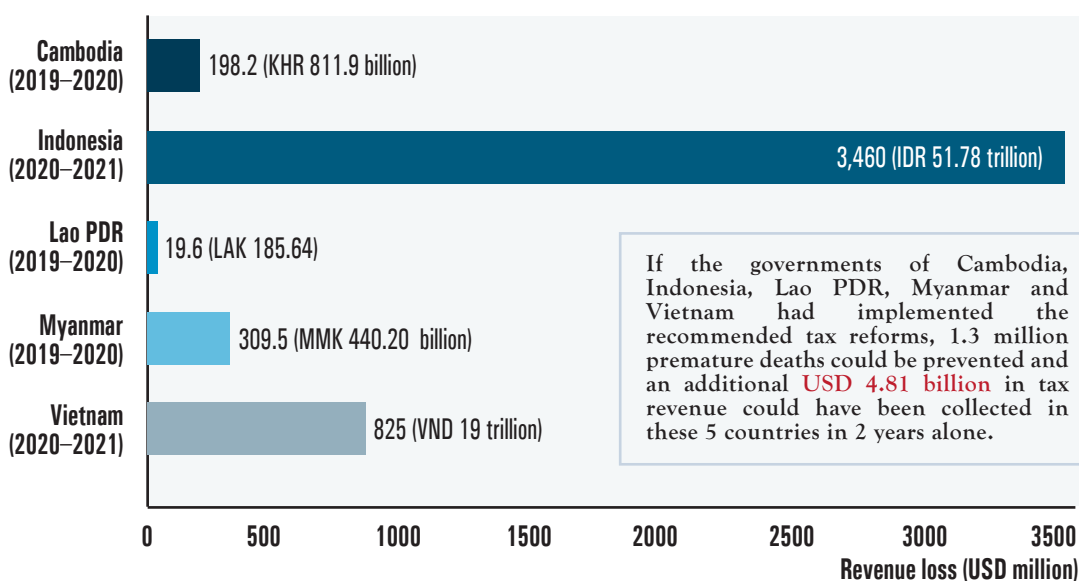


*Tobacco tax needs to be paid on all tobacco products upon arrival in Brunei and Singapore.
 **Malaysia taxes cigarettes and tobacco products sold at retail in all duty-free islands and free zones effective 1 January 2021.
 ***Philippines applies the excise tax to tobacco products sold in duty-free stores since 2013.

Quick Fact

All countries should follow the lead of Brunei Darussalam and Singapore that prohibit duty-free tobacco sales, or of Malaysia and the Philippines that impose excise tax on tobacco products sold in duty-free stores.

Forgone cigarette tax revenues in selected ASEAN countries



If the governments of Cambodia, Indonesia, Lao PDR, Myanmar and Vietnam had implemented the recommended tax reforms, 1.3 million premature deaths could be prevented and an additional **USD 4.81 billion** in tax revenue could have been collected in these 5 countries in 2 years alone.



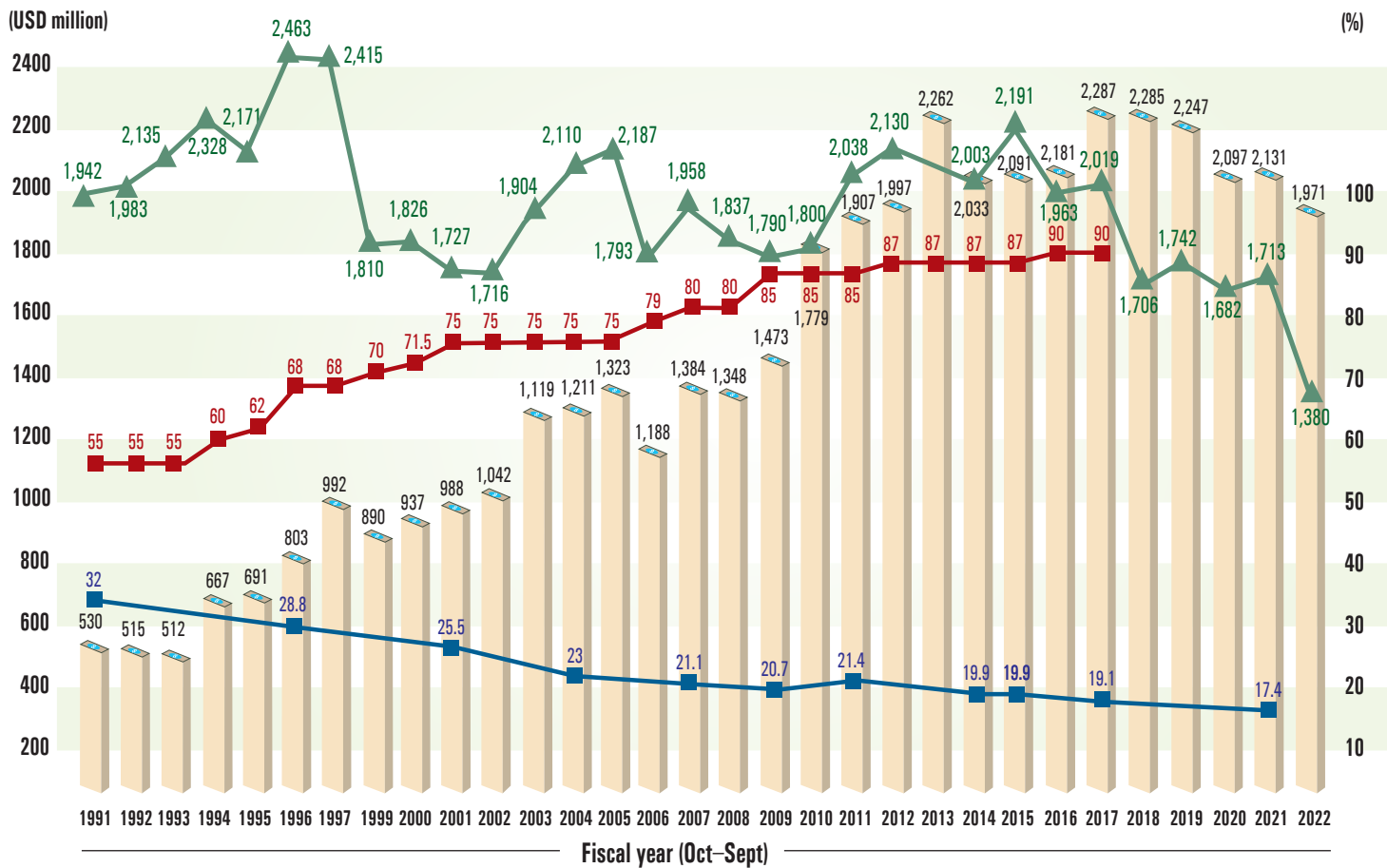
Thailand: Higher tax rates, higher revenues, and reduced smoking prevalence

Thailand raised its cigarette excise rates 11 times (from 55% to 87% of factory price) between 1991 and 2012, which resulted in an almost fourfold gain in revenues from THB 15.89 billion (USD 530 million) to THB 59.91 billion (USD 2 billion) over the same period. At the same time, overall smoking prevalence dropped from 32% (1991) to 21.4% (2011).

The Thai government further increased the tax rate to 90% in early 2016, aimed at reducing number of smokers and raising tax revenue by about THB15 billion per annum.

Since September 2017, Thailand has applied a tiered mixed system, which is not as effective or as efficient as a non-tiered system. Taxes on roll-your-own (RYO) tobacco also need to be increased to the same level as cigarette taxes.

Excise tax on cigarette in Thailand



Excise rate (% of factory price)

2018 – 2020			2021 – present		
SRP	Ad Valorem (% of SRP)	Specific (THB/Stick)	SRP	Ad Valorem (% of SRP)	Specific (THB/Stick)
SRP ≤ 60 THB/Pack	20%	1.2	SRP ≤ 72 THB/Pack	25%	1.25
SRP > 60 THB/Pack	40%	1.2	SRP > 72 THB/Pack	42%	1.25

▲ Sale (million packs)
 ■ Smoking prevalence (%)
 Tax revenue (USD million)
 USD 1 = THB 30

Source: Excise Tax Department, Ministry of Finance, Thailand, 2023.

Singapore: Highest tobacco tax burden in ASEAN

Concerned by a slight increase in smoking prevalence from 2004 to 2010 and noting that the last tobacco excise tax increase was in 2005, the Singapore government increased tax by 10% in 2014 and 2018. This was followed by a larger increase of 15% in 2023.

Year	Excise duty of cigarettes (SGD)	Retail price 20 sticks (SGD)	% Smoking prevalence (aged 18–69 years)
1987	34 per kg	2.80	
1990	42 per kg	3.30	
1991	50 per kg	3.70	18.3% (1992)
1993	60 per kg	4.90	
1995–98	115 per kg	5.50	15.2% (1998)
1998–99	130 per kg	5.80	
2000	150 per kg	6.40	
2001	180 per kg	6.90	13.8% (2001)
2002	210 per kg	6.50	
Mar 2003	255 per kg	7.70	
July 2003	0.255 per stick of < 1g	8.50	
2004	0.293 per stick of < 1g	9.50	12.6% (2004)
2005–2013	0.352 per stick of < 1g	11.90	13.6% (2007)
			14.3% (2010)
			13.3% (2013)
2014	0.388 per stick of < 1g	12.00	
2015	0.388 per stick of < 1g	13.00	
2016	0.388 per stick of < 1g	13.00	
2017	0.388 per stick of < 1g	13.00	12% (2017)
2018	0.427 per stick of < 1g	14.00	
2019	0.427 per stick of < 1g	14.00	10.6% (2019)
2020	0.427 per stick of < 1g	14.00	
2021	0.427 per stick of < 1g	14.00	10.4% (2021)
2022	0.427 per stick of < 1g	14.00	
2023	0.491 per stick of < 1g	15.50	

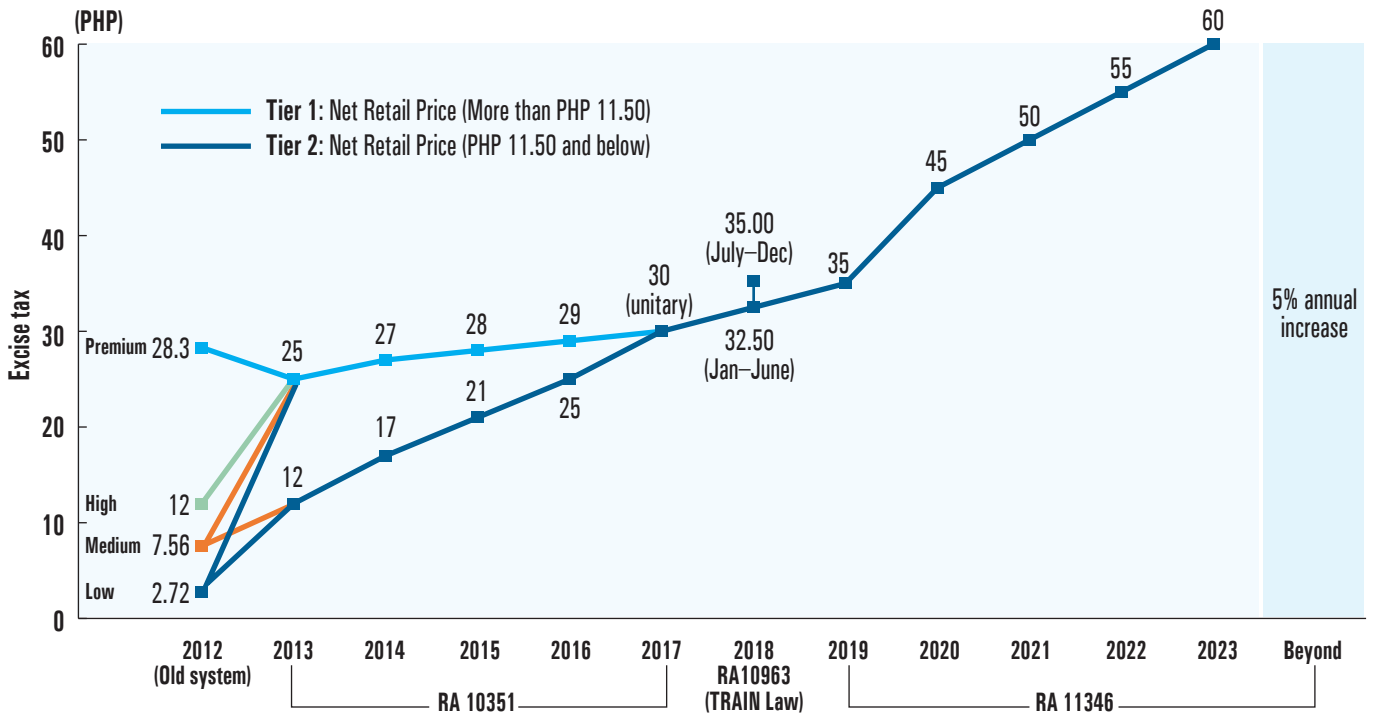
Quick Fact

Till March 2003, excise duty on cigarettes was by weight per kilogram of tobacco. From July 2003, excise duty on cigarettes was revised to a unit-based (per stick) system. This change to a unit-based system was in response to the emergence in 2000 of low-priced cigarettes that had less tobacco content and less weight per cigarette and which, due to their price, were attracting young people to smoke and encouraging smokers to smoke more, as evidenced in a shift in consumer behavior pattern (sales of low-priced cigarettes increased from 6% in 2000 to 25% in 2003).

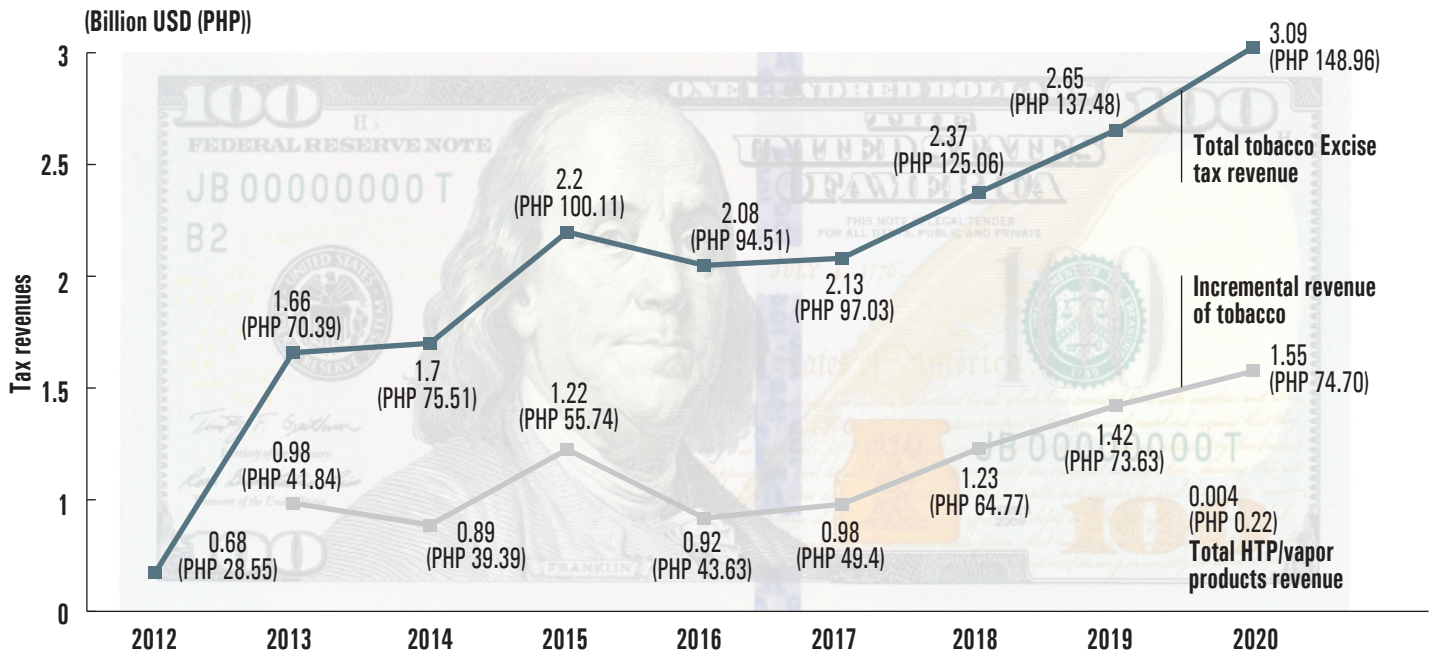
For unmanufactured tobacco and cut tobacco, the excise duty is **SGD 388** per kg. For beedies, ang hoon, and smokeless tobacco, the excise duty is **SGD 329** per kg. For all other tobacco products, the excise duty is **SGD 427** per kg. An additional 7% goods and services tax (GST) - on the cost, insurance and freight incurred plus tobacco tax - is imposed on top of the excise duties.

Philippines: Impact of sin tax law

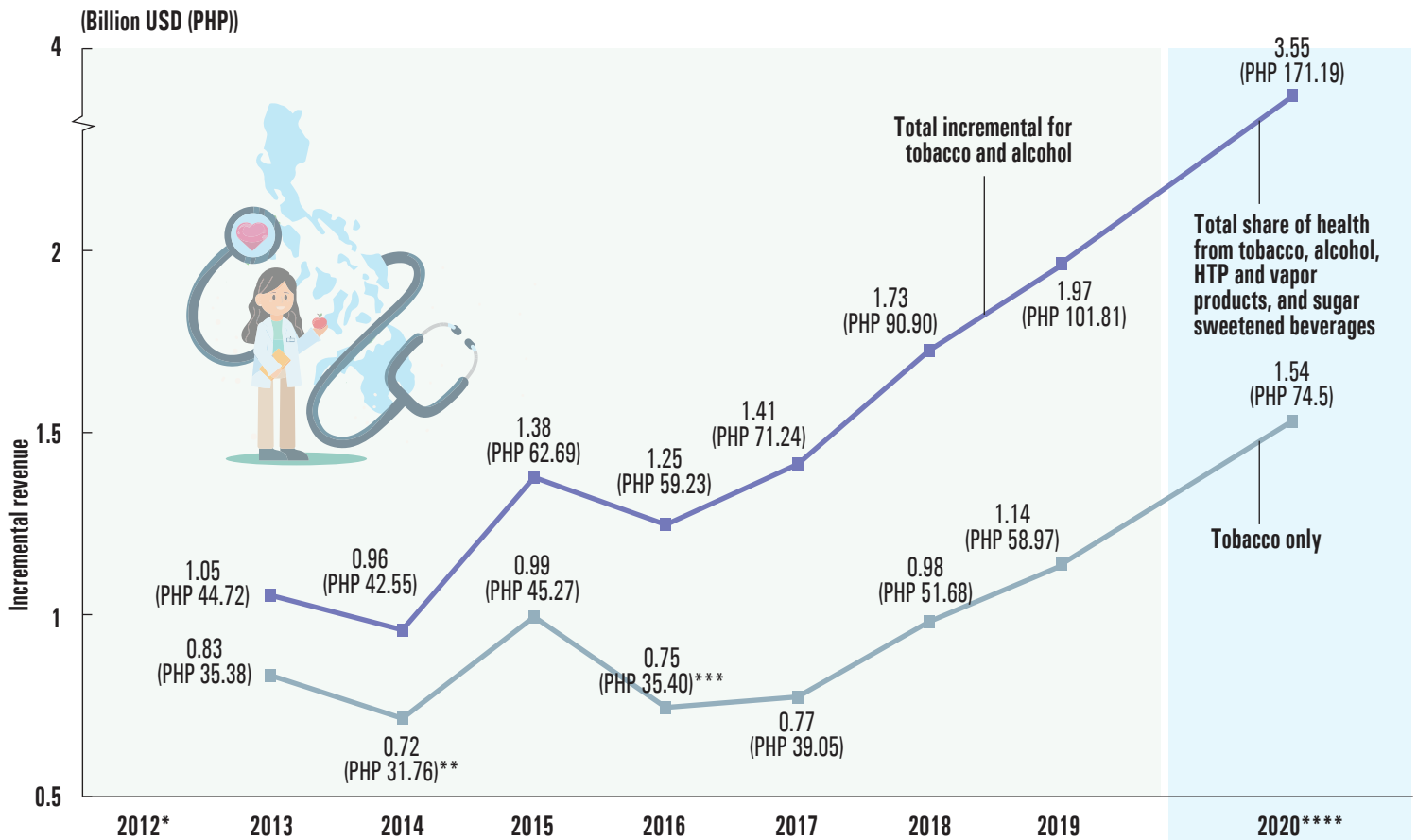
📈 Fiscal gain: Simplified tax structure, higher tax rates, more efficient tax administration



📈 Fiscal gain: Regular adjustment to tobacco excise tax rates have increased government revenues over time (2012–2020)



📌 Fiscal gain: Sin tax revenues earmarked for Universal Health Coverage, health facilities improvement, and Sustainable Development Goals



Share of health sector (50% of the total revenue from tobacco excise tax, 100% of the total revenue from alcohol excise tax, 100% of the total revenue from HTP/vapor products excise tax, and 50% of the total revenue from sugar sweetened beverages excise tax).

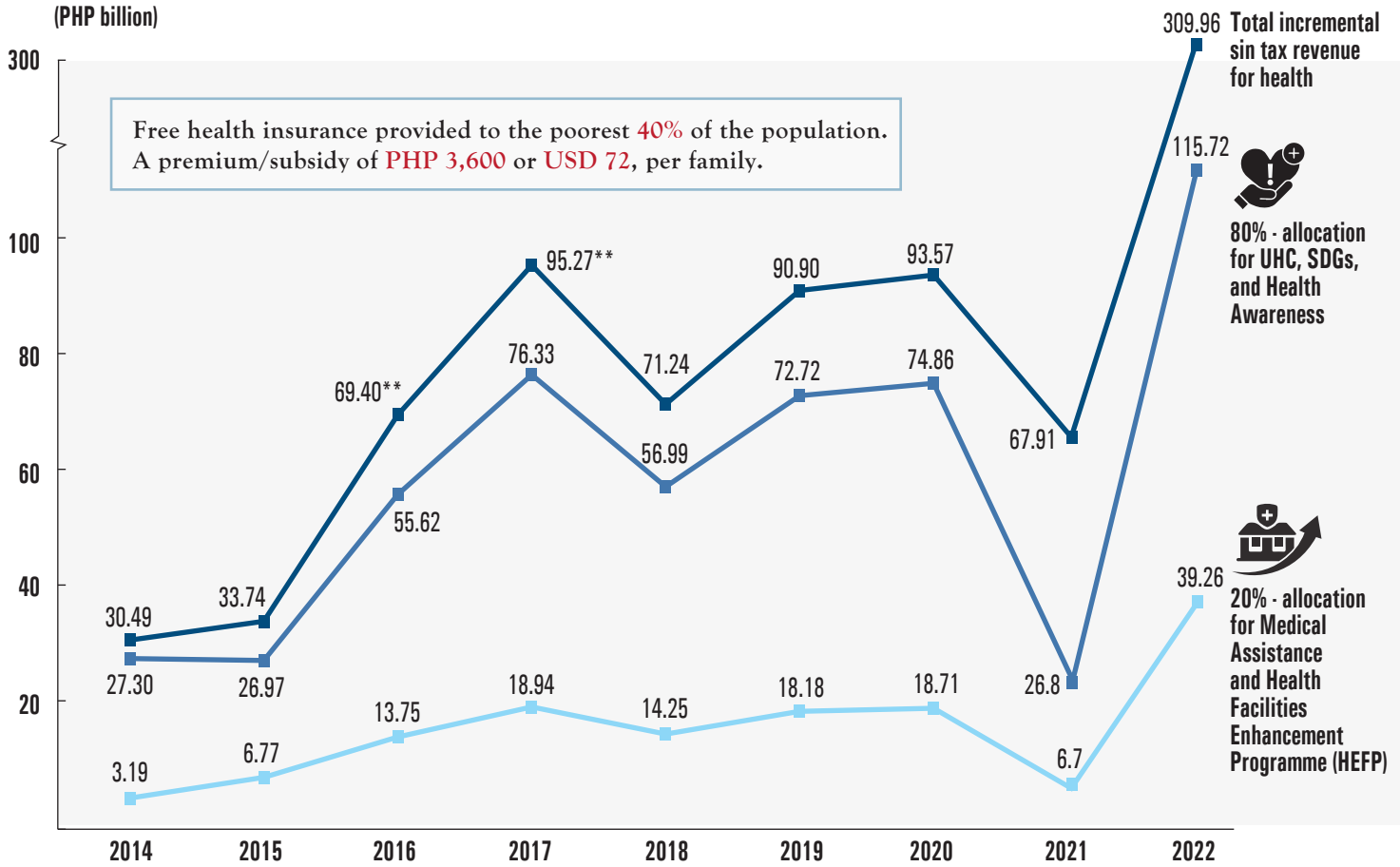
* Prior to the Sin Tax Law of 2012, there was no provision in the Internal Revenue Code of the Philippines that Health will directly benefit from the excise tax revenues on tobacco and alcohol. The Sin Tax Law was passed in 2012, and took effect in 2013.

** For 2014-2015, the primary reason in the decline is the so-called frontloading practice of the tobacco industry wherein they produce so much so that they will escape the higher tax rate the following year. Another reason is that the tobacco tax stamp is not yet mandatory so there are leakages in this period.

***For 2016, this is when Mighty Corporation was caught to be using fake tax stamps thus doing tax evasion.

**** The new computation of allocation for health from sin taxes was based on Republic Act No. 11467 of 2020. In 2020, the new computation of allocation for health from sin taxes was based on Republic Act No. 11467. Share of health sector include 50% of the total revenue from tobacco excise tax, 100% of the total revenue from alcohol excise tax, 100% of the total revenue from HTP/vapor products excise tax, and 50% of the total revenue from sugar sweetened beverages excise tax.

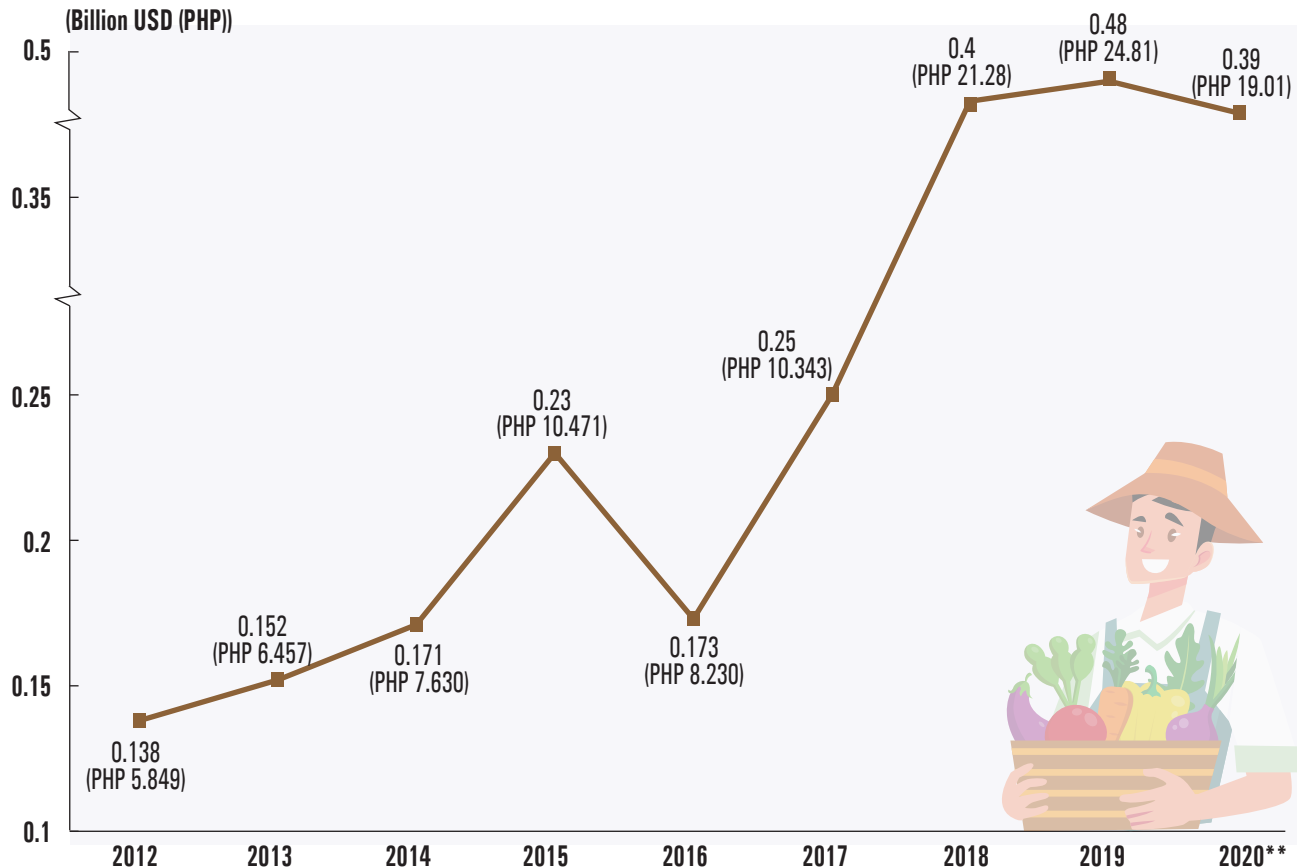
Philippines: Distribution of incremental sin tax revenue for health



*Computation includes the implementation of Doctors to the Barrios.

**Total amount includes funds generated from other source(s).

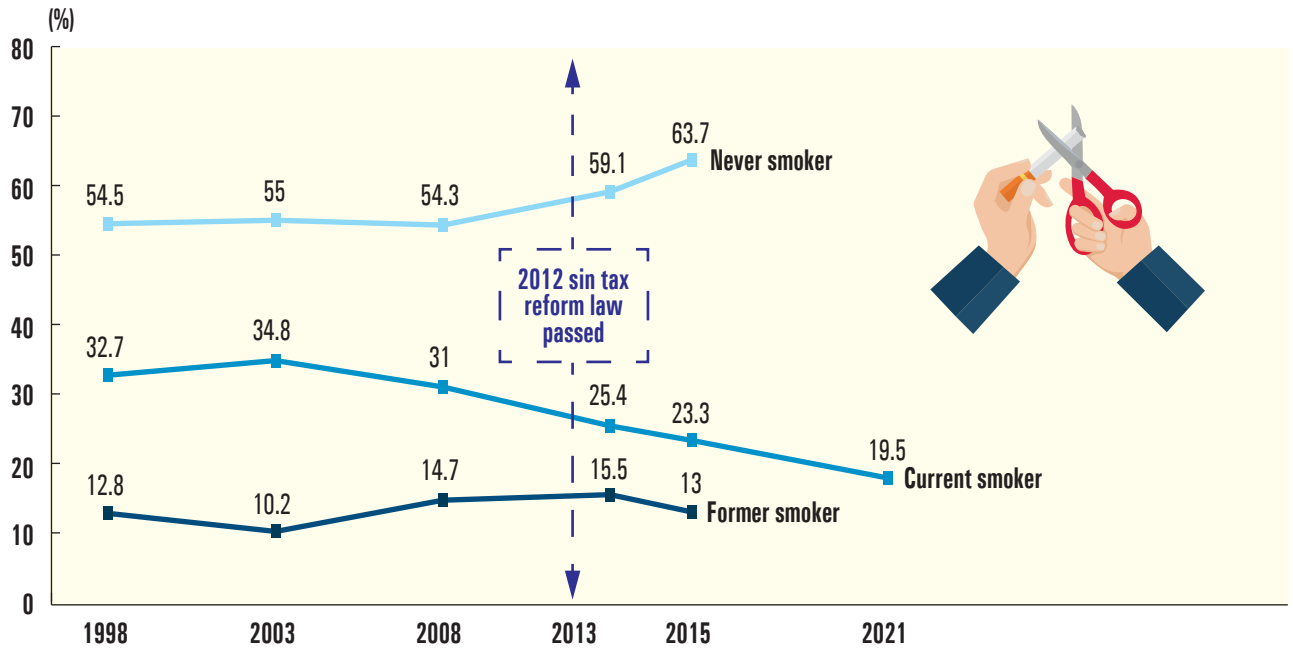
Share of tobacco-growing provinces*



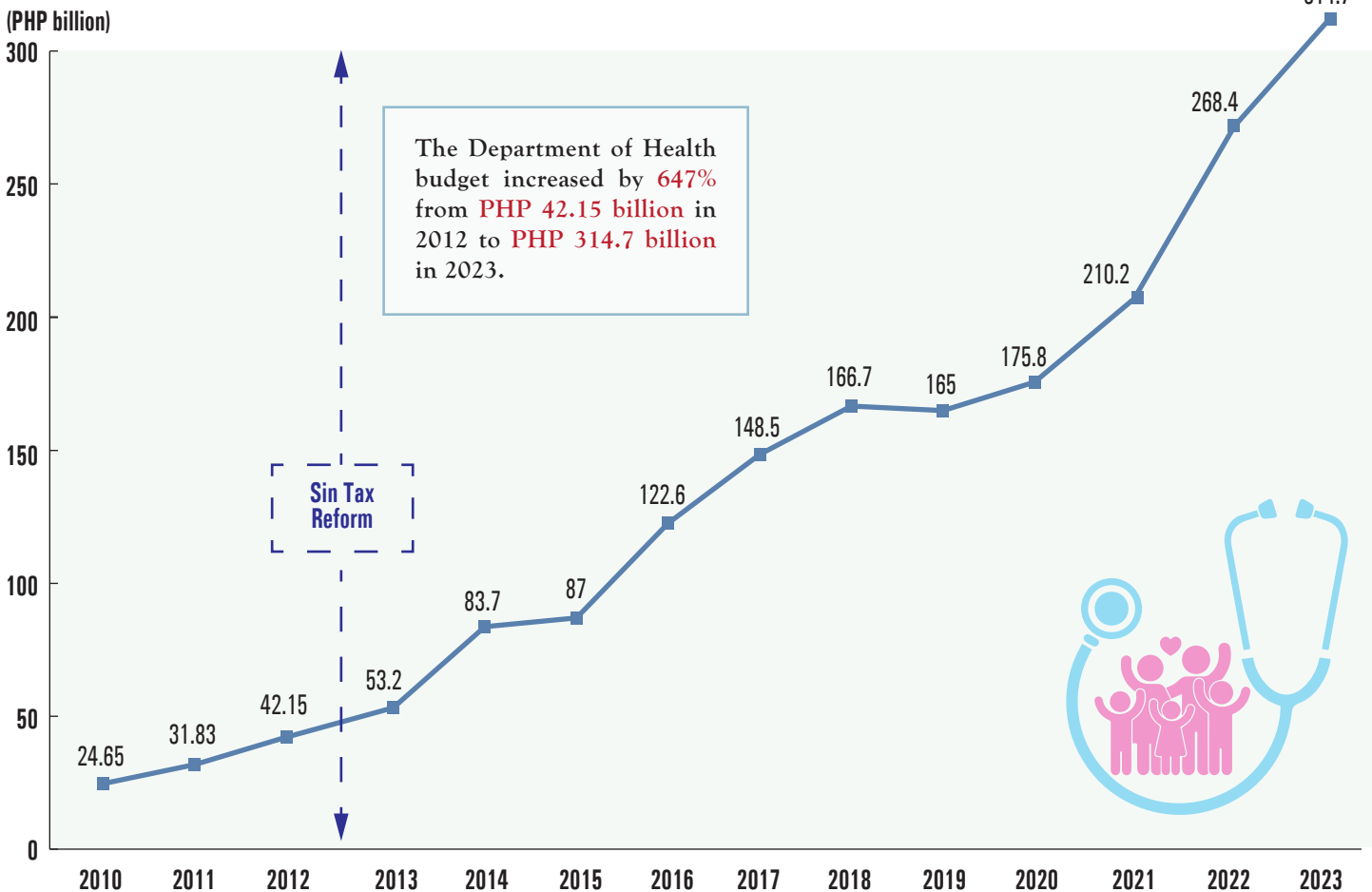
* Share of tobacco-growing province (15% of the incremental revenue from tobacco taxes). There are 2 Laws that mandate the government to allocate funds for tobacco-growing provinces. These 2 Laws date back in the mid-90's.

** The computation of the share of provinces planting Burley and Native Tobacco was amended by Republic Act No. 11346 in 2019.

Public health gain: Reduction in adult smoking prevalence (1998–2021)

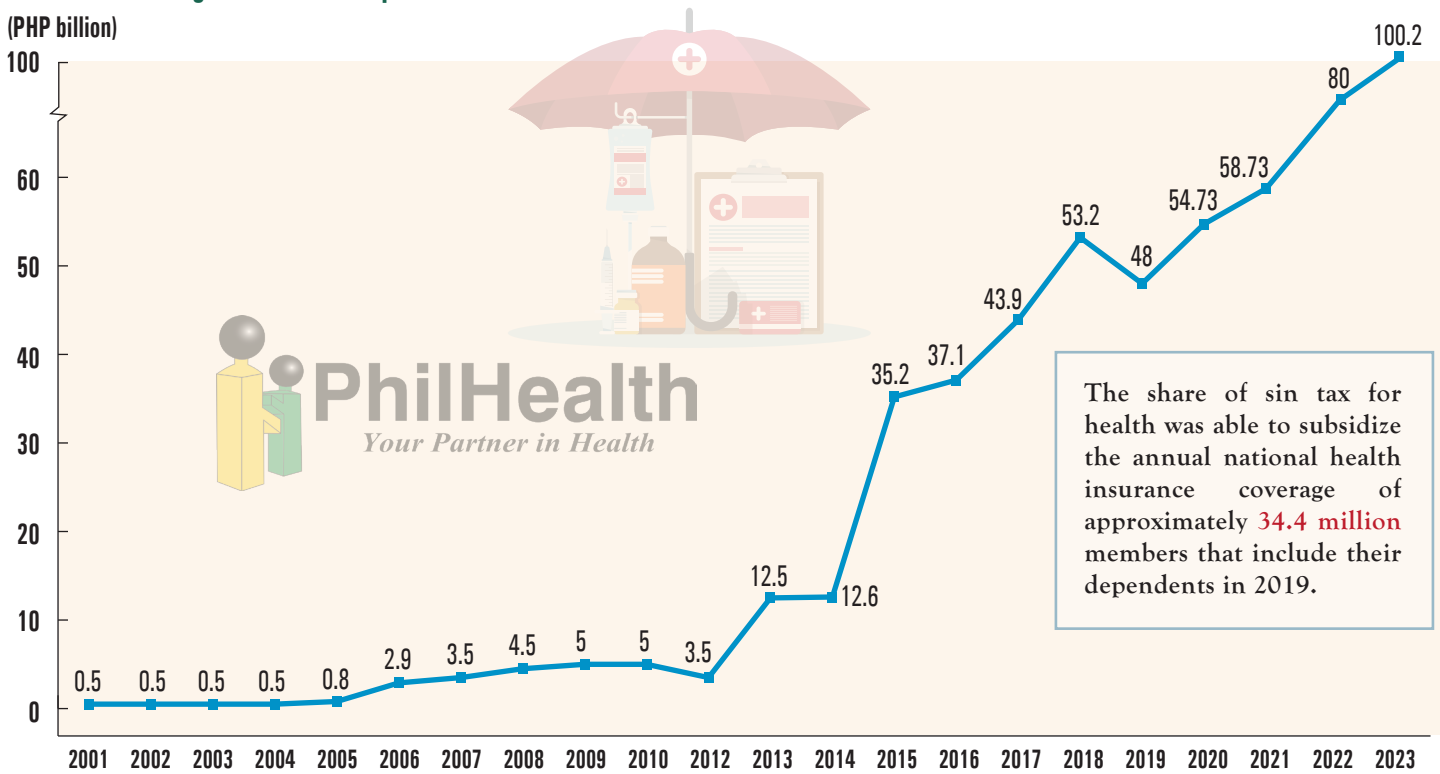


Public health gain: Department of Health budget between 2010 and 2023



Public health gain: Win for the poor

(PHP billion)

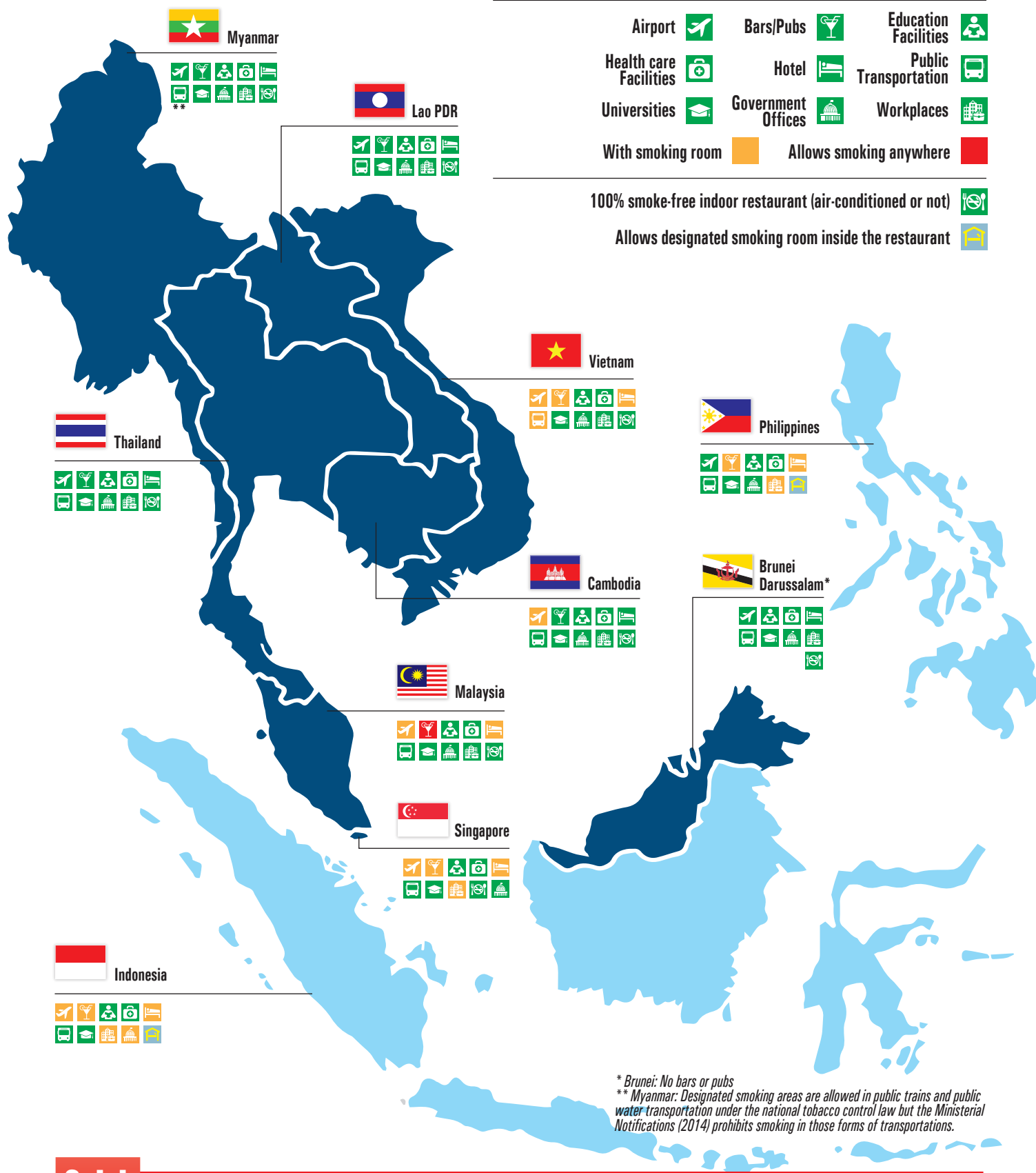


The share of sin tax for health was able to subsidize the annual national health insurance coverage of approximately **34.4 million** members that include their dependents in 2019.

Note: Starting 2019, 100% of Filipinos have PhilHealth coverage due to the passage of the Universal Health Care Law or Republic Act No. 11223.

For more detailed information, please visit <https://tobaccotax.seatca.org/> and refer to SEATCA Tobacco Tax Index: Implementation of WHO Framework Convention on Tobacco Control Article 6 in ASEAN Countries (2021), and Lost Funds: A Study on the Tobacco Tax Revenue Gap in selected ASEAN countries (2021).

100% smoke-free public places (indoor) policy in ASEAN



Quick Fact

Brunei: Non-smoking zones include areas within a distance of 6 meters from the perimeter of the buildings.

Philippines: No designated smoking areas allowed within 10 meters of places where people pass or congregate.

Chapter 8

Clearing the Air for a Healthier Environment

Secondhand smoke (SHS) kills, and the WHO and other health authorities have declared that there is no safe level of exposure to SHS. Non-smokers exposed to SHS are equally at risk of tobacco-related diseases and premature death as those who actively smoke. Globally, more than a third of all people are regularly exposed to SHS. SHS exposure commonly occurs in homes and workplaces, but exposure also occurs in many public places including in restaurants, bars, markets, airports, public transportation, and even health and education facilities. It is estimated that around 1.2 million premature deaths annually are due to exposure to SHS causing heart disease, stroke, cancer, acute asthma, and others. Even brief exposure can cause immediate and serious health harm.



All people, regardless of age, gender, or socio-economic status, deserve protection of their health, and involuntary exposure to SHS may be considered a violation of the basic human right to life and smoking around children as a form of child abuse.

As recommended in the WHO FCTC Article 8 Guidelines, only a 100% smoke-free environment can effectively protect persons from exposure to tobacco smoke and the health hazards of smoking. Public smoking bans also encourage smokers to quit and discourage youth smoking.

With growing public awareness and support for smoke-free environments, an increasing number of countries have taken steps to protect people from the dangers of tobacco smoke by enacting laws that ban smoking in all public places and create smoke-free environments. The ban covers all forms of tobacco products including waterpipes, e-cigarettes, and heated tobacco products.

This chapter describes the progress achieved by ASEAN countries in enforcing comprehensive smoke-free laws prohibiting smoking in various public settings. Related initiatives include smoke-free cities, smoke-free world heritage sites, smoke-free tourism, and smoke-free universities to attain a smoke-free ASEAN.

Enjoy ASEAN food in smoke-free environments

Country	 100% smoke-free indoor air-conditioned restaurant (air conditioned or not)	 Allows designated smoking room inside the restaurant
Brunei	✓	
Cambodia	✓	
Indonesia		✗
Lao PDR	✓	
Malaysia	✓	
Myanmar	✓	
Philippines		✗
Singapore	✓	
Thailand	✓	
Vietnam	✓	

Smoke-free settings based on the national law in ASEAN

Smoke-free settings (indoor)

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Airport	Blue	Yellow	Yellow	Blue	Yellow	Blue	Blue	Yellow	Blue	Yellow
Bars & pubs	*	Blue	Yellow	Blue	Red	Blue	Yellow	Yellow	Blue	Yellow
Educational facilities	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Health care facilities	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Hotels	Blue	Blue	Yellow	Blue	Yellow	Blue	Yellow	Yellow	Blue	Yellow
Restaurants (aircon)	Blue	Blue	Yellow	Blue	Blue	Blue	Yellow	Blue	Blue	Blue
Restaurants (non-aircon)	Blue	Blue	Yellow	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Shops & shopping complex	Blue	Blue	Yellow	Blue	Blue	Blue	Yellow	Blue	Blue	Blue
Transport terminals	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Transportation (public)	Blue	Blue	Blue	Blue	Blue	**	Blue	Blue	Blue	Yellow
Universities	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Workplaces/offices	Blue	Blue	Yellow	Blue	Blue	Blue	Yellow	Yellow	Blue	Blue

Blue 100% smoke-free/No smoking room Yellow With smoking room Red Allows smoking anywhere/not included in the law

*No bars/pubs in Brunei. ** Myanmar: Designated smoking areas are allowed in public trains and public water transportation under the national tobacco control law but the Ministerial Notifications (2014) prohibits smoking in those forms of transportations.

Smoke-free settings (outdoor)

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Airport (Waiting areas)	Blue	Blue	Yellow	Blue	Yellow	Blue	Blue	Yellow	Yellow	Red
Bars & pubs (Open area dining)	Blue	Red	Yellow	Yellow	Red	Blue	Yellow	*	Blue	Red
Educational facilities (Premises)	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Healthcare facilities (Premises)	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue
Hotels (Open area facilities)	Blue	Red	Yellow	Blue	Yellow	Blue	Blue	Yellow	Yellow	Red
Restaurants (Al Fresco dining)	Blue	Red	Yellow	Blue	Blue	Blue	Blue	*	Blue	Red
Shop & shopping complex (Open area market/shops)	Blue	Red	Yellow	Blue	Blue	Yellow	Blue	Blue	Blue	Red
Transport terminals (Waiting areas)	Blue	Red	Yellow	Blue	Blue	Yellow	Blue	Blue	Yellow	Red
Universities (Premises)	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Blue	Yellow	Blue
Workplaces/offices (Open area for work)	Blue	Yellow	Yellow	Blue	Yellow	Yellow	Yellow	Yellow	Yellow	Red
Parks & playgrounds	Blue	Blue	Blue	Yellow	Blue	Blue	Blue	Blue	Blue	**
Sports complex	Blue	Blue	Yellow	Blue	Blue	Blue	Blue	Blue	Blue	Red

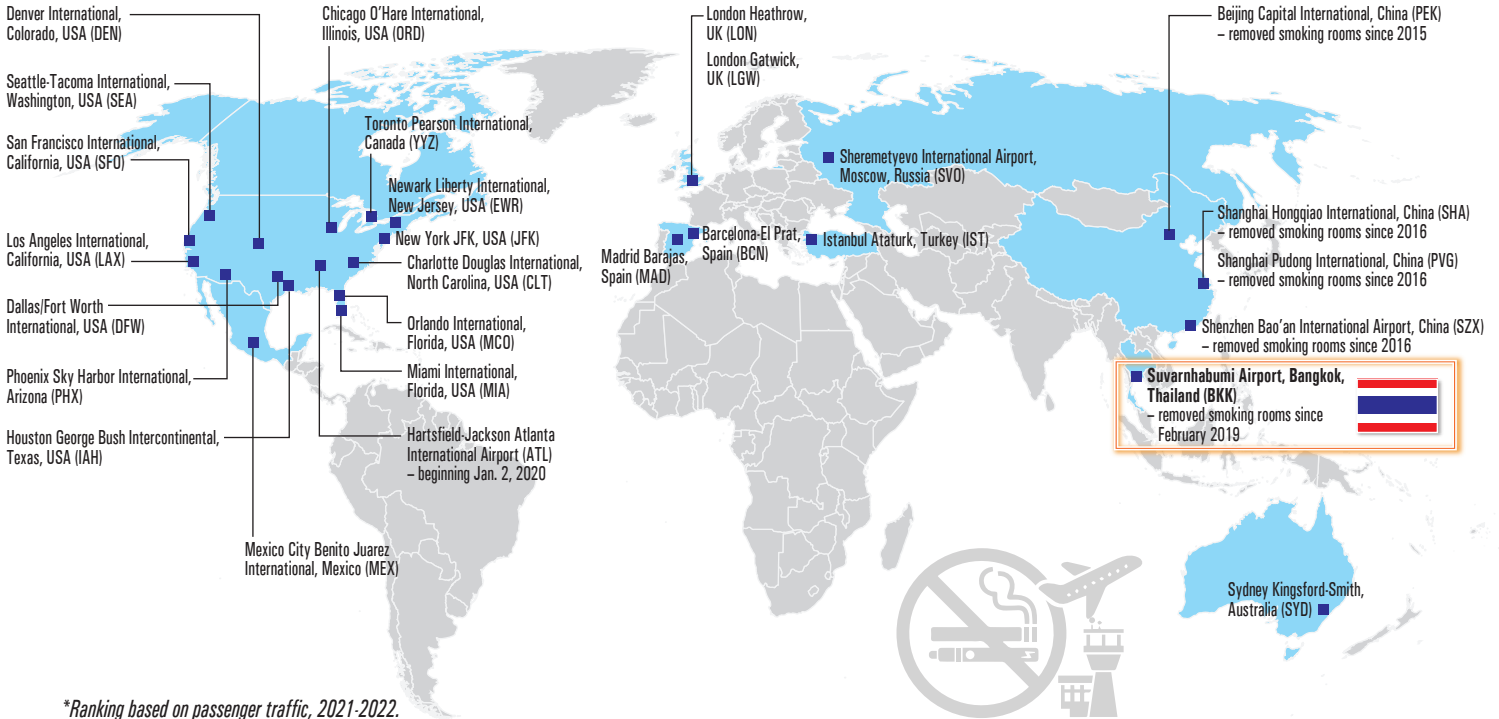
Blue 100% smoke-free Yellow With smoking area within public places Red Allow smoking anywhere/not included in the law

*In Singapore, since 30 June 2017, new smoking areas have not been approved for bars and pubs but existing smoking areas are all allowed to remain until the business operators cease operations.

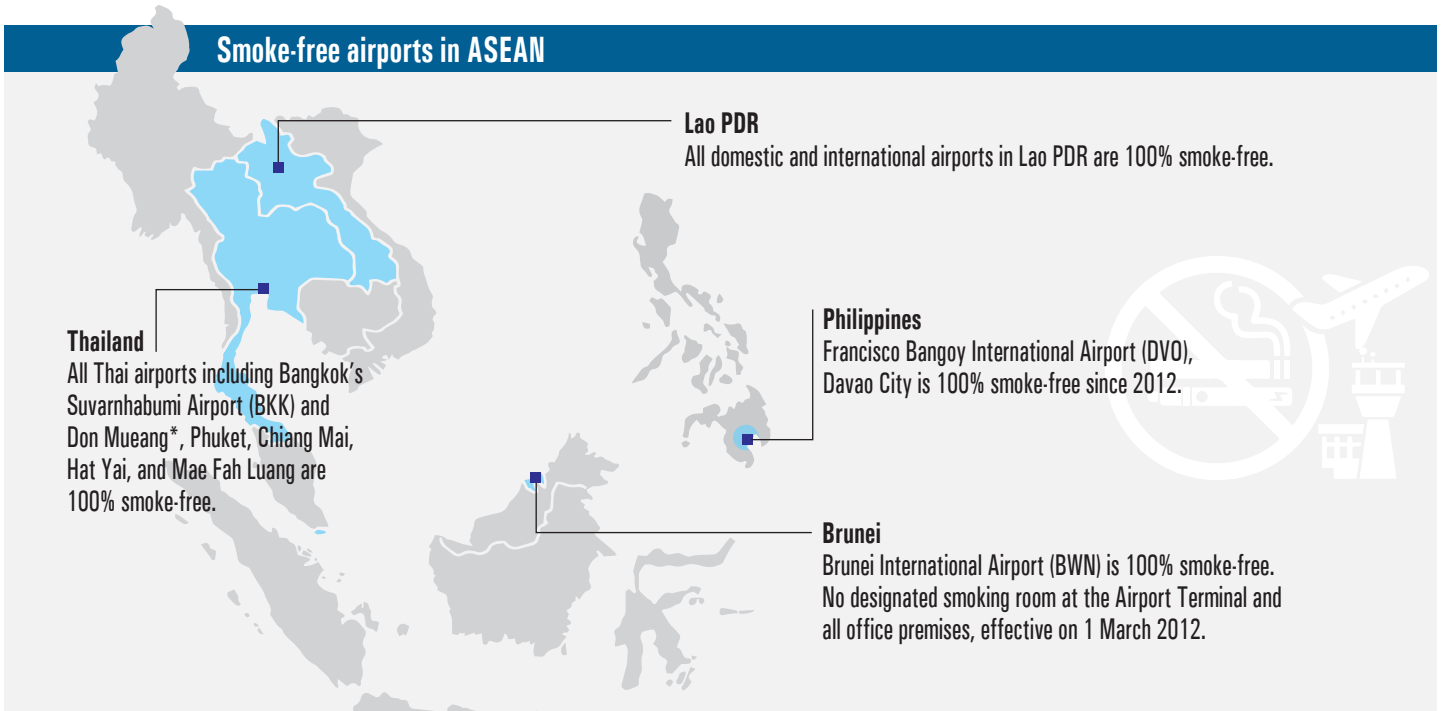
** In Vietnam, sports complex may have designated smoking areas with the exception of childcare facilities and recreational facilities for children which should be 100% smoke-free.

Smoke-free airports

28 smoke-free airports among the world's 50 busiest airports*



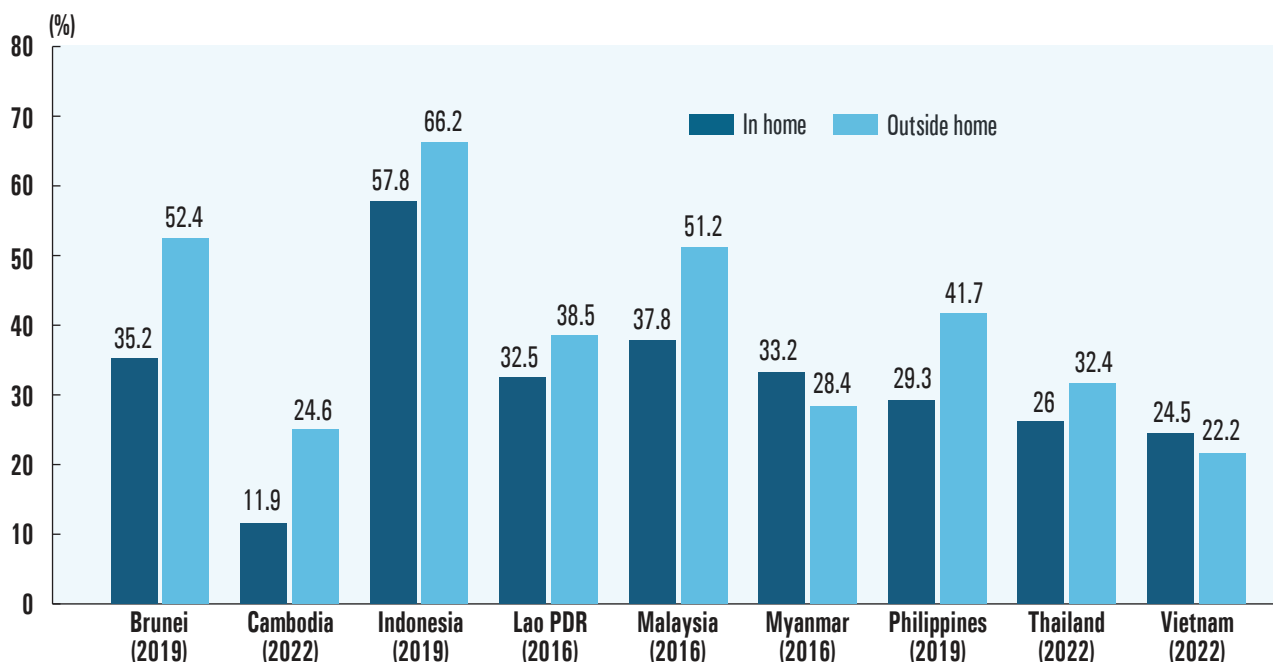
Smoke-free airports in ASEAN



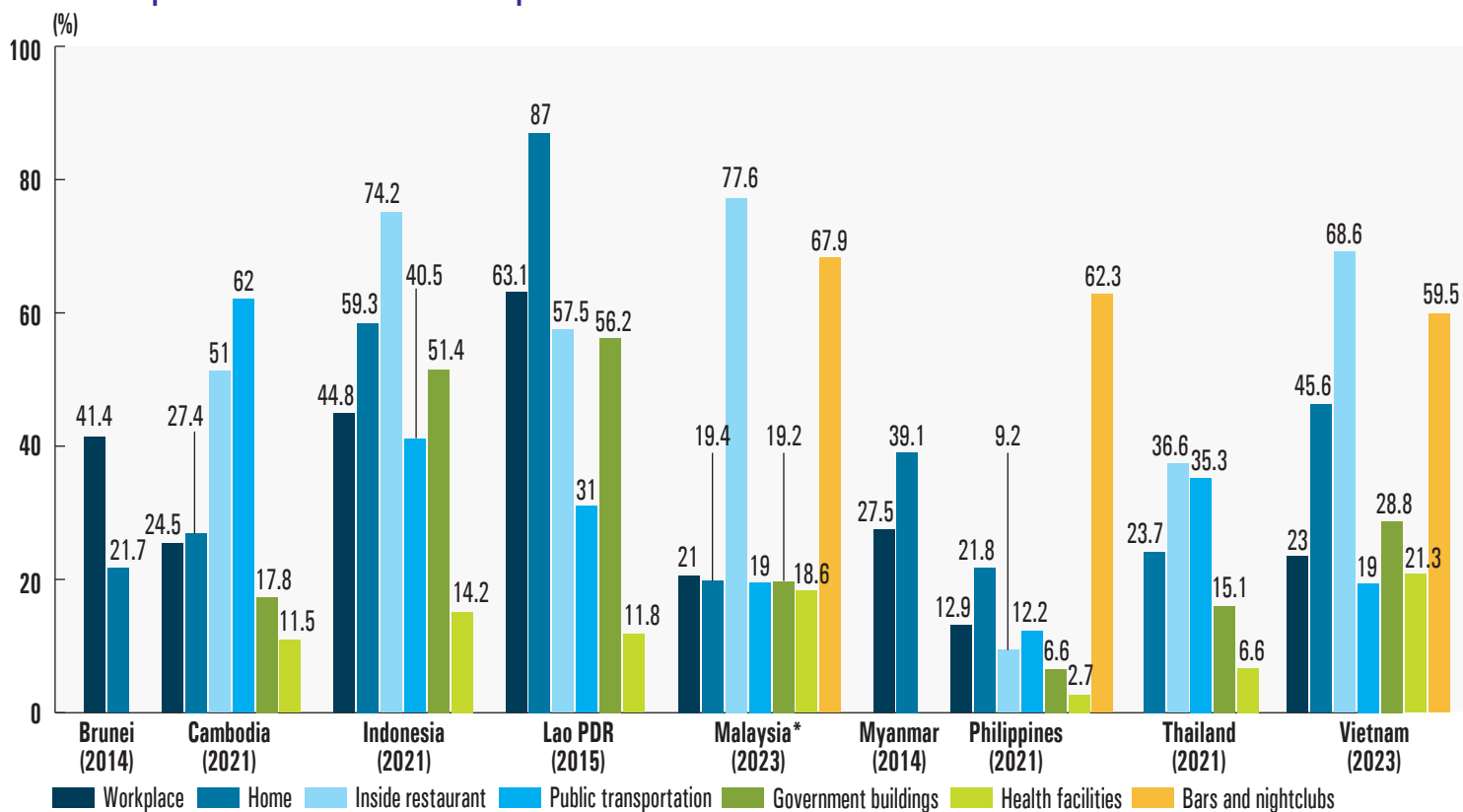
*Suvarnabhumi Airport (BKK) and Don Mueang closed all smoking rooms in February 2019 in compliance with the Tobacco Products Control Act 2017. Smoking is prohibited within 5 meters of airport entrances and walkways.

Secondhand smoke exposure in ASEAN

Percentage of youth exposed to secondhand smoke inside and outside the home



Common places with secondhand smoke exposure in ASEAN



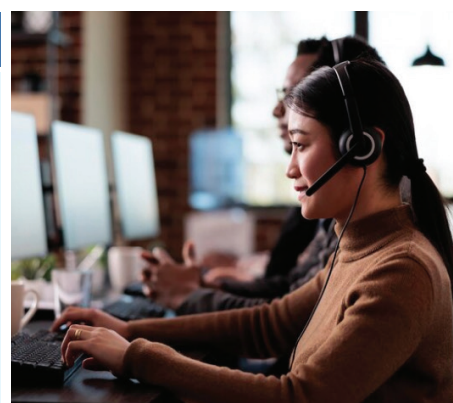
* Adults exposed to tobacco smoke in universities (24.3%) and school (15.9%).



Nicotine is highly addictive and exposure to nicotine in adolescents, in particular, can have long-lasting, damaging effects, noting that it could affect brain development. Nicotine is emitted by all conventional and electronic smoking devices.

Government toll-free telephone complaint hotline or similar system to report violations


Country	Toll-free telephone complaint hotline	Provided by
Toll-free telephone complaint hotline	Brunei +67 37192005 (any violations to smoke-free law)	Health Enforcement Unit, Ministry of Health
	Philippines 8888 Citizens' Complaint Center (For violations or complaints related to government agencies or personnel)	Office of the President
	Singapore +65 66842036 or 66842037 (any tobacco related offences)	Health Science Authority (HSA)
	Thailand 1442 (any complaints including issues related to tobacco and violence offences)	Department of Disease Control, Ministry of Public Health



Mobile App

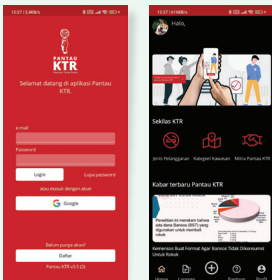
Indonesia

Monitor KTR*



Provided by Ministry of Health

Pantau KTR**



Provided by Yayasan Pusaka Indonesia and Yayasan Kakak (NGOs)

Vietnam

VnOkhoithuoc***



Provided by Vietnam Tobacco Control Fund (VNTCF)

* Monitor KTR app is developed by Ministry of Health to monitor the smoke-free policy status and compliance. It is used by the smoke-free task force in all districts/cities in Indonesia.
 ** Pantau KTR app is designed for public participatory system to monitor smoke-free implementation and report any violation. It is operated in Medan, Surakarta, and other cities in Indonesia.
 *** VnOkhoithuoc app is provided by Vietnam Tobacco Control Fund (VNTCF) for a trial use in Hanoi, Vietnam.

Quick Fact

Comprehensive smoke-free legislation that covers all indoor places is currently in place in 74 countries.

Every year **1.3 million** of the **8.7 million** tobacco-related deaths are among non-smokers (including infants and children) who die from exposure to secondhand smoke. All these deaths are entirely preventable. People exposed to secondhand tobacco smoke are at risk of dying from heart disease, stroke, respiratory diseases, type 2 diabetes, and cancers.



Penalties

Countries that allow the issuance of compound fees to smoke-free violators

Country	Compound fees (USD)	
	Smokers	Establishment
Brunei	USD 224 - 374 (BND 300 - 500)	USD 374 (BND 500)
Malaysia	50% of the total fine up to USD 1,133 (MYR 5,000)	50% from the total fine up to USD 340 or USD 566 (MYR 1,500 or MYR 2,500)
Singapore	1 st offense USD 147 (SGD 200)	1 st offense USD 147 (SGD 200) Succeeding offenses USD 368 (SGD 500)

Penalties for violating smoke-free policy in ASEAN

Country	Penalties (USD)	
	Smokers	Establishments
Brunei	737 (BND 1,000)	737 – 1,474 (BND 1,000 – 2,000)
Cambodia	5 (KHR 20,000)	12.3 (KHR 50,000)
Indonesia	Maximum limit of fines: 3,342 (IDR 50 million)	Maximum limit of fines: 3,342 (IDR 50 million)
Lao PDR	10.5 – 21 (LAK 200,000 – 400,000)*	52.5 – 262.6 (LAK 1,000,000 – 5,000,000)**
Malaysia	2,267 (not exceeding MYR 10,000) or imprisonment not exceeding 2 years	680 (not exceeding MYR 3,000) or imprisonment not exceeding 6 months (not displaying no smoking signage) 1,133 (not exceeding MYR 5,000) or imprisonment not exceeding 1 year (failing to ensure no people smoke in the premise)
Myanmar	0.4 – 1.8 (MMK 1,000 – 5,000)	1 st offense 0.4 – 1.1 (MMK 1,000 – 3,000) Succeeding offenses 1.1 – 3.5 (MMK 3,000 – 10,000)
Philippines	9.04 – 181 (PHP 500 - 10,000)	9.04 – 181 (PHP 500 - 10,000)
Singapore	737 (up to SG 1,000)	1 st offense 737 (SG 1,000) Succeeding offenses 1,474 (up to SG 2,000)
Thailand	141 (THB 5,000)	1,412 (THB 50,000)
Vietnam	8.48 - 21.2 (VND 200,000 – 500,000)	

*1st offence shall be disciplined and warned; 2nd offence LAK 200,000; 3rd or succeeding offences LAK 400,000.

** None 'no-smoking sign', 1st offence shall be disciplined and warned; 2nd offence LAK 1,000,000; 3rd or succeeding offences LAK 2,000,000. Ignored or negligence somebody smoking in the establishment, 1st offence shall be disciplined and warned; 2nd offence LAK 1,000,000; 3rd and succeeding offences LAK 5,000,000.



Regional smoke-free networks

Smoke-free Cities Asia Pacific Network

The Smoke-free Cities Asia Pacific Network (SCAN) formerly known as the Smoke-free Cities ASEAN Network, is a coalition of cities, municipalities, provinces, states and districts in the Asia Pacific countries that support each other to achieve the goal of making their countries smoke-free (FCTC Article 8).

SCAN was launched in Davao City, Philippines during the 1st Smoke-free Cities Regional Workshop in 2013. It was organized to bring together all cities, municipalities and provinces, and other different smoke-free settings, which includes heritage sites and cities in the ASEAN that are moving to becoming smoke-free. SCAN provides a platform to share experiences and learn from the best practices on smoke-free of different cities, cities with different cultures but with a common goal. The establishment of SCAN has increased the awareness of the political leaders on the importance of creating and adopting strong smoke-free policies to make cities healthy and liveable.

In 2015, the mayors and governors signed the pledge of commitment during the 3rd Smoke-free Cities Regional Workshop in Iloilo City, Philippines. SCAN officially accepted members coming from the 10 ASEAN countries and Mongolia. At present, there are more than 300 SCAN members.



Photo of Philippines President Rodrigo Duterte taken in 2013 while he was the Mayor of Davao City.



ASEAN Smoke-free Regional Workshop



Baguio City, Philippines (2022)



Siem Reap, Cambodia (2019)



Penang, Malaysia (2017)



Hoi An, Vietnam (2018)



Krabi, Thailand (2016)



Iloilo, Philippines (2015)



Davao City, Philippines (2013)



Balanga City, Philippines (2014)



Smoke-free city models: Philippines

In 2022, **Davao City** was the first local government unit to enact a Comprehensive Anti-Smoking Ordinance. The smoke-free policy was further strengthened by the enactment of City Ordinance 0367-12 in 2013, stipulating that smoking of any tobacco products and vaping of any electronic device is absolutely prohibited in all enclosed places and outdoor public places. In 2013, Davao City was awarded by SEATCA as the 1st 100% Smoke-Free Metropolitan City in the ASEAN region.



Iloilo City is a 100% smoke-free city in the Philippines. The Comprehensive Anti-Smoking Ordinance of Iloilo City (Regulation Ordinance No. 2021-255) safeguards public health by protecting constituents from the harmful effects of smoking and tobacco use, reducing potential exposure to tobacco marketing and advertising, restricting

accessibility to tobacco products such as electronic nicotine delivery systems (ENDS), electronic non-nicotine delivery systems (ENNDS), heated tobacco products (HTPs), and providing support, and a conducive environment for tobacco users to quit. Executive Order 96 was also launched, declaring all heritage and tourism sites in Iloilo City smoke-free. The Iloilo City Anti-Smoking Task Force strictly enforces the provisions of the ordinance.

Balanga City is a 100% smoke-free city in Bataan, Philippines where smoking is not allowed in all enclosed places and public places. In Balanga, smoking, selling, distribution, advertising and promotion of tobacco products and/or electronic nicotine delivery systems (ENDS) within the declared University Town area are prohibited as stipulated in Ordinance No. 17 series of 2019 entitled the "New comprehensive tobacco and nicotine regulation for the protection of health and welfare ordinance of Balanga City".



Baguio City is a 100% smoke-free city in the Philippines. Ordinance No. 34 s. 2017 makes it unlawful for any person to smoke or allow smoking in public utility vehicles, government-owned vehicles or any other means of public transport for passengers, accommodation and entertainment establishments, public buildings, public places, enclosed public places or any enclosed area outside of one's private residence or private place of work, except in duly designated smoking areas. Those allowing or abetting or tolerating the aforementioned violations will be fined PHP 1,000 (USD 17.86) for the first offense, PHP 2,000 (USD 35.72) for the second offense and PHP 3,000 (USD 52.08) for the third offense. In

2020, Baguio City reported a total collection of PHP 2.81 million from establishments and individual violators of the smoke-free ordinance.



Asia-Pacific Smoke-free Heritage Sites & Cities Alliance (ASHA)
Support Smoke-free Tourism!



Angkor, Cambodia



Borobudur, Indonesia



Prambanan Temples, Indonesia



Sewu Temple, Indonesia



Vat Phou, Lao PDR



Luang Prabang, Lao PDR



Penang, Malaysia



Malacca, Malaysia



Bagan, Myanmar



Historical Town of Sukhotai, Thailand



Ancient Town of Hoi An, Vietnam



Halong, Vietnam

Global Alliance for Smoke-free Tourism (GAST)

In 2022, SEATCA launched a new Global Alliance for Smoke-Free Tourism at the 8th Asia Pacific Smoke-Free Meeting with the theme, “Rising amidst the challenges: Strengthening and sustaining smoke-free implementation and enforcement”, in Baguio City, Philippines. The GAST has 127 smoke-free tourism sites as members.



Smoke-free tourism in ASEAN



Cambodia: Smoke-free award

The Ministry of Tourism in collaboration with the Ministry of Health has launched a ‘Smoke-Free Environment Compliance Awards’ initiative in 2019. The award aims to recognize to and encourage good compliance of smoke-free environments in the tourism sector in tandem with the smoke-free regulation, particularly among food establishments (restaurants, cafeteria, and food court) and accommodations (hotels, guesthouses, and homestays). The initiative started with tourism-active provinces including Kampong Cham, Siem Reap and Battambang. At present, 518 tourism establishments have received the smoke-free environment compliance awards (a trophy and a certificate of appreciation) by the Ministry of Tourism.



Smoke-Free Environment Compliance Awardees for 2019–2022

Provinces	Number of awardees		Year
	Hotels/guesthouses	Restaurants	
Kampong Cham, Siem Reap, Battambang	37	26	2019
Kampong Speu, Pursat, Kep, Kampot, Prey Veng, Svay Rieng, Kampong Chhnang, Takeo, Tboung Khmum, Kratie	138	97	2020
Kampong Thom, Preah Vihear, Steung Treng	46	34	2021
Ratanakiri, Mondulkiri, Kampot, Koh Kong and Preah Sihanouk	82	58	2022



In addition to the trophy, no-smoking stickers were provided to hotels/guesthouses and restaurants to support the smoke-free initiative.



Cambodia: Smoke-free tourism - Kampot City

Cambodia’s Minister of Tourism signed a ministerial decision, officially known as ‘Prakas,’ to implement guidelines for a Smoke-free Tourism City. This initiative aims to preserve Cambodia's pristine charm and promote healthier tourism practices. The objective is to encourage tourism establishments in cities or districts to adhere to minimum standard operating procedures, thereby creating a smoke-free environment and declaring the city as a smoke-free tourism destination. In collaboration with the Ministry of Tourism, SEATCA, and WHO Cambodia, the Kampot City government has spearheaded efforts to develop the city into Cambodia's first smoke-free tourism destination, ensuring compliance with the necessary standards for a smoke-free environment.



Smoke-free tourism in ASEAN



Indonesia: Smoke-free heritage



With SEATCA's support and to protect its world heritage sites from damage caused by tobacco use, Borobudur and Prambanan in 2012 declared the main sites frequented by tourists as smoke-free zones to conserve the temple's stone reliefs and statues, joining the regional campaign to raise public awareness on the harmful effects of smoking.

In order to expand the network to other sites, Borobudur and Prambanan led the establishment of the Indonesia Chapter of the Smoke-free Heritage sites and cities Alliance (SHA) in 2017. The initiative was strengthened through the issuance of the Director of Culture Circular Letter No. 3382/E.E1/KB/2019 concerning smoke-free areas in cultural heritage sites. At present, 77 heritage sites have an internal regulation to implement smoke-free heritage sites. Of these, four are listed as UNESCO's World Heritage Sites including Borobudur Temple, Prambanan Temple, Sangiran Early Man Site, and Ombilin Mining Heritage of Sawahlunto.



Vietnam: Non-smoking tourism city model



Vietnam has initiated a non-smoking tourism city model in Hoi An, Hue, Nha Trang and Ha Long cities. 'No-smoking' signages were displayed in non-smoking areas particularly at tourist attractions, hotels, and restaurants. Besides providing a non-smoking working environment, the restaurants and hotels also enforce penalties for those who smoke in workplaces and public places, as well as promote smoke-free policy to the locals and tourists.

Hanoi was promoted as a model for "food-safe and non-smoking restaurants and hotels" in 2017. About 200 hotels and restaurants participated in the non-smoking campaign and committed to comply with smoke-free policy according to the Law on Prevention of the Harm of Tobacco.

In September 2019, there were 30 non-smoking cultural, tourist, and relic sites in Hoan Kiem District, Hanoi City. 'No smoking' signages were put up to warn the locals or tourists to comply with the smoke-free policy.

Smoke-Free Universities Network (SFUN)



The Smoke-free Universities Network (SFUN) was launched in Mandalay, Myanmar in 2016. The People’s Health Foundation (PHF) and SEATCA organized a Smoke-free Universities Workshop to build capacity and train focal persons in 30 universities, initially including medical universities only but later expanded to include non-medical universities. These smoke-free universities formed a network known as the Smoke-free Universities Network (SFUN) with plans to include other smoke-free universities in the ASEAN. SFUN was organized to strengthen the smoke-free campaign in educational facilities, including prohibiting the sale, advertising, and promotion of any tobacco products within these places and in nearby areas.

Several universities joined the selection for the Best Smoke-free University in Myanmar. The Minister of Health presented the awards to the recipients during the 2018 World No Tobacco Day celebration in Nay Pyi Taw. In recognition of their successful smoke-free campaign, the following universities received the awards:



Other participating universities were recognized: University of Medicine 1 (Yangon), University of Medicine 2 (Yangon), University of Community Health (Magway), University of Medical Technology (Mandalay), University of Dentistry (Mandalay), and University of Dental Medicine (Mandalay).



All medical-related universities have been smoke-free since 2018. Major universities in all capital cities of regions and states have also been smoke-free since 2019.



Ministry of Higher Education, Science, Research and Innovation has established a smoke-free universities network with a total of 164 members. The network aims to strengthen the implementation of smoke-free universities.



Smoke-free sports in ASEAN

Country		
Cambodia	32 nd Southeast Asian (SEA) Games, 5 – 17 May 2023 12 th ASEAN Para Games, 3 – 9 June 2023 1 st Smoke-Free Sports event, 20 June 2012	
Vietnam	31 st Southeast Asian (SEA) Games, 12 – 23 May 2022 9 th Smoke-free National Games, 9 – 21 December 2022, Quang Ninh 5 th Asian Beach Games, 24 September – 3 October 2016, Danang 22 nd Southeast Asian (SEA) Games, 5 – 13 December 2003	
Philippines	30 th Southeast Asian (SEA) Games, 30 November to 11 December 2019 23 rd Southeast Asian (SEA) Games, 27 November to 5 December 2005	
Malaysia	29 th Southeast Asian (SEA) Games, 19 – 30 August 2017 5 th ASEAN Para Games, 15 – 19 August 2009	
Singapore	28 th Southeast Asian (SEA) Games, 5 – 16 June 2015	
Myanmar	27 th Southeast Asian (SEA) Games, 11 – 22 December 2013	
Indonesia	26 th Southeast Asian (SEA) Games, 11 – 22 November 2011	
Lao PDR	25 th Southeast Asian (SEA) Games, 9 – 18 December 2009 11 th Lao National Games, 13 – 22 December 2022, Xieng Khouang Province (100% Smoke-Free including E-cigarettes) Smoke-free National Games implemented since 2008	
Thailand	24 th Southeast Asian (SEA) Games, 6 – 15 December 2007	5 th Asian Beach Games VIET NAM 2016 NO SMOKING



Enforcement infrastructure at the national level

Components of the enforcement infrastructure that should be included in the law	Brunei	Cambodia*	Indonesia**	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Authorities responsible for enforcement	Yes	Partial	Partial	Yes	Yes	Partial	Yes	Yes	Yes	Yes
System for monitoring compliance and for prosecuting violations	Yes	No	Partial	Yes	Yes	Partial	Yes	Yes	Yes	Yes
Process for inspection of businesses for compliance	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Yes	Yes
National coordinating mechanism to ensure a consistent approach on monitoring nationwide	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Partial	Partial
Overall Enforcement Plan	Yes	Partial	Partial	Yes	Yes	Partial	No	Yes	Yes	Yes
Regular Inspections	Yes	Yes	Partial	Yes	Yes	Partial	No	Yes	Yes	No
Authorizes inspectors to enter the premises and to collect samples and gather evidence	Yes	Partial	Partial	Yes	Yes	Partial	Partial	Yes	Yes	Yes
Prohibits businesses from obstructing the inspectors in their work	Yes	Yes	Partial	Yes	Yes	Partial	Partial	Yes	Yes	Yes
Funding Mechanism	Partial	Yes	No	No	Yes	No	Partial	Yes	Partial	Partial

■ Yes ■ Partial ■ No

* Cambodia is in the process of developing regulations related to enforcement.
 ** All enforcement infrastructure and activities are based on Local Smoke-free Regulations legislated by the local government.

Strategies for enforcement

	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Soft enforcement upon the law's entrance into force	Yes	Yes	Yes	Yes	Yes	No	Partial	Yes	Yes	Yes
Information drive for business establishments	Yes	Yes	Yes	Partial	Yes	No	Partial	Yes	No	Partial
Swift & decisive action to penalize violators	Yes	No	Yes	Partial	Yes	No	Partial	Yes	No	No

■ Yes ■ Partial ■ No



Smoke-free awards

ASEAN Smoke-free Award (ASA)



In supporting the campaign ‘Towards a Smoke-free ASEAN’, Lao PDR within the ASEAN Health Cluster 1, in cooperation with the ASEAN Secretariat and SEATCA, initiated the ASEAN Smoke-free Award (ASA) for cities, municipalities, provinces, and states or its equivalent in a country. Nominations for the ASA were accepted from May to October 2023, and validation and rating are in process.

ASA will be a biennial event concurrent with the ASEAN Health Ministers Meeting (AHMM). The first ASA awarding ceremony will be held as a side event at the 16th AHMM in August 2024. The awardees will also be recognized as model smoke-free cities of the Smoke-free Cities Asia-Pacific Network (SCAN).



Malaysia: Blue Ribbon Award

The Blue Ribbon Campaign was initiated in 2013 as part of the initiative of the Malaysian Health Promotion Board (MySihat) to recognize and honour the significant roles played by individuals, organizations and institutions advocating a 100% smoke-free environment in both indoor and outdoor areas in workplaces, restaurants or hotels. Currently, there are more than 300 premises recognised as smoke-free through the Blue Ribbon Premises Certification. The role of media is honoured through a media award for raising awareness on the harmful effects of smoking and exposure to secondhand smoke. An outstanding achievement and special awards were given to individuals, groups, institutions, communities, government agencies and other stakeholders who have shown excellence in tobacco control leadership. MySihat has also been actively promoting and supporting the smoke-free cities initiatives in Malaysia, particularly in Melaka, Johor, Pulau Pinang, Kelantan and Terengganu. At present, around 33 smoke-free zones have been gazetted in these 5 states between 2011 and 2017.



Philippines: Department of Health (DOH) Red Orchid Award

The DOH Red Orchid Award was the first of its kind in the world. It aimed to advocate and promulgate DOH Administrative Order 2009-0010 and Civil Service Commission Memorandum Circular No. 17, dated May 29, 2009 for 100% smoke-free environments and push for full implementation of the WHO FCTC. The highly sought-after award started in 2010 and gave recognition to 100% tobacco-free cities, municipalities, government offices and health facilities strictly enforcing tobacco control measures.

The Red Orchid Award has been subsumed into the “Healthy Pilipinas Awards” which started in 2022 and recognizes local government units with best practices in various health promotion programmes that include tobacco control. It is being managed by the Health Promotion Bureau of the Department of Health. Despite the change in the national level awarding system, the Red Orchid Award is still being continued by several Regional Offices of the Department of Health.

For more detailed information, please visit <http://smokefreeasean.seatca.org> and refer to the Smoke-free Index: Implementation of Article 8 of the WHO Framework Convention on Tobacco Control in ASEAN Countries (2020), Towards a Smoke-free ASEAN & Beyond: A Decade of Advancing a Genuine Smoke-free Future (2022), and Smoke-free Policy Implementation & Enforcement: A Practical Guide (2023).

Standardized tobacco packaging and pictorial health warnings in ASEAN



* The Pictorial Health Warnings Regulation was legislated in May 2016, but actual implementation was delayed due to strong tobacco industry interference. The deadline for tobacco industry compliance was extended three times from 1 October 2016 to 1 January 2018 (a total of 19 months grace period). The Ministry of Health has issued a regulation on standardized tobacco packaging as mandated by the Tobacco Control Law 2021. Lao PDR is the fourth ASEAN country to require standardized tobacco packaging effective 5 December 2024.

** Initial implementation on 10 April 2022 has been postponed three times due to industry interference. The latest implementation date is 31 December 2024.

Chapter 9

A Picture Is Worth A Thousand Words

Tobacco packaging serves as the most cost-effective communication channel for governments to convey the health risks associated with tobacco use. Especially among those with low literacy levels, pictorial health warnings (PHWs) are an effective health promotion tool to increase awareness of tobacco's harmful effects with no costs to the government.

As part of a growing global trend, at least 138 countries/jurisdictions have legislated PHWs to date in accordance with WHO FCTC Article 11 and its implementation guidelines, adopted at the third session of the FCTC Conference of Parties (COP 3) in 2008. In 2016, ASEAN became the first region in the world where all ten member states require PHWs on tobacco packages.

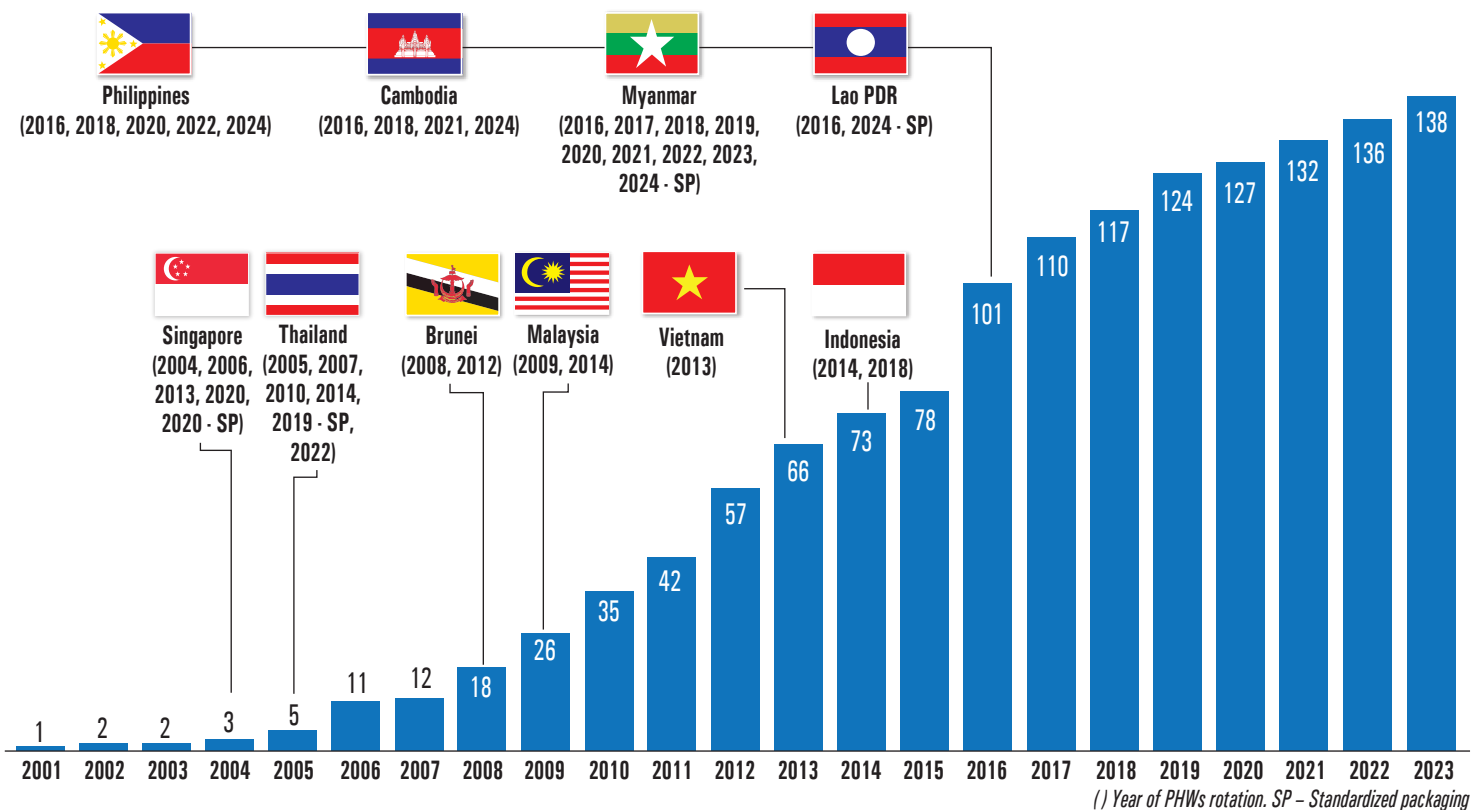
The Article 11 Guidelines recommend that health warnings be as large as possible and include pictures to effectively communicate the health harms of tobacco use. Thailand currently requires the world's fourth largest PHWs (85% front and back of the pack) after Timor-Leste and Turkey (92.5%), Maldives, Nepal Vanuatu, Benin, and Mauritius (90%), and New Zealand (87.5%). Four other ASEAN countries (Brunei, Lao PDR, Myanmar, and

Singapore) require PHW sizes that are considered international best practices (at least 75%).

The Article 11 Guidelines also recommend standardized (plain) packaging, which enhances the visibility of the PHWs and reduces the appeal of tobacco products. In 2012, Australia was the first country to implement plain tobacco packaging. Globally, there are at least 43 countries and territories moving forward with standardized tobacco packaging, with 26 countries having adopted the measure and at least 14 other countries that are in varying stages of introducing standardized packaging laws. With the World Trade Organization dispute panel decision upholding Australia's right to require plain packaging, it is expected that even more countries will follow suit.

In ASEAN, Thailand, Singapore, Myanmar, and Lao PDR are the leading countries that have adopted standardized tobacco packaging, which eliminated all promotional aspects of packaging including brand colours, logos, and graphics on tobacco packages, effective on 10 September 2019, 1 July 2020, 31 December 2024 and 5 December 2024 respectively. Other ASEAN country (Philippines) is underway to adopt a similar measure.

Increasing number of countries requiring PHWs on cigarette packages (2001–2023)



Leaders of pack warning size

Five ASEAN countries among top 25 countries worldwide with the largest pictorial health warnings.

	Country	% Average PHW size	% PHW size (front)	% PHW size (back)
1	Timor-Leste	92.5	85	100
1	Turkey	92.5	85	100
2	Maldives	90	90	90
2	Nepal	90	90	90
2	Vanuatu	90	90	90
2	Benin	90	90	90
2	Mauritius	90	80	100
3	New Zealand	87.5	75	100
4	Hong Kong (S.A.R., China)	85	85	85
4	India	85	85	85
4	Thailand	85	85	85
5	Australia	82.5	75	90
5	Cook Islands	82.5	75	90
5	Niue	82.5	75	90
6	Gambia	81.5	81.5	81.5
7	Chad	80	80	80
7	Sri Lanka	80	80	80
7	Uruguay	80	80	80
8	Ethiopia	78	78	78
9	Brunei	75	75	75
9	Canada	75	75	75
9	Lao PDR	75	75	75
9	Myanmar	75	75	75
9	Singapore	75	75	75
9	Tajikistan	75	75	75

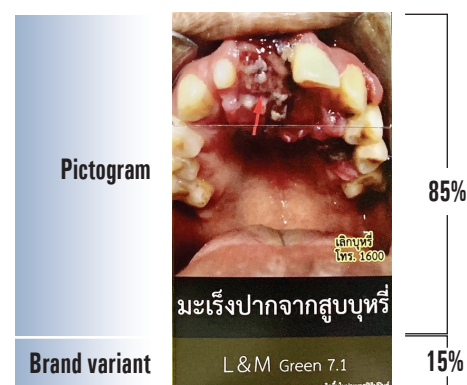


Thailand: Asia's first standardized packaging (with 85% PHW)

In April 2013, Ministry of Public Health (MoPH) passed a regulation requiring pictorial health warnings to cover the upper 85% of front and back panels of packs; however, implementation was delayed due to a legal challenge by the tobacco industry, including Japan Tobacco International (JTI), Philip Morris (PM), and British American Tobacco (BAT), that led to an injunction being issued by the Central Administrative Court.

On 26 June 2014, the Supreme Administrative Court ruled in favor of the MoPH and cancelled the injunction, clearing the way for implementation of the larger 85% warnings. All tobacco products sold in Thailand were required to carry the new pictorial warnings within 90 days.

Thailand was the first Asian country to enforce standardized packaging for tobacco products. On 14 December 2018, Thailand's Standardized Packaging Regulation was enacted with effect after nine (9) months (on 10 September 2019) with a 3-month full phase-out of old cigarette stocks by 8 December 2019. All cigarettes packaging must be sold in drab brown-colored packs with cigarette brand names printed in a standardized font type, size, color, and location, without brand colors or logos. The new standardized packaging complements Thailand's pictorial health warnings, which occupy the upper 85% of the front and back panels of packs, currently the largest in ASEAN.



Quick Fact

Thailand's Tobacco Product Control Act enacted in 2017 authorises the Minister of Public Health to prescribe the standards for package size, colour, marks, labels, and display of trademarks, pictures, and messages on tobacco packages.

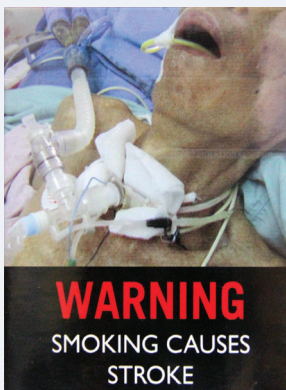
Among the world's largest: Thailand, Brunei, Lao PDR, Myanmar and Singapore

Thailand (85% front and back)*



*These are 4 out of 10 new Thailand PHW images for the 6th rotation, effective 11 January 2022.

Brunei (75% front and back)*



* These are 2 out of 7 Brunei PHW images for the 2nd rotation, effective 1 September 2012.

Lao PDR (75% front and back)*



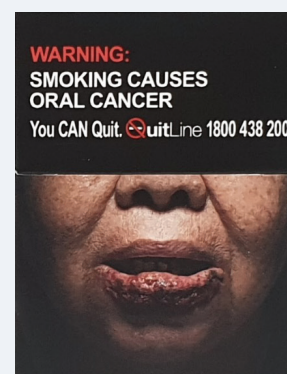
* These are 2 out of 10 Lao PDR PHW images for the 2nd rotation, effective 5 December 2024.

Myanmar (75% front and back)*



* These are 2 out of 10 new Myanmar PHW images for the 6th rotation, effective 10 April 2022.

Singapore (75% front and back)*



* These are 2 out of 6 Singapore PHW images for the 4th rotation, effective 1 July 2020.

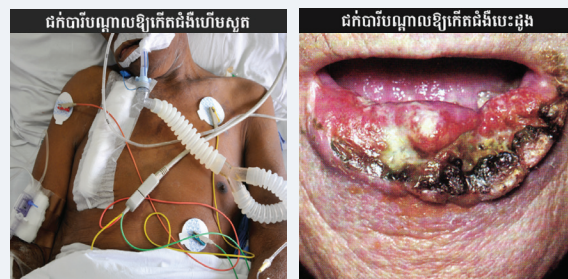
Pictorial health warnings on cigarette packages in other ASEAN countries

Malaysia (50% front and 60% back)*



*These are 2 out of 12 Malaysia PHW images for the 2nd rotation, effective 1 January 2014.

Cambodia (55% front and back)*



*These are 2 new Cambodia PHW images for the 4th rotation, effective 1 May 2024.

Vietnam (50% front and back)*



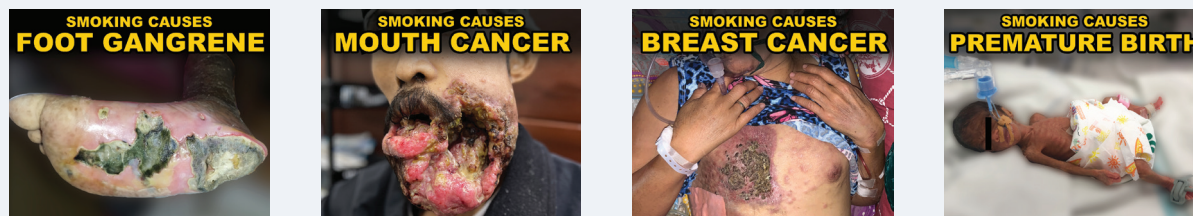
*These are 2 out of 6 Vietnam PHW images for the first rotation, effective 8 August, 2013.

Indonesia (40% front and back)*



*These are 2 out of 5 Indonesia PHW images for the 2nd rotation, effective 11 January 2019.

Philippines (50% front and back)*



*These are 4 out of 10 new Philippines PHW images for the 5th rotation, effective March 2024.

ASEAN image bank of copyright-free pictorial health warnings

In collaboration with ASEAN Focal Points on Tobacco Control (AFPTC), SEATCA established a sharing mechanism of copyright-free pictorial health warning images of ASEAN countries. SEATCA continues to:

- Provide technical assistance to countries on development and implementation of PHWs and standardized tobacco packaging policies.
- Facilitate access to high-resolution and copyright-free PHW images from ASEAN countries.
- Provide sample cigarette packs from the ASEAN region and globally for advocacy purposes.

For more detailed information, please visit <http://tobaccolabels.seatca.org/gallery/>



Evolution of pictorial health warnings and standardized tobacco packaging in ASEAN

Country	Years of implementation and rounds of rotation	Position, size and location	Language	Number of rotating health warnings	Cessation messages
Brunei	2008, 2012	Top 75% front and back	Malay (front), English (back)	7	
Cambodia	2016, 2018, 2021, 2024*	Top 55% front and back	Khmer	2	
Indonesia	2014, 2018	Top 40% front and back	Bahasa Indonesia	5	Layanan Berhenti Merokok (0800-177-6565)
Lao PDR	2016, 2024**	Top 75% front and back	Lao	10	
Malaysia	2009, 2014	Top 50% front and 60% back	Malay (front), English (back)	12	Infoline: 03-8883 4400
Myanmar	2016, 2017, 2018, 2019, 2020, 2021, 2022, 2023, 2024***	Top 75% front and back	Myanmar	10	Quit tobacco
Philippines	2016, 2018, 2020, 2022, 2024****	Bottom 50% front and back	Filipino (front) English (back)	12	Quit Smoking: Call DOH Quitline 1558 (formerly 165-364)
Singapore	2004, 2006, 2013, 2020*****	Top 75% front and back	English	6	YOU CAN QUIT and QUITLINE 1800 438 2000
Thailand	2005, 2007, 2010, 2014, 2019, 2022*****	Top 85% front and back	Thai	10	Quitline 1600
Vietnam	2013	Top 50% front and back	Vietnamese	6	

*The 4th rotation of Cambodia PHWs effective 1 May 2024.

** PHW implementation was delayed due to strong tobacco industry interference. The deadline for tobacco industry compliance was extended three times from 1 October 2016 to 1 January 2018 (a total of 19 months grace period). The Ministry of Health has issued a regulation on standardized tobacco packaging as mandated by the Tobacco Control Law 2021. Lao PDR is the fourth ASEAN country to require standardized tobacco packaging effective 5 December 2024.

*** Myanmar was the third ASEAN country to require standardized packaging and 10 PHWs for smoked and smokeless tobacco products (5 PHWs each), effective 10 April 2022, however, implementation was delayed to 31 December 2024, a total of 38 months extension, due to tobacco industry interference.

**** The 5th rotation of Philippines PHWs effective March 2024.

*****Singapore implemented standardized packaging and increased the pictorial warning size from 50% to 75% effective 1 July 2020.

*****Thailand standardized packaging with a new set of 10 rotating pictorial health warnings effective 11 January 2022.

Ban on false or misleading descriptors in ASEAN

Year of implementation						
2007	2009	2010	2012	2013	2015	2016
Thailand	Malaysia	Lao PDR	Indonesia	Singapore and Vietnam	Cambodia	Myanmar and Philippines

*Brunei: No ban

Implementation timeline of the new rotation of pictorial health warnings and standardized tobacco packaging in ASEAN

Country	Pictorial health warnings (Size: Front/Back)	Standardized packaging	Date of approval	Transition period for tobacco industry	Date of Implementation	Date of implementation at retail level	Phase-in period
Brunei	75%/75%		22 February 2012	Less than 7 months	1 September 2012	1 September 2012	NA
Cambodia	55%/55%		20 April 2023	9 months	1 May 2024	1 May 2024	NA
Indonesia	40%/40%		13 December 2017	12 months	11 January 2019	11 January 2019	NA
Lao PDR	75%/75%	✓	13 May 2024	6 months	5 December 2024*	5 December 2024	NA
Malaysia	50%/60%		11 June 2013	Less than 7 months	1 January 2014	1 January 2014	NA
Myanmar	75%/75%	✓	12 October 2021	6 months	31 December 2024**	31 December 2024	90 days (1 January – 1 April 2025)
Philippines	50%/50%		19 July 2023	12 months after publication of PHW templates	4 March 2024	4 March 2024	8 months
Singapore	75%/75%	✓	1 July 2019	12 months	1 July 2020***	1 July 2020	3 months (1 April - 30 June 2020)
Thailand	85%/85%	✓	14 July 2021	6 months	11 January 2022****	10 April 2022	90 days (11 January - 10 April 2022)
Vietnam	50%/50%		8 Feb 2013	6-10 months	8 August, 2013 (soft pack) 8 December 2013 (hard pack)	8 August, 2013 (soft pack) 8 December 2013 (hard pack)	NA

* Lao PDR ranked the fourth ASEAN country to require standardized packaging on tobacco products effective 5 December 2024.

** Myanmar was the third ASEAN country to require standardized packaging and 10 PHWs for smoked and smokeless tobacco products (5 PHWs each), effective 10 April 2022, however, implementation was delayed to 31 December 2024, a total of 38 months extension, due to tobacco industry interference.

*** Singapore ranked second country in ASEAN to implement standardized packaging, effective 1 July 2020.

**** Thailand was the first country in ASEAN to implement standardized packaging, effective 10 September 2019. The 6th rotation of Thailand PHWs effective 11 January 2022.



Canada: Global first to require health warnings on individual cigarettes

Canada led the world as the first country to require the printing of health messages on individual cigarette sticks. The warnings include, “Poison in every puff,” “Cigarettes cause impotence” and “Tobacco smoke harms children.” Tobacco product packages that feature the new health-related messages printed on every individual cigarette is sold in stores starting end of April 2024. The individual warnings will be phased in, with king-sized cigarettes carrying the message by 31 July 2024, and regular-size cigarettes and cigarillos with tipping paper, and tubes, by 30 April 2025. This measure will provide a constant reminder to consumers on the health effects of tobacco use.

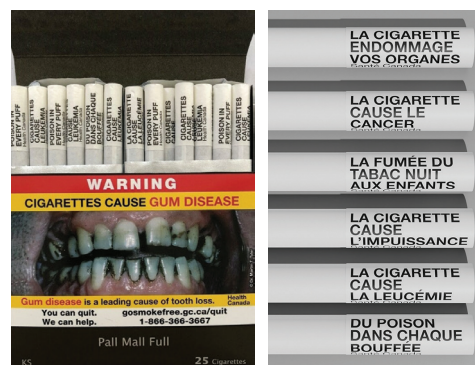


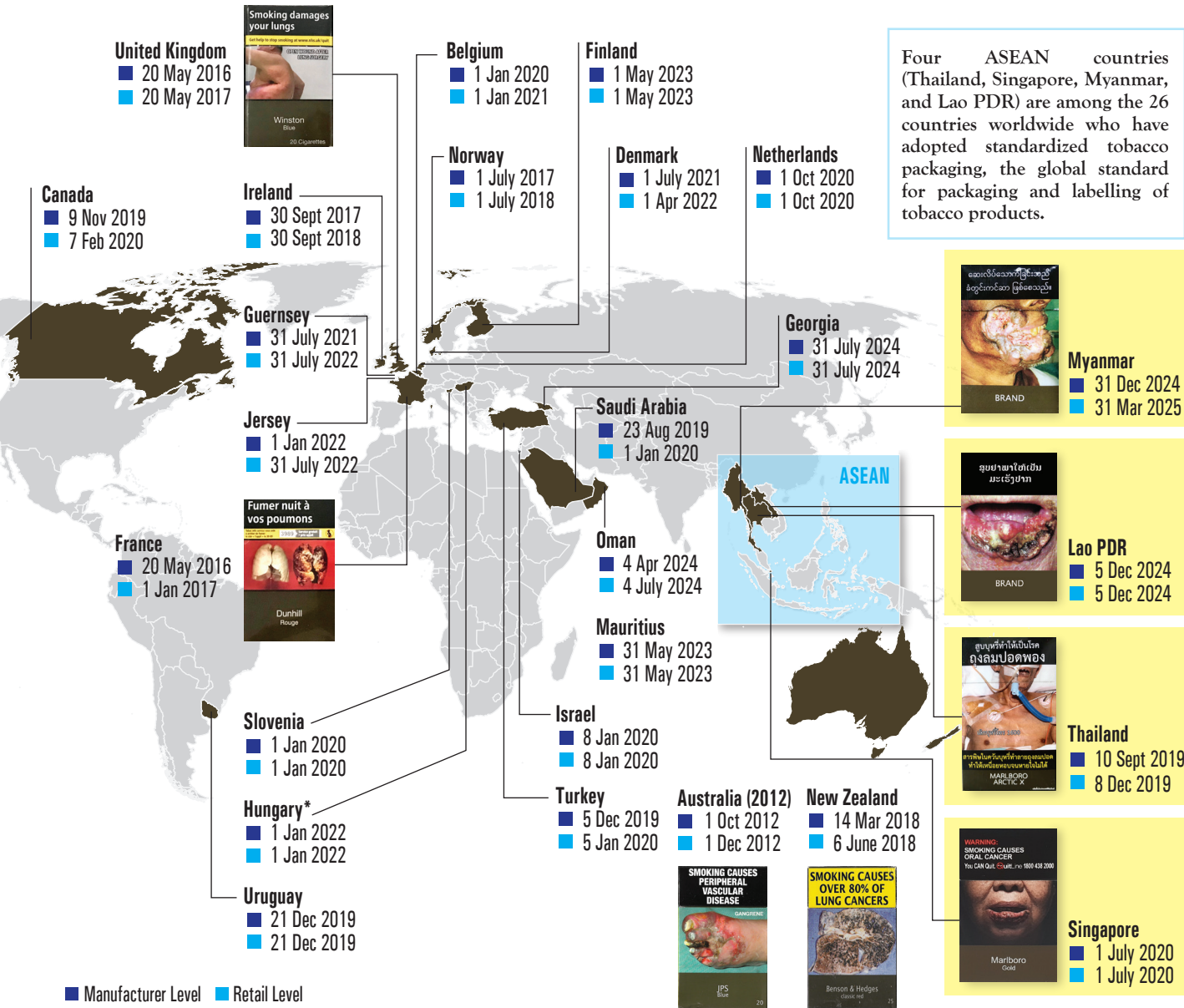
Photo credit: Canadian cigarette package warnings on individual cigarettes (CNW Group/Canadian Cancer Society) (left) and Canadian Department of Health (right).

Quick Fact

All legal challenges brought by the tobacco industry against standardize/plain packaging laws have been dismissed by the courts and tribunals across the globe.

Standardized/plain tobacco packaging around the world

Globally, there are at least 43 countries and territories moving forward with standardized tobacco packaging, with 26 countries having adopted the measure following Australia’s lead (in 2012), 3 countries (Monaco (from France), Cook Islands (from New Zealand), and Niue (from Australia) having it in practice and at least 14 other countries are in varying stages of introducing standardized packaging laws.



Standardized tobacco packaging in ASEAN (Thailand, Singapore, Myanmar and Lao PDR)

Thailand, Singapore, Myanmar and Lao PDR are the first in Asia and among the 26 countries and territories that implement standardized packaging for tobacco products, eliminating all promotional aspects of packaging including brand colours, logos and graphics on tobacco packages. Singapore’s PHWs size on the package surface, increased to 75% from 50% (introduced since 2004) along with the standardized packaging regulation.

Disclosure of information on relevant constituents and emissions of tobacco products in ASEAN

Country	Details	
Brunei (2012) [1]	This product contains nicotine and tar which cause addiction and is dangerous to health <i>Produk ini mengandungi nikotina dan tar yang menyebabkan ketagihan dan membahayakan kesihatan</i> Printing requirements: In the English language on one side panel of the pack and in the Malay language on the other side panel	
Indonesia (2012) [1]	Tidak ada batas aman! Mengandungi lebih dari 4,000 zat kimia berbahaya, 43 zat penyebab kanker <i>There is no safe limit! Contains more than 4,000 hazardous chemicals and more than 43 cancer causing substances</i> Printing requirements: On one side panel and in Bahasa Indonesia only	
Lao PDR (2024)* [10]	Side panel A <hr/> 1a. ຂາຍຢາສູບໃຫ້ເດັກ ເປັນການທຳລາຍລູກຫຼານ Selling cigarettes to minor is harms young generation 2a. ສູບຢາເສັ້ນເລືອດອຸດຕັນ Smoking causes atherosclerosis 3a. ສູບຢາໃນເຮືອນ ອອກຢາສູບຍາກ Smoking at home causes family in risk to get diseases 4a. ສູບຢາໄຂມັນບໍ່ດີເພີ່ມຂຶ້ນ Smoking causes high LDL cholesterol 5a. ເປັນຄວາມຕັນສູງສູບຢາ ເປັນອຳມະພາດໄວ Hypertension and smoking lead to earlier paralysis	Side panel B <hr/> 1b. ເຈັດສ່ວນສິບ ຂອງເດັກທີ່ຕິດຢາສູບ ອອກບໍ່ໄດ້ 7 in 10 kids addicted to cigarette cannot quit 2b. ສູບຢາພາໃຫ້ຫົວໃຈວາຍ Smoking causes heart attack 3b. ສູບຢາໃນເຮືອນ ລູກສ່ຽງຕິດຢາສູບ Smoking at home linked to children’s risk of addiction to cigarette 4b. ສູບຢາຫຼອດເລືອດເສື້ອມ Smoking causes atherosclerosis 5b. ເປັນເປົາຫວານສູບຢາ ພະຍາດແຊກຊ້ອນໄວ Diabetes and smoking lead to earlier complications
Malaysia (2009) [1]	Produk ini mengandungi lebih 4,000 bahan kimia termasuk tar, nikotina dan karbon monoksida yang membahayakan kesihatan <i>This product contains more than 4,000 chemicals including tar, nicotine and carbon monoxide that are dangerous to health</i> Printing requirements: On one side panel and in Malay language only	
Myanmar (2021)* [4]	On cigarettes, cheroots and cigars (Say Pyinlate) and various kinds of cigars packaging ဆေးလိပ်သောက်ခြင်းသည် ကျန်းမာရေးကို ဆိုးရွားစွာထိခိုက်စေသည်။ ဆေးလိပ်ဖြတ်ပါ။ Smoking causes serious harm to your health. Quit Smoking ဆေးလိပ်တွင်ပါဝင်သော နီကိုတင်း၊ ကတ္တရာနှင့် ကာဘွန် မိုနော့ဆိုဒ်တို့သည်နှလုံးရောဂါနှင့် အဆုတ်ရောဂါကိုဖြစ်စေသည်။ ဆေးလိပ် ဖြတ်ပါ။ Nicotine, Tar and Carbon Monoxide contained in cigars can cause heart and lung diseases. Quit smoking ဆေးလိပ်တွင် နိုင်ထရိုစမင်း၊ ဘင်ဆိုပိုင်ရင်း စသော ကင်ဆာဖြစ်စေသော ဓာတ်ပစ္စည်းများ ပါဝင်သည်။ ဆေးလိပ်ဖြတ်ပါ။ Cigar contains cancer-causing compounds like Nitrosamine, Benzopyrene and others. Quit smoking Printing requirements: ▪ “Smoking causes serious harm....” must be printed on the top panel. ▪ “Nicotine, Tar and Carbon Monoxide....” must be printed on the right side panel ▪ “Cigar contains cancer causing compounds....” on the left side panel. ▪ All texts in Myanmar language (Other tobacco products including compounded tobacco (Say Paung), pickled tobacco (Hnut Say), and chewing tobacco (Kwan Sarsay), etc.) packaging also required to print a different set of qualitative statement on the packaging.)	

*This new requirements based on the 2021 order relating to standardized packaging of, and printing graphic for health warning images and texts on cigar and tobacco products, effective on 31 December 2024.
 [] Number of statements

Disclosure of information on relevant constituents and emissions of tobacco products in ASEAN

Country	Details	
Singapore (2012) [1]	Smoking exposes you and those around you to more than 4,000 toxic chemicals, of which at least 60 can cause cancer. The chemicals include tar, nicotine, carbon monoxide, formaldehyde, ammonia and benzene	
	Printing requirements: On one side panel and in English language	
Thailand (2021) [10]	Side panel A	Side panel B
	<ol style="list-style-type: none"> 1a. สูบแล้วยิ่งเสี่ยงเป็นวัณโรค Smoking increases the risk of tuberculosis 2a. สูบในบ้านเลิกยาก Smoking at home is hard to quit 3a. สูบแล้วเป็นมะเร็งตายทรมาน Smoking causes cancer and painful death. 4a. นิโคตินในบุหรี่เป็นสารพิษ Nicotine in cigarettes is a toxic substance. 5a. สูบแล้วไขมันไม่ดีเพิ่มขึ้น Smoking causes LDL cholesterol. 	<ol style="list-style-type: none"> 1b. เป็นวัณโรคแล้วสูบตายเพิ่ม 3 เท่า With tuberculosis, the chance of dying from smoking increases 3 times 2b. สูบในบ้านลูกเสี่ยงติดบุหรี่ Smoking at home is linked to children's risk of addiction to cigarette 3b. บุหรี่ทำให้เป็นมะเร็ง 20 ชนิด Cigarette causes 20 types of cancer. 4b. นิโคตินเป็นพิษทำร้ายสมอง Nicotine toxicity harms brain. 5b. สูบแล้วหลอดเลือดเสื่อม Smoking causes atherosclerosis.
	Printing requirements: Paired qualitative statements on two side panels and in the Thai language	

Note: Only Brunei, Philippines, and Thailand prohibit the display of emission yields (tar, nicotine, and carbon monoxide) on packages.

[] Number of statements



For more detailed information, please visit <http://tobaccolabels.seatca.org> and refer SEATCA Tobacco Packaging and Labelling Index: Implementation of WHO Framework Convention on Tobacco Control Article 11 in ASEAN Countries (2022).

Tobacco advertising at point-of-sale (POS) in ASEAN



*In Indonesia, there are 21 cities/districts that have banned cigarette display at point-of-sale (POS) by local ordinances (as of June 2023).

Chapter 10

Pulling the Plug on Tobacco Marketing and Tobacco Philanthropy

To maximize profits, the tobacco industry invests billions of dollars yearly around the globe on tobacco advertising, promotion, and sponsorship (TAPS) to aggressively promote its deadly products and the social acceptability of tobacco use. A wide range of TAPS strategies are employed to directly and indirectly make tobacco products attractive and pervasive, targeting not only potential tobacco users (i.e. youth, who are highly receptive to tobacco marketing) and current and former tobacco users, but also policy makers and the public, to artificially create the impression that tobacco use is normal and non-harmful or that the tobacco industry is a socially responsible corporate sector.

Therefore, Parties to the WHO FCTC “recognize that a comprehensive ban on advertising, promotion, and sponsorship would reduce the consumption of tobacco products” (Article 13) because an effective TAPS ban can reduce the appeal of tobacco use (out of sight, out of mind), thereby helping prevent youth uptake, discouraging tobacco use, and preventing ex-users from relapsing. To be effective, a TAPS ban must be comprehensive and cover all forms of TAPS. Partial bans are ineffective because the tobacco industry will maximize TAPS forms that are not banned (e.g. banning mass media TAPS but allowing TAPS at points of sale (POS) or on the Internet, or allowing CSR activities by the tobacco industry). Globally, an increasing number

of countries (66) have reported having adopted a comprehensive ban on all TAPS.

All ASEAN countries are implementing a TAPS ban, but most are partial bans, with Indonesia having the weakest TAPS restrictions in the region.

In addition to a ban on direct tobacco advertising in most ASEAN countries, Brunei, Lao PDR, Singapore, and Thailand (and 21 cities/districts in Indonesia) also ban the display of tobacco packs at POS to reduce the visibility of tobacco products. Three countries (Brunei, Singapore, and Thailand) also require licenses for tobacco retailers to facilitate regulatory compliance.

Only four ASEAN countries (Lao PDR, Malaysia, Myanmar, and Thailand) currently ban CSR activities by the tobacco industry, while only the publicity of tobacco industry CSR is prohibited in Cambodia, Indonesia, Singapore, and Vietnam.

As this chapter illustrates, more still needs to be done to achieve a comprehensive TAPS ban across the ASEAN region, noting that the industry will continue to find innovative ways and constantly evolve its marketing tactics to promote and market its products, such as through creative package designs, new product flavors, new media, and cross-border advertising.

Status of ban on tobacco advertising, promotion and sponsorship in ASEAN

	Direct Advertising	Promotion	Sponsorship	Ad at POS	CSR	Pack Display	Cross Border
Brunei	Ban	Ban	Ban	Ban	Partial Ban	Ban	Partial Ban
Cambodia	Ban	Ban	Ban	Ban	Ban publicity Ban cigarette brand name*	Allow 1 pack per brand	Ban
Indonesia	No Ban	Partial Ban	Partial Ban	No Ban	Ban publicity	**	No Ban
Lao PDR	Ban	Ban	Ban	Ban	Ban	Ban	Ban
Malaysia	Ban	Ban	Ban	Ban	Ban	No Ban	Partial Ban
Myanmar	Ban	Ban	Ban	No Ban	Ban	No Ban	Ban
Philippines	Ban	Allow at POS	Sponsor without cigarette brand	No Ban	No Ban	No Ban	No Ban
Singapore	Ban	Ban	Ban	Ban	Ban publicity	Ban	Ban
Thailand	Ban	Ban	Ban	Ban	Ban	Ban	Ban
Vietnam	Ban	Ban	Partial Ban	Ban	Ban publicity	Allow 1 pack/carton per brand	Partial Ban

POS - Point-of-Sale
 CSR - Corporate Social Responsibility
■ Ban
■ Partial Ban
■ No Ban

*Cambodia's tobacco control law bans sponsorship of concerts or sport events or other public events that carry tobacco brand names, and Ministry of Education Youth and Sport issued a circular banning all forms of partnership between the tobacco industry and public and private educational institutions.
 **In Indonesia, there are 21 cities/districts that have banned cigarette display at point-of-sale (POS) by local ordinances (as of June 2023).

Tobacco marketing channels

- On billboards

Outdoor tobacco advertising billboards can be found in Indonesia* and the Philippines.



* As of May 2023, there are 21 cities/districts including Jakarta province that have banned outdoor advertisement and billboards.

- Sales by individual sellers (not shops)

Ban		No ban
Brunei	Myanmar	Indonesia
Cambodia	Singapore	Philippines
Lao PDR	Thailand	
Malaysia	Vietnam	



Tobacco industry recruits pretty young girls as promoters to sell cigarettes, which is a violation of the law in Vietnam.

Best practice: Bans on the retail display of tobacco products

- 2005 • Thailand, was the first country in the ASEAN region to implement a complete ban on the retail display of tobacco products at point-of-sale, effective on 25 September 2005.
- 2010 • Brunei banned point-of-sale displays in 2010 as a prohibition on advertisements relating to smoking and displaying the cigarette packs was considered as a mode of advertisement.
- 2017 • Singapore enforced a ban on displaying cigarette packs at point-of-sale on 1 August 2017 to reduce the exposure of non-smokers, especially the youth, to the advertising effect of tobacco product displays, as well as to encourage current smokers attempting to quit by minimising impulse purchases of tobacco products.
- 2021 • Lao PDR's 2021 Tobacco Control Law bans point-of-sale displays by prohibiting the display of any forms of advertising for tobacco products that would encourage or promote tobacco smoking or the distribution and trading of tobacco products, including showing texts or logos to encourage tobacco product use.
- 2023 • Indonesia has 21 cities/districts that ban cigarette display at point-of-sale (POS) by local ordinances. These cities/districts are located in various provinces including Bali, Bengkulu, DKI Jakarta, Jambi, Jawa Barat, Jawa Tengah, Kalimantan Barat, Kalimantan Selatan, Kalimantan Tengah and Lampung (as of June 2023).



Curbing tobacco industry CSR activities in ASEAN

Progress in curbing tobacco industry CSR activities



Ban on corporate social responsibility (CSR) activities: All such activities are now banned in Lao PDR, Malaysia*, Myanmar, and Thailand. The publicity of such CSR activities is banned in Cambodia, Indonesia, Singapore, and Vietnam.



Philippines: Ban on donations to schools. The Philippine Department of Education Order No. 6/2012 restricts interaction of officials with the tobacco industry; this includes a prohibition on the tobacco industry partnering with or donating to schools and school officials.

In 2016 the Department of Education issued Department Order No. 48 s. 2016: Policy and Guidelines on Comprehensive Tobacco Control, which prescribes rules on how parents, teachers, and school officials of private and public schools can facilitate enforcement of the ban on sponsorships, including so-called CSR of the tobacco industry, and on selling and advertising tobacco within a 100-meter perimeter of schools.



Cambodia: Ban of use, advertisement, display, and sale of tobacco, and collaboration with the tobacco industry. In February 2021, the Ministry of Education Youth and Sport (MEYS) through a circular banned all forms of partnership between the tobacco industry and public and private educational institutions.



Indonesia: Minister of Education and Culture Regulation No. 64/2015 Tobacco-Free School Premises states, “Reject any offer of advertisement, promotion, sponsorship, and/or collaboration in any form with tobacco manufacturers and/or any organization that uses trademark, logo, slogan, and/or colour associated with the specific characteristics of the tobacco industry to support curricular or extracurricular activities inside and outside school premises.” This effectively bans the tobacco industry from conducting anti-smoking programmes in schools.

*Malaysia’s new Control of Smoking Products for Public Health Act 2024 prohibits CSR of the tobacco industry.

ISO 26000: Tobacco industry conducts fake CSR

“Responsibility of an organization for the impacts of its decisions and activities on society and the environment, through transparent and ethical behavior that contributes to sustainable development, health and the welfare of society; takes into account the expectations of stakeholders; is in compliance with applicable law and consistent with international norms of behaviour; and is integrated throughout the organization and practiced in its relationships.”



For more detailed information, please visit <http://tobaccowatch.seatca.org> and <https://tmonitor.seatca.org/>, also refer to SEATCA Tobacco Advertising, Promotion, and Sponsorship (TAPS) Index: Implementation of WHO Framework Convention on Tobacco Control Article 13 in ASEAN Countries (2022), Lifting the Veil of Tobacco Industry’s Corporate Charity in the ASEAN (2023), Tobacco Charity Exposed: Review of the Tobacco Industry’s CSR Activities in the ASEAN (2022), and Hijacking ‘Sustainability’ from the SDGs: Review of Tobacco-Related CSR activities in the ASEAN Region (2017).

Ban on sale of single sticks of cigarettes in ASEAN



Chapter 11

Protecting Future Generations from Nicotine Addiction

Youth smokers, particularly in low- and middle-income countries, are a huge potential market for the industry’s future growth. Tobacco companies target children and youths, whom they refer to as “replacement smokers” to replace older smokers who either quit or die from tobacco-related diseases. Youth smoking therefore remains the front line of the tobacco epidemic, as youths are more susceptible to tobacco marketing, and nicotine addiction is more entrenched in the developing adolescent brain. On average, most smokers start smoking before the age of 20.

The tobacco industry keeps inventing new ways to sell harm through novel marketing schemes, attractive and colourful packaging, new flavors, and new products to appeal to the young and first-time smokers. In ASEAN, menthol and flavoured cigarettes are unregulated and widely available. Single-stick cigarette sales, which increase accessibility to cigarettes, are banned in all but in three ASEAN countries (Indonesia, Philippines, and Vietnam), while the sale of kiddie packs (containing less than 20 sticks) is still allowed in Indonesia and Philippines.

The emergence and rapid market growth of a new and wider range of alternative nicotine products such as electronic nicotine delivery systems (ENDS, which include e-cigarettes and are available in thousands of flavours) and heated tobacco products (HTPs) are a new challenge for preventing nicotine addiction and other health harms. Such gadgets, with their sleek designs and flashy marketing, easily

appeal to youths and increase the risk of transitioning to conventional cigarettes, and some countries have already seen a significant rise in teen use.

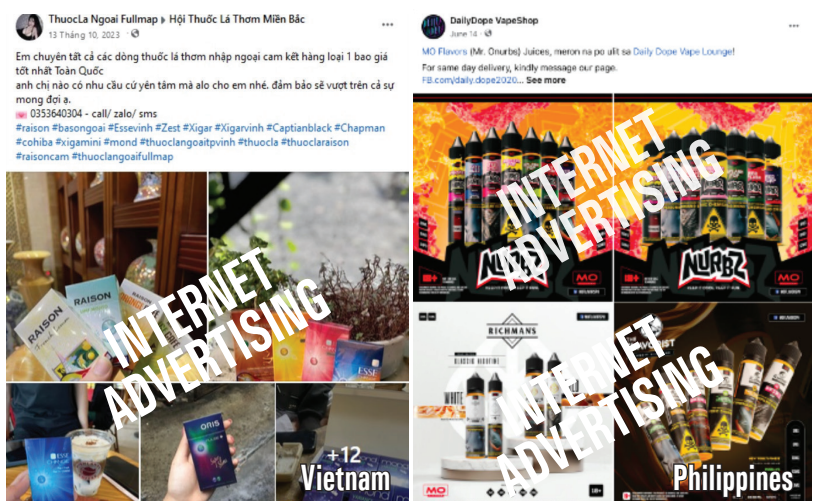
Globally, there are 121 countries have either banned or restricted the sale of ENDS. Thirty four of these countries ban the sale of ENDS, and the other 87 countries have adopted one or more legislative measures to regulate ENDS, covering 3.3 billion people. In ASEAN, five countries (Brunei, Cambodia, Lao PDR, Singapore, and Thailand) already banned ENDS and HTPs.

Transnational tobacco companies also produce ENDS and HTPs and promote these as being less harmful than conventional cigarettes and as smoking cessation devices. Noting that there are no long-term studies on the safety of these devices and insufficient evidence of their benefit as tools for smoking cessation, the WHO and some national health authorities, such as the Australian National Health and Medical Research Council (NHMRC) and the US National Academies of Sciences, Engineering, and Medicine (NAS), have recommended a precautionary approach and action to minimize harm to users and bystanders and to protect vulnerable groups such as young people, until clear evidence of safety, quality and efficacy are produced. For HTPs, the WHO recommends that these be regulated similarly to other tobacco products.

This chapter also highlights initiatives to protect present and future generations from nicotine addiction and tobacco harms.

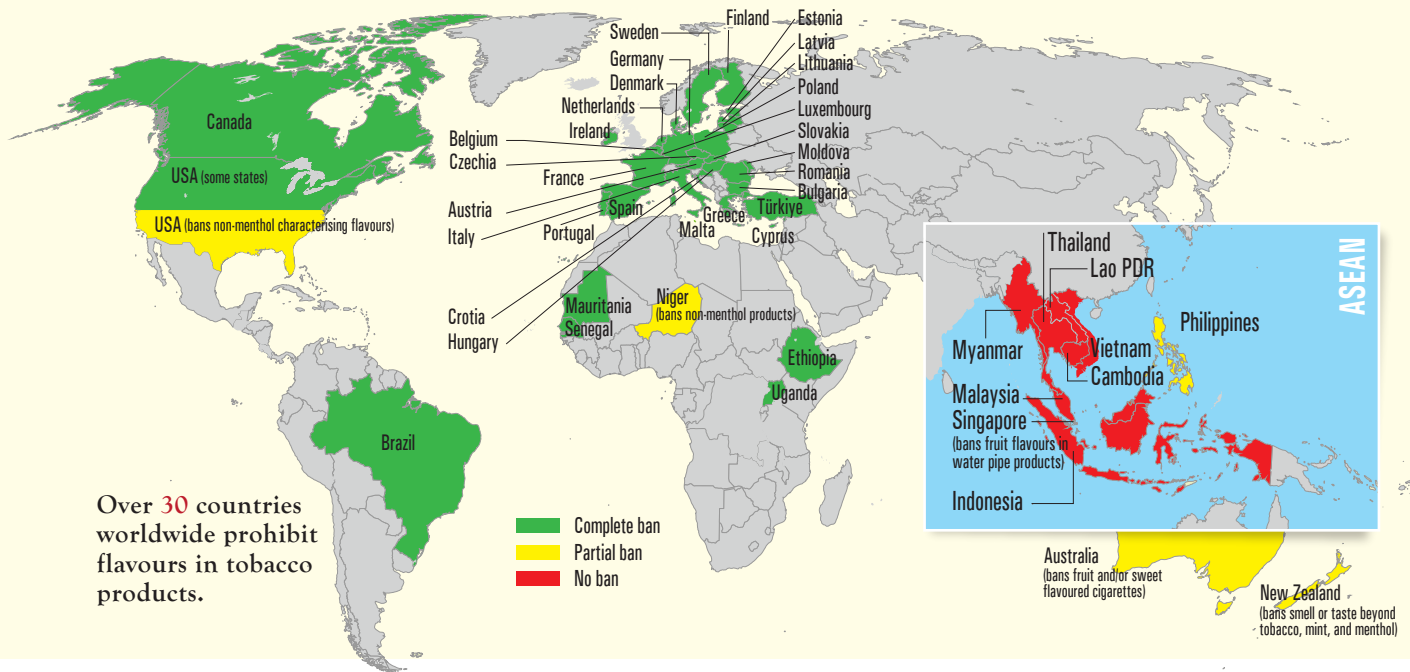
Ban TAPS of tobacco products and ESD (ENDS and HTPs) via internet in ASEAN

Country	Tobacco products	ESD (ENDS and HTPs)
Brunei	Ban (2005)	Ban imitation products (2005)
Indonesia	No ban	No ban
Cambodia	Ban (2015)	Ban ENDS (2014), HTPs (2021)
Lao PDR	Ban (2010)	Ban (2020)
Malaysia	Ban (2004)	Ban HTPs (2020)*, ENDS (2024)
Myanmar	Ban (2006)	No ban
Philippines	Ban (2008)	Regulated (2022)
Singapore	Ban (1993)	Ban (2016)
Thailand	Ban (2017)	Ban (2017)
Vietnam	Ban (2013)	No ban

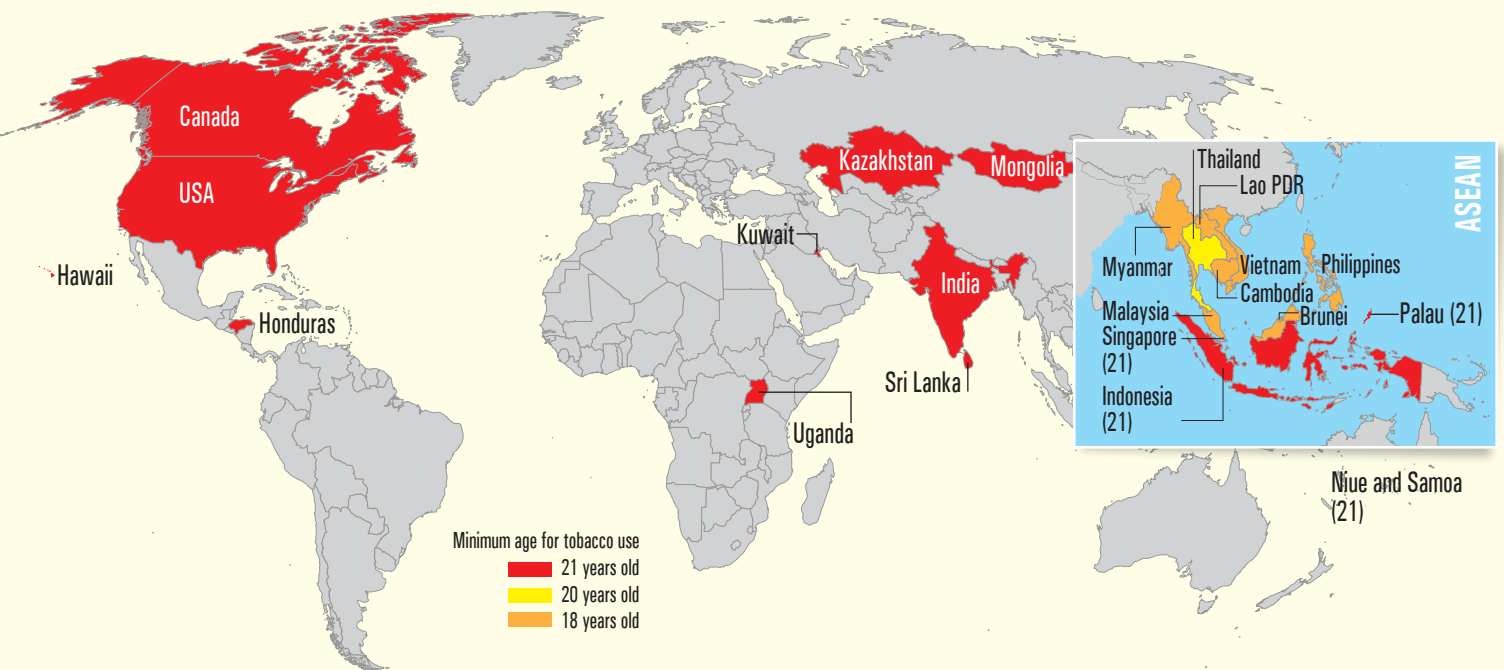


*In Malaysia, the online sale of tobacco products was regulated under Regulation 10A, of the Control of Tobacco Product Regulation (CTPR), 2004 under the Food Act 1983. Heated tobacco product was classified as a cigarette in 2020, hence it was regulated similar to other tobacco products.

Countries with flavouring bans or restrictions: A global view



Minimum legal age for the purchase, possession, and use of tobacco



Raising the minimum legal age for tobacco use to at least 21 years old (ideally 25 years old) helps reduce youth initiation and protects the adolescent brain against nicotine addiction and harm to brain development.

Quick Fact

Despite most countries banning sales to minors, it is estimated **24 million** children aged 13–15 years around the world smoke.



Ban the sale of kiddie packs (less than 20 sticks per pack) in ASEAN

	Kiddie packs	
	Ban (in which year)	No ban
Brunei	2005	
Cambodia	2015	
Indonesia		✓
Lao PDR	2009	
Malaysia	2010	
Myanmar	2006	
Philippines		✓
Singapore	2002	
Thailand	2017	
Vietnam	2016	



Indonesia

Philippines

Ban the sale of tobacco products from vending machines and the distribution of free tobacco products

	Vending machines	Distribution of free tobacco products to the public	
	Ban (in which year)	Ban (in which year)	No ban
Brunei	2005	2005	
Cambodia	2005		✓
Indonesia	2012	2012	
Lao PDR	2009	2021	
Malaysia	2004	2004	
Myanmar	2006	2006	
Philippines	2003*	2003	
Singapore	1993	1993	
Thailand	2017	2017	
Vietnam	2013	2013	



* Vending machine is banned except at point-of-sale establishment and unless there is an age verification mechanism.

Ban the sale or supply of toys or sweets that resemble tobacco products

	Ban (in which year)	No ban
	Brunei	2005
Cambodia		✓
Indonesia	2012	
Lao PDR	2009	
Malaysia	2004	
Myanmar	2006	
Philippines	2003	
Singapore	1993	
Thailand	2017	
Vietnam	2013	



Quick Fact
5.6 million children alive today will ultimately die early from smoking if we do not do more to reduce tobacco use.

Status of Electronic Smoking Device (ESD) ban in ASEAN

Country	Ban on ESD* (ENDS, HTPs and Shisha/hookah)	Regulated nicotine (and/or other) content/s of e-cigarettes	No ban
Brunei (2005)	✓		
Cambodia (2014)**	✓		
Lao PDR (2018)	✓		
Singapore (2010)	✓		
Thailand (2014)	✓		
Indonesia		✓	
Malaysia***		✓	
Myanmar			✓
Philippines		✓	
Vietnam			✓



*Electronic smoking device (ESD) means Electronic Nicotine Delivery Systems / Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS), Heated Tobacco Products (HTPs), and other new and emerging smoking devices, including consumables, e.g. e-liquids and heat sticks.

**Cambodia National Authority for Combating Drugs passed a circular banning the importation, trafficking, sale, and use of HTP on 18 March 2021.

***E-liquid and gel of electronic cigarette was subjected to an ad valorem excise tax of 10% and an excise duty of MYR 0.40 (USD 0.08) per millilitre of e-liquid starting 1 January 2021 (for non-nicotine) and 1 April 2023 (for nicotine). The Malaysian National Fatwa Council has declared all vapour and shisha products as "haram" (forbidden in Islam). Five out of 13 states (Johor, Kelantan, Kedah, Penang, and Terengganu) have banned the sale of e-cigarettes under the state jurisdiction.

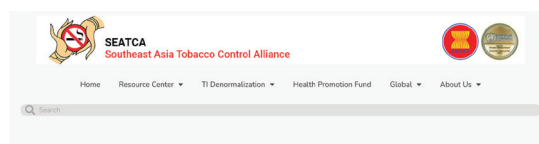


Singapore: Ban on emerging tobacco products

In 2014, Singapore banned emerging tobacco products including smokeless cigars, smokeless cigarillos and smokeless cigarettes; dissolvable tobacco or nicotine; any product containing nicotine or tobacco that may be used topically for application, by implant or injection into any parts of the body; and any solution or substance of which tobacco or nicotine is a constituent that is intended to be used with an electronic nicotine delivery system or a vaporizer (e-cigarettes); nasal snuff, oral snus gutkha, khaini and zarda, as stipulated in the Tobacco (Control of Advertisements and Sale) (Prohibited Tobacco Products) Regulations 2014.

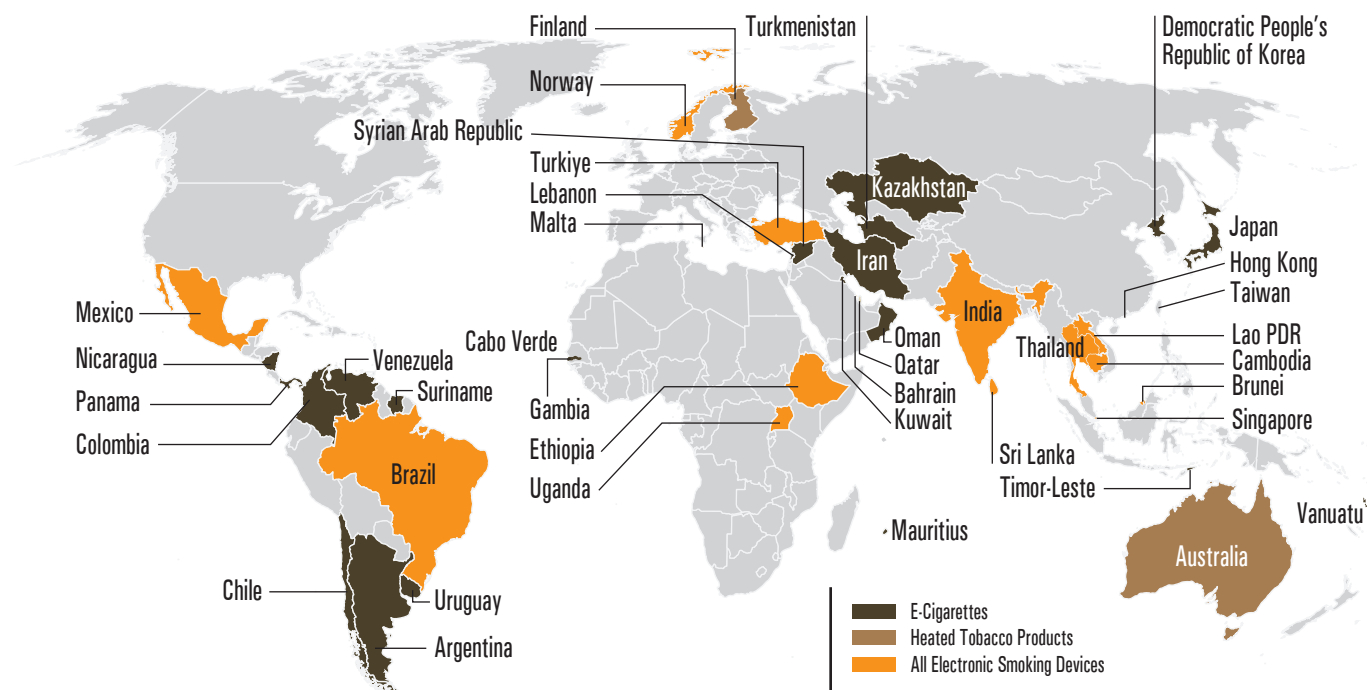
Electronic Smoking Devices (ESD) Resource Hub

SEATCA's ESD resource hub serves as a one-stop resource to help you tackle the problem of ESDs, including electronic nicotine delivery systems and heated tobacco products. It provides access to a collection of scientific evidence - research papers, publications, reading materials - as well as advocacy materials (powerpoint presentations, social media cards, videos, and others), that you can use and adapt to your own campaigns. To know more, visit the resource hub and check out the new materials on ESDs here: <https://seatca.org/esd-resource-hub/>



Global status of ESD ban

Globally, 121 countries have adopted measures addressing electronic nicotine delivery system (ENDS, also known as e-cigarette). More than 40 countries and jurisdictions (as of 10 July 2023) have banned e-cigarettes, heated tobacco products, or both.



All electronic smoking devices

- Bahrain
- Brunei**
- Brazil
- Cambodia**
- Ethiopia
- Hong Kong
- India
- Lao PDR**
- Macau
- Mexico
- Norway
- Qatar
- Singapore**
- Sri Lanka
- Taiwan
- Thailand**
- Turkiye
- Uganda

E-Cigarettes

- Argentina
- Cabo Verde
- Chile
- Colombia
- Democratic People's Republic of Korea
- Gambia
- Islamic Republic of Iran
- Iraq
- Kazakhstan
- Kuwait
- Lebanon
- Mauritius
- Nicaragua
- Oman
- Panama
- Suriname
- Syrian Arab Republic
- Timor-Leste
- Turkmenistan
- Uruguay
- Vanuatu
- Venezuela

Heated tobacco products

- Australia
- Finland
- Malta

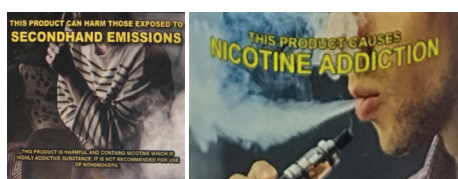
Countries that have no ban in place, but have adopted one or more measures either fully or partially to restrict them

Prohibiting the use of ENDS in indoor public places



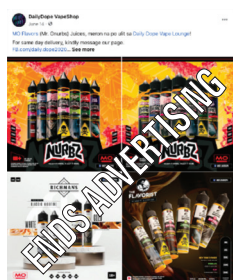
- 42 countries completely ban the use of ENDS in all indoor public places, workplaces, and public transport.

Health warnings applied to packaging of ENDS devices and/or e-liquids



- 64 countries impose the display of health warnings (on either the packaging of ENDS devices, e-liquids, or both)

Prohibiting the advertisement, promotion, and sponsorship of ENDS



- 105 countries do **not** ban or restrict the advertising and promotion of ENDS, including half (17) of the 34 countries where the sale of these products is banned.

Minimum age restrictions applied to the sale of ENDS



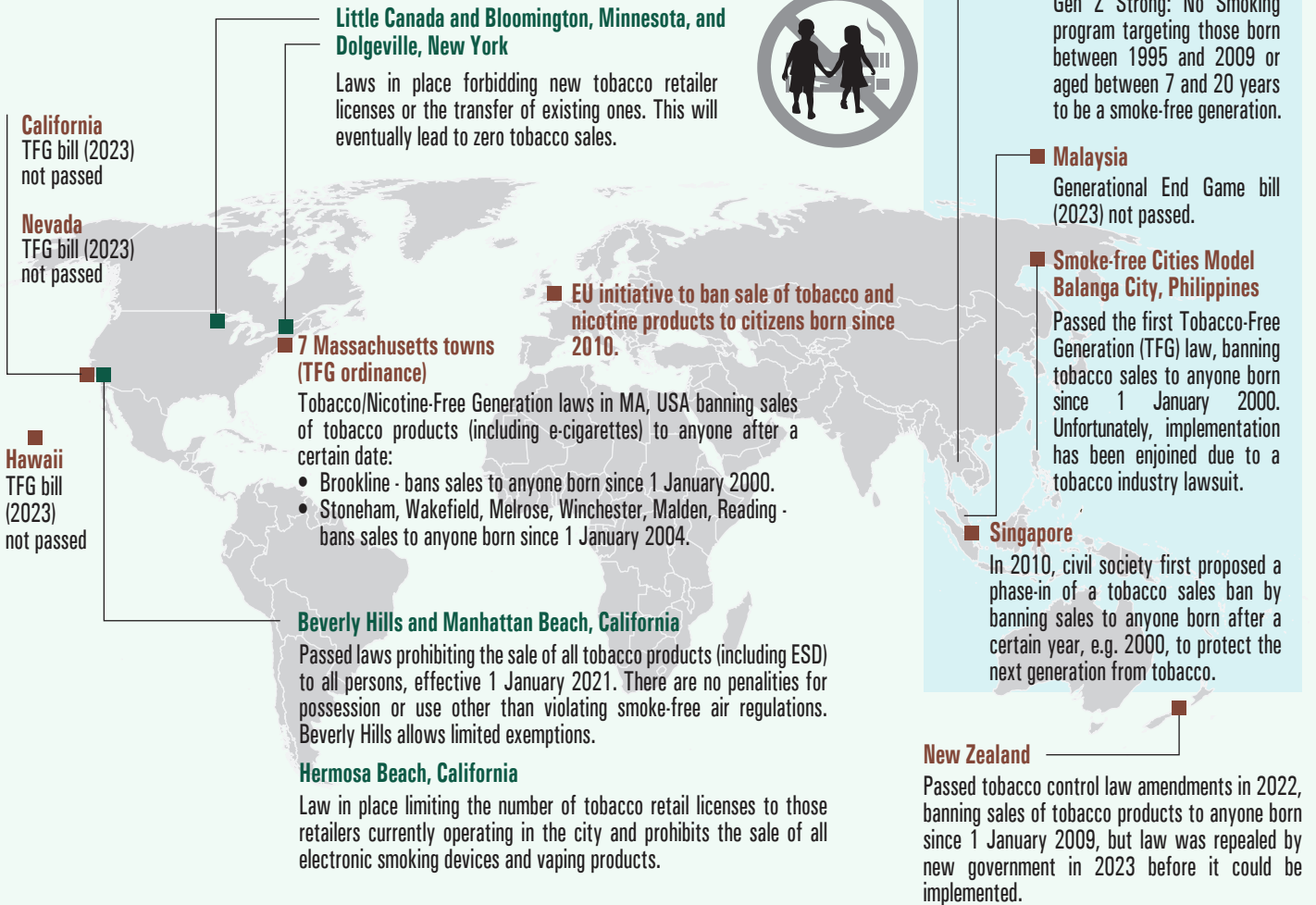
- Only 73 (45%) out of 161 countries ban the sale of ENDS to minors.
- These 73 countries limit their sale to a minimum age
 - 18 years of age in 65 countries
 - 19 years of age in one country
 - 21 years of age in seven countries

Ban on flavours (to reduce the appeal of ENDS products to children and adolescents)

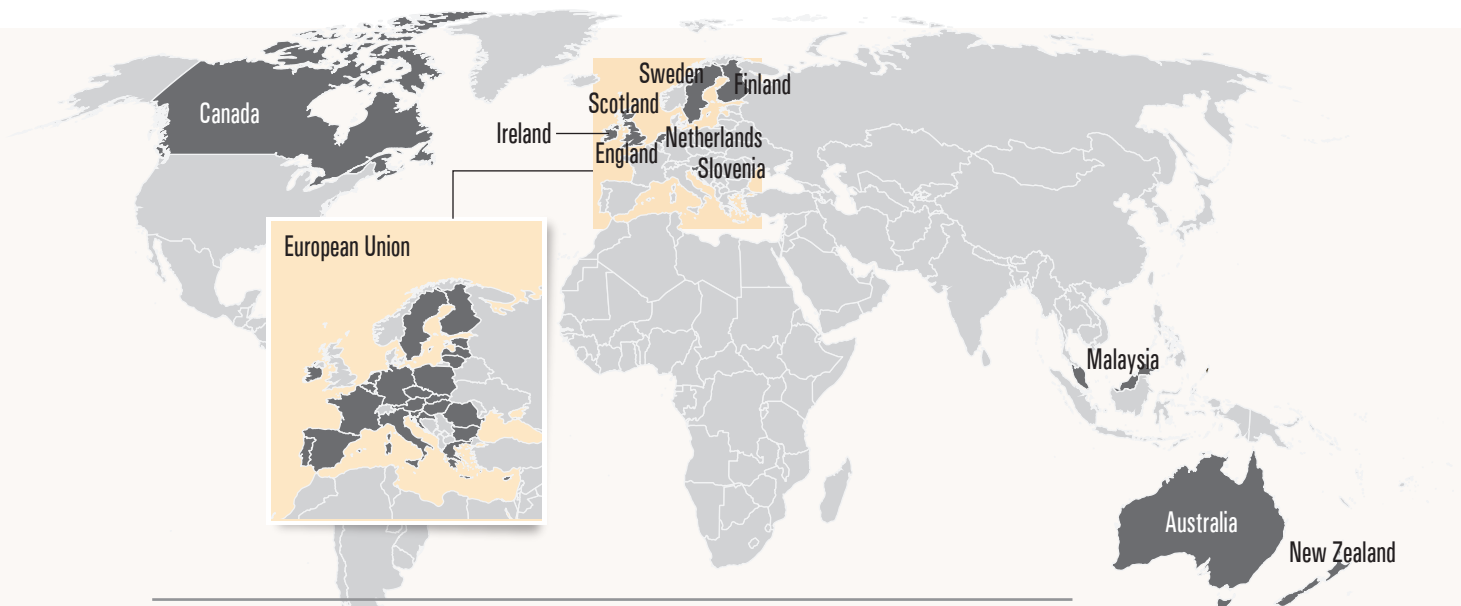


- Four (4) countries have adopted a ban on characterizing flavours in ENDS (Finland, Hungary, Lithuania, Montenegro)
- Nine (9) countries ban only selected flavours or permit specific flavours (China, Denmark, Egypt, Estonia, Germany, New Zealand, Philippines, Saudi Arabia, Ukraine).
- The European Union Tobacco Products Directive revision of 2014 set out to ban ingredients that increase inhalation. This may be interpreted to include menthol flavours.

Tobacco/Nicotine-free generation: A global overview



Tobacco endgame target ($\leq 5\%$ smoking prevalence): A global view



Australia – 5% by 2030	Ireland – 5% by 2025	Slovenia – 5% by 2030
Canada – 5% by 2035	Malaysia – 5% by 2045	England – 5% by 2030
European Union – 5% by 2040	Netherlands – 5% by 2040	Scotland – 5% by 2034
Finland – 2% by 2040	New Zealand – 5% by 2025	Sweden – 5% by 2025

Tobacco-free generation in ASEAN Philippines (Balanga City), Singapore, and Thailand



Singapore: Tobacco-free Generation 2000 (TFG 2000)

Singapore's civil society was first in 2010 to call for a ban on the sale of tobacco products to those born after the year 2000, referred to as the millennium generation (TFG2000), to protect the next generation from tobacco.



Philippines: Balanga – World's First Tobacco-Free Generation City

The tobacco-free generation concept prohibits the sale of any tobacco products including electronic nicotine delivery systems (ENDS) and other similar products to any citizen born on or after 01 January 2000 in the City of Balanga. This was enforced through the enactment of Tobacco-Free Generation End-Game Strategy Ordinance of Balanga City, Bataan in 2016.

On 21 July 2017, the Philippine Tobacco Institute (PTI), a trade association of cigarette manufacturers in the Philippines filed a petition for prohibition against Balanga City on the grounds of pre-emption, alleging prohibitions delineated in the Comprehensive No-Smoking Ordinance - CNSO (prohibiting sales and use within a 3km radius of the city's university town) supersede and therefore violate national regulations established by the Tobacco Regulation Act of 2003. The lower court has ruled in favour of the PTI.

On 21 May 2018, PTI filed another legal challenge against the city's 2016 Tobacco Free Generation Ordinance banning the sale of tobacco products to all Balangueños born on or after 1 January 2000.

On 24 June 2019, Balanga City passed new legislation – New Comprehensive Tobacco and Nicotine Regulation for the Protection of Health and Welfare Ordinance.





Thailand: Gen Z Strong (2017–2024)

Thailand civil society (ASH Thailand) in collaboration with Ministry of Public Health launched *Gen Z Strong: No Smoking program* targeting those born between 1995 and 2009 or aged between 7 and 20 years old in 2016 to be a smoke-free generation. Social media and digital media are used to convince the targeted youths not to start smoking and to actively participate in advocacy campaigns.

In 2017, about 100 youth leaders (from seven youth groups) and 9 leading organizations were engaged to support, promote and share the Gen Z project with their network through a series of workshops and trainings for 4,000 youths across the country. The youth groups continued to support the pilot projects in selected ten provinces, including Phuket, Krabi, Khonkhen, Srisaket, Ubonratchathani, Nakhonratchasima, Pitsanulok, Chiangmai, Petchaboon, and Maehongson.

In 2019, a new initiative ‘MPOWER GEN Z’ was designed to build and strengthen the capacity of youth groups in different areas including media (writing news, creating video clips) and tobacco industry monitoring and surveillance through a ‘Gen Z Academy Programs’. Four Gen Z Academy workshops were held with a participation of 356 young leaders across ten provinces between 2019 and 2021.

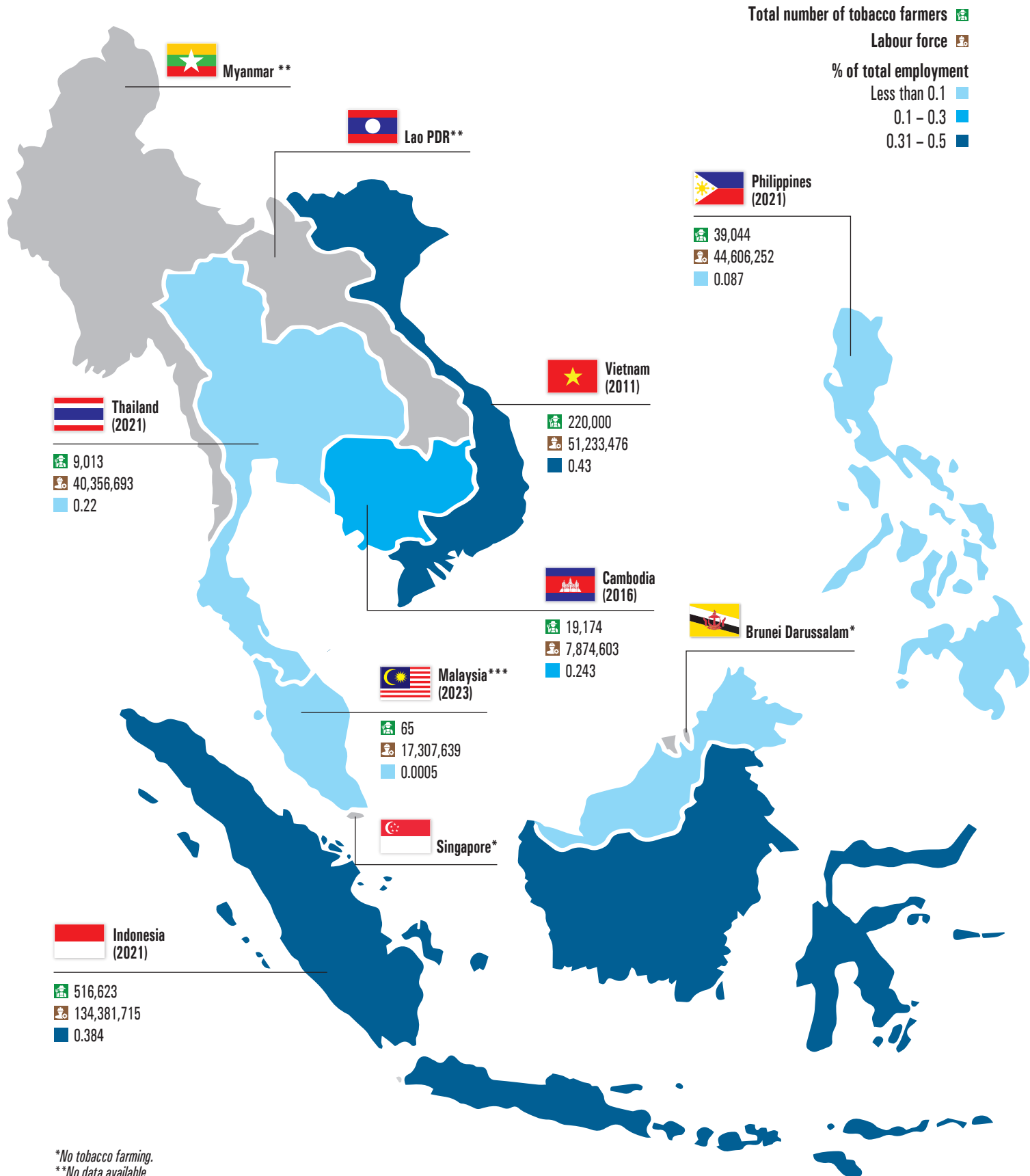


At present, Gen Z membership has grown from 1,501 (in 2022) to 6,000 in 2024 from 28 provinces across Thailand. Key activities implemented to support the Gen Z project include:

- Partnership with Ministry of Education on the establishment of 223 Gen Z Gen Strong Club in education facilities (North region: 130, Central region: 9, Northeast region: 69, South region: 15)
- Promote ‘World No Tobacco Day’ slogan in schools
- Provide capacity building through teachers’ network for smoke-free school using activity-based learning approach and youth development programme (e.g. development of Gen Z academy curriculum, Hackathon 4 Health, online training of design sticker for chat application)
- Organize knowledge sharing with the Gen Z Gen Strong members
- Engagement in social media platforms (Facebook/ Twitter/Instagram/ YouTube/ Tik Tok/ LINE)
 - To establish a communication and dissemination channel reaching out and connecting with Gen Z network at all times.
 - To disseminate information on tobacco control and encouraging Gen Z youth in the network to participate in the creative activities (e.g. infographic workshop “Say No to electronic cigarettes”, cover dance, Tik Tok, video clip and short movie, doodle art competition)
 - To connect and link information to other social media channels in a quick and effective manner.
- Connecting with internet idol and influencer as motivation and inspiration for youths to engage in the Gen Z activities.
- Developing and supporting the production of new materials (T-shirt/pen/face mask/bag)

*For more detailed information, please visit <http://tobaccowatch.seatca.org> and <https://tmonitor.seatca.org/>, also refer to *Banning Electronic Smoking Devices works: Lessons from Singapore for the ASEAN (2022)*, *Tobacco Industry Duplicity: Recycling an Old Marketing Code (2022)*, *Success and challenge of banning new tobacco products: Hong Kong’s experience (2022)*, and *Today’s teens, Tomorrow’s customers: Baiting youths with new tobacco products to create a new generation of addicts (2020)*.*

Tobacco farmers in ASEAN



*No tobacco farming.

**No data available.

***Since 2013, the Malaysia government disengaged from supporting and promoting tobacco and now solely implements policies to regulate the tobacco industry. However, there are small-scale farmers for sliced tobacco for the local market only.

Chapter 12

Alternative Livelihood for Tobacco Growers

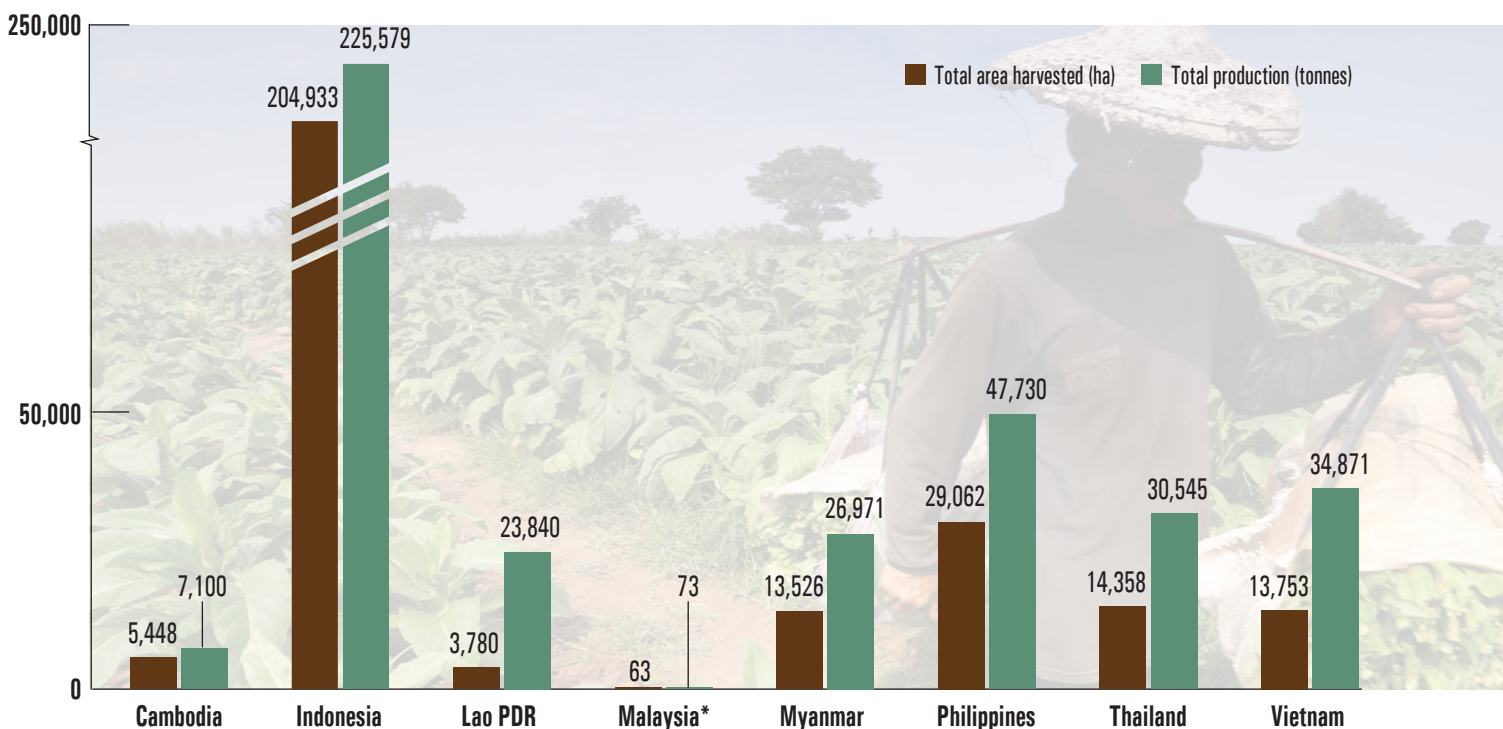
Ninety percent (90%) of tobacco farming now takes place in low- and middle-income countries. Eight of the ten ASEAN countries, excluding Singapore and Brunei, are engaged in tobacco cultivation on different scales. About 284,923 hectares of land were used for tobacco farming, producing a total of 396,709 million tonnes of tobacco leaves across the region in 2022.

Generally, the number of farmers employed in tobacco cultivation in ASEAN countries is small compared to overall national employment, contributing less than 1% of total employment in all the producing countries. Tobacco cultivation is highly labor-intensive and employs entire households (including unpaid women and children) in many stages of planting, harvesting, curing, and marketing. Most tobacco farmers are smallholders, cultivating only part of a hectare, and do not turn a profit due to major input costs (rental fees to landowners, costs of seedlings, fertilizers, insecticides, and wood fuel for curing) and low leaf prices as determined by tobacco companies. Other challenges in the cultivation of tobacco leaf include

Green Tobacco Sickness (GTS) and other health hazards for farmers, environmental degradation, unpaid labor, and child labor.

Article 17 of the WHO FCTC requires Parties to promote economically viable alternative livelihoods for tobacco farmers and workers. In ASEAN, the Malaysian government has actively implemented crop substitution since 2004, with kenaf being promoted as an alternative crop for tobacco. Under the 11th Malaysia Plan (2016 - 2020) the government allocated MYR 5 million (USD 1.21 million) to strengthen the kenaf R&D and MYR 58.99 million (USD 14.23 million) for a new kenaf planting programme. The total number of tobacco farmers in Malaysia has declined significantly. In 2023, a total of 1,399 hectares and 757 growers were involved in kenaf cultivation. There are 165 small-scale farmers for sliced tobacco for the local market only. Tobacco farmers in Cambodia, Indonesia, and Philippines are progressively switching to more profitable alternative crops and livelihoods.

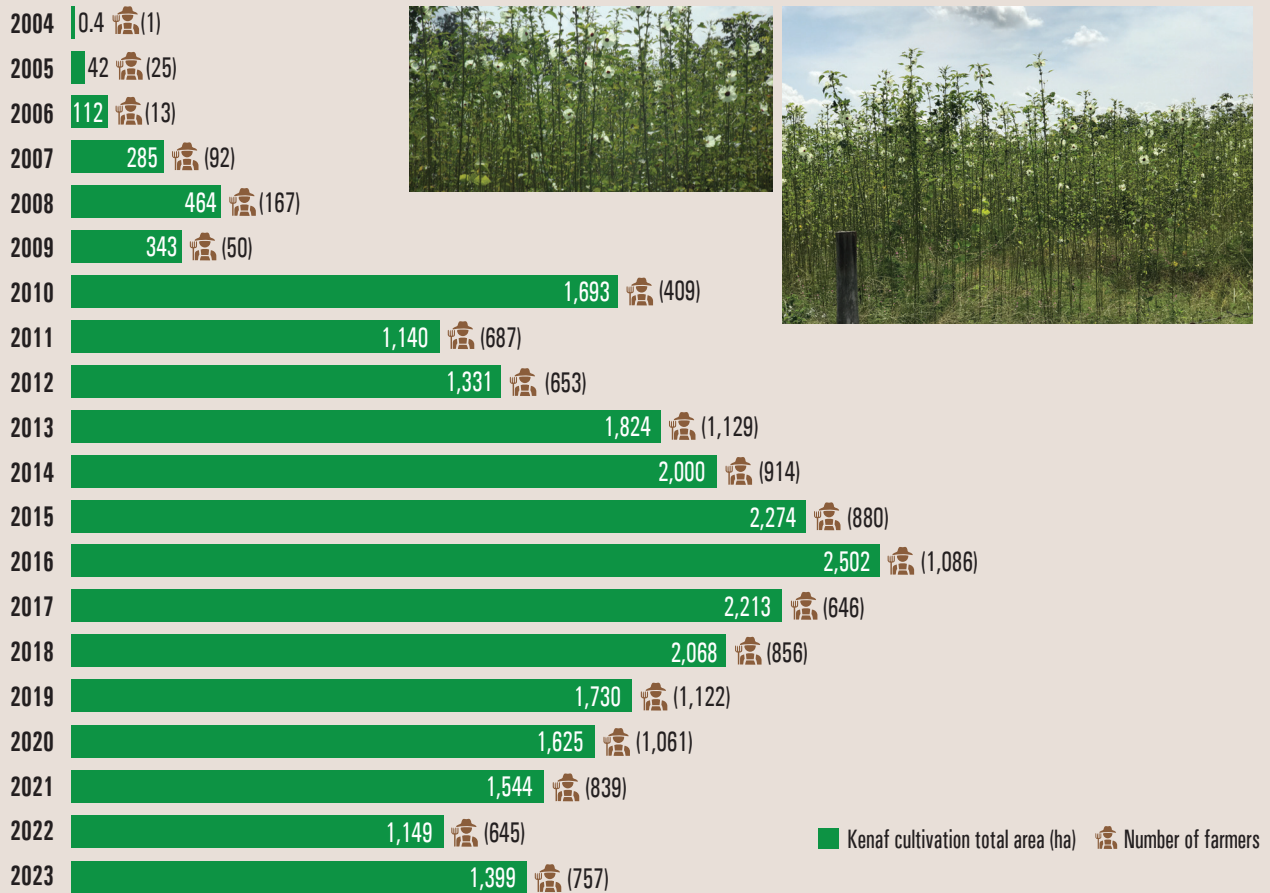
Tobacco farming in ASEAN (2022)



* Since 2013, the Malaysia government disengaged from supporting and promoting tobacco and now solely implements policies to regulate the tobacco industry. However, there is small-scale farming for sliced tobacco for the local market only.



Malaysia: Sustainable way out – Kenaf alternative crop



In 2000, Kenaf (*Hibiscus Cannabinus L*) was recognized in Malaysia as a new short-term industrial crop supporting the diversification of the country’s commodities sector. It has high potential for cultivation in a tropical climate and was promoted by the government as an alternative crop for tobacco in 2004. About MYR 5.8 million (USD 1.53 million) was allocated for kenaf research and development (R&D) to attract industrial players to invest in kenaf between 1996 and 2005. Under the 11th Malaysia Plan (2016 - 2020) implementation of programmes and projects, the government allocated MYR 5 million (USD 1.21 million) to strengthen kenaf R&D and MYR 58.99 million (USD 14.23 million) for a new kenaf planting programme.

Small-scale tobacco farmers are encouraged to switch to alternative livelihood through a crop diversification programme, which started in 2005 and has intensified over the years with financial support from the government. Incentives in terms of inputs and mechanization are given to kenaf’s growers.

In 2023, the kenaf cultivation involves 1,399 hectares with a total of 757 kenaf growers.



Cambodia: Tobacco farmers switched to other crops

Some tobacco farmers realized that tobacco farming is less profitable compared to other crops. About 40% (240) of tobacco farmers have switched from tobacco farming to alternative crops in the last ten years. This is due to:

- Lower profit compared to other crops
- Tobacco farming needs more capital
- Price fluctuation of tobacco

The alternative crops include rice, corn, peanut, other industrial crops, such as soy bean and sesame, as well as other vegetables.



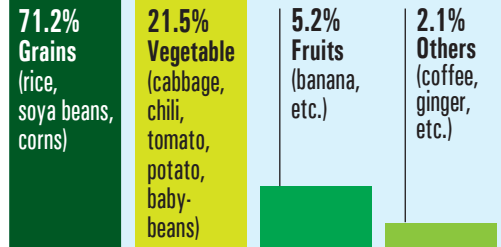


Indonesia: Profitability of farming other crops vs tobacco

- Ex-tobacco farmers' yearly income significantly increased by 69% after they shifted to other crops.
- Three in four (71%) ex-tobacco farmers shifted to grains followed by vegetables (21.5%), fruits and others crops, which are more profitable than tobacco.



Alternative crops to tobacco

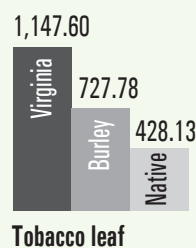
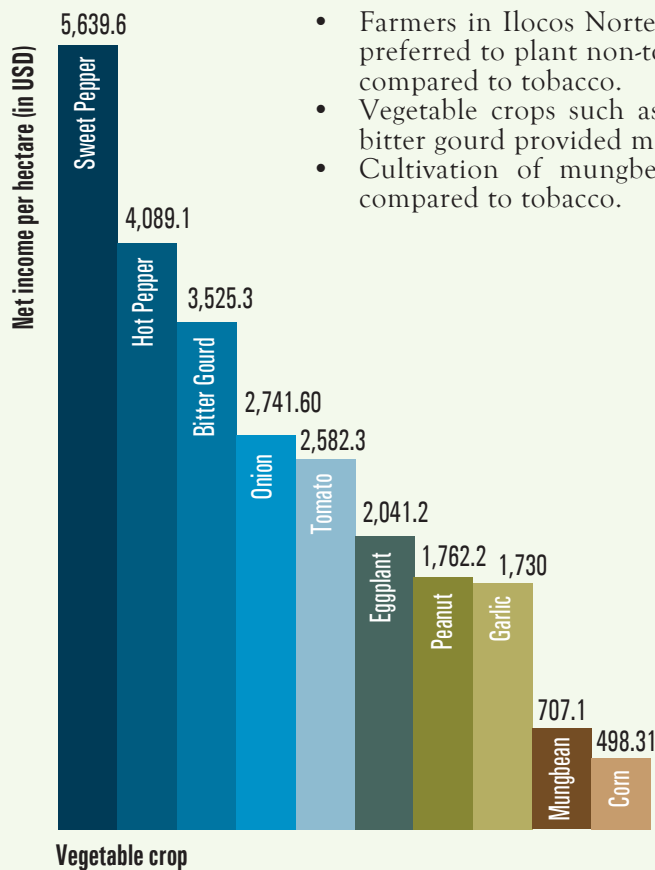


Former tobacco farmers average total monthly income (IDR 2,500,000 – USD 184.5) were three times higher than current tobacco farmers total monthly incomes (IDR 775,000 – USD 57.2).

Many former tobacco farmers are making a better living growing other common, locally grown crops (e.g., corn, sweet potato, and green vegetables), an outcome that could be further enhanced with even small investments by governments in improved supply chains for these products.



Philippines: Profitability of farming other crops vs tobacco, 2009



- Farmers in Ilocos Norte, Ilocos Sur, La Union, and Pangasinan (Region 1) preferred to plant non-tobacco crops since they require less input and labor compared to tobacco.
- Vegetable crops such as tomato, garlic, eggplant, pepper (sweet/hot) and bitter gourd provided much higher income than tobacco.
- Cultivation of mungbean and peanuts also resulted in higher income compared to tobacco.

For more detailed information, please refer to Child Labour in Tobacco Cultivation in ASEAN Region (2018).

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Alec Chin

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Source of cigarettes for youth**Brunei**

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Tobacco Industry Monitoring team in Indonesia.

Targeting youths and women**Kiddie packs (Indonesia and Philippines)****Photo credits**

Tobacco Industry Monitoring team in Indonesia.
Tobacco Industry Monitoring team in Philippines.

No ASEAN country currently bans flavoured tobacco products**Photo credits**

Tobacco Industry Monitoring team in Cambodia.
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Huge diversity in e-liquid flavours appealing to children

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Youth appealing e-cigarettes designs sold in ASEAN**Photo credits**

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Main map: Average monthly expenditure for manufactured cigarettes (in USD) among smokers ≥ 15 years old
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Chapter 9: A Picture Is Worth A Thousand Words**Main map: Standardized tobacco packaging and pictorial health warnings in ASEAN**

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