



# What can Singapore Learn from New Zealand's and Malaysia's Policies to Ban Smoking for Future Generations?

**July 2022**

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## Introduction

Labelled as one of the most pressing public health issues, smoking has been one of the leading causes of preventable deaths globally.<sup>1</sup> Its contribution to the increasing incidence of non-communicable diseases certainly has not gone unnoticed.<sup>2,3</sup> This report concludes that the effects of smoking are multi-faceted, ranging from health to social and economic: increased health risks for chronic diseases like cancer, reduced workforce productivity, increased expenditure and pressure on the healthcare system are examples of the impacts smoking can have. Since then, knowledge and preventive efforts on smoking have increased greatly.<sup>4</sup>

Yet, despite heightened awareness and global efforts to reduce tobacco use, progress has been slow and heterogenous.<sup>2,3</sup> More can and should be done to strengthen tobacco control and address emerging threats posed by new nicotine and tobacco products.<sup>5,6</sup>

### ***Tobacco Free Generation***

Recently, the idea of a Tobacco Free Generation has gained traction globally, not least in countries like Malaysia and New Zealand. It is a social movement conceptualized to educate and change the landscape of teenage smoking and vaping addiction. In 2011, it was internationally recognized as a tobacco control endgame before being further developed into an international education ecosystem in 2012. In a nutshell, the Tobacco Free Generation International Endgame serves to introduce “laws banning the provision of tobacco to any citizen born in or after a specific year”, gradually phasing out smoking permanently. This proposal will mainly be aided by “initiatives designed to eliminate permanently the structural, political and social dynamics that sustain the tobacco epidemic, in order to end it within a specific time”.<sup>7</sup>

In light of key policy developments in Malaysia and New Zealand, the Leadership Institute for Global Health Transformation from the [Saw Swee Hock School of Public Health, National University of Singapore](#) hosted a policy dialogue on banning smoking. The policy dialogue specifically examined recent proposals from Malaysia and New Zealand to raise the legal smoking age by one year every other year, effectively phasing out smoking progressively. Challenges in implementation were highlighted; opportunities for retrofitting to other countries were discussed. The webinar featured an international panel of speakers from Singapore, Malaysia and New Zealand. Professor Robert Beaglehole, who currently chairs New Zealand’s Action for Smokefree 2025, spoke on New Zealand’s progress in its tobacco control programme before Mr Muhammad Sha’ani Abdullah, Secretary-General of the Malaysian Council on Tobacco Control and the Tobacco Control Coordinator of the Federation of Malaysian Consumer Associations, gave insights on Malaysia’s. Professor Chia Kee Seng, Professor and Founding Dean of the National University of Singapore Saw Swee Hock School of Public Health, then highlighted possible endgame strategies and evaluated the feasibility of such implementations in Singapore. Associate Professor Koong Neng Hung, the originator of the Tobacco Free Generation in Singapore, reiterated the need for governmental support on top of a social movement. Associate Professor Jeremy Lim, Director of the Leadership Institute for Global Health Transformation and moderator of the dialogue, concluded by underlining the need to have an array of tools to tackle these multi-faceted problems for current and future generations of smokers.

The following report summarises the key themes discussed during the dialogue and the steps to take moving forward.

## **Prevalence of Smoking, Current Measures on Tobacco Control, and Tobacco Free Generation**

### ***New Zealand***

In New Zealand, smoking rates have continued to reduce across all age groups, with only 10.9% of adults being smokers.<sup>8</sup> In New Zealand, smoking differs starkly across demographics and ethnicities: there is a disproportionate likelihood for individuals residing in socioeconomically deprived areas to take up smoking, 6 times more likely than the average individual. In addition, indigenous groups like the Maori and Pasifika peoples have the highest smoking rates in New Zealand (28% and 18 per cent respectively).<sup>8</sup> A report from the Ministry of Health of New Zealand stated in 2016 that one in five deaths in New Zealand is attributable to smoking, causing about three times more deaths than non-medical causes combined.<sup>9</sup> With high mortality and morbidity rates come high economic and social costs as well: smoking accounts for 86 900 disability adjusted life years in 2006 and tangible costs of nearly NZD\$2.5 billion in 2014.<sup>9</sup>

In 2011, the New Zealand government initiated the Smokefree 2025 goal with the goal of reducing both tobacco availability and smoking prevalence to below 5%, though they are at risk of missing the mark. This initiative comprises measures ranging from making stop-smoking and behavioural support services more accessible, on top of limiting access to tobacco products. They are mainly centred around the ABC pathways: 1) Ask about and document individual's smoking status, 2) Brief advice to smokers to stop smoking, 3) Cessation support for smokers.<sup>10</sup>

Studies in New Zealand have shown that the average age where people take up smoking is 14.8 years old. Part of the Smokefree 2025 campaign is therefore to discourage teens from picking up smoking by raising the legal smoking age by one year every year starting from 2027, effectively banning the sale of tobacco to those born after 2008. The number of shops selling tobacco will also be reduced and only tobacco products with low levels of nicotine will be sold from 2025.<sup>11</sup>

Unsurprisingly, this move has been met with criticism and pessimism, with claims that it unfairly targets low-income households where smoking is more widespread. The lower levels of nicotine in cigarettes may serve to feed their smoking addictions and encourage more purchases to fulfil their nicotine cravings, further exacerbating their financial situation. Moreover, people might turn to the readily accessible black market, which sells contraband cigarettes that pose greater health risks, negating the purpose of the campaign. There is, however, optimism in this proposal. New Zealand's unique island geography and liberal politics have made it easier for them to implement, mainly due to the lack of access to tobacco

products outside the country. Contrast this with Brookline, Massachusetts, a wealthy suburb near Boston city, which despite a law prohibiting individuals born after the year 2000 from purchasing tobacco, has not really improved the situation since tobacco is readily accessible in neighbouring states.

## **Malaysia**

In Malaysia, findings from the National Health and Morbidity Survey in 2015 have shown that approximately 22.8% of Malaysian adults aged 15 years and over were current smokers.<sup>12</sup> There have been little progress in smoking control for over three decades, with few signs that smoking reduction will be achieved especially with the growing proportion of smoking among the younger age group. The economic cost of smoking in Malaysia amounts to approximately RM15 785 million.<sup>13</sup> Annually, 20 000 smoking-related deaths are reported and smoking-related diseases remain one of the main contributors to disability-adjusted life years (DALYs).<sup>14</sup>

The Tobacco and Smoking Control Act – otherwise known as Generational End Game – was recently proposed with the aim to make Malaysia a tobacco-free nation by 2040. In this proposal, smoking and possession of tobacco and vaping products will be banned for people born after 2005, effectively preventing those who are currently 17 and below from purchasing tobacco and vaping products. There is already a high proportion of smokers taking up smoking before the age of 21.<sup>15</sup> Notwithstanding current legislations, tobacco consumption remains the leading cause of cancer deaths, contributing to 22 percent of all cancer deaths in Malaysia. Moreover, there are high costs associated with treating lung cancer, estimated to be RM132.7 million.<sup>16</sup> Current legislations are deemed insufficient, given the worryingly high smoking prevalence that has stagnated for nearly three decades. The Control of Tobacco Product Regulation Act in 2004 only covers conventional tobacco products; the Poisons Act only regulates e-cigarettes with nicotine; currently there is no regulation for e-cigarettes with no nicotine.<sup>17</sup>

The reception to this proposal has been mixed. On one hand, there was apprehension that this proposal will only drive people to turn to the black market from pent-up demand. Concerns regarding this can come in the form of counterfeit cigarettes and smuggled cigarettes: the former are not only labelled with fake logos meant to make them look like genuine ones, they also contain impurities such as asbestos that pose a greater health risk; the latter are cigarettes produced by real tobacco companies to be sold legally but diverted somewhere along the supply chain, evading government taxes.<sup>18,19</sup> There were also doubts about the feasibility of the law due to the issue of corruption and weak enforcement – key players in a product that needs close regulation. However, despite these pushbacks, there has been support from the general public, bar the businesses and companies profiting from tobacco.

## **Singapore**

In Singapore, smoking prevalence has been declining steadily, evident in the drop from 11.8% in 2017 to 10.1% in 2020.<sup>20</sup> However, approximately 6 Singaporeans still die prematurely from smoking-related diseases every day. Besides health costs attributed to the smokers, a conservative estimate of S\$600 million in social costs in the form of direct costs for healthcare, morbidity costs from reduced human capital, and mortality costs from reduced human capital

were incurred in 2014.<sup>21</sup> In addition, smoking-related diseases have consistently been ranked among the nation's top killers, exacerbating the costs from smoking.

A finding from the National Health Survey in 2010 showed that the majority of smokers in Singapore pick up smoking before the age of 21.<sup>22</sup> Further research in 2017 showed that the average age of daily smokers was 18 years old, stimulated by social influence and a "cool" perception of smoking.<sup>23</sup> Together, they highlight the need to develop a strategy to curb smoking especially among young Singaporeans. Collaborations were thus made with Institutes of Higher Learning and National Service to raise awareness and improve access to smoking cessation programmes. Amongst the multi-pronged strategies, the Minimum Legal Age for tobacco use was raised to 21 years and mandated that tobacco products have to be packaged with enhanced health warnings to remove the "cool" factor.<sup>23</sup>

## **What can Singapore learn from New Zealand and Malaysia's Tobacco Free Generation policies?**

Although much has been debated about the harmful effects of smoking over the years, the COVID-19 pandemic has brought this issue to the fore. With more people cooped up in their homes, complaints of secondhand smoke have risen. The authorities are pressed to come up with solutions that balance between individual rights and the wider social good, albeit with limited success. The Tobacco Free Generation therefore serves as one of the many potential solutions that can be enforced to better regulate and discourage future generations from smoking. However, its implementation does not come without barriers and difficulties.

One core message of the Tobacco Free Generation is that success requires more than just policy implementation – massive public support is needed. To garner public support, it would mean generating a social movement that citizens can agree and resonate with. And as opposed to traditional top-down policy implementations, this necessitates a bottom-up approach, one that engages with the public in meaningful ways while incorporating educational perspectives. Once this message gets across, public perceptions can shift, making it easier to affirm and bring about policy changes. After all, legislation may develop based on changing societal norms and public sentiment. Legislation without factoring in societal norms and public sentiment will not only hamper implementation, it might result in backlash and opposition.

Changing the public's perception also creates a hospitable environment for current smokers to kick their smoking addictions. The Tobacco Free Generation campaign helps to frame the contentious issue of smoking objectively and avoids criminalizing smokers who have been victims of past policies. In turn, this creates a society that is understanding and supportive, encouraging smokers to quit gradually.

This brings us to the question: is Tobacco Free Generation policy the silver bullet to the problem of smoking? Quite the contrary, smoking is a complex issue and instead requires a multi-pronged approach. For a start, harm restriction policies should be implemented in

conjunction with harm removal policies. Examples of harm restriction policies are taxation and banning smoking in public spaces; they are usually the starting point for most jurisdictions. Harm removal policies, on the other hand, are like the Tobacco Free Generation campaign and include a targeted strategy and end goal. In Singapore, the government's strategy back then was to denormalise smoking and utilize harm restriction measures. With shifting demographics and societal norms, strategies to target the young must change concomitantly. The endgame strategy therefore must comprise a variety of strategies from multiple stakeholders: governmental institutions, educational organizations, and healthcare institutions must all come together to help complement each other's efforts. In the words of Professor Chia Kee Seng, "We must not be distracted that a single policy will be more successful than others, they must work hand-in-hand". Indeed, the solution to smoking should move from an overfocus on mitigating its adverse health effects to one that considers how different solutions can work synergistically to overcome the various potential barriers, in light of evolving social dynamics and optics on smoking.

The implementation of the Tobacco Free Generation in Singapore will inevitably bring out many practical implications. For instance, is it pragmatic to enforce this on tourists, given Singapore's reputation as a favoured tourist destination? Should enforcement be more on the retailers or users? How can we create an atmosphere that avoids criminalizing smokers after implementing the Tobacco Free Generation? Addressing these questions is certainly no easy task – it requires numerous consultations between the authorities and the general public. The other pertinent question that was raised is this: are we trying to be nicotine- or tobacco-free? Legislative control on vaping has already seen limited success. For Tobacco-Free Generation to be a success, should there be a clear direction on what smoking products are allowed and banned? One suggestion from the dialogue was to maintain consistent messaging and policy implementation, coupled with rigorous education on the ground. Even though there might be difficulties in regulation, at least this sets a clear direction and vision to signal to the population the government's stance.

The general consensus from the dialogue was that there is certainly reason for optimism in the fight against smoking in Singapore. And this optimism is not unfounded – social conversations on such delicate issues are easier to raise, there is growing awareness on health among the young, and the younger population is willing to invest time and energy on such social issues. As mentioned, to deter the industry requires a social movement. A mere legislative exercise restricted to the parliament is inadequate to generate a social movement, let alone phase out smoking. Therefore, health authorities have to engage with the younger population to align policies with their value systems, so that messages can be brought across. After all, legislation is always behind the curve; generating traction and creating social consensus would be the first step in creating real change.

In our pursuit of this Tobacco Generation Endgame, however, we need to be cognizant about the issue of equity – we must ensure that such policies will not inadvertently affect the lower-income group disproportionately, and that there will be safeguards in place to help them. For if we are to progress together as a society, factoring the vulnerable into the equation is imperative.

## References

1. Shahwan S, Abdin E, Shafie S, et al. Prevalence and correlates of smoking and nicotine dependence: Results of a nationwide cross-sectional survey among Singapore residents. *BMJ Open*. 2019;9(10). doi:10.1136/bmjopen-2019-032198
2. World Health Organization. Tobacco. *World Health Organization*. July 21, 2021.
3. World Health Organization. *WHO Framework Convention on Tobacco Control*. World Health Organization; 2003.
4. Department of Health U, Services H. *The Health Consequences of Smoking - 50 Years of Progress: A Report of the Surgeon General*. www.cdc.gov/tobacco
5. WHO reports progress in the fight against tobacco epidemic. *World Health Organization*. July 26, 2021.
6. Flor LS, Reitsma MB, Gupta V, Ng M, Gakidou E. The effects of tobacco control policies on global smoking prevalence. *Nature Medicine*. 2021;27(2):239-243. doi:10.1038/s41591-020-01210-8
7. The Tobacco Free Generation International. Tobacco Free Generation Endgame.
8. New Zealand Health Promotion Agency. Information about New Zealand's smoking rates and how they are changing.
9. New Zealand Ministry of Health. *New Zealand's Tobacco Control Programme Report from the Ministry of Health*; 2016. <http://www.health.govt.nz/nz-health->
10. New Zealand. Ministry of Health. *The New Zealand Guidelines for Helping People to Stop Smoking: 2021 Update*; 2021.
11. New Zealand aims for smoke-free generation with new tobacco law. *The Straits Times*. December 10, 2021.
12. Lim KH, Teh CH, Pan S, et al. Prevalence and factors associated with smoking among adults in Malaysia: Findings from the National Health and Morbidity Survey (NHMS) 2015. *Tobacco Induced Diseases*. 2018;16(January):1-11. doi:10.18332/tid/82190
13. The Tobacco Atlas. Malaysia.
14. Lim KH, Teh CH, Heng PP, et al. Source of cigarettes among youth smokers in Malaysia: Findings from the tobacco and e-cigarette survey among Malaysian school adolescents (TECMA). *Tobacco Induced Diseases*. 2018;16(November). doi:10.18332/tid/96297
15. Das M. Malaysia to ban tobacco sales to people born after 2005. *Lancet Oncol*. 2022;23(3):331. doi:10.1016/S1470-2045(22)00067-5
16. Dawn Chan. "Generational End Game" towards a tobacco free generation. *New Straits Times*. February 17, 2022.
17. Dina Murad. Building a smoke free generation. *The Star*. February 27, 2022.
18. Lorraine Kember. Toxic Black-Market Cigarettes Fuel Mesothelioma Concerns. [Asbestos.com](http://Asbestos.com).
19. Illicit Tobacco Trade: Who It Hurts and Who It Helps. STOP A Global Tobacco Industry Watchdog.
20. Ministry of Health S. SMOKING RATES DOWN, CHRONIC DISEASE PREVALENCE REMAINS OF CONCERN. November 18, 2021.
21. Healthhub. Questions on Smoking, Tobacco Use and Health.
22. Health Promotion Board Singapore. ABOUT 80% OF SMOKERS HOOKED BEFORE THEY TURN 21. May 31, 2012.
23. Ministry of Health Singapore. *FURTHER CURB ON YOUTH SMOKING*; 2020.