



Southeast Asia Tobacco Control Alliance

The
Tobacco
Control Atlas
ASEAN Region

Fourth Edition - September 2018

The Tobacco Control Atlas: ASEAN Region, Fourth Edition

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Southeast Asia Tobacco Control Alliance

The
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Control **Atlas**
ASEAN Region

Tan Yen Lian
Ulysses Dorotheo

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Foreword



“...this atlas gives an immediate and visual comparison between countries, tracking changes since the first edition. It is far more than just a statement of the status quo of the epidemic – it is a challenge and a call to countries in the region to step up action.”

With the publication of this 4th edition, the series of Tobacco Control ASEAN Region Atlases is now established as a valuable source of information on the 10 ASEAN countries, presented against a wider global backdrop. Complex statistics on many aspects of tobacco are presented in a simple, colourful, graphic format, understandable ‘at a glance.’

The atlases are meticulously researched, and the authors rely on authentic, solid scientific data sources, such as WHO, The World Bank, The Tobacco Atlas, GATS surveys and official national statistics.

One of the greatest barriers for government action is economic misconceptions that it might harm the economy, and the atlas focuses on the huge economic debit of tobacco. The reality is that tobacco control is good for the wealth as well as the health of nations.

The atlas series spells out the way the tobacco industry, its allies, front and lobby groups have continued to obstruct policy. Worryingly, only half the ASEAN countries have a code of conduct or guidelines on the WHO Framework Convention on Tobacco Control Article 5.3 on the protection of tobacco control policies from tobacco industry interference.

Indonesia holds the unenviable record of 13 instances of the tobacco industry’s use of legal challenges against government policy, followed by 11 cases in the Philippines. Yet this is from an industry which cynically claims to be working towards a smoke-free world!

Indonesia always requires special mention – the enormity of the tobacco epidemic, influence of the tobacco industry, lack of political will and, unlike its neighbours, its incomprehensible failure to ratify the WHO Framework Convention on Tobacco Control (up to publication date of this atlas). Top of my personal wish list for the ASEAN region is that the 5th edition of the atlas will be celebrating Indonesia finally ratifying the WHO FCTC.

But the problem is more widespread - under-funding of tobacco control is extreme, except for Singapore, and some countries still have no government funding mechanisms for tobacco control.

The news is not all gloomy. Country after country is introducing sustained tobacco control measures, such as tobacco taxation designed to prevent youth smoking, smoke-free areas, large graphic pack warnings, and more.

In conclusion, this atlas gives an immediate and visual comparison between countries, tracking changes since the first edition. It is far more than just a statement of the status quo of the epidemic – it is a challenge and a call to countries in the region to step up action.

Professor Dr Judith Mackay

Director, Asian Consultancy on Tobacco Control
Senior Advisor, Vital Strategies

Foreword



“We need to continue to build on the gains we have made in ASEAN and around the globe, but we cannot do so alone. Only by continuing to work alongside valued partners like SEATCA will we eventually win this battle for public health.”

Tobacco control advocates in ASEAN and throughout the Asia Pacific are making progress in fighting the global tobacco epidemic, but we continue to face a formidable foe – an industry whose activities cause close to 7 million preventable deaths per year globally.

ASEAN is home to 10% of the world’s smoking population, and one in five adults smoke – many of them start before the age of 20. The tobacco industry in ASEAN countries continues to rake in billions (USD) in profits annually from their deadly products, leaving the public, and especially the poor, to bear the burden of addiction and illness. In ASEAN countries, almost 586 billion cigarettes were produced in 2016, and 1.327 billion cigarettes are smoked by adults daily.

Industry continues to use every weapon in its arsenal to protect this market and hinder our efforts to reduce the sale and consumption of tobacco products. But even their huge profits are not enough, as industry tries to lure new generations into the tobacco trap by introducing novel products – sleek and shiny e-cigarettes and heated tobacco products peddled in gleaming flagship stores as a “reduced risk products” by an industry that has proven that it cannot be trusted.

But we have at our disposal a proven solution to the problem: the WHO Framework Convention on Tobacco Control (FCTC). Implementation by countries of the comprehensive tobacco control measures in the WHO FCTC has averted many deaths and has pushed back forcefully to protect people from the harms of tobacco use. Some countries in ASEAN have blazed a trail for

tobacco control through insulating public health policy from the influence of the tobacco industry, establishing strong tobacco control governance, and establishing sound and innovative ways of financing to make tobacco products less affordable and to make tobacco control and universal health more achievable. These and other measures have combined to contribute resoundingly to the achievement of our public health goals.

We need to continue to build on the gains we have made in ASEAN and around the globe, but we cannot do so alone. Only by continuing to work alongside valued partners like SEATCA will we eventually win this battle for public health.

Publications like this most recent edition of the Tobacco Control Atlas for the ASEAN Region are important tools in our fight against the global tobacco epidemic. They help us to measure our progress, address any weaknesses in our approaches, be mindful and vigilant to the relentless drive of the tobacco industry, and find new ways to unite and advance in order to protect our health and the health of future generations.

We congratulate SEATCA on having produced another important milestone in our collective journey towards a tobacco-free world.

Dr Hai-Rim Shin

Acting Director

Division of NCD and Health through the Life-Course
World Health Organization

Regional Office for the Western Pacific

Foreword



“Tobacco Industry Interference Index could help policy makers to realize gaps in implementation of the Article 5.3 and provide guidance to take steps for redressal. It has been observed that the three SEAR countries faced tobacco industry interference at varying levels.”

Tobacco use is global number one health risk, it is one of the largest causes of preventable deaths worldwide. Tobacco use harms health, well-being, quality of life of population, users and non-users, bankrupts governments and families; as well as damage societal socio-economic growth as well as environment and social equity. In another word, tobacco use curbs sustainable development in all forms.

WHO South-East Asia Region (SEAR) is home to one fourth of the world’s population. There are 246 million smokers and 290 million smokeless tobacco users in WHO SEAR, which makes it one of the largest tobacco consuming Regions in the world, housing one fourth of the global smokers and more than 80% of the smokeless tobacco users.

Tobacco epidemic is driven by tobacco industry (TI) marketing and interferences. The industry interferes with governments’ efforts in protecting public health through various tactics. They all seek to lobby and dissuade governments from developing and implementing stringent tobacco control policies that are effective in reducing tobacco use. Obligated by all Member Parties, the WHO Framework Convention on Tobacco Control (FCTC) Article 5.3 Guidelines provides a set of recommendations that governments can undertake to shield their policies from industry influence.

All SEAR countries face interference by tobacco industry. South East Asia Tobacco Control Alliance (SEATCA) has been mapping tobacco industry interference in three SEAR countries – Indonesia, Myanmar and Thailand as part of ASEAN region and documents the same in Tobacco Industry Interference Index with relevant examples of the TI’s interference activities in nine countries in the ASEAN region and provides a ranking for the countries. Tobacco Industry Interference Index could help policy makers to realize gaps in implementation of the Article 5.3 and provide guidance to take steps for redressal. It has been observed that the three SEAR countries faced tobacco industry interference at varying levels. The tobacco industry gains access to government officials through offers of technical assistance and its corporate social responsibility (CSR) activities. Most governments have not set up procedures for disclosure when dealing with the tobacco industry and its representatives which is a lacuna impeding efforts made for implementing effective tobacco control policies.

WHO Regional office for the South-East Asia stands ready to work with our Member States and SEATCA to address the tobacco industry interference.

Dr Thaksaphon Thamarangsi

Director,

Department of Noncommunicable Diseases and Environmental Health, World Health Organization, Regional Office for South-East Asia

Preface



“...SEATCA’s commitment to stand with ASEAN countries in the unending battle waged by the tobacco industry against public health and to support country efforts to fast-track implementation of tobacco control measures that protect and promote health and save lives.”

Like its predecessors, this fourth iteration of SEATCA’s Tobacco Control Atlas focusing on the ASEAN region is packed with facts and figures and other useful information on the state of tobacco control in ASEAN countries. It describes in no uncertain terms the gravity of the tobacco problem and the urgent need to accelerate implementation of tobacco control measures in line with the WHO Framework Convention on Tobacco Control.

We are certainly pleased that past editions of the atlas have been well received, not only by health advocates and partners in ASEAN countries but also around the world. In highlighting both the progress that has been achieved by ASEAN countries and the gaps and challenges that remain, this updated atlas reaffirms SEATCA’s commitment to stand with ASEAN countries in the unending battle waged by the tobacco industry against public health and to support country efforts to fast-track implementation of tobacco control measures that protect and promote health and save lives. The success of our collaborative efforts, therefore, will be best manifested in future editions of the atlas that describe declining trends in tobacco use and tobacco harms as a result of strengthened tobacco control programmes in each country.

As usual, SEATCA is grateful to all of our country partners from all 10 ASEAN countries and TFI/WHO country offices for their ever-valuable contributions without which this atlas would not be possible. My co-author, Ms. Tan Yen Lian, and I also thank all our SEATCA colleagues, who helped us update this edition, as well as Dr. Judith Mackay for her encouragement and the Bill and Melinda Gates Foundation for its financial support to SEATCA. We hope this updated edition will be as informative and useful as past editions, and we welcome all comments and suggestions to further improve it in the fifth edition in 2020.

For now, turn the page, read the facts, be encouraged by our successes, and get fired up to keep fighting the good fight!

E. Ulysses Dorotheo, MD, FPAO
Executive Director, SEATCA

About SEATCA



Southeast Asia Tobacco Control Alliance

Vision: "A healthy, sustainable and tobacco-free ASEAN"

Mission: "Working together to save lives by accelerating effective implementation of the FCTC in ASEAN countries"

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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The Pro



Produces products that kill around 7 million people worldwide annually.

Inventing new ways

Produces products specifically aimed at vulnerable group including teens, women and girls.

blem



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

to sell harm.

Employs child labour to make tobacco products.



Tobacco industry players in ASEAN

% Market Share (2016)



Profiting from Deadly Products

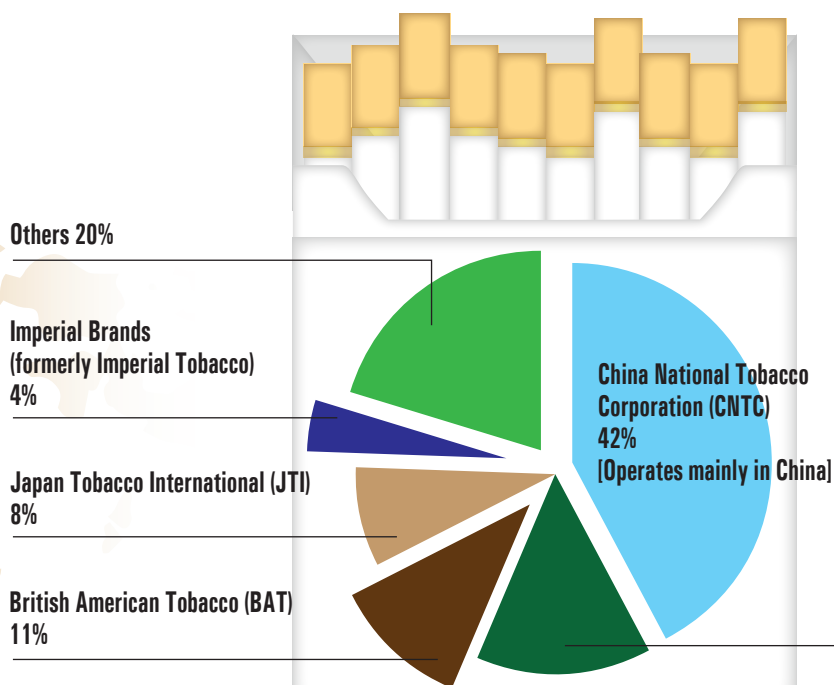
In the global tobacco market, transnational tobacco companies (TTCs) have been shifting from developed countries and targeting markets in poorer, less developed countries, where tobacco control is not as stringent and where tobacco use is significantly high among men and attractively low among women. In 2018, the tobacco market growth in ASEAN is projected to reach a total of 548 billion cigarettes sold, primarily in Indonesia, Philippines, Thailand, and Vietnam.

Three of the world's five largest TTCs – British American Tobacco (BAT), Philip Morris International (PMI), and Japan Tobacco International (JTI) control the cigarette markets in several countries in ASEAN such as Cambodia, Malaysia, Philippines, and Singapore. In 2016, tobacco manufacturers in six ASEAN countries (Indonesia, Malaysia, Philippines, Singapore, Thailand and Vietnam) produced close to 586 billion cigarettes. Two ASEAN countries (Indonesia and Philippines) were among the world's top 10 cigarette producers in 2016.

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 bought controlling stakes in local cigarette companies in the Philippines and Indonesia. Imperial Brands (IB) (formerly Imperial Tobacco Group) 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, the former Thailand Tobacco Monopoly – TTM) and Vietnam (Vietnam National Tobacco Corp – VINATABA). PMI has the most (17 out of 46) manufacturing facilities located in ASEAN countries, while JTI, BAT and IB operate six, four and two manufacturing facilities, respectively, in selected ASEAN countries.

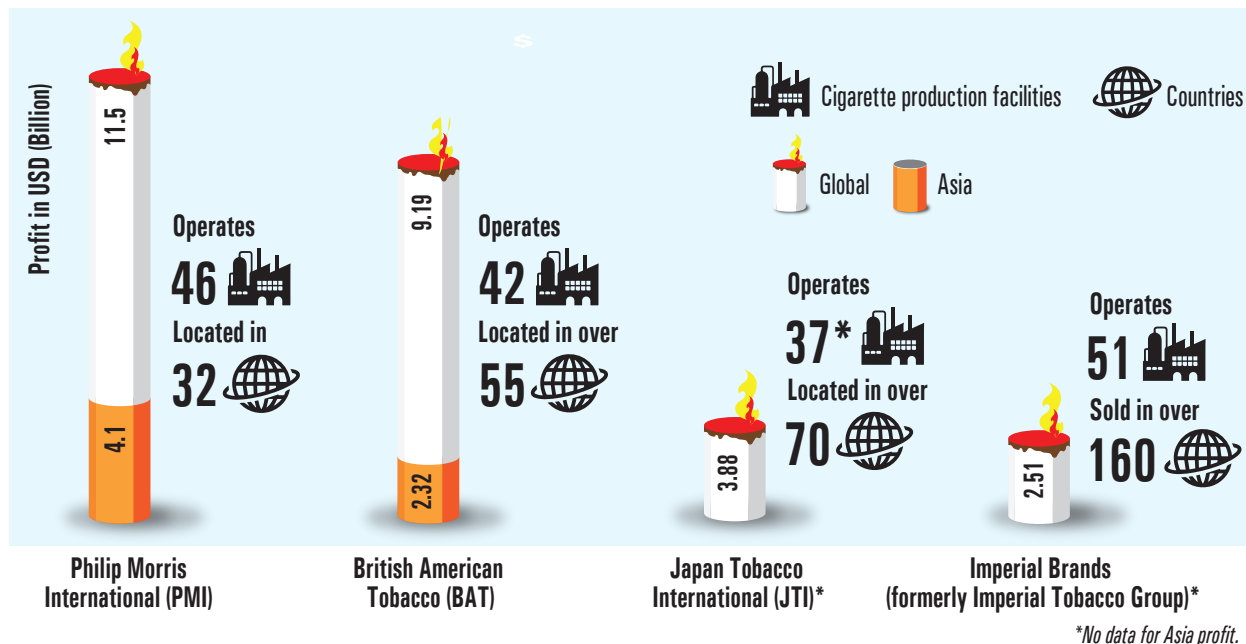
The tobacco industry has been making billions in profits from selling cigarettes in ASEAN with combined profit of the world top four TTC (PMI, BAT, JTI, ITG) estimated to be USD 27 billion in 2017.

Tobacco company shares of global cigarette market, 2016



Over the last decade, the world's five largest TTCs (China National Tobacco Corporation, Philip Morris International, British American Tobacco, Japan Tobacco International and Imperial Tobacco) have dominated the global cigarette market (80% in 2016).

Tobacco industry profit in global market (2017)



Big transnational tobacco companies consolidating their power in ASEAN








TTCs	Year	Acquisition and Merger
Japan Tobacco (JT)	2017	Japan Tobacco Group acquired assets of Mighty Corporation (including the distribution network, manufacturing equipment, inventories and intellectual property) for PHP 46.8 billion (USD 936 million). It became No. 2 tobacco company in the Philippines .
	2017	Japan Tobacco acquired Karyadibya Mahardhika (KDM) and its distributor, PT. Surya Mustika Nusantara ("SMN") for USD 677 billion. It became the 6th largest tobacco company in Indonesia .
Philip Morris International (PMI)	2010	Philip Morris Philippines Manufacturing Inc merged with Fortune Tobacco Corp in 2010 known as PMFTC Inc. It became the No. 1 tobacco company in the Philippines .
	2005	Philip Morris International bought a controlling stake in local cigarette manufacturer PT Hanjaya Mandala Sampoerna for USD 5.2 billion in 2005. It became the No. 1 tobacco company in Indonesia .
British American Tobacco (BAT)	2009	BAT acquired PT Bentoel Internasional Investama Tbk for USD 494 million and became No.4 tobacco company in Indonesia .
Imperial Brands	2001	Imperial Tobacco (now Imperial Brands), through its subsidiary, Coralma International (a French company) and S3T Pte Ltd (a Singaporean company) entered into a joint venture with Lao Government to form Lao Tobacco Ltd (LTL) that allows foreign investor to enjoy tax privileges and special benefits. It became the No. 1 tobacco company in Lao PDR .

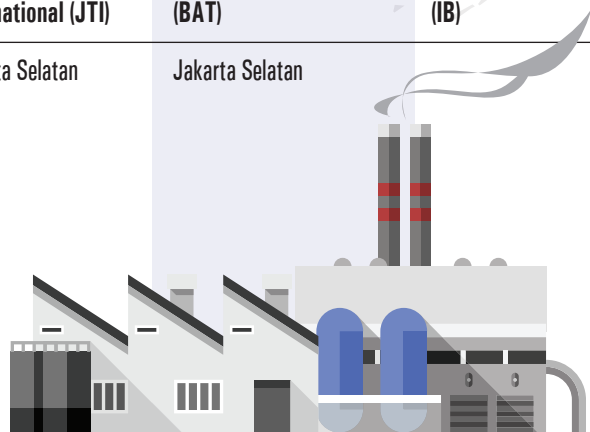
"This transaction is a tremendous strategic fit for our business that will cement our leadership in South East Asia."

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

PMI in 32 countries

Philip Morris International (PMI) operates 46 production facilities in 32 different countries and produces and sold over 800 billion cigarettes with 7 billion net profits in 2016. About 17 out of 46 manufacturing facilities are located in ASEAN countries. Other tobacco companies including JTI, BAT and IB have operated in six, four and two manufacturing facilities in selected ASEAN countries respectively.

Country		Tobacco manufacturing facilities in ASEAN			
		Philip Morris International (PMI)	Japan Tobacco International (JTI)	British American Tobacco (BAT)	Imperial Brands (IB)
Indonesia		Dopok Bantul South Pandaan Pandaan Ngoro Kertosono Malang Surabaya Bojonegoro Cepu Blora Mranggen Bekasi	Jakarta Selatan	Jakarta Selatan	
Malaysia		Seremban*	Kuala Lumpur	Kuala Lumpur	
Philippines		Tanauan Marikina	Malolos		Rosario, Cavite
Lao PDR					Vientiane
Myanmar			Yangon	Yangon	
Vietnam		Ho Chi Minh City	Ho Chi Minh City	Ho Chi Minh City	
Cambodia			Phnom Penh	Phnom Penh	



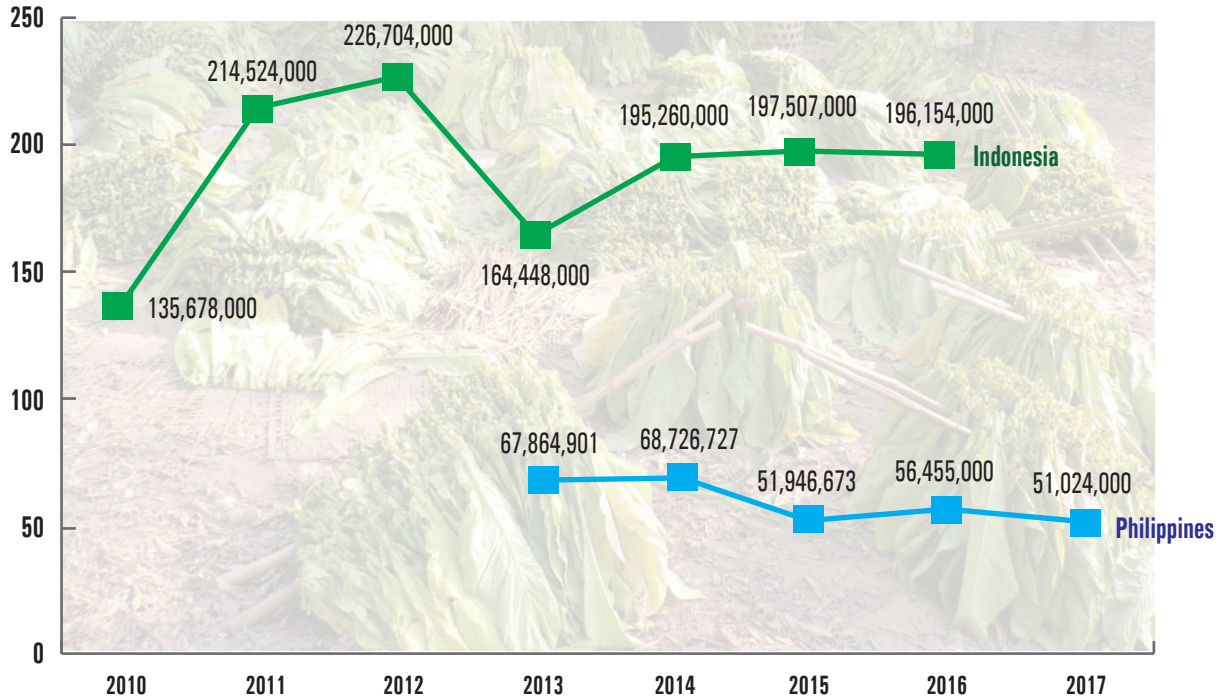
* Philip Morris Malaysia (PMM) announced to discontinue its manufacturing plant in Malaysia in 2012 and currently operates a Cast Leaf plant in Seremban, which uses tobacco dust and stems to manufacture reconstituted tobacco to be used as one of the blend components in Primary Processing in the PMI manufacturing 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.



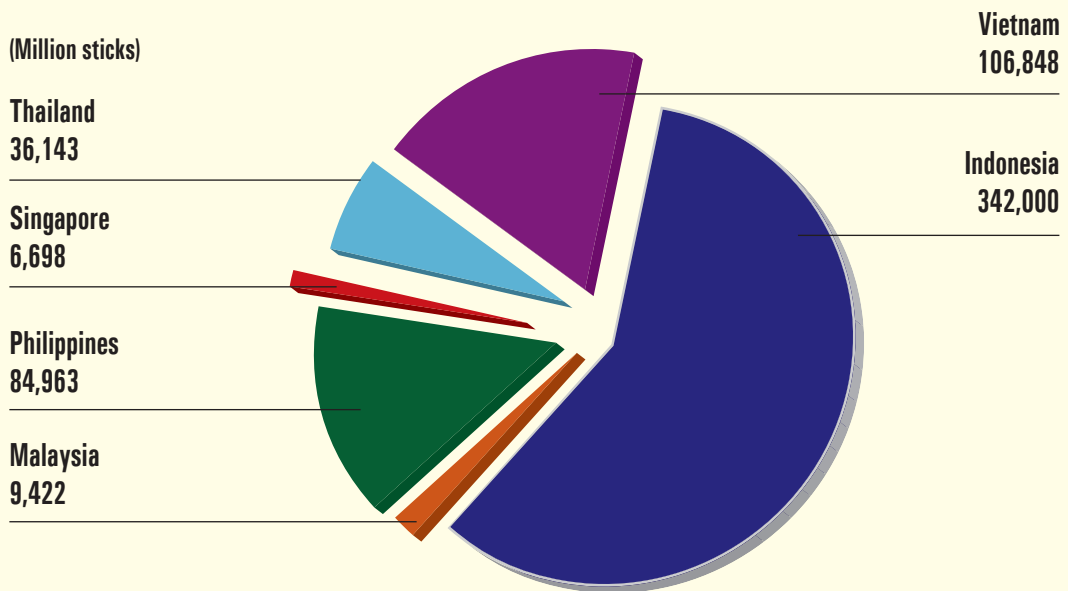
In the Philippines, PMI has a tobacco leaf warehouse in the Subic Bay Free Port Zone and a manufacturing facility in the First Philippines Industrial Park. It received income tax holiday (ITH) for four (4) to a maximum eight (8) years; after the ITH, exemption from national and local taxes with only a special 5% tax rate on gross income; and exemption from duties and taxes on imported capital equipment spare parts, material and supplies.

Indonesia and Philippines: Tobacco leaf production (2010–2017)

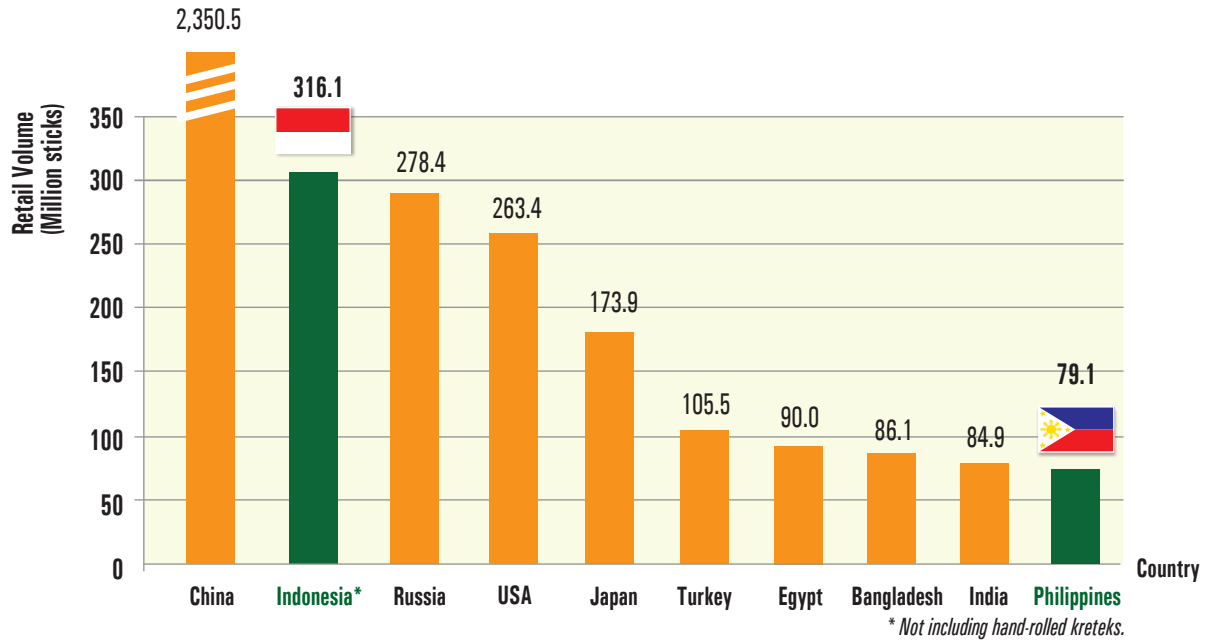
(Million kg)



Cigarette production in ASEAN (2016)



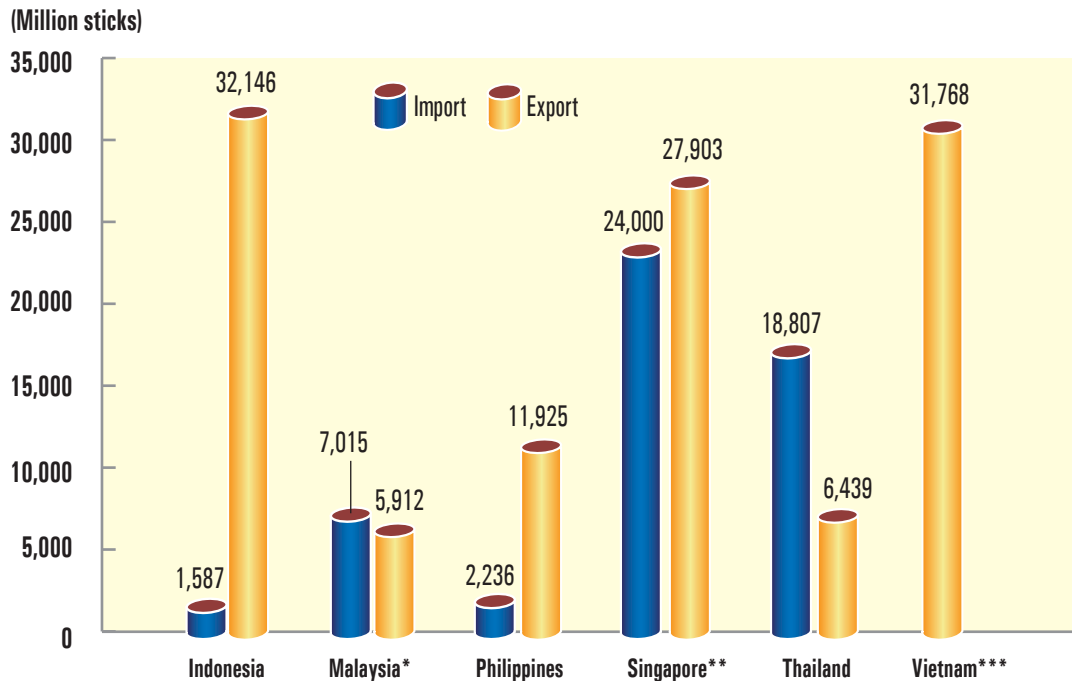
2 ASEAN countries in world's top 10 cigarette markets by volume (2016)



Quick Fact

In 2016, over 5.5 trillion cigarettes were sold to more than one billion smokers worldwide - 61.4% of the volume of all cigarettes sold in the five largest cigarette consuming nations China, Indonesia, Russia, U.S. and Japan. The cigarette retail values in 2016 were worth USD 683.4 billion.

Import and export of cigarettes in ASEAN (2016)



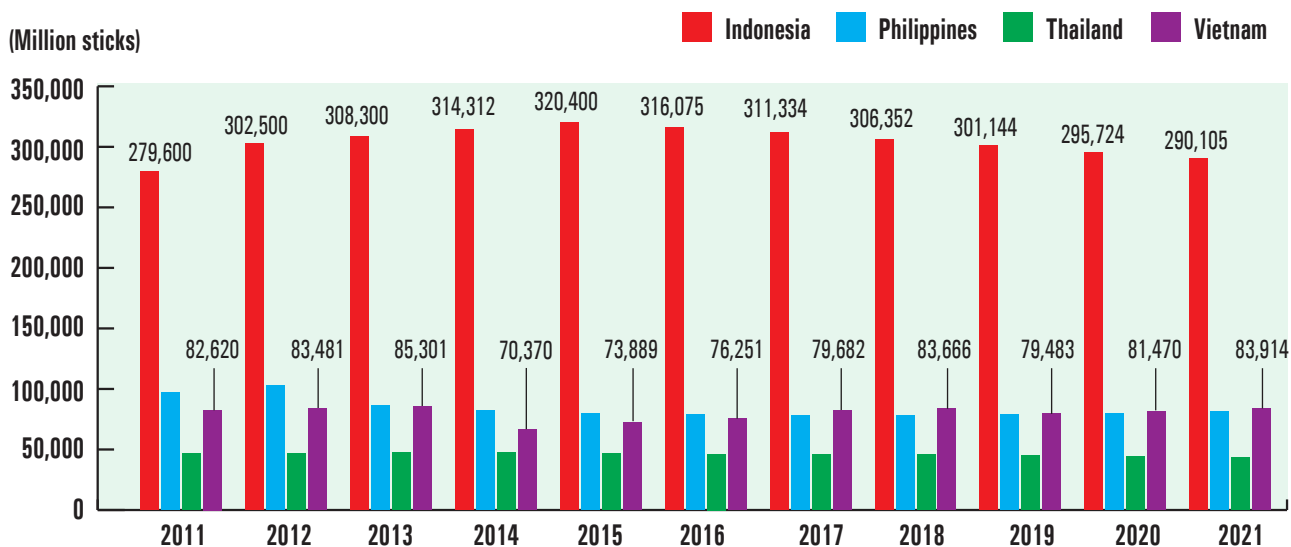
* Philip Morris Malaysia (PMM) operates a Cast Leaf plant in Seremban.

** Singapore is a major global transshipment hub. Japan Tobacco International (Singapore) Pte Ltd and Philip Morris Singapore Pte Ltd are distributor and retailer of tobacco products.

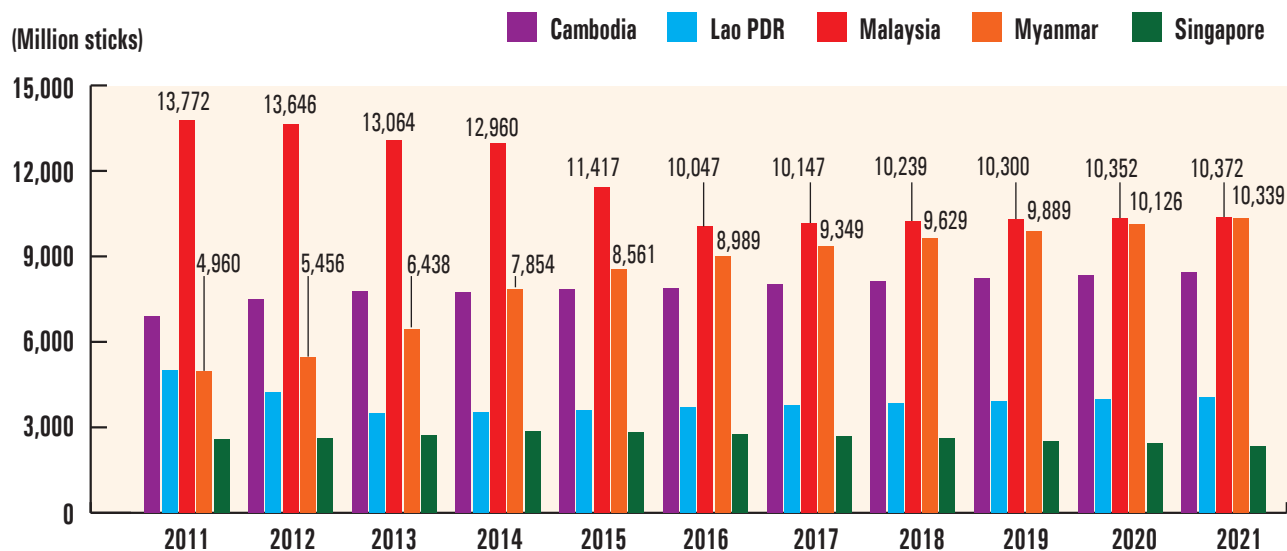
*** Saigon Tobacco Company (BAT) and Vinasa Tobacco Joint (PMI) are joint venture companies that produce Dunhill, 555, Pall Mall (for BAT) and Marlboro (for PMI) respectively.

Cigarette sales volumes in ASEAN region (2011–2021)

ASEAN countries with the highest cigarette sales volumes: Indonesia, Philippines, Thailand and Vietnam



Sales of cigarettes in Cambodia, Lao PDR, Malaysia, Myanmar and Singapore



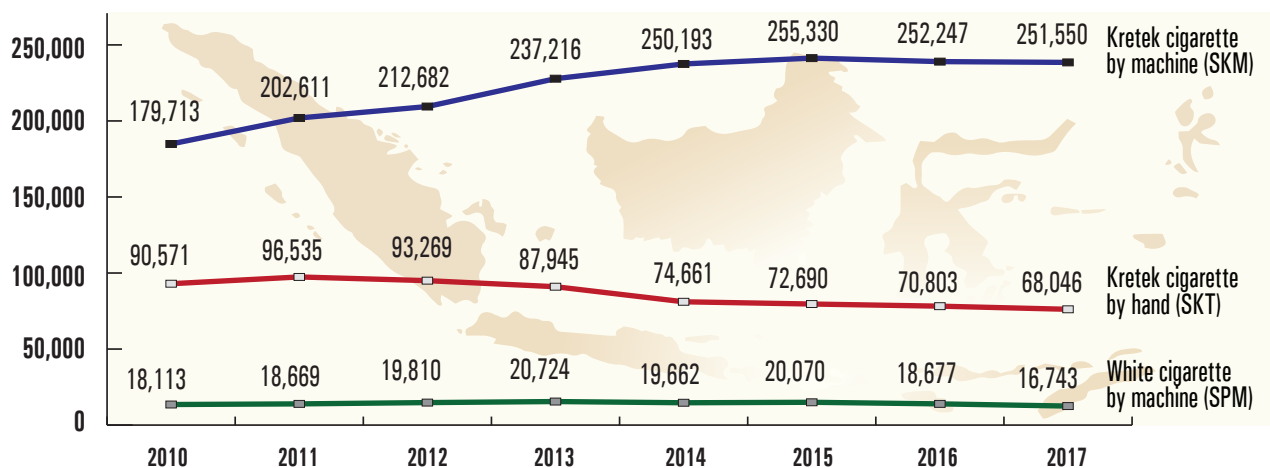
Quick Fact

Over six trillion cancer sticks produced annually worldwide, a three-fold jump in what it was producing annually back in the 1960s.

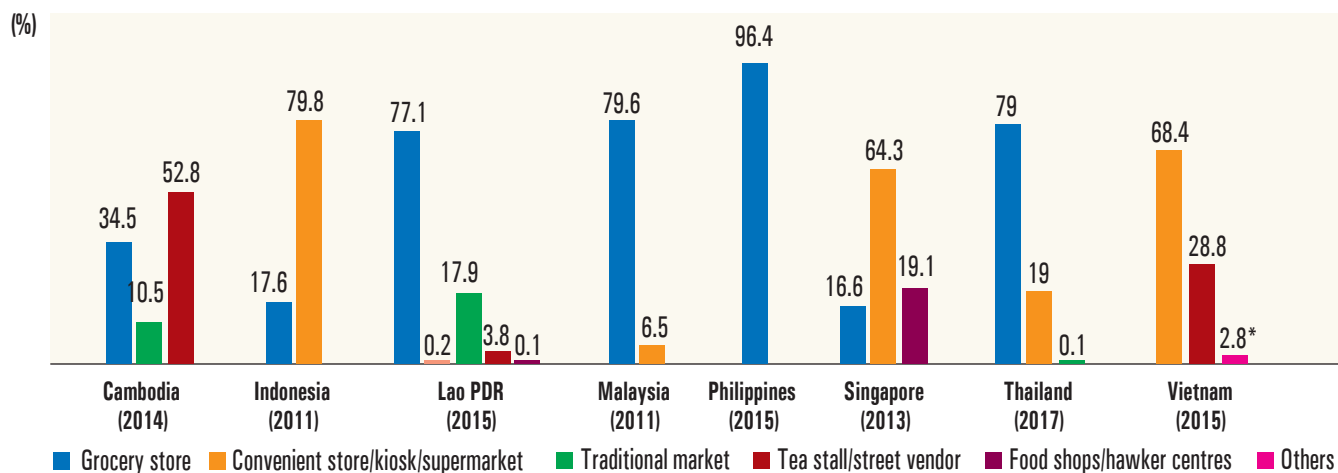
In ASEAN, 550 billion cancer sticks sold in 2016.

Indonesia: Cigarette production by type (2010–2017)

(Billion sticks)



Most common source of the last purchase of manufactured cigarettes in ASEAN



*2.8 include the categories at duty-free shop and abroad, from another person, and any other specified sources.

Number of points-of-sale in selected ASEAN countries

Country	Total smokers	Cigarette retailers*	Cig retailer per 10,000 smokers	Physicians per 10,000 pop**
Indonesia	65,188,338	2,500,000	383	2
Malaysia	4,991,458	80,000	160	12
Philippines	16,500,000	694,821	421	12
Singapore	345,000	4,617	134	20
Thailand	10,676,361	870,000	815	4
Vietnam	15,600,000	303,333***	194	12

*Does not include street vendors. In Indonesia, street vendors make up 50% of all cigarette sales.

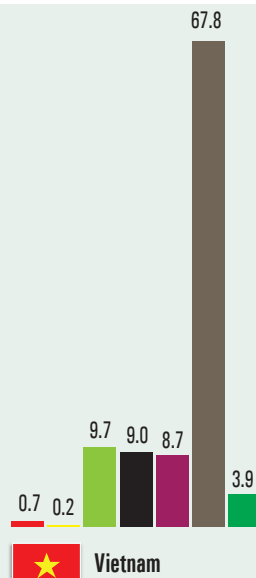
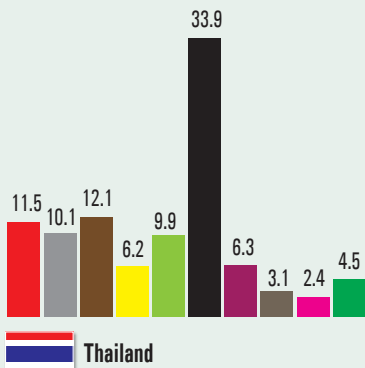
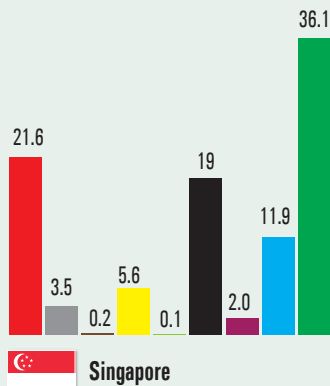
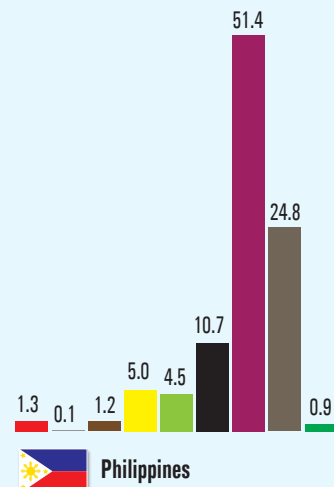
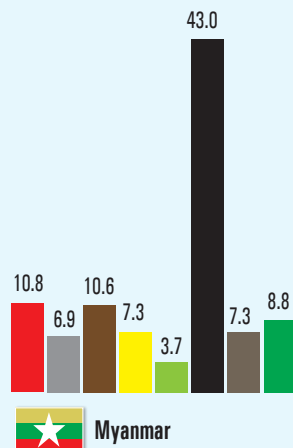
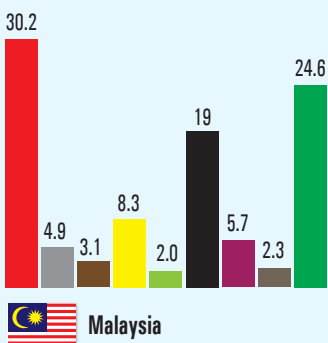
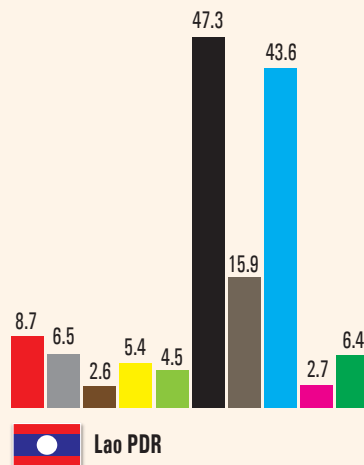
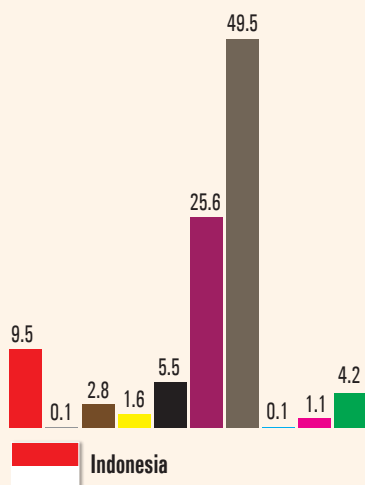
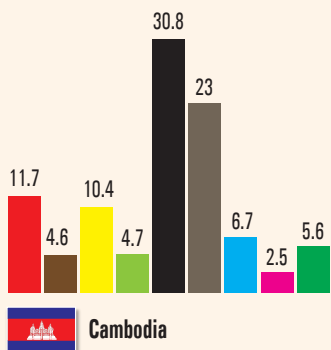
** Table 8: Health outcomes in Human Development Report 2016. Available at: http://hdr.undp.org/sites/default/files/2016_human_development_report.pdf

***Ho Chi Minh City has reportedly more than 70,000 cigarette retailers.

Market structure and distribution channels of cigarette sales in ASEAN

- Convenience Stores
- Supermarkets
- Newsagent-tobacconists/kiosks
- Non-Grocery Specialists (Drugstores/ Parapharmacies) and others
- Bar-tobacconists
- Forecourt Retailers
- Food/drink/tobacco specialists
- Street vendors
- Non-retail channels
- Hypermarkets
- Independent Small Grocers
- Hotels/restaurants/bars

(% of retail volume)



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

To promote its corporate image and distance itself from its harmful products, PMI has been conducting more corporate social responsibilities (CSR) activities across the ASEAN region. Indonesia (USD 6,224,231) and the Philippines (USD 1,870,373) are two countries where PMI invested the most money in CSR activities in 2017. Both countries are vital tobacco markets for PMI as it holds 33.6% and 65.1% of total market in Indonesia and the Philippines respectively.

Except for JTI, the CEOs of the three other transnational tobacco companies (TTCs) were paid more in 2017 than the previous year, reflecting the growth of their companies' profits. André Calantzopoulos, CEO of PMI, alone was paid more than double PMI's total expenditure on CSR activities in the ASEAN region in 2017.

What TTCs spend on CSR activities is paltry compared to the remuneration paid to their top executives.

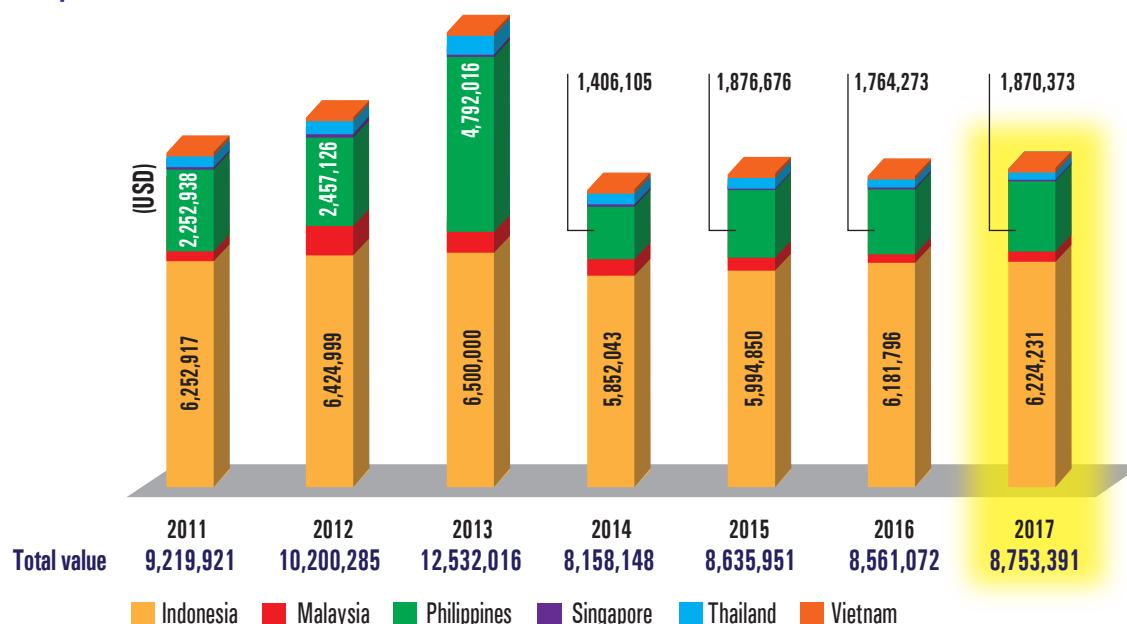
Tobacco industry's miniscule CSR grants in ASEAN compared to its profits and remuneration for the CEO

TTCs	CEO	Remuneration in 2017 (USD)	2017 profits in global market (USD)	Total expenditure on CSR activities in ASEAN (USD)
Philip Morris International (PMI)	André Calantzopoulos	18.977 M	11.5 B	8,753,391 (2017)
British American Tobacco (BAT)	Nicandro Durante	15.301 M	9.19 B	1,853,263 (2013–2017)*
Imperial Brands	Alison Cooper	6.238 M	2.51 B	No data available
Japan Tobacco International (JTI)	Mitsuomi Koizumi	1.287 M	3.88 B	4,921,697 (2012–2019)

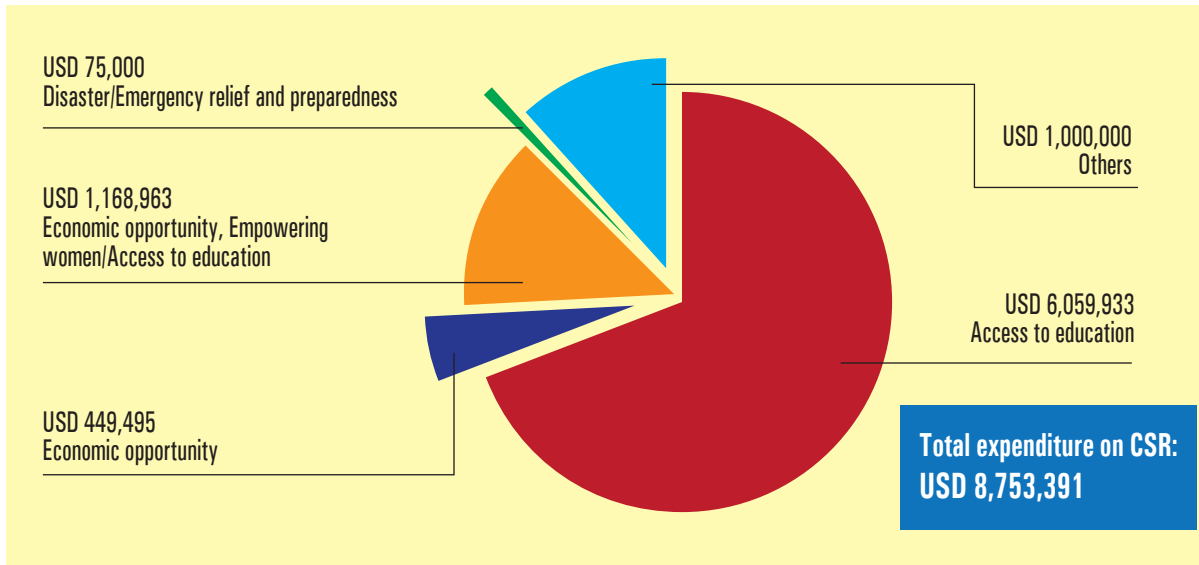
*BAT expenditure on CSR activities was estimated to be more than USD 1.853 million. There was no reporting on total expenditure in some of the CSR activities carried out between 2013 and 2017.

PMI has reduced slightly its expenditure on CSR activities in the ASEAN region in recent years. More than half of the investment was channeled into Indonesia with USD 6 million annually to support various CSR activities including empowering women, education, disaster relief and economic opportunity. Generally, fewer organizations benefited from PMI's charitable fund, some of which have been regular recipients for many years.

Philip Morris International CSR activities in ASEAN (2011–2017)



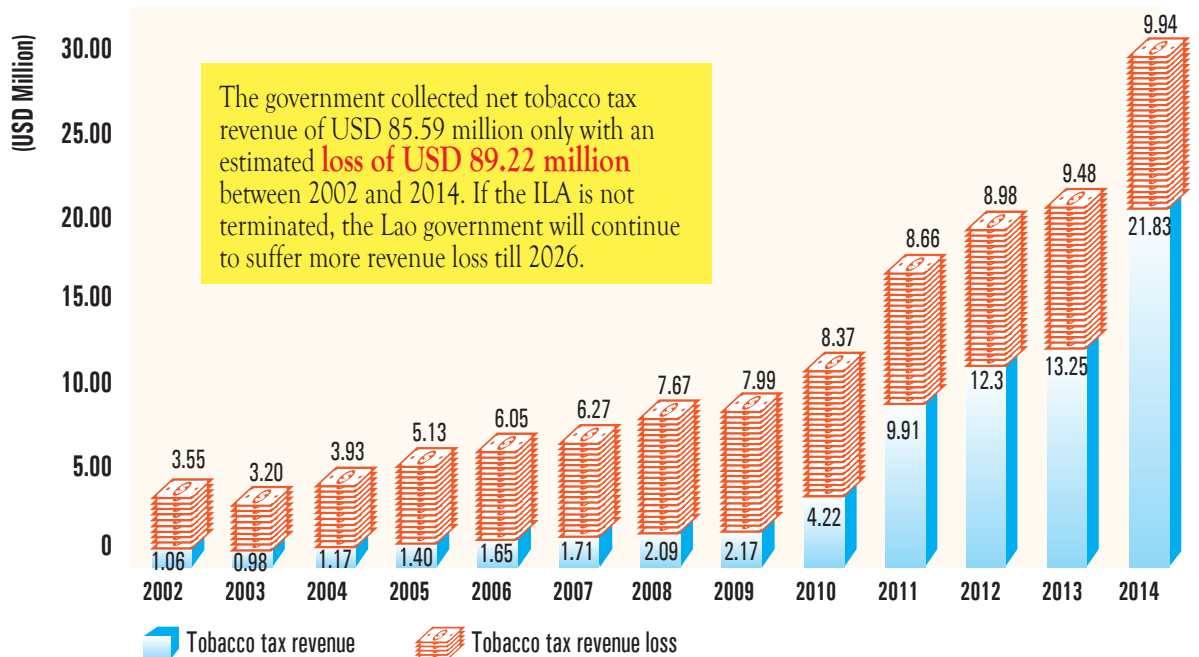
Distribution of Philip Morris International CSR Activities in ASEAN (2017)



Lao PDR: Tobacco tax revenue and tobacco tax revenue loss

The Lao government continues to lose revenues due to its unfair Investment License Agreement (ILA) with the tobacco industry signed on 23 November 2001. The ILA has capped ad valorem tobacco tax rates at between 15% and 30% (25-year tax holiday) until 2026 when the country's standard rate is 55%. The new tax law implemented in 2016.

Tobacco Tax Revenue and Tobacco Tax Revenue Loss in Lao PDR (2002–2014)*



*No official revenue data available after 2014.

Tobacco industry undermines tobacco control in ASEAN using legal challenges

8 court cases brought against tobacco control measures. In the latest, Philip Morris Thailand along with other tobacco companies including BAT and JT have challenged Thailand's legislation increasing pictorial warnings from 55% to 85% in the Administration court.



Thailand

11 court cases - including 2 by the Philippine Tobacco Institute, 4 by Philip Morris, 4 by Fortune Tobacco Corp, and 1 by Mighty Corp brought against the government for a variety of tobacco control measures including pictorial health warnings on cigarette packs.

- PMPMI, FTC, JTI, Mighty, La Suerte (5 separate cases) vs DOH re AO 2010-13 requiring graphic health information
- PTI vs DOH and FDA re power to regulate tobacco products
- PMFTC vs DOH re tobacco promotions
- PTI for declaratory relief re outdoor advertising
- Individuals paid by PMFTC vs MMDA re smokefree



Philippines

3 court cases filed by Philip Morris Malaysia against the Ministry of Health for requiring Ministry's approval for the retail price of tobacco products, rejecting the retail price of its cigarettes', requiring an increase in the selling price of its cigarettes.



Malaysia

13 court cases brought against tobacco control measures after the Health Law 36/2009 was passed in October 2009. These include rejecting Article 113 on the addictive nature of tobacco, Article 114 on the mandated pictorial health warnings, and Article 115 to allow designated smoking area in smoking-free places.

The farmers claimed the Health Law severely damaged their livelihoods.

At the local level, 2 cities/districts (Jakarta and Bogor) have faced litigation challenges mainly on Local Smoke Free Ordinances.



Indonesia

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 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 particularly Articles 9, 10, 17 and 18. 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
Farmers groups	Regional	International Tobacco Growers Association (ITGA)
	Indonesia	Indonesia Tobacco Farmers Association – Asosiasi Petani Tembakau Indonesia (APTI) Indonesian Clove Farmers Association - Asosiasi Petani Cengkeh Indonesia (APCI) Association of Tobacco Farmers and Traders of Magelang - Paguyuban Petani Pedagang Tembakau Magelang (P3TM)
	Malaysia	Kelantan Tobacco Growers and Curers Association (PITAS)
	Philippines	Philippine Tobacco Growers Association (PTGA) Katipunang Manggagawang Pilipino Federation of Free Farmers (FFF)
	Thailand	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	Association of Tobacco Industry in Cambodia (ATIC)
	Indonesia	Indonesia Tobacco Society Alliance – Aliansi Masyarakat Tembakau Indonesia (AMTI) Corporate of Indonesian White Cigarette Makers – Gabungan Pengusaha Rokok Putih Indonesia (GAPRINDO) Corporate Federation of Indonesian Cigarette Industries – Gabungan Perserikatan Pabrik Rokok Indonesia (GAPPRI)* Cigarette Manufacturing Association - Paguyuban Mitra Produksi Sigaret Indonesia (MPSI)
	Philippines	Philippine Tobacco Institute (PTI) Federation of Philippine Industries (FPI)
	Thailand	Thailand Tobacco Monopoly State Enterprise Workers Union
State-owned company / State agency	Lao PDR	Lao Tobacco Co Ltd
	Philippines	National Tobacco Administration (NTA)
	Thailand	Thailand Tobacco Monopoly (TTM)
	Vietnam	Vietnam Tobacco Association (VTA)
Retailer groups	Indonesia	Indonesian Forum of Tobacco Industry Community - Forum Masyarakat Industri Rokok Indonesia (FORMASI)** Federation of Trade Unions of Cigarette, Tobacco, Food and Beverages - Federasi Serikat Pekerja Rokok, Tembakau, Makanan Minuman (FSP RTMM-SPSI)
	Philippines	Peoples' Coalition Against Regressive Taxation (PCART) Philippine Association of Supermarkets Inc. (PASI)
	Vietnam	Association of Vietnam Retailers (AVR)



	Country	Front groups and lobby groups in ASEAN
Business groups	Regional	US-ASEAN Business Council (US-ABC) ASEAN Intellectual Property Association (ASEAN-IPA) Property Rights Alliance (PRA) International Trademark Association (INTA)
	Indonesia	Indonesia Clove Cigarette Community – Komunitas Kretek Clove National Rescue Coalition – Koalisi Nasional Penyelamat Kretek (KNPK) Cigarette Company Association of Kudus – Persatuan Pengusaha Rokok Kudus (PPRK) Association of Cigarette Companies – Gabungan Perusahaan Rokok (GAPERO) Communication Forum of Small Cigarette Businessmen – Forum Komunikasi Pengusaha Rokok Kecil (FKPRK) Indonesian Association of Personal Vaporizer – Asosiasi Personal Vaporizer Indonesia (APVI)
	Malaysia	Malaysia-Singapore Coffee Shop Proprietors General Association (MSCSPGA)
	Philippines	Philippine Aromatic Tobacco Development Association, Inc. (PATDA) Trade Union Congress of the Philippines (TUCP) The American Chamber of Commerce of the Philippines, Inc.
	Thailand	Thai Tobacco Trade Association (TTTA)
	Vietnam	Vietnam Chamber of Commerce and Industry (VCCI)
Consumer groups	Indonesia	Wise Smokers Community – Komunitas Perokok Bijak (KOJAK)
	Philippines	Proyosi Inc
	Thailand	End Cigarette Smoke Thailand Group (ECST) Thai Smokers Community
Think tanks/ Legal	Regional	Factasia.org***
	Lao PDR	Lao Law & Consultancy Group
	Malaysia	Institute for Democracy and Economic Affairs (IDEAs)

*Federation of kretek cigarette industries.

**Association of small-scale tobacco industry.

***Factasia.org (www.factasia.org) is a Hong Kong based non-government organization, which promotes e-cigarettes and campaigns for its use, funded by Philip Morris International and Tobacco Vapor Electronic Cigarette Association (TVECA).



Tobacco is a GLOBAL THREAT

The Im



1.1
Billion

Smokers worldwide

(♂ - 945 million ♀ - 180 million)
300 million in developed countries
800 million in developing countries

Lives lost from tobacco use annually

More than 6 million deaths
result from direct tobacco use

890,000 non-smokers are killed
due to exposure to secondhand smoke

7+
Million

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



pact



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 (in low-income countries)

226
Million

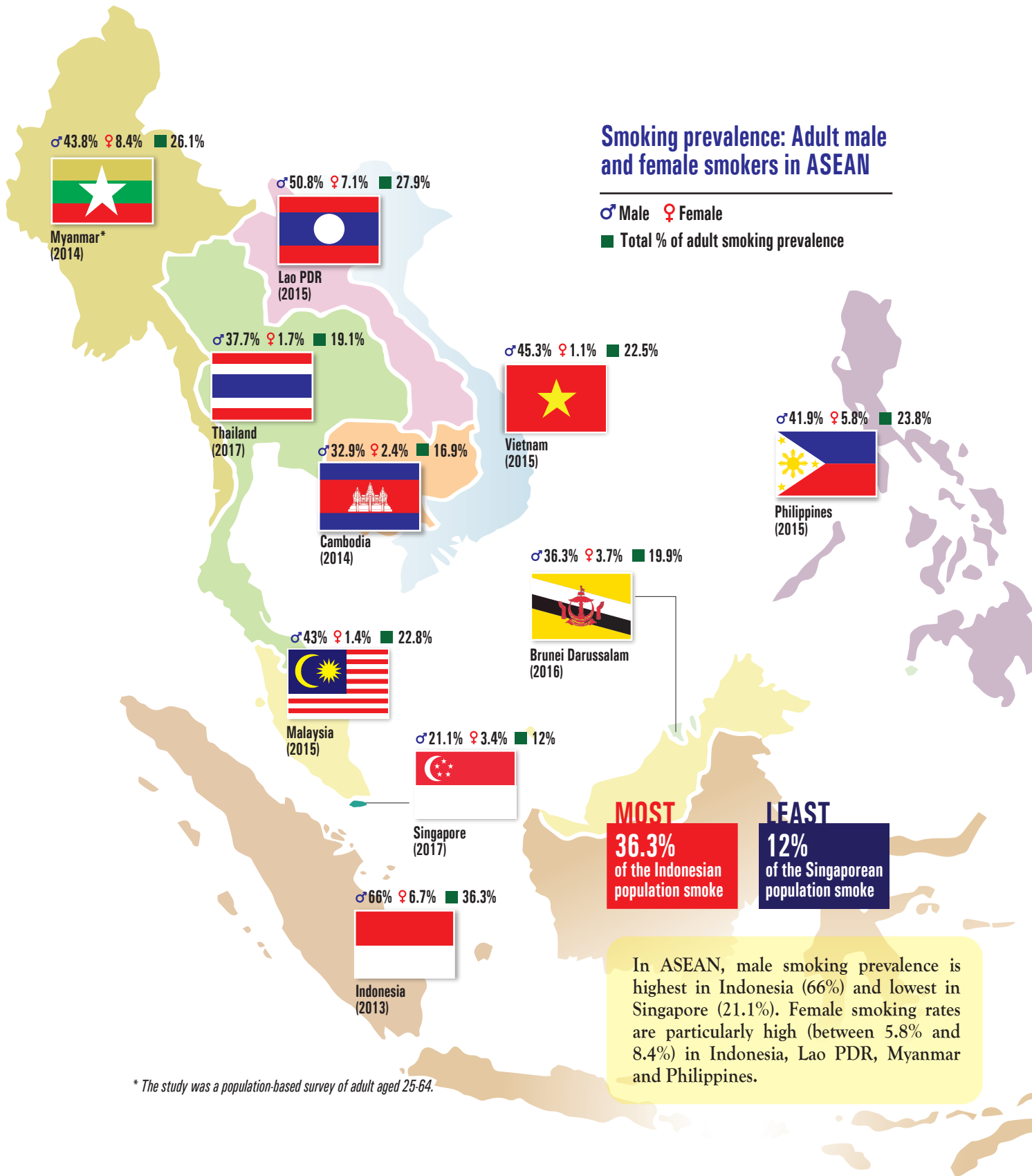


Tobacco use not only **DAMAGES HEALTH** but also **WORSENS POVERTY** and causes **DEVASTATING** social, economic and environmental **HARMS**

Smoking prevalence: Adult male and female smokers in ASEAN

♂ Male ♀ Female

■ Total % of adult smoking prevalence



MOST
36.3%
of the Indonesian
population smoke

LEAST
12%
of the Singaporean
population smoke

In ASEAN, male smoking prevalence is highest in Indonesia (66%) and lowest in Singapore (21.1%). Female smoking rates are particularly high (between 5.8% and 8.4%) in Indonesia, Lao PDR, Myanmar and Philippines.

* The study was a population-based survey of adult aged 25-64.

Nicotine and Tobacco Addiction

Globally, more than 1.1 billion people use tobacco, with adult male smokers (945 million) significantly outnumbering women (180 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 (82% world's smokers). In the ASEAN region, there are currently 122 million adult smokers, half of whom live in Indonesia (65 million).

This highly addictive product is commonly used by different segments of the population including vulnerable groups such as women, youth, and children. More than 15 billion cigarettes are smoked every day worldwide (1.327 billion sticks in ASEAN). In 2017, an estimated 546 billion cigarettes were sold in ASEAN countries with 94% primarily consumed in Indonesia, Philippines, Thailand, and Vietnam. Due to the expansion of the world's population and dynamic economic growth, the number of smokers is expected to reach at least 2 billion people by 2030.

World cigarette consumption by region

Western Europe 9%

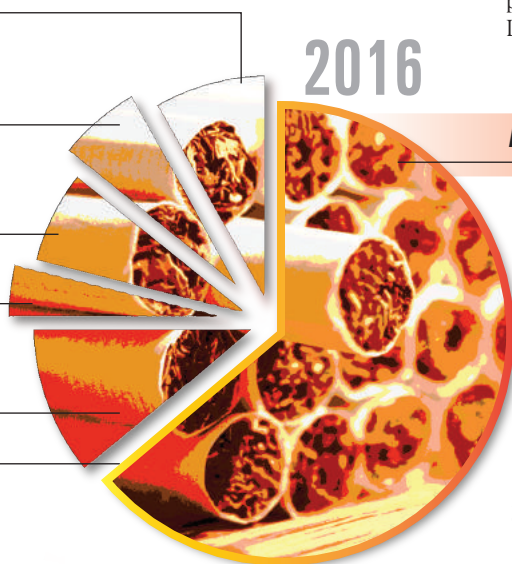
North America 5%

Middle East and Africa 9%

Latin America 3%

Eastern Europe 10%

Australasia 0%



Among ASEAN countries, adult male smoking prevalence is highest in Indonesia (66%) and lowest in Singapore (21.1%). Adult female smoking rates are particularly high (between 5.8% and 8.4%) in Indonesia, Lao PDR, Myanmar and Philippines.

Globally, more than **1.1 billion** people use tobacco

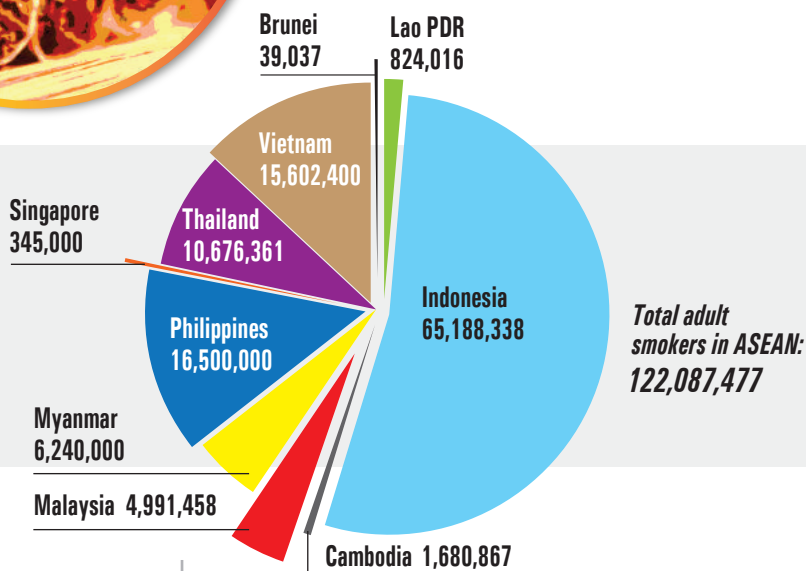


ASEAN has **122 million** adult smokers, half of whom live in Indonesia.

Total ASEAN population: **632,812,000 (2016)**

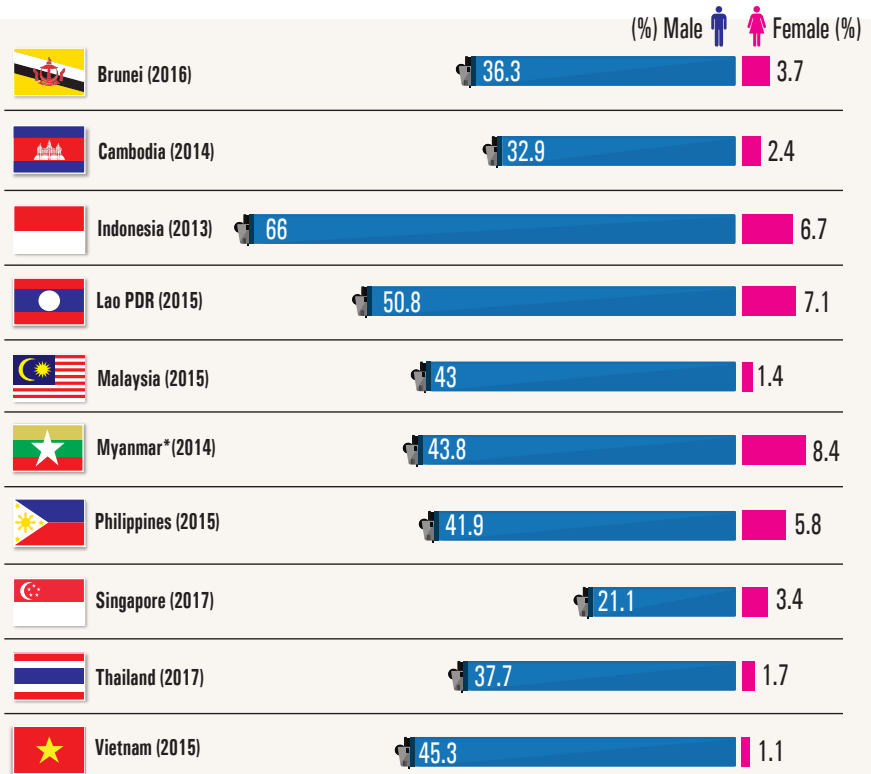
ASEAN has 10% of world's smokers

Distribution of total adult smokers in ASEAN countries



Adult Smoking

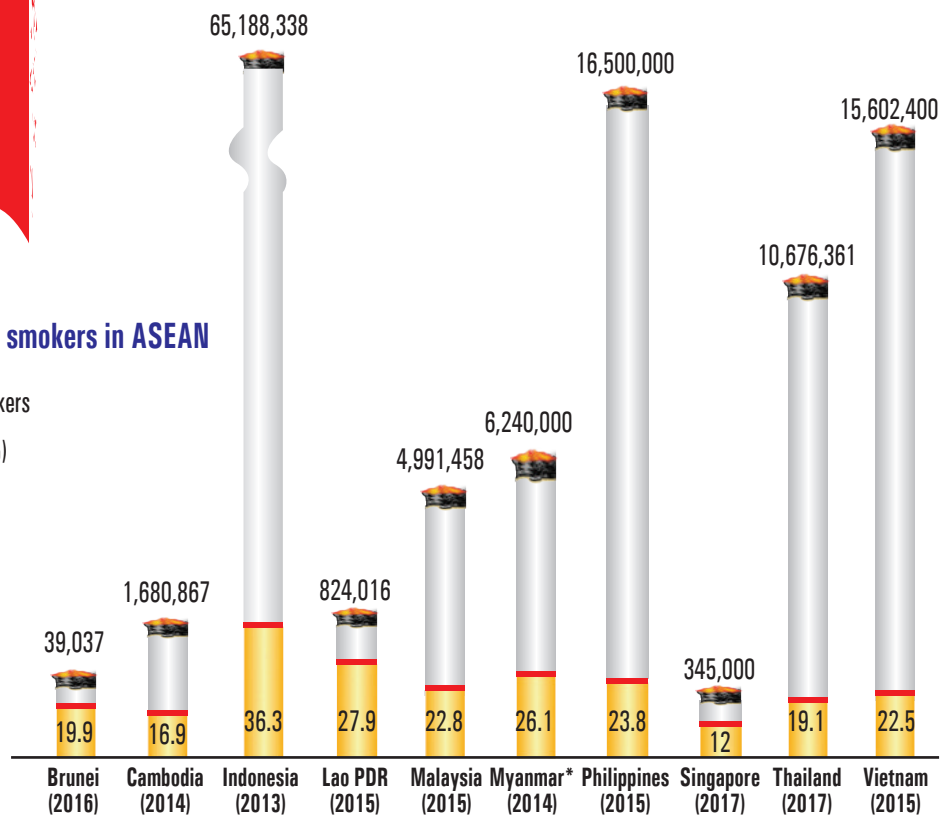
Numbers don't lie:
Percentage of adult male and female smokers in ASEAN



1 in 5
adults in
ASEAN
smoke

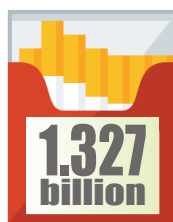
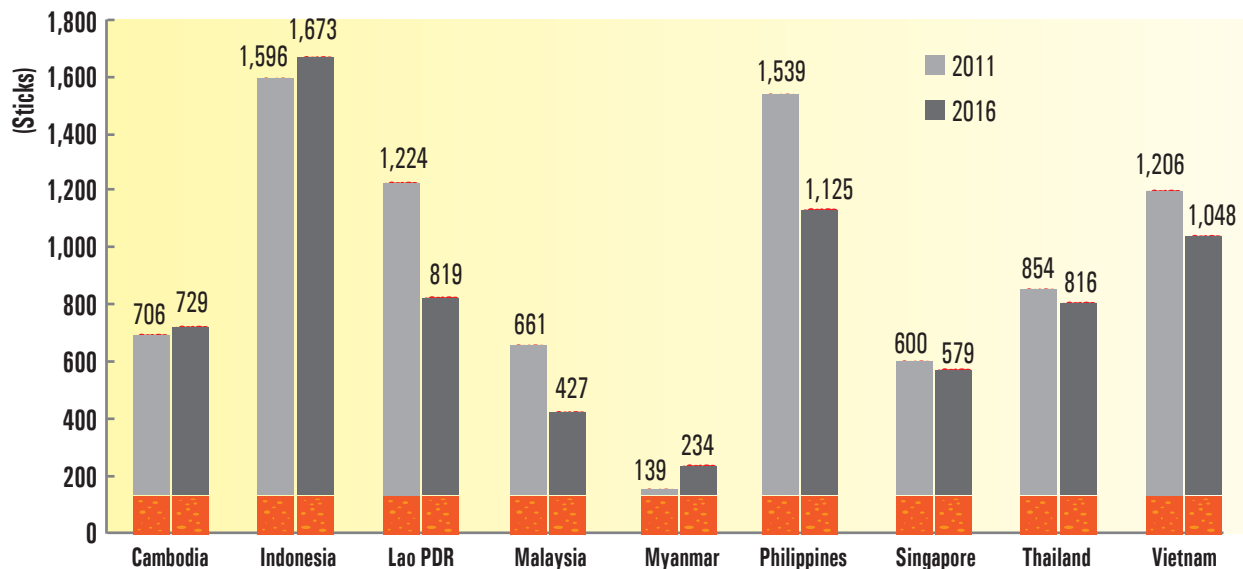
Numbers don't lie: Adult smokers in ASEAN

- Total numbers of adult smokers
- Adult smoking prevalence (%)



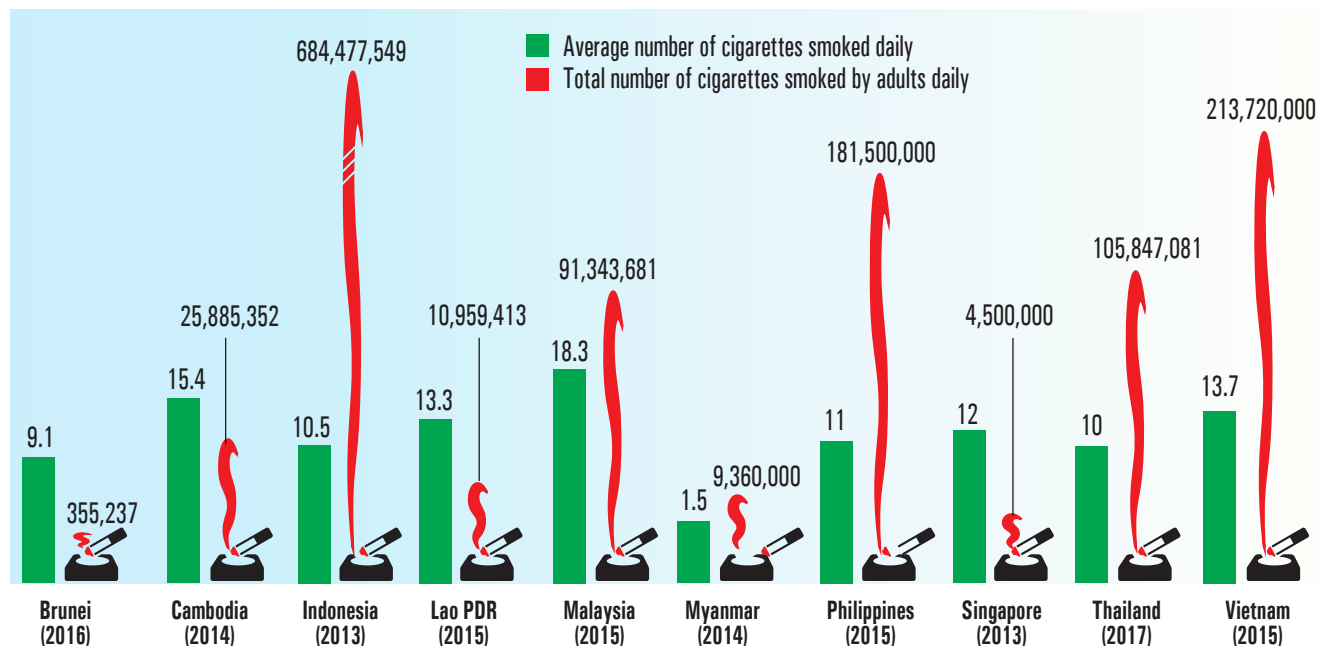
*The study was a population-based survey of adult aged 25-64.

Cigarette per capita consumption in ASEAN (2011 and 2016)

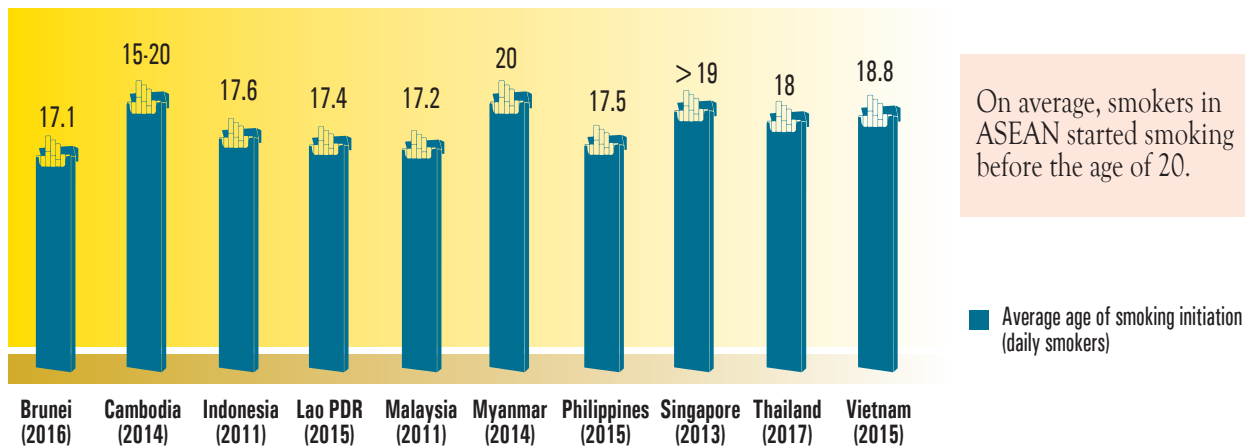


sticks smoked daily by adults in ASEAN

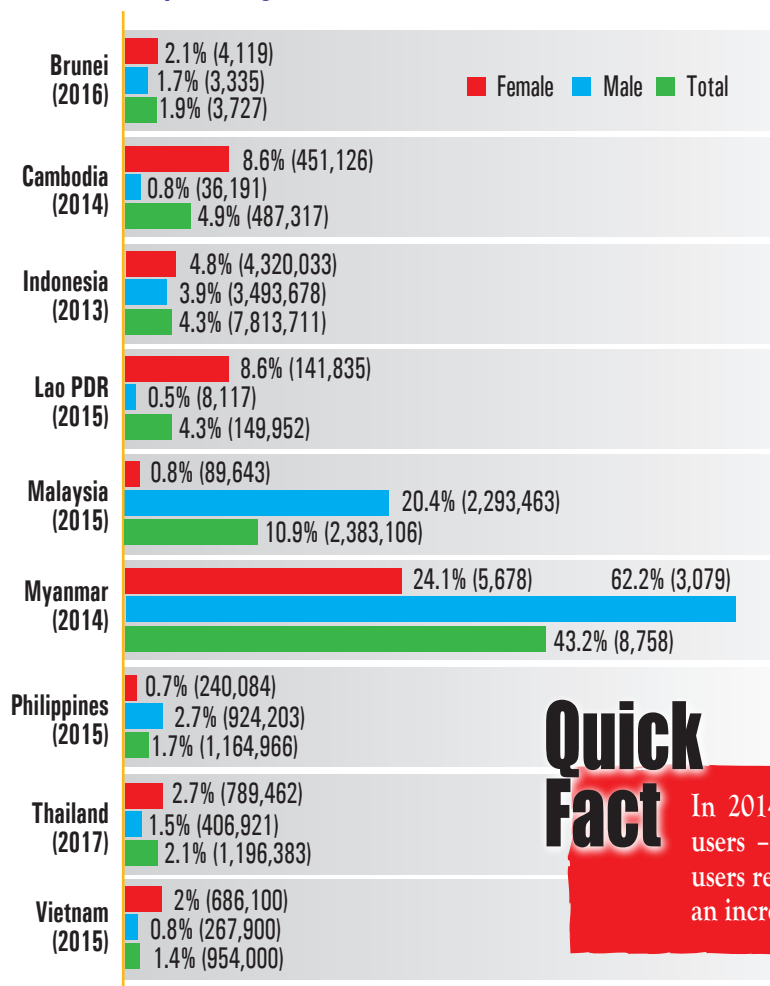
Number of cigarettes smoked daily by adult smokers in ASEAN



Average age of smoking initiation in ASEAN



Number and percentage of adults who use smokeless tobacco in ASEAN



Smokeless tobacco use

highest in Myanmar (43.2%), Malaysia (10.9%) and Cambodia (4.9%).

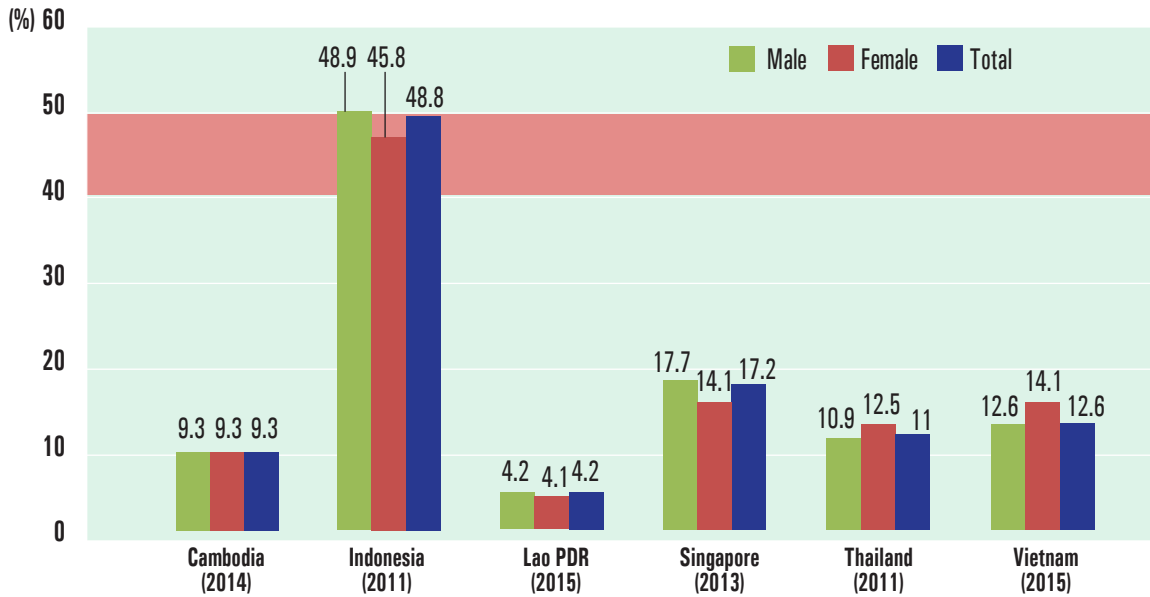


Quick Fact

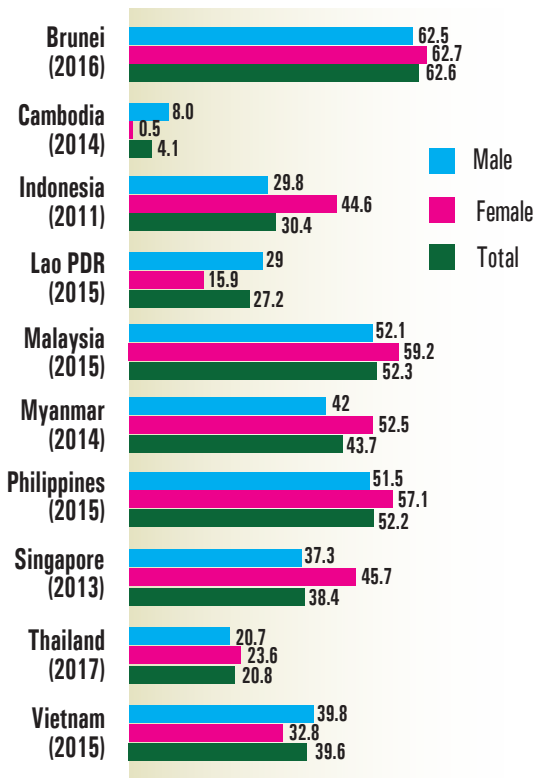
In 2014, there were 346 million smokeless tobacco users – 7% of the world’s population. 80% of these users reside in the South East Asian region, and are at an increased risk from oral cancers.

Quit attempts

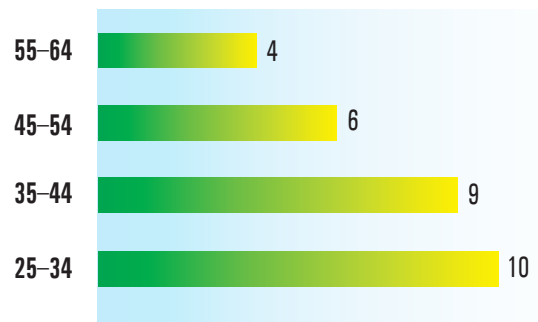
Percentage of current smokers (aged ≥ 15 years old) who intend to quit within next 12 months



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



Years gained by quitting smoking by age



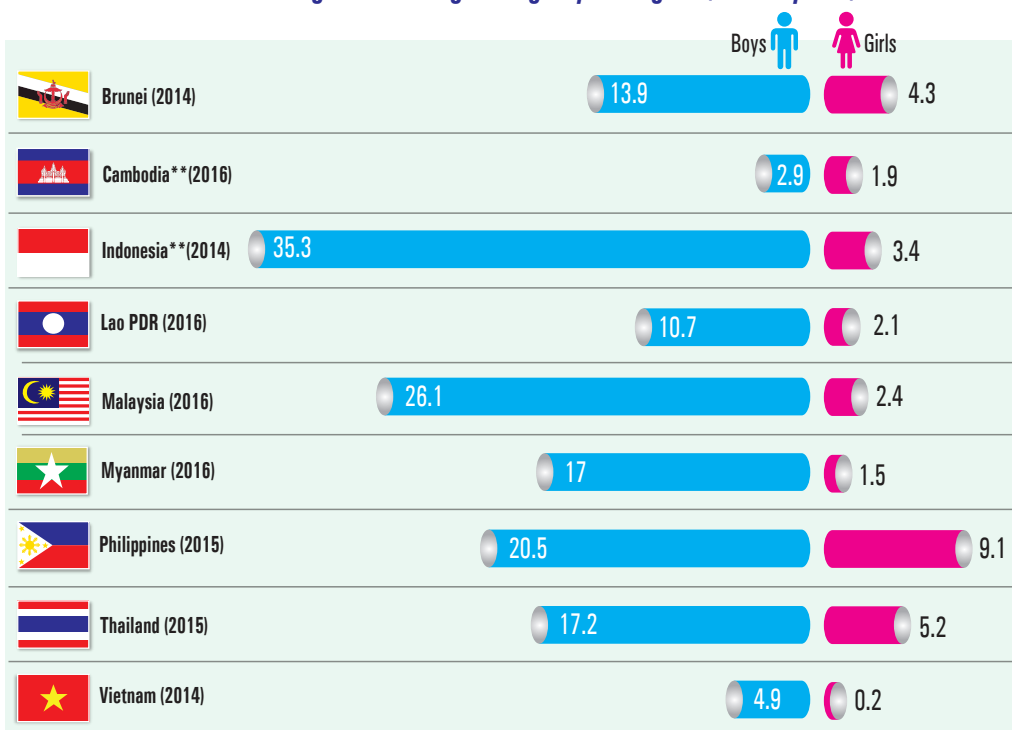
Quick Fact

Half a billion people alive today can be expected to be killed prematurely by their smoking unless they quit.



Youth Smoking

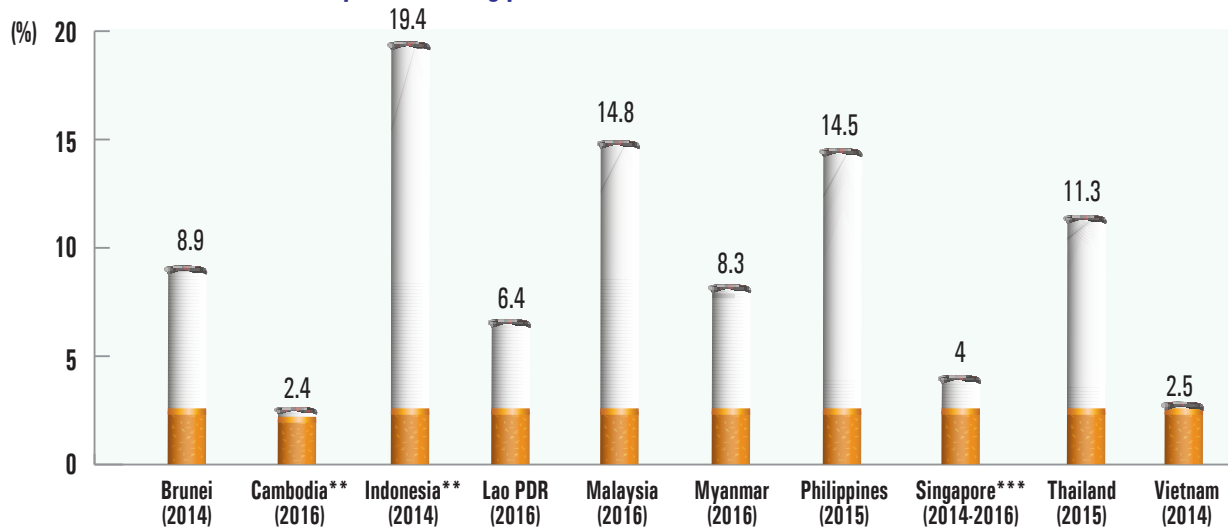
Numbers don't lie: Percentage of smoking among boys and girls (13–15 years)* in ASEAN



Quick Fact

In the Western Pacific Region, more than 1 million students currently smoke cigarettes (7.7% of the youth aged 13–15 years).

Numbers don't lie: Total % of youth smoking prevalence in ASEAN

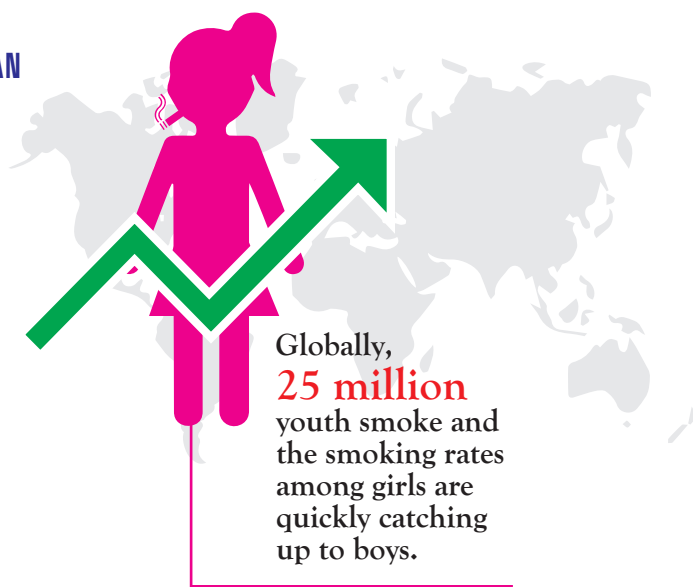


* Percentage of students who smoked cigarettes on one or more days in the past 30 days. **The data is based on currently use any tobacco product anytime during the past 30 days. ***Youth smoking prevalence (4%) is a consolidated figure from three different surveys among youth aged 13-20 between 2014 and 2016.

Youth Smoking Initiation

Early initiation of youth smoking among ever smokers* in ASEAN

Country	Boy (%)	Girl (%)	Total (%)
Brunei** (2014)	75.4	66.2	72.8
Indonesia (2014)	18.2	32.5	19.8
Lao PDR (2011)	28.6	—	30.9
Malaysia*** (2016)	10.0	25.1	12.1
Myanmar (2016)	15.3	28.3	17.2
Philippines*** (2015)	10.7	14.5	12
Thailand (2015)	16.8	9.2	14.5
Vietnam (2014)	16.4	24.4	17.7



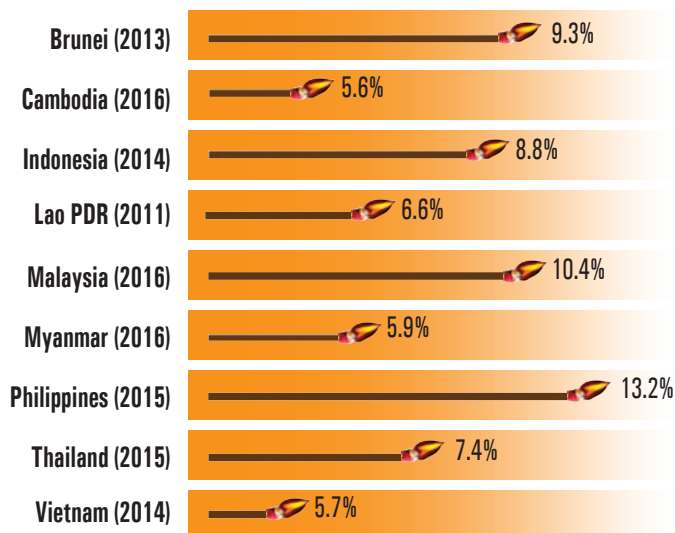
*Percentage of ever smokers who first smoked before the age of 10 years
 **Percentage of students who first tried cigarette smoking before age of 14 years
 *** Percentage of ever smokers who first smoked at the aged of 7 or younger.

Quick Fact

“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

Intentions of non-smoking youths to start smoking in the next year

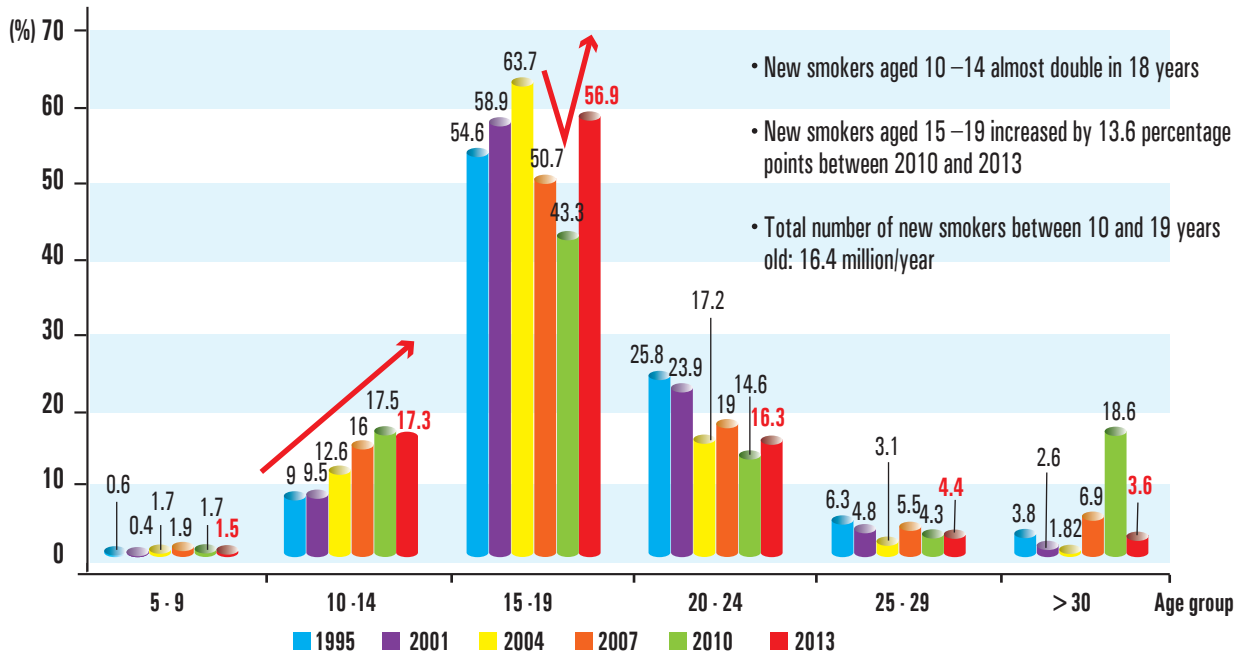


Note: Years of the Global Youth Tobacco Survey (GYTS) differ between countries.



Individuals who start smoking at younger ages are more likely to smoke as adults.

Smoking initiation trend among Indonesian between 1995 and 2013



Tobacco industry recruits replacement smokers



Deaths from tobacco

230,862 Indonesians/year
632.5 Indonesians/day



Recruit new smokers

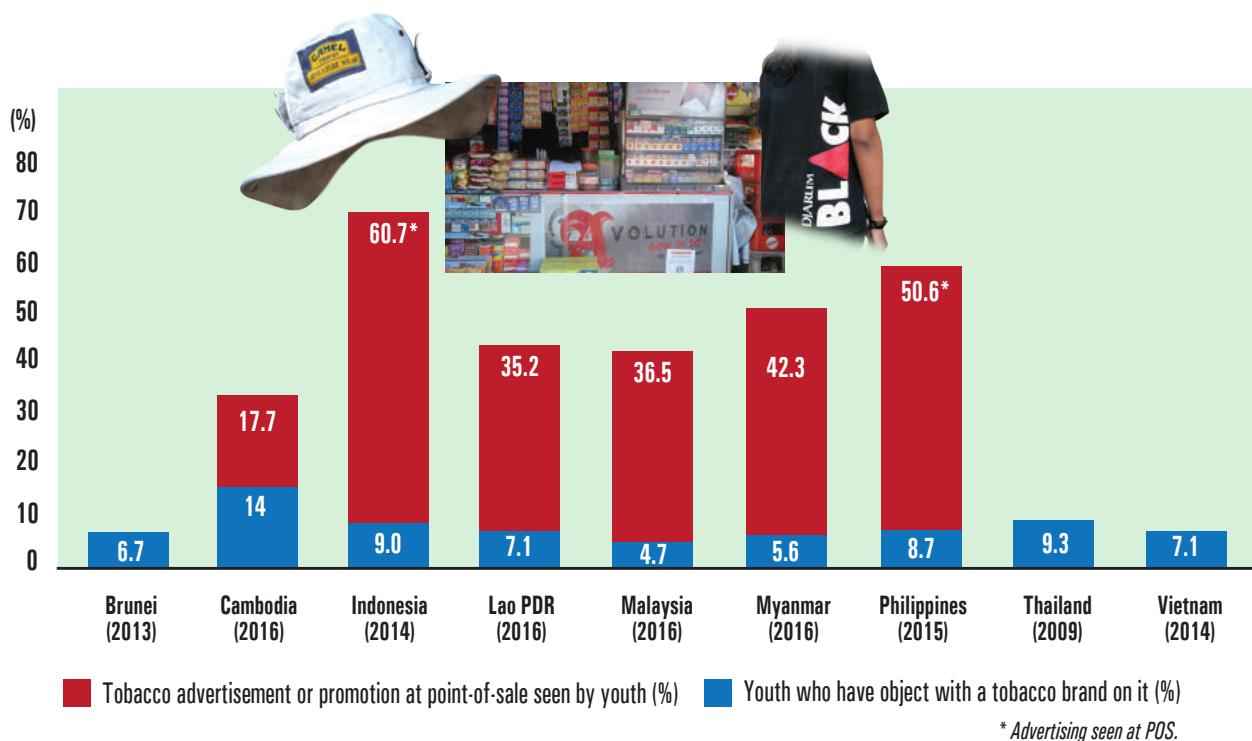
16.4 million new Indonesian smokers (10 - 19 years old)/year
45,000 new youth smokers (below 19 years old)/day

Quick Fact

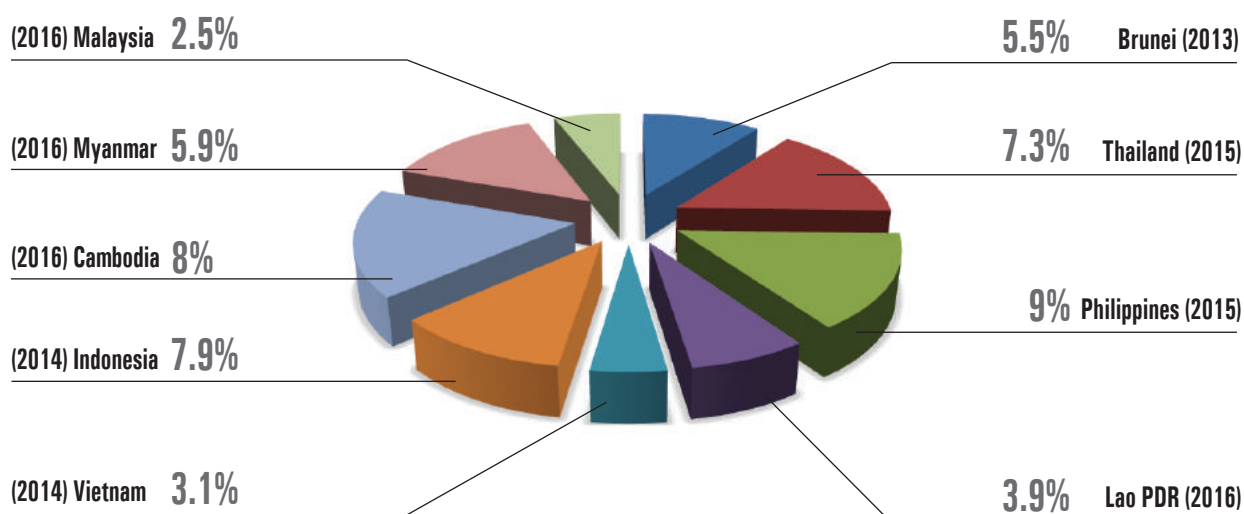
Indonesia has one of the highest smoking rates in the world where 66% of adult males and 41% of youths (aged between 13 and 15) smoke.

About **19.8%** of youth first tried cigarettes before the age of 10.

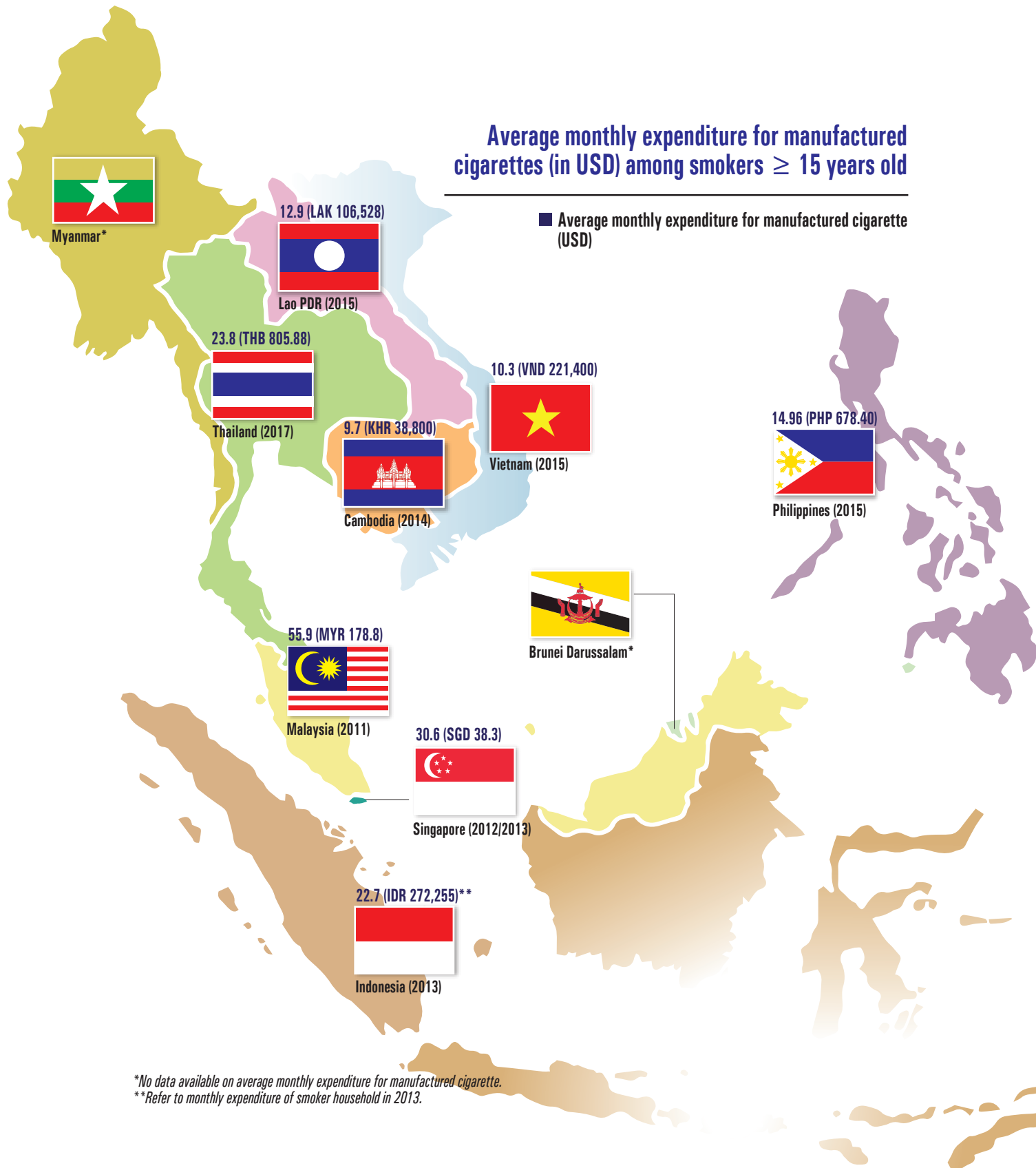
Youth susceptibility to tobacco advertising and promotion in ASEAN



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



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



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

**Refer to monthly expenditure of smoker household in 2013.

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.

available for basic necessities such as food, health care, shelter, and education. Tobacco also exacerbates poverty among families of tobacco users, who are at high 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 of their income on tobacco and reduces the amount of money

Quick Fact

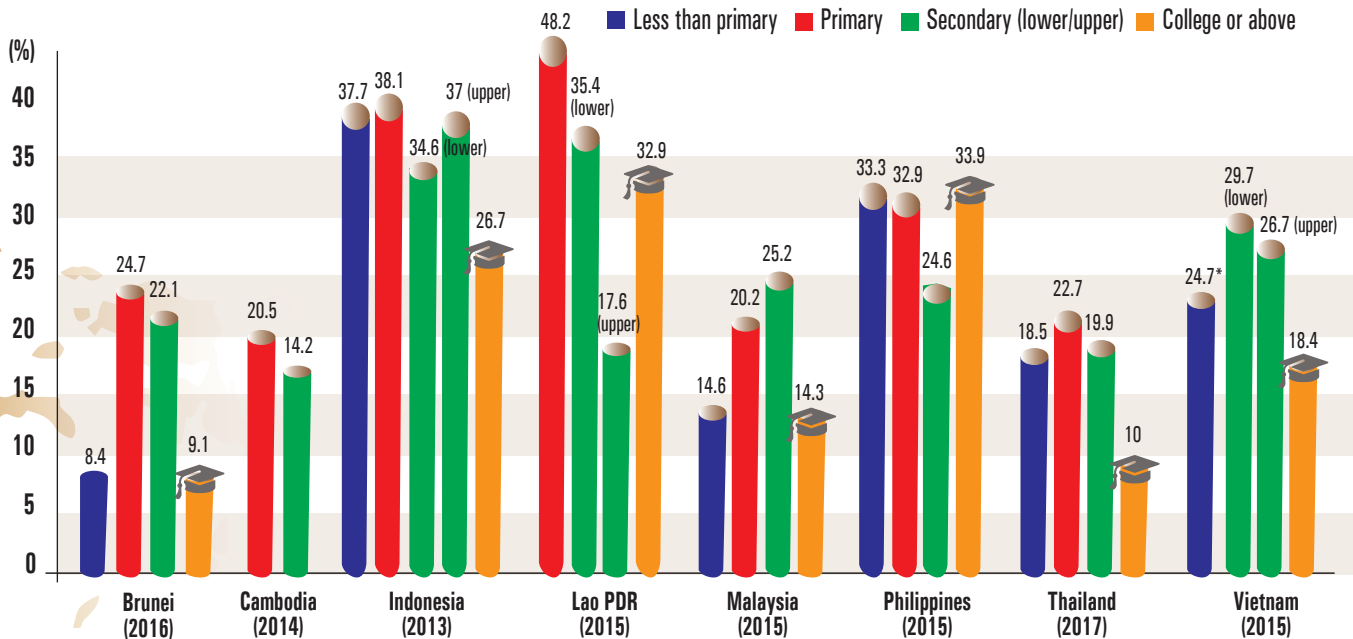
Globally, around 226 million adult tobacco users live in poverty.

Smoking prevalence was strongly linked to the level of educational attainment. 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



* The percentage of primary and less than primary.

Tobacco expenditure and basic needs













Country	Poorest households expenditure (USD) on			
	Tobacco 	Education 	Health 	Clothing 
Indonesia (2013) 	13.2 (IDR 137,652)	1.9 (IDR 20,215)	1.2 (IDR 12,328)	4.9 (IDR 51,586)
Philippines (2003) 	2.6 (PHP 141)	1.6 (PHP 87)	1.3 (PHP 71)	2.6 (PHP 141)
Singapore (2012/13) 	16 (SGD 20)	76.6 (SGD 95.7)	133.5 (SGD 166.9)	24.2 (SGD 30.2)

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.

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

Country	Most Popular Cigarette Brand				Quantity of	
	Brand name	Price		Rice (kg) 	Eggs (pieces) 	
Brunei 	Djarum Super*	BND 6.90	USD 5.11	5.8	35	
Cambodia 	Fine	KHR 3,500	USD 0.88	1.06	6	
Indonesia 	A Mild	IDR 22,300	USD 1.63	2.08	14	
Lao PDR 	Adeng	LAK 7000	USD 0.86	0.84	7	
Malaysia 	Dunhill	MYR 17	USD 4.27	5.7	46	
Myanmar 	Red Ruby	MMK 800	USD 0.60	0.46	6	
Philippines 	Marlboro	PHP 80	USD 1.59	2.11	14	
Singapore 	Marlboro	SGD 14	USD 10.45	5.4	67	
Thailand 	SMS	THB 60	USD 1.90	4.3	18	
Vietnam 	Craven A	VND 20,000	USD 0.88	1.42	7	

* 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.

Annual tobacco expenditures = Lost opportunities

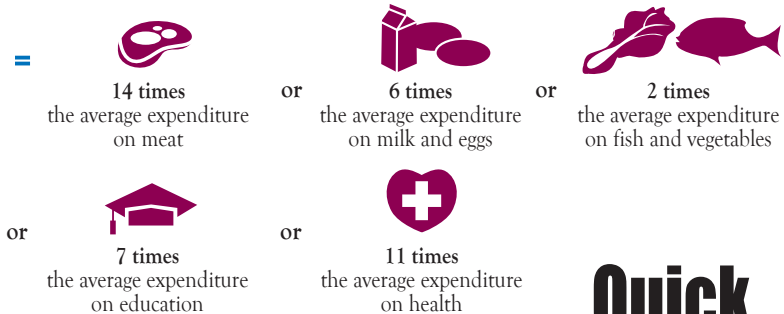
Cambodia

Annual expenditure of USD 201,534,701 spent on tobacco in 2014. Of these, USD 168,860,800 on manufactured cigarettes, hand-rolled cigarettes (USD 14,545,709) and loose tobacco (USD 18,128,192).



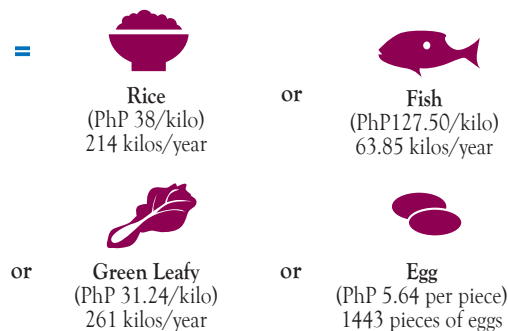
Indonesia

Annual spending on cigarettes by smokers (among the poorest group) in 2013.



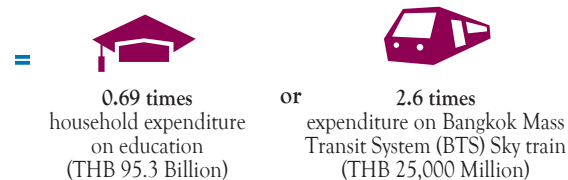
Philippines

Annual expenditure of current smokers on cigarettes is USD 179.55 (PHP 8,140.80) per smoker in 2015.



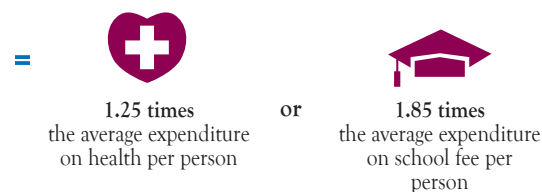
Thailand

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



Vietnam

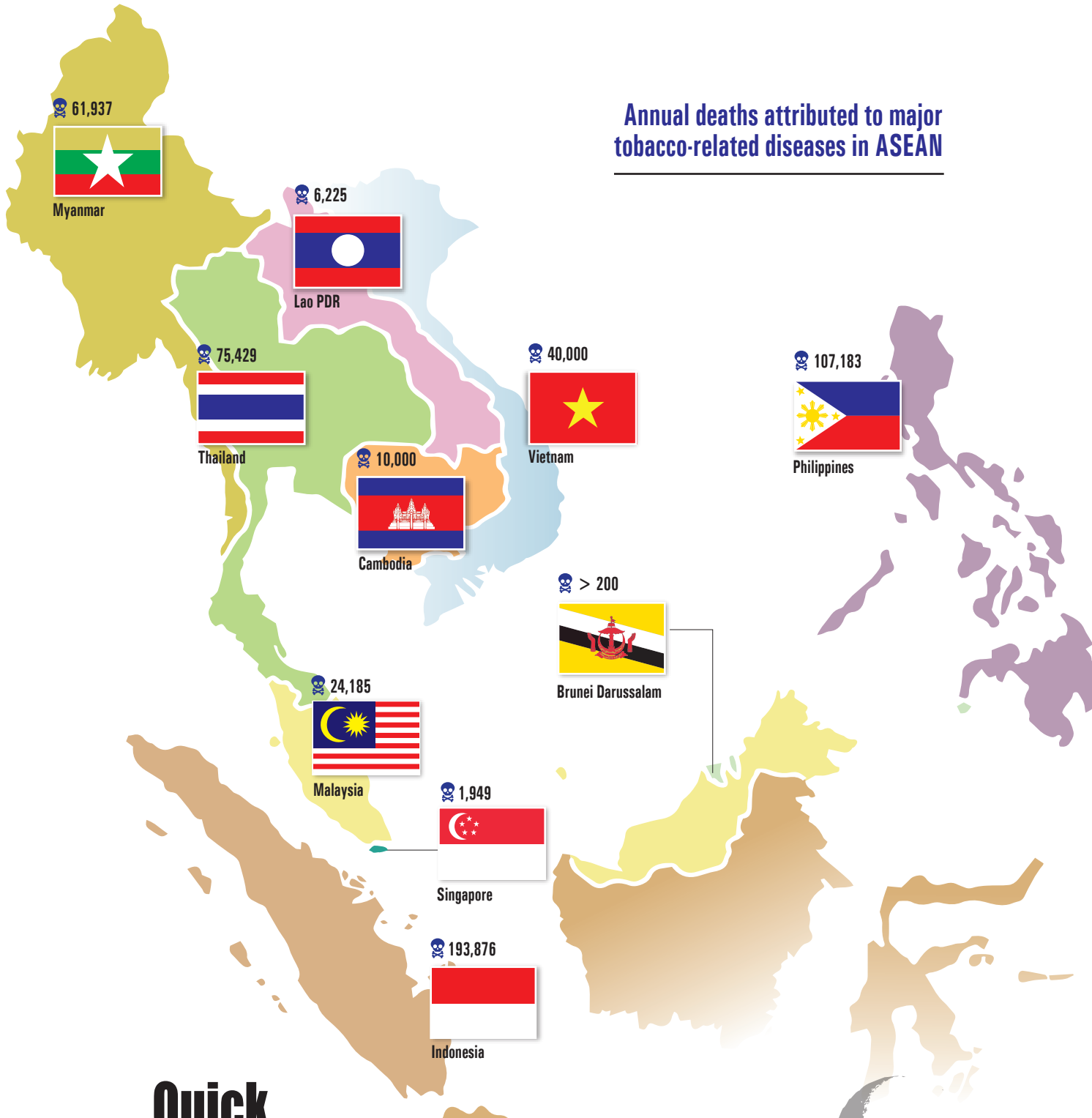
Average annual expenditure on cigarettes is USD 132 (VND 2,656,800) per smoker in 2015.



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.

Annual deaths attributed to major tobacco-related diseases in ASEAN



Quick Fact

More than 500,000 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.



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 7 million people globally each year, including about 890,000 non-smokers, who lose their lives due to exposure to secondhand 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.

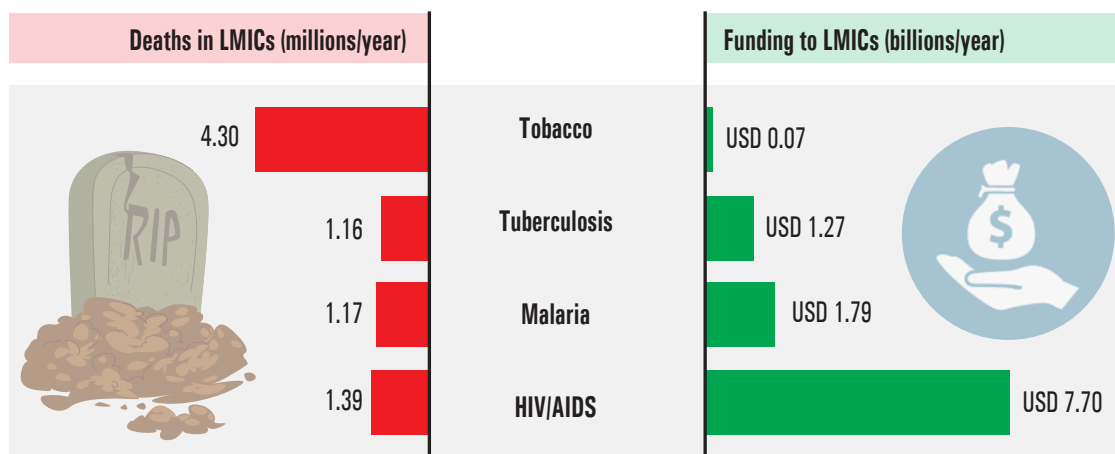
Tobacco also imposes a heavy economic burden on society and government through increased health care costs and human productivity losses. The economic and societal costs of tobacco-related diseases are staggering and cost an estimated USD 1.4 trillion annual expenditure in tobacco-related healthcare costs and in lost productivity due to illnesses and early deaths.

Most ASEAN governments already spend significant amounts of their budgets for tobacco-related health care costs that are many times higher than revenue gained from tobacco.

Quick Fact

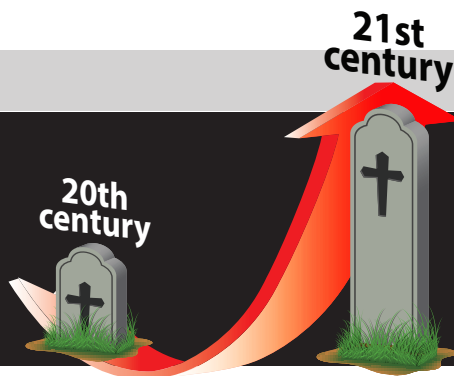
Every year, over 7 million people die from tobacco-related diseases globally which claim more lives than HIV/AIDS, malaria and tuberculosis combined.

Tobacco kills more people, but tobacco control is severely underfunded



Tobacco – Global agent of death

Tobacco will kill 1 Billion people in the 21st century



Tobacco use killed about **100 million** people worldwide in the 20th century, and remains a serious and growing concern that will claim **1 billion** or more lives in the 21st century unless urgent action is taken.

Global death toll from tobacco use

12% of all adult deaths worldwide.



About 5% of all deaths from **communicable diseases**, including 7% of tuberculosis deaths and 12% of deaths due to lower respiratory infections.

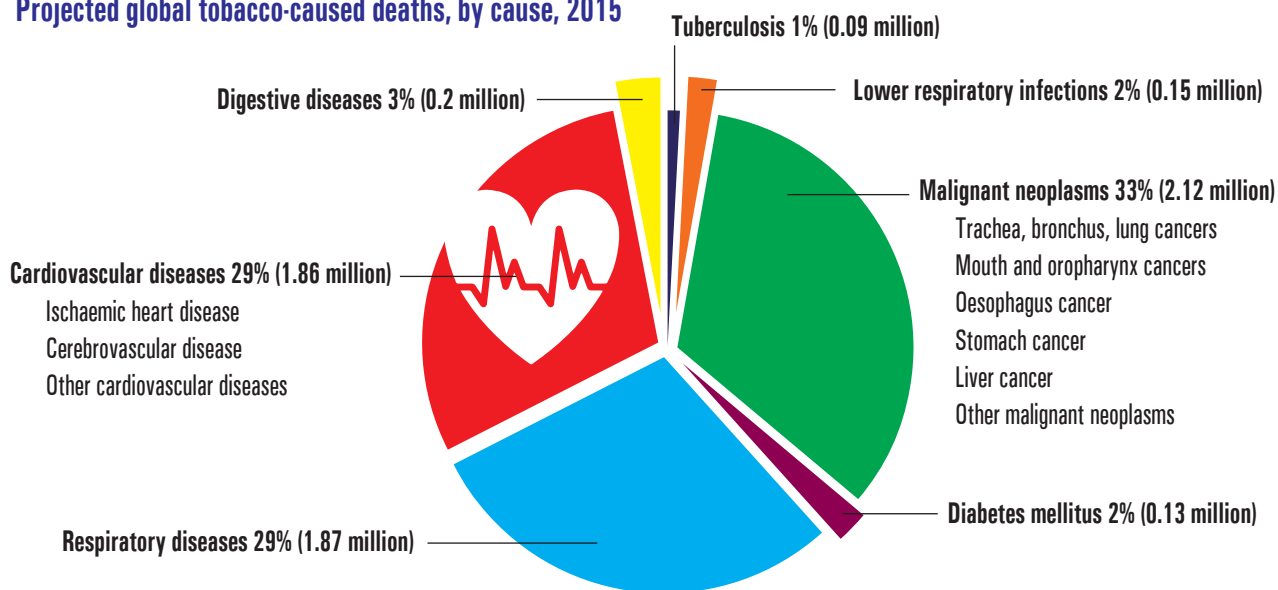
14% of all deaths from **NCDs** including heart disease, cancer, diabetes and lung disease.

Quick Fact

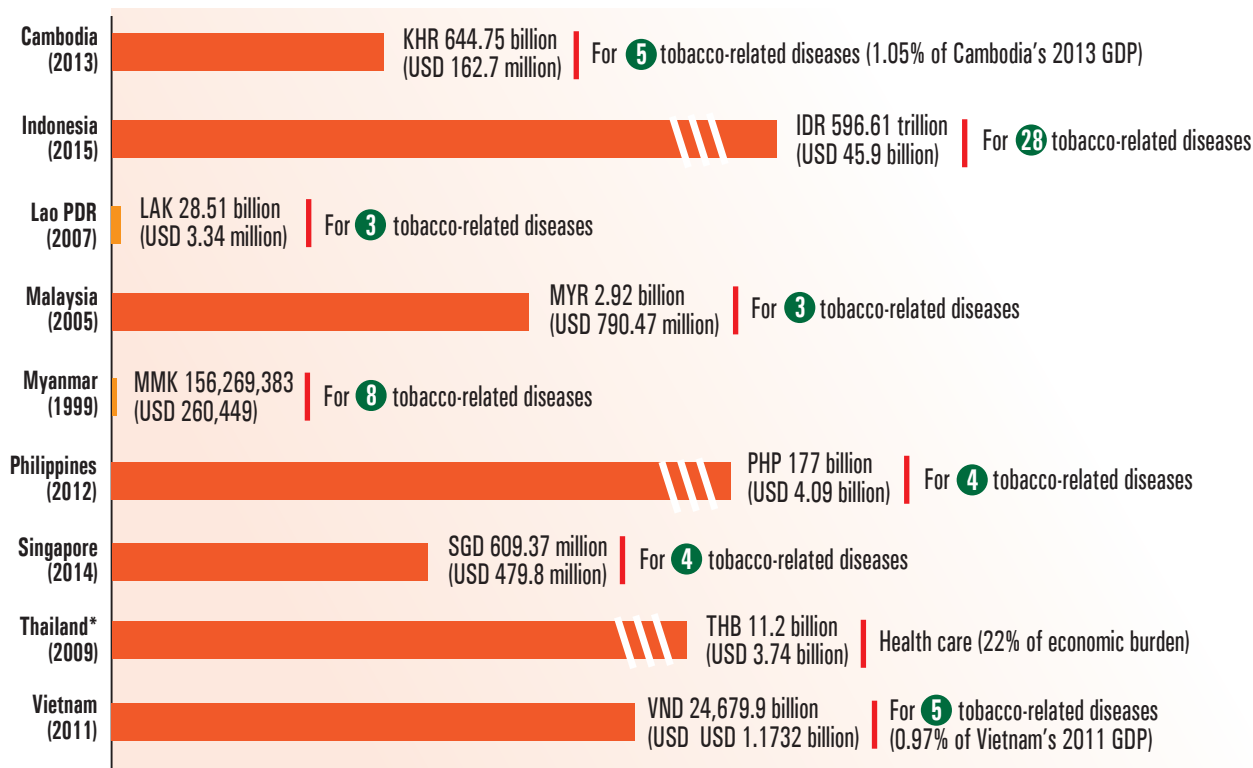
Tobacco use is a leading common risk factor for non-communicable diseases.

41 million people killed by NCDs each year, equivalent to **71%** of all deaths globally, including 15 million people aged between 30 and 69 years.

Projected global tobacco-caused deaths, by cause, 2015



Direct and indirect tobacco-related health care costs in ASEAN



*Direct and indirect medical care cost for overall tobacco-related diseases in Thailand.

Global economic cost and health burden of tobacco use

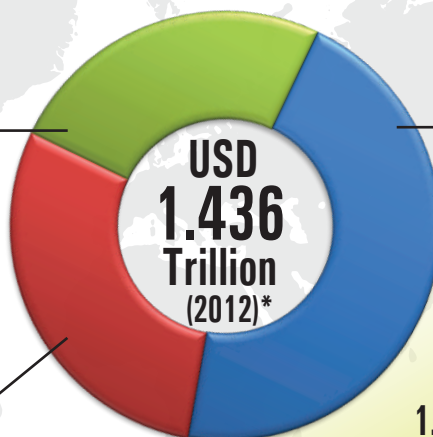
USD 422 Billion

Healthcare expenditure due to smoking-attributable diseases

5.7%
of total global healthcare expenditure

USD 357 Billion

Indirect cost of morbidities caused by smoking



40%
of the total economic costs are incurred in LMICs

USD 657 Billion

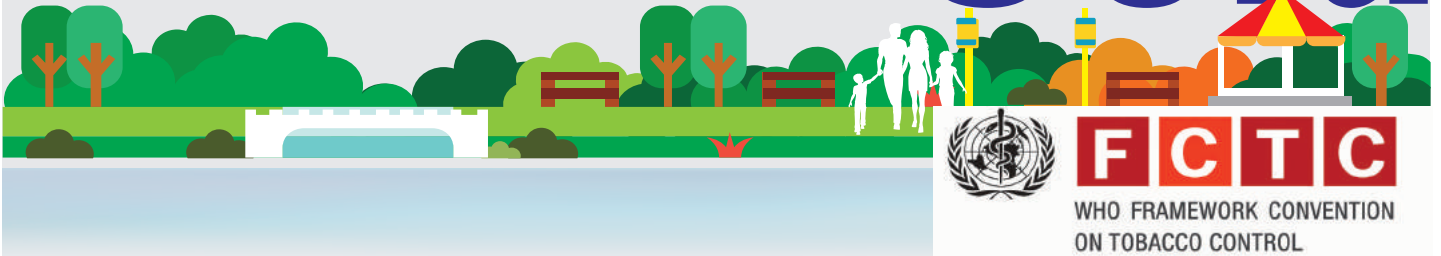
Indirect cost of mortalities caused by smoking

Malignant neoplasms
Cardiovascular diseases
Respiratory diseases
Lower respiratory infections
Tuberculosis

1.8%
world GDP

* Total economic cost of smoking (from health expenditures and productivity losses together).

The Solu



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



Philippines Singapore Thailand

have 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 Thailand

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

introduced laws on 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

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



Brunei Cambodia Lao PDR Singapore Thailand Vietnam

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

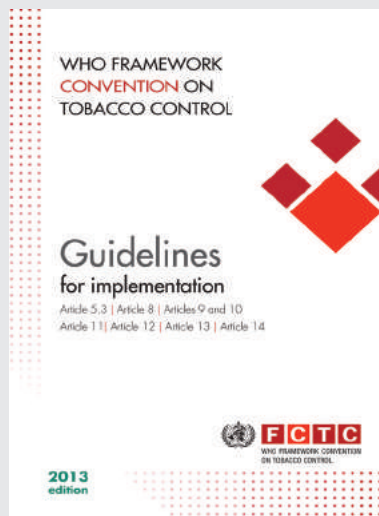
WHO FCTC Article 26: Financial resources



Lao PDR Malaysia Thailand Vietnam

have established health promotion or tobacco control fund

WHO FCTC: A Comprehensive Package of Measures



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. It is a landmark legal instrument in international, regional, and national tobacco control that has changed the paradigm of public health policies. At present, 181 governments, representing 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 framework for guidelines and protocols to reduce tobacco consumption through evidence-based supply and demand regulatory interventions, among others: (a) protection of public health policies from commercial and vested interests; (b) raising taxes on tobacco; (c) banning smoking in public places; (d) use of pictorial health warnings; (e) bans on tobacco advertising, promotion and sponsorship; (f) controlling 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, 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 2025 as agreed by WHO Member States.

Higher taxes 100% smoke-free Plain packaging TAPS ban

Within ASEAN, most countries have made significant progress in implementing measures to reduce tobacco use in accordance 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 smoke-free environments in public places and workplaces (Article 8) and (b) raise public awareness of health risks of tobacco use, help motivate quit attempts, and discourage tobacco use uptake through 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 in order 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 plain or standardized tobacco packaging, prohibiting corporate social responsibility (CSR) activities by the tobacco industry, and banning retail display of tobacco products (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

Tobacco control policy milestones in ASEAN



Brunei

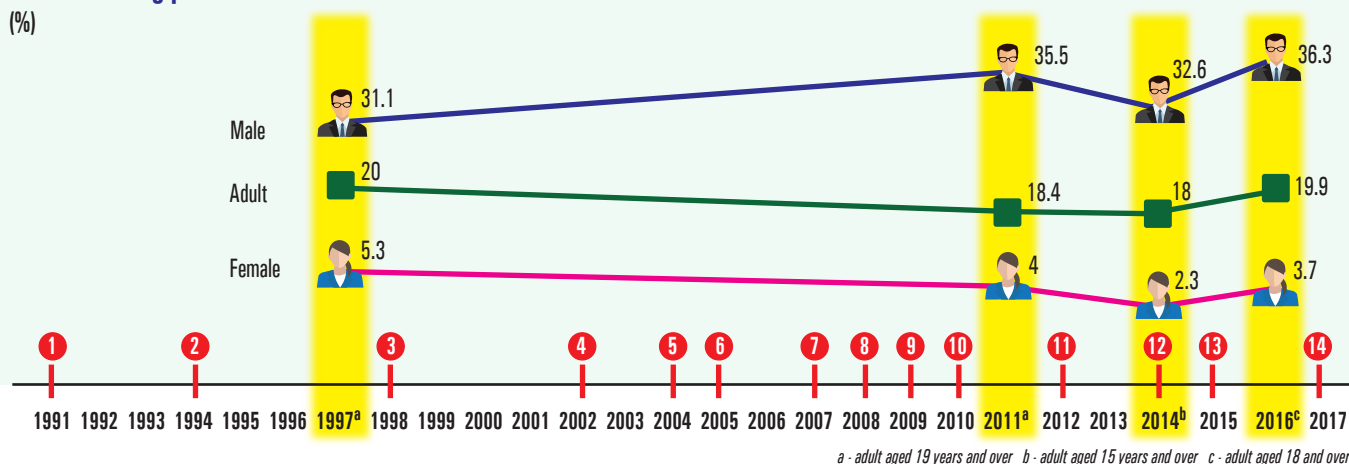
WHO FCTC Ratification: 3 June 2004

Tobacco Control Law Enacted: Tobacco Order 2005 and its Regulations

Tobacco control milestones

- 1** Mandatory textual health warnings on cigarette packs
- 2** All government building declared smoke-free
200% increase in tobacco tax
- 3** Royal Brunei Airlines became smoke-free
- 4** Schools declared smoke-free
- 5** Ratified WHO FCTC (3 June)
Haram fatwa on smoking issued
- 6** Tobacco Order 2005 (S49/05) passed
Sale of single sticks of cigarettes ban
Kiddie pack (less than 20-stick) ban
Smoking cessation clinics established
- 7** Tobacco Regulations 2007 enacted
- 8** Tobacco Control Unit established
Tobacco retail licensing enforced
- 9** National Committee on Tobacco Control established
Pictorial health warnings (PHWs) implemented (Top 50% front and back)
- 10** New tobacco tax and price (Cigarettes – BND 0.25 per stick)
Point-of-sale (POS) pack display ban
Additional requirements for tobacco retail license
- 11** 100% smoke-free airport
Expansion of smoke-free areas
2nd rotation of PHWs (Top 75% front and back)
- 12** No more licensed tobacco retailer (since May 2014)
Smoking cessation clinics expanded to all health centers nationwide and one hospital
- 13** Increased in licensing fee for importer and retailer
- 14** Increased in tobacco tax by 100% (Cigarettes – BND 0.50 per stick)

Adult smoking prevalence in Brunei



Key measures	Brunei: Progress in WHO FCTC implementation
Article 5.2	National Committee for Tobacco Control Multi-sectoral Taskforce for Health
Article 5.3	Code of conduct is being finalized by the Prime Minister's Office
Article 6	Licensing of tobacco retailers (No licensed tobacco importers and retailers in Brunei since May 2014) Tax all tobacco products in a comparable manner Tobacco tax burden as % of retail price (62%)
Article 8	100% smoke-free indoor in No smoking zones include areas within a distance of 6 meters from the perimeter of the no smoking buildings Penalties or compound for violating smoke-free policy
Article 11	PHWs in 2008 and 2nd rotation in 2012 Top front and back (75%) No ban on false or misleading descriptors
Article 13	Ban on direct TAPS, advertising at POS, pack display at POS, sale of single sticks of cigarettes and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
Article 16	Less than 20-stick pack ban Required a clear sign inside POS on prohibition of tobacco sales to minors and also sellers request for evidence before sale
Article 26	Health Promotion Centre (operational budget), Ministry of Health, Brunei Total budget: USD 130,434 (BND 180,000) for 2017–2018



Tobacco control milestones

- 1** Regulation on banning smoking in educational, health, religious and tourism facilities and some workplaces but not binding
- 2** Inter-ministerial committee on education and reduction of tobacco use established

Strategic plan on tobacco education and reduction phase 1 developed (2001–2005)
- 3** Ratified WHO FCTC
- 4** Sub-decree on textual health warning on cigarette packages
- 5** Comprehensive ban of tobacco advertising, promotion and sponsorship (TAPS) (Sub-decree)

Expansion of smoke free workplaces (Prakas)
- 6** Sales and imports of shisha and E-cigarette ban

Smoking ban at workplaces and public places (Circular)
- 7** Tobacco Control Law passed

Kiddie pack (less than 20-stick) ban

TAPS via internet ban

Point-of-sale (POS) advertising ban

POS pack display (Allow 1 pack per brand)

False or misleading descriptors ban
- 8** Pictorial health warnings (PHWs) implemented (Top 55% front and back)

Smoking ban at workplaces and public places (Sub-decree)
- 9** Committee for Tobacco Control (CFTC) established

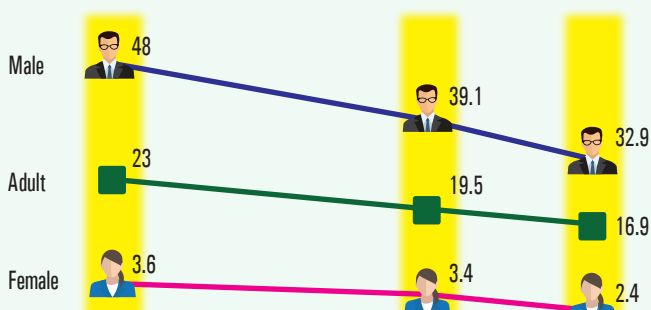
Sub-decree on establishment and functioning of the CFTC legislated
- 10** 2nd rotation of PHWs (Top 55% front and back)

490 Tobacco Control Inspection Officers established

Strategic plan on tobacco education and reduction phase 2 developed (2018–2022)

Adult smoking prevalence in Cambodia

(%)



a - adult aged 18 years and over b - adult aged 15 years and over

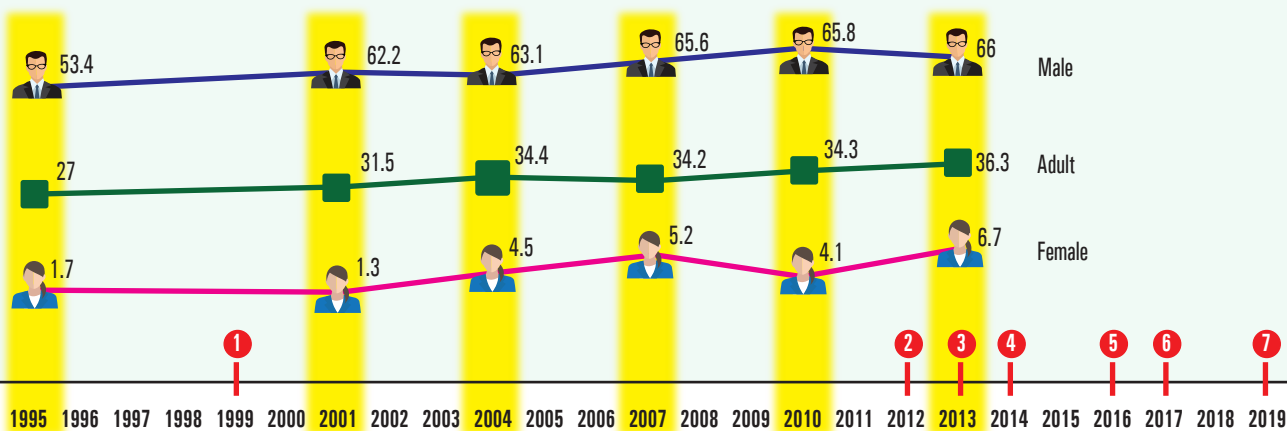
Key measures	Cambodia: Progress in WHO FCTC implementation		
Article 5.2	Committee for Tobacco Control (CFTC)		
Article 5.3	Sub-decree on establishment and functioning of the Committee for Tobacco Control (CFTC) has incorporated principles of Article 5.3		
Article 6	Tobacco tax burden as % of retail price (25 - 31.1%) No licensing of tobacco retailers		
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Outdoor smoking anywhere allowed in	Penalties or compound for violating smoke-free	
Article 11	PHWs in 2016 and 2nd rotation in 2018	Top front and back (55%)	False or misleading descriptors ban
Article 13	Ban on direct TAPS, advertising at POS, cross border advertising, TAPS via internet, person-to person sale, sale of single sticks of cigarettes and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe CSR (Ban cigarette brand name only) POS pack display (Allow 1 pack per brand)		
Article 16	Less than 20-stick pack ban Not required a clear sign inside POS on prohibition of tobacco sales to minors and also sellers not requested for evidence before sale		
Article 26	No governmental funding mechanisms for tobacco control		

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes

Tobacco control milestones

- 1 Apply single message of textual warning on cigarette packs
Smoke-free public places policy
- 2 Local smoke-free area (KTR) became the key tobacco control policy measure to be spread out
- 3 No new license issued for false or misleading descriptors on cigarette packs
- 4 Pictorial health warnings (PHWs) implemented (Top 40% front and back)
- 5 Guideline for managing conflict of interest with the tobacco industry in the Ministry of Health
- 6 Point-of-sale (POS) pack display ban in Bogor
- 7 2nd rotation of PHWs (Top 40% front and back)

Adult smoking prevalence in Indonesia (%)



Key measures	Indonesia: Progress in WHO FCTC implementation*		
Article 5.2	Ministry of Health (MOH) Focal Point		
Article 5.3	Ministerial regulation (guidelines) applies to MOH only	No code of conduct applies to all government servants	
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels Tobacco tax burden as % of retail price (62.71%)		No licensing of tobacco retailers
Article 8	100% smoke-free indoor in Indoor smoking room allowed in	Outdoor smoking area within public places allowed in Penalties or compound for violating smoke-free	
Article 11	PHWs in 2014 and 2nd rotation in 2019	Top front and back (40%)	False or misleading descriptors ban
Article 13	TAPS via internet ban POS pack display ban in Bogor only Partial ban on direct TAPS	No ban on advertising at POS, pack display at POS, cross border advertising, person-to-person sale, sale of cigarette in single sticks and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe CSR (Ban publicity only)	
Article 16	Not required a clear sign inside POS on prohibition of tobacco sales to minors and also sellers not requested for evidence before sale No ban on less than 20-stick pack		
Article 26	10% local tobacco tax surcharged for social development (50% of the amount is for health - 75% of the 50% allocation for preventive care, 25% for construction and maintenance)		

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes

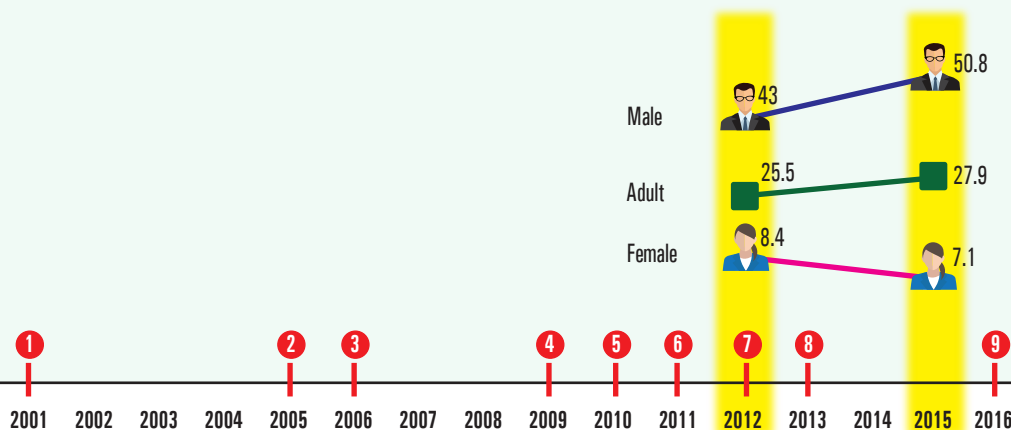
*Indonesia is a non-Party to the WHO FCTC but has implemented some of FCTC measures.



- 1** National Tobacco Control Policy approved by the Health Minister
 - Increase tobacco tax
 - Control cigarettes smuggling
 - Ban on tobacco advertising
 - Smoke free
 - Ban selling cigarettes to minor (< 18)
 - Health Education on tobacco harms
 - Government budget support
 - Establish the National Tobacco Control Committee
- 2** Tobacco Control 2010 Task Force Committee (10 representatives from Ministries) established
- 3** Ratified WHO FCTC
 - Minister of Health Regulation required 30% text warning
- 4** Tobacco Control Law legislated
 - Sale of single sticks of cigarettes ban
 - Kiddie pack (less than 20-stick) ban
 - Smoke-free health and education facilities as well as public transportation
- 5** Specific tax (100 LAK per pack) introduced
 - Tobacco Advertising, Promotion and Sponsorship (TAPS) ban
 - TAPS via internet ban
 - False or misleading descriptors ban
- 6** Specific tax increased to 500 LAK per pack
- 7** National Tobacco Control Committee established
- 8** Lao PDR Tobacco Control Fund established
- 9** Pictorial health warnings (PHWs) implemented (Top 75% front and back)
 - Corporate Social Responsibility (CSR) ban

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

(%)



Key measures	Lao PDR: Progress in WHO FCTC implementation		
Article 5.2	National Tobacco Control Committee		
Article 5.3	No code of conduct		
Article 6	Tobacco tax burden as % of retail price (16 -19.7%) No licensing of tobacco retailers		
Article 8	100% smoke-free indoor in	No penalties or compound for violating smoke-free	
Article 11	PHWs in 2016	Top front and back (75%)	False or misleading descriptors ban
Article 13	Ban on direct TAPS, advertising at POS, CSR, cross border advertising, person-to-person sale, TAPS via internet and sale of single sticks of cigarettes POS pack display (allow 1 pack per brand) No ban on sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe		
Article 16	Less than 20-stick pack ban Not required a clear sign inside POS on prohibition of tobacco sales to minors and also sellers not requested for evidence before sale		
Article 26	Lao PDR Tobacco Control Fund Total budget: USD 116,700 (LAK 945,266,000) for 2017		

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes



Malaysia

WHO FCTC Ratification: 16 September 2005

Tobacco Control Law Enacted: Control of Tobacco Products Regulation 2004 and Control of Tobacco Product (Amendment) Regulations 2008; 2009; 2010; 2011 and 2013 under the Food Act 1983, National Tobacco Control Law already drafted

Tobacco control milestones

1 Control of Tobacco Products Regulation 2004 under the Food Act 1983

Direct and indirect tobacco, advertising, promotion and sponsorship (TAPS) ban

TAPS via internet ban

Kiddie pack (less than 20-stick) ban

Sale of single sticks of cigarettes ban

2 Ratified WHO FCTC

3 Malaysian Health Promotion Board (MySihat) established

4 Pictorial health warnings (PHWs) implemented (Top 40% front and 60% back)

False or misleading descriptors ban

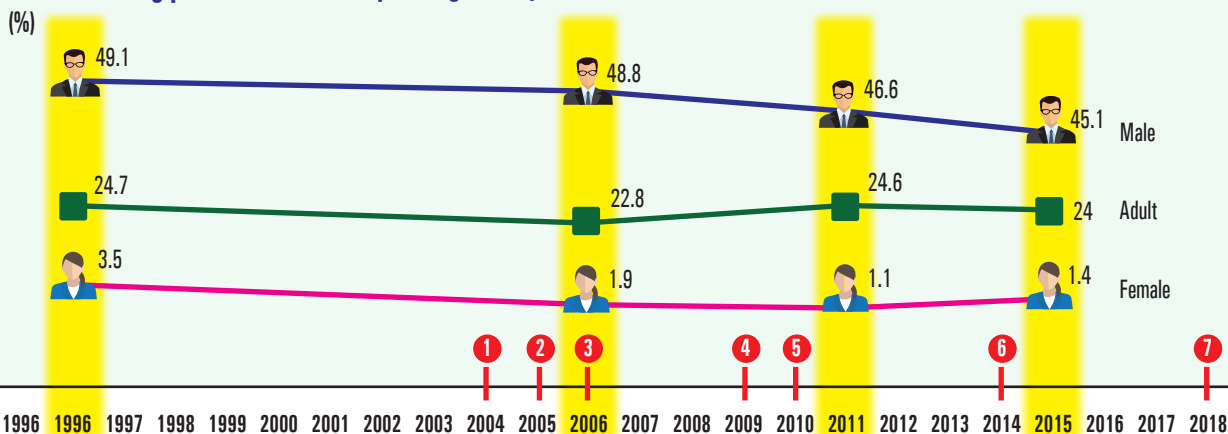
5 Kiddie pack ban enforced (delayed since 2004)

6 2nd rotation of PHWs (Top 50% front and 60% back)

7 Expansion of smoke-free places (23 places)

Expansion of smoke-free cities (5 cities)

Adult smoking prevalence in Malaysia (Aged 18 years and over)



Key measures	Malaysia: Progress in WHO FCTC implementation	
Article 5.2	Framework Convention on Tobacco Control (FCTC) Secretariat	
Article 5.3	No code of conduct	
Article 6	Tax all tobacco products in a comparable manner Tobacco tax burden as % of retail price (53 - 58%)	No licensing of tobacco retailers
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Indoor smoking anywhere allowed in	Outdoor smoking area within public places allowed in Outdoor smoking anywhere allowed in Penalties or compound for violating smoke-free
Article 11	PHWs in 2009 and 2nd rotation in 2014 Top 50% front and 60% back	False or misleading descriptors ban
Article 13	Ban on direct TAPS, advertising at POS, person-to-person sale, TAPS via internet and sale of single sticks of cigarettes Partial ban on cross border advertising No ban on CSR, pack display at POS and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe	
Article 16	Less than 20-stick pack ban Not required sellers request for evidence (reached full legal age) before sale	Not required sellers request for evidence (reached full legal age) before sale
Article 26	Malaysian Health Promotion Board (MySihat) Total budget: USD 1.91 million (MYR 7.5 million) for 2018	

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes



Myanmar

WHO FCTC Ratification: 21 Apr 2004

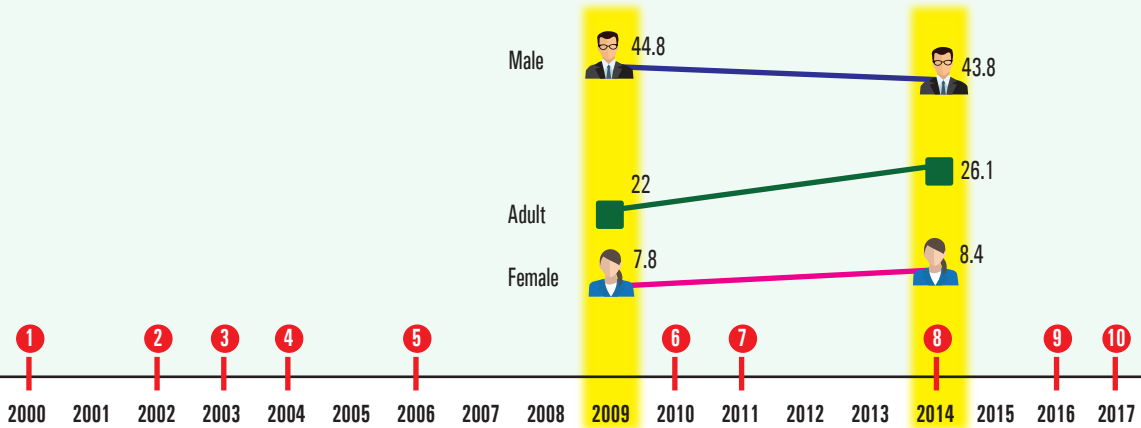
Tobacco Control Law Enacted: Control of Smoking and Consumption of Tobacco Product Law (2006)

Tobacco control milestones

- 1** Designated health facilities, all basic education schools and sports fields and ground as tobacco free
- 2** Prohibition of tobacco advertising, promotion and sponsorship (TAPS) from all electronic and printed media including billboards
- 3** Training of health personnel for tobacco control activities
- 4** Ratified WHO FCTC
- 5** Control of Smoking and Consumption of Tobacco Product Law legislated
Smoking prohibited in public places
Total direct TAPS ban
Restriction of access to tobacco products by legal minors
Sale of single sticks of cigarettes ban
Text warning on tobacco product packages
- 6** Offer cessation service
- 7** Central Tobacco Control Committee established
Tobacco use in all government offices' compounds and buildings is prohibited –directive by the President Office
- 8** Notification on posting signage for no smoking area issued
- 9** Pictorial health warnings (PHWs) implemented (Top 75% front and back)
False or misleading descriptors ban
- 10** 2nd rotation of PHWs (Top 75% front and back)

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

(%)



Key measures	Myanmar: Progress in WHO FCTC implementation	
Article 5.2	Central Tobacco Control Committee	
Article 5.3	No code of conduct	
Article 6	Has regular adjustment processes or procedures for periodic reevaluation of tobacco tax levels Tobacco tax burden as % of retail price (50 – 60%)	No licensing of tobacco retailers
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Penalties or compound for violating smoke-free	Outdoor smoking area within public places allowed in
Article 11	PHWs in 2016 and 2nd rotation in 2017	Top front and back False or misleading descriptors ban
Article 13	Ban on direct TAPS, cross border advertising, person-to-person sale, TAPS via internet and sale of single sticks of cigarettes No ban on advertising at POS, CSR, pack display and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe	
Article 16	Required a clear sign inside POS on prohibition of tobacco sales to minors No ban on less than 20-stick pack	Not required sellers request for evidence (reached full legal age) before sale
Article 26	No governmental funding mechanism for tobacco control	

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes



Philippines

WHO FCTC Ratification: 6 June 2005

Other Tobacco Control Laws Enacted: Tobacco Regulation Act 2003 (RA 9211), Sin Tax Reform Law (RA 10351), and Graphic Health Warnings Law (RA 10643)

Tobacco control milestones

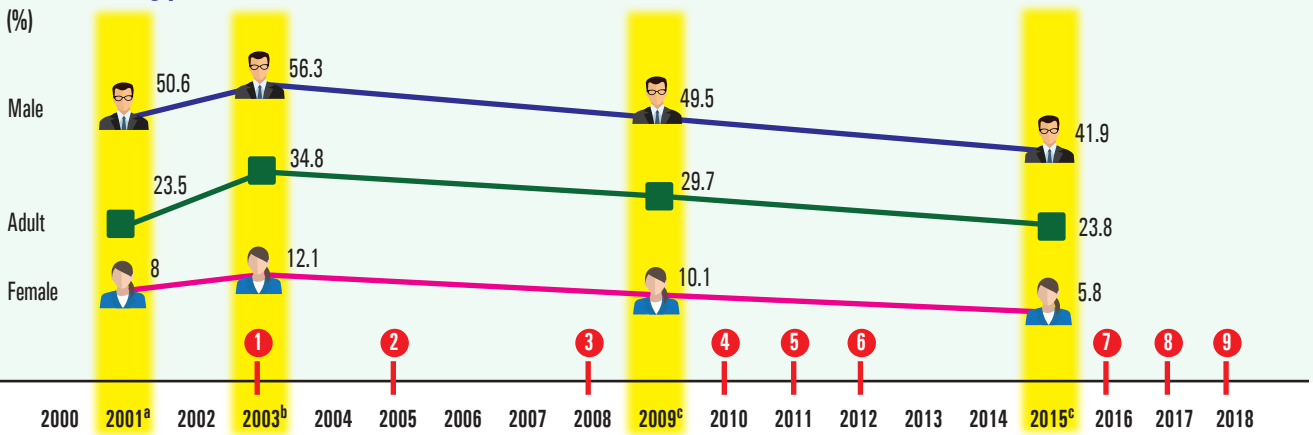
- 1 Tobacco Regulation Act 2003 (Republic Act 9211) legislated
- 2 Ratified WHO FCTC
- 3 Partial tobacco advertising, promotion and sponsorship (TAPS) ban implemented
- 4 CSC-DOH Joint Memorandum Circular 2010-01 for protecting the bureaucracy against tobacco industry interference

DOH Red Orchid Award introduced
- 5 National Tobacco Control Strategies (2011–2016)
- 6 Sin Tax Reform Law legislated
- 7 Pictorial health warnings (PHWs) implemented (Bottom 50% front and back)

False or misleading descriptors ban
- 8 Executive Order 26 “Smoke Free Public Places”

National Tobacco Control Strategy (2017–2022)
- 9 2nd rotation of PHWs (Bottom 50% front and back)

Adult smoking prevalence in Philippines



a - adult aged 18 years and over b - adult aged 20 years and over c - adult aged 15 years and over

Key measures	Philippines: Progress in WHO FCTC implementation		
Article 5.2	Non-Communicable Diseases Cluster, Disease Prevention and Control Bureau, Department of Health		
Article 5.3	Code of conduct is enforced by the whole government		
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels Tobacco tax burden as % of retail price (61.7%)	No licensing of tobacco retailers	
Article 8	100% smoke-free indoor in Penalties or compound for violating smoke-free	Indoor smoking room allowed in	Outdoor smoking area within public places allowed in
Article 11	PHWs in 2016 and 2nd rotation in 2018	Bottom 50% front and back	False or misleading descriptors ban
Article 13	Ban on direct tobacco advertising and TAPS via internet Partial ban on tobacco promotion and sponsorship	No ban on advertising at POS, CSR, pack display at POS, cross border advertising, person-to-person sale, sale of single sticks of cigarettes and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe	
Article 16	Required a clear sign inside POS on prohibition of tobacco sales to minors and also sellers request for evidence before sale No ban on less than 20-stick pack		
Article 26	85% of incremental sin tax revenue earmarked for health (80% for Universal health coverage and 20% for medical assistance and health enhancement facilities programme)		

- Airport
- Bars & pubs
- Educational facilities
- Health care facilities
- Hotels
- Restaurants (aircon)
- Restaurants (non-aircon)
- Shop & shopping complex
- Transport terminals
- Transportation (public)
- Universities
- Workplaces/offices
- Workplaces/offices (open area)
- Parks & playgrounds
- Sport complexes



Singapore

WHO FCTC Ratification: 14 May 2004

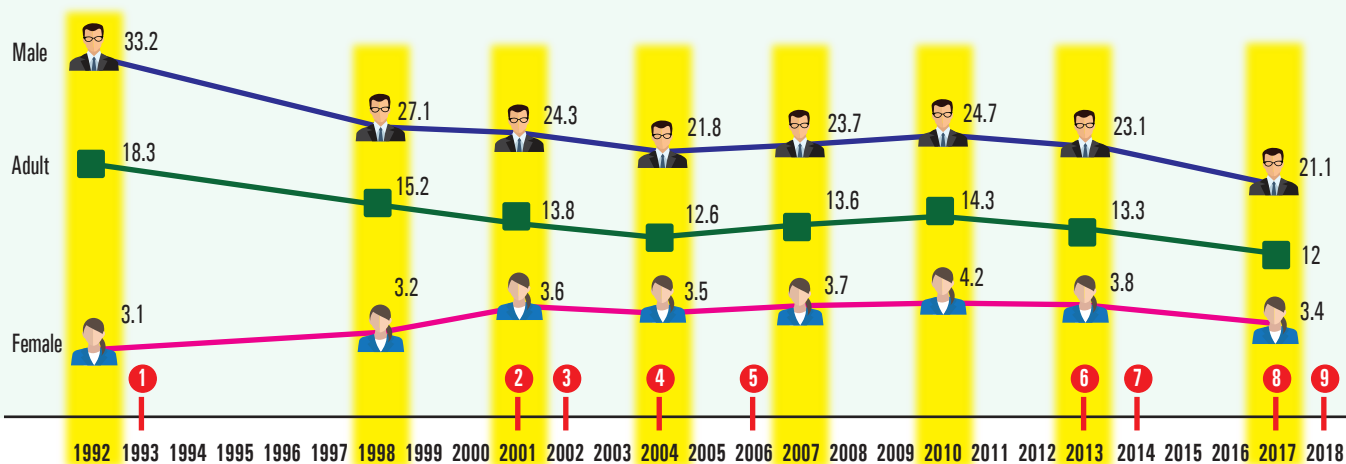
Tobacco Control Law Enacted: Smoking (Prohibition in Certain Places) Act (1992), Tobacco (Control of Advertisements and Sale) Act (1993) and its Notifications and Regulations

Tobacco control milestones

- 1** Tobacco advertising, promotion and sponsorship (TAPS) via internet ban
- 2** Singapore Health Promotion Board established
- 3** Ban on sale of single sticks of cigarettes and kiddie packs (less than 20 sticks per pack)
- 4** Ratified WHO FCTC
Tobacco (Control of Advertisements and Sale) Act
Pictorial health warnings (PHWs) implemented (Top 50% front and back)
- 5** 2nd rotation of PHWs (Top 50% front and back)
- 6** 3rd rotation of PHWs (Top 50% front and back)
False or misleading descriptors ban
- 7** Ban emerging tobacco products (smokeless cigars, smokeless cigarillos and smokeless cigarettes; dissolvable tobacco or nicotine)
- 8** Point-of-sale (POS) pack display ban
- 9** Ban on the possession and use of e-cigarettes

Adult smoking prevalence in Singapore (Aged 18 - 69 years)

(%)



Key measures	Singapore: Progress in WHO FCTC implementation	
Article 5.2	Health Promotion Board	
Article 5.3	Code of conduct is enforced by the whole government	
Article 6	Has regular adjustment processes or procedures for periodic reevaluation of tobacco tax levels Tax all tobacco products in a comparable manner	Licensing of tobacco retailers Tobacco tax burden as % of retail price (67.5%)
Article 8	100% smoke-free indoor in Penalties or compound for violating smoke-free	Indoor smoking room allowed in Outdoor smoking area within public places allowed in
Article 11	PHWs in 2004, 2nd rotation in 2006 and 3rd rotation in 2013	Top front and back (50%) False or misleading descriptors ban
Article 13	Ban on direct TAPS, advertising at POS, advertising at POS, pack display at POS, cross border advertising, cross border advertising, person-to-person sale, TAPS via internet, sale of single sticks of cigarettes and sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe ban CSR (Ban on publicity only)	
Article 16	Less than 20-stick pack ban Required a clear sign inside POS on prohibition of tobacco sales to minors and also sellers request for evidence before sale	
Article 26	Singapore Health Promotion Board Total budget: USD 185.61 million (SGD 245 million) for 2018	

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
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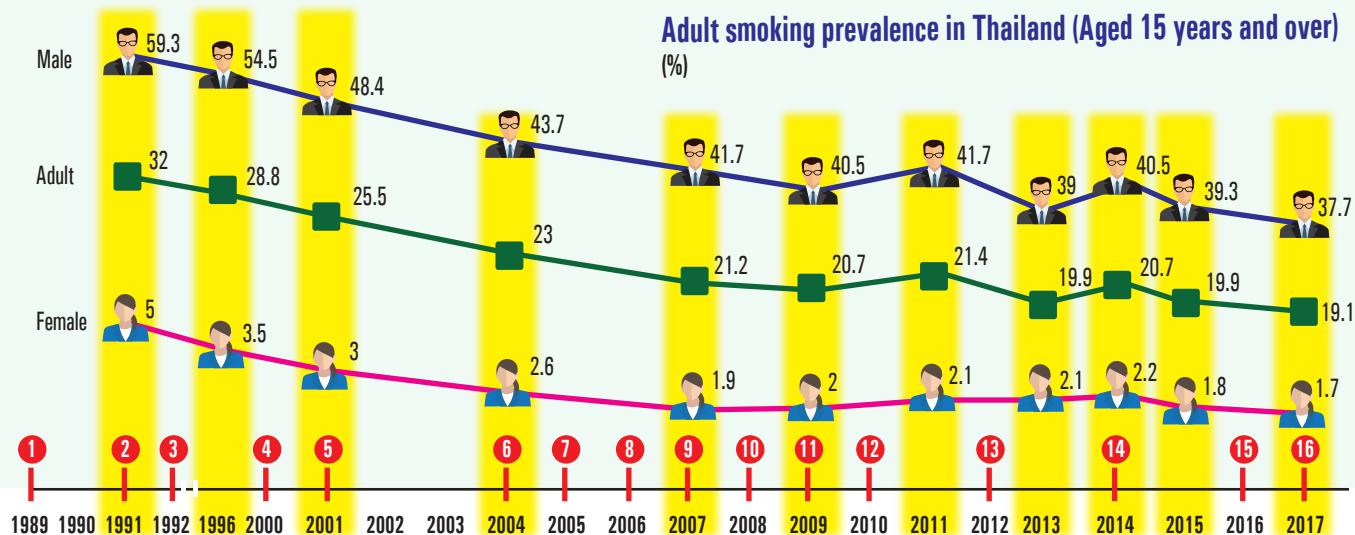
Thailand

WHO FCTC Ratification: 8 Nov 2004

Tobacco Control Law Enacted: Tobacco Products Control Act B.E. 2535 (1992), Non-Smokers' Health Protection Act B.E. 2535 (1992) and Tobacco Products Control Act (2017)

Tobacco control milestones

- 1 National Committee for TC
- 2 Tobacco Control Office in MOPH
- 3 Tobacco Products Control Act and the Nonsmoker's Health Protection Act
- 4 Ban smoking scene on television
- 5 ThaiHealth
Excise tax 75% of factory price
- 6 Ratified WHO FCTC
- 7 PHWs implemented (Top 50% front and back)
POS pack display ban
- 8 Excise tax 79% of factory price
- 9 2nd rotation of PHWs (Top 55% front and back)
False or misleading descriptors ban
Excise tax increased to 80% of factory price
- 10 Smoking ban in pub / bar / discotheques
- 11 Excise tax increased to 85% of factory price
- 12 3rd rotation of PHWs (Top 55% front and back)
Regulation of Department of Disease Control regarding how to contact tobacco entrepreneurs and related persons
- 13 Excise tax increased to 87% of factory price
- 14 4th rotation of PHWs (Top 85% front and back)
- 15 Excise tax increased to 90% of factory price
- 16 Tobacco Products Control Act 2017
Sale and import of shisha and e-cigarettes ban
Minimum age requirements (20 years old)
Restrictions on sale and promotions (including Corporate Social Responsibility (CSR))
Disclosure and reporting



Key measures	Thailand: Progress in WHO FCTC implementation	
Article 5.2	National Committee for Tobacco Control	
Article 5.3	Ministerial regulation only apply to its MOH	No code of conduct applies to all government servants
Article 6	Has regular adjustment processes or procedures for periodic revaluation of tobacco tax levels Licensing of tobacco retailers	Tobacco tax burden as % of retail price (70%)
Article 8	100% smoke-free indoor in Penalties or compound for violating smoke-free	Indoor smoking room allowed in Outdoor smoking area within public places allowed in
Article 11	PHWs in 2005, 2nd rotation in 2007, 3rd rotation in 2010 and 4th rotation in 2014 Top 85% front and back	Plain packaging (Ministerial Regulation to be developed) False or misleading descriptors ban
Article 13	Ban on direct TAPS, advertising at POS, CSR, cross border advertising, pack display at POS, person-to-person sale, TAPS via internet, sale of single sticks of cigarettes, sale and import of shisha and e-cigarettes	
Article 16	Less than 20-stick pack ban Required sellers request for evidence (reached full legal age)	Not required a clear sign inside POS on prohibition of tobacco sales to minors
Article 26	Thai Health Promotion Foundation (ThaiHealth) Total budget: USD 128.97 million (THB 4,372.1) for 2017	

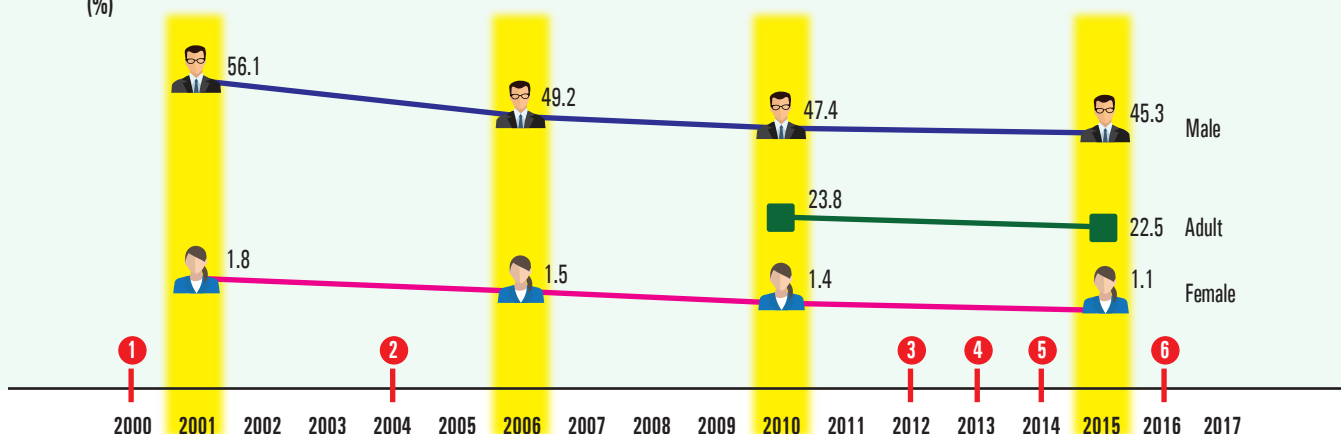
Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
 Transportation (public) Universities Workplaces/offices Workplaces/offices (open area) Parks & playgrounds Sport complexes



- 1 National Strategy on Tobacco Harm Prevention and Control (2000-2010) approved by the Prime Minister
- 2 Ratified WHO FCTC
- 3 Tobacco Control Law legislated
- 4 Vietnam Tobacco Control Fund
 - Pictorial health warnings (PHWs) implemented (Top 50% front and back)
 - False or misleading descriptors ban
 - Point-of-sale (POS) advertising ban (Allow 1 pack/carton per brand)
 - Tobacco advertising, promotion and sponsorship (TAPS) via internet ban
 - National Strategy on Tobacco Harm Prevention and Control till 2020 approved by the Prime Minister
- 5 Revision of Law on Excise Tax passed (tobacco excise tax rate increased to 70% effective on 1 January 2016 and 75% on 1 January 2019)
- 6 Kiddie pack (less than 20-stick) ban

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

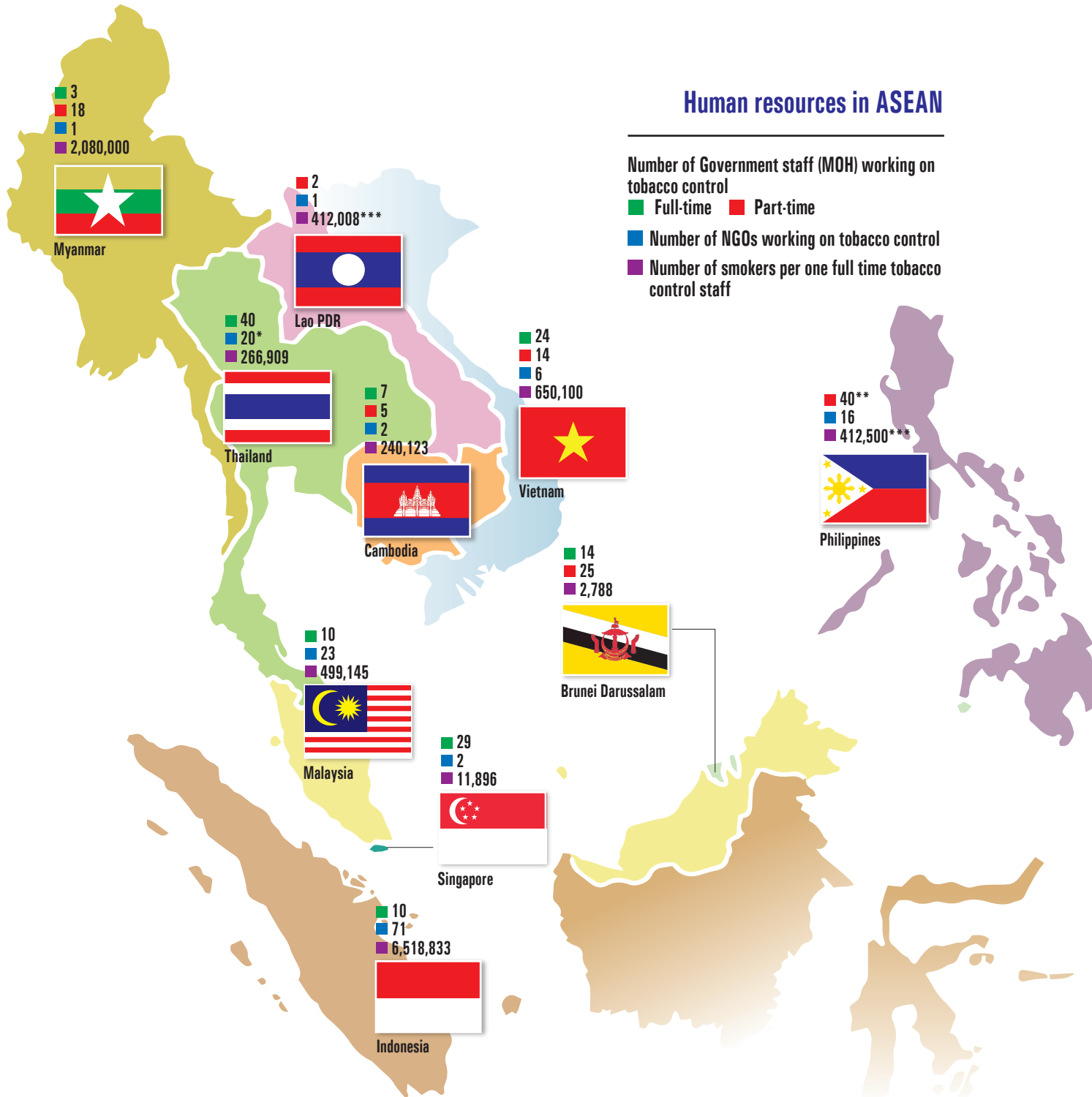
(%)



Key measures	Vietnam: Progress in WHO FCTC implementation	
Article 5.2	Vietnam Steering on Smoking or Health (VINACOSH)	
Article 5.3	No code of conduct	
Article 6	Tobacco tax burden as % of retail price (35.3%) Licensing of tobacco retailers	
Article 8	100% smoke-free indoor in Indoor smoking room allowed in Penalties or compound for violating smoke-free	Outdoor smoking area within public places Outdoor smoking anywhere allowed in
Article 11	PHWs in 2013	Top front and back (50%) False or misleading descriptor ban
Article 13	Ban on direct tobacco advertising, and promotion, advertising at POS, person-to-person sale and TAPS via internet Partial ban on tobacco sponsorship and cross border advertising	CSR (Ban on publicity only) No ban on sale of cigarette in single sticks No ban on sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe
Article 16	Less than 20-stick pack ban Required a clear sign inside POS on prohibition of tobacco sales to minors	Not required sellers request for evidence (reached full legal age) before sale
Article 26	Vietnam Tobacco Control Fund Total budget: USD 15.65 million (VND 355,379 million) for 2017	

Airport Bars & pubs Educational facilities Health care facilities Hotels Restaurants (aircon) Restaurants (non-aircon) Shop & shopping complex Transport terminals
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Human resources in ASEAN



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

**National Tobacco Control Programme is included in the Lifestyle-related Diseases Prevention and Control Programme of the Disease Prevention and Control Bureau and they are also working with the Health Promotion and Communication Service. Both offices underlined are under the Department of Health, Philippines.

***The ratio estimate based on number of part-time tobacco control staff in Department of Health, Philippines.

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 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 in order to develop, implement, periodically update, and review comprehensive multi-sectoral national tobacco control strategies, plans and programmes (Articles 5.1 and 5.2).

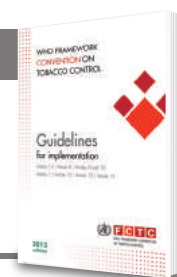
Generally many countries still lack the necessary structural, human, financial, and technical resources to implement cost-effective and sustainable tobacco control programmes. Few national governments in ASEAN have a sufficient number of staff working full-time on tobacco control. Both Singapore and 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 effectively and efficiently deliver tobacco control.

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	Non-Communicable Diseases Cluster, Disease Prevention and Control Bureau, Department of Health	Yes
Singapore	Health Promotion Board	Yes
Thailand	National Committee for Tobacco Control	Yes
Vietnam	Vietnam Steering on Smoking or Health (VINACOSH)	Yes

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

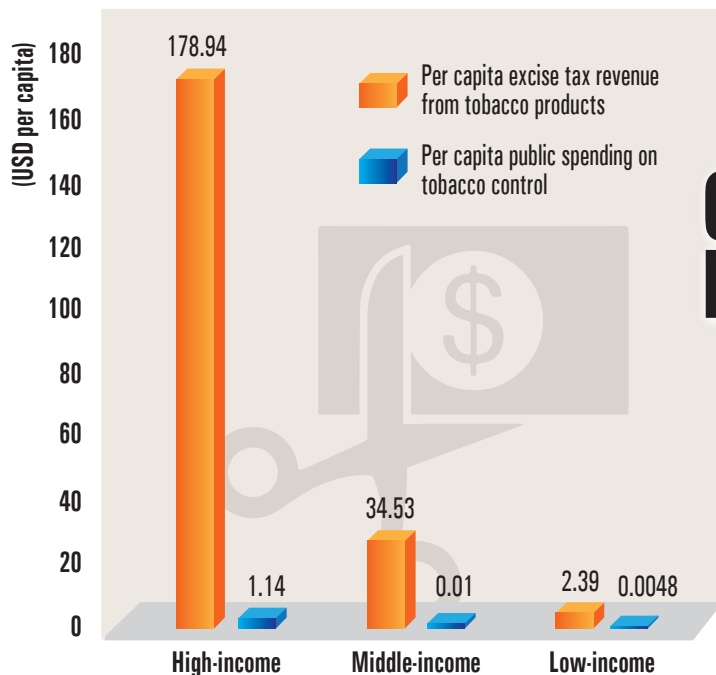


The Way Forward: Innovative National Financing Solutions

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.

Five out of ten ASEAN countries have established health promotion or tobacco control funds through surcharged taxes (Thailand, Lao PDR and Vietnam) and treasury budget (Malaysia and Singapore). Initiatives in Cambodia, Philippines and Myanmar are underway to establish similar fiscal mechanisms.

Tobacco control is under-funded



Governments collect more than USD 250 billion in total tobacco excise tax revenues each year worldwide, but spend only around USD 1 billion combined on tobacco control - with 95% of this spent by high-income countries.

Quick Fact

Too few resources applied to tobacco control in low-and middle-income countries.

Fund currently available from public spending and foreign assistance | USD **0.019** per capita

Fund needed to implement tobacco control "Best Buys" measures | USD **0.11** per capita

Note: Based on 87 countries with available data on public spending on tobacco control and tobacco excise revenue data. Expenditure on tobacco control for several of these countries was estimated from figures between 2004 and 2016, adjusting for inflation (average consumer prices, IMF World Economic Outlook 2016). Tax revenues are tobacco product (or cigarette) excise revenue for 2016 and 2015 (or where unavailable, 2014 or 2013 converted to 2016 values for the countries covered). Per capita value is calculated by using 2016 UN forecasted population age 15 years and above.

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

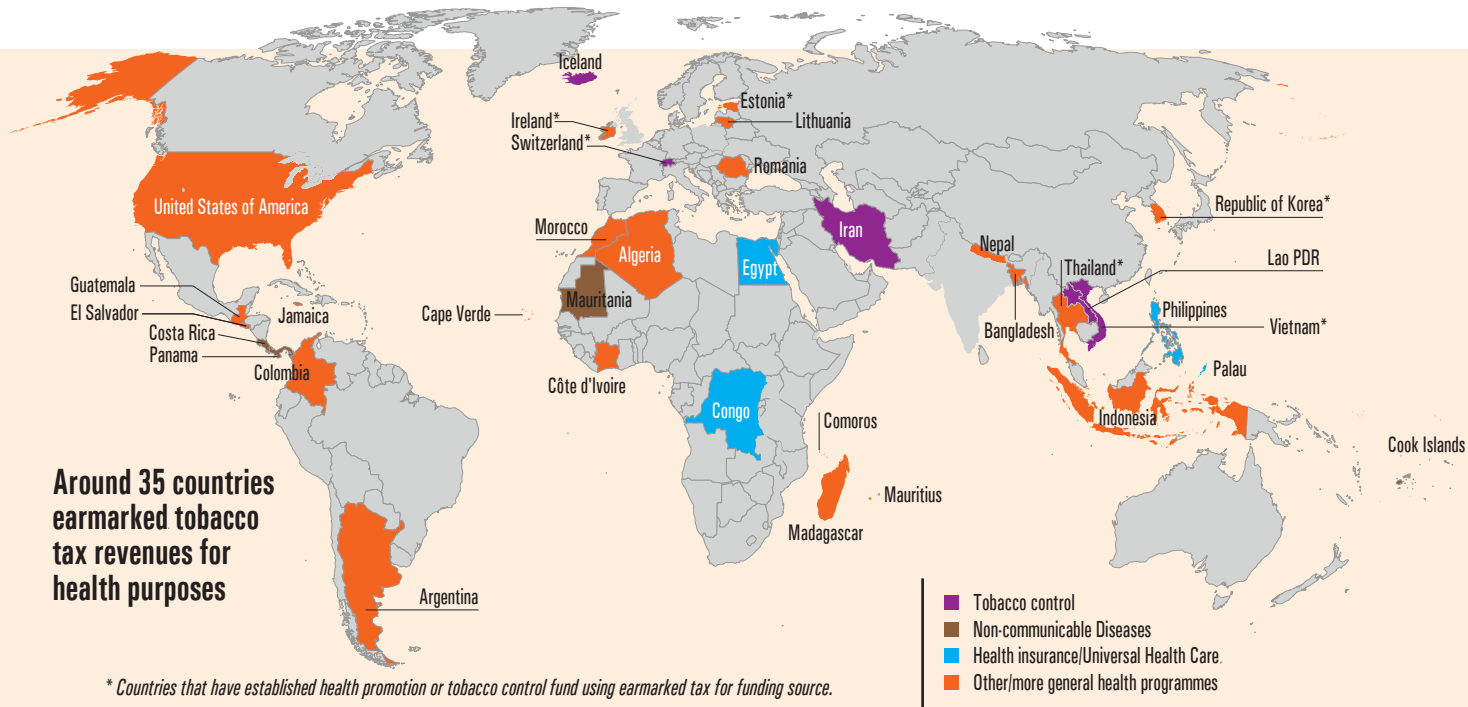
“45. (d) Explore the provision of adequate, predictable and sustained resources, through domestic, bilateral, regional and multilateral channels, including traditional and voluntary innovative financing mechanisms.”

“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

Earmarked taxes: A Global View






Types of innovative funding mechanism in ASEAN

	Funding source	Year of establishment	Details/ Total Budget (USD)
Ministry of Health Budget	Health Promotion Centre (operational budget), Ministry of Health, Brunei	2008	115,942 (BND 160,000)* (2016-2017) 130,434 (BND 180,000)* (2017-2018)
	Singapore Health Promotion Board	2001 	183.33 million (SGD 253 million)** (2017) 185.61 million (SGD 245 million)** (2018)
	Philippines Department of Health budget Philippine Health Insurance Corporation	2012	85% of incremental sin tax revenue earmarked for health • 80% for Universal health coverage • 20% for medical assistance and health enhancement facilities programme
Earmarked Surcharge Tax	Lao PDR Tobacco Control Fund	2013	2% profit tax plus LAK 200 (per pack) 116,700 (LAK 945,266,000)***(2017)
	Thai Health Promotion Foundation (ThaiHealth)	2001 	2% surcharge levied on excise tax from alcohol and tobacco 121.12 million (THB 4,275.7 million) (2016) 128.97 million (THB 4,372.1 million) (2017)
	Vietnam Tobacco Control Fund	2013	1% excise tax, effective 1st May, 2013; 1.5% from 1st May, 2016; and 2% from 1st May, 2019 15.65 million (VND 355,379 million)
National Treasury Allocation	Malaysian Health Promotion Board (MySihat)	2006 	1.65 million (MYR 7.1 million) (2017) 1.91 million (MYR 7.5 million) (2018)
	Indonesia Local Cigarette Tax	2014	Distribution of 10% local cigarette tax revenue to provinces for health****

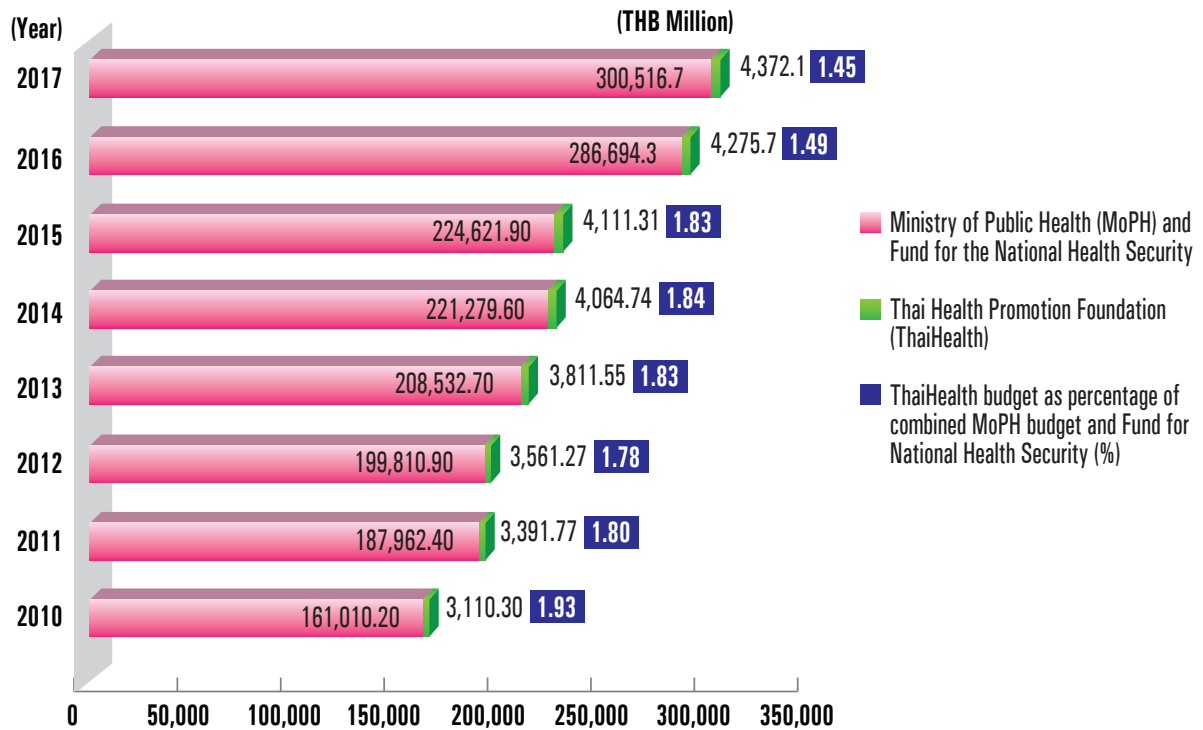
*The estimate budget also covers other NCD prevention programmes (healthy eating, physical activity, school health and community programmes), in both children and adults. ** Budget for all non-communicable diseases (NCDs) programmes. ***The total budget excluded the amount that failed to collect from imported brands as the tobacco industry refused to pay the 2% profit tax and LAK 200 per pack. ****10% local tobacco tax surcharged for social development (50% of the amount is for health - 75% of the 50% allocation for health are to be used for preventive/promotive care including reducing NCD risk factors, 25% for construction and maintenance).

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

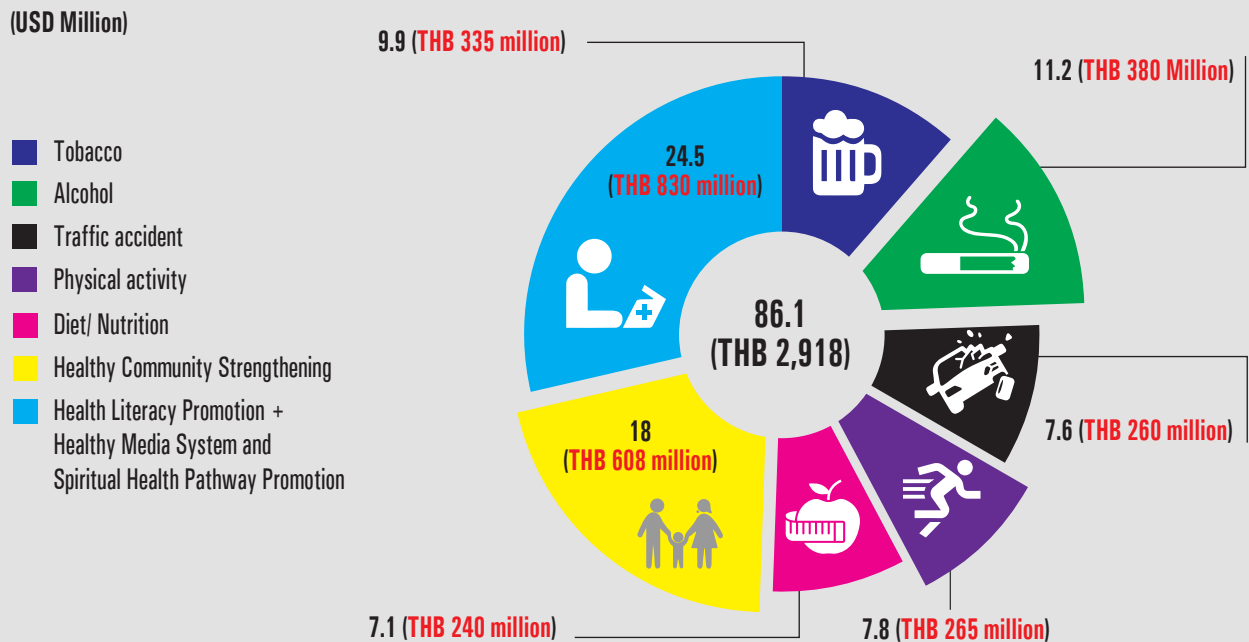
Type and Year Established	Type	Governed and chaired by	Report to	Role of organization			
				Granting agency	Policy development	Implementing health promotion programs	Building capacity
Thai Health Promotion Foundation (ThaiHealth) (2001)	Autonomous agency	Board of Governors, chaired by Prime Minister	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	✓		✓	✓
Malaysian Health Promotion Board (MySihat) (2006)*	Semi-autonomous agency under MOH	Chairman appointed by the Prime Minister upon the advice of the Minister of Health and Board of Directors appointed by the Minister of Health	Minister of Health	✓		✓	✓
Vietnam Tobacco Control Fund (2013)	Semi-autonomous agency and a unit in MOH	Inter-sectoral Management Board chaired by Minister of Health	Government and National Assembly	✓		✓	✓
Lao PDR Tobacco Control Fund (2013)	Unit in MOH	Tobacco Control Fund Council (National Tobacco Control Committee)	National Tobacco Control Committee and Government			✓	✓

*MySihat will be integrated with the service of Health Education Division, Ministry of Health as part of the Government Service Rationalization Programme.

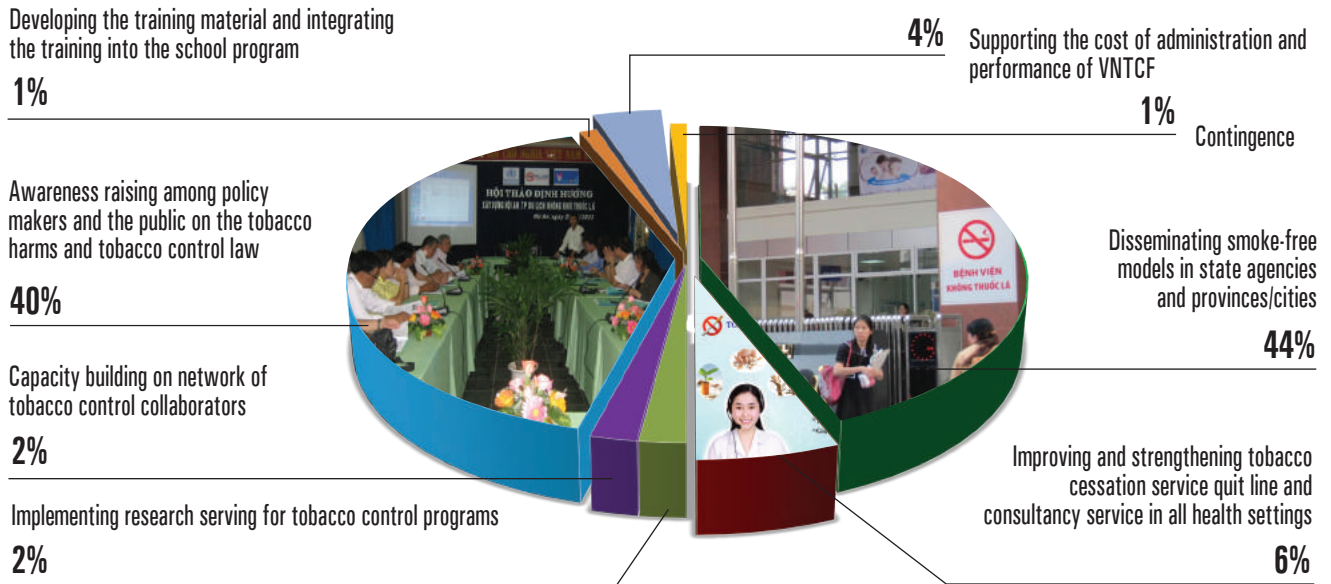
Thailand: Annual budget for health (2010–2017)



Thaihealth funding for selected major NCDs risks reduction programmes (2017)



Vietnam: VNTCF distribution for tobacco control programmes (2017)



In 2017, a total 105 grantees were funded by VNTCF with a total of USD 15.65 million (VND 355,379 million) of the fund distributed among 28 ministries, mass organization agencies and 67 provinces/cities agencies and 10 hospitals. The projects supported mainly communication campaigns related to tobacco prevention and control, smoke-free development, capacity building for law enforcement.



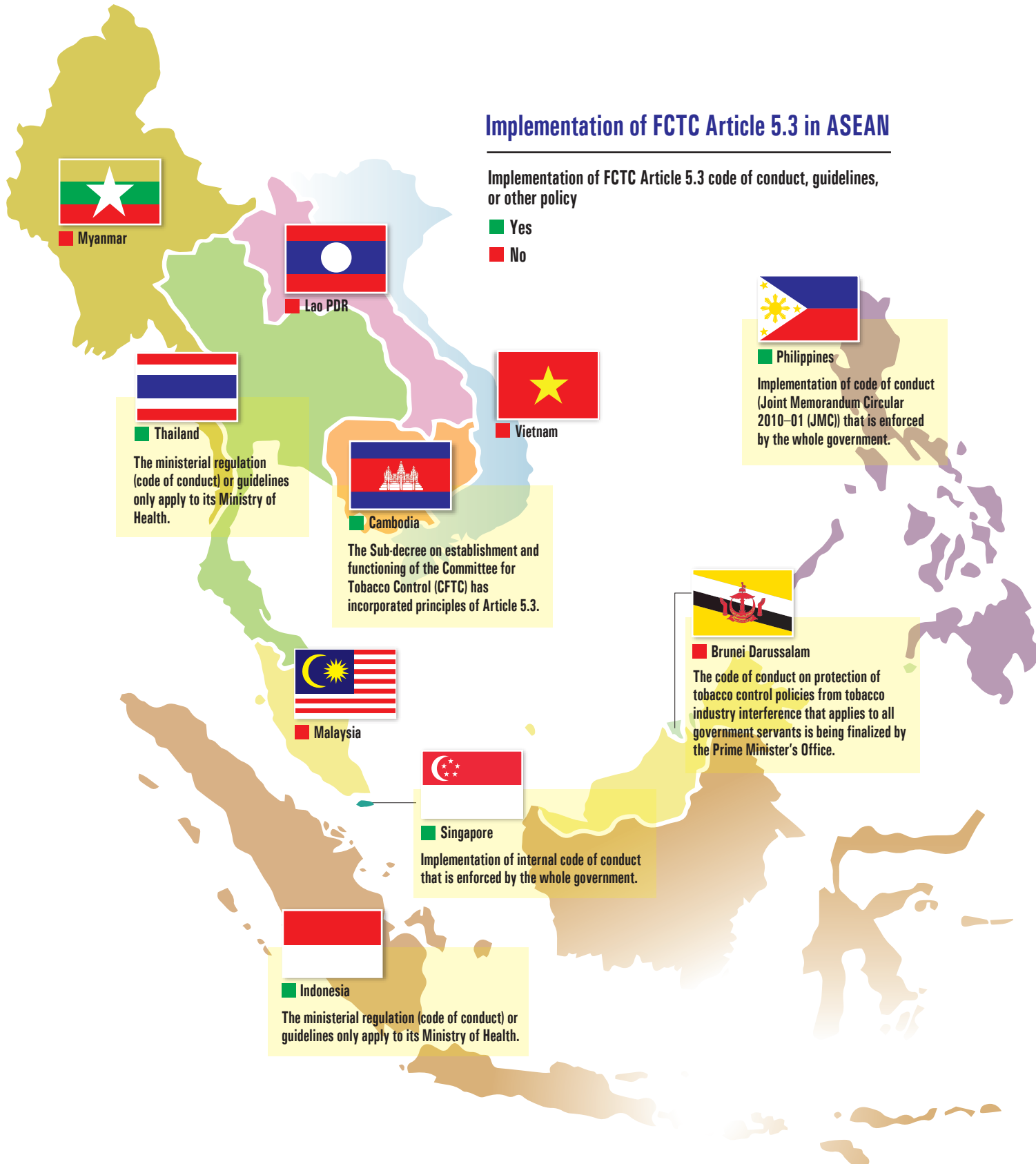
In 2015, the Thai government accepted and acted on a proposal by the Thai Tobacco Monopoly (TTM) to investigate and reorganise Thai Health Promotion Foundation (ThaiHealth). The investigation resulted in negative press for ThaiHealth. ThaiHealth is recognised as an international success case study of health promotion funded by 2% surcharge on tobacco and alcohol tax revenues.

In Vietnam, the government accepted an offer to collaborate with the tobacco industry in controlling tobacco smuggling. The Ministry of International Trade has endorsed a recommendation from the tobacco industry to divert 50% of the tobacco control fund for enforcement of tobacco smuggling problem. In March 2015, the Ministry of Finance issued Directive 04/CT-BCT which specifies the role of Vietnam Tobacco Association (VTA) to fund government activities in controlling illicit trade of tobacco.

Implementation of FCTC Article 5.3 in ASEAN

Implementation of FCTC Article 5.3 code of conduct, guidelines, or other policy

- Yes
- No



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 by interfering 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 to protect 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 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, four countries (Indonesia, 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, while other countries still have to institute similar preventive measures in line with the Article 5.3 Guidelines. Regardless of such actions taken, there has been increasing industry interference in many countries, and this is expected to continue into the future. 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

USD
4 Million

In 2015, philanthropists Michael R. Bloomberg and Bill Gates contributed USD 4 million to help developing countries fight legal suits by tobacco companies.

USD
20 Million

On 7 March 2018, philanthropist Michael R. Bloomberg allocated USD 20 million funding to launch Stopping Tobacco Organizations and Products (STOP), a new global watchdog that aims to aggressively monitor deceptive tobacco industry tactics and practices to undermine public health. STOP will function as a robust global monitoring system that complement existing efforts in identifying industry deception.



FCTC Article 5.3 acts as an anti-corruption and good governance measure

Anti-corruption measures	Article 5.3 guidelines
Protections against policy manipulation for profit	Safeguard public health policymaking from tobacco industry
Public access to information	Tobacco industry should release information to government
Transparency of dealings and decision-making	Transparent interactions between tobacco industry and governments
Lobbying and conflict of interest disclosure	Government officials disclose conflicts of interest, lobbying register
Codes of conduct through which conflicts of interest can be avoided	Establish a code of conduct that dictates the terms of interactions between government officials and the tobacco industry
Bribing/financial disclosure	Government officials should not take money from or invest in the tobacco industry

All 10 ASEAN countries have anti-corruption laws. This legal framework has huge potential for harnessing the political and legal power to protect public health interests against tobacco industry interference in line with Article 5.3 guidelines.

Quick Fact

International Organisations

- UN Economic and Social Council (ECOSOC)
- United Nations Global Compact (UNGC)
- United Nations (UN)
- United Nations Development Programme (UNDP)

Have adopted or developed policies to be consistent with or to support the Implementation of WHO FCTC Article 5.3. It aims to address tobacco industry interference, and have the legal personality and medium to influence governments and international bodies.



have adopted good practices and measures to prevent tobacco industry interference in the development and implementation of public health policies with respect to tobacco control in accordance with the recommendations provided by the Article 5.3 Guidelines.

Implementation of FCTC Article 5.3 in ASEAN

Tobacco industry interference in policy development

The tobacco industry works to defeat, dilute and delay effective tobacco control policy. They participate in policy development in order to undermine any stringent tobacco control policy a government may propose.



Brunei



Cambodia



Malaysia



Lao PDR



Thailand



Brunei, Cambodia and Malaysia do not allow the TI to unduly influence decisions in the policy development.



The Lao government did not accommodate the tobacco industry's request to reduce the size of the pictorial health warning (PHW) from the proposed 75% to 50%. Although the industry tried to interfere, the government successfully passed the law requiring 75% PHW in 2016.



In Thailand, there was no reported incidence of the government accepting, or responding to any initiative from the tobacco industry in implementing tobacco control measures.

Industry-related CSR activities

Tobacco companies have been trying to re-brand themselves as “socially responsible” corporations. They use corporate social responsibility (CSR) activities to circumvent laws regulating the industry, and as a strategy to gain access to elected officials who are empowered to approve and implement tobacco control policies.



Lao PDR



Myanmar



Thailand



Cambodia



Indonesia



Singapore



Vietnam



Among ASEAN countries, only Lao PDR, Myanmar and Thailand have banned on all tobacco-related CSR activities, while Cambodia, Indonesia, Singapore and Vietnam have banned the publicity of such CSR activities.

Preventive measures

Procedure for disclosing records of interactions with the tobacco industry and its representatives is still not implemented in most countries. There is no obligation for the tobacco companies to disclose how much they spend on marketing and promoting their products and funding front groups and trade/retailer groups for their lobbying activities.



Philippines



Indonesia



Thailand



Malaysia



Vietnam



Philippines continues to show leadership in implementing its Joint Memorandum Circular 2010-01 (JMC) for protecting the bureaucracy against tobacco industry interference as more government departments draw up Codes of Conduct for their respective officials.



Indonesia and Thailand Health Ministries have put in place a policy to protect government officials within the National Ministry of Health administration from tobacco industry interference.



Indonesia, Malaysia, 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.

Forms of unnecessary interaction

Most countries showed minimal progress in reducing unnecessary interaction with the tobacco industry.



Brunei



Cambodia



Malaysia



Myanmar



No records of public officials (from Brunei, Cambodia, Malaysia and Myanmar) had attending any social functions of the tobacco industry nor accept any assistance from the tobacco industry for enforcement activities.



Vietnam



Indonesia



In 2016, there are incidents of several ministerial level officials attended TI-related events or presented awards to the TI. In Vietnam, the Ministry of Labour presented BAT with HR Award for successful human resource management. Similarly in Indonesia, several Ministers presented various awards (such as 'Zero Accident Award', top tax contributors) to the tobacco companies.

Greater transparency needed

Most governments have not set up rules or a procedure for the disclosure of meetings and interactions with the tobacco industry or registration of tobacco industry entities, affiliates organizations and individuals acting on their behalf including lobbyists. This includes not indicating when the meetings with the industry take place, their purposes, or the contents and outcomes of the meetings. Minutes may be taken during these meetings, however they are not made public.



Philippines



Thailand



Myanmar



Indonesia



Vietnam



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 any full information about meetings of other agencies with the tobacco industry. Department of Agriculture and the Department of Trade and Industry do not publicly disclose such meetings nor submit documentation/ reports to the CSC, while the Department of Health is required to keep a public record of persons and entities identified as part of the tobacco industry.



In Thailand, minutes of meetings with the tobacco industry are recorded, including those attended by high-level officials; however, they are not made public.



JTI Myanmar claimed it obtained formal approval from the Ministry to place an advertisement in the newspaper following the meeting held between Myanmar Health Ministry's and JTI officials. However, the Ministry denied granting such an approval.



The Indonesian and Vietnamese governments are "open" about their interactions with tobacco industry as they see this interaction as "normal"; however, details about the interaction are not publically available.

Conflicts of interest



Brunei



Brunei prohibits political contributions from the tobacco industry and continued to not have any conflict of interest.



In Lao PDR, there was no retired government official assumed a position with the tobacco industry recently.



In Vietnam, the Minister of Industry and Trade appointed his close relative as an inspector to Vinataba and disciplinary action was taken against him.



Cambodia



In Cambodia, the Chairman of BAT still remains as a Senator. The government does not prohibit contributions from the tobacco industry or any entity working to further its interests to political parties, candidates, or campaigns or to require full disclosure of such contributions.



In Indonesia, the former Director General of Customs and Excise and also advisor to the Finance Minister on International Economic Relations was appointed as Chairman of the BAT/Bentoel Company Audit Committee in March 2016 for three years.



In Malaysia, the Secretary-General of the Ministry of International Trade and Industry (MITI), during her term, led the Malaysian government in the Trans-Pacific Partnership Agreement (TPPA) negotiations where Malaysia proposed to exclude tobacco control measures from the TPPA.



In Thailand, retired senior government officials have regularly been appointed as board members of the Thai Tobacco Monopoly (TTM). Current government officials such as a senior officer from the Excise Department and the Ministry of Finance are TTM board members. Since the TTM is a state enterprise, the appointment is seen as normal.

Benefits to the tobacco industry

The tobacco industry in many countries continues to receive benefits through a variety of ways.



Cambodia



The Cambodian Ministry of Commerce announced that Vietnam had agreed to waive all duties on 3,000 tons of dried tobacco imports from Cambodia. Publicity was given to the exemption urging tobacco growers to take advantage of the duty waiver.



In Indonesia, the Customs and Excise Department was persuaded by the industry that tax increase would worsen illicit cigarette problem resulting in revenue loss for the government. A lower tax increase (10.54%) was announced for 2017.

For more detailed information, please visit <http://tobaccowatch.seatca.org> and refer to *Tobacco Industry Interference Index (2017 and 2016)*; *A Handbook on the Implementation of Article 5.3 of the WHO's Framework Convention on Tobacco Control (WHO FCTC) and Related Actions (2018)* and *Anti-corruption and Tobacco Control (2017)*.

Prices of most popular cigarette brands in ASEAN

(USD/pack)



Generally, cigarette prices remain affordable and relatively low throughout the region, but 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.

*Djarum Super was the most popular brand found 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

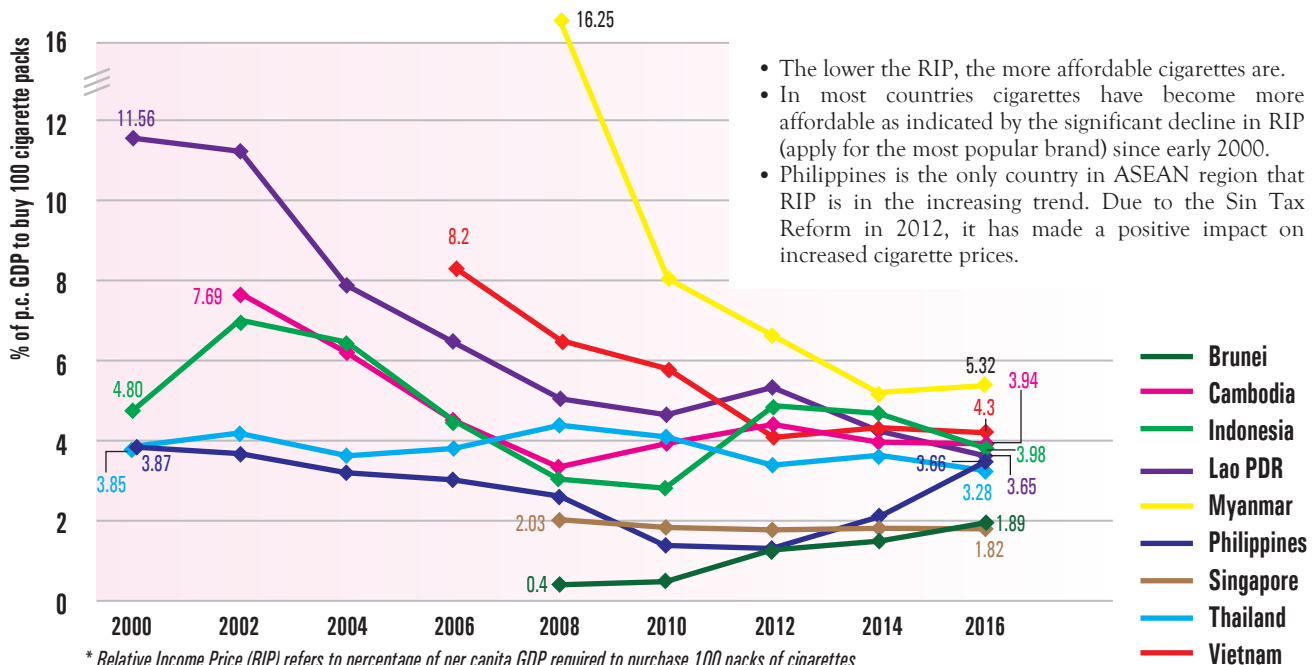
Excise tax increases that significantly raise tobacco product prices and reduce their affordability are among the most effective fiscal measures to reduce tobacco consumption (and thereby its adverse health consequences) by discouraging purchase of tobacco products, thereby encouraging tobacco cessation and preventing tobacco uptake among various segments of the population, in particular price-sensitive young people and the poor. 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 more recently, the WHO has recommended that at least 70% of 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 so as to continually reduce 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.

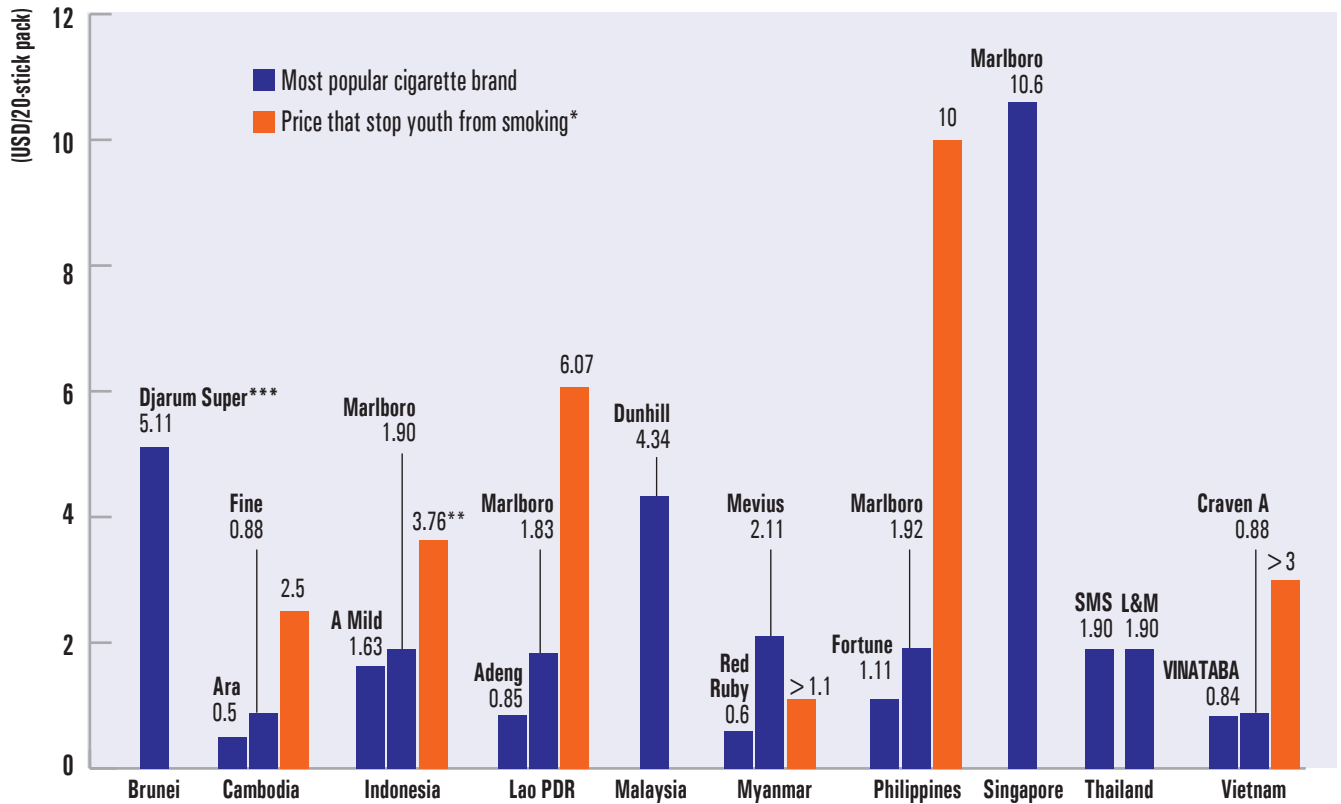
This chapter provides an overview of the tobacco tax situation in ASEAN countries, where tax policies have been strengthened in some countries, but require more improvements in others. Countries such as Philippines, Singapore, and Thailand are good examples where tax increases have contributed to a decline in smoking prevalence rates alongside higher tobacco tax revenues. 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 13) while being unable to reduce tobacco use.

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



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

Prices of most popular cigarette brands in ASEAN

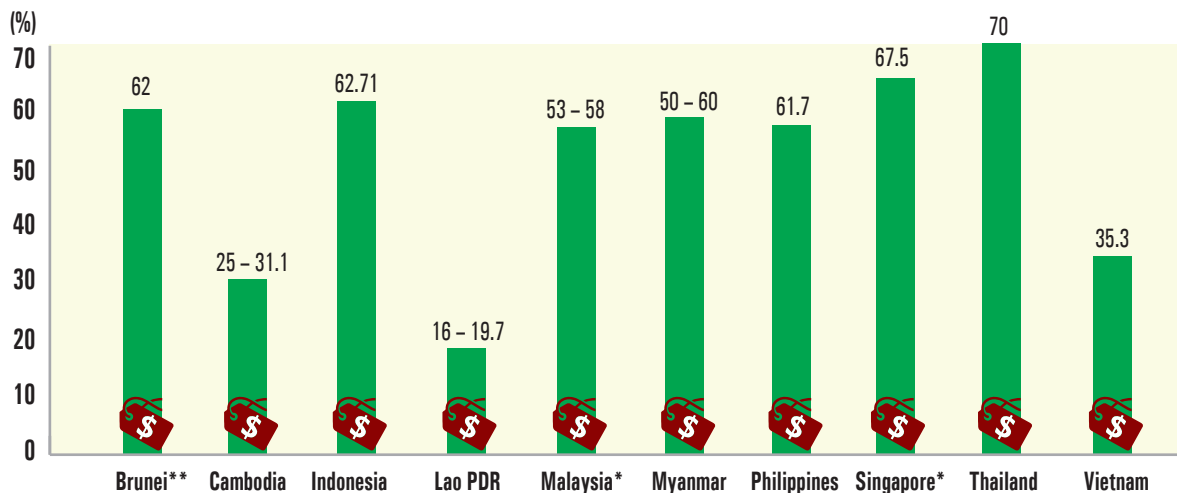


*Findings from youth opinion survey on cigarette prices in five ASEAN countries conducted in 2017. Respondents were aged 13-24 years

**The study was conducted among Indonesians aged between 14 - 78.

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

Tobacco tax burden as percentage of cigarette retail price in ASEAN



*The estimate was calculated based on premium cigarette brand

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

Cigarette tax systems in ASEAN

	Country	Excise Rate	VAT	Import Tariffs	Others
Specific Tax	Brunei 	BND 0.50/stick	None	None	
	Indonesia 	IDR 100-625/stick (10 tiers)	8.7%	0% from ASEAN plus China 40% from outside ASEAN plus China	Local cigarette tax 10% of excise tariff
	Malaysia* 	MYR 0.40/stick		MYR 0.20/stick	
	Myanmar 	MMK 4-16/stick (4 tiers)	None	120% on CIF	The income and profit tax is based on the income tier 5% commercial tax for import, sale and export of tobacco and tobacco products MMK 0.25/stick (cheroot)
	Philippines 	PHP 35.00/pack PHP 37.50/pack on 1 January 2020 PHP 40.00/pack on 1 January 2022	12%	0%–10%	On 1 January 2024, rates will increase by 4% annually
	Singapore 	SGD 0.427/stick	7%	None	
Mixed System	Lao PDR** 	15-30% of production cost and LAK 500/pack specific tax	10%	Flat rate fee of USD 0.40/pack	Royalty fee 5% of production cost
	Thailand 	20% Ad valorem rate of suggested retail price (SRP) less than/equal to THB 60/pack and THB 1.2/stick*** 40% Ad valorem rate of SRP more than THB 60/pack and THB 1.2/stick*** 40% Ad valorem rate of SRP and THB 1.2/stick****	7%	Exempted but other local taxes are applied	Local tax of THB 0.093/stick, ThaiHealth tax at 2% of excise, and TV tax at 1.5% of excise and sport tax 2% of excise Provincial Administration Organization tax of THB 1.86/pack, ThaiHealth tax at 2% of excise, and TV tax at 1.5% of excise, sport tax 2% of excise and 10% of interior tax 10%
Ad Valorem Tax	Cambodia 	20% of 90% of invoice price	10%	7%–35% plus 10% import VAT	Public lighting tax 3% of invoice value, Profit tax 20% of profit, Turnover tax 2% of invoice value
	Vietnam 	70% of ex-factory price (75%, effective on 1 January 2019)	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: 1% of taxable price (May 1 2013); 1.5% of taxable price (May 1 2016); 2% of taxable price (May 1 2019)

* GST is removed beginning of 1 June 2018, however, the cigarette prices remain the same. The new tax rate of 10% sales and services tax (SST) will be applied in September.

**Based on the new tax law passed in 2016, the excise tax rate should be 30% (2016-2017); 45% (2018-2019) and 60% (2020 onwards). However, the new tax rate is not enforced due to the unfair Investment License Agreement (ILA) with tobacco industry signed in 2001.

***This rate will be applied from 16 September 2017 to 30 September 2019.

**** This rate will be applied on 1 October 2019 onwards.

Implementation of FCTC Article 6 Guidelines

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



Have had tax increases that are discouraging consumption.



Tax all tobacco products in a comparable manner, reducing the price difference between various types of tobacco products (cigarettes, cigars, pipes and other tobacco products).



Dedicate tobacco tax revenues to tobacco control programmes.



Tax all tobacco products: No duty-free allowance

Duty-free Allowance in the Region	Country
No duty-free concession on all tobacco products	Brunei
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 50 cigars or 225 gm of tobacco	Malaysia
400 cigarettes, 50 cigars or 250 gm of pipe tobacco	Myanmar
400 cigarettes or 50 cigars or 250 gm of pipe tobacco	Philippines
No duty-free concession on all tobacco products	Singapore
200 cigarettes or 500 gm of rolling tobacco including cigars	Thailand
200 cigarettes or 20 cigars or 250 gm of tobacco	Vietnam



Tobacco tax administration in ASEAN

Authorization/licensing	Brunei	Cambodia	Indonesia	Lao PDR	Malaysia	Myanmar	Philippines	Singapore	Thailand	Vietnam
Have 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.					✓	✓			✓	✓
Requires license on the 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.	✓			✓	✓		✓			✓

* No tobacco manufacturers in Brunei Darussalam.

Licensing of tobacco retailers in ASEAN

Country	Cost of license (USD/year)	Country	Cost of license (USD/year)
Brunei*	222 (BND 300) - 2008 444 (BND 600) - 2015	Singapore	288.14 (SGD 360) - 2010 296.30 (SGD 400) - 2016**
Cambodia	No	Thailand	3.17 – 15.9 (THB 100 – 500)
Indonesia	No	Vietnam	Fee for assessment and recognition: In city and urban level: 55.8 (VND 1,200,000) In district level: 27.9 (VND 600,000)
Lao PDR	No		Fee for licensing: In city and urban level: 9.3 (VND 200,000) In district level: 4.65 (VND 100,000)
Malaysia	No		
Myanmar	No		
Philippines	No		

* After May 2014, there was no more licensed tobacco importer. Licensing of tobacco importers and wholesalers is USD 1,850 (BND 2,500)/year in 2008 and it has increased to USD 3,700 (BND 5,000)/year in 2015.

** SGD 340 for a new license and SGD 60 for admin fees. The fee revision took effect 1 January 2016.



In Malaysia, a public consultation on licensing of cigarette retailers was carried out in early 2016 but following protests from retailer groups there was no decision.

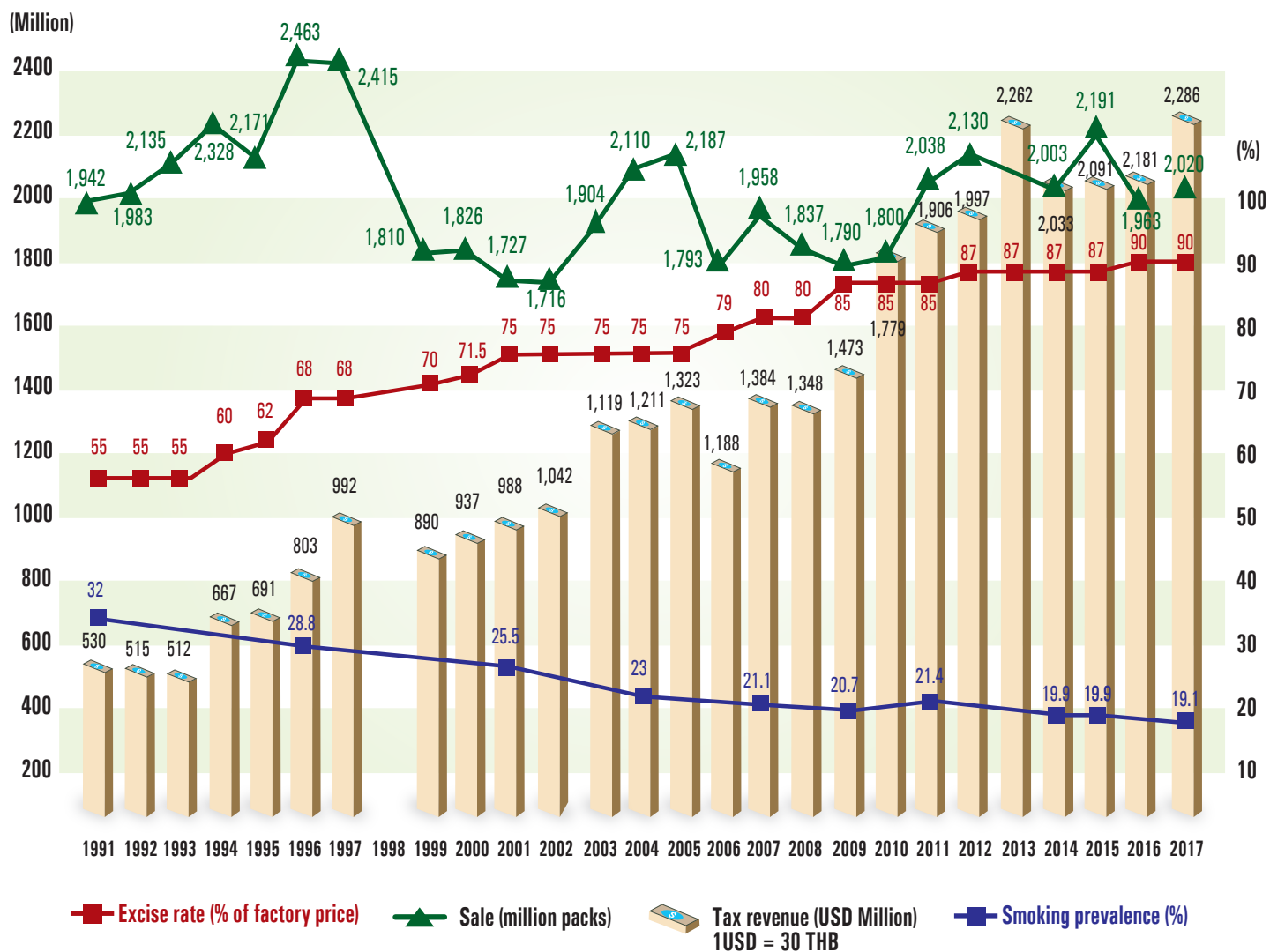


Thailand: Higher tax rates, higher revenues, and reduced smoking prevalence

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 1,997 million) over the same period. At the same time, overall smoking prevalence dropped from 32% (1991) to 21.4% (2011).

The Thai government has 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.

In September 2017, a new tax structure and rate on tobacco came into force to further reduce cigarette affordability in Thailand.



Source: Excise Tax department, Ministry of Finance



Singapore: Highest tobacco tax burden in ASEAN

Concerned by slight increase in smoking prevalence from 2004 to 2017 and noting that the last tobacco excise tax increase was in 2014, the Singapore government decided to increase tax by 10% across all tobacco products in February 2018.

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	-
2015-2017	0.388 per stick of < 1g	13.00	-
2018	0.427 per stick of < 1g	14.00	12.0 (2017)

Quick Fact

Up to 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).

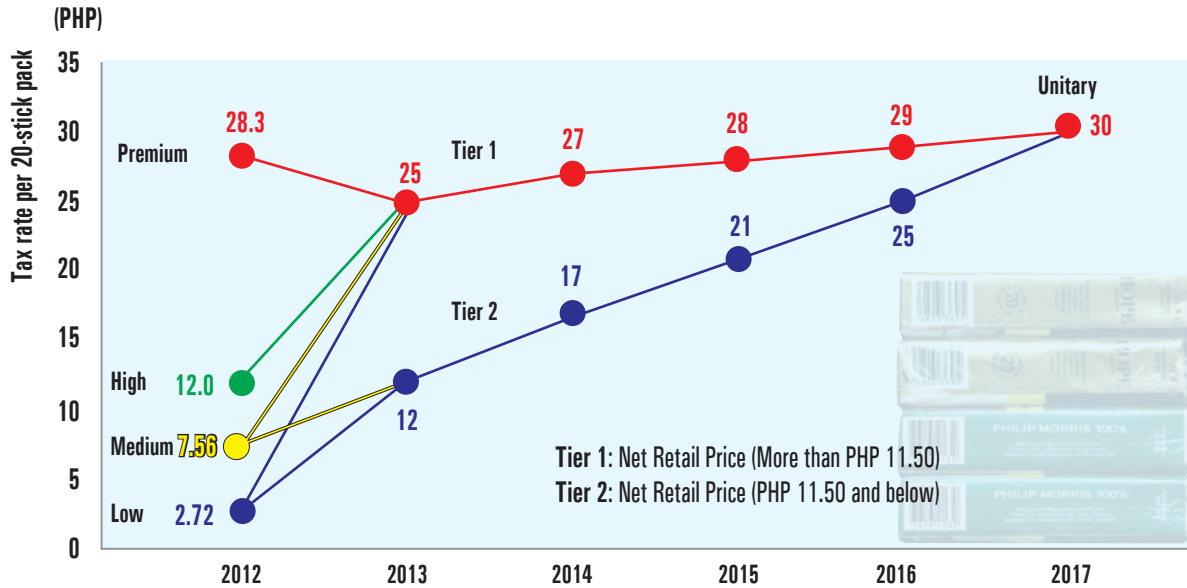
For unmanufactured tobacco and cut tobacco, the excise duty is SGD 388 per kg. For beedies, ang hoon, and smokeless tobacco, the excise duty is SGD 329 per kg. For all other tobacco products, the excise duty is SGD 427 per kg. An additional 7% goods and services tax (GST) - on the cost, insurance and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



Philippines: Impact of sin tax law

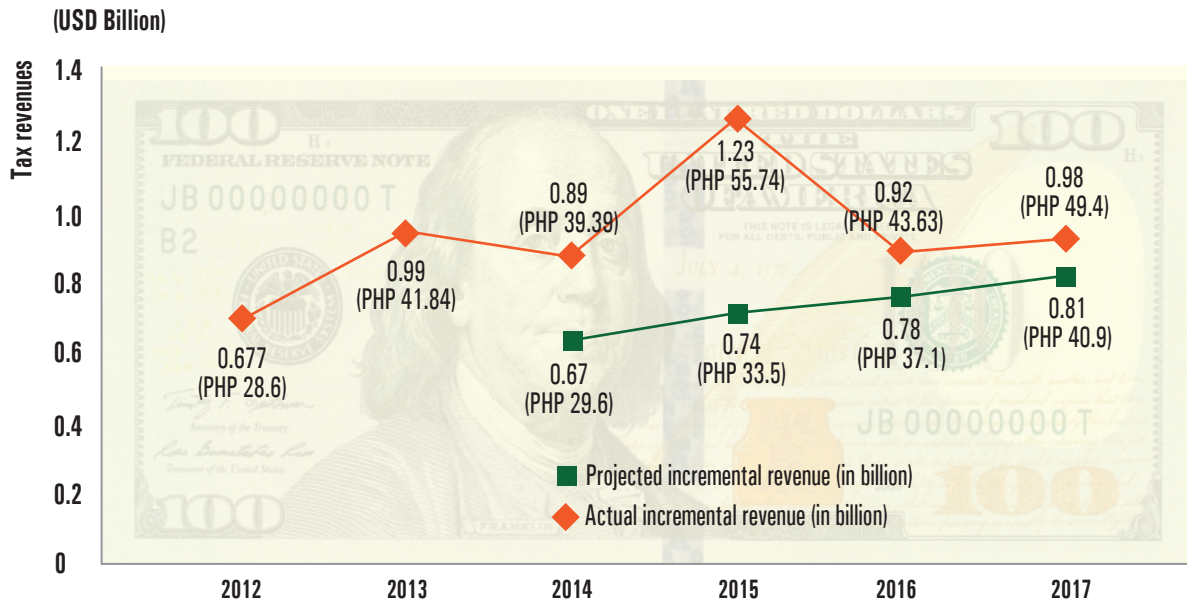
👍 Fiscal gain: Strengthened, more efficient tax administration

Tax structure simplified and higher tax rates



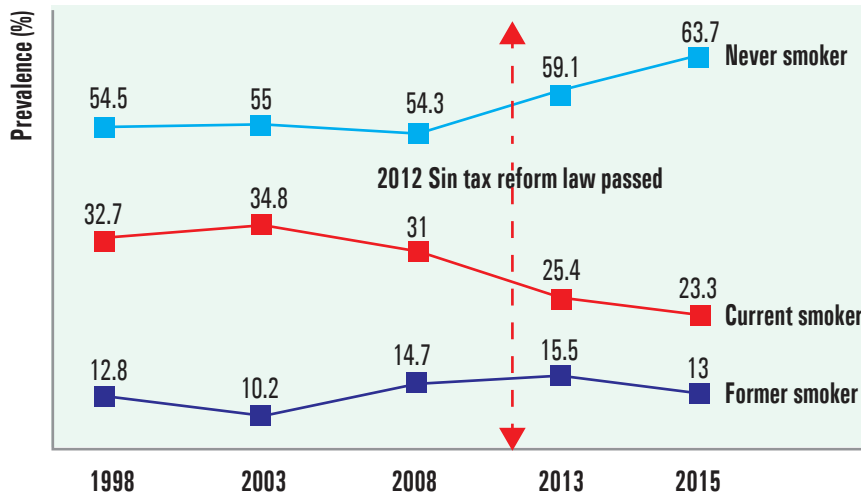
👍 Fiscal gain: Government revenue increased, exceeding annual targets

Excise tax revenue from tobacco products (2012 – 2017)



Source: Bureau of Internal Revenue, Department of Finance, Philippines.

Public health gain: Reduction in smoking prevalence in Philippines (1998 – 2015)

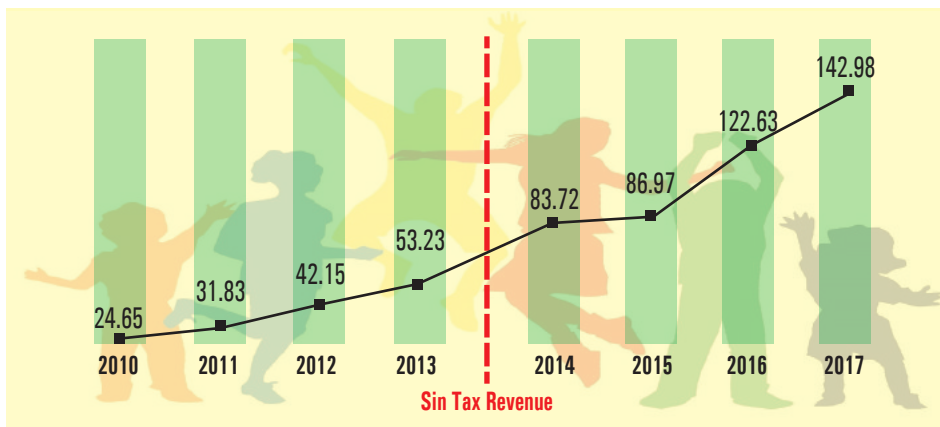


Since the passage of Sin Tax Law (2012)

Smoking among youth **DECREASED** to 5.5% from 6.8% in 2013.

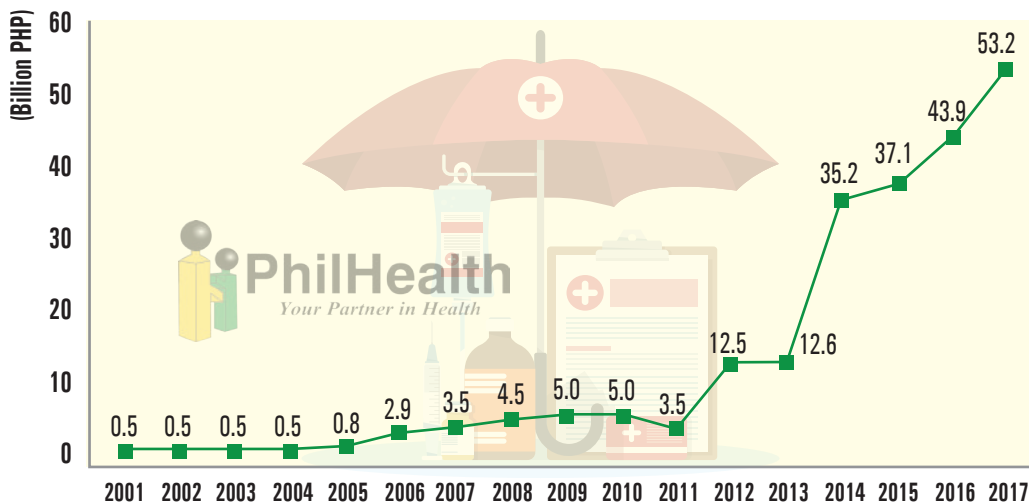


Public health gain: Department of Health budget between 2010 and 2017 (in billion PHP)



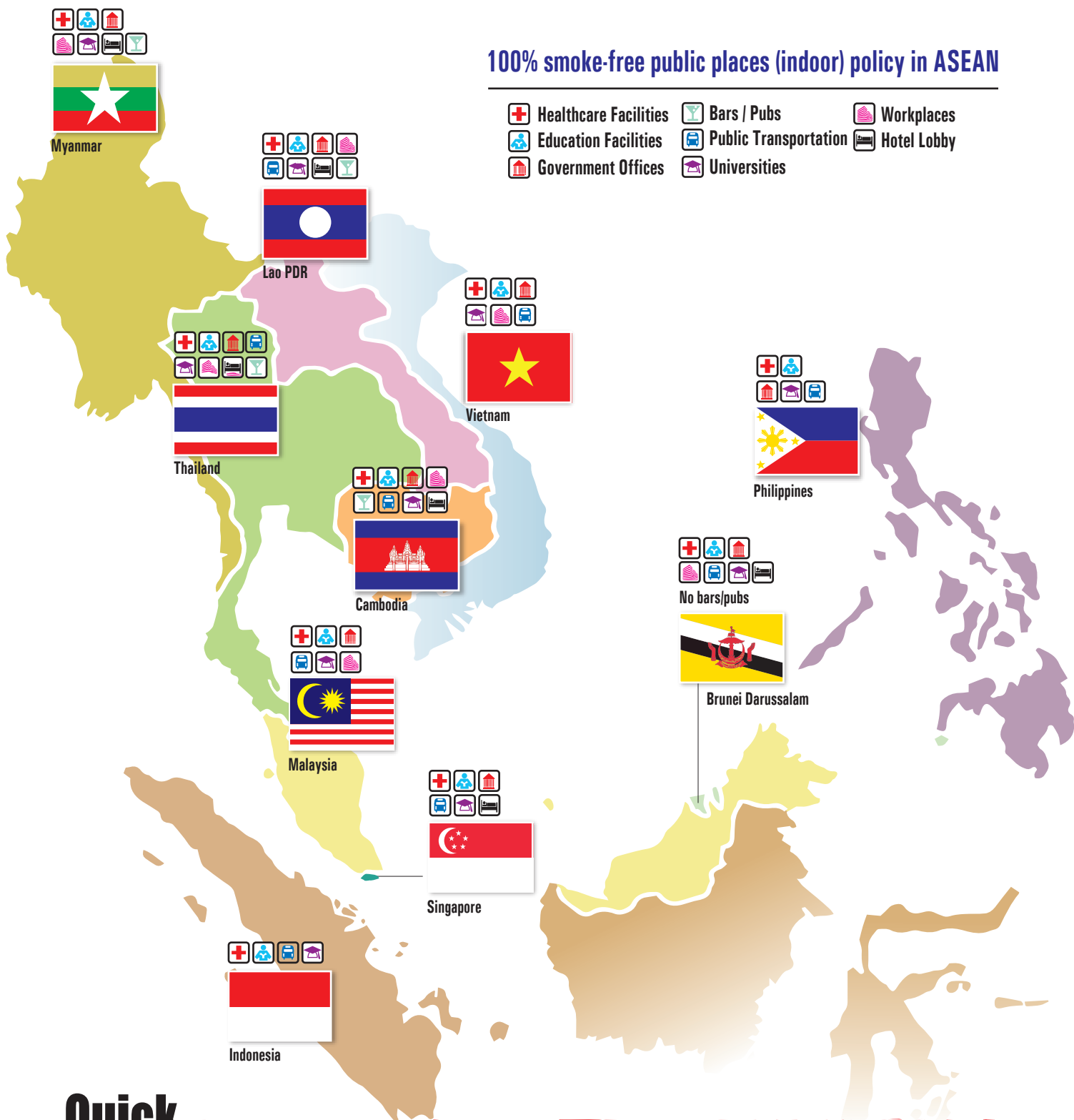
Department of Health budget **increased by 240%** from PHP 42.15 million in 2012 to PHP 142.98 billion in 2017

Public health gain: Win for the poor



Philippines national government allocation for 15.3 million families or equivalent to **93.4 million Filipinos** with PhilHealth coverage by end of 2015.

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 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 890,000 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 harms.

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.

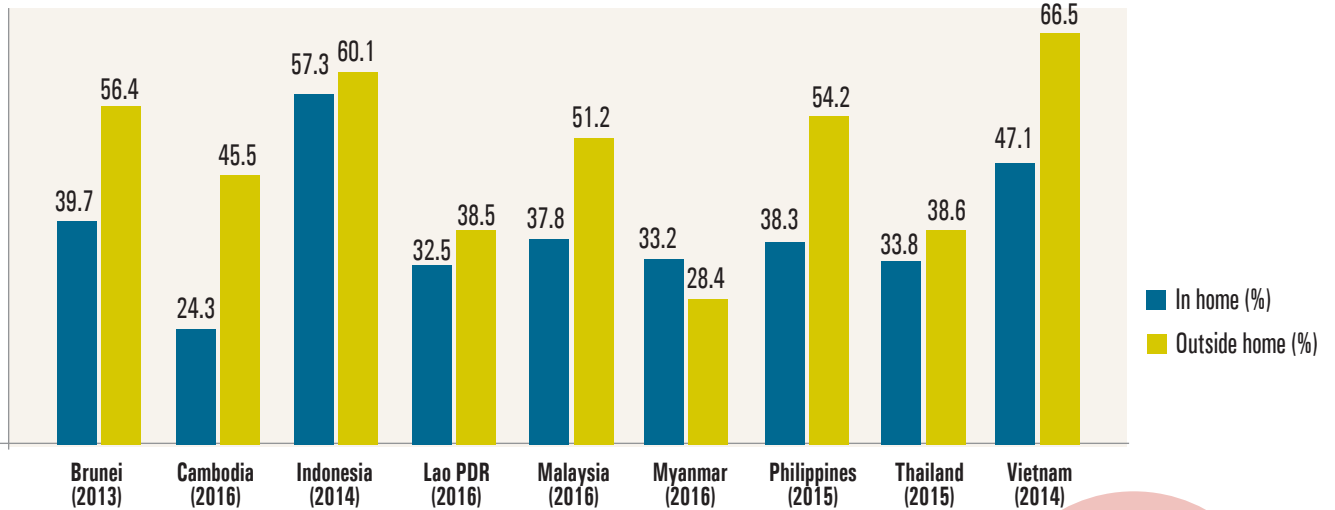
With growing public awareness and support for smoke-free environments, an increasing number of countries have taken steps to protect people from the dangers of tobacco smoke by enacting laws that ban smoking in all public places and create smoke-free environments.

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

Enjoy ASEAN foods in smoke-free environments

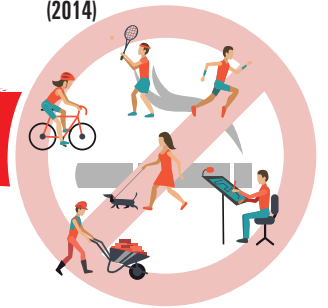
	 100% smoke-free indoor air-conditioned restaurant	 100% smoke-free indoor non-air-conditioned restaurant	 Allows designated smoking room/area
Brunei	✓	✓	
Cambodia	✓	✓	
Indonesia			✓
Lao PDR	✓	✓	
Malaysia	✓		✓
Myanmar	✓	✓	
Philippines			✓
Singapore	✓	✓	
Thailand	✓	✓	
Vietnam	✓	✓	

Percentage of youths exposed to secondhand smoke inside and outside the homes in ASEAN

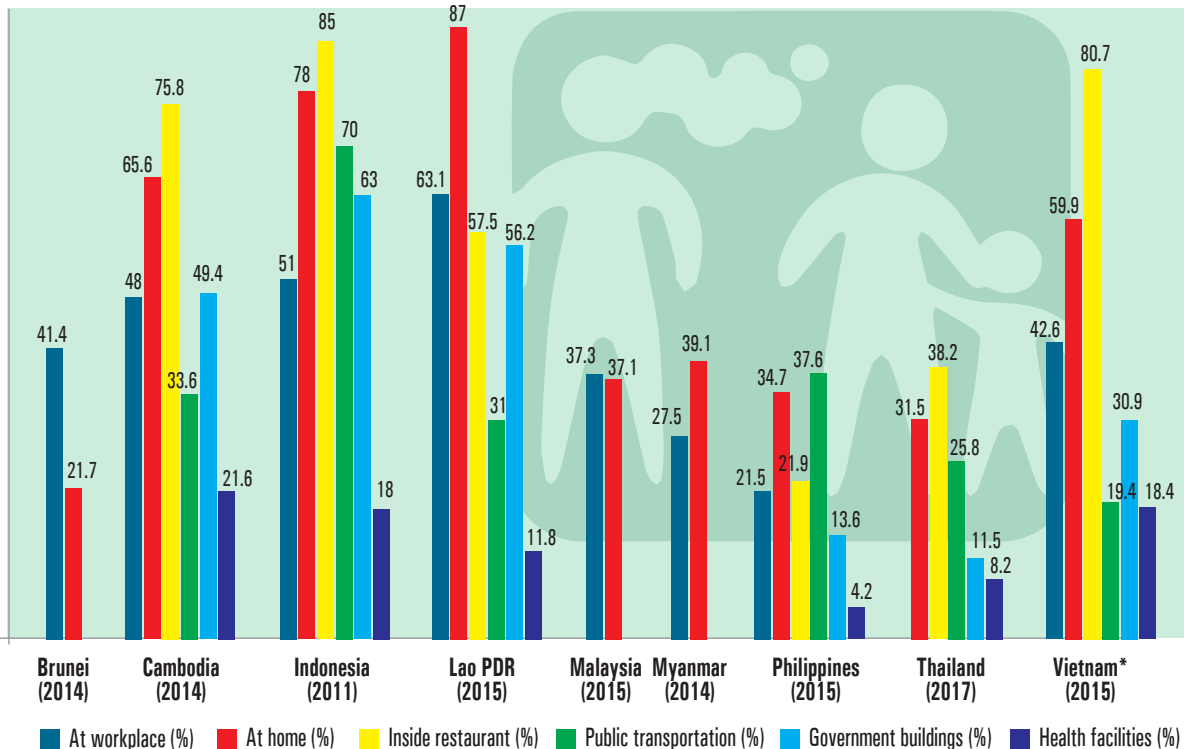


Quick Fact

Almost 1.5 billion people in 55 countries protected by smoke-free legislation.



Common places with secondhand smoke exposure in ASEAN



*89.1% reported exposure at bar/cafe/teashops.

Smoke-free settings (indoor) based on the national law in ASEAN

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

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

*No bars/pubs in Brunei. ** 100% smoke-free by law but not enforced. ***Smoking room will be removed in international airport by December 2018.

Smoke-free settings (outdoor) based on the national law in ASEAN

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

■ 100% smoke-free
 ■ With smoking area within public places

■ Allow smoking anywhere/not included in the law

*New smoking areas will not be approved but existing outdoor smoking areas are still allowed to continue unless the business operators stop their operation.

**All playgrounds are smoke-free, while parks have the option to set up designated smoking areas.

***Parks and playgrounds may have designated smoking areas except for childcare and recreational facilities for children which should be 100% smoke-free.

Smoke-free Airports











Among the world's 20 busiest airports (2016)

Ranking	Smoke-free airports
2	Beijing Capital International Airport, China (PEK)
4	Los Angeles International, California, USA (LAX)
6	Chicago O'Hare International, Illinois, USA (ORD)
7	London Heathrow, UK (LON)
9	Shanghai Pudong International, China (PVG)
11	Dallas/Forth Worth International, USA (DFW)
14	Istanbul Ataturk, Turkey (IST)
16	New York JFK, USA (JFK)
18	Denver International, Colorado, USA (DEN)

In ASEAN

Country	
Brunei	 Brunei International Airport (BWN) is 100% smoke-free. No designated smoking room at the Airport Terminal and all office premises, effective 1st March, 2012.
Lao PDR	 Luang Prabang International Airport (LPQ) is 100% smoke-free indoors.
Philippines	 Davao International Airport is 100% smoke-free.

Penalties or compound fees for violating smoke-free policy in ASEAN

Country	Penalties (USD)	
	Smokers	Establishments
Brunei	 226 (BND 300) for on-the-spot fines 752 (BND 1,000)	376 (BND 500) for on-the-spot fines 752 – 1,504 (BND 1,000 – 2,000)
Cambodia	 5 (KHR 20,000)	12.5 (KHR 50,000)
Indonesia	 Maximum limit of fines: 3,657 (IDR 50 million)	
Lao PDR	 Advice, No Penalty yet (pending approval)	
Malaysia	 USD 64 (MYR 250) or USD 26 (MYR 100) plus Smoking Cessation Counseling	2,551 (MYR 10,000)
Myanmar	 0.75 - 3.7 (MMK 1,000 – 5,000)	1st Offense 0.75 – 2.24 (MMK 1,000 – 3,000) Succeeding Offenses 2.24 – 7.50 (MMK 3,000 – 10,000)
Philippines	 10 – 200 (PHP 500 – 10,000)	10 – 200 (PHP 500 – 10,000)
Singapore	 758 (SGD 1,000)	758 (SGD 1,000)
Thailand	 159 (THB 5,000)	95 – 1,587 (THB 3,000 – 50,000)
Vietnam	 4.4 – 13.2 (VND 100,000 - 300,000)	132 – 2,418 (VND 3 – 55 million)

Smoke-free Cities Asia Pacific Network (SCAN)

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 its goal of making their country 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 towards 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 livable.

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. 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.



Krabi, Thailand (2016)

Penang, Malaysia (2017)



Iloilo, Philippines (2015)



Balanga City, Philippines (2014)



Davao City, Philippines (2013)





Smoke-free Heritage Sites & Cities Alliance (SHA) Support Smoke-free Tourism!



Malacca, Malaysia



Luang Prabang, Lao PDR



Ancient Town of Hoi An, Vietnam



Halong, Vietnam



Penang, Malaysia



Borobudur, Indonesia



Vat Phou, Lao PDR



Bagan, Myanmar



Angkor, Cambodia



Prambanan Temples, Indonesia



Historical Town of Sukhotai, Thailand



Sewu Temple, Indonesia

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 the Smoke-free Universities Workshop that initially includes medical universities only but was expanded to include non-medical universities. These smoke-free universities formed a network known as the Smoke-free Universities Network and plans to include other smoke-free universities in the ASEAN.

Several universities joined the selection for the Best Smoke-free University in Myanmar. Dr Myint Htwe, the Minister of Health and Sports, 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 top 3 universities were recognized which includes the University of Medicine (Magway), the University of Dentistry (Yangon) and the University of Traditional Medicine (Mandalay).



Smoke-free universities awarded in Myanmar



Capacity Building Workshop on Making Myanmar Universities Smoke-free

22-23 August 2017 | Yangon, Myanmar

Smoke-Free Sports in ASEAN

Country	
Vietnam	5th Asian Beach Games held on 24 September – 3 October 2016, Danang, Vietnam
Singapore	28th SEA Games held on 5 – 16 June 2015, Singapore
Myanmar	27th SEA Games held on 11 – 22 December, 2013, Myanmar
Cambodia	1st Smoke-Free Sports event held on 20 June 2012
Indonesia	26th Southeast Asian (SEA) Games, held in Jakarta, 11 – 22 November 2011
Lao PDR	25th Southeast Asian (SEA) Games, held in Vientiane City, 9 – 18 December 2009
Malaysia	Paralympic Games held on 15 – 19 August 2009
Thailand	24th Southeast Asian (SEA) Games, held in Nathon Ratchasima (Korat), 6 – 15 December 2007
Philippines	23rd Southeast Asian (SEA) Games, held in Manila, 27 November to 5 December 2005
Vietnam	22nd Southeast Asian (SEA) Games, held in Hanoi, 5 – 13 December 2003





Smoke-free Cities Model: Philippines

Davao City is the first local government unit to enact a Comprehensive Anti-Smoking Ordinance in 2002. The smoke-free policy was further strengthened by the enactment of City Ordinance 0367-12 in 2013. It stipulated that smoking of any tobacco products and vaping of any electronic device is absolutely prohibited in all enclosed places and outdoor public places. Davao City was awarded as the 1st 100% Smoke-Free Metropolitan City in the ASEAN region in 2013 by SEATCA.



Maasin City, Southern Leyte from a smoke-free city to promoting a 100% tobacco-free city. The City Ordinance No. 2017-085 regulating the use, sale and distribution of tobacco products in the city of Maasin that prohibits (1) smoking in all public places, public outdoor spaces, public conveyances or workplaces; (2) selling or distribution of tobacco products in retail or wholesale within 100 meters from any point of the perimeter of schools, colleges, public playgrounds, day care centers, hospitals, medical clinics, dental clinics, optical clinics, health centers, nursing homes, maternities, homes for the aged, dispensaries, laboratories, or any facilities and buildings frequented by minors and senior citizens; (3) no sale or distribution of tobacco products to minors, or any person, below 18 years old, as well as buying or purchasing of cigarettes or tobacco products from any minor; (4) ban outdoor or indoor tobacco advertisements including but not limited to billboards, streamers, posters, flyers, print or broadcast using any media.

Balanga City, Bataan is a 100% smoke-free City in the Philippines where smoking is not allowed in all enclosed places and public places. In Balanga, smoking, selling, distribution, advertising and promotions of tobacco products and/or electronic nicotine delivery systems (ENDS) within the declared University Town area and within THREE (3) kilometers radius from the university town area are prohibited as stipulated in the Ordinance No. 09 S 2016.





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 in advocating a 100% smoke-free environment in both indoor and outdoor areas in workplaces, restaurants or hotels. Currently, there are more than 300 premises were 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 award were given to individuals, groups, institutions, communities, government agencies and other stakeholders who have shown excellence in tobacco control leadership. MySihat was also 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 is the first of its kind in the world. It aims to advocate and promulgate DOH Administrative Order 2009-0010 and Civil Service Commission Memorandum Circular No. 17, dated May 29, 2009 on the 100% smoke-free environment policy and pushing for full implementation of World Health Organization's Framework Convention on Tobacco Control (WHO FCTC). The awards started in 2010 in giving out recognition to 100% tobacco-free cities, municipalities, government offices and health facilities that are strictly enforcing tobacco control measures. The DOH Health Promotion and Communication Service manages the awards.

For more detailed information, please visit SCAN FB <https://www.facebook.com/SmokefreeCitiesAsiaPacificNetworkSCAN/> and website <http://smokefreeasean.seatca.org> as well as refer *Smoke-free Index: Implementation of Article 8 of the WHO Framework Convention on Tobacco Control (2016)*.

Pictorial health warnings in ASEAN



A Picture is Worth a Thousand Words

Tobacco packaging serves as the most cost-effective communications channel for governments to convey 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 government.

As part of a growing global trend, at least 115 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.

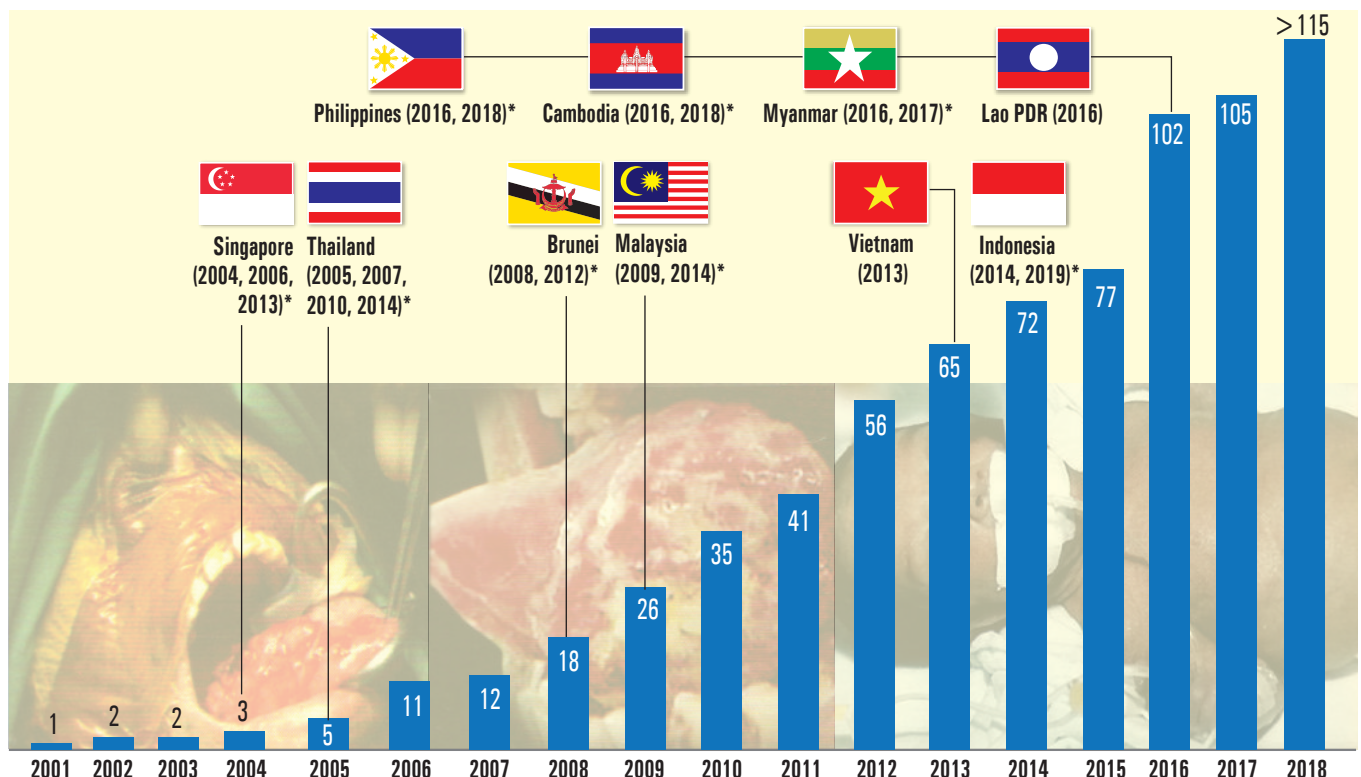
The Article 11 Guidelines recommend that health warnings be as large as possible and include pictures to effectively communicate health harms of tobacco use. Thailand currently requires the world's fourth largest PHWs (85% front and back of the pack) after East Timor (92.5%), Nepal and Vanuatu (90%) and New Zealand

(87.5%). Three other ASEAN countries (Brunei, Lao PDR, and Myanmar) require PHW sizes that are considered international best practice (at least 75%).

The Article 11 Guidelines also recommend plain or standardized packaging, which enhances visibility of the PHWs and reduces the appeal of tobacco products. In 2012, Australia was the first country to implement plain tobacco packaging. Eight more countries (France, United Kingdom, Norway, Ireland, New Zealand, Hungary and Slovenia) have also legislated plain packaging, and there are at least 16 other jurisdictions that are formally considering plain packaging. With the recent 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, Singapore and Thailand are in advanced stages of preparing plain packaging legislation. In 2016, the Malaysia government had also announced plans to introduce plain packaging but, succumbed to tobacco industry pressure and stalled its preparation.

Increasing number of countries requiring PHWs on cigarette packages (2001–2018)



* Year of rotation

Leader of pack warnings size

Four ASEAN countries among top 14 countries worldwide with the biggest pictorial health warnings size.

Country	% Average PHW size	% PHW size (front)	% PHW size (back)
1 East Timor	92.5	85	100
2 Nepal	90	90	90
3 Vanuatu	90	90	90
4 New Zealand	87.5	75	100
5 India	85	85	85
6 Thailand	85	85	85
7 Hong Kong	85	85	85
8 Australia	82.5	75	90
9 Sri Lanka	80	80	80
10 Uruguay	80	80	80
11 Canada	75	75	75
12 Brunei	75	75	75
13 Myanmar	75	75	75
14 Lao PDR	75	75	75



Thailand: ASEAN's biggest pictorial health warnings (85%)

Text → ควันบุหรี่ฆ่าเด็กได้

Pictogram → [Image of child with cigarette]

Quitline number → โทรฟรี 1600 www.thailandquitline.or.th

Cigarette brand → GREEN L&M

85% (covering Text and Pictogram)

15% (covering Quitline number and Cigarette brand)

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 Administration Court.

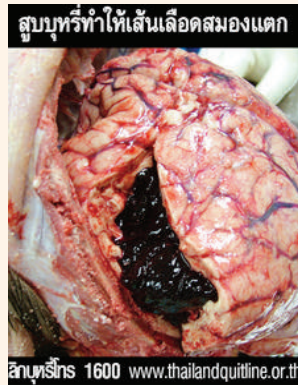
On 26 June 2014, the Supreme Administration Court ruled in favor of the MoPH and cancelled the injunction, clearing the way for implementation of the larger 85% warnings. All tobacco products sold in Thailand were required to carry the new pictorial warnings by 23 September 2014.

Quick Fact

Thailand continues to be a regional leader in the area of tobacco product packaging and labelling. Its 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. Thus the Minister may require plain or standardized packaging.

Large PHWs on cigarette packages in four ASEAN countries

Thailand



Brunei



Myanmar



Lao PDR

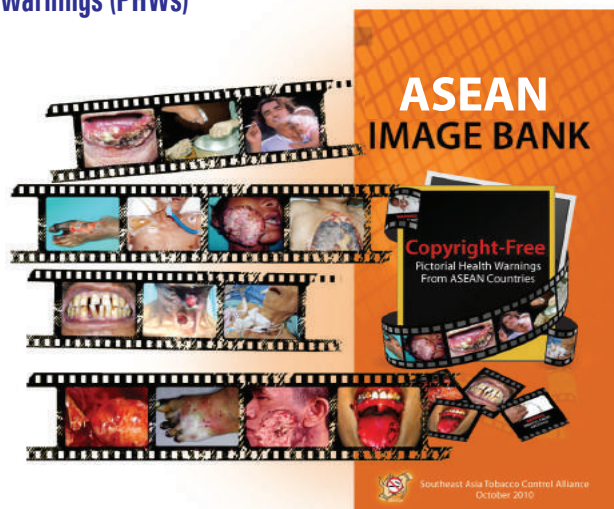


ASEAN image bank of copyright-free pictorial health warnings (PHWs)

In collaboration with ASEAN Focal Points on Tobacco Control (AFPTC), SEATCA has 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 policies.
- Facilitate access to high-resolution and copyright-free PHW images from Brunei, Singapore, Thailand, Malaysia and other ASEAN countries.
- Provide sample cigarette packs from the ASEAN region for advocacy purposes.

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



Pictorial health warnings on cigarette packages in other ASEAN countries

Malaysia



Cambodia



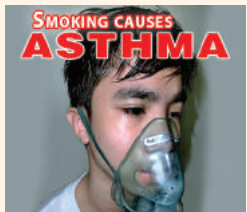
Singapore



Vietnam



Philippines



Indonesia



In Lao PDR, the implementation of PHWs was delayed by 7 months (moved from October 2016 to May 2017) with the industry claiming that it had “a large stockpile of printed packets” and even requested “a reduction in the warning size from 75% to 50% of the pack.”

In Myanmar, JTI and BAT met with the Myanmar Investment Commission in March 2016 requesting more time to prepare the packs with PHWs, past the September deadline. There are still tobacco packs being sold which are not compliant with the PHWs requirement.

Similarly in Cambodia, when the new PHWs came into place in July 2016, there was low compliance of the law among the tobacco companies.

Evolution of pictorial health warnings on cigarette packages in ASEAN

Country	Years of implementation and rounds of rotation	Position, size and location	Language	Number of rotating current health warnings	Cessation messages
Brunei	2008, 2012	Top 75% front and back	Malay (front), English (back)	7	
Cambodia ¹	2016, 2018	Top 55% front and back	Khmer	4	
Indonesia ²	2014, 2019	Top 40% front and back	Bahasa Indonesia	5	Layanan Berhenti Merokok (0800-177-6565)
Lao PDR ³	2018	Top 75% front and back	Lao	6	
Malaysia	2009, 2014	Top 50% front and 60% back	Malay (front), English (back)	12	"Infoline: 03-8883 4400"
Myanmar ⁴	2016, 2017	Top 75% front and back	Myanmar	2	
Philippines	2016, 2018	Bottom 50% front and back	Filipino (front) English (back)	12	"QUIT SMOKING: Call DOH Quitline 165-364"
Singapore	2004, 2006, 2013	Top 50% front and back	English	6	"YOU CAN QUIT" and "QUITLINE 1800 438 2000"
Thailand	2005, 2007, 2010, 2014	Top 85% front and back	Thai	10	"Quitline 1600" and www.thailandquitline.or.th
Vietnam	2013	Top 50% front and back	Vietnamese	6	

Implementation timeline of pictorial health warnings in ASEAN

Country	Size		Date of Approval – Date of Implementation									Duration of compliance for tobacco industry
	Front (%)	Back (%)	2012	2013	2014	2015	2016	2017	2018	2019		
Brunei	75	75	13 March 2012 – 1 September 2012									Less than 6 months
Cambodia ¹	55	55	22 October 2015 – 23 July 2016									9 months
Indonesia ²	40	40	11 January 2018 – 1 January 2019									12 months
Lao PDR ³	75	75	23 May 2016 – 1 January 2018									19 months
Malaysia	50	60	11 June 2013 – 1 January 2014									Less than 7 months
Myanmar ⁴	75	75	29 February 2016 – 1 September 2016									6 months
Philippines	50	50	23 August 2017 – 3 March 2018									12 months after publication of PHW templates
Singapore	50	50	12 January 2012 – 1 March 2013									12 months
Thailand ⁵	85	85	5 April 2013 – 2 October 2013									6 months
Vietnam	50	50	8 February + 8 August 2013 for soft pack and 8 December 2013 for hard pack									6-10 months

1 - The implementation of 2nd rotation of PHWs will be enforced in October 2018.

2 - The second rotation of PHWs will be enforced on 1 January 2019, one year grace period is given to tobacco industry to clear old PHW cigarette packages.

3 - The full implementation of PHWs was delayed due to strong tobacco industry interference. Tobacco industry was given three times extension deadline from 1 October 2016 and the new implementation date effective on 1 January 2018 (a total of 19 months grace period after Pictorial Health Warnings Regulation was legislated in May 2016).

4 - Myanmar requires 10 PHWs, only one is to be printed every 12 months beginning on 1 September 2016. The implementation of 2nd rotation of PHWs was delayed till December 2017 due to interference by tobacco industry.

5 - The full implementation of PHWs was delayed by a court case filed by tobacco companies. The Thai Supreme Administrative Court ruled against the tobacco industry, allowing PHWs to be implemented effective on 23 September 2014, 90 days after the court decision.

Best practice: Australia's plain packaging – A world first



Plain packaging

- prohibits brand colours and logos
- requires a standard colour, shape and format of packages
- requires the brand name to appear in a standard font size and style on a specific space on the package



Australia was the first country to implement plain packaging of cigarettes, effective on the 1st December 2012.

The plain packaging law restricts or prohibits the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style, with graphic health warning images occupying an average of 87.5% of the front and back panels of the pack, while a fire-risk statement covers the bottom 10% of the back panel. This is in line with its international obligations under Articles 11 and 13 of the World Health Organization Framework Convention on Tobacco Control (WHO FCTC).

Philip Morris Asia mounted a challenge in the Singapore-based international court using provisions - known as investor-state dispute settlement. The legal claim for alleged breaches in the 'fair and equitable treatment' obligation under the Australia-Hong Kong bilateral investment agreement dismissed on 17 December 2015. A six-year legal battle came in favor of public health when the court ordered Philip Morris to pay the Australian government (about USD 50 million in legal costs after its failed bid to kill off plain packaging laws in July 2017). On 28 June 2018, a panel of dispute-settlement experts (World Trade Organization) backed the legality of Australia's 2011 plain packaging law as being consistent with international trade and intellectual property laws. The decision upheld Australia's right to require cigarettes to be sold in plain packs.

The victory has come despite fierce opposition and threatened huge lawsuits from the tobacco industry. Australia has paved the way and inspiring other countries to move this forward. Australia plain packaging law sets a precedent for the world and encourages other countries especially in the ASEAN region (Thailand and Singapore) are considering to implement plain packaging. There are increasing number of countries in various stages of development and adoption of similar laws.

Plain packaging in ASEAN: Under consideration



Singapore

In March 2017, the Ministry of Health conducted a six-week public consultation on a proposal to introduce standardised packaging of tobacco products together with enlarged graphic health warnings (the "SP Proposal") from 5 February to 16 March 2018.

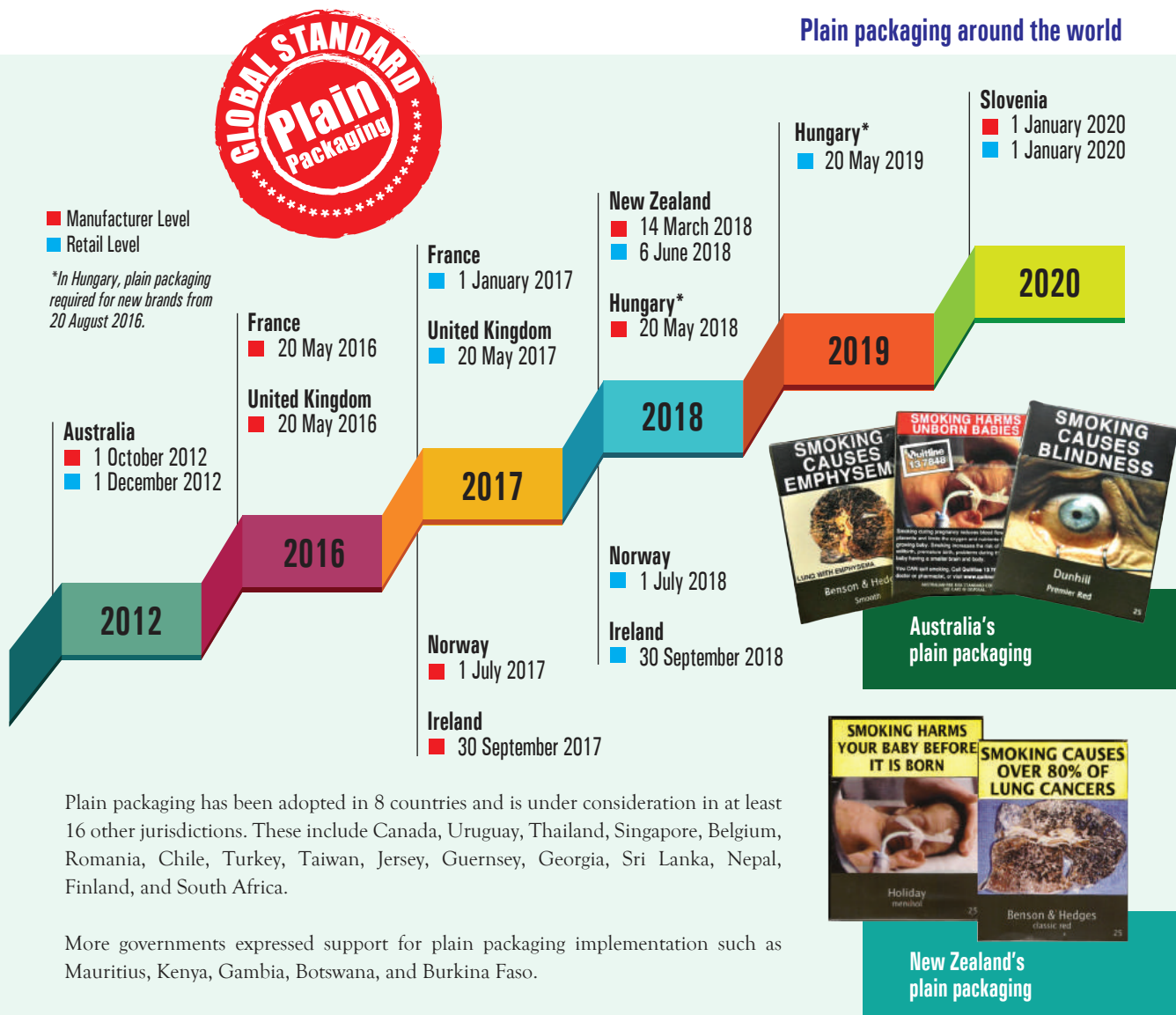
Prior to this, a public consultation on proposed measures to enhance Singapore's tobacco control policies including standardised packaging was conducted between December 2015 to March 2016.



Thailand

Ministerial Regulation on plain packaging to be developed following the requirement of standardized packaging as stipulated in the Tobacco Products Control Act 2017.

Plain packaging around the world



Plain packaging has been adopted in 8 countries and is under consideration in at least 16 other jurisdictions. These include Canada, Uruguay, Thailand, Singapore, Belgium, Romania, Chile, Turkey, Taiwan, Jersey, Guernsey, Georgia, Sri Lanka, Nepal, Finland, and South Africa.

More governments expressed support for plain packaging implementation such as Mauritius, Kenya, Gambia, Botswana, and Burkina Faso.

Quick Fact

In February 2016, the Malaysia Health Ministry announced its plan on plain packaging, though no firm dates were included.

There were numerous protests from industry lobby groups in the media and a month later (on 21 March) the Health Minister said no implementation date will be announced until his Ministry talks with the tobacco companies on intellectual property rights. Since then, there has been no update on this policy.









The Sec-Gen of Ministry of International Trade and Industry (MITI) was appointed as a Council Member to the Institute for Democracy and Economic Affairs (IDEAS), a Malaysian think tank that opposes plain packaging. IDEAS received funds from JTI and PMI in 2015 and 2016. Since 2015, IDEAS has been actively opposing tobacco control measures - especially plain packaging and tax increase.

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

Country	Details	Printing requirement on packaging of tobacco products
Brunei (2012) 	<p>This Product Contains Nicotine and Tar which Cause Addiction and Is Dangerous to Health</p> <p><i>Produk Ini Mengandungi Nikotina dan Tar yang Menyebabkan Ketagihan dan Membahayakan Kesihatan</i></p>	<p>In the English language on one side panel of the pack and in the Malay language on the other side panel</p> 
Indonesia (2012) 	<p>Tidak ada batas aman! Mengandungi lebih dari 4,000 zat kimia berbahaya, 43 zat penyebab kanker</p> <p><i>There is no safe limit! Contains more than 4,000 hazardous chemicals and more than 43 cancer causing substances</i></p>	<p>On one side panel and in Bahasa Indonesia only</p> 
Lao PDR (2016) 	<p>Cigarette smoke contains Carbon Monoxide the same toxic in vehicle exhaust Cigarette smoke contains Hydrogen Cyanide that destroys lung vessels and tissues Nicotine in cigarette is addictive and use in pesticides Cigarette smoke contains Ammonia use in toilet cleaner Cigarette smoke contains toxic gas Nitrogen Dioxide Cigarette smoke contains Arsenic use in rat poisons Cigarette smoke contains Tar that causes lung cancer Cigarette smoke contains Formalin that use for embalming Cigarette smoke contains Nitrosamine that causes cancer</p>	<p>On two side panels using different qualitative statement and in Lao language</p> 
Malaysia (2009) 	<p>Produk ini mengandungi lebih 4,000 bahan kimia termasuk tar, nikotina dan karbon monoksida yang membahayakan kesihatan</p> <p><i>This product contains more than 4,000 chemicals including tar, nicotine and carbon monoxide that are dangerous to health</i></p>	<p>On one side panel and in Malay language only</p> 
Myanmar (2016) 	<p>Cigarettes contain Nitrosamine, Benzopyrene and others which are the compounds that can cause cancer. Stop Smoking</p> <p>Nicotine, Tar and Carbon Monoxide contained in Cigarettes can cause heart and lung failure. Stop Smoking</p>	<p>“Cigarettes contain Nitrosamine, Benzopyrene and others which are the compounds that can cause cancer. Stop Smoking” must be printed on the left side panel and the other texts on the right side panel. Both texts in Myanmar language</p> 

(continued)

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

Country	Details	Printing requirement on packaging of tobacco products
Philippines (2016) 	<p>ANG USOK NG SIGARILYO AY MAY AMMONIA (PANLINIS NG KUBETA) <i>Cigarette Smoke Contains Ammonia (Toilet Cleaner)</i></p> <p>ANG USOK NG SIGARILYO AY MAY BUTANE (SANGKAP SA LIGHTER FLUID) <i>Cigarette Smoke Contains Butane (Ingredient in Lighter Fluid)</i></p> <p>ANG USOK NG SIGARILYO AY MAY CYANIDE (SANGKAP SA CHEMICAL WEAPONS) <i>Cigarette Smoke Contains Cyanide (Ingredient in Chemical Weapons)</i></p> <p>ANG USOK NG SIGARILYO AY MAY FORMALIN (PANG-EMBALSAMO) <i>Cigarette Smoke Contains Formalin (For Embalming)</i></p>	<p>On one side panel and in Filipino language</p> 
Singapore (2012) 	<p>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</p>	<p>On one side panel and in English language</p> 
Thailand (2011, 2015) 	<p>Rat poisons present in cigarette smoke Nicotine in cigarette used in pesticides More than 250 types of toxic substances are in cigarette smoke Drugs for embalming present in cigarette smoke Want to quit must not smoke in the house To get tuberculosis is easy if smoking Smoking in the house hurts families Smoking causes liver cancer 140 people a day, Thais die from smoking Children imitate their parents who smoke</p>	<p>On two side panels using same qualitative statement and in Thai language</p> 

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

Countries that have banned false or misleading descriptors in ASEAN



For more detailed information, please visit <http://tobaccolabels.seatca.org> and refer to SEATCA Tobacco Packaging and Labelling Index: Implementation of WHO Framework Convention on Tobacco Control Article 11 in ASEAN Countries (2016).

Tobacco advertising at point-of-sale in ASEAN



*Bogor is the first and only city in Indonesia that bans cigarette display at point-of-sale (POS).

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, so as 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

(37 countries in 2016) have reported having adopted a comprehensive ban of 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 advertising in most ASEAN countries, Brunei, Singapore, and Thailand also ban the display of tobacco packs at POS to reduce the visibility of tobacco products. These three countries also require licenses for tobacco retailers to facilitate regulatory compliance.

Only two ASEAN countries (Lao PDR 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. In Brunei, there are no tobacco companies operating since May 2014, and therefore no tobacco-related CSR activities.

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 	Yellow	Yellow	Yellow	Yellow	Grey	Yellow	Blue
Cambodia 	Yellow	Yellow	Yellow	Yellow	Blue: Ban cigarette brand name	Yellow: Allow 1 pack per brand	Yellow
Indonesia 	Red	Red	Blue: Ban publicity	Red	Red	Red	Red
Lao PDR 	Yellow	Yellow	Yellow	Yellow	Yellow	Red	Yellow
Malaysia 	Yellow	Yellow	Yellow	Yellow	Red	Red	Blue
Myanmar 	Yellow	Yellow	Yellow	Red	Yellow	Red	Yellow
Philippines 	Yellow	Blue: Allow at POS	Blue: Sponsor without cigarette brand	Red	Red	Red	Red
Singapore 	Yellow	Yellow	Yellow	Yellow	Blue: Ban publicity	Yellow	Yellow
Thailand 	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow	Yellow
Vietnam 	Yellow	Yellow	Blue	Yellow	Blue: Ban publicity	Blue: Allow 1 pack/carton per brand	Blue

POS - Point-of-Sale CSR - Corporate Social Responsibility

*Tobacco adverts are allowed on television (between 9.30pm and 5.30am)

Tobacco marketing channels

On Billboards

Outdoor tobacco advertising billboards can be found in Indonesia*.



Person-to-Person Sale

Tobacco industry recruits pretty young girls as promoters to sell cigarettes.

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

*The outdoor advertisement falls under the Local Government Regulation. In 2017, about 11 cities/districts that have implemented TAP Ban Regulation including Jakarta, Bogor, Bekasi, Payakumbuh, Padangpanjang, Sawahlunto, Pariaman, Padang, Klungkung, Jembrana and Gianyar.



Ban TAPS via internet in ASEAN



Ban

Cambodia (2015)	Malaysia (2004)	Singapore (1993)
Indonesia (2012*)	Myanmar (2006)	Thailand (2017)
Lao PDR (2010)	Philippines (2008)	Vietnam (2013)

No ban

Brunei



*Advertising in information technology media shall comply with the provisions of the tobacco products trademark website which applies age verification to restrict access only to persons aged 18 or older.

Best practice: Brunei, Singapore and Thailand set the benchmark

Thailand, the first country in ASEAN region to implement a complete ban on retail display of tobacco products at point-of-sale, effective on 25 September 2005.

Brunei has banned point-of-sale displays in 2010 as prohibition on advertisements relating to smoking and displaying the cigarette packs was considered as one mode of advertisement.

Singapore has enforced a ban on displaying cigarette packs at point-of-sale by 1 August, 2017 to reduce the exposure of non-smokers, especially among the young, to the advertising effect of tobacco product displays as well as encourages current smokers attempting to quit by minimising impulse purchases of tobacco products.



Thailand



Singapore

Progress in curbing tobacco industry CSR activities in ASEAN



Ban on corporate social responsibility (CSR) activities: All tobacco-related CSR activities are now banned in Lao PDR, 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 issued a Department Order No. 6/2012, restricting interaction of officials with the tobacco industry; this includes a prohibition on the tobacco industry contributing funds 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.



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 tobacco industry to support curricular or extracurricular activities inside and outside school premises.” This effectively bans the tobacco industry from conducting anti-smoking programme in schools.





The government agencies or officials accepts, endorses and participates in CSR activities of the tobacco industry. These include participating in PT HM Sampoerna’s student creativity exhibition in three districts of East and Central Java of Indonesia; officiating in Philip Morris-sponsored “Back to School” programme organised by Yayasan Salam, Malaysia and endorsing the British American Tobacco’s CSR activities by providing a list of villages in Myanmar where BAT can conduct its activities.

ISO 26000

“Responsibility of an organization for the impacts of its decisions and activities on society and the environment, through transparent and ethical behaviour 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.”



TI related ‘CSR’ is not compatible and failed the standard because of how it violates the FCTC and other widely accepted international standards and rules.

For more detailed information, please visit <http://tobaccowatch.seatca.org> and refer to SEATCA Tobacco Advertising, Promotion and Sponsorship (TAPS) Index: Implementation of WHO Framework Convention on Tobacco Control Article 13 in ASEAN Countries (2016) and Hijacking ‘Sustainability’ from the SDGs: Review of Tobacco Related CSR activities in the ASEAN Region (2017).

Sale of single sticks of cigarettes in ASEAN



Protecting Future Generations from Nicotine Addiction

Youth smokers, particularly in low- and middle-income countries, are a huge potential market for 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 packaging (e.g. lipstick packs), 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 three ASEAN countries (Indonesia, Philippines and Vietnam), while the sale of kiddie packs (containing less than 20-sticks) is still allowed in Indonesia, Myanmar 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 myriads of flavours) and heated tobacco products (HTP) 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 for transitioning to conventional cigarettes, and some countries have already seen a significant rise in teen use. About 83 countries have either banned or restricted the sale of ENDS, including Japan and Australia that have banned e-cigarettes with nicotine. In ASEAN, four countries (Brunei, Cambodia, Singapore, and Thailand) already ban ENDS.

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 on 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.

Source of cigarettes for youth

Percentage of youth who purchased cigarettes in a store and were not refused purchase because of their age



**Quick
Fact**

5.6 million
children alive today

will ultimately die early from smoking if we do not do more to reduce current smoking rate.

Targeting youths, young adults and women

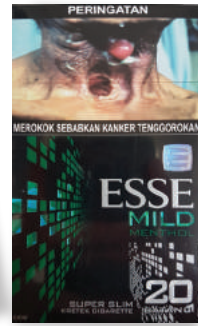
Menthol and fruit-flavored cigarettes sold in ASEAN



Ban	
Cambodia	
No ban	
Indonesia	Lao PDR
Myanmar	Malaysia
Philippines	Singapore
Brunei	Thailand*
Cambodia	Vietnam*
* Menthol flavor only	



Vietnam



Indonesia



Philippines



Singapore

Countries that have banned kiddie packs (less than 20 sticks per pack) in ASEAN



Ban			
Brunei	2005	Singapore	2002
Cambodia	2015	Thailand	2017
Lao PDR	2009	Vietnam	2016
Malaysia	2010		
No ban			
Indonesia	Myanmar	Philippines	



Indonesia

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



Philippines

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

Lipstick pack sold in ASEAN



Quick Fact

In 1981, a Philip Morris researcher stated:

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

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

Minimum Legal Age for the Purchase, Possession and Use of Tobacco in ASEAN – 18 years old and above

Clear sign inside POS on prohibition of tobacco sales to minors

Required		
Brunei	Myanmar	Singapore
Malaysia	Philippines	Vietnam
NO		
Cambodia	Lao PDR	
Indonesia	Thailand	

Sellers request for evidence (reached full legal age) before sale

Required		
Brunei	Singapore	
Philippines	Thailand	
NO		
Cambodia	Lao PDR	Myanmar
Indonesia	Malaysia	Vietnam

Singapore: Ban emerging tobacco products



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 snuff, gutkha, khaini and zarda.

Ban/restrict sale of all types of heated tobacco products, electronic cigarettes, shisha and water pipe in ASEAN



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



Globally, about

30 countries

have either banned or restricted the sale of e-cigarettes, including restricting/ prohibiting the sale or requiring marketing authorization for products that have nicotine.

*The regulation of vapour products is under the state jurisdiction. Four out of 13 states (Johor, Kelantan, Terengganu and Pahang) have banned the sale of e-cigarettes.

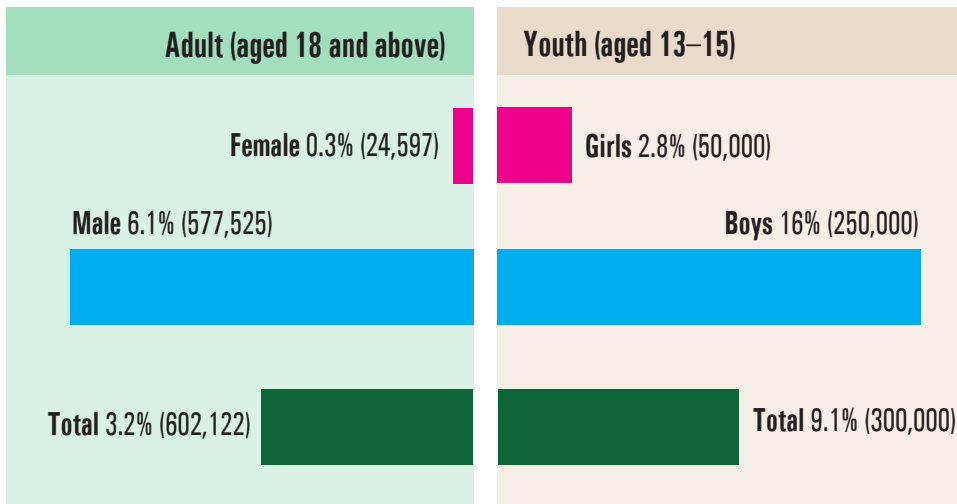
**There are seven (7) e-cigarette related bills pending in the 17th Congress.



The Malaysia Health Ministry call for a ban on vaping and sale of e-cigarettes, however, due to strong lobbying by the vaping industry resulted in the non-nicotine based e-cigarettes being allowed and to be regulated by the Domestic Trade, Cooperatives and Consumerism (DTCC) Ministry and the Ministry of Science, Technology and Innovation.



Malaysia: Prevalence of current electronic cigarette/vape users (2016)



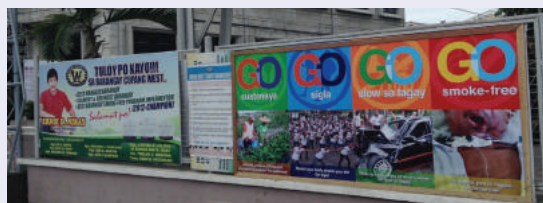
On a typical day, **40.9%** used e-cigarette/vape **once a day** and **33.9%** used **2–5 times a day**.

current users of e-cigarette/vape



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.



Singapore: Tobacco-free Generation 2000 (TFG 2000)

Singapore is the first country to call for a ban on sale of tobacco products to those born after 2000, initiated by the civil society. It referred to as the millennium generation (TFG2000), to protect the next generation from tobacco.



Thailand: Gen Z Strong

- Thailand launched Gen Z Strong: No Smoking program targeting at those born between 1995 and 2009 or aged between 7 and 20 years in 2016 to be a smoke-free generation
- The project uses social media and digital media to convince target participants not to start smoking and enhance their capacity to actively participate in advocacy campaigns.
 - One in two (53%) smokers started smoking before aged 18, 36% started when they were between 18 and 24 years old.
 - 73% of smokers cannot quit smoking - 30% of smokers spend about 20 years to quit smoking while 70% will addict to smoking until death by tobacco-related diseases.

Between May 2016 and December 2017, a youth network of 5,000 young tobacco control advocates was established nationwide. Gen Z young leaders zones were located in 4 regions of Thailand including Konkean, Ubonratchathani, Surin, Nakornratchasima, Srisaket, Chiangmai, Lampoon, Maehongson, Krabi and YNET BKK in Bangkok.



Tobacco farmers in ASEAN

■ Total number of tobacco farmers ■ % of total employment



*No tobacco farming activity.

**No data available on total number of tobacco farmers.

***Since 2013, the Malaysia government disengaged from supporting and promoting tobacco and now solely implements policies to regulate the tobacco industry.

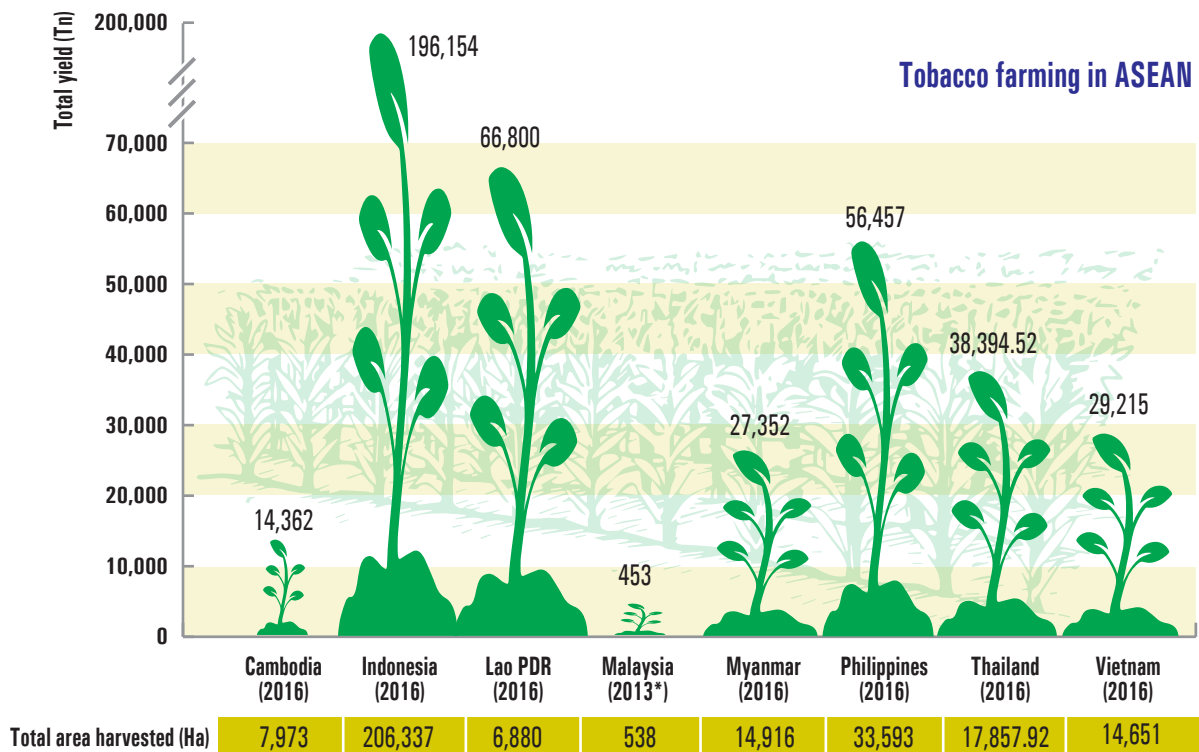
Alternative Livelihoods for Tobacco Growers

In recent decades, transnational tobacco companies have shifted tobacco leaf cultivation from high-income to low-income countries, where 90% of tobacco farming now takes place. Eight of the ten ASEAN countries, excluding Singapore and Brunei, are engaged in tobacco cultivation on different scales. About 329,606 hectares of land was used for tobacco farming across the region between 2014 and 2017.

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 and other health hazards for farmers, environmental degradation, unpaid labor, and child labor.

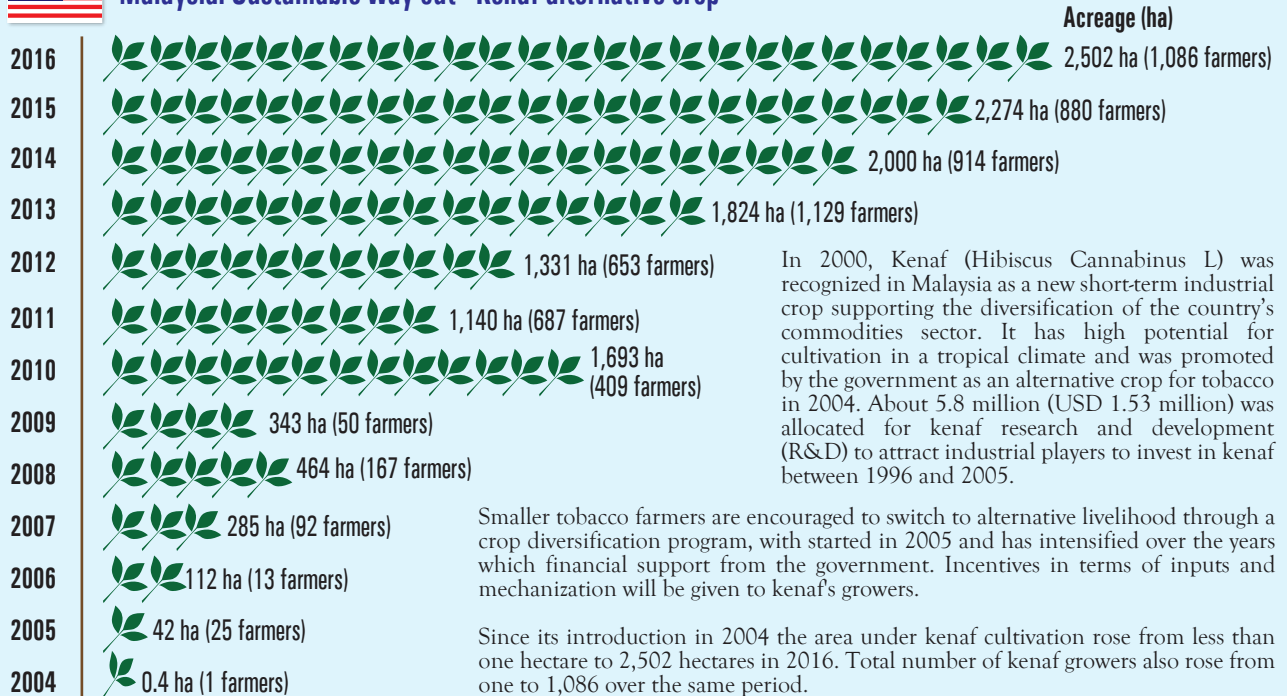
Article 17 of the WHO FCTC requires Parties to promote economically viable alternative livelihoods for tobacco farmers and workers. In ASEAN, the Malaysian government has actively implemented crop substitution since 2004, with kenaf being promoted as an alternative crop for tobacco. Kenaf cultivation increased from 1,331 hectares to 2,502 hectares between 2012 and 2016, and the total number of tobacco farmers in Malaysia declined significantly to 26 farmers in 2014 from 3,204 in 2010. Tobacco farmers in Cambodia, Indonesia, and Philippines are progressively switching to more profitable alternative crops and livelihoods.



* Since 2013, the Malaysia government disengaged from supporting and promoting tobacco and now solely implements policies to regulate the tobacco industry.



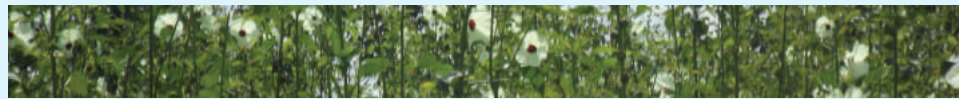
Malaysia: Sustainable way out - Kenaf alternative crop



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 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.

Smaller tobacco farmers are encouraged to switch to alternative livelihood through a crop diversification program, with started in 2005 and has intensified over the years which financial support from the government. Incentives in terms of inputs and mechanization will be given to kenaf's growers.

Since its introduction in 2004 the area under kenaf cultivation rose from less than one hectare to 2,502 hectares in 2016. Total number of kenaf growers also rose from one to 1,086 over the same period.

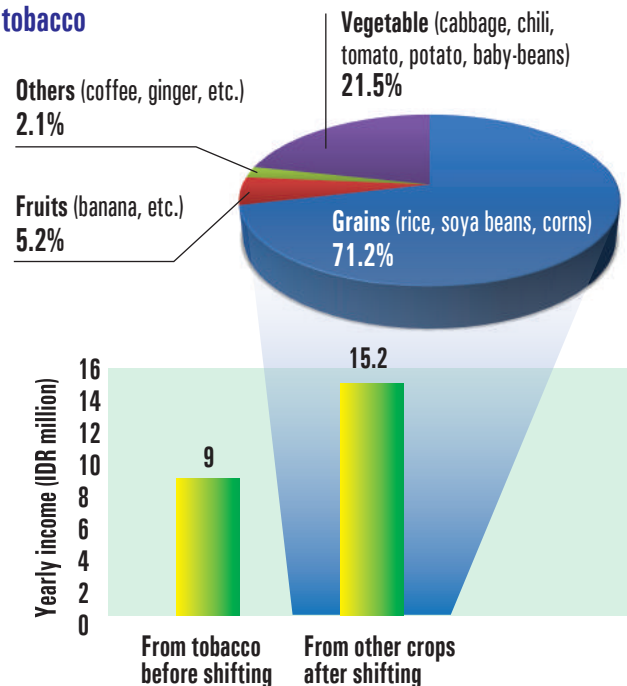


The National Kenaf and Tobacco Board (NKTB), formerly known as National Tobacco Board (NTB) plans to increase total kenaf hectareage to 5,000, production of 7,000 tonnes of fiber and 17,500 tonnes of core by 2020. It aims to export 50,000 tonnes or about RM15 billion worth of kenaf annually when ASEAN Free Trade Area (AFTA) is fully implemented in 2015.



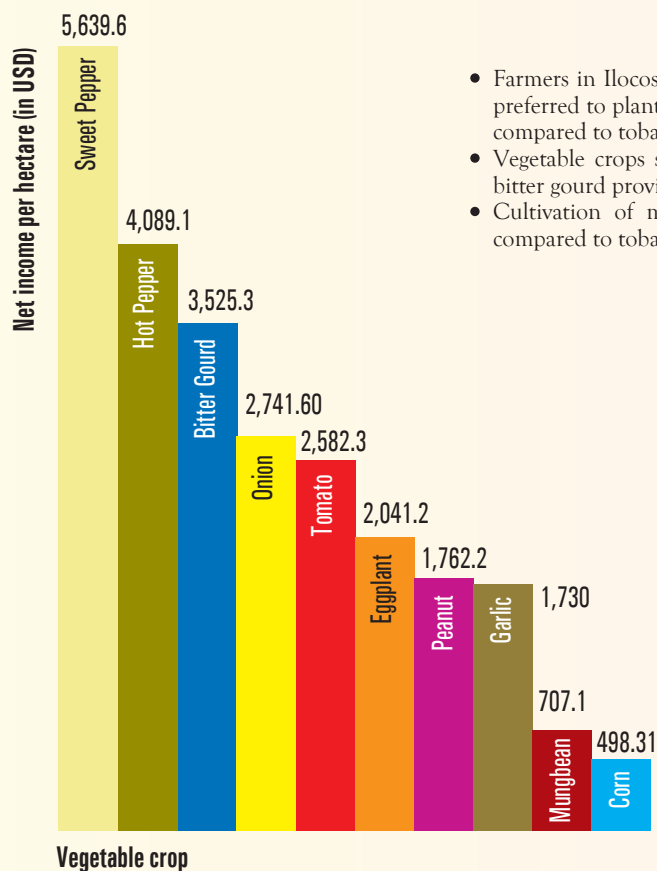
Indonesia: Profitability of farming other crops vs tobacco

- 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 much profitable than tobacco.

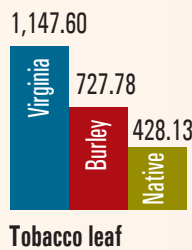




Philippines: Profitability of farming other crops vs tobacco



- 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.



Cambodia: Tobacco farmers switched to other crops

- Some tobacco farmers realized that tobacco farming is less profitable compared to other crops. About 40% 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.



For more detailed information, please refer to Child Labour in Tobacco Cultivation in ASEAN 2nd Edition (2018).

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Distribution of total adult smokers in ASEAN countries

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Adult smoking

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

Sources the same as in the main map.

Numbers don't lie: Adult smokers in ASEAN

Sources the same as in the main map.

Regional cigarette per capita consumption in ASEAN (2011 and 2016)

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Number of cigarettes smoked daily by adult smokers in ASEAN

Sources the same as in the main map.

Average age of smoking in ASEAN

Sources the same as in the main map.

Number and percentage of adults who use smokeless tobacco in ASEAN

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

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Main Map: Human resources in ASEAN

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The Way Forward: Innovative National Financing Solutions

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Chapter 7: Reducing Tobacco Affordability and Consumption

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Chapter 8: Clearing the Air for a Healthier Environment

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Chapter 9: A Picture is Worth a Thousand Words

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