

The ASEAN Tobacco Control Atlas

Second Edition ■ September 2014



Southeast Asia Tobacco Control Alliance

www.seatca.org

The ASEAN Tobacco Control Atlas Second Edition

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Foreword

“The reality is that tobacco control is good for the wealth as well as the health of nations. One kilobyte of preventive action taken now is better than a gigabyte of economic costs in the future.”



The publication of the second edition of this Atlas only one year after the first edition marks not only the importance of the 10 countries in the ASEAN region which contain 10% of the world's smokers, but also the rapidly changing profile of the ASEAN region – the prevalence, economic impact of tobacco, and action taken. It complements the global Tobacco Atlas, which is published every three years (5th edition 2015).

This atlas gives an immediate and visual comparison between countries, tracking the rapid 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 action for countries in the region.

There is bad news and there is good news: the bad news is that smoking starts below the age of 20 in all but one of the countries; there are extremely high male prevalence rates of smoking in some countries; that in all countries (except Thailand) cigarettes have become cheaper in real terms, making them more affordable especially to youth; and the simple statistic that half the number of smokers among these ten countries live in one country alone – Indonesia. The atlas gives examples of the penetration and behavior of the tobacco industry and its allies, especially legal challenges mounted against government tobacco control action. SEATCA has developed a very useful "Tobacco Industry Index" to define the measures and elements that contribute to the ability of the tobacco industry

interference with public health policy making, and this could be replicated in other regions of the world.

The good news is that there is the still-present opportunity to prevent a rise of smoking among girls and women; there are increases in smoke-free areas, pictorial packet warnings, bans on advertising and promotion – even though these still fall short of full implementation. It also shows that tobacco farmers actually do better financially by growing other crops.

Given that the greatest barrier for governments to take tobacco control action is the economic misconceptions, the atlas focuses on the huge economic debit of smoking to the countries' economy. The reality is that tobacco control is good for the wealth as well as the health of nations. One kilobyte of preventive action taken now is better than a gigabyte of economic costs in the future.

The Atlas is highly professional, packed with information, fully referenced yet beautifully visually crafted, making it available and understandable to a wide range of people – governments, health and development NGOs, academia, the media and schools.

Dr Judith Mackay

World Lung Foundation; Asian Consultancy on Tobacco Control; Bill and Melinda Gates Foundation

Preface

“We will continue to commit our best to advance tobacco control in ASEAN and hope you all join our efforts.”



I am thrilled that SEATCA's first ASEAN Tobacco Control Atlas released in August last year was well received. All the feedback from our colleagues, not only in ASEAN but also around the world, has been amazingly positive. They found the ASEAN atlas very useful, informative, and well-organized.

Many thanks again for all the feedback and encouragement, which has driven SEATCA to prepare this second edition, which incorporates updated information, as well as adds new topics. This edition is also special because it is translated into four languages in ASEAN: Khmer, Laotian, Vietnamese, and Burmese. We firmly believe that you will find it useful to move tobacco control policy in your countries. The online version is already available at www.seatca.org.

On behalf of SEATCA, I would like to thank our country partners from all 10 ASEAN countries for their excellent contributions. My special thanks to Ms. Tan Yen Lian, Dr. Ulysses Dorotheo, and the rest of the SEATCA team, who diligently worked on this updated edition. I also greatly appreciate the encouraging support of Dr. Judith Mackay, who is the originator of the global Tobacco Control Atlas.

We will continue to commit our best to advance tobacco control in ASEAN and hope you all join our efforts.

Bungon Ritthiphakdee
Director of SEATCA

About SEATCA

Southeast Asia Tobacco Control Alliance

www.seatca.org



Vision: "Towards a healthy, 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 programs have contributed to the advancement of the tobacco control movement in Southeast Asia particularly in Cambodia, Indonesia, Lao PDR, Malaysia, 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.

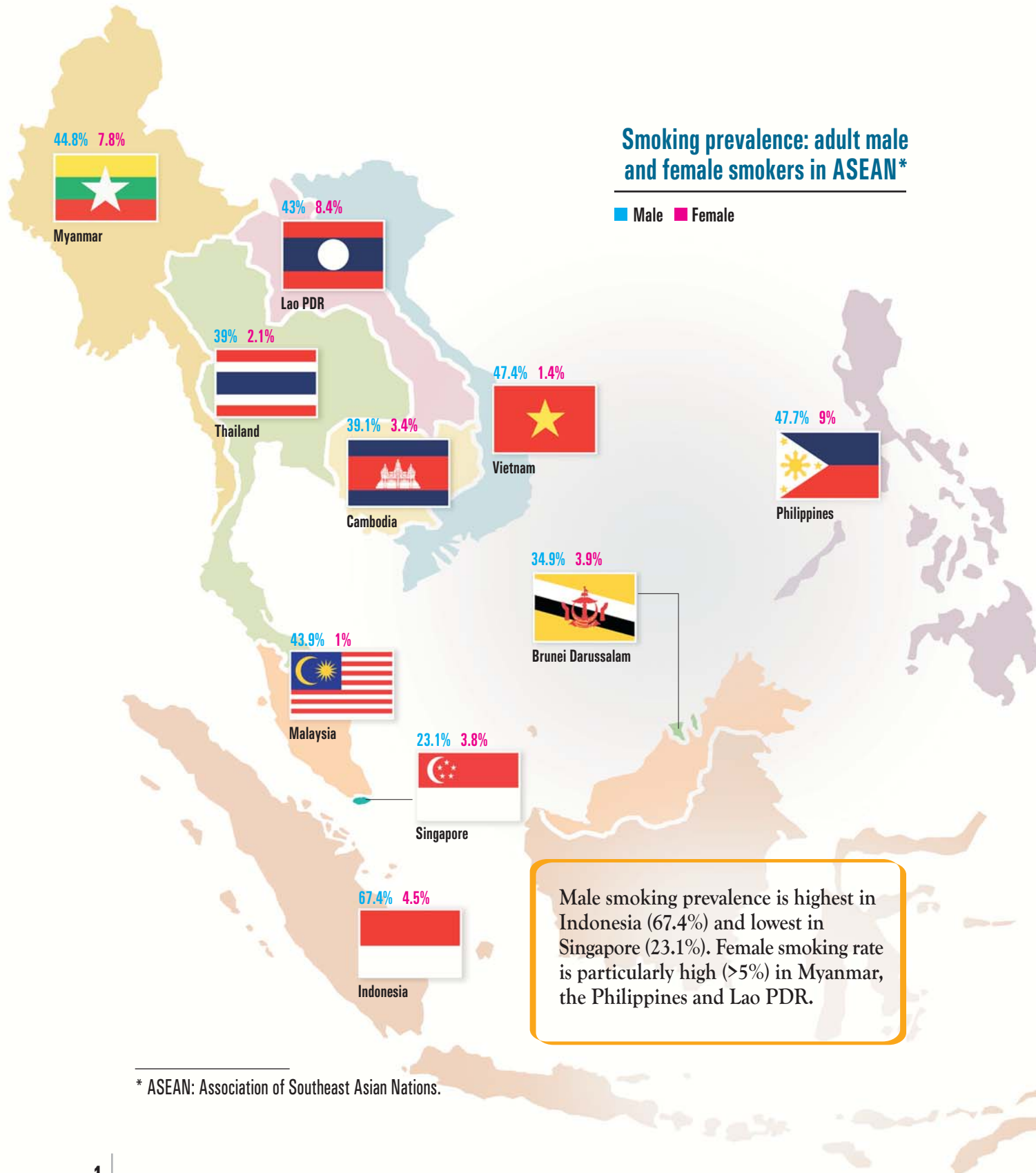
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Mr Abdillah Ahsan, Southeast Asia Initiative on Tobacco Tax (SITT) Indonesia Tax Coordinator,
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University of Indonesia
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Mr Ralph Emerson Degollacion, Southeast Asia Initiative on Tobacco Tax (SITT) Project Coordinator,
HealthJustice Philippines
- Singapore:** Mr Chan Lit Fai, Manager, Substance Abuse Department, Adult Health Division,
Health Promotion Board, Singapore
- Thailand:** Professor Prakit Vathesatogkit, Secretary-General, Action on Smoking and Health (ASH), Thailand
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Faculty of Public Health, Mahidol University
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HealthBridge Vietnam
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Dr Pramil N. Singh, Director, Center for Health Research, Associate Professor, Epidemiology and
Global Health, School of Public Health, Lorna Linda University, California

Smoking prevalence: adult male and female smokers in ASEAN*

■ Male ■ Female



Male smoking prevalence is highest in Indonesia (67.4%) and lowest in Singapore (23.1%). Female smoking rate is particularly high (>5%) in Myanmar, the Philippines and Lao PDR.

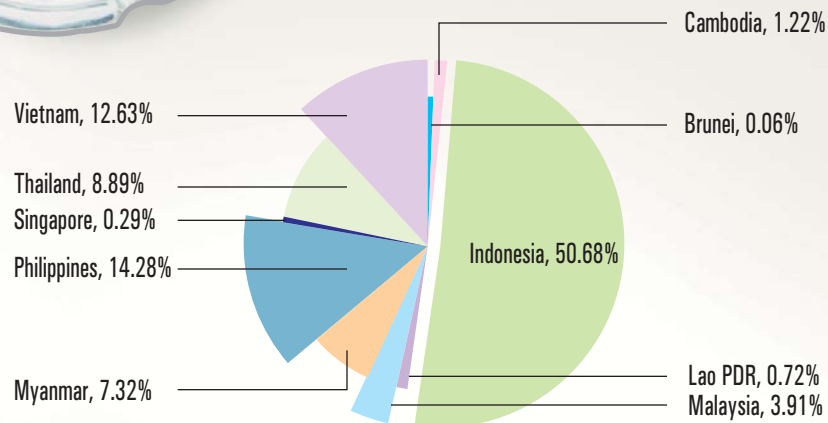
* ASEAN: Association of Southeast Asian Nations.

Chapter 1

Tobacco Consumption

Tobacco consumption is increasing worldwide (1.3 billion smokers) and has grown substantially in low- and middle-income nations (82% of world's smokers) including in the ASEAN region. This highly addictive product is commonly used by all segments of the population including vulnerable

groups such as women, youth and children. At present, there are 121 million adult smokers (20% of adult ASEAN population) living in ASEAN countries. Tobacco use remains the single biggest preventable cause of disease, disability, and premature deaths in the world.



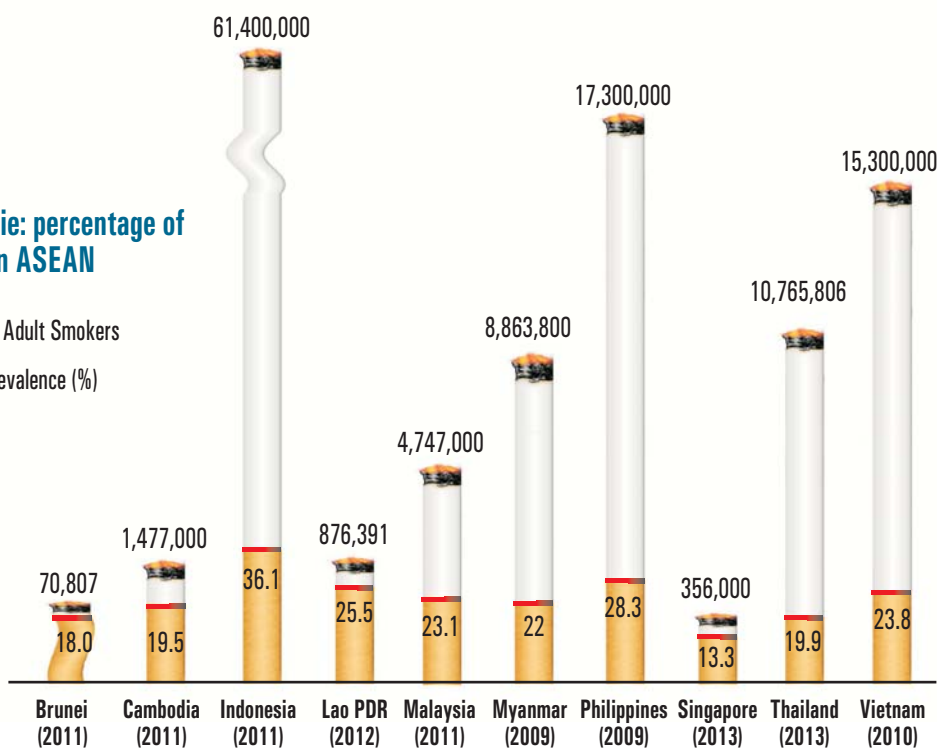
Total adult smokers in ASEAN:
121,156,804

Percentage Distribution of Total Adult Smokers in ASEAN Countries

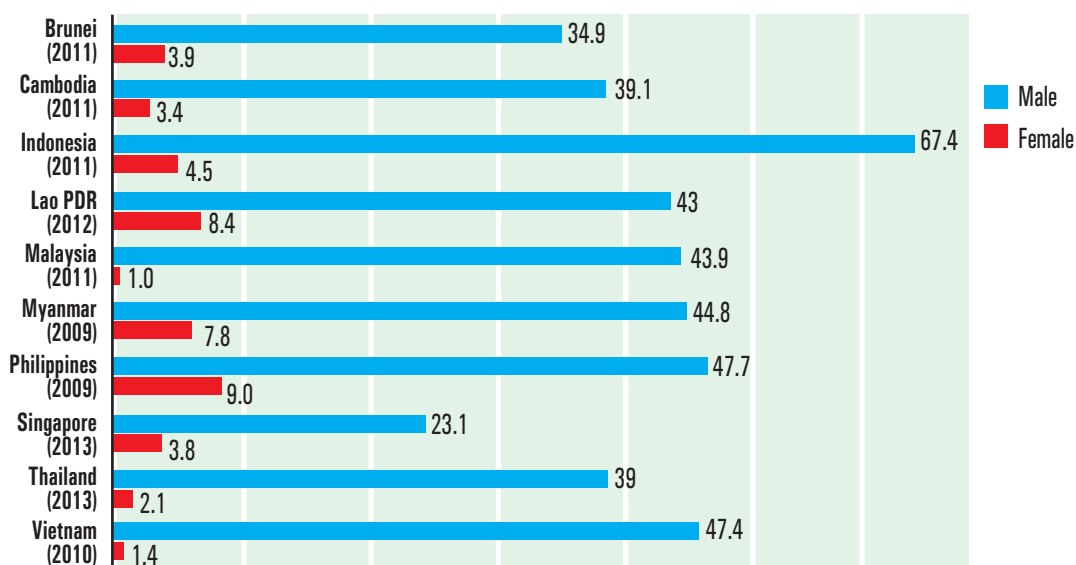
Adult Smoking

Numbers don't lie: percentage of adult smokers in ASEAN

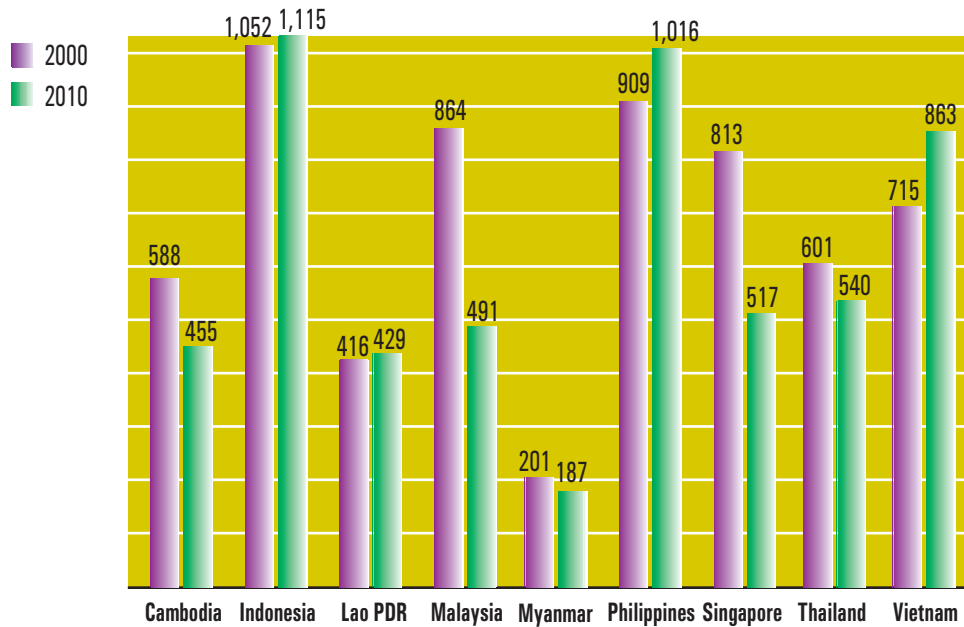
□ Total Numbers of Adult Smokers
 ■ Adult Smoking Prevalence (%)



Smoking prevalence: Percentage of adult male and female smokers in ASEAN



Regional cigarette per capita consumption (2000 and 2010)

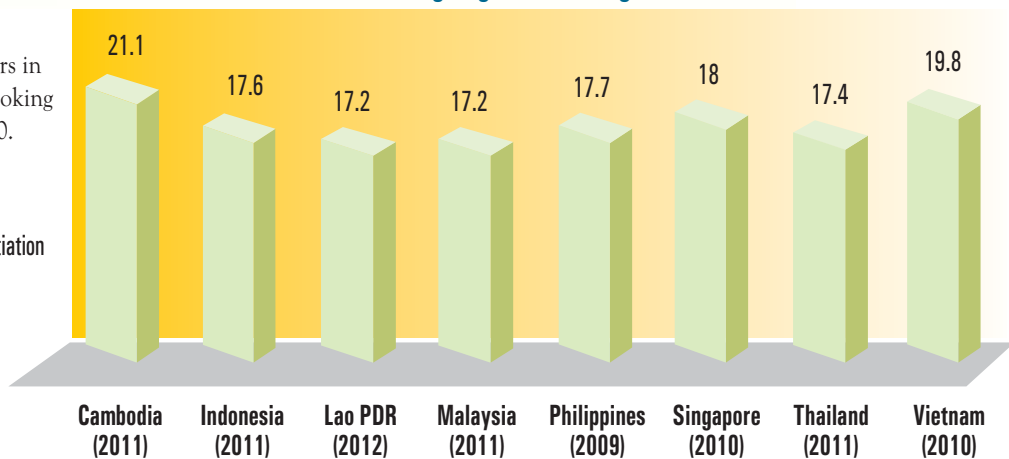


1 in 3 male adults in ASEAN smoke

Average age of smoking initiation in ASEAN (2009–2012)

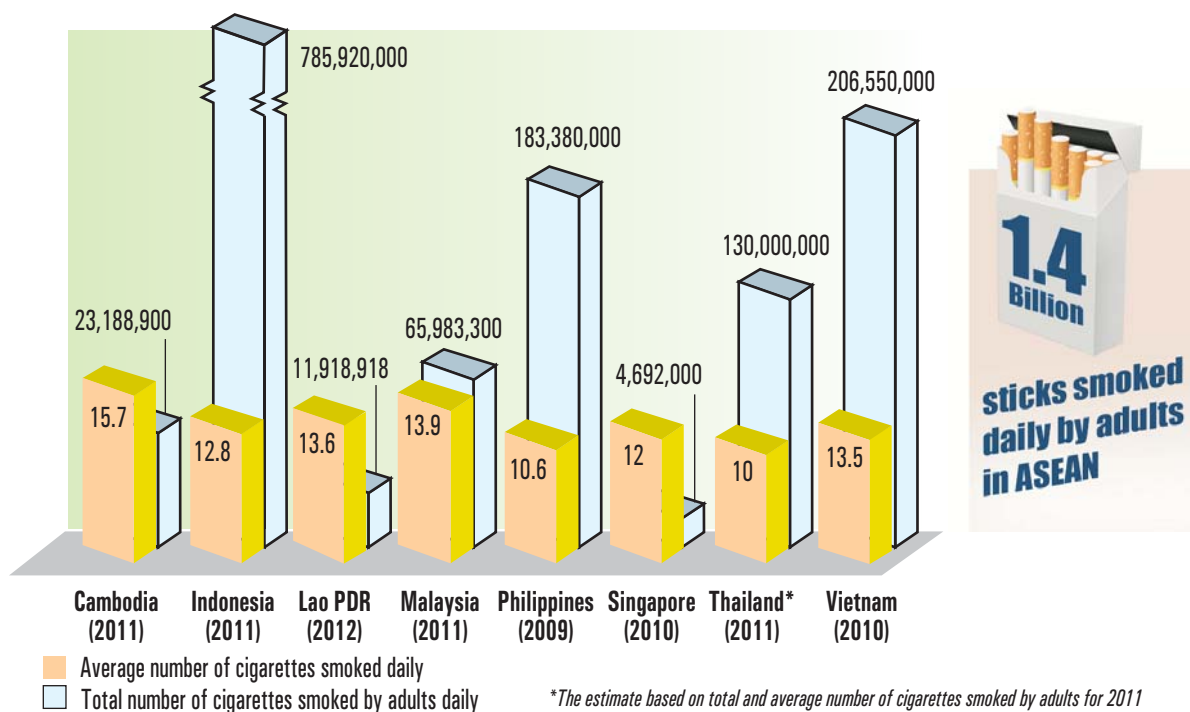
On average, smokers in ASEAN started smoking before the age of 20.

Average Age of Initiation (Daily Smokers)

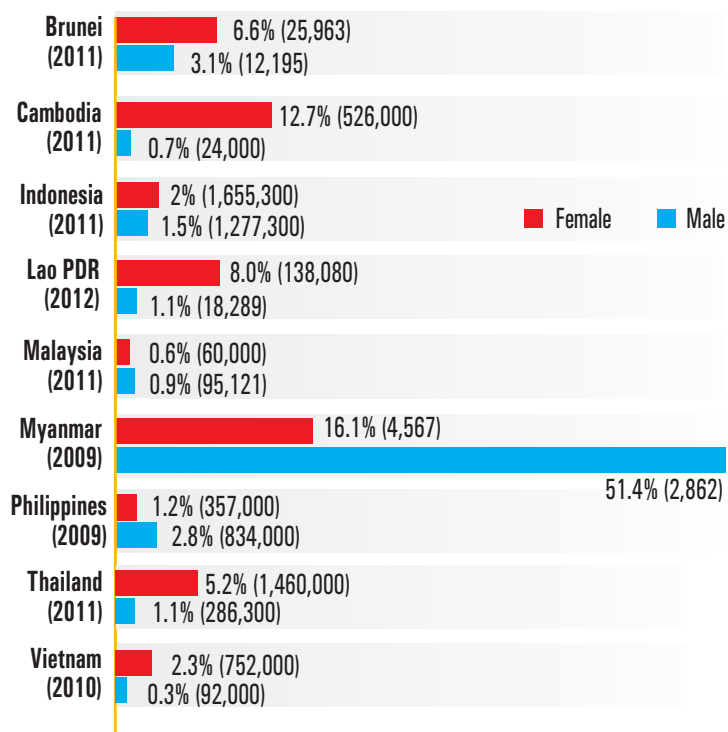


Total and average number of cigarettes smoked daily by adult smokers (2009–2012)

A majority of adult smokers smoke between 10 and 14 cigarettes daily.



Number and percentage of adults who use smokeless tobacco in ASEAN (2009–2012)



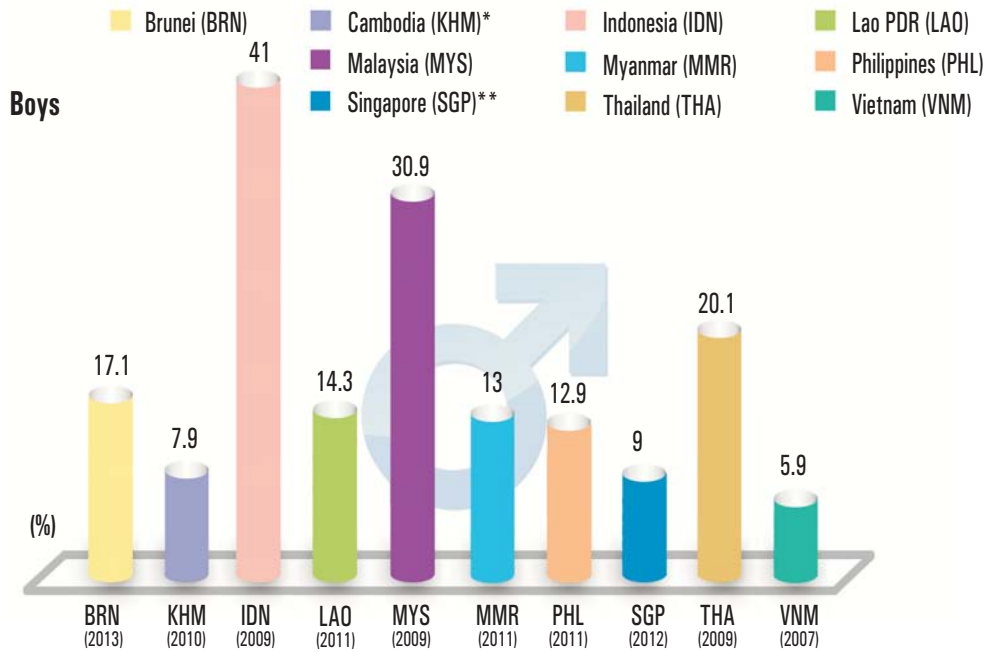
Smokeless tobacco

use is the highest in Myanmar, Cambodia and Lao PDR.

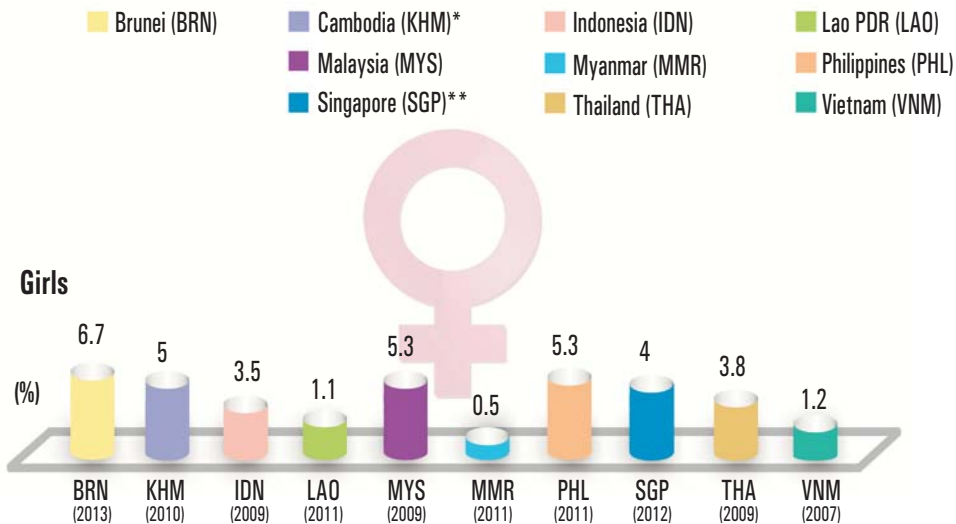


Youth Smoking

Numbers don't lie: smoking among boys (13-15 years)



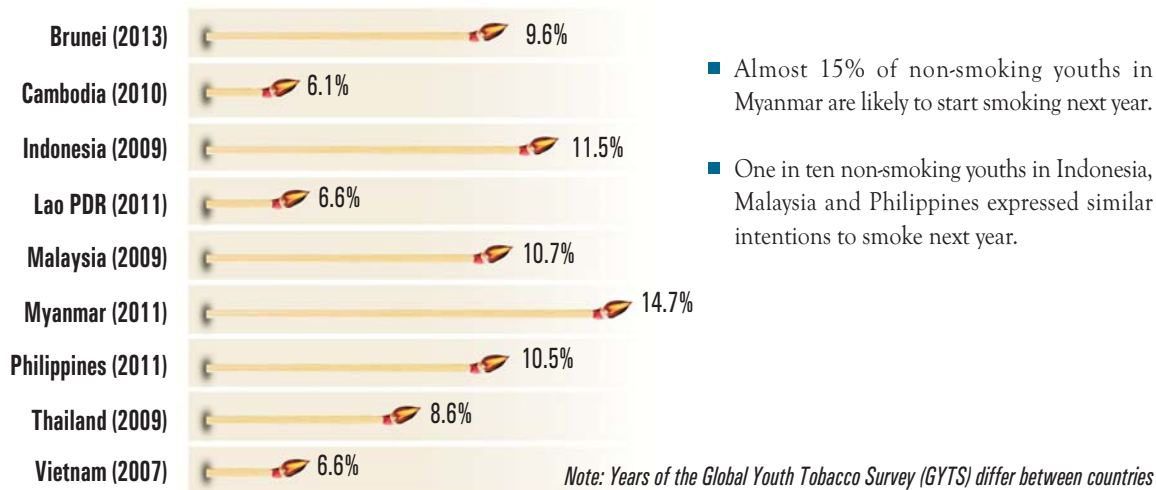
Numbers don't lie: smoking among girls (13-15 years)



* The data is based on currently use any tobacco product

** The data is based on age range 13-16 and the definition is smoked once in the past 30 days

Intentions of non-smoking youths to start smoking in the next year (2007–2013)



Do you know?

Between 80,000 and 100,000 children worldwide start smoking every day - roughly half of whom live in Asia.

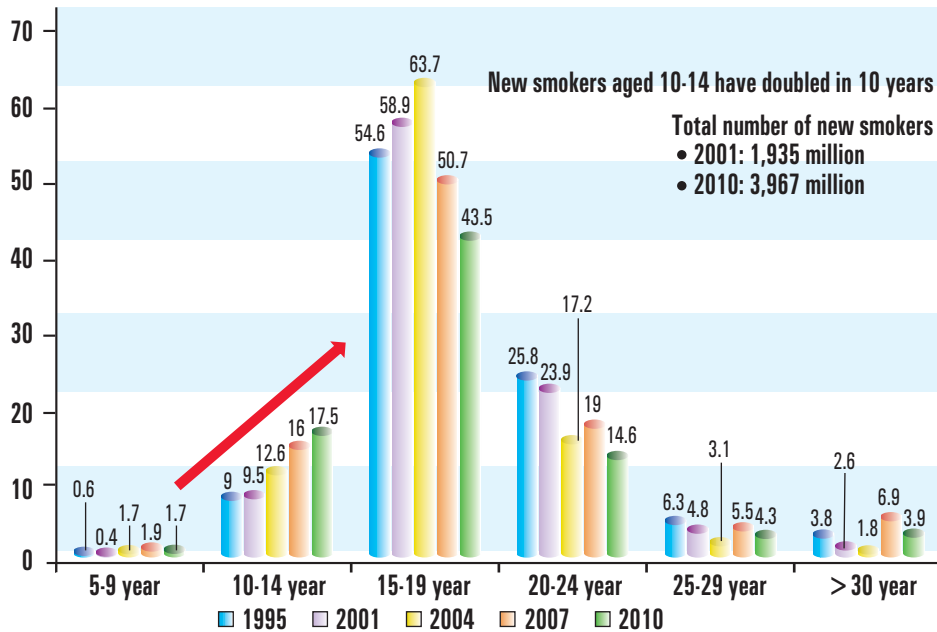
More than 30% of Indonesian children reportedly smoke a cigarette before the age of 10.

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

Country	% Youth purchased cigarettes in a store	% who purchased cigarettes in a store and were not refused purchase because of their age
Brunei (2013)	21.9	68.4
Indonesia (2009)	51.1	59.0
Lao PDR (2011)	51.2	73.1
Malaysia (2009)	53.4	53.2
Myanmar (2011)	39.2	no data
Philippines (2011)	50.1	37.3
Thailand (2009)	47.9	38.3
Vietnam (2007)	51.6	83.4



Most Indonesian smokers are between 10 and 25 years old



Tobacco industry recruits replacement smokers



Deaths from tobacco

190,260 Indonesians/year
521 Indonesians/day



Recruit new smokers

New Indonesian smokers aged 10-14
3.96 million/year
10,869/day

Tobacco-related health care costs in ASEAN

MMK156,269,383 (USD 260,449)
for 8 tobacco-related diseases,
1999



Myanmar

LAK 28.51 billion (USD 3.34 million)
for only 3 tobacco-related diseases, 2007



Lao PDR

THB 11.2 billion (USD 3.74 billion) of direct and
indirect medical care cost for overall tobacco-
related diseases (22% of economic burden), 2009



Thailand

VND 23.14 trillion (USD 1.11 billion) direct and
indirect cost for 5 tobacco-related diseases (for
active smoking only), 2012



Vietnam

PHP 177 billion (USD 4.09 billion)
for only 4 tobacco-related
diseases, 2011



Philippines

MYR 2.92 billion (USD 790.47 million)
for only 3 tobacco-related diseases, 2005

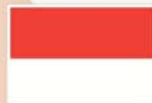


Malaysia



Singapore

SGD 73.8 - 74.5 million
(USD 59.04 - 59.6 million) for
5 tobacco-related diseases, 2002



Indonesia

IDR 18.5 trillion*
(USD 1.78 billion),
inpatient care for 29 tobacco-
related diseases, 2009

Health care costs are very high particularly in Indonesia (USD 1.78 billion). The negative impact of the tobacco-related health care costs is expected to worsen without effective tobacco control measures.

*Tobacco-related health care cost that is spent by Indonesian excluding cost borne by the government

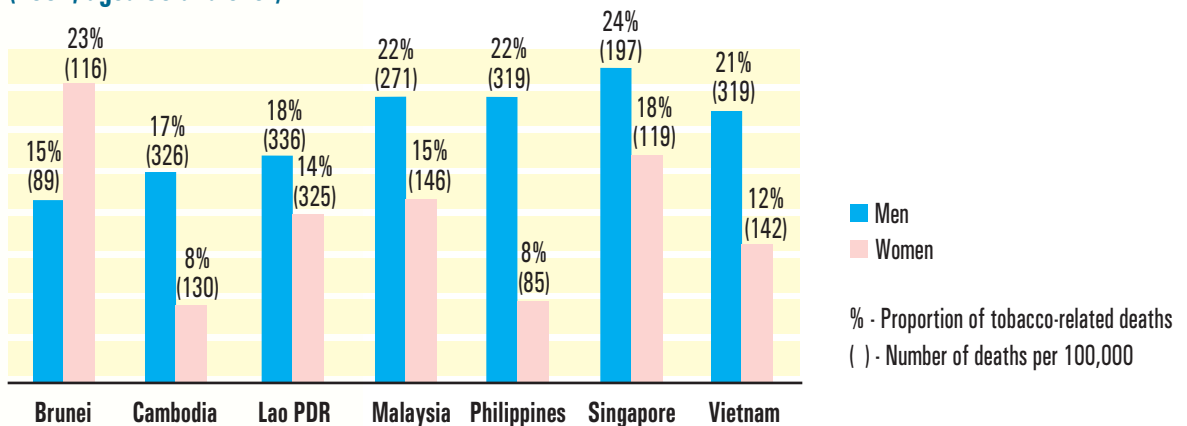
Chapter 2

Costs of Smoking

Tobacco is the only legal product that kills half of all its regular users, along with hundreds of thousands of non-smokers. Tobacco also causes many diseases and disabilities that contribute to human productivity losses, which, in addition to

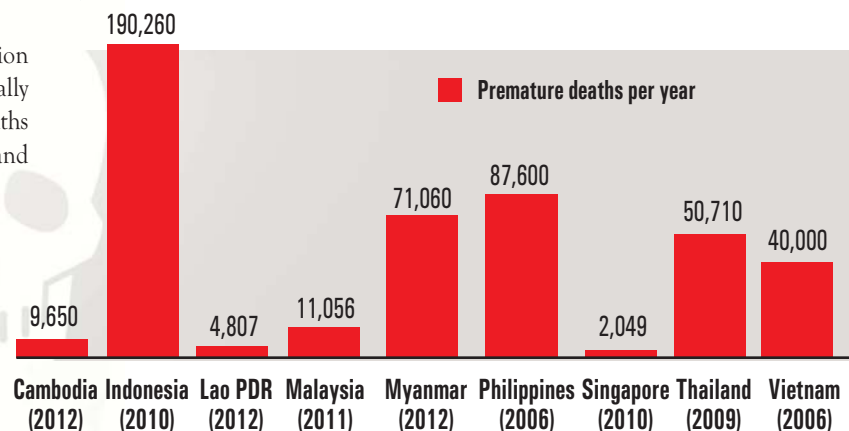
premature deaths, imposes a heavy economic burden on society. Many ASEAN governments already spend significant amounts of their budgets for tobacco-related health care costs that are many times higher than revenues gained from tobacco.

Proportion of annual deaths (per 100,000) attributable to tobacco in ASEAN (2004, aged 30 and over)

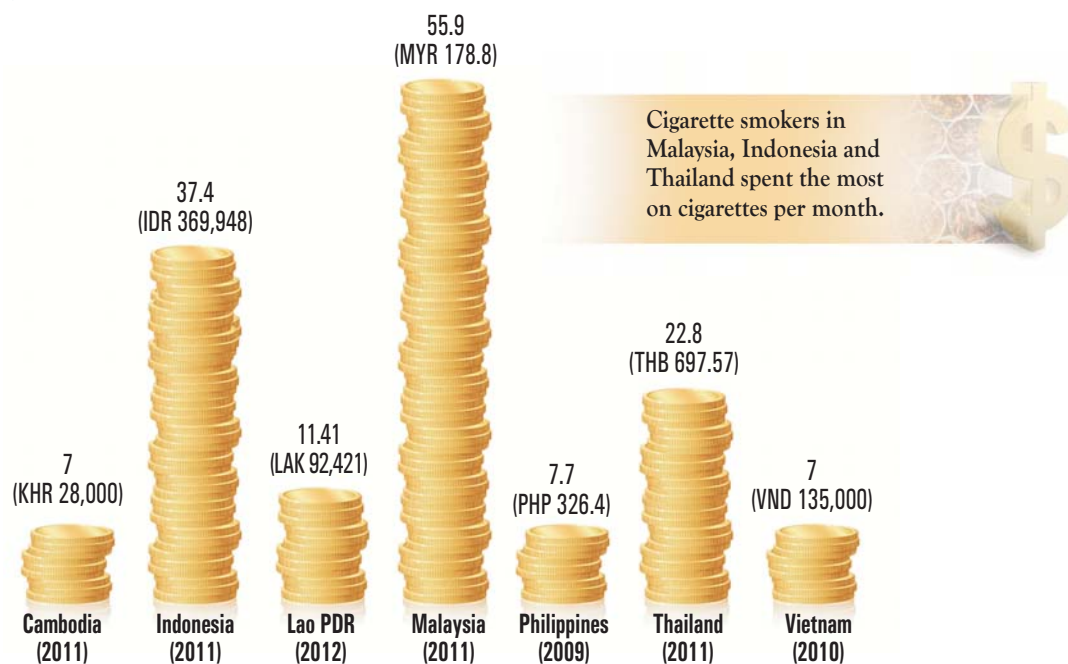


Annual deaths attributed to major tobacco-related diseases (2006–2012)

Currently, there are 6 million tobacco-caused deaths globally every year, plus 600,000 deaths from exposure to secondhand smoke.



Average monthly expenditure for manufactured cigarettes (in USD) among smokers ≥ 15 years old (2009–2012)



Comparison of tobacco control and health budgets in ASEAN (2012-2014)

Country	Tobacco Control (USD)	Tobacco Control (per capita in USD)	Health (USD)	Health (per capita in USD)
Brunei	0.55 Million (BND 700,000)	1.36	274.86 Million (BND 347.76 Million)	676.7
Cambodia	0.0225 Million (KHR 90 Million)	0.0015	No data available	-
Indonesia	No data available	-	5.375 Billion (IDR 55.9 Trillion)	21.6
Lao PDR	2.1 Million (LAK 16.8 Billion)	0.32	No data available	-
Malaysia	0.830 Billion (MYR 2.5 Million)	0.028	6.41 Billion (MYR 19.3 Billion)	214
Philippines	0.28 Million (PHP 12.05 Million)	0.003	1.25 Billion (PHP 53.23 Billion)	12.6
Singapore*	141.6 Million (SGD 177 Million)	26.22	4.56 Billion (SGD 5.7 Billion)**	844.56
Thailand	10 Million (THB 300 Million)	0.147	3.33 Billion (THB 99.79 Billion)	48.79
Vietnam	0.04 Million (VND 840 Million)***	0.0004	2.6 Billion (VND 54,700 Billion)	28.94

* Total budget allocated for a number of health topics including tobacco control

** Estimated budget is for all health topics (obesity, nutrition, physical activity, screening as well as tobacco)

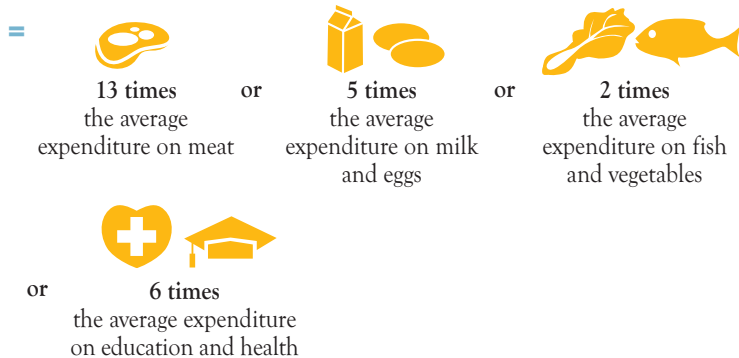
*** Estimated government budget for tobacco control office at Ministry of Health, Vietnam

Annual tobacco expenditure = Lost opportunities

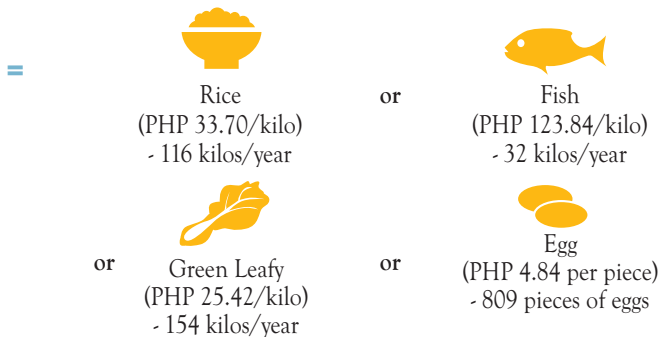
Cambodia Annual expenditure of USD 101,789,000 spent on cigarettes (USD 99,144,000 on manufactured cigarettes and USD 2,645,000 on hand-rolled cigarettes) by current adult smokers.



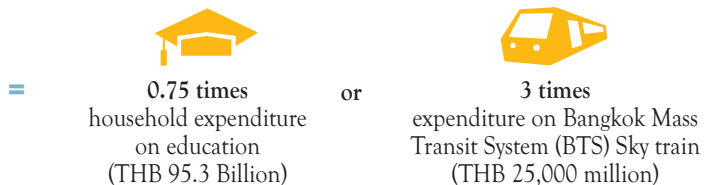
Indonesia Annual spending on cigarettes by smokers (among the poorest group)



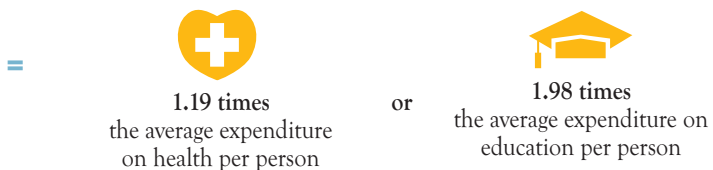
Philippines Annual expenditure of current smokers on cigarettes is PHP 3,916.8 (USD 92.27) per smoker



Thailand Annual expenditure on tobacco is estimated to be USD 2.5 Billion (THB 75 Billion).



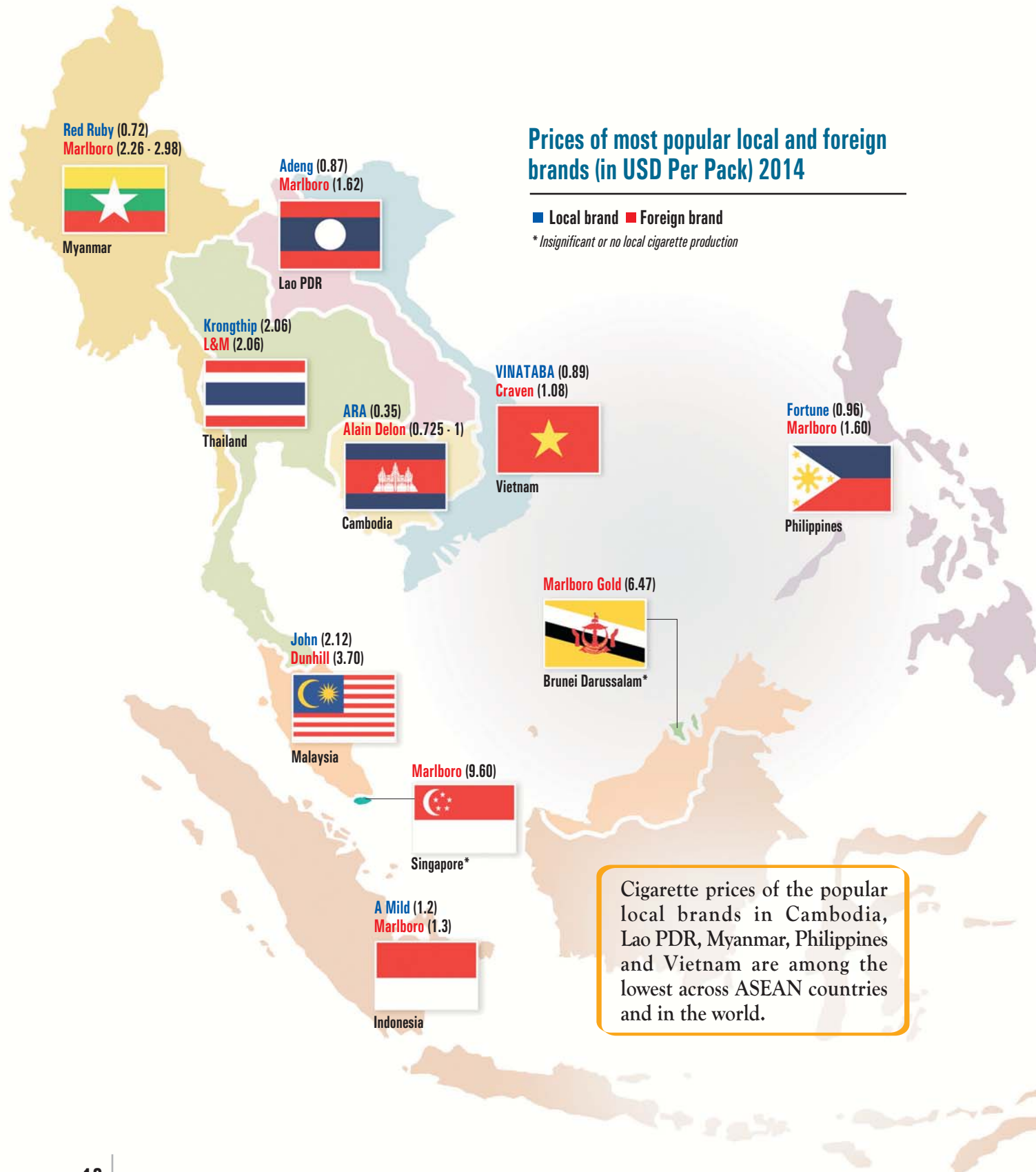
Vietnam Average annual spending on cigarettes by each smoker.



Prices of most popular local and foreign brands (in USD Per Pack) 2014

■ Local brand ■ Foreign brand

* Insignificant or no local cigarette production



Chapter 3

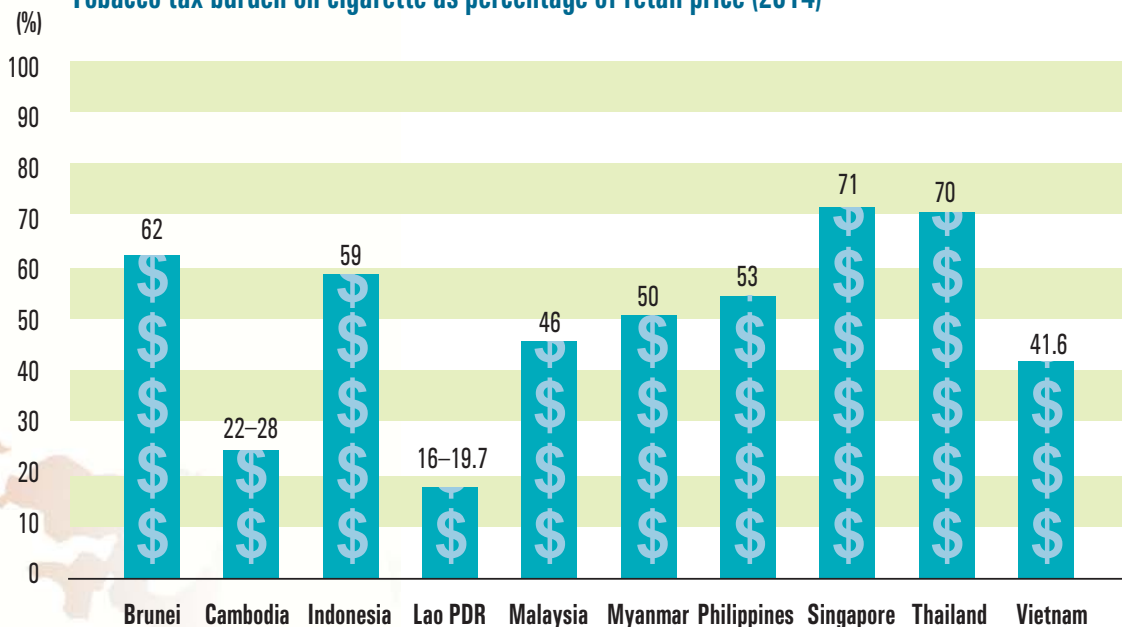
Tobacco Prices and Taxes

Tax and price increases that reduce the affordability of tobacco products are among the most effective measures to reduce tobacco consumption.

As recommended in WHO FCTC Article 6, governments should therefore adopt tax and price policies aimed not only at raising revenues but primarily to reduce consumption.

The World Bank has recommended that the total tax burden should be 66% to 80% of the retail price. More recently, the WHO has recommended that at least 70% of retail price should be excise. ASEAN countries, however, are lagging far behind, with tobacco products remaining very affordable in many member states.

Tobacco tax burden on cigarette as percentage of retail price (2014)



Note:

Rates for countries following the tier-system are based on average/most applied rates.

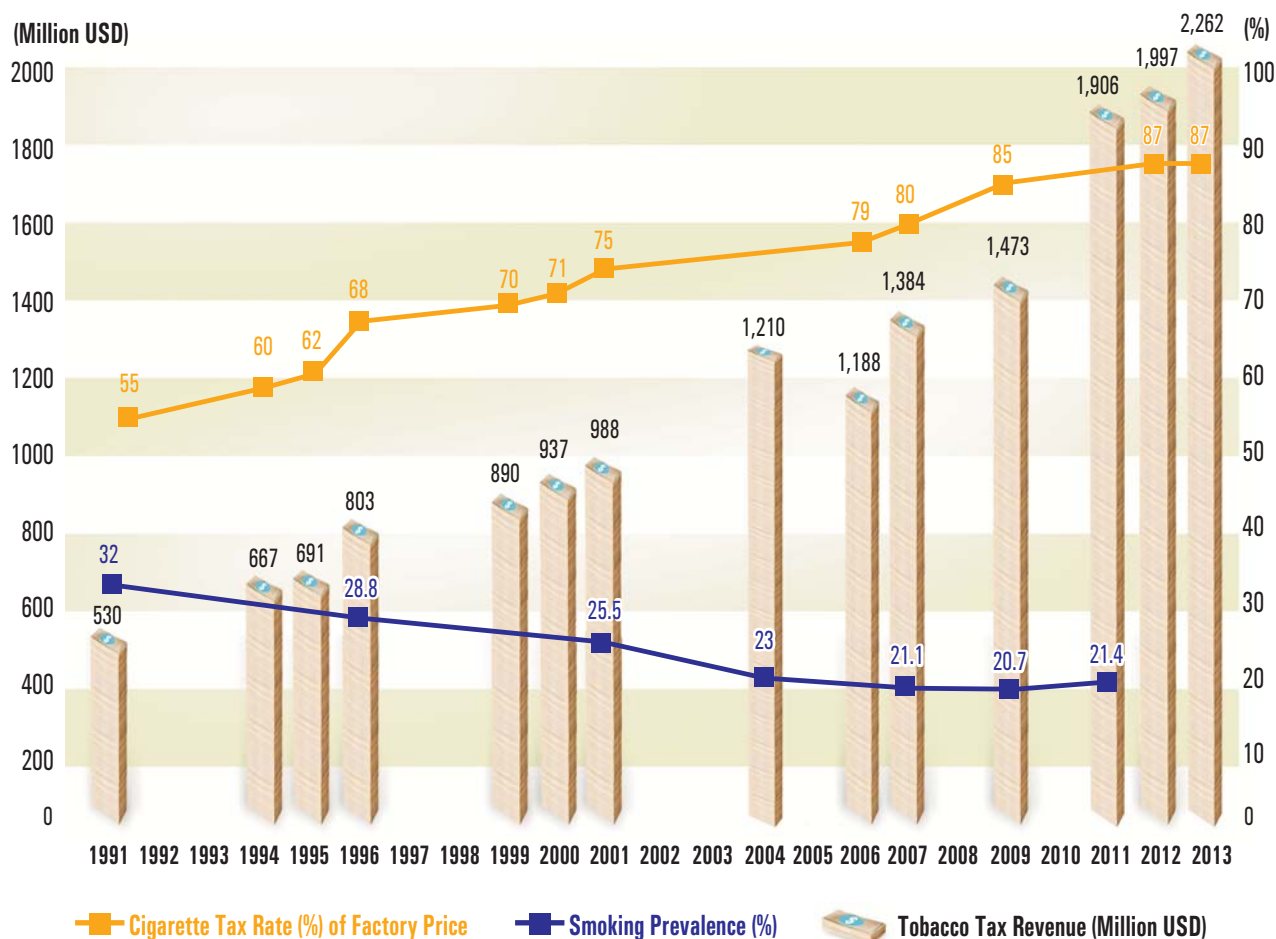
The estimate was calculated based on premium cigarette brand for Brunei, Malaysia and Singapore.

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 15.89 billion baht (USD 530 million) to 59.91 billion baht (USD 1,997 million) over the same period. At the

same time, overall smoking prevalence dropped from 32% (1991) to 21.4% (2011).

The slight increase in smoking prevalence in 2011 prompted the Thai government to further increase the tax rate to 87% in 2012.



Source: Excise Department, Ministry of Finance, Thailand (2013)

Highest tobacco tax burden in ASEAN: Singapore

Concerned by a slight increase in smoking prevalence from 2004 to 2010 and noting that the last tobacco excise tax increase was in 2005, the Singapore government decided to increase tax by 10% in 2014.

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	

Higher revenue gained from tobacco tax increased in Philippines and Thailand

Country		From	To	New Tax Revenues
Philippines (2012-2013)	Tax rate	PHP 2.72-28.30/pack 4 tax tiers	PHP 12 or 25/pack 2 tax tiers	USD 838.21 million (PHP 37.45 billion)
	Revenues	USD 737.29 million (PHP 32.94 billion)	USD 1.57 billion (PHP 70.39 billion)	
Thailand (2011-2012)	Tax rate	85% of ex-factory price	87% of ex-factory price	USD 265.9 million (THB 7.98 billion)
	Revenues	USD 1.99 billion (THB 59.92 billion)	USD 2.26 billion (THB 67.89 billion)	

Cigarette tax systems in ASEAN

	Country	Types of Tax Applied			
		Excise Rate	VAT/GST	Import Tariffs	Others
Specific Tax	Brunei	BND 0.25/stick	N/A	N/A	N/A
	Indonesia	IDR 80-380/stick (multiple tiers)	8.4%	0% from ASEAN plus China 40% from outside ASEAN plus China	Local cigarette tax 10% of excise tariff
	Philippines	PHP 17 or 27 per pack (2 tiers)	12%	3%–10%	N/A
	Singapore	SGD 0.388/stick	7%	N/A	N/A
Ad Valorem Tax	Cambodia	15% 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
	Myanmar	100% of retail price	16%	30% on CIF	1% special excise duty, profit tax, income tax
	Vietnam	65% of factory price	10%	30–135%	N/A
Mixed Tax	Lao PDR	15%–30% of production cost, LAK 500 additional specific tax	10%	Flat rate USD 0.40/pack	Royalty Fee 15% of production cost
	Malaysia	MYR 0.25/stick, and 20% of ex-factory cost	5%	MYR 0.20/stick	N/A
	Thailand	87% of ex-factory price (mixed system for non-cigarette products)	7%	Exempted but other local taxes are applied	Local tax THB 0.093/stick, ThaiHealth tax 2% of excise, and public TV tax at 1.5% of excise

Tobacco prices

Economic research has shown that cigarette prices are inversely related to cigarette demand. A 10% increase in price of cigarettes would decrease overall adult consumption by approximately 4%. Youth and the poor are more price sensitive.

Effective price increases can:

- deter children and adolescents from initiating tobacco use and thus avoid addiction;
- reduce the amount consumed and encourage quitting among current smokers;
- discourage relapse among former tobacco users

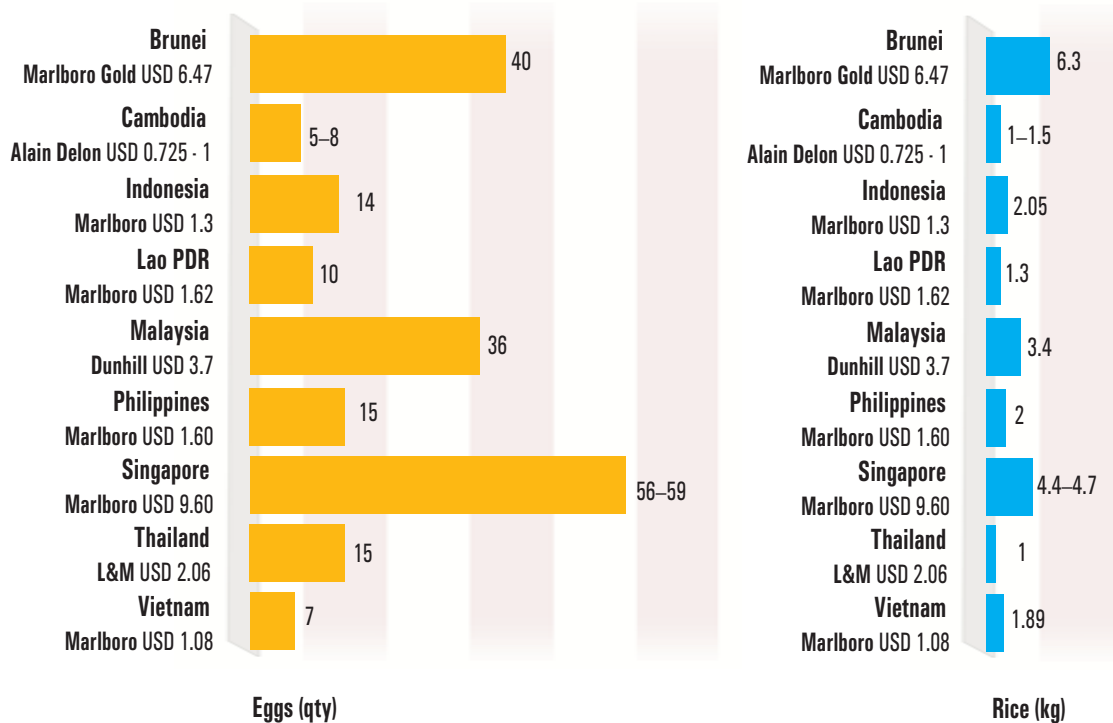


Do you know?

Tobacco consumption contributes to poverty. Most Cambodians still live below the national poverty line (2,473 riel or USD 0.61). Smokers earning USD 2 per day or less spend a large proportion of their income on tobacco.

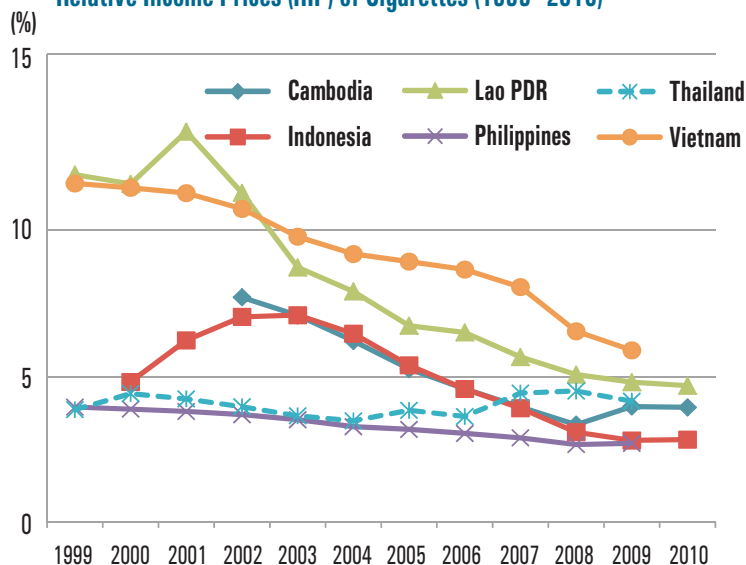
Price of most popular cigarette brands (per pack) relative to quantity of rice (kg) and eggs in ASEAN

Poor families could benefit from spending on basic needs such as rice and eggs instead of cigarettes. For example in Lao PDR, a smoker is able to buy 1.3kg of rice or 10 eggs instead of a pack of Marlboro.



Cigarette affordability

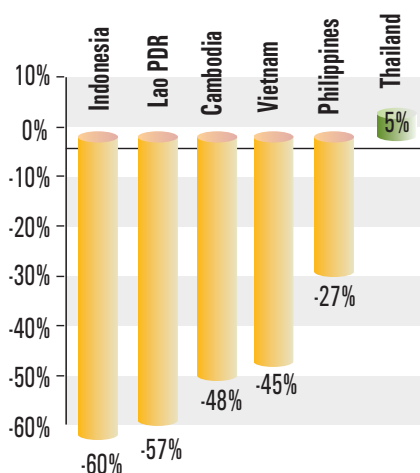
Relative Income Prices (RIP) of Cigarettes (1999–2010)



Relative Income Price (RIP) = percentage of per capita GDP required to purchase 100 packs of cigarettes. The lower the RIP, the more affordable cigarettes are and vice versa.

- In most of the countries cigarettes have become more affordable as indicated by the significant decline in RIP (apply for the most popular brand) since early 2000. This was more drastic in Lao PDR and Vietnam.
- Over the years, cigarette prices became more affordable particularly in the Philippines and Indonesia compared to the other four countries. Thailand is the only country where cigarettes have gradually become less affordable since year 2005.

Cumulative Change in RIP (2002–2009)



Except for Thailand, cigarettes have become significantly more affordable in Cambodia, Lao PDR, Vietnam, Philippines and Indonesia between 2002 and 2009.

Cigarettes are affordable to the poor in Cambodia



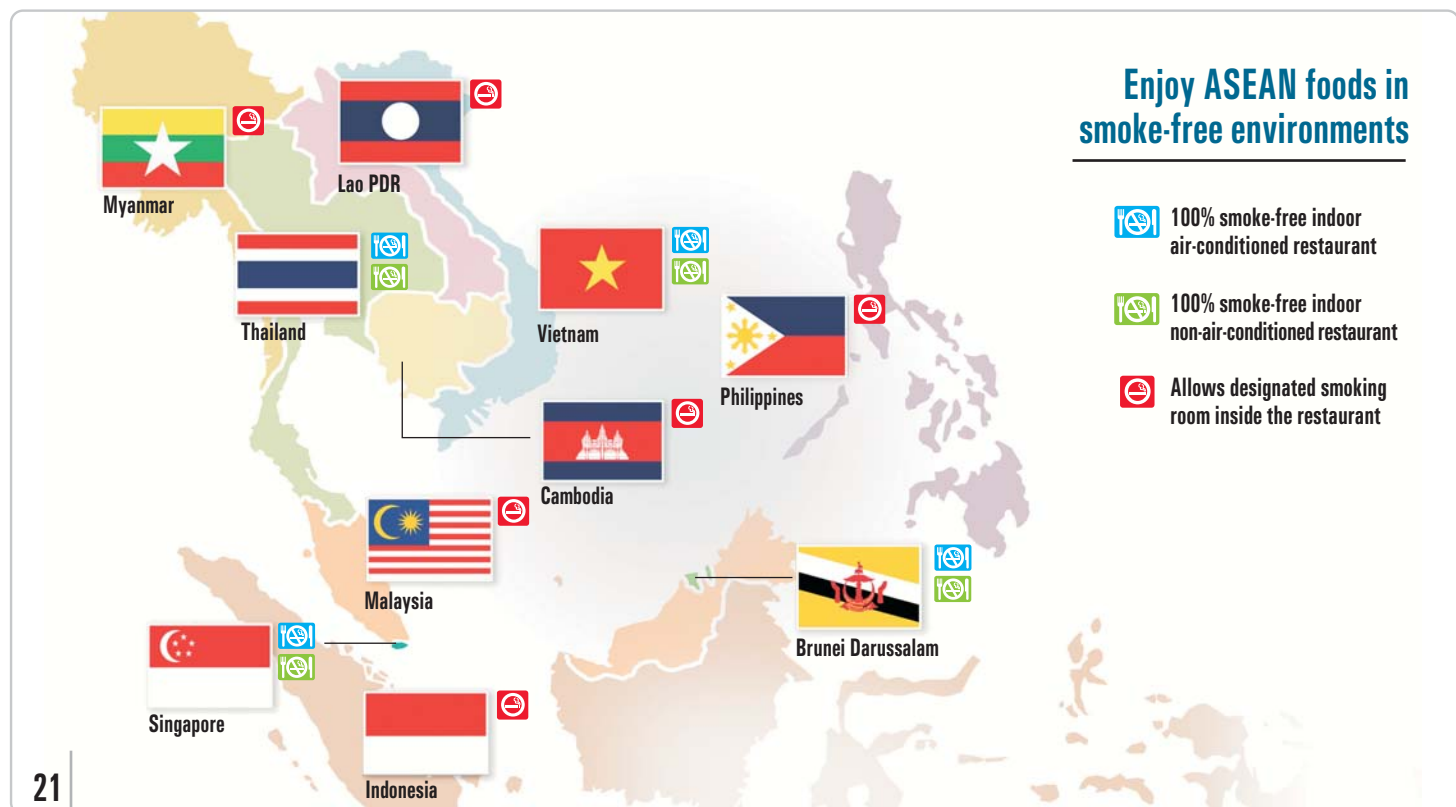
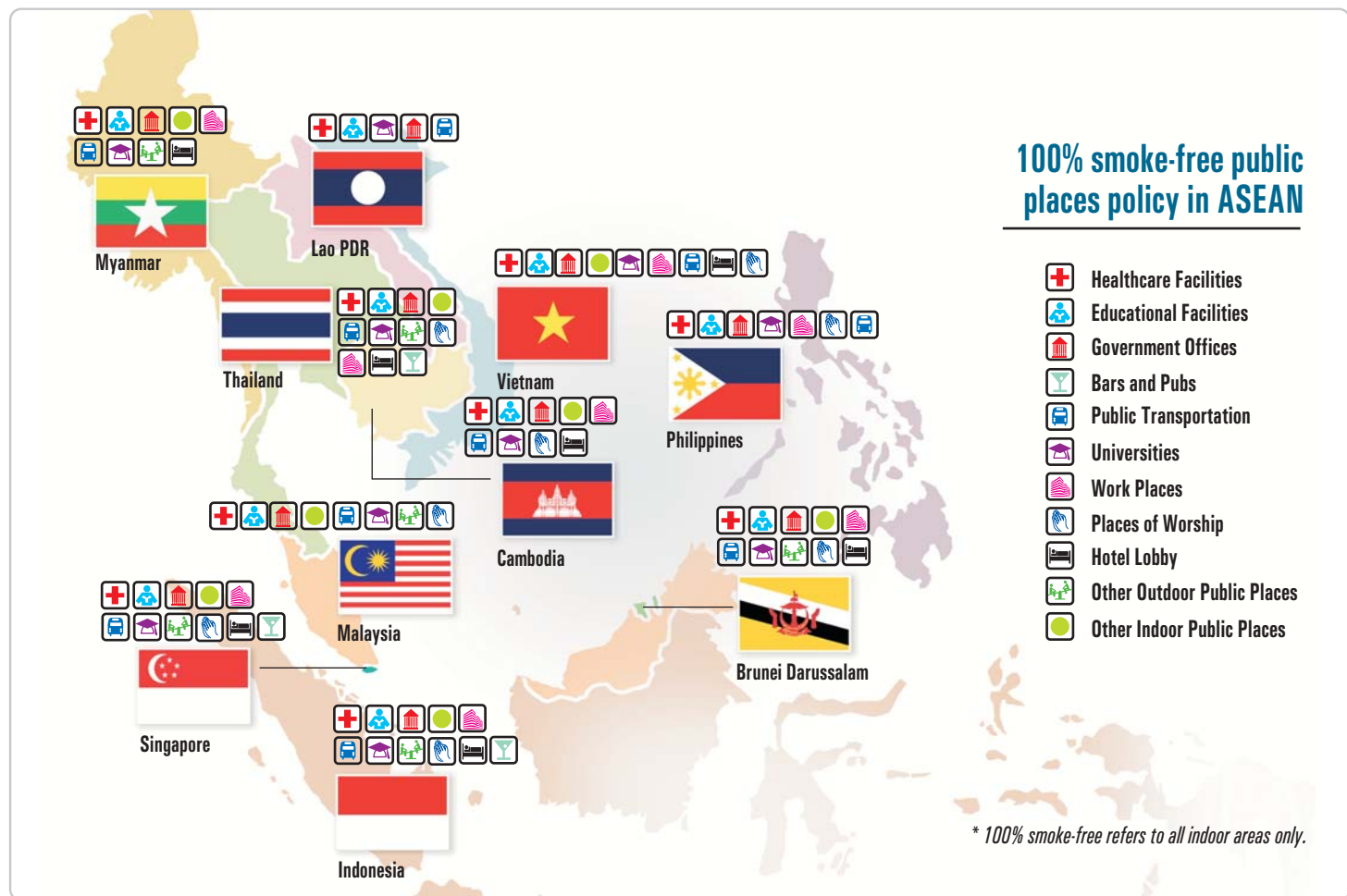
Lower income earners (USD2 or less a day) spend more on cigarettes than higher income earners (>USD2 per day).

Even more affordable cigarettes when sold by sticks

	Sale of single sticks
Brunei Marlboro Gold – BND 0.405 (USD 0.32)/stick	Banned (2005)
Cambodia Alain Delon – KHR 145-200 (USD 0.036 - 0.05)/stick ARA – KHR 70 (USD 0.018)/stick	Allowed
Indonesia A Mild – IDR 832 (USD 0.075)/stick Marlboro Gold – IDR 717 (USD 0.065)/stick	Allowed
Lao PDR Adeng – LAK 350 (USD 0.043)/stick Marlboro – LAK 600 (USD 0.081)/stick	Banned (2009)
Malaysia Marlboro – MYR 0.6 (USD 0.18)/stick	Banned (2004)
Myanmar Red Ruby – Kyats 50 (USD 0.05)/stick Marlboro - Kyats 100-150 (USD 0.10-0.15)/stick	Banned (2006)
Philippines Fortune – PHP 3.00 (USD 0.07)/stick Marlboro – PHP 5.00 (USD 0.11)/stick	Allowed
Singapore Marlboro – SGD 12.00 (USD 0.48)/stick	Banned (2002)
Thailand Krungthip – THB 3.25 (USD 0.10)/stick Marlboro – THB 4.5 (USD 0.14)/stick	Allowed
Vietnam VINATABA – VND 935 (USD 0.045)/stick Marlboro – VND 1,135 (USD 0.05)/stick	Allowed

All tobacco products should be taxed: no duty-free allowance

Duty-Free Allowance in the Region	Country
No duty-free concession on all tobacco products	Brunei
400 cigarettes (20 packs) or 100 cigars	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
400 cigarettes or 100 cigars or 500 gm of tobacco	Vietnam



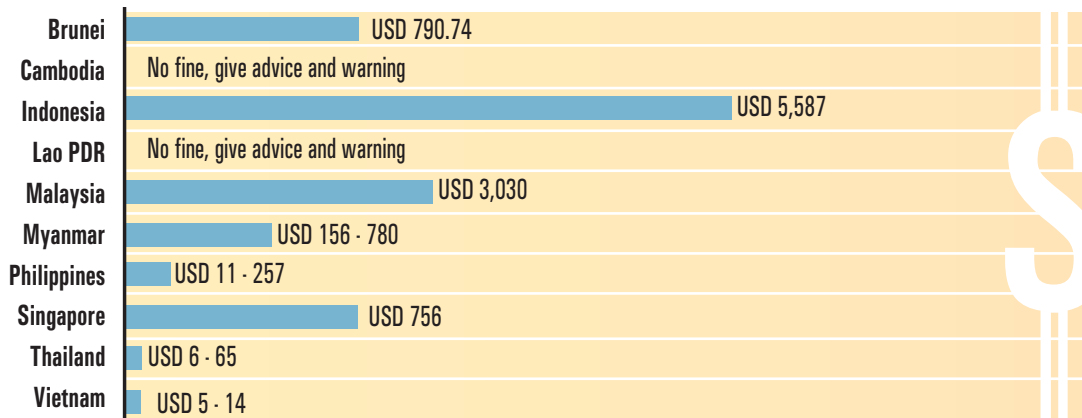
Chapter 4

Smoke-free Environments

Secondhand smoke kills. There is no safe level of exposure to secondhand smoke. Implementing 100% smoke-free environments is the only way to protect non-smokers from the health hazards of smoking. Growing public awareness and support for smoke-free environments has called for strong smoke-free legislation banning smoking in all public places. ASEAN countries are strengthening smoke-free policies in accordance with Article 8 of the WHO FCTC.

Most countries have banned smoking in healthcare and educational facilities, public transport, and government offices. Partial bans are imposed in restaurants and workplaces. More countries in ASEAN (Thailand, Cambodia, Indonesia and Singapore) have enforced prohibiting smoking in bars and pubs. Various initiatives have been implemented such as smoke-free cities and world heritage sites with the aim to attain a smoke-free ASEAN.

Fines imposed on violators of smoke-free policy in ASEAN



All countries have national laws/policies on smoke-free.

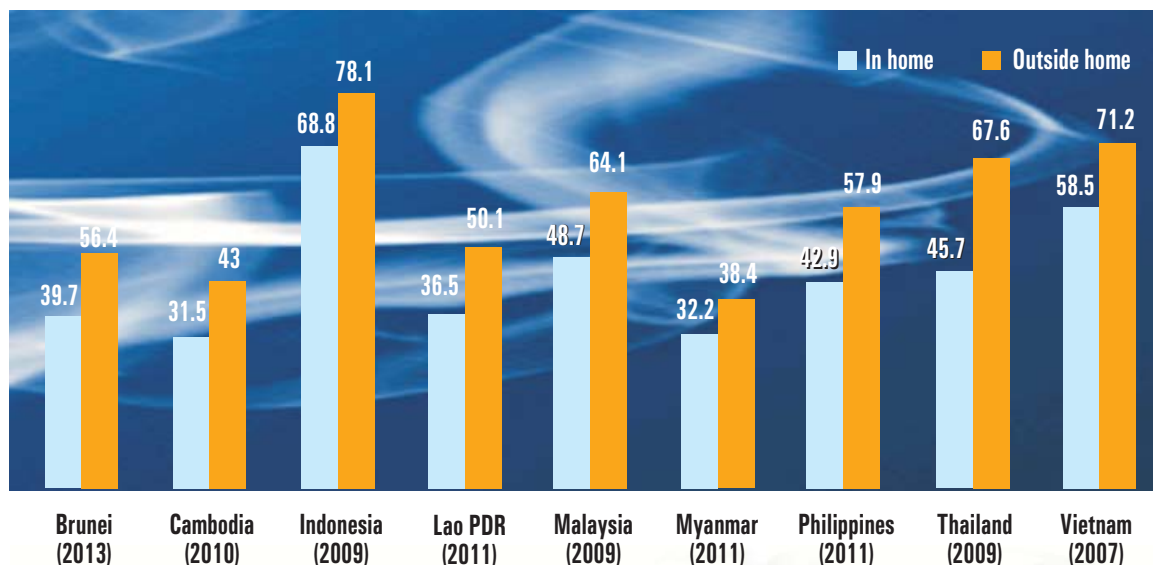


Best practice of smoke-free law:

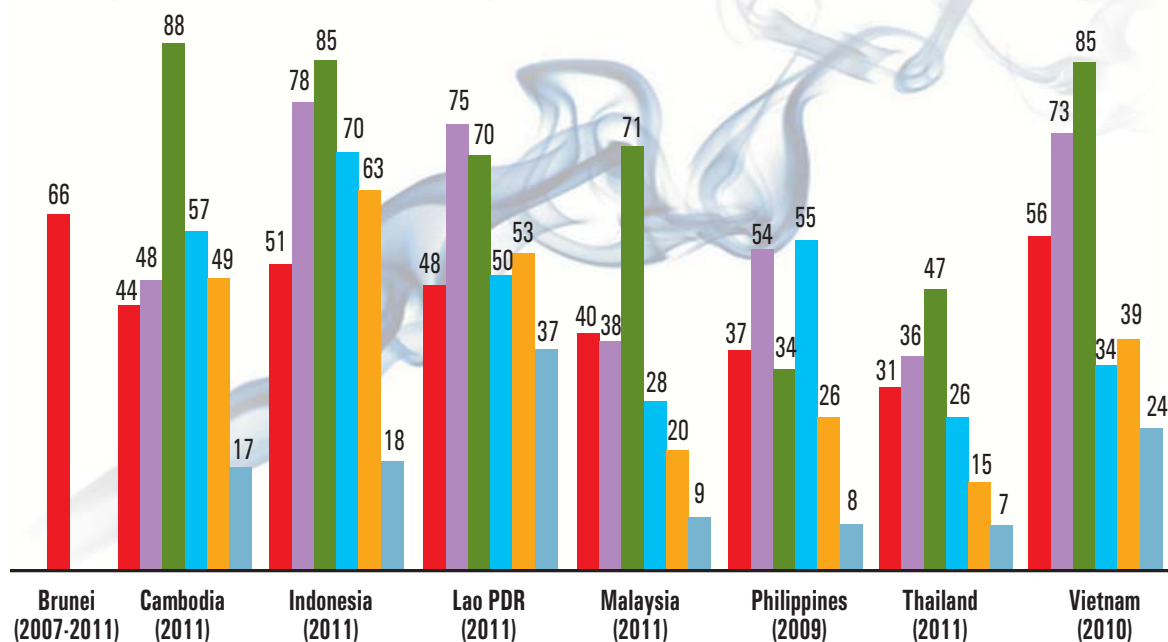
Thailand: Smoking ban in pub / bar / discotheques, effective 7 February 2008.

Brunei: No designated smoking room at the Brunei International Airport Terminal, effective 1st March 2012.

% of youth exposed to secondhand smoke in and outside home (2007–2013)



Common places with secondhand smoke exposure in ASEAN (2007–2011)



Note: Percentages are rounded off to the nearest whole number.

■ At workplace ■ Inside restaurant ■ Government buildings
■ At home (at least monthly) ■ Public transportation ■ Health facilities

Smoke-free world heritage sites/cities in ASEAN



Smoke-free sports in ASEAN

- Cambodia:** 1st Smoke-Free Sports event held on 20 June 2012
- Indonesia:** Smoke-Free 26th Southeast Asian (SEA) Games, held in Jakarta, 11 - 22 November 2011
- Lao PDR:** Smoke-Free 25th Southeast Asian (SEA) Games, held in Vientiane City, 9 - 18 December 2009
- Malaysia:** Smoke-Free Paralympic Games held on 15-19 August 2009
- Thailand:** Smoke-free 24th Southeast Asian (SEA) Games, held in Nakhon Ratchasima (Korat), 6 - 15 December 2007
- Philippines:** Smoke-free 23rd Southeast Asian (SEA) Games, held in Manila, 27 November to 5 December 2005
- Vietnam:** Smoke-free 22nd Southeast Asian (SEA) Games, held in Hanoi, 5 - 13 December 2003





Chapter 5

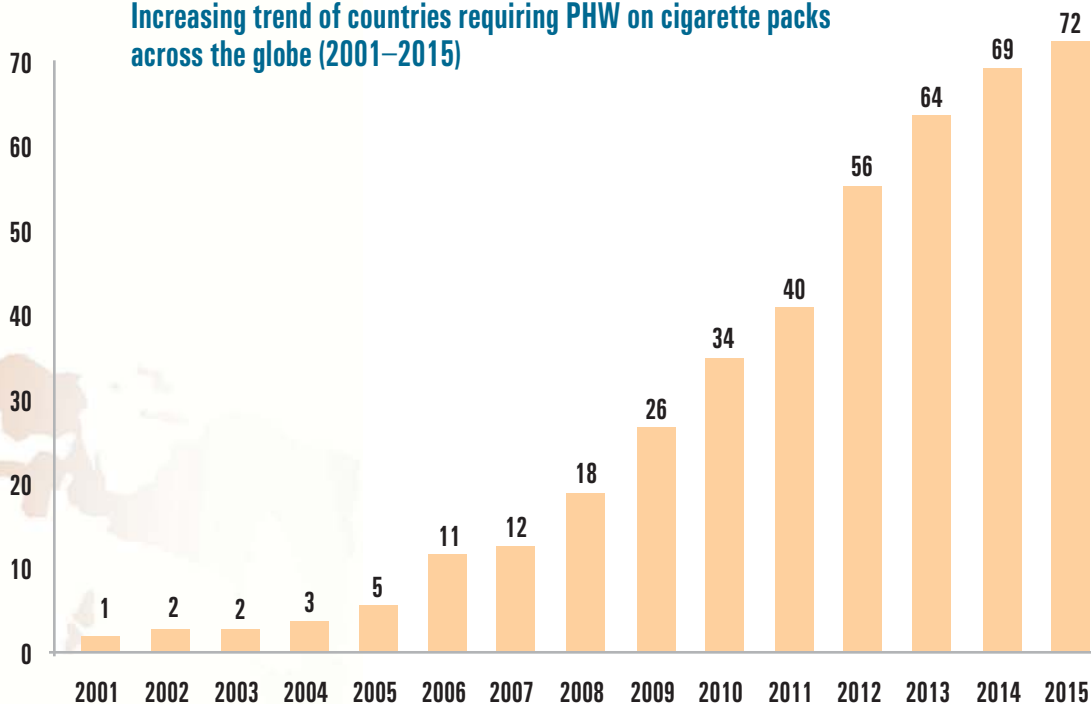
Packaging and Labelling of Tobacco Products

There is a growing trend in implementation of pictorial health warnings (PHWs) on tobacco packages globally. It is an effective health promotion tool to communicate the harmful effects of tobacco use with no cost to government. More than seventy countries/jurisdictions have legislated PHWs to date. Of these seven are from the ASEAN: Brunei, Indonesia, Malaysia, Philippines, Singapore, Thailand and Vietnam.

At present, Thailand has the world's largest PHWs (85% front and back of the pack) setting a new benchmark, by 23 September 2014.

Australia is the only country that has implemented plain packaging effective December 2012. Other countries have taken steps in this direction.

Increasing trend of countries requiring PHW on cigarette packs across the globe (2001–2015)



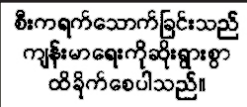



Status of health warnings in ASEAN

Singapore (2004; 2006; 2013)*	Thailand (2005; 2007; 2010; 2014)*	Brunei (2008; 2012)*
<p>Position, Size, Location: Upper 50% front and back Language: English Health warning messages: 6 rotating messages</p> 	<p>Position, Size, Location: Upper 85% front and back Language: Thai Health warning messages: 10 rotating messages</p>  <p>New set of 85% PHWs will come into force on 23 September 2014</p>	<p>Position, Size, Location: Upper 75% front and back Language: Malay (front), English (back) Health warning messages: 7 rotating messages</p> 
Malaysia (2009; 2014)*	Vietnam (2013)	Indonesia (2014)
<p>Position, Size, Location: Upper 50% front and 60% back Language: Malay (front), English (back) Health warning messages: 12 rotating messages</p> 	<p>Position, Size, Location: Upper 50% front and back Language: Vietnamese Health warning messages: 6 rotating messages</p> 	<p>Position, Size, Location: Upper 40% front and back Language: Indonesian Health warning messages: 5 rotating messages</p> 

* Year of rotation

Status of health warnings in ASEAN

Cambodia	Lao PDR	Myanmar	Philippines*
Position, Size, Location: Bottom 30% (front) 30% (back) Language: Khmer Health warning messages: 5 rotating messages 	Position, Size, Location: Bottom 30% (front) 30% (back) Language: Lao (front), English (back) Health warning messages: 6 rotating messages 	Position, Size, Location: 1 side panel only Language: Myanmar Health warning messages: 1 message 	Position, Size, Location: Bottom 30% (front only) Language: English Health warning messages: 4 rotating messages 

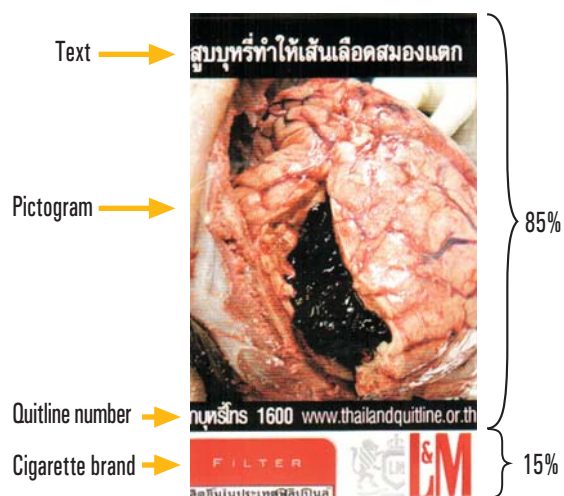
*Recently approved legislation (Republic Act 10643) requiring PHWs at the bottom 50% front and back of tobacco packages will be implemented in late 2015.

Implementation timeline of latest set of pictorial health warnings in ASEAN

Country	Size		Date of Approval	Date of Implementation	Duration of Compliance for Tobacco Industry
	Front (%)	Back (%)			
Brunei	75	75	13 March 2012	1 September 2012	Less than 6 months
Indonesia	40	40	24 December 2012	24 June 2014	18 months
Malaysia	50	60	11 June 2013	1 January 2014	Less than 7 months
Singapore	50	50	12 January 2012	1 March 2013	12 months
Thailand*	85	85	5 April 2013	2 October 2013	6 months
Vietnam	50	50	8 Feb 2013	8 August 2013 for soft pack and 8 December 2013 for hard pack	6 -10 months

*The actual 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.

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



In April 2013, the 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), Phillip Morris (PM), and British American Tobacco (BAT), that led to an injunction being issued by the Central Administrative Court.

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

Do you know?



Philippines: The implementation of the Department of Health (DOH) Administrative Order No.2010-0013 requiring nine rotating PHWs to be printed in English and Filipino languages on all tobacco packs, occupying the upper 30% front and 60% back of the pack was delayed by multiple court cases filed by five tobacco companies to nullify the DOH Administrative Order:

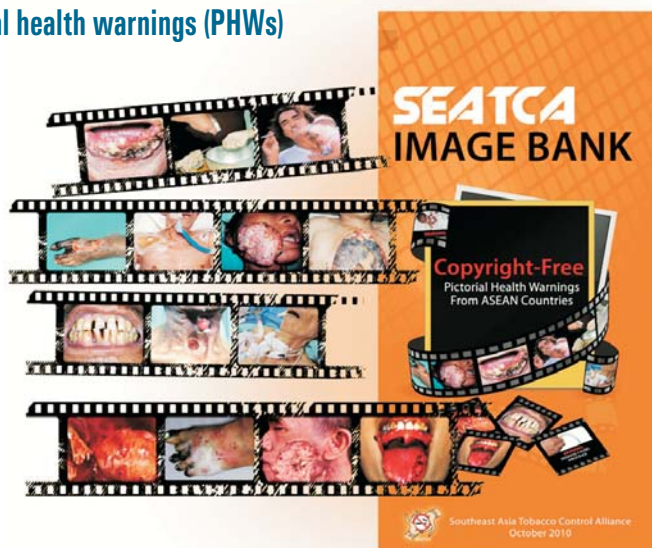
- Fortune Tobacco Corp. (Marikina)
- Philip Morris Fortune Tobacco Corp. (Tanauan)
- Mighty Corp. (Malolos)
- JTI Philippines (Pasig)
- La Suerte (Parañaque)

These pictures were required by DOH AO no. 2010-13 but may not necessarily be implemented under RA 10643.

Image bank of copyright-free pictorial health warnings (PHWs)

In collaboration with ASEAN Focal Points on Tobacco Control (AFPTC), SEATCA:

- Provides technical assistance to countries on development and implementation of PHWs policies.
- Facilitates access to high-resolution and copyright-free PHW images from Brunei, Singapore, Thailand and other ASEAN countries.
- Provides sample cigarette packs from the ASEAN region for advocacy purposes.



Best practice of pictorial health warnings

■ Position and location

The health warnings and messages should be at the top of the front and back of packages.

■ Size

The health warnings and messages should be 50% or more of the principal display areas.

■ Use of pictorials

The health warnings and messages should include pictures or pictograms.

■ Colour

The use of pictures or pictograms should be in full colour (four colour printing).

■ Message content

The health warnings and messages should address different issues related to tobacco use and convey in an authoritative and informative but non-judgmental manner.

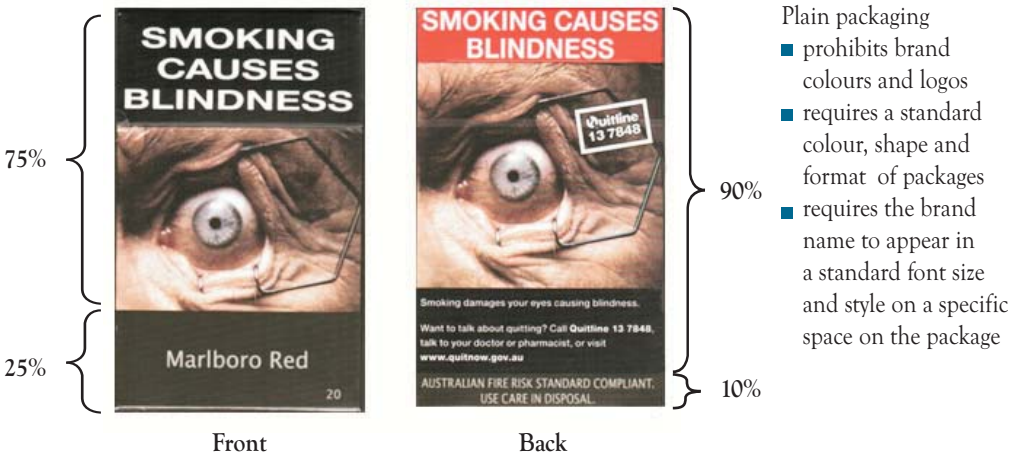
■ Language

The warnings and other textual information should be in the Party's principal language or languages.

■ Rotation

The health warnings and messages should be rotating either having multiple health warnings and messages appearing concurrently or setting a date after which the health warning and message content will change.

Australia's plain packaging: a world first



Australia was the first country to implement plain packaging of cigarettes, effective on the 1st December 2012. Pictorial health warnings cover an average of 87.5% of the package front and back, while a fire-risk statement covers the bottom 10% of the back panel. Turkey would become second in the world with its Ministry of Health's announcement to implement plain packaging on 1st January 2015. Ireland, New Zealand, and India have also indicated their interest to implement plain packaging.

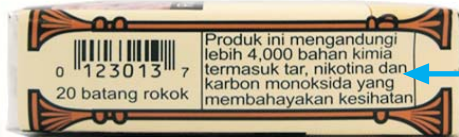
Countries that have banned false or misleading descriptors

Countries	Year	
	Indonesia	2012
	Malaysia	2009
	Philippines	2014
	Singapore	2012
	Thailand	2006
	Vietnam	2012



Disclosure of information on relevant constituents and emissions of tobacco products

Malaysia (2009)



This product contains more than 4,000 chemicals including tar, nicotine and carbon monoxide that are dangerous to health

Thailand (2010)



Toxic substances in cigarette smoke:
Hydrogen cyanide and carbon monoxide

Carcinogens in cigarette smoke:
Formaldehyde, tar, nitrosamine

Brunei (2012)



This product contains nicotine and tar which cause addiction and is dangerous to health

Indonesia (2012)



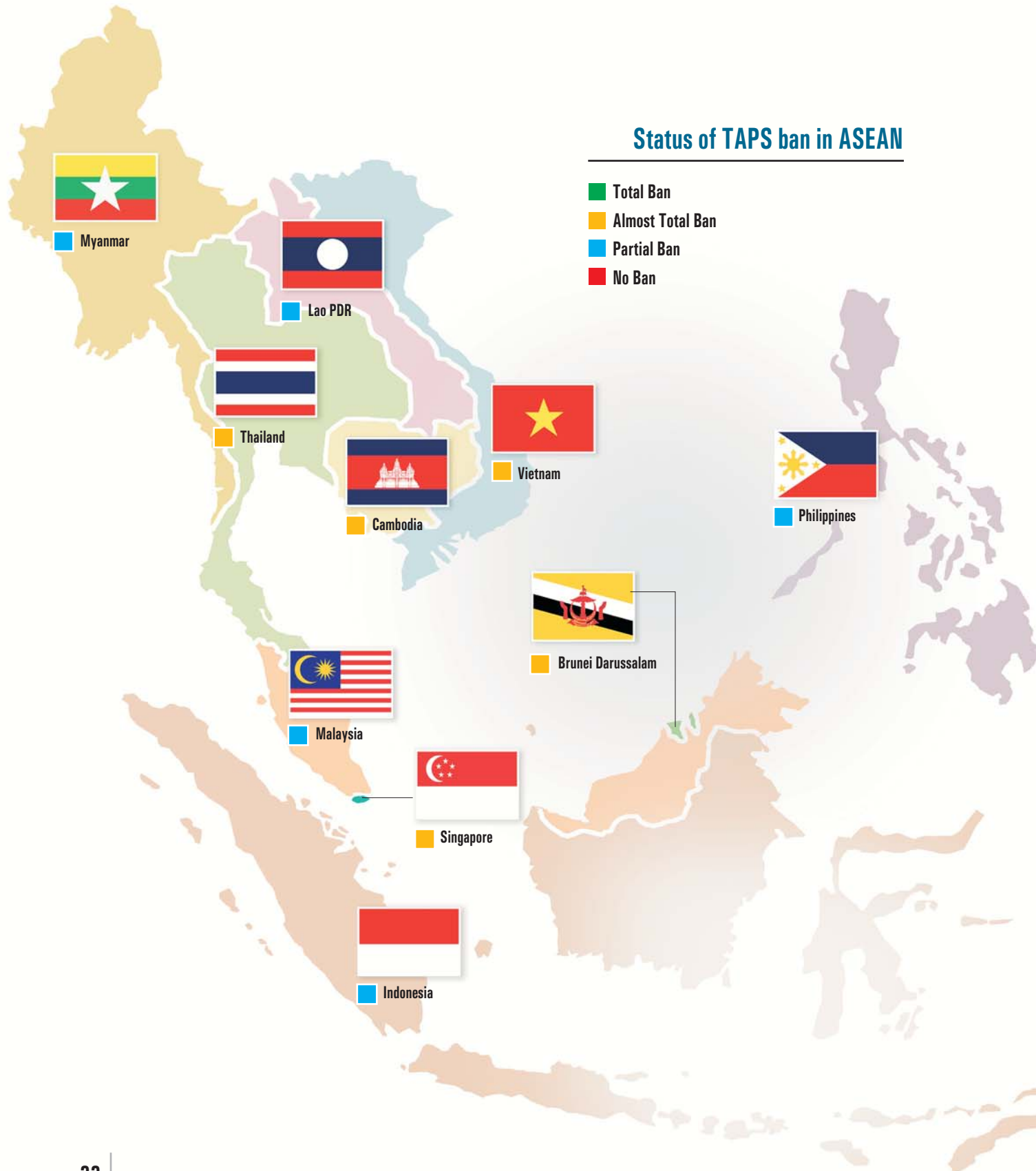
There is no safe limit! Contains more than 4,000 hazardous chemicals and more than 43 cancer-causing substances

Singapore (2013)



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

Status of TAPS ban in ASEAN



Chapter 6

Tobacco Advertising, Promotion and Sponsorship

Tobacco advertising, promotion and sponsorship (TAPS) are strategies used by the tobacco industry to promote and market its lethal product to would-be tobacco users, as well as current and former tobacco users, including targeting women and youth.

A comprehensive ban on TAPS is an effective means to reduce tobacco consumption by preventing youth uptake, discouraging tobacco

use, and preventing ex-users from relapsing. Partial bans do not work because the tobacco industry can easily circumvent them.

However, despite comprehensive ban on TAPS the industry is still successful in finding innovative ways to promote and market their products through creative pack and product designs, new media and cross-border advertising.

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

	Direct Advertising	Promotion	Sponsorship	Ad at POS	Ad via Social Media	CSR	Cross Border	
Brunei								
Cambodia				Allow brand logo on A4 size		Ban publicity		
Indonesia (Non Party)	Only on electronic media					Ban publicity		
Lao PDR				Allow parasol				
Malaysia								
Myanmar								
Philippines		Allow at POS						
Singapore						Ban publicity		
Thailand						Ban publicity	Allow live telecast from oversea	
Vietnam						Ban publicity		

Ban
 Partial Ban
 No Ban
 No CSR

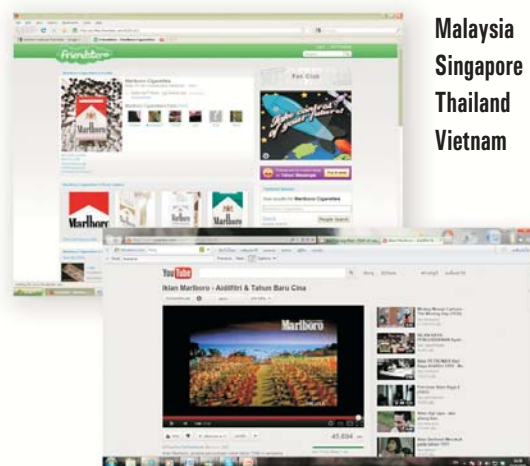
POS - Point-of-Sale
 CSR - Corporate Social Responsibility

Menthol and fruit-flavored cigarettes sold in ASEAN

- Brunei
- Cambodia
- Indonesia
- Lao PDR
- Malaysia
- Myanmar
- Philippines
- Singapore (Menthol flavour only)
- Thailand* (Menthol flavour only)
- Vietnam

**Thailand Excise Department has imposed administrative ban for sale of flavored cigarettes (fruit/confectionery/flower) enforced in 2003*

Ban TAPS via internet



Tobacco marketing channels

At Point-of-Sale (POS)

- Cigarettes are easily purchased at POS (supermarkets, sundry shops, convenient stores, newsstands, petrol kiosks, street vendors, market stalls and minimarts).
- In Indonesia, 50% of cigarette sales are by street vendors.

On Billboards

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

Person-to-Person Sale

Tobacco industry recruits pretty young girls as promoters to sell cigarettes in Cambodia, Indonesia, Malaysia, Philippines, Thailand and Vietnam.

Number of POS in selected ASEAN countries

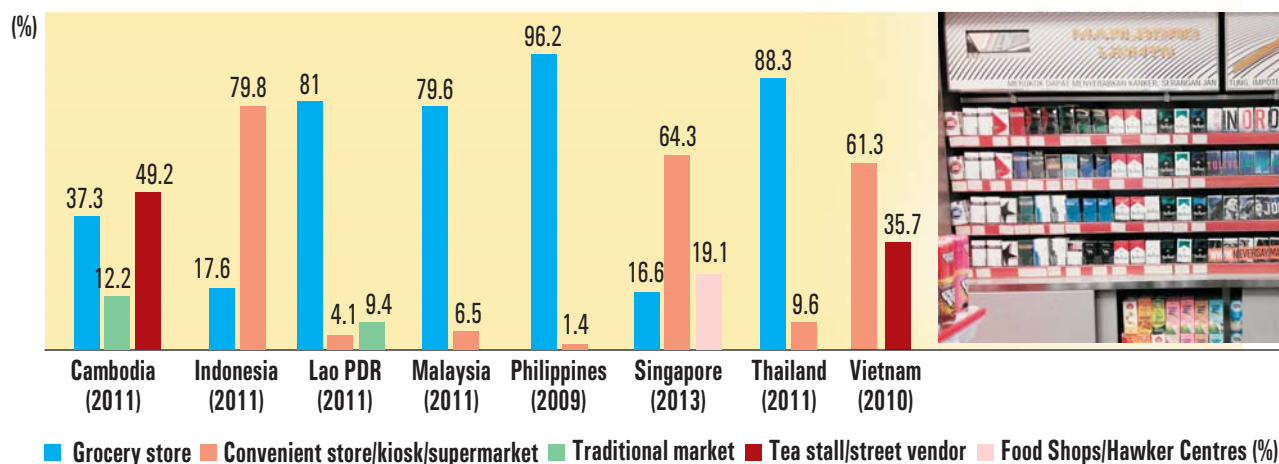
Country	Total Smokers	Cigarette Retailers*	Cig Retailer per 10,000 smokers	Physicians per 10,000 pop**
Indonesia	61,400,000	2,500,000	407	1
Malaysia	4,747,000	80,000	170	7
Philippines	17,300,000	694,821	402	12
Singapore	356,000	5,100	137	19
Thailand	10,765,806	570,000	399	3
Vietnam	15,300,000	303,333***	94	6

**Does not include street vendors*

*** Table 14, 2010 HDR
<http://bit.ly/dQupbE>*

**** The estimate for total number of cigarette retailers until 2015*

Most common source of the last purchase of manufactured cigarettes (2009–2013)



Best practice: Thailand sets the benchmark



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





Brunei has a de facto ban on display, as the ban on advertising covers display cases.

Singapore will enforce a ban on displaying cigarette packs at point-of-sale by end of 2016 to protect youths from tobacco marketing.





Legislation on tobacco advertising ban at POS

	POS Advertising	POS Pack Display
Brunei	Ban	Banned, effective 2011
Cambodia	Ban	Display of only 1 pack per brand
Indonesia	No Ban	Allowed
Lao PDR	No Ban	Allowed
Malaysia	Ban	Allowed
Philippines	No Ban	Allowed
Singapore	Ban	Display of any 1 pack per variant
Thailand	Ban	Banned, effective 2005
Vietnam	Ban	Display of any 1 pack, box or carton per brand

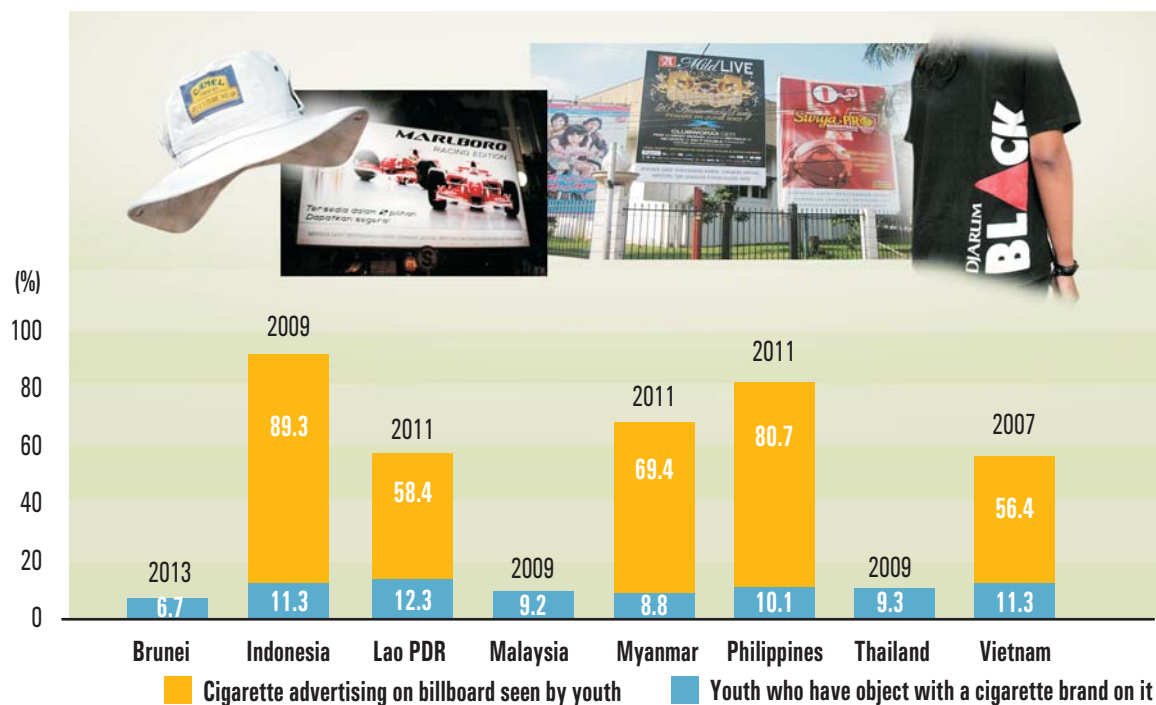
Licensing of tobacco retailers in selected ASEAN countries

Countries		Cost of License (USD)
	Brunei	240.12 (BND 300)
	Singapore	288.14 (SGD 360)
	Thailand	1.3 (THB 40)
	Vietnam	In urban, cities: 28.5 (VND 600,000) In rural, provinces: 14.3 (VND 300,000)

Countries that have banned kiddie packs (Less than 20 sticks per pack)

Countries		Year
	Brunei	2005
	Malaysia	2010
	Singapore	2002
	Vietnam	1 st May, 2016

Youth susceptibility to tobacco advertising and promotion (2007–2013)



Targeting youths and women

Kiddie Pack (Less Than 20 sticks) of Cigarettes Sold in Cambodia, Indonesia, Philippines and Vietnam

Cambodia



ARA, the most popular local brand sold in 12 sticks.

Indonesia



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

Philippines



Vietnam

Sachet packaging of 5 cigarettes per pack targeting young children and youths widely sold in the market.

Lipstick Pack Sold in Indonesia, Lao PDR, Malaysia and Singapore



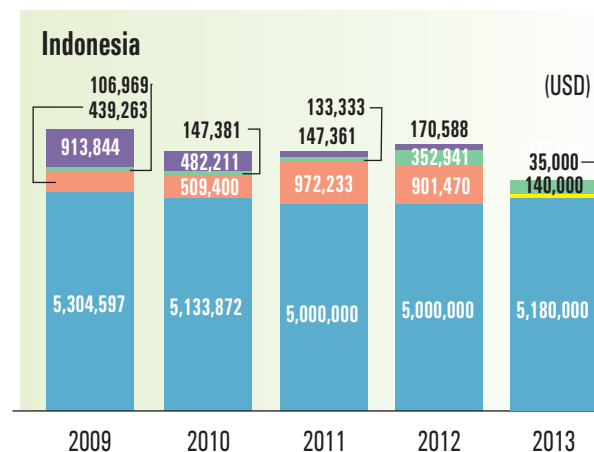
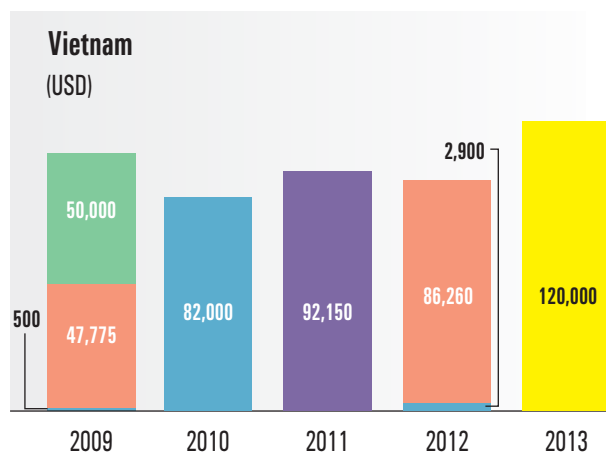
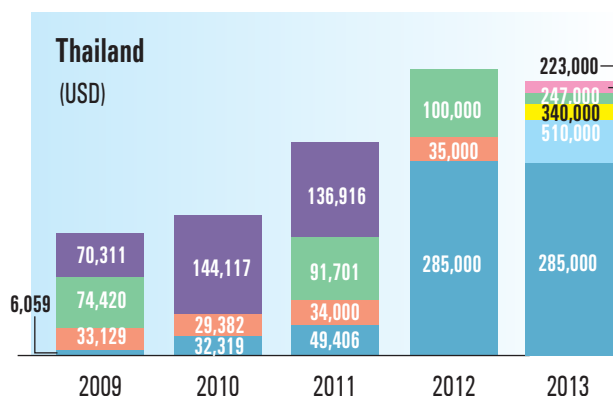
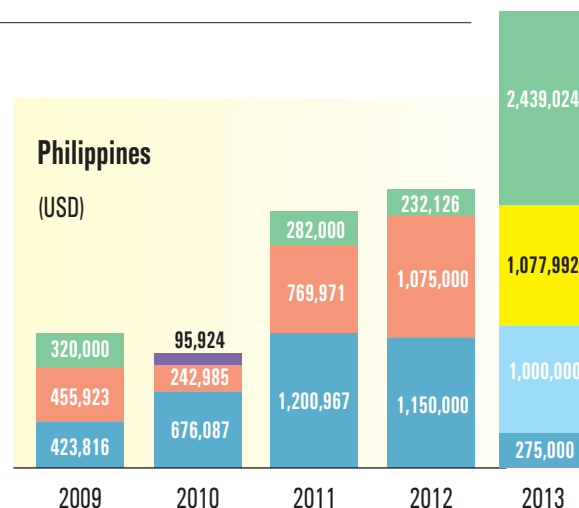
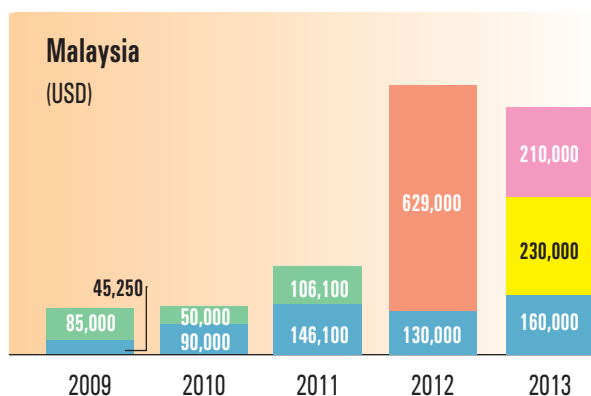
Indonesia



Lao PDR

Painting good image: Philip Morris International's (PMI) Corporate Social Responsibility (CSR) in ASEAN

To promote its corporate image and distance itself from its harmful products, PMI has been conducting more CSR activities across the ASEAN region. Indonesia (USD 5,355,000) and the Philippines (USD 4,792,016) are two countries where PMI invested the most money in CSR activities in 2012. Both countries are vital tobacco markets for PMI as it holds 36% and 79% of total market share in Indonesia and the Philippines respectively.



■ Environment/Living condition
 ■ Disaster Relief
 ■ Hunger & Extreme Poverty
 ■ Community grant
 ■ Education - School buildings, scholarship
 ■ Empowering women
 ■ Economic opportunity

Challenges in enforcement

Malaysia

The Malaysian Control of Tobacco Product Regulations 2004 (CTPR) states in Reg 4(1) that "no person shall display or affix, or cause or permit to be displayed or affixed any tobacco product advertisement, distribute, or cause or permit to be distributed any tobacco product advertisement".

The regulation stipulates a total ban of advertising, promotion and sponsorship of all tobacco products in the mass media including internet. However, monitoring tobacco promotion over the internet revealed that Facebook is the most popular social network to promote cigarettes followed by Flickr and Photobucket. BAT's Dunhill was promoted most, followed by Marlboro (PMI) and Winston (JT) in the social media. The promotion mainly meant for direct promotion of cigarette brands and only a small percentage was used for promoting items with cigarette brand names as well as sports activities showing cigarette brands.



Philippines

Under RA 9211, all outdoor advertising is banned: "Beginning 1 July 2007, all cinema and outdoor advertising shall be prohibited. No leaflets, posters and similar outdoor advertising materials be posted, except inside the premises of point-of-sale retail establishments."

However, the industry has argued that the term "premises" is defined in the implementing rules and regulations of RA 9211 to refer to "a tract of land and the building or buildings thereon, including the open spaces between the buildings located on the same tract of land and within the perimeter of said tract of land" and thus places billboard ads on the roofs of stores or hanging from a post next to the store. This is illegal for 2 reasons: (a) the intent of the law is to ban all outdoor ads, and (b) the exception for POS is limited to leaflets, posters, and similar materials. Putting up huge umbrellas with tobacco branding, coloring the POS with cigarette brand colors, and distributing branded ashtrays and napkin holders are all violations for the same reasons.



Tobacco industry players in ASEAN

Lao PDR



Lao Tobacco Ltd 93.4%
Hongtha China Good Luck 5.6%
Lao Tianlong Co 1%

Thailand



Thailand Tobacco Monopoly 67.1%
Philip Morris Thailand Ltd 26.8%
Other companies 3.1%

Cambodia



BAT Cambodia 40.3%
Vinton Group 28.6%
Huotraco Ltd 18.6%

Vietnam



Vietnam National Tobacco 43.8%
BAT Vietnam 28.6%
Dong Nai Tobacco 8.5%
Philip Morris 2.2%
Japan Tobacco 1.4%
Other companies 15.5%

Philippines



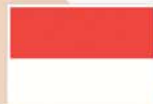
Philip Morris Fortune Tobacco Corp 79%
Mighty Corp 20%
Other companies 1%

Malaysia



British American Tobacco Malaysia 62%
JT International Berhad (JTI Malaysia) 20%
Philip Morris (Malaysia) 16%
Other companies 2%

Indonesia



PT Philip Morris Indonesia (PT PMI) 36%
Djarum PT 21%
Gudang Garam 20%
British American Tobacco 7%
Nojorono 5%
Other companies 11%

Chapter 7

Tobacco Industry

Three of the five largest tobacco companies in the world - British American Tobacco, Philip Morris and Japan Tobacco dominate the cigarette markets in several countries in the ASEAN region such as Cambodia and Malaysia. Philip Morris has in recent years bought controlling stakes in

local cigarette companies in Philippines and Indonesia. State-owned companies are the leading manufacturers in Thailand and Vietnam. Tobacco manufacturers in the 9 ASEAN countries produce close to 500 billion cigarettes annually.

Big transnational tobacco companies consolidating their power in the region

Philip Morris Indonesia bought a controlling stake in local cigarette manufacturer PT HM Sampoerna for USD5.2 billion in 2005. BAT acquired Bentoel International Investama for \$579 million in 2009.

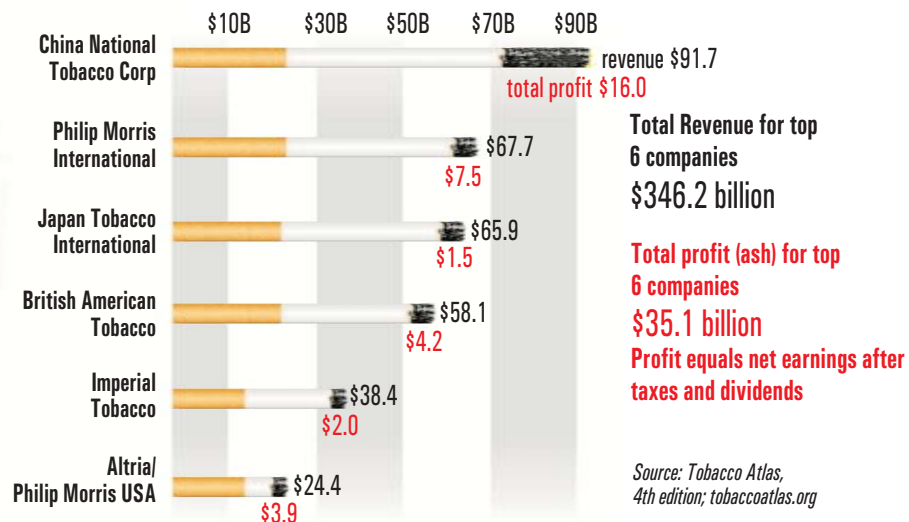
Philip Morris Philippines Manufacturing Inc. created a joint venture with Fortune Tobacco Corp in 2010 known as PMFTC Inc.

Imperial Tobacco, 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 investors to enjoy tax privileges and special benefits.

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

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

Tobacco industry's profit (in USD)



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.



Front groups and high profile allies mobilization to fight tobacco control



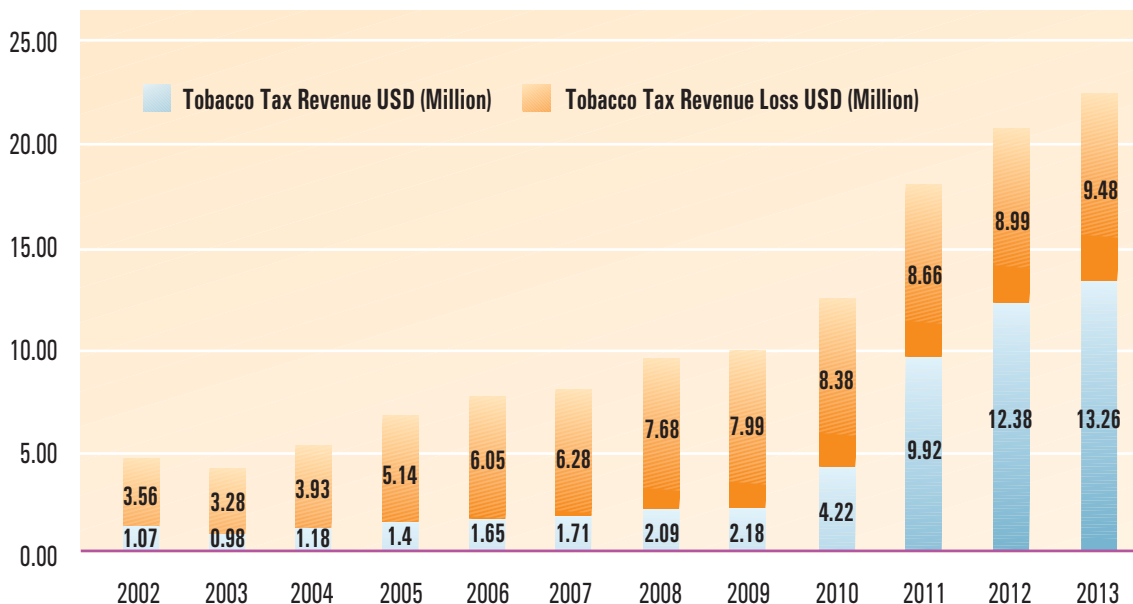
*Association of small scale tobacco industry

** Federation of kretek cigarette industries

Tobacco industry exploits Lao PDR government

- On 23 November 2001, an Investment License Agreement (ILA) was signed between the Lao PDR Government (represented by the then Committee for Investment and Co-operation of the Committee for Planning and Cooperation), Coralma International (a subsidiary of French-based Tabaccol SA, a joint company controlled by UK-based Imperial Tobacco), and S3T Pte. Ltd. (a joint venture between ST Group (a Lao company) and Coralma International).
- Valid for 25 years (till 31 December 2026), the ILA:
 - a) Dissolved and liquidated the Lao Tobacco Company, a wholly-owned Lao government corporation
 - b) Established a joint venture company, Lao Tobacco Ltd (LTL), with company shares distributed to the Lao PDR government (47%), Coralma International (34%), and S3T Pte. Ltd. (19%)
 - c) Granted special privileges to LTL, including preferential tax treatment:
 - a 5-year (2002-2006) total exemption on LTL's corporate income taxes and on taxes on dividends paid to shareholders
 - a fixed ad valorem excise rate of 15% to 30% (depending on declared production costs) for 25 years
- As a result of the ILA's terms, the Lao government has been at the losing end of this agreement.
 - a) Between 2002 and 2013, the government collected the net tobacco tax revenue of USD 52.04 million instead of the actual government revenue gain of USD 131.46 million. The estimated loss was USD 79.42 million or 4.39% of the state investment budget on the development. (see graph).
 - b) Despite progressive increases of the excise tax ceiling to 55% in 2005 and to 60% in 2012, the rate applied to LTL has remained static, causing the government to lose significant potential revenues until 2026.

Tobacco tax revenue and tobacco tax revenue loss in Lao PDR (2002–2013)



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 challenged Thailand's legislation increasing pictorial health warnings size from 55% to 85% in the Administration court.



Thailand

9 court cases - including 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 halting pictorial health warnings on cigarette packs.



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

6 court cases brought by the industry against tobacco control measures including challenging well established scientific facts that nicotine is addictive and by Indonesian smokers challenging the constitutionality of Indonesia's Health law that sought to restrict smoking in work and public places as well as implementation of pictorial health warnings.



Indonesia

Chapter 8

Tobacco Industry Interference

The tobacco industry is not like any other business - it sells a product that kills half its customers. Then, it vigorously protects its commercial and vested interests by interfering in the development and implementation of tobacco control policies at all levels. Using a wide range of unethical tactics and strategies, the tobacco industry continues to challenge, defeat, discredit, dilute, obstruct and delay implementation of effective tobacco control measures. It also employs direct or indirect political lobbying, litigation against governments and individuals as well as mobilize front groups to advance its cause.

Recognizing the irreconcilable conflict between the tobacco industry's interests and public health policy interests, the Parties to the FCTC unanimously adopted the Article 5.3 Guidelines at the third session of the Conference of the Parties (COP3) in 2008 which 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. Five ASEAN countries (Philippines, Singapore, Thailand, Cambodia and Lao PDR) are leading the way in developing a policy, guidelines or code of conduct to protect their public health policies from tobacco industry interference.

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 put in place. They collaborate with the government to provide support and assistance, but their efforts usually result in watering down tobacco control measures.



Philippines

Tobacco Regulation Act (RA9211) gives the tobacco industry a seat in the Inter-Agency Committee (IAC) on Tobacco. This legislation was enacted in 2003 before the Philippines ratified the FCTC and adopted Article 5.3 Guidelines and can only be amended by its Congress.

Industry-related CSR activities

The tobacco industry has been trying to re-brand itself as "socially responsible" corporations. It is through Corporate Social Responsibility (CSR) activities that the industry promotes and projects a positive public image as a good corporate citizen, but that is just a public relations gimmick.



Cambodia Singapore Thailand

Corporate Social Responsibility (CSR) activities by the tobacco industry are not banned among ASEAN countries, although a few (Cambodia, Singapore and Thailand) have banned their publicity.



Philippines Singapore Thailand Vietnam

Banned contributions from the tobacco industry (either completely or partially to health-related agencies), or ban its publication. In the Philippines, aside from a comprehensive policy, specific policies were issued for vulnerable institutions such as health, education, and revenue agencies.



Brunei

All governments, except Brunei, receive some form of contributions (monetary or otherwise) from the tobacco industry.

Benefits to the tobacco industry

With the exception of Brunei and Thailand, other governments accommodate requests from the tobacco industry for a longer implementation time or a postponement of tobacco control law.



Lao PDR Indonesia Malaysia

The tobacco industry in Lao PDR obtained a 5-year tax holiday and capped tobacco tax at 15%-30% till 2026. Indonesia granted 18 months to the industry to apply pictorial health warnings on cigarette packs effective June 24, 2014, although Indonesian tobacco companies are already exporting packs with PHWs to Brunei, Malaysia and Singapore. On the deadline, only 6 out of 3,393 cigarette brands in the market were found to have pictorial health warnings.

In Malaysia implementation of the ban on kiddie packs (less than 20 sticks) enacted in September 2004 was postponed for six years till May 2010. Also in Malaysia, restaurants and eating places are not 100% smoke-free to accommodate requests from the tobacco industry's representatives.

Forms of unnecessary interaction and transparency

Indonesia, Malaysia and the Philippines report high levels of unnecessary interactions with the tobacco industry participation in policy development.



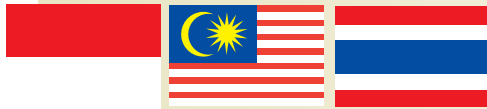
Cambodia

Lao PDR

Thailand

Top-level government officials do not meet with nor foster relations with tobacco companies, such as attending social functions and events sponsored or organized by the tobacco companies.

In 2009 when Tabinfo, a tobacco industry trade event was held in Bangkok, although Thailand has a state tobacco monopoly, government officials were instructed not to endorse the event.



Indonesia

Malaysia

Thailand

The government accepts assistance or offers of assistance from the tobacco industry on enforcement such as conducting raids on tobacco smuggling or enforcing smoke-free policies.

The Royal Malaysian Customs collaborated with the Confederation of Malaysian Tobacco Manufacturers (CMTM) in conducting anti-smuggling activities.

Many countries limit interactions with the tobacco industry to those that are strictly necessary for regulation, and provide a mechanism to ensure transparency in meetings that occur. In several cases, more stringent rules apply to committees in charge of tobacco control policies as in the **Philippines** and **Singapore**.

Conflict of interest

Brunei prohibits political contributions from the tobacco industry. Other countries do not prohibit or require full disclosure of such contributions from the tobacco industry or any entity working to further its interests to political parties, candidates, or campaigns.



Malaysia

BAT Malaysian's annual reports made it a point to mention its Chairman, Tan Sri Abu Talib bin Othman (1994-2012), who was the former Attorney-General of Malaysia (1980-1993) and who upon his retirement became the Chairman of BAT Malaysia (1994 to 2012). Relatives of current high level officials also work for the tobacco industry in both Malaysia and Thailand.

Preventive measures

Most governments do not have a procedure for disclosing records of interactions with the tobacco industry and its representatives.

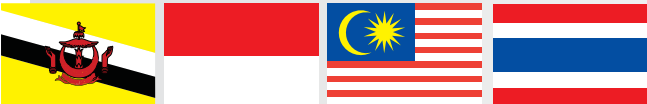


Philippines Thailand

In 2010, the Philippine Civil Service Commission and Department of Health issued Joint Memorandum Circular (JMC) 2010-01, which aims to protect the bureaucracy against tobacco industry interference in accordance with Article 5.3 Guidelines by limiting interactions with the industry and rejecting partnerships with tobacco companies.

The Philippines is the first country in Asia to have such a Circular. Thailand and Lao PDR have a similar policy for their respective ministries of health.

Through a Cabinet decision, Thailand prohibits the acceptance of all forms of contributions from the Thai Tobacco Monopoly, including offers of assistance, policy drafts, or study visit invitations to the government and its officials.






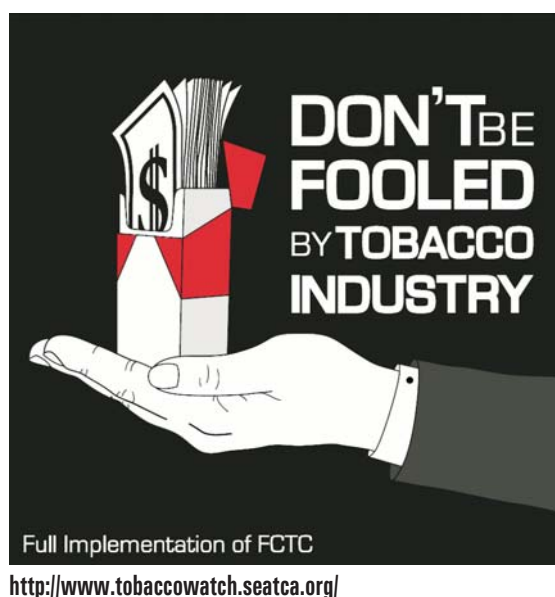
Brunei Indonesia Malaysia Thailand

The tobacco industry is required to submit information on tobacco production, manufacture, market share, and revenues; however, the tobacco industry is not required to provide information on marketing expenditures, expenses on lobbying, philanthropy and political contributions.

Make public all meetings and information on the tobacco industry

To demonstrate transparency, both Australia and New Zealand inform the public about their meetings with the tobacco industry by making the relevant information available on their website.

Country	Agency	Year	Information Disclosed
 Australia	Department of Health and Ageing	2009	<ul style="list-style-type: none"> ● Date of meeting ● Issue discussed
 New Zealand	Ministry of Health	2011	<ul style="list-style-type: none"> ● Date of meeting ● Which company ● Purpose of meeting ● List of attendees
 Philippines	Civil Service Commission and Department of Health	2010	<ul style="list-style-type: none"> ● Interaction with tobacco industry ● Any preferential treatment given to tobacco industry ● Any offer of donation to public official or employee by tobacco industry



Tobacco farming in ASEAN

- Total tobacco farmers
- % of total employment

49,166 (2011)
0.13



Thailand

13,000 (2010)
0.17



Cambodia

220,000 (2011)
0.44



Vietnam

55,533 (2011)
0.16



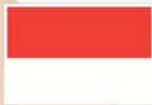
Philippines

3,204 (2010)
0.11



Malaysia

689,360 (2010)
0.64



Indonesia

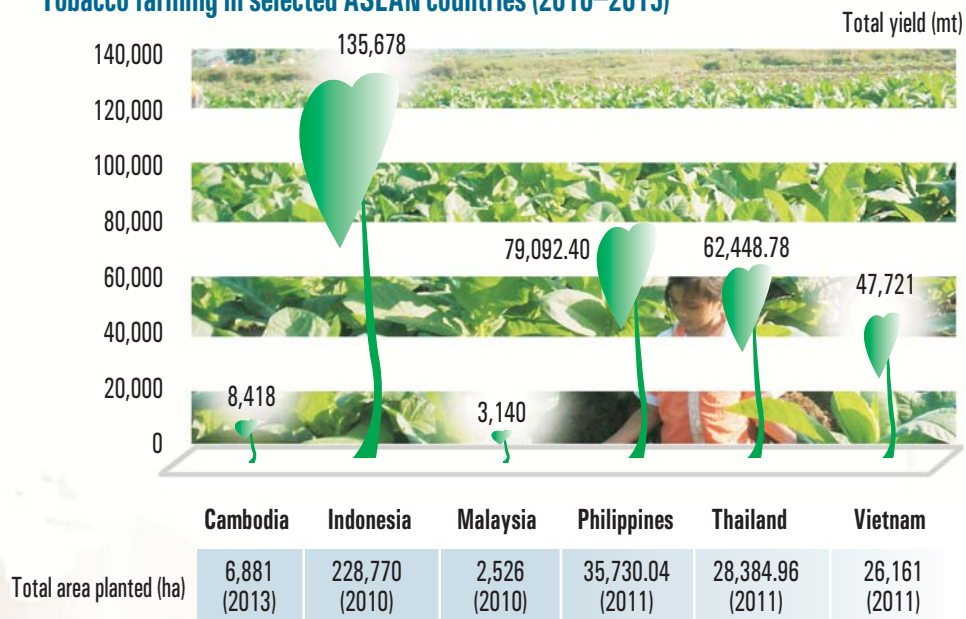
Chapter 9

Tobacco Farming

Eight of the ten ASEAN countries, excluding Singapore and Brunei, are engaged in tobacco cultivation on different scales. A total of 363,016 metric tonnes of tobacco were harvested from 346,000 hectares of tobacco farm land in the region in 2010. Indonesia was the largest producer contributing 37%. The other major producers are Thailand, Vietnam and the Philippines.

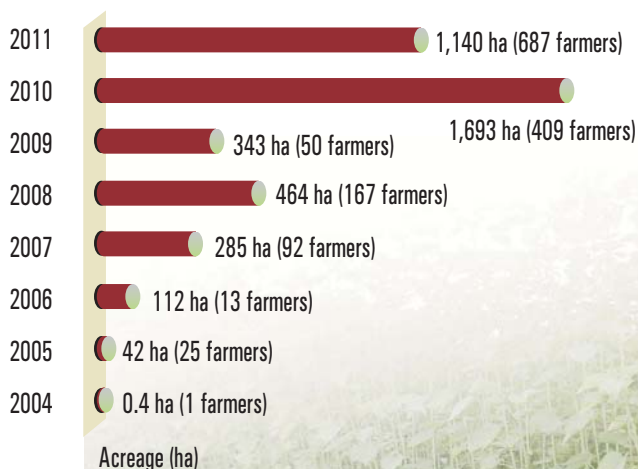
Tobacco production is on the decline in most countries in the region while import of tobacco leaves is increasing. Tobacco farming contributes to less than 1% of total employment in all the producing countries. Malaysia has implemented crop substitution with government support. Tobacco farmers in Philippines, Indonesia and Cambodia are progressively switching to alternative livelihoods.

Tobacco farming in selected ASEAN countries (2010–2013)



Indonesia, Malaysia, Philippines and Vietnam are net importers of tobacco amounting to 41,233 metric tons valued at USD 200.65 million

Sustainable way out: alternative crops in Malaysia



Kenaf Cultivation In Malaysia

Kenaf (*Hibiscus cannabinus*) was identified as a new commodity in Malaysia, first introduced in 2000, and promoted as an alternate crop for tobacco in 2004 by the government.

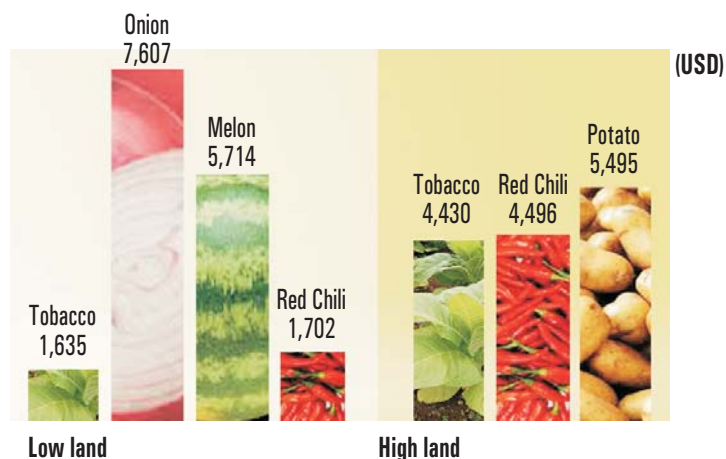
Smaller tobacco farmers are encouraged to switch to alternative livelihood through a crop diversification program, with started in 2005 and has intensified over the years with financial support from the government.

Since its introduction in 2004 the area under kenaf cultivation rose from less than one hectare to 1,140 hectares in 2011. Total kenaf growers also rose from one to 687 farmers over the same period.

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. To encourage farmers to plant kenaf a subsidy of RM 3,500 (USD 1,120) is provided per hectare including seeds, fertilisers, pesticides and machinery.

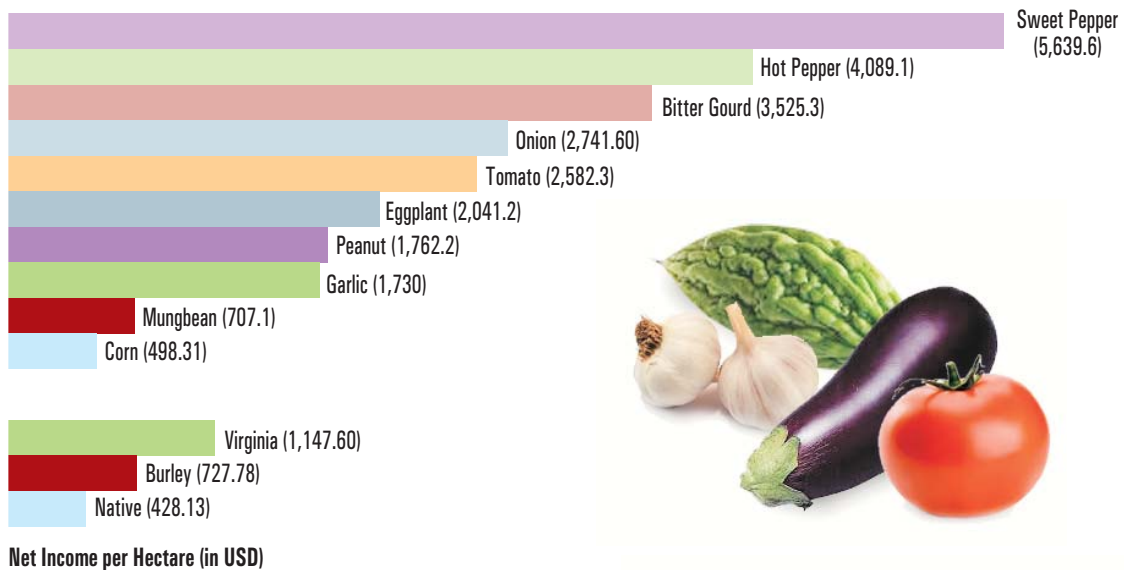
Profitability of tobacco farming vs other crops in Indonesia

- Planting tobacco is less profitable compared with other seasonal crops both in low and high land areas.
- In the low lands, farmers who planted onion, melon and red chili pepper reaped higher yields and profits than planting tobacco.
- In the high lands, it is more profitable to plant red chili pepper and potato than tobacco.



Profitability of tobacco farming vs other crops in the Philippines (2006 - 2007)

- 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.



Tobacco farmers switched to other crops in Cambodia

- 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.



Health promotion/tobacco control fund in ASEAN

■ Established health promotion/tobacco control fund

● Presence of funding mechanism for tobacco control



■ Lao PDR (2013)

Lao PDR Tobacco Control Fund



■ Thailand (2001)

Thai Health Promotion Foundation (ThaiHealth)



■ Vietnam (2013)

Vietnam Tobacco Control Fund



■ Malaysia (2006)

Malaysian Health Promotion Board (MySihat)



● Brunei Darussalam (2008)

Health Promotion Centre, Ministry of Health Brunei



■ Singapore (2001)

Singapore Health Promotion Board



Chapter 10

Establishing Sustainable Funding

Health promotion programmes can be used as a tool to reduce the impact of smoking-related diseases and other non-communicable diseases (NCDs) and help alleviate social and economic burdens. However, tobacco control and health promotion agendas are usually not given priority and have to compete for government funding in most countries.

An effective way to address this situation is to raise tobacco taxes and introduce a surcharge tax or dedicated tax policy, whereby additional revenues can be generated to support health promotion including tobacco control programmes, through a sustained health promotion fund or foundation.

Types of funding mechanism

Types of Funding Source	Year of Establishment	Percent Surcharge Tax/Total Budget
Within the Ministry of Health budget		
 Health Promotion Centre, Ministry of Health Brunei	2008	USD 560 million (2013–2014)
 Singapore Health Promotion Board	2001	USD 136 million (2014)
Treasurer budget		
 Malaysian Health Promotion Board (MySihat)	2006	USD 3.08 million (2013)
Surcharge Tax		
Lao PDR Tobacco Control Fund	2013	2% profit tax plus LAK 200 (per pack) USD 2,100,000 (2014) for tobacco control estimated by Ministry of Health
 Thai Health Promotion Foundation (ThaiHealth)	2001	2% surcharge levied on excise tax from alcohol and tobacco USD 120-130 million (2013-2014)
Vietnam Tobacco Control Fund	2013	1% excise tax, effective 1 st May, 2013; 1.5% from 1 st May, 2016; and 2% from 1 st May, 2019 USD 4.3 million (2013-2015) USD 6.6 million (2016-2019) USD 8.5 million (2019 onward)

Governance and roles of health promotion/tobacco control funds

Type and Year Established	Type	Governed and chaired by	Report to	Role of organization			
				Granting agency	Policy Development	Implementing health promotion programs	Building capacity
Lao PDR Tobacco Control Fund (2013)	Unit in MOH	Tobacco Control Fund Council (The National Committee on Tobacco Control)	National TC Committee and Government			✓	✓
Malaysian Health Promotion Board (MySihat) (2006)	Semi-autonomous agency under MOH	Board of Directors and chair appointed by the Prime Minister upon the advice of the Minister of Health	Minister of Health	✓			✓
Singapore Health Promotion Board (2001)	Statutory Board under MOH	Board of Directors and chaired by independent Chairman	Minister for Health and Parliament	✓	✓	✓	✓
Thai Health Promotion Foundation (ThaiHealth) (2001)	Autonomous agency	Board of Governance, chaired by Prime Minister	Cabinet and to both houses of Parliament	✓	✓	✓	✓
Vietnam Tobacco Control Fund (2013)	Semi-autonomous agency and a unit in MOH	In-sectoral Management Board chaired by Minister of Health	Government and National Assembly	✓		✓	✓

On-going development of sustainable funding for health promotion and tobacco control

Indonesia

2% Tobacco Excise Revenue Sharing

- Based on Law 39/2007 on excise policy, 2% of revenues generated from cigarette excise must be distributed to three main cigarette and/or tobacco producing provinces particularly in East Java, Central Java and West Nusa Tenggara.
- It has been implemented since 2008 and currently 20 provinces have received the resulting fund.
- These funds must be used for five purposes: improving the quality of raw materials, developing the industry, improving social welfare including tobacco control for implementing smoke-free area regulations and acquiring medical equipment for treatment of smoking-related diseases, disseminating customs regulations, and law enforcement on illegal cigarettes.
- The tobacco excise policy of 2% earmarked tax should be used mostly for tobacco control to reduce its consumption.

10% Local Cigarette Tax

- Based on Law 28/2009, a uniform rate of 10% local excise tax is imposed on for cigarette.
- Half of the revenue from the 10% local cigarette tax will be used for health including tobacco control and health promotion beginning in 2014.
- Ministry of Health has developed a 10% local cigarette tax implementation guidelines for health target in 2014 as main reference for all the 32 provinces in Indonesia.

Philippines

Sin Tax Law (Republic Act 10351)

- Section 8 of Republic Act (RA) No. 10351 (commonly known as 'sin tax' law passed on 20 December 2012) stipulates that after deducting the earmarked amount under RA 7171 (for Virginia tobacco growing provinces) and RA 8240 (for alternative livelihood for burley and native tobacco growing provinces), 80% of the remaining balance will be allocated for:
 1. Universal health care under the National Health Insurance Program
 2. Attainment of Millennium Development Goals (MDG)
 3. Health awareness programs
- The Implementing Rules and Regulations for the release of the sin tax revenues has been released on June 2014.
- According to the Department of Health, an approximate total of PhP 30.5 billion (USD 718.49 million) from the incremental revenue of the sin taxes has been allocated for Universal Health Care, MDG-related, and Health Awareness Programs under the 2014 General Appropriations Act.



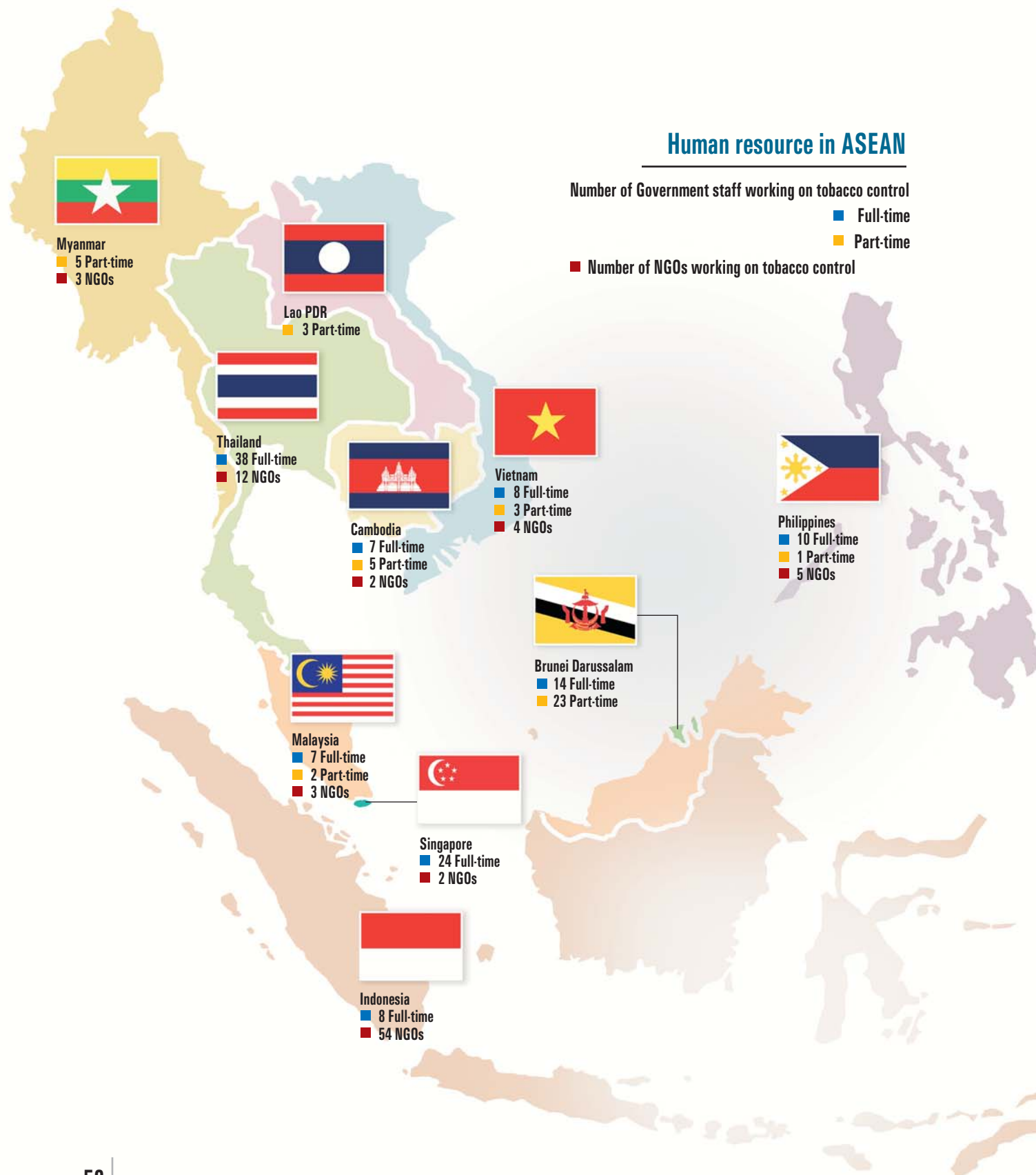
Human resource in ASEAN

Number of Government staff working on tobacco control

■ Full-time

■ Part-time

■ Number of NGOs working on tobacco control



Chapter 11

National Tobacco Control Coordinating Mechanism

The success of FCTC-compliant tobacco control policies largely depends on each country's ability and capacity for implementation. To this end, the FCTC requires countries to establish or reinforce and finance a national coordinating mechanism or tobacco control focal points that will develop, implement, periodically update, and review comprehensive multisectoral national tobacco control strategies, plans, and programmes (Article 5). Generally, many countries still lack the necessary structural, human, financial, and technical resources to implement cost-effective and sustainable tobacco control programmes.

While recognizing that knowledgeable and skilled human resources at different societal levels is the backbone for effective development and implementation of a wide range of tobacco control activities, 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 are gradually making progress in building national capacity (human and financial resources) to strengthen their tobacco control implementation.

Country	National Mechanism for Tobacco Control
Brunei	High Level Committee for Tobacco Control (JKKT)
Cambodia	Inter-Ministerial Committee for Education and Reduction on Tobacco Use (IMC)
Indonesia	None, only Ministry of Health (MOH) Focal Point
Lao PDR	National Tobacco Control Committee
Malaysia	Framework Convention on Tobacco Control (FCTC) Secretariat
Myanmar	Central Tobacco Control Committee
Philippines	National Tobacco Control Coordinating Office, Department of Health
Singapore	Health Promotion Board
Thailand	National Committee for Tobacco Control
Vietnam	Vietnam Steering Committee on Smoking and Health (VINACOSH)

ASEAN summary tables (chapter 1–11)

Country	World Bank Income Group	Population Size (in '000) *	Cigarette Per Capita Consumption (in 2010)	Prevalence of Smoking (%)						% Smokeless Tobacco Consumption (Total Number)	
				Adult			Youth (13-15 years)			Adult	
				Male	Female	Total (number of smokers)	Boys	Girls	Total	Male	Female
Brunei	High	406.2	.	34.9	3.9	18.0 (70,807)	17.1	6.7	12	3.1 (12,195)	6.6 (25,963)
Cambodia	Low	14,962.6	455	39.1	3.4	19.5 (1,477,000)	7.9	5	6.3	0.7 (24,000)	12.7 (526,000)
Indonesia	Lower Middle	248,818.1	1,115	67.4	4.5	36.1 (61,400,000)	41	3.5	20.3	1.5 (1,277,300)	2 (1,655,300)
Lao PDR	Lower Middle	6,644.0	429	43	8.4	25.5 (876,391)	14.3	1.1	8	1.1 (18,289)	8.0 (138,080)
Malaysia	Upper Middle	29,948.0	491	43.9	1.0	23.1 (4,747,000)	30.9	5.3	18.2	0.9 (95,121)	0.6 (60,000)
Myanmar	Low	61,573.8	187	33.6	6.1	22 (8,863,800)	13	0.5	6.8	51.4 (2,862)	16.1 (4,567)
Philippines	Lower Middle	99,384.5	1,016	47.7	9	28.3 (17,300,000)	12.9	5.3	8.9	2.8 (834,000)	1.2 (357,000)
Singapore	High	3,844.8	517	23.1	3.8	13.3 (356,000)	9	4	6**	.	.
Thailand	Upper Middle	68,251.0	540	39.0	2.1	19.9 (10,765,806)	20.1	3.8	11.7	1.1 (286,300)	5.2 (1,460,000)
Vietnam	Lower Middle	89,708.9	863	47.4	1.4	23.8 (15,300,000)	5.9	1.2	3.3	0.3 (92,000)	2.3 (752,000)

* Population size in 2013

** The data is based on age range 13-16 and the definition is smoked once in the past 30 days

ASEAN summary tables (chapter 1–13)

Country	Annual Deaths Due to Major Tobacco-Related Diseases (Estimates)	Average Monthly Expenditure for Manufactured Cigarette (in USD) > 15 years old	Government Budget (per capita in USD)		% Tobacco Tax Burden as Percentage of Retail Price	Sale of Single Sticks	Violators of Smoke-free Policy		Secondhand Smoke (SHS)	Health Warnings	Period of Compliance by Tobacco Industry for Latest Set of PHWs	Countries That Have Banned False or Misleading Descriptors	Disclosure of Information on Relevant Constituents and Emissions of Tobacco Products
			Tobacco Control	Health			Fines Imposed (in USD)	No fine, give advice and warning	% Youth exposed to SHS in home	% Youth exposed to SHS outside home			
Brunei	.	.	1.36	676.7	62*	Banned (2005)	790.74		39.7	56.4	75% front and back		✓ (2012)
Cambodia	9,650	7 (KHR 28,000)	0.0015	.	22.28	Allowed		✓	31.5	43	30% front and back		
Indonesia	190,260	37.4 (IDR 369,948)	.	21.6	59	Allowed	5,587		68.8	78.1	40% front and back	✓ (2012)	✓ (2012)
Lao PDR	4,807	11.41 (LAK 92,421)	0.32	.	16-19.7	Banned (2009)		✓	36.5	50.1	30% front and back		
Malaysia	11,056	55.9 (MYR 178.8)	0.028	214	46*	Banned (2004)	3,030		48.7	64.1	50% front; 60% back	✓ (2009)	✓ (2009)
Myanmar	71,060	.	.	.	50	Banned (2006)	156,780		32.2	38.4	✓		
Philippines	87,600	7.7 (PHP 326.4)	0.003	12.6	53	Allowed	11,257		42.9	57.9	30% front only**	✓ (2014)	
Singapore	2049	.	26.22	844.56	71*	Banned (2002)	756		.	.	50% front and back	✓ (2012)	✓ (2013)
Thailand	50,710	22.8 (THB 697.57)	0.147	48.79	70	Allowed	6-65		45.7	67.6	85% front and back***	✓ (2006)	✓ (2010)
Vietnam	40,000	7 (VND 135,000)	0.0004	28.94	41.6	Allowed	5-14		58.5	71.2	50% front and back	✓ (2012)	

*The estimate was calculated based on premium cigarette brand

** First set of 50% PHWs will come into force in 2015

*** New set of 85% PHWs will come into force on 23 September 2014

ASEAN summary tables (chapter 1–13)

Country	Status of TAPS Ban	Legislation on Tobacco Advertising Ban at POS		Ban TAPS via Internet	Menthol and Fruit-Flavored Cigarettes Sold	Licensing of Tobacco Retailers (in USD)	Banned Kiddie Packs (Less Than 20-Strick Per Pack)	% Youth Susceptibility to Tobacco Advertising and Promotion		Tobacco Industry Undermines Tobacco Control Using Legal Challenges
		Regulation of POS Ads	Status of Pack Display					Cigarette advertising on billboard seen by youth	Youth who have object with a cigarette brand on it	
Brunei	Almost total ban	Ban	Banned, effective 2011	X	✓	(240.12) BND 300	✓ (2005)	.	6.7	.
Cambodia	Almost total ban	Ban	Display only 1 pack per brand	X	✓	X	X	.	.	.
Indonesia	Partial ban	No Ban	Allowed	X	✓	X	X	89.3	11.3	6 court cases
Lao PDR	Partial ban	No Ban	Allowed	X	✓	X	X	58.4	12.3	
Malaysia	Partial ban	Ban	Allowed	✓	✓	X	✓ (2010)	.	9.2	3 court cases
Myanmar	Partial ban	.	.	X	✓	X	X	69.4	8.8	.
Philippines	Partial ban	No Ban	Allowed	X	✓	X	X	80.7	10.1	9 court cases
Singapore	Almost total ban	Ban	Display of any 1 pack per variant	✓	Menthol flavour only	(288.14) SGD 360	✓ (2002)	.	.	.
Thailand	Almost total ban	Ban	Banned, effective 2005	✓	Menthol flavour only	(1.3) THB 40	X	.	9.3	8 court cases
Vietnam	Almost total ban	Ban	Display of any 1 pack, box or carton per brand	✓	✓	In urban, cities: (28.5) VND 600,000 In rural, provinces: (14.3) VND 300,000	✓ (1 st May, 2016)	56.4	11.3	.

ASEAN summary tables (chapter 1–13)

Country	Tobacco Farming (Total area planted in (ha))	Number of Tobacco Growers	% of Total Employment	Sustainable Funding		Types of Funding	Mechanism/Source			Human Resource and Mechanism			
				Health promotion/ tobacco control fund	Funding mechanism for tobacco control		Treasurer Budget	Dedicated Tax	National Mechanism for Tobacco Control	Number of Government Staff Working on Tobacco Control		Number of NGOs Working on Tobacco Control	
						Within the Ministry of Health budget				Full-Time	Part-Time		
Brunei	NA	NA			✓	Health Promotion Center, Ministry of Health Brunei			✓	14	23	.	
Cambodia	8,308	13,000	0.17						✓	7	5	2	
Indonesia	228,770	689,360	0.64						X	8	.	54	
Lao PDR	No Information	No Information		✓				Lao PDR Tobacco Control Fund 2% profit tax plus LAK 200 (per pack)	✓	.	3	.	
Malaysia	2,526	3,204	0.11	✓			Malaysian Health Promotion Board (MySihat)		✓	7	2	3	
Myanmar	No Information	No Information							✓	.	5	3	
Philippines	35,730.04	55,533	0.16						✓	10	1	5	
Singapore	NA	NA		✓		Singapore Health Promotion Board			✓	24	.	2	
Thailand	28,384.96	49,166	0.13	✓				Thai Health Promotion Foundation (ThaiHealth)	✓	38	.	12	
Vietnam	26,161	220,000	0.44	✓				Vietnam Tobacco Control Fund 1% excise tax, effective 1 st May 2013; 1.5% from 1 st May 2016; and 2% from 1 st May 2019	✓	8	3	4	

* None full time at Ministry of Health but 7 full time at FDA/MADEC (National Agency for Drugs and Food Control)

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Chapter 3: Tobacco Prices and Taxes**Main map: Prices of most popular local and foreign brands (in USD Per Pack) 2014****Communication with SEATCA's country partners:**

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