Promoting Evidence-Based Strategies to Fight the Global Tobacco Epidemic
Findings from the ITC Malaysia Wave 1 to 4 Surveys

ITC Malaysia National Report

2005-2009

Suggested Report Citation

Foreword

Tobacco incurs heavy financial burden in terms of the management and treatment of tobacco-related diseases and at present, Malaysia is being confronted with this serious epidemic. Over the past 2 to 3 decades, the escalation in the number of smokers is now being followed by a burdensome increase in tobacco-related morbidity and mortality. Having anticipated this, the Ministry of Health has placed great emphasis on public health measures to combat this problem. Amongst the approaches used in our comprehensive tobacco control programme are legislation, taxation, provision of smoking cessation services as well as health promotion for the general public and specially-targeted populations, through the popular ‘Tak Nak Merokok’ or “No smoking” media campaign.

As a party to the WHO Framework Convention on Tobacco Control (FCTC), Malaysia is committed to the implementation of effective tobacco control measures stipulated in this Convention. Under domestic law, i.e. the Control of Tobacco Product Regulations (CTPR), all forms of tobacco advertisements are prohibited and the industry must comply with obligatory packaging and labelling conditions imposed on all cigarettes for sale in Malaysia namely, pictorial health warnings and packs containing not less than 20 sticks. There is also the legal requirement for minimum cigarette prices, ceiling levels for nicotine and tar emission, restrictions on the sale of cigarettes to minors, ban on misleading descriptors and designation of ‘No Smoking’ areas. Indeed, the findings from this ITC prospective study in Malaysia will be very useful in determining the efficiency and efficacy of these policies so as to ensure that the objectives of national tobacco control are met.

I am particularly keen on the results concerning the prevalence of cigarette smuggling as these statistics may provide a more accurate and reliable alternative to the data derived from surveys conducted by the tobacco industry. Thus, I would like to congratulate the ITC research teams, in particular the National Poison Centre, USM and all its principal international partners on a job well done.

Thank you.

Y.B. Dato’ Sri Tiong Lai Liow
Malaysian Health Minister
Message

In September 2003 when Malaysia signed the Framework Convention on Tobacco Control and ratified it exactly two years later in 2005, Universiti Sains Malaysia (USM) as one of the leading universities in the country keenly took on a role to lend support to the government’s effort to combat against tobacco use.

Tobacco issues are complex, often requiring networking and collaborations between policymakers and implementers of the law, researchers, and even NGOs to see things through and gain the desired results.

A group of researchers in USM was fortunate to be given the collaboration opportunity to embark on tobacco control research when approached by the University of Waterloo, Canada; Cancer Council Victoria in Australia; and the Roswell Park Cancer Institute in the United States to lead the International Tobacco Control Policy Evaluation Malaysia Survey (ITC Malaysia).

The research findings and evaluation conducted through ITC Malaysia Survey carried out between 2004-2009 are presented in this report. USM is proud that many of these findings have been effectively used to strengthen the country’s tobacco control policies, including influencing policy change.

This report is likely the first in a series of official reports to be released on tobacco control. USM remains committed to the national aspiration to create a “Healthy Malaysia” and will continue to provide related expertise and resources to reduce tobacco use.

Best wishes.

Professor Dato’ Omar Osman
Vice-Chancellor
Universiti Sains Malaysia
Message

I thank to Allah for His blessings and for the opportunity He has given me to say a few words in the ITC Malaysia National Report.

Established in 2006 with a mission to develop and promote the adoption of healthy lifestyles to create a healthy nation, the Malaysian Health Promotion Board (MySihat), has strived and continues to achieve its goal through countless efforts.

One of the priority areas of MySihat is tobacco control. Through various initiatives, it has effectively mobilized a number of NGOs and other organizations to participate in creating awareness of the dangers of tobacco. MySihat has also supported many tobacco control programs such as promoting smoke-free environments that protect non-smokers, especially women and children, from exposure to secondhand smoke.

It is a privilege for MySihat to work alongside the International Tobacco Control (ITC) team at the National Poison Centre, Universiti Sains Malaysia in this collaboration to undertake research and dissemination activities to convey relevant and important information, guidelines, and recommendations to improve tobacco control in Malaysia.

This ITC Malaysia National Report recommends evidence-based tobacco control policies and strategies for Malaysia to employ. The research findings provide a better understanding of the effectiveness of existing policies and strategies. The findings can be used by NGOs, particularly the tobacco control community, to advocate for stronger governmental policies and more effective tobacco control strategies.

Empowerment comes with knowledge and support. MySihat, with the resources, evidence-based research findings, and support of the ITC team, will be able to create a new chapter in healthy living for future Malaysians.

Last but not least, I would like to congratulate everyone who has contributed to the work of this report. As Chairman of the Malaysian Health Promotion Board (MySihat), I am honoured to be part of this collaboration.

Wassalam

Y.A.Bhg. Toh Puan Dato’ Seri Hjh. Dr Aishah Ong
Chairperson of the Malaysian Health Promotion Board (MySihat)
Message

The ITC Malaysia Survey was established with a team of international researchers from University of Waterloo in Canada; Cancer Council Victoria in Australia, and the Roswell Park Cancer Institute in the United States in 2004 with initial assistance from the Ministry of Health and the Health Promotion Board. The project was led by a group of researchers at the National Poison Centre, USM. Eight years later, the project is still thriving – currently in its fifth wave.

This report is a proud testimony that meaningful collaboration leads to fruitful gains. I urge the researchers to utilize their research evidence to push for greater policy change in tobacco control in Malaysia.

I would like to take this opportunity, on behalf of USM, to acknowledge the valuable support of the University of Waterloo, the Cancer Council Victoria, Roswell Park Cancer Institute, the Ministry of Health Malaysia, the Malaysian Health Promotion Board, and all other parties and individuals involved in this research study.

Best wishes.

Professor Asma Ismail
Deputy Vice-Chancellor
Research and Innovation
Universiti Sains Malaysia
Message

Tobacco use has long been recognized as the scourge against healthy living and is a pertinent issue for Malaysia which is striving to be a developed nation by 2020.

For more than a decade now, USM has actively worked with government agencies, NGOs, foreign partners, and within the community to conduct timely research on smoking behaviours, cessation, and other socio-cultural aspects of tobacco use in Malaysia.

The Division of Industry and Community Network hopes the evidence generated from this research work will be translated into solutions and know-how to ensure sustainability of change in the area of tobacco control. It is also essential, to provide new insights for effective strategies to be put into place to create a healthier Malaysia.

I congratulate the ITC team for a job well done and wish them continued success.

Professor Dato’ Susie See Ching Mey
Deputy Vice-Chancellor
Division of Industry and Community Network
Universiti Sains Malaysia
“As a Party to the WHO Framework Convention on Tobacco Control (FCTC), Malaysia is committed to implementing effective tobacco control measures provided in this Convention. Findings from this ITC prospective study in Malaysia will be very useful for determining the efficiency and efficacy of policies so as to ensure that the objectives of national tobacco control are met.”

Y.B. Dato’ Sri Tiong Lai Liow
Malaysian Health Minister
22 February 2012
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“Evaluation is an important integral part of any good program planning strategy. Clearly, it is crucial that rigorous appraisals be carried out at appropriate intervals so as to assess the true impact of public policies and the related implementation activities. This report provides essential information concerning the Government’s nationwide effort of controlling tobacco use; and would serve as a reliable basis for making future policy decisions.”

Y.Bhg. Dato’ Seri Dr. Hassan bin Abdul Rahman
Malaysian Director General of Health
The International Tobacco Control Policy Evaluation Project (the ITC Project) is a multi-country prospective cohort study designed to measure the psychosocial and behavioural impact of key policies of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC). As a party to the WHO FCTC signed in 2003 and ratified in 2005, Malaysia has committed to preventing and reducing tobacco consumption through strong evidence-based policies, as defined in the FCTC treaty text and in the FCTC Guidelines developed and adopted by the FCTC Conference of the Parties. This report presents results of Waves 1 to 4 (2005 – 2009) of the ITC Malaysia Survey – a face-to-face and telephone survey of a cohort of approximately 2,000 adult smokers and 1,000 youth smokers and non-smokers. Waves 1 to 3 also included a cohort of 1,500 adult non-smokers. The key findings contained in this report provide evidence regarding the attitudes and behaviours of adult and youth smokers and non-smokers to assist policymakers in implementing effective tobacco control policies in Malaysia.

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Malaysia Team

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Funding for ITC Malaysia Project

Roswell Park Transdisciplinary Tobacco Use Research Center

Robert Wood Johnson Foundation

National Cancer Institute of the United States

Canadian Institutes of Health Research

Ontario Institute for Cancer Research

Malaysian Ministry of Health (Waves 1 & 3)

ITC Malaysia National Report

The preparation of this report was coordinated by Lorraine Craig with the collaboration of Pete Driezen, Anne C. K. Quah, and Janet Chung-Hall of the University of Waterloo, and Maizurah Omar, Rahmat Awang, Zarihah Mohd Zain, Haslina Hashim, Ahmad Shalihin Mohd Samin, Mohamed Shukry Zawahir, and Nur Afiza Md. Rani of the Malaysia team.

Designed by Universiti Sains Malaysia, Informatics for Community Health and Sonya Lyon, Sentrik Inc.

Cover design by Sherrelaidah Aidarus

Digital Magazine by Muhammad Hafizullah bin Mohammad and Latifah bt. Zaidi

Photos by Mohd Azhari Ibrahim; Print coordination by Rosman Ahmad and Nooreha Salehen
BACKGROUND

The ITC Project Surveys

The International Tobacco Control Policy Evaluation Project (the ITC Project) is the first-ever international cohort study of tobacco use. Its overall objective is to measure the psychosocial and behavioural impact of key national level policies of the WHO Framework Convention on Tobacco Control (FCTC). The ITC Project is a collaborative effort with international health organizations, researchers, and policymakers in 23 countries (see back cover) so far, inhabited by more than 50% of the world’s population, 60% of the world’s smokers, and 70% of the world’s tobacco users. In each country, the ITC Project is conducting longitudinal cohort surveys to assess the impact and identify the determinants of effective tobacco control policies in each of the following areas:

- Health warning labels and pack descriptors
- Pricing and taxation of tobacco products
- Tobacco advertising and promotion
- Smoke-free legislation
- Education and support for cessation

All ITC surveys are developed using the same conceptual framework and methods, and the survey questions, which include more than 150 questions directly relating to policy impact, are designed to be identical or functionally equivalent across all ITC countries in order to allow strong cross-country comparisons. The ITC Project aims to provide an evidence base to guide policies enacted under the FCTC, and to systematically evaluate the effectiveness of these legislative efforts.

The ITC Malaysia Survey

In 2005, the Ministry of Health in collaboration with the Clearinghouse for Tobacco Control, National Poison Centre (NPC), Universiti Sains Malaysia (USM), partnered with the University of Waterloo, the Cancer Council Victoria, and Roswell Park Cancer Institute to create the ITC Malaysia Survey. The main objectives of the ITC Malaysia Survey are:

1) To examine the patterns of smoking behaviours among Malaysians.
2) To examine the impact of specific tobacco control policies being implemented in Malaysia.
3) To compare smoking behaviour and the impact of policies between Malaysia, and other ITC countries.
4) To measure the uptake of tobacco use among young people.

The ITC Malaysia Survey is a prospective longitudinal study of adult (18+) smokers and non-smokers, as well as youth (ages 13 to 17) smokers and non-smokers. The survey is part of a larger ITC Southeast Asia (ITC SEA) Project, which includes both Malaysia and Thailand. Waves 1 to 4 were conducted between 2005 and 2009 among a cohort of approximately 2,000 adult smokers and, 1,000 youth smokers and non-smokers. Waves 1 to 3 also included a cohort of 1,500 adult non-smokers. The surveys were conducted using both face-to-face (Waves 1 to 3) and telephone (Waves 2 to 4) survey methods. Waves 1 to 3 included a sample of adult non-smokers; however, adult non-smokers were not included in Wave 4. There was a shift in data collection methods over time. For adult respondents, Wave 1 was conducted using face-to-face interviews. In Wave 2, a substantial number of the continuing adult respondents were interviewed by telephone. In Wave 3, the majority of adult interviews were conducted by telephone, and in Wave 4, all adult interviews were conducted by telephone. The youth survey was conducted by self-administered (i.e., paper and pencil) questionnaire in all four waves.

Wave 1 of the survey was conducted between January 1 and March 7, 2005, i.e., one year after the implementation of the 2004 Regulations (that included a ban on advertising and promotion and smoke-free policies) and the launch of the Tak Nak (Say No) campaign. Wave 2 was conducted between July 31, 2006 and June 25, 2007, i.e., one month prior to an increase in excise taxes. Wave 3 was conducted between February 12 and September 3, 2008, i.e., 5 months before the implementation of pictorial warning labels. Wave 4 was conducted between July 25 and November 18, 2009, seven months after the implementation of tobacco control pack policies (i.e., graphic pictorial health warnings) and a ban on price promotion.

This report presents results of Waves 1 to 4 (2005 – 2009) of the ITC Malaysia Survey – a face-to-face and telephone survey of a cohort of approximately 2,000 adult smokers and, 1,000 youth smokers and non-smokers. Waves 1 to 3 also included a cohort of 1,500 adult non-smokers. The key findings contained in this report provide evidence regarding the attitudes and behaviours of adult and youth smokers and non-smokers to assist policymakers in implementing effective tobacco control policies in Malaysia.
KEY FINDINGS

1. Adult and youth smokers have strong negative opinions about their smoking and the majority regret taking up smoking. Moreover, smokers perceive others – both those who are close to them, and Malaysian society in general – to have negative views about their smoking.

2. Perceived societal norms against smoking in Malaysia are lower than that in other countries where tobacco control policies and programs are stronger and have been in place for a longer period of time.

3. While the majority of adult smokers want to quit smoking, fewer youth smokers have thought about quitting. There is a strong need to increase support for cessation and access to cessation services, including quit advice by physicians and religious leaders, and use of existing telephone quitline (infoline) services.

4. Since the 2004 smoke-free regulations came into force, the percentage of indoor workplaces in Malaysia that have adopted complete smoking bans has increased. In 2009, more than half of smokers across seven states reported that smoking was not permitted in their workplaces.

5. There were no major changes in the prevalence of smoking in restaurants in Malaysia. In 2009, one-third or more of smokers still noticed smoking in restaurants.

6. Since the 2004 smoke-free regulations, the percentage of smoke-free homes has increased dramatically, from 7% in 2004 to 40% in 2009. This is a major benefit to public health because the home is where much of the exposure to secondhand smoke occurs, especially for children.
7. The introduction of pictorial warnings in 2009 increased the salience of the health warnings among smokers. There was also evidence that the larger pictorial warnings led to a reversal in the decline in label effectiveness that had occurred between 2005 and 2008, during the time when the same small text-only warnings were on cigarette packs. Smokers were also more likely to think about the health risks of smoking and give up a cigarette because of the pictorial warnings.

8. Despite a national ban on direct advertising of tobacco products in 2004, tobacco product advertising is still highly visible in Malaysia among adults and youth.

9. The Tak Nak mass media campaign is highly successful in reaching smokers – at least 93% of smokers were aware of the campaign across all four survey waves.

10. The majority of smokers recognize the benefits of strong, well-funded anti-smoking campaigns – 79% agree that government should conduct more campaigns. Almost three-quarters (72%) of smokers feel that campaigns make smoking less socially desirable and almost half (43%) of smokers and quitters said that campaigns made them more likely to quit or to stay quit.

11. Although cigarette prices and taxes in Malaysia have increased over the last several years, cigarette affordability has increased by almost 2% between 2005 and 2009. The current level of tobacco taxation is still well below that of other countries in Asia and around the world.

12. There is an urgent need to increase cigarette taxes – three out of four smokers support stronger government control over tobacco prices, even if it means paying more for cigarettes.

13. Illicit cigarettes are easily obtained in Malaysia as almost three-quarters (72%) of illicit packs in a voluntary pack study were purchased from a convenience store. Thus, the government should continue to increase tobacco tax and at the same time introduce new strategies for curbing the illicit market such as introducing and restricting licenses to premises for the sales of cigarettes.
THE TOBACCO LANDSCAPE IN MALAYSIA

This section provides a brief overview of tobacco use and tobacco policies in Malaysia at the time the ITC Malaysia Waves 1 to 4 Surveys were conducted (January 2005 to November 2009). Malaysia ratified the Framework Convention on Tobacco Control (FCTC) in September 2005. Through the Control of Tobacco Product Regulations, first enacted in 1993, then strengthened in 2004, and again in 2008, the Malaysian government has implemented comprehensive tobacco control policies to fulfill its obligations of the FCTC.

Smoking Prevalence

Tobacco use is the most important preventable cause of disease and death in the world today. This is true in most countries in the world including Malaysia. An estimated 10,000 Malaysian deaths are attributed to smoking-related diseases annually. In the past 20 years, the Malaysian government has recognized the importance of reducing smoking rates. Indeed the Malaysian National Health and Morbidity Survey found that smoking prevalence among adults 18 years old and older has decreased from 24.8% in 1996 to 21.5% in 2006. However, smoking prevalence is still extremely high, particularly among men. In Malaysia, almost half (46.4%) of all men smoke, whereas few (1.6%) women do.

Smoking prevalence among young people indicates continued high rates of future death and disease due to smoking. The 2009 Global Youth Tobacco Survey found that 19.5% of 13 to 15-year-olds use some form of tobacco products with 18.2% smoking cigarettes and 9.5% using other tobacco products. Patterns of use among Malaysian youth reflect adult trends. For example, cigarette prevalence among adolescent males is significantly higher (30.9%) than among adolescent females (5.3%). However, the 5.3% is much higher than the 1.6% rate among adult women, which raises the ominous possibility that smoking rates among women will increase significantly in the future.

Tobacco Control Policies

The WHO Framework Convention on Tobacco Control (FCTC), the world’s first public health treaty, addresses the global tobacco epidemic through a variety of measures to reduce tobacco demand and supply, including price and taxation (Article 6), exposure to tobacco smoke (Article 8), packaging and labelling of tobacco products (Article 11), tobacco advertising and sponsorship (Article 13), cessation and treatment (Article 14), illicit trade (Article 15), and sales to minors (Article 16). With 174 member Parties as of January 2012, the FCTC is one of the most successful treaties ever established. Malaysia signed the FCTC on 23 September 2003 and ratified the treaty on 16 September 2005.

To reduce the burden of tobacco-related disease and death, Malaysia has committed to implementing national tobacco control policies based on the requirements of the FCTC. Prior to the FCTC, the Malaysian government enacted The Control of Tobacco Product Regulations, first enacted in 1993, then strengthened in 2004, and again in 2008, to fulfill its obligations of the FCTC.

Packaging and Labelling Tobacco Products

Article 11 of the FCTC states that each Party shall adopt and implement effective packaging and labelling measures. The strong Article 11 Guidelines which were adopted in November 2008, state that warnings should include graphic images, cover at least 50% of the front and back of the pack, and include distinctive borders to make the warnings more prominent.

From 1976 to 2009, health warning labels had one text-only message in Malay and English on the side of the pack that read: “Amaran Kerajaan Malaysia: Merokok Membahayakan Kesihatan” (in Malay) and “Warning by the Malaysian Government: Smoking is hazardous to health”.  

Malaysia’s Control of Tobacco Product Regulations 2008 require that a set of six rotating pictorial health warning labels be printed in both Malay and English, covering 40% of the front and 60% of the back of all cigarette packs. In addition, packs require the display of an unobstructed advisory against selling cigarettes to minors, the infoline number, and a warning that cigarette smoke contains 4000 types of chemicals. The Regulations also specify the font and colour of the text and prohibit false descriptors, such as “light”, “mild” or “low tar”, that are intended to mislead smokers (See Table 1). The legal requirement for pictorial health warnings was implemented on January 2, 2009, with full compliance required on all cigarette packs for sale in the Malaysian market as of June 1, 2009 (see Figure 1).

The tobacco industry is attempting to circumvent these regulations by replacing old descriptors with new descriptors that convey product superiority (e.g., naturally sun ripened tobacco) and altering pack colours, size, and border width, reducing the effectiveness of the pictorial warning labels.

In 2004, Malaysia introduced emission standards to regulate the contents of cigarettes. Cigarettes cannot contain more than 1.5 mg of nicotine and 20 mg of tar per cigarette. It is illegal to make or sell cigarettes exceeding the maximum amounts. Since 2008, limits are no longer allowed to be printed on cigarette packs.

Table 1. Malaysian cigarette packaging and labelling regulations

<table>
<thead>
<tr>
<th>Prior to 2008 Regulations</th>
<th>2008 Regulations</th>
</tr>
</thead>
<tbody>
<tr>
<td>Label</td>
<td></td>
</tr>
<tr>
<td>“Warning by the Malaysian government: Smoking is hazardous to health.”</td>
<td>Set of six rotating pictorial health warning labels</td>
</tr>
<tr>
<td></td>
<td>Cigarette contains 4000 chemicals: “Produk ini mengandungi lebih 4,000 bahan kimia termasuk tar, nikotina dan karbon monoksida yang membahayakan kesihatan”</td>
</tr>
<tr>
<td></td>
<td>Prohibited sale to persons under Age 18 years: “Dilarang Jual Kepada Orang Bawah Umur 18 Tahun”</td>
</tr>
<tr>
<td>Font</td>
<td></td>
</tr>
<tr>
<td>Printed in block letters of not less than 3 mm in height</td>
<td><strong>Health information and sales restrictions</strong>: Text printed in lettering of Arial font of not less than 8 points</td>
</tr>
<tr>
<td>Colour</td>
<td></td>
</tr>
<tr>
<td>Same colour and background as name of the brand</td>
<td><strong>Health information and sales restrictions</strong>: In a colour most conspicuous against the background of the cigarette package</td>
</tr>
</tbody>
</table>


---


Pricing and Taxation

Increasing taxes on tobacco products is considered to be one of the most effective components of a comprehensive tobacco control strategy, particularly among young people. Article 6 of the FCTC obligates countries that have ratified the treaty to adopt pricing and taxation measures that reduce tobacco consumption, such as sales restrictions and limitations on international travelers importing tax and duty-free tobacco products.

In 2005, the National Tobacco Board of Malaysia estimated that the country has over 1,600 growers with a total crop value of approximately RM$56.3 million ($4.2 million US). Taxes on tobacco products were determined according to weight, however, since 2005, excise taxes are charged per cigarette. An excise tax of RM$0.08 ($0.02 US) per stick is applied to cigarettes produced and sold in Malaysia. Imported cigarettes are subject to an import tax of RM$0.02 ($0.007 US) for international products and RM$0.10 ($0.03 US) for cigarettes from Association of South East Asian Nations (ASEAN) countries.9

In 2007, excise tax duty was increased by 25%. As of 2010, tax constitutes about 54% of the retail price of popular brand cigarettes and these retail prices must get prior approval from the government. Cigarettes are set at a minimum price of RM$6.40 per pack and price promotion has been banned. Exported cigarettes and tobacco leaves are exempt from taxes.

Smoke-free Public Places and Workplaces

Article 8 of the FCTC requires the adoption of effective measures to provide protection from exposure to tobacco smoke. The 1993 Regulations banned smoking indoors in healthcare institutions, public spaces (public lifts or toilets, theatres, etc.), and air-conditioned eating venues and public transportation. In 2004, the Regulations were amended to be more comprehensive, adopting full smoking bans in places of worship, educational and governmental institutions, additional public spaces (public toilets, libraries, internet cafe), air-conditioned shopping centres, airports, petrol stations, stadiums, and fitness centres. Designated smoking areas can occupy one-third of air-conditioned eating places, non-air conditioned public transport terminals, and open air stadiums. Smoking in pubs, discotheques, night clubs, and casinos is still permitted. Malaysia updated the regulations again in 2008 to include smoking bans in National Service Training Centres, and finally banned smoking in all air-conditioned workplaces in 2011. However, designated smoking areas are still permitted by law when written approval is given by the Health Minister. Even though such a clause exists, the Minister has never overridden the law. In all places where smoking is prohibited, proprietors are required to post ‘No Smoking’ signs. The implementation year of the various smoke-free policies in public places and workplaces is summarized in Table 2.

Table 2. Smoke-free public places and workplaces policy timeline

<table>
<thead>
<tr>
<th>Locations</th>
<th>1993</th>
<th>2004</th>
<th>2008</th>
<th>2010</th>
</tr>
</thead>
<tbody>
<tr>
<td>Entertainment centres or theatres</td>
<td>✓</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
</tr>
<tr>
<td>Hospitals and clinics</td>
<td>✓</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
</tr>
<tr>
<td>Public lifts</td>
<td>✓</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
</tr>
<tr>
<td>Public toilets</td>
<td>✓</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
</tr>
<tr>
<td>Public transportation</td>
<td>✓</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
</tr>
<tr>
<td>Air-conditioned eating places</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
</tr>
<tr>
<td>Air-conditioned shops</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Public transport terminals</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Airports</td>
<td>■</td>
<td>■</td>
<td>■</td>
<td></td>
</tr>
<tr>
<td>Government premises</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Places of public assembly</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Educational institutions</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Nurseries</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>School buses</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Floor with service counters</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Shopping complexes</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Petrol stations</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Stadiums, sports complexes, fitness centres or gymnasiums</td>
<td>▲</td>
<td>▲</td>
<td>▲</td>
<td></td>
</tr>
<tr>
<td>Religious institutions</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Libraries</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Internet cafes</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>National Service Training Centres</td>
<td>✓*</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
</tr>
<tr>
<td>Air conditioned workplaces</td>
<td>✓*</td>
<td>✓*</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

✓ = “Designated no smoking” areas as provided under Control of Tobacco Product Regulation (CTPR) 1993.
✓* = “Designated no smoking” areas as provided under Regulation 11(1) Control of Tobacco Product Regulation (CTPR) 2004. Although these areas do not meet the WHO MPOWER definition of 100% Smoke Free as stated in the Global Tobacco Control Report, no approval for legally designated smoking areas has been granted for these locations.
▲ = Partial ban – One-third of location designated as smoking area. (Legal provisions for smoking areas only dictate area sizes for restaurants, public transport terminals and open air stadiums.)
■ = Partial ban – Designated smoking rooms are permitted.


Malaysia banned smoking in all air-conditioned workplaces in 2011. However, designated smoking areas are still permitted by law when written approval is given by the Health Minister. Even though such a clause exists, the Minister has never overridden the law.
Melaka Smoke-Free Initiative

The Melaka State Government designated five areas - the Melaka World Heritage City, Melaka Raya, Melaka International Trade Centre, and the Alor Gajah and Jasin town centres as smoke-free zones in 2011. State governments of Johor, Penang, Sarawak, Terengganu, and Kelantan are planning to adopt smoke-free zones in their respective states in the near future.

Education, Communication, Training, and Public Awareness

Under Article 12, Parties must promote and strengthen public awareness of tobacco control issues through education and public awareness programs on the health risks of tobacco consumption and the benefits of cessation, and provide public access to information on the tobacco industry.

From 2004 to 2010, the Malaysian government launched “Tak Nak” or “Say No”, a nationwide anti-smoking campaign to reduce the prevalence of smoking by influencing current smokers to quit and deterring young people from starting. The campaign used mass and print media channels to promote accurate information about the individual and societal dangers of smoking. Other public awareness efforts include “Kempen Nafas Baru Bermula Ramadan” or “New Breath Beginning Ramadan”, a campaign that encourages Muslim smokers to stop smoking during Ramadan with the aim of promoting long term cessation.10

Tobacco Advertising, Promotion, and Sponsorship

Article 13 of the FCTC requires Parties to implement effective measures against tobacco advertising, promotion, and sponsorship. Guidelines for Article 13 recommend a comprehensive ban on tobacco advertising, promotion, and sponsorship (or apply restrictions that are as comprehensive as possible). Included among the recommended measures are bans on: cross-border advertising, promotion and sponsorship; display of tobacco products at point of sale; tobacco product vending machines; internet sales; and attractive packaging and product features.

The 2004 Regulations prohibit most forms of direct and indirect tobacco advertising and promotion. Malaysia has also banned the offer or supply of tobacco products free of charge. Although tobacco advertising and promotion at points of sale is banned, the continued display of cigarettes and tobacco products still remain a clear circumvention of the spirit of the advertising ban. Tobacco advertising, promotion, and sponsorship ban policies are summarized in Table 3.

Table 3. Tobacco advertising, promotion, and sponsorship ban policies

<table>
<thead>
<tr>
<th>Description</th>
<th>Ban in place</th>
</tr>
</thead>
<tbody>
<tr>
<td>Brand stretching/sharing</td>
<td>Yes</td>
</tr>
<tr>
<td>Product placement</td>
<td>Yes</td>
</tr>
<tr>
<td>Use of tobacco in entertainment media products</td>
<td>Yes</td>
</tr>
<tr>
<td>Tobacco sponsorship of international events or activities</td>
<td>Yes</td>
</tr>
<tr>
<td>Point of sale promotions</td>
<td>Partial*</td>
</tr>
<tr>
<td>Domestic internet</td>
<td>No</td>
</tr>
<tr>
<td>Global internet</td>
<td>No</td>
</tr>
<tr>
<td>Industry corporate responsibility contributions</td>
<td>No</td>
</tr>
</tbody>
</table>

* Tobacco products, including cigarette packs are still visibly displayed at point of sale.


Since ratifying the FCTC in 2005, Malaysia has made progress developing and implementing stronger, more comprehensive tobacco control strategies.

Cessation

Article 14 of the FCTC promoted the implementation of programs for smoking cessation, including programs for diagnosing, counselling, preventing, and treating tobacco dependence, as well as facilitating accessible and affordable treatments.

To reduce tobacco dependence and increase cessation rates, Malaysia has implemented smoking cessation programs involving a variety of medical professionals (physicians, dentists, nurses, pharmacists) in primary and public health settings that include diagnosis and treatment of nicotine dependence through counselling services. In addition to cessation clinics, quitline (infoline) services are offered nationally through Universiti Sains Malaysia (USM), and also at the state level. Pharmacotherapies, including nicotine replacement therapy (NRT), varenicline, and bupropion are available at community pharmacies. NRT, in the form of the patch and gum, as well as varenicline are included in the Ministry of Health formulary and thus fully subsidi sed by the government.

Illicit Trade in Tobacco Products

Article 15 of the FCTC requires parties to implement effective measures against all forms of illicit trade in tobacco products. To curb illicit trade of tobacco products in Malaysia, the 2008 Regulations include a provision that requires the name of the manufacturer and the country of origin to be printed on the side panel of each cigarette pack. To determine if a tobacco product is genuine, domestic cigarette packs feature a diamond mark printed with security ink and imported cigarette packs require a tax stamp.11

Sales to Minors

Article 16 of the FCTC requires each party to adopt effective measures to prohibit the sales of tobacco products to minors. The sale of tobacco products to minors has been illegal in Malaysia since 2004, and it is also illegal for minors to use tobacco products. To discourage smoking among youth, the sale of single cigarettes is banned and packs must contain at least 20 cigarettes. The legal ban on small or kiddy packs (14 cigarettes per pack) was introduced in 2004, but was only enforceable from June 2010. The sale of tobacco products through vending machines is prohibited and any person selling tobacco must seek out evidence of legal age. Objects in the form of tobacco products that may appeal to minors (sweets, snacks, toys, etc.) are also banned.

The Melaka State Government designated five areas - the Melaka World Heritage City, Melaka Raya, Melaka International Trade Centre, and the Alor Gajah and Jasin town centres as smoke-free zones in 2011.

NOTE: The smoke-free city project initiated by Melaka receives funding and technical supports from MySihat, the Malaysian Health Promotion Board. Through MySihat, several smoke-free city projects involving the ITC states, including Johor and Penang, are being planned.

METHODS

OVERVIEW

The International Tobacco Control Policy Evaluation Project (the ITC Project) is an international research collaboration across 23 countries – Canada, United States, United Kingdom, Australia, Ireland, Thailand, Malaysia, South Korea, China, Mexico, Uruguay, New Zealand, France, Germany, the Netherlands, Bhutan, Mauritius, Brazil, India, Bangladesh, Kenya, Nigeria, and Zambia. The primary objective of the ITC Project is to conduct rigorous evaluation of the psychosocial and behavioural effects of national level tobacco control policies of the Framework Convention on Tobacco Control (FCTC). The ITC Project is conducting large-scale prospective cohort surveys of tobacco use to evaluate FCTC policies in countries inhabited by half of the world’s smokers. Each ITC Survey includes key measures for each FCTC policy domain that are identical or functionally similar across the 23 countries to facilitate cross-country comparisons. The evaluation studies conducted from the ITC Surveys take advantage of natural experiments created when an ITC country implements a policy: changes in policy-relevant variables in that country from pre- to post-policy survey waves are compared to other ITC countries where that policy has not changed. This research design provides high levels of internal validity, allowing more confident judgments regarding the possible causal impact of the policy. For description of the conceptual model and objectives of the ITC Project, see Fong et al. (2006); for description of the survey methods, see Thompson et al. (2006).

The International Tobacco Control Policy Evaluation Project in Malaysia (the ITC Malaysia Project) was created in 2005 together with Thailand to form the larger project known as ITC Southeast Asia (SEA) Project to evaluate rigorously the psychosocial and behavioural effects of Malaysian tobacco control legislation using methods that the ITC Project has employed in many other countries throughout the world. The project objective is to provide an evidence base to guide policies enacted under the FCTC and to evaluate systematically the effectiveness of these legislative efforts. As with all ITC surveys across the 23 countries, the ITC Malaysia Survey was tailored for the tobacco control environment in the country and therefore included questions that were unique to Malaysia. For example, each survey wave included questions evaluating key messages from the “Tak Nak” national anti-smoking campaign of that year. In addition, the Wave 4 Survey also included a cigarette pack study to examine the illicit cigarette trade in Malaysia.

The ITC Malaysia Survey: Waves 1 to 4

In 2005, the ITC Malaysia Survey was developed and conducted by Clearinghouse for Tobacco Control of the National Poison Centre (NPC) at the University Sains Malaysia (USM) in partnership with an international team of tobacco control researchers from the University of Waterloo, Canada; the Cancer Council Victoria, Australia; and Roswell Park Cancer Institute, U.S. The Ministry of Health Malaysia has been in full support of this research since its inception. The specific evaluation objectives of this project are:

1) To examine the patterns of smoking behaviours among Malaysians.
2) To examine the impact of specific tobacco control policies being implemented in Malaysia.
3) To compare smoking behaviour and the impact of policies between Malaysia, and other ITC countries.
4) To measure the uptake of tobacco use among young people.

Wave 1 of the survey was conducted between January 1 and March 7, 2005, i.e., one year after the implementation of the 2004 Regulations (that included a ban on advertising and promotion and smoke-free policies) and the launch of the Tak Nak (Say No) campaign. Wave 2 was conducted between July 31, 2006 and June 25, 2007, i.e., one month prior to an increase in excise taxes. Wave 3 was conducted between February 12 and September 3, 2008, i.e., five months before the implementation of pictorial warning labels. Wave 4 was conducted between July 25 and November 18, 2009, seven months after the implementation of tobacco control pack policies (i.e., pictorial health warnings) and a ban on price promotion. Figure 2 illustrates the timeline of the ITC Malaysia Surveys in relation to the implementation of tobacco control policies and related initiatives.

**Sampling Design**

The ITC Malaysia Survey is a prospective longitudinal study of adult (18+) smokers and non-smokers, as well as youth (ages 13 to 17) smokers and non-smokers. Waves 1 to 3 included a sample of adult non-smokers; however, adult non-smokers were not included in Wave 4. There was a shift in data collection methods over time. For adult respondents, Wave 1 was conducted using face-to-face interviews. In Wave 2, a substantial number of the continuing adult respondents were interviewed by telephone. In Wave 3 the majority of adult interviews were conducted by telephone, and in Wave 4 all adult interviews were conducted by telephone. The youth survey was conducted by self-administered (i.e., paper and pencil) questionnaire in all four waves. A more detailed description of the methods of the ITC Malaysia Surveys can be found in the ITC Southeast Asia Technical Reports available at www.itcproject.org. 14, 15, 16, 17

The Wave 1 Survey used a probability sampling method to obtain a representative sample of adult smokers, adult non-smokers, youth smokers, and youth non-smokers from the following states, one in each of the country's six zones: Kedah, Selangor, Johor, Terengganu, Sabah, and Sarawak. Specifically, the sampling scheme for households was a stratified multi-stage design, with strata corresponding to the six states, and inclusion probabilities proportional to size at the first few stages in each stratum. The next-to-last stage units were clusters of dwellings which were typically enumeration blocks, consisting of 80-120 households. From each enumeration block, approximately 30 households were randomly selected and enumerated. A total of six adults smokers, four adult non-smokers and three adolescents were then randomly selected from residents of the 30 enumerated households within the enumeration block. Because of low smoking prevalence among women, one female smoker was interviewed whenever possible from a selected household, in order to increase the number of female smokers in the sample. As in other ITC surveys, respondents who were lost to follow-up in subsequent survey waves were replaced by newly recruited respondents from the population (the replenishment sample) based on the same sampling design as Wave 1. A substantial number of respondents who were missed at Wave 2 or Wave 3 were successfully contacted at Wave 4. Replenishment respondents were recruited by different survey modes according to their region (see the ITC SEA Technical Reports for further details).

At Wave 2, there was a modification of the sampling plan due to the unexpected wet weather that prevented fieldwork surveys from being carried out in some areas in the state of Johor. As a result, fieldwork was moved to survey locations in the state of Penang. Fieldwork continued in both Johor and Penang and the previous five states for the Wave 3 and Wave 4 Surveys.

Characteristics of the Wave 1 to 4 Sample

Survey fieldwork for Waves 1 to 4 was conducted by interviewers hired by Clearinghouse for Tobacco Control of the National Poison Centre at the National Poison Centre, Universiti Sains Malaysia (USM). Smokers were defined as having smoked more than 100 cigarettes in their lifetime and currently smoking at least once a week. Table 4 provides sample sizes of adult smokers and non-smokers and the youth sample at each wave. Table 5 describes the retention rates over the four survey waves. Table 6 provides the demographic characteristics of the adult and youth sample at Wave 4.

Table 4. ITC Malaysia Waves 1-4 Survey sample sizes in each state

<table>
<thead>
<tr>
<th>State</th>
<th>Wave 1</th>
<th>Wave 2</th>
<th>Wave 3</th>
<th>Wave 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smokers</td>
<td>Non-smokers</td>
<td>Youth</td>
<td>Smokers/Quitters</td>
</tr>
<tr>
<td>Kedah</td>
<td>270</td>
<td>201</td>
<td>137</td>
<td>181</td>
</tr>
<tr>
<td>Penang</td>
<td>–</td>
<td>–</td>
<td>–</td>
<td>83</td>
</tr>
<tr>
<td>Selangor</td>
<td>665</td>
<td>555</td>
<td>325</td>
<td>597</td>
</tr>
<tr>
<td>Johor</td>
<td>367</td>
<td>274</td>
<td>185</td>
<td>201</td>
</tr>
<tr>
<td>Terengganu</td>
<td>300</td>
<td>223</td>
<td>157</td>
<td>259</td>
</tr>
<tr>
<td>Sabah</td>
<td>227</td>
<td>175</td>
<td>115</td>
<td>143</td>
</tr>
<tr>
<td>Sarawak</td>
<td>175</td>
<td>127</td>
<td>90</td>
<td>176</td>
</tr>
<tr>
<td>TOTAL</td>
<td>2004</td>
<td>1555</td>
<td>1009</td>
<td>1640</td>
</tr>
</tbody>
</table>

Table 5. ITC Malaysia Waves 2-4 retention rates for the adult and youth sample

<table>
<thead>
<tr>
<th>Retention rates</th>
<th>Wave 1 to Wave 2</th>
<th>Wave 2 to Wave 3</th>
<th>Wave 3 to Wave 4</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Smokers/Quitters</td>
<td>Non-smokers</td>
<td>Smokers/Quitters</td>
</tr>
<tr>
<td>Adults</td>
<td>n=868, 43.3%</td>
<td>n=869, 55.9%</td>
<td>n=966, 58.9%</td>
</tr>
<tr>
<td>Youth</td>
<td>n=445, 44.1%</td>
<td></td>
<td>n=406, 52.3%</td>
</tr>
</tbody>
</table>
### Table 6.
Demographic characteristics of the ITC Malaysia Wave 4 adult smokers and youth sample

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Adults</th>
<th>Youth</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Freq.</td>
<td>%</td>
</tr>
<tr>
<td><strong>Number of times surveyed at Wave 4</strong>*</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1</td>
<td>757</td>
<td>37.0</td>
</tr>
<tr>
<td>2</td>
<td>520</td>
<td>25.4</td>
</tr>
<tr>
<td>3</td>
<td>453</td>
<td>22.2</td>
</tr>
<tr>
<td>4</td>
<td>315</td>
<td>15.4</td>
</tr>
<tr>
<td><strong>Age (Adult – grouped)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 24</td>
<td>627</td>
<td>31.2</td>
</tr>
<tr>
<td>25 – 39</td>
<td>625</td>
<td>31.1</td>
</tr>
<tr>
<td>40 – 54</td>
<td>491</td>
<td>24.4</td>
</tr>
<tr>
<td>55+</td>
<td>266</td>
<td>13.2</td>
</tr>
<tr>
<td><strong>Age (Youth – grouped)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>13 – 15</td>
<td></td>
<td></td>
</tr>
<tr>
<td>16 – 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18 – 19</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Sex</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>24</td>
<td>1.2</td>
</tr>
<tr>
<td>Male</td>
<td>2021</td>
<td>98.8</td>
</tr>
<tr>
<td><strong>Urban/rural residence</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>1270</td>
<td>62.1</td>
</tr>
<tr>
<td>Rural</td>
<td>775</td>
<td>37.9</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>1725</td>
<td>84.6</td>
</tr>
<tr>
<td>Otherwise</td>
<td>314</td>
<td>15.4</td>
</tr>
<tr>
<td><strong>Annual Income</strong></td>
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Content of the ITC Malaysia Survey

The ITC Malaysia Survey was developed by an international team of tobacco control researchers from Malaysia, Canada, and Australia. Most of the survey methods and survey questions have been taken from the standardized protocols used in ITC surveys conducted in 20 countries around the world, beginning in 2002. In the ITC Malaysia Survey, each respondent who was categorized as a smoker was asked to respond to the following types of questions:

Smokers responded to questions on:

1. **Smoking Behaviour and Cessation.** Smoking history and frequency, as well as current smoking behaviour and dependence, and quitting behaviours;

2. **Knowledge and Basic Beliefs About Smoking.** Knowledge of the health effects of smoking and important beliefs relevant to smoking and quitting, perceived risk and perceived severity of tobacco-related diseases;

3. **Tobacco Control Policies.** Awareness of, impact of, and beliefs relevant for each of the FCTC demand reduction policy domains (warning labels, price/taxation, advertising/promotion, smoke-free policies, light/mild descriptors);

4. **Other Important Psychosocial Predictors.** Smoking behaviour and potential moderator variables such as attitudes, normative beliefs, self-efficacy, and intentions to quit;

5. **Individual Difference Variables Relevant to Smoking.** (e.g., depression, stress, time perspective);

6. **Demographics** (e.g., age, gender, marital status, education, occupation).

Respondents who were categorized as non-smokers were asked to respond to similar survey items, with the exception of the smoking- and cessation-relevant questions. The ITC Malaysia Survey was first developed in English and translated into Malay in order for the interviews to be conducted in the national language. The interview took approximately 50 minutes to complete for adult smokers, 40 minutes for youth, and 30 minutes for non-smokers. More information on the ITC Project is available at [www.itcproject.org](http://www.itcproject.org).

In addition to the customary ITC survey questions, at Wave 4, Malaysian researchers conducted a study of cigarette packaging to determine if products were genuine or illicit.
This report provides an overview of key findings from the ITC Malaysia Wave 1 to 4 Surveys. The focus of the report is to inform tobacco control policy development by evaluating policy effectiveness over time. The results are discussed in the context of the current tobacco control landscape in Malaysia. The findings provide a detailed picture describing how the beliefs, attitudes, and behaviours of adult and youth smokers have changed over time in relation to the implementation of tobacco control policies. Due to the low prevalence of smoking among Malaysian women, very few female smokers were sampled in each of the four waves. Therefore, the results for adult smokers presented here are limited to male smokers only.

In order to assess changes over time, data from all four waves of the ITC Malaysia Survey were used to estimate longitudinal trends. However, the sample of smokers participating in the ITC Malaysia Survey has changed over time, such that a greater proportion of the sample comes from urban areas. In addition, beginning in Wave 2, both telephone and face-to-face interviewing methods were used to collect the data. In order to account for these, the weighted longitudinal estimates provided in this report have been adjusted to control for these factors using statistical regression models. These models controlled for urban/rural residence, survey mode, the age of respondents, their smoking status, ethnic background (Malay vs. non-Malay) and the number of times respondents had completed a survey.

Cross-sectional estimates for a single point in time are also presented for Wave 4 adult male smokers. These weighted estimates can be considered to be representative of the adult urban male Malaysian smoker.

Similarly, while the data collection mode for the youth sample remained the same over time (mail-in paper questionnaire), the youth sample has aged, and represents a larger age group with each wave. This must be taken into account in the interpretation of the youth sample results.
**FINDINGS**

**SMOKING AND QUITTING BEHAVIOUR**

The ITC Malaysia Wave 4 Survey (July to November 2009) provides an assessment of tobacco use and quitting behaviours among adult and youth smokers. The Wave 4 (2009) Survey measures cigarette consumption, quitting behaviour, and beliefs and attitudes towards smoking in adults and youth including perceived norms about smoking among people important to the smoker and perceived norms about the acceptability of smoking in Malaysian society. The Wave 4 (2009) Survey also measures levels of awareness of, experiences with, and attitudes towards cessation services among adult smokers.

**Cigarette Consumption**

**Adult smokers.** Among the 1867 adult smokers surveyed, the majority (90%) reported that they are daily cigarette smokers who smoke more than half a pack a day (an average of 13 cigarettes per day).

**Youth smokers.** Of the 877 youth surveyed, only 112 (11%) were smokers (current smokers and experimental smokers). Among these youth smokers, just over half (55%) reported that they smoke 2 to 10 cigarettes per day, and almost one-third (28%) reported that they smoke more than half a pack (11 cigarettes or more) a day. Only 15% of youth smokers reported that they ‘always’ have or feel like having a cigarette first thing in the morning.

**Personal Opinions and Perceived Norms About Smoking**

**Adult smokers.** Smokers themselves hold very negative opinions and beliefs about their smoking. This was true among the 1867 smokers in Malaysia as it has been in the other 19 ITC countries. Over five out of six (84%) adult smokers in Malaysia reported that they had a “bad” or “very bad” opinion of smoking.

The majority of adult smokers regret taking up smoking - 88% “agreed” or “strongly agreed” that if they had to do it over again, they would not have started smoking.

With respect to norms about smoking, smokers were also very aware that members of their close social networks disapprove of their smoking. Nearly all (94%) “agreed” or “strongly agreed” that people important to them think that they should not smoke.

**Youth smokers.** Overall, Malaysian youth have a negative opinion about smoking – of the 877 youth surveyed, 58% and 37% have a “very bad” or “bad” opinion of smoking, respectively. In addition, 58% “agree” that Malaysian society disapproves of smoking.

**Youth smokers’** perceived norms of society against smoking appeared to be stronger than the perceptions of adult smokers. About one-quarter (27%) of youth smokers reported that they regret ever starting to smoke “a lot”, and the majority (58%) reported that they “somewhat” regret ever starting to smoke.

**Adapted from** Smoking and Tobacco Control: http://www.sciencedirect.com/science/article/pii/S1569110910001600

Adult and youth smokers have strong negative opinions about their smoking – the vast majority regret smoking and perceive close family and friends as disapproving of their smoking.
Smoking is not perceived very negatively by Malaysian society—at least not at the same degree as in other countries where tobacco control policies and programs have existed for longer.

Quit Intentions and Quit Attempts

Adult smokers. Among 1867 adult smokers, 42% reported that they “often” or “very often” think seriously about quitting. The majority of these smokers (78%) had plans to quit at some point in the future, with almost one-third (29%) having plans to quit in the next six months.

Almost half (45%) of adult smokers were “very” or “extremely” sure that they could quit smoking completely within the next six months, and 75% had made a quit attempt at some point in time.

The most common reasons that adult smokers gave for wanting to quit are family disapproval of smoking (34%), personal health (34%), and desire to set an example for children (33%). In addition, 65% of adult smokers believed that they would benefit “very much” from quitting within the next six months.

The majority of adult smokers (90%) stated that their religion discourages smoking, and 73% acknowledge that smoking is discouraged (makruh) under the Islamic faith (which is the predominant religion in Malaysia). About half (54%) of adult smokers reported that Ramadan would motivate them to quit smoking “a lot”. In addition, 43% of adult smokers reported that they would be motivated to quit smoking “a lot” if they were advised to do so by a religious leader.

Youth smokers. In comparison to adult smokers, a lower percentage of youth smokers have contemplated quitting. Among the 112 youth who smoke, 17% expressed that they wanted to quit smoking “a lot”, but only 8% actually planned to quit within the next month. A large proportion (59%) did not plan to quit within the next six months, and almost one-quarter (24%) had no plans to quit at all.

While almost one-third (31%) of youth smokers made a quit attempt in the past month, it should also be noted that 37% had never made any attempts to quit at all.

Just over one-third (37%) of youth smokers believed that it was “very hard” for regular smokers to quit.

Use of Cessation Assistance

Adult smokers. Only 10% of the 1867 adult smokers had visited a doctor in the past six months. Of these smokers, 18% (2% of all smokers surveyed) were given advice to quit, 51% (8% of all smokers surveyed) were given pamphlets or brochures with information on how to quit, and 77% (5% of all smokers surveyed) received a referral to another cessation service.

Although Malaysia has a national telephone infoline that is advertised on the outside of all cigarette packs, close to four out of five (79%) of adult smokers were not aware of the infoline, and more than one-third (39%) expressed “little” or “no” interest in using the infoline as a source of cessation support.
Findings of the ITC Malaysia Wave 4 Survey (2009) indicate that overall, youth and adult smokers view smoking negatively. The vast majority of smokers—both adult and youth—regret ever having started smoking. Adult and youth smokers agree that Malaysian society disapproves of smoking behaviour. Perceived societal norms against smoking in Malaysia are lower than that in other countries where tobacco control policies and programs are stronger and have been in place for a longer period of time. The findings also show that there is a strong need to increase support for cessation and access to cessation services.
SMOKE-FREE PUBLIC PLACES AND WORKPLACES

In 1993, the government of Malaysia implemented regulations that banned smoking in healthcare institutions, some public places, air-conditioned eating venues, and public transportation. Under the revised Control of Tobacco Regulations 2004 (effective September 7, 2004), smoking bans were broadened to include more public places and workplaces, such as educational and governmental institutions, air-conditioned shopping centres, airports, and stadiums.

The ITC Malaysia Wave 1 Survey (January to March 2005) was conducted five to seven months after the implementation of the 2004 regulations. The Wave 1 Survey provides an initial assessment of the influence of the strengthened smoke-free laws on smokers’ reported exposure to environmental tobacco smoke. Follow-up surveys at Wave 2 (August 2006 to June 2007), Wave 3 (February to September 2008), and Wave 4 (July to November 2009), provide an ongoing assessment of the impact of smoke-free laws in Malaysia.

SMOKING IN INDOOR WORKPLACES

Prevalence of smoking bans in workplaces

**National level results.** Among smokers who work indoors, the reported prevalence of complete smoking bans in indoor workplaces has approximately doubled between 2005 (Wave 1) and 2009 (Wave 4) (see Figure 4). About one-third of these smokers reported that smoking was not allowed in any indoor areas at their workplace at Wave 1 (2005, 34%) and Wave 2 (2006-07, 30%). The percentage of complete indoor bans continued to increase as more than half (58%) of smokers who work indoors reported having a complete ban at Wave 3 (2008), and almost two-thirds of male smokers who work indoors (64%) reported having a complete smoking ban at their workplace at Wave 4 (2009).

The prevalence of complete workplace smoking bans reported by smokers who work indoors has approximately doubled between 2005 and 2009. However, in 2009, approximately one-third of smokers did not have a complete smoking ban at their workplace.
State level results. It should be noted that the state level results presented in this section are based on sample sizes that are very small in some states. Thus, the estimated percentages may not be reliable. Results indicate that reported complete smoking bans in workplaces have increased in all seven states between Wave 1 (2005) and Wave 4 (2009) (see Figure 5). At Wave 1 (2005), Sarawak was the only state where more than half of smokers (52%) reported having a complete ban. By Wave 4 (2009), more than half of smokers across all seven states reported that there is a complete workplace smoking ban. At Wave 1 (2005), the prevalence of reported complete bans ranged from 18% in Johor to 52% in Sarawak. At Wave 4 (2009), the prevalence of complete bans was lowest in Sarawak (57%) and highest in Sabah where three-quarters of smokers reported that smoking indoors is not allowed at all. Between Wave 1 (2005) and Wave 4 (2009), dramatic increases in bans were achieved across five states: Selangor (43% increase), Johor (42% increase), Sabah (38% increase), and Penang (35% increase). Smaller increases in the prevalence of workplace bans were observed in states in which at least half of smokers had workplace bans at Wave 1 (2005): Terengganu (18% increase) and Sarawak (5% increase).

Noticing smoking in workplaces

National level results. The Wave 3 (2008) and Wave 4 (2009) surveys asked smokers who work indoors whether they had noticed anyone smoking in workplaces in the past month. The results indicated that there was relatively little difference in the prevalence of observed smoking in workplaces between Waves 3 (2008) and 4 (2009) (see Figure 6). Approximately one-third of smokers who work indoors observed smoking at Wave 3 (2008; 33%) and Wave 4 (2009; 30%).

State level results. Results indicated that in most states, the prevalence of observed smoking in workplaces generally decreased between Wave 3 (2008) and Wave 4 (2009) (see Figure 7). Between Wave 3 (2008) and Wave 4 (2009), the percentage of smokers reporting that they noticed smoking in workplaces decreased in five states: Sarawak (31% decrease), Johor (22% decrease), Penang (17% decrease), Terengganu (12% decrease), and Kedah (2% decrease). In two states, the prevalence increased slightly: Selangor (11% increase), and Sabah (2% increase). The largest reductions in the prevalence of observed smoking in workplaces were seen in the states of Johor, Sarawak, and Penang.
SMOKING IN RESTAURANTS

Noticing smoking in restaurants

**National level results.** Beginning at Wave 3 (2008) and continuing at Wave 4 (2009), the ITC Survey asked smokers who visited air-conditioned restaurants in the last six months whether they had noticed anyone smoking. At Wave 3, the prevalence of observed smoking was 24%, which is much lower than the prevalence observed in countries where there are no smoke-free laws (e.g., China 94%; Bangladesh 88%) but not as low as in some high-income countries where restaurants are smoke-free by law (e.g., Canada 1%; France 2%). There was relatively little change in the prevalence of observed smoking in restaurants from Wave 3 (2008, 24%) to Wave 4 (2009, 28%) (see Figure 8).

**State level results.** Results showed that in more than half of the seven states, there were small increases in the prevalence of observed smoking in restaurants between Wave 3 (2008) and Wave 4 (2009) (see Figure 9). Specifically, in four states, the percentage of smokers reporting noticing smoking in restaurants went up between Wave 3 (2008) and Wave 4 (2009): Kedah (16% increase), Sabah (11% increase), Terengganu (7% increase), and Selangor (6% increase). Slight decreases in the prevalence of observed smoking in restaurants were seen in two states: Johor (4%) and Sarawak (9%). No change was seen in the state of Penang. Overall, there were no dramatic changes in the prevalence of observed smoking in restaurants across all seven states.

The government of Malaysia continues to update regulations on smoking in indoor workplaces and hospitality venues. Since the 2004 smoking bans came into force, the percentage of indoor workplaces in Malaysia that have adopted complete smoking bans has increased. As of 2009 (Wave 4), more than half of smokers across seven states reported that smoking was not permitted in their workplaces.

Although reductions in the prevalence of observed smoking in workplaces were seen across the majority of states, further statistical analysis is required before any firm conclusions can be made. It is also worth noting that one-third or more of smokers still noticed smoking in workplaces in 2009 (Wave 4).

Overall, the findings in this report showed no major changes in the prevalence of smoking in restaurants in Malaysia. As of 2009 (Wave 4), one-third or more of smokers still noticed smoking in restaurants.

Smoke-free laws can be effective in lowering the prevalence of smoking in indoor work environments and other hospitality venues when properly implemented. Improving the enforcement of comprehensive bans at the national and state level in Malaysia will be an important goal to further reduce exposure to secondhand smoke in workplaces and hospitality venues.
SMOKING IN THE HOME

National level results. The prevalence of smoke-free homes in Malaysia has increased dramatically since the implementation of the 2004 smoke-free Regulations. At Wave 4 (2009), 40% of adult male smokers reported that they did not allow smoking in their homes. This is a 33 percentage point increase since Wave 1 (2005), when the prevalence of smoke-free homes was only 7% (see Figure 10).

State level results. At Wave 1 (2005), a very low percentage of adult male smokers, ranging from 2% to 13% in seven states (Johor, Kedah, Penang18, Selangor, Terengganu, Sabah, and Sarawak) did not allow smoking in their homes. By Wave 4 (2009), there was a substantial increase in the prevalence of smoke-free homes – ranging from 30% of adult male smokers in Terengganu to 49% of adult male smokers in Sarawak and Johor (see Figure 11). The most dramatic increases in smoke-free homes between Wave 1 (2005) and Wave 4 (2009) were seen in Johor (47% increase), Sarawak (36% increase), Sabah (36% increase), and Selangor (33% increase), where the reported percentage of smoke-free homes increased by at least 30 percentage points.

The implementation of the 2004 regulations has had a dramatic impact on the prevalence of smoke-free homes in Malaysia. The percentage of smoke-free homes has increased steadily since the 2004 regulations came into effect, with close to half of smokers reporting that they have made their homes smoke-free in 2009 (Wave 4).

The results in this report are consistent with evidence from ITC analyses in other countries (Canada, United States, United Kingdom, France, Germany, Ireland, and the Netherlands) indicating that bans on smoking in public places and workplaces are associated with increases in bans on smoking in the home.19, 20

Conclusions

Longitudinal results of the ITC Malaysia Survey (Waves 1 through 4, 2005-2009) provide strong evidence that complete smoking bans in the workplace have become more prevalent over time. In addition, there has been a dramatic increase in the percentage of smokers who have made their homes smoke-free.

18. For the state of Penang, data was collected at Waves 2, 3, and 4 only. As such, Wave 2 represents the baseline data.


HEALTH WARNING LABELS

Health warning labels in Malaysia have evolved over the past 35 years. From 1976 to 2009, health warning labels had one text-only message in Malay and English on the side of the pack that read: “Amaran Kerajaan Malaysia: Merokok Membahayakan Kesihatan” (in Malay) and “Warning by the Malaysian Government: Smoking is hazardous to health”. The legal requirement for pictorial health warnings was implemented on January 2, 2009, with full compliance required on all cigarette packs for sale in the Malaysian market as of June 1, 2009. These labels consist of six rotating pictorial health warnings printed in both Malay and English, covering 40% of the front and 60% of the back of all cigarette packs. In addition, packs require an advisory against selling cigarettes to minors, the infoline number, and a warning that cigarette smoke contains 4000 types of chemicals.

The Wave 1 to 3 (2005-2008) Surveys were conducted when text warnings were in place. The Wave 4 (2009) Survey was conducted between July and November 2009, one month after pictorial warnings were required on all packs. The results below describe respondents’ reactions to the pictorial warnings.

Smokers’ Awareness of Health Warnings

Across Waves 1 to 3 (2005-2008), when pack labels were text-only, slightly more than half of smokers noticed the text health warnings on cigarette packs “often” or “very often” (Figure 12). The percentages remained similar over the three years - 58% at Wave 1, 54% at Wave 2, and 54% at Wave 3. After pictorial warnings were implemented in 2009 there was a significant increase in the percentage of smokers who noticed the labels “often” or “very often” to more than two-thirds (68%) of smokers at Wave 4 (an increase of 14 percentage points from Wave 3, before the pictorial warnings were introduced).

After pictorial warnings were implemented in 2009, the percentage of smokers who noticed the labels “often” or “very often” increased by 14 percent - to more than two-thirds of smokers.

Figure 12. Percentage of smokers who reported they notice warning labels “often/very often”, by wave
Figure 13 shows that the percentage of male smokers in Malaysia who noticed warnings “often” or “very often” (65.6%) was higher than two other middle income ITC countries that had implemented pictorial warnings (Brazil and Mexico), was about the same as Uruguay, and was lower than two other middle-income countries (Thailand and Mauritius) that had also implemented pictorial warnings.
There was also a significant increase in the percentage of smokers who read or looked closely at the labels “often” or “very often” — from one-third (35%) of smokers at Wave 3 when text warnings were on packs to more than half (52%) of smokers at Wave 4 after pictorial warnings were implemented (Figure 14).

The pictorial warnings were also accompanied by new information that tobacco smoke contains 4000 chemicals. This new information was attended to by smokers. At Wave 4, almost one-third (32%) of smokers said that they thought “often” or “very often” about the toxic/chemical information written on the pack.

The pattern of the results over time indicate that from Wave 1 to Wave 3 (from 2005 to 2008), there were declines in the indicators of label effectiveness. This may have been due to a well-documented effect of “wear-out”, in which the effectiveness of a message like an advertising campaign declines over time with repeated exposure. The “wear-out” effect has been demonstrated in an ITC analysis of label effectiveness over eight years in Canada.21

The wear-out effect was prominent also with other measures of label effectiveness. For example, at Wave 1 (2005), 10% of Malaysian smokers said that warning labels make them think about the health risks of smoking “a lot”. This decreased to 7% at Wave 2 and 5% at Wave 3. But then after the pictorial warnings were introduced, the percentage significantly increased—back up to 9% at Wave 4.

Similarly, 15% of smokers at Wave 1 (2005) indicated that health warnings make them more likely to quit smoking. This percentage decreased to 7% at Wave 2 (2006) and 5% at Wave 3 (2007). After the implementation of pictorial warnings, the percentage increased significantly—back up to 14%.

These “pre-behaviour” measures of label effectiveness—thinking about health risks and linking health warnings to likelihood of quitting—are important because along with increasing noticing/salience, and knowledge of the health harms of tobacco products, they indicate that the larger, pictorial health warnings are more effective than the former text-only warnings.

Impact of Warnings on Behaviour

Another important indicator of label effectiveness is a self-reported behaviour: whether or not a smoker gave up smoking a cigarette he/she was about to smoke because of the warning labels. Giving up a cigarette one was about to smoke has been shown to be a predictor of a future quit attempt.

As shown in Figure 15, the percentage of smokers reporting that they gave up smoking a cigarette because of the warning labels decreased sharply from Wave 1 to Wave 3, when only 24% of smokers reported that they had forgone smoking a cigarette because of the warning labels at least once. But then when the pictorial warnings were introduced by Wave 4, the percentage went up significantly to 45%.

Finally, the introduction of pictorial warnings did not lead to a significant increase in avoiding warnings (and even if it had, a number of studies have shown that avoidance of warnings is not associated with other measures of effectiveness).

Tobacco control advocates in Southeast Asia are concerned about deceptive innovations in packaging design by the tobacco industry aimed at weakening the effectiveness of the warnings. Surveillance of the industry’s marketing tactics has found the use of small ‘lipstick’ boxes (see Figure 16), transparent sleeves (see Figure 17), distracting graphic design (see Figure 18), and pastel colours (see Figure 19) to distract smokers from the health warnings. More than half (61%) of Malaysian smokers recognize that the pack is used as by the industry as a marketing tool as they “agree” or “strongly agree” that tobacco companies should be required to sell cigarettes in plain packages.

It is recommended that the Malaysian government establish a minimum allowable pack size for pictorial health warnings and implement plain packaging to curb these deceptive industry marketing tactics.

Malaysian smokers recognize that the pack is used by the industry as a marketing tool. More than half (61%) “agree” or “strongly agree” that tobacco companies should be required to sell cigarettes in plain packages.


Conclusions

In general, the Wave 4 Survey results demonstrate that the introduction of pictorial warnings increased the salience of the health warnings. In addition, there was evidence that the larger pictorial warnings led to a reversal in the decline in label effectiveness that had occurred between 2005 and 2008, during the time when the same small text-only warnings were on cigarette packs. There were significant increases after the pictorial warnings were introduced in effectiveness measures such as whether health warnings made smokers think about the health risks of smoking and whether they had given up a cigarette because of warning labels.
TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP

Article 13 of the FCTC requires Parties to implement effective measures against tobacco advertising, promotion, and sponsorship. The Control of Tobacco Product Regulations 2004 prohibited most forms of direct and indirect tobacco advertising and promotion in Malaysia. Offering or supplying free tobacco products, and advertising and promotion at points of sale are also banned under the 2004 regulations.

The ITC Malaysia Wave 4 Survey (July to November 2009) was conducted about five years after the implementation of the 2004 regulations. The Wave 4 (2009) Survey measures levels of awareness on tobacco advertising, promotion, and sponsorship activities among adult smokers, and among youth smokers and non-smokers.

Tobacco Advertising

The ITC Malaysia Survey findings indicate that smokers are still exposed to tobacco advertising, despite a national ban on the direct advertising of tobacco products.

At Wave 4 (2009), 22% of adult smokers “often” or “very often” noticed advertising and pictures of smoking that encouraged or made them think about smoking in the last six months. Adult smokers noticed cigarettes or tobacco products being advertised most commonly in coffee shops (30%), and in stores (25%) where tobacco is purchased (Figure 20).

Although only 6% of youth “often” or “very often” noticed advertising and pictures of smoking that encouraged or made them think about smoking, findings from the ITC Malaysia Wave 4 Youth Survey (2009) show that many young people are still subjected to tobacco advertising in various public venues:

- Almost half (42%) of youth reported noticing tobacco advertising in shops or stores.
- Approximately one-third (32%) of youth noticed tobacco advertising in coffee shops, and on or around street vendors (28%).
- Almost one-quarter (23%) of youth 20 years of age or older noticed tobacco advertising in discos, karaoke bars, and other entertainment venues.

Despite a national ban on direct advertising of tobacco products, tobacco product advertising is still highly visible in Malaysia.
Tobacco Promotion and Sponsorship

Event sponsorship by the tobacco industry is banned in Malaysia. However, findings from the ITC Malaysia Survey suggest that tobacco companies have still managed to maintain visibility through sponsorship of sporting events that may appeal primarily to adult audiences. At Wave 4 (2009), about one out of five (19%) adult smokers saw or heard about a sporting event connected with either cigarette brands or tobacco companies in the last six months, whereas a minority of youth (6%) reported noticing tobacco advertising around sporting, arts, and other cultural events.

The distribution of free tobacco samples for promotional purposes is prohibited in Malaysia. Findings from the ITC Malaysia Survey suggest a high level of compliance with these restrictions. At Wave 4 (2009), a low percentage of adult smokers noticed tobacco being promoted through the distribution of free cigarette samples (13%), and a minority of youth (9%) reported noticing competitions or prizes associated with cigarettes.

Tobacco brand stretching in Malaysia is banned under the 2004 regulations. Thus, it is not surprising that only a minority of adults and youth noticed the promotion of tobacco products on non-tobacco merchandise. At Wave 4 (2009), a low percentage of adult smokers noticed tobacco being promoted on clothing or other items with a cigarette brand name or logo (9%). A similar trend was seen for youth data – very few youth reported owning articles of tobacco-branded clothing (11%), and just a low percentage (13%) said that they would use non-tobacco products with tobacco branding.

In Malaysia, advertising of tobacco products in television, film, radio, and print media is banned. Yet, the tobacco industry continues to use indirect advertising across different forms of mass media to promote tobacco products in Malaysia.23 Findings from the ITC Malaysia Survey provide further evidence that cigarette smoking continues to be present in the entertainment media. At Wave 4 (2009), almost one-third (31%) of adult smokers reported having seen people smoking in the entertainment media “very often” in the past six months, while 15% of adult smokers reported having seen or heard a news story about smoking or tobacco companies on the television, radio or in newspapers. Among youth, 26% reported seeing actors smoking on television, and in videos and movies.

Despite the prohibition against advertising in the form of signage or logos at point of sale, at Wave 4 (2009), almost one-third (32%) of adult smokers noticed signs, pictures or items with cigarette brands or logos inside stores where tobacco is sold. Given that the display of cigarette packages at point of sale is still allowed in Malaysia, it is not surprising that the majority of adult smokers (83%) and youth (84%) reported seeing cigarette packages displayed on counters or shelves of stores where tobacco products are sold.

Nearly all adult smokers (91%) feel that the tobacco industry should not be allowed to promote cigarettes. There is also a high level of awareness among youth that the tobacco industry may be targeting them – more than half (56%) of youth agreed that tobacco companies want people their age to smoke.


Conclusions

The findings of the ITC Malaysia Survey indicate that tobacco product and brand advertising, promotion of smoking in the media, and tobacco company sponsorship of sporting events are all still highly visible in Malaysia among both adults and youth.
EDUCATION, COMMUNICATION, AND PUBLIC AWARENESS

Under Article 12 of the FCTC, Parties must promote and strengthen public awareness of tobacco control issues through education and public awareness programs on the health risks of tobacco and the benefits of cessation, and provide public access to information on the tobacco industry. The ITC Malaysia Survey assesses public awareness of information on the dangers of smoking and the benefits of quitting and identifies the main sources of this information.

From 2004 to 2010, the Malaysian government launched Tak Nak or Say No, a nationwide anti-smoking campaign to reduce the prevalence of smoking by influencing current smokers to quit and deterring young people from starting. The campaign used mass and print media channels to promote accurate information about the individual and societal dangers of smoking. Wave 4 of the ITC Malaysia Survey included measures to evaluate the Tak Nak anti-smoking campaign.

Cigarette packs are the most common source of information

At Wave 4, 42% of smokers “often” or “very often” noticed information about the dangers of smoking or encouraging quitting in the last six months. Figure 21 shows where smokers had noticed this type of information. The most common sources of information at Wave 4 were cigarette packs (95%), posters (92%), television (92%), and billboards (90%). Cinemas (31%) were the least common source of information. Of particular interest is the fact that cigarette packs (with pictorial health warnings) were the most common source of information. This is important because television campaigns are comparatively much more costly and health warnings are, essentially, free.

The Tak Nak anti-smoking campaign is widely recognized among smokers

Results from all four waves of the ITC Malaysia Survey indicate that almost all smokers surveyed were aware of the Tak Nak anti-smoking campaign. Across Waves 1 to 4, smokers were asked if they had seen or heard anything about the campaign. At each wave, at least 93% of the respondents indicated that they had seen the campaign (Figure 22). The campaign has had a positive influence on smokers. At Wave 4, more than half of smokers said that the campaign has led to discussion about smoking and health amongst family (61%) and friends (53%).

Anti-smoking information is noticed on cigarette packs more frequently than television, which is a much more costly form of advertising.
Anti-smoking campaigns have encouraged smokers to quit and helped smokers to stay quit

One of the aims of anti-smoking campaigns is to create social norms which are less supportive of smoking and therefore encourage smokers to quit and discourage non-smokers from starting to smoke. At Wave 4, almost three-quarters (72%) of smokers felt that advertisements talking about the dangers of smoking and encouraging quitting (Figure 23) made smoking less socially desirable. Close to half (43%) of all smokers and quitters said that anti-smoking advertising made them more likely to quit smoking or more likely to stay quit.

Figure 23. Recent Tak Nak campaign posters

Malaysian smokers are aware of the harms of smoking to cardiovascular health

The majority of smokers in Malaysia are aware of the harmful effects of smoking on the cardiovascular system – 92% of smokers are aware that smoking causes chronic obstructive pulmonary disease (COPD), 91% are aware that smoking causes heart failure, and 83% are aware that smoking causes strokes (Figure 24). The majority of smokers are also aware that smoking causes mouth cancer (80%), miscarriage (76%), and gangrene (72%) – health effects that are the subjects of pictorial warnings that were implemented approximately six months before the Wave 4 Survey.

Malaysian smokers want more anti-smoking campaigns

The ITC Malaysia Survey findings suggest that there is strong support for anti-tobacco advertising among smokers. At Wave 4, 79% of smokers agreed that the Malaysian government should conduct more campaigns to discourage smoking.
TOBACCO PRICE AND TAXATION

Under Article 6 of the FCTC, Parties are obligated to adopt pricing and taxation measures in order to reduce tobacco consumption. Increasing tobacco excise taxes and prices is widely recognized as the most effective tobacco control measure. Specific excise taxes that are based on quantity or weight are more effective at reducing consumption than ad valorem excise taxes, which are based on the manufacturer's price or retail price. Malaysia currently imposes a specific excise tax on cigarettes produced and sold in Malaysia of RM0.08 ($0.02 US) per cigarette stick. As of 2010, the total tax on the most popular brand of cigarettes constitutes about 54% of the retail price, and cigarettes are set at a minimum price of RM6.40 per pack. Although cigarette prices and taxes in Malaysia have increased over the last several years, the current level of tobacco taxation is still well below that of other countries in Asia and around the world.

Cigarette Affordability

Cigarette affordability refers to the quantity of resources (or income) that is required to purchase a pack of cigarettes. Higher affordability, for example, means that the price of a pack of cigarettes would require a lower percentage of one's daily income. An Affordability Index was constructed using ITC Malaysia data to determine the change in affordability between Wave 1 (2004) and Wave 4 (2009). Affordability was found to have increased by 1.9% over the four years, a total of 78% over the four years (an annual increase in affordability of 1.9%). These findings show that tobacco taxes and prices have not increased at a rate high enough to offset income growth, so cigarettes are becoming more affordable to consumers.

Place of Last Cigarette or Tobacco Purchase

At Wave 4, the majority (66%) of smokers in Malaysia last purchased cigarettes or tobacco for themselves at local and convenience stores. The second most frequent source of last purchase was 24-hour convenience stores (15%), followed by petrol stations (8%). Every other source for last purchase was cited by less than 3% of smokers (Figure 25).

Brand Choice

Cigarette price is an important factor in smokers’ brand selection. At Wave 4, the majority (81%) of smokers who smoke factory-made cigarettes said that part of their decision to smoke their current brand was based on price. This was the most frequently cited reason for brand selection, compared to health (18%) and taste (39%).

Thinking about Money Spent on Smoking

At Wave 4, just over a third (36%) of male smokers in Malaysia said that in the last month they had thought “often” or “very often” about the money they spend on smoking. This is lower than neighbouring Thailand, where about half of smokers thought about their money spent on smoking, and is also lower than the majority of high-income ITC countries surveyed (Figure 26). The relatively low percentage of smokers thinking about money spent on smoking in Malaysia corresponds with the high affordability of cigarettes (cigarette purchases are taking up less of smokers' daily income).
Price as a Reason to Quit Smoking

The ITC Survey provides a list of possible reasons for quitting smoking, and for each item, smokers (regardless of whether they reported intending to quit) were asked to rank how much it led them to think about quitting (“not at all”, “somewhat”, or “very much”). When asked how much the price of cigarettes led them to think about quitting, less than a quarter (22%) of smokers responded with “very much” (Figure 27). This is another indication that the price of cigarettes is not high enough to reduce consumption in Malaysia.

Government Control of Tobacco Prices

The majority of smokers in Malaysia are in favour of stronger controls on tobacco price and taxation. Three-quarters (75%) of smokers at Wave 4 “agreed” or “strongly agreed” that the government should control tobacco prices, even if this sometimes means paying more for cigarettes.

Conclusions

In general, the Wave 4 (2009) Survey results demonstrate that cigarette taxes and prices should be increased in order to have a stronger effect in reducing cigarette consumption. Cigarette affordability has increased by almost 2% between 2005 and 2009, which indicates that cigarette prices have not increased enough to offset income growth. As an indication of cigarettes becoming more affordable, only about a third of smokers said they often think about the money they spend on smoking, and less than a quarter said that cigarette price is a reason to quit smoking. These findings point to the need for increases in cigarette taxes. It should be noted that about three out of four smokers support government control of tobacco prices, even if it means paying more for cigarettes, suggesting that smokers themselves would be supportive (or less resistant than might be thought) of increased cigarette taxes.
ILLICIT CIGARETTE TRADE IN MALAYSIA

To reduce the supply of tobacco, Article 15 of the FCTC requires parties to implement effective measures against all forms of illicit trade in tobacco products, including smuggling, illicit manufacturing, and counterfeiting. To curb illicit trade of tobacco products in Malaysia, the 2008 Regulations include a provision that requires the name of the manufacturer and the country of origin to be printed on the side panel of each cigarette pack, along with markings that indicate whether the product is genuine. These requirements were implemented in January 2009.

Malaysia Pack Study

The Malaysia Pack Study was conducted by the Malaysian Ministry of Health between June and December 2009 in conjunction with the ITC Wave 4 Survey, to evaluate the extent of illicit cigarette trade in Malaysia and provide an independent and credible source of illicit cigarette trade data to the Malaysian government. Respondents of the Wave 4 ITC Malaysia Survey were asked to mail in an empty pack of cigarettes they smoked at the time the interview took place. With the cooperation of the Royal Malaysian Customs Department (KDRM), each pack received was analyzed according to specific criteria to determine whether they were genuine or illicit. Genuine cigarette packs are required to display all of the following characteristics:

- One of the six pictorial health warnings covering 40% of the front and 60% of the back of each pack
- A diamond mark security ink in blue (for imported cigarette packs) or pink (for duty-free cigarette packs) tax stamps (Figure 28)
- A diamond mark printed with security ink for all domestic cigarette packs (Figure 29)
- A text label warning stating that cigarettes contain more than 4000 chemicals including tar, nicotine, and carbon monoxide that are harmful to health
- A text warning label prohibiting the sale of cigarettes to minors
- An infoline number for smokers who wish to quit smoking

Cigarette pack security ink was examined with a “Duck” device (Figure 30) that is used to identify if the security ink on the cigarette pack is fake. A green colour projected by the Duck indicates that the cigarette pack is genuine while a red colour indicates it is counterfeit. Tax stamps were analyzed using a magnifying glass and an ultra-violet flash light (Figure 31). With the magnifying glass, the unique logo of the KDRM in blue and yellow, 11 or 12 digits of alphanumeric in black indicating if the stamp duty is paid or unpaid can be seen. The UV flashlight is used to detect the fine line security print in orange and red as well as the word KDRM in fluorescent ink.24

Figure 28. Imported and duty-free tax stamps

![Imported tax stamp](image1)

![Duty-free tax stamp](image2)

Figure 29. Domestic tax stamps

![Domestic tax stamp](image3)

Pack Study Respondents

A total of 1710 male smokers were selected to participate in the pack study. Of those selected, 40% (n=685) sent in their cigarette packs. Table 1 presents the demographic characteristics of the pack study respondents. The majority (89%) of respondents who sent in cigarette packs were Malay. By state, the two highest proportions of respondents were from Kedah/Penang (32%) and Selangor (32%). Packs were more likely to be sent by respondents aged 40 years and older (45%) versus respondents between the ages of 18 to 24 (34.5%) and 25 to 39 (36.1%). Demographic characteristics of respondents who participated in the pack study are described in Table 7.

Table 7. Characteristics of pack study respondents compared to those who did not respond

<table>
<thead>
<tr>
<th>CHARACTERISTICS</th>
<th>Pack study respondents N (%)</th>
<th>Those who did not respond N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>State (N=1710)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sabah/Sarawak</td>
<td>68 (25.5)</td>
<td>177 (74.5)</td>
</tr>
<tr>
<td>Kedah/Penang</td>
<td>217 (46.9)</td>
<td>263 (53.1)</td>
</tr>
<tr>
<td>Selangor</td>
<td>218 (37.1)</td>
<td>314 (62.9)</td>
</tr>
<tr>
<td>Terengganu</td>
<td>131 (46.6)</td>
<td>125 (34.4)</td>
</tr>
<tr>
<td>Johor</td>
<td>51 (32.9)</td>
<td>146 (67.1)</td>
</tr>
<tr>
<td>Residential (N=1710)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Urban</td>
<td>420 (36.2)</td>
<td>665 (63.8)</td>
</tr>
<tr>
<td>Rural</td>
<td>265 (38.4)</td>
<td>360 (61.6)</td>
</tr>
<tr>
<td>Education (N=1675)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Primary</td>
<td>45 (35.6)</td>
<td>59 (64.4)</td>
</tr>
<tr>
<td>Secondary</td>
<td>377 (39.6)</td>
<td>481 (60.4)</td>
</tr>
<tr>
<td>Tertiary</td>
<td>260 (34.7)</td>
<td>453 (65.3)</td>
</tr>
<tr>
<td>Employment (N=1680)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Professional</td>
<td>30 (17.3)</td>
<td>64 (82.7)</td>
</tr>
<tr>
<td>Non-Professional</td>
<td>346 (40.8)</td>
<td>451 (59.2)</td>
</tr>
<tr>
<td>Technical</td>
<td>185 (35.8)</td>
<td>295 (64.2)</td>
</tr>
<tr>
<td>Unemployed</td>
<td>122 (39.1)</td>
<td>187 (60.9)</td>
</tr>
<tr>
<td>Annual household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Low</td>
<td>179 (36.9)</td>
<td>290 (63.1)</td>
</tr>
<tr>
<td>Middle</td>
<td>202 (36.2)</td>
<td>301 (63.8)</td>
</tr>
<tr>
<td>High</td>
<td>197 (39.7)</td>
<td>259 (60.3)</td>
</tr>
<tr>
<td>Not stated</td>
<td>107 (34.1)</td>
<td>175 (65.9)</td>
</tr>
<tr>
<td>Age (N=1684)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>18-24</td>
<td>253 (34.5)</td>
<td>436 (65.5)</td>
</tr>
<tr>
<td>25-39</td>
<td>207 (36.1)</td>
<td>338 (63.9)</td>
</tr>
<tr>
<td>40 and above</td>
<td>221 (45.0)</td>
<td>229 (55.0)</td>
</tr>
<tr>
<td>Race (N=1704)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Malay</td>
<td>611 (40.5)</td>
<td>831 (59.5)</td>
</tr>
<tr>
<td>Others</td>
<td>73 (21.5)</td>
<td>189 (78.5)</td>
</tr>
<tr>
<td>Cohort</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Recruited at Wave 1</td>
<td>154 (30.2)</td>
<td>314 (69.8)</td>
</tr>
<tr>
<td>Recruited at Wave 2</td>
<td>120 (36.9)</td>
<td>153 (63.1)</td>
</tr>
<tr>
<td>Recruited at Wave 3</td>
<td>119 (44.9)</td>
<td>123 (55.1)</td>
</tr>
<tr>
<td>Recruited at Wave 4</td>
<td>292 (38.9)</td>
<td>435 (61.1)</td>
</tr>
</tbody>
</table>
Illicit Packs by State

The highest percentage of illicit packs came from Sabah and Sarawak (68% and 58% respectively), while the lowest percentage of illicit packs came from Penang, Kedah, and Johor (12%). Compared to Sabah and Sarawak, the packs from the other states were significantly less likely to be illicit. The total number of packs and the number of those packs identified as illicit are provided by state in Table 8.

Illicit Cigarette Packs

Among the 685 cigarette packs received, 19% (n=139) were categorized as illicit as they did not include all the characteristics required of genuine cigarette packs (Figure 32). Upon inspection, less than 1% of illicit packs failed only one of the pack requirements, while the majority (81%) of illicit packs failed five or more pack requirements (tax stamp and security ink criteria, graphic warnings, infoline number, text label prohibiting sale to minors, text warning about more than 4000 chemicals in cigarette smoke).

Table 8. Total number of packs and illicit packs received by state

<table>
<thead>
<tr>
<th>State</th>
<th>Total packs submitted N (%)</th>
<th>Illicit packs N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Sabah</td>
<td>56(8)</td>
<td>38(68)</td>
</tr>
<tr>
<td>Sarawak</td>
<td>12(2)</td>
<td>7(58)</td>
</tr>
<tr>
<td>Penang</td>
<td>134(20)</td>
<td>16(12)</td>
</tr>
<tr>
<td>Kedah</td>
<td>83(12)</td>
<td>10(12)</td>
</tr>
<tr>
<td>Selangor</td>
<td>218(32)</td>
<td>45(21)</td>
</tr>
<tr>
<td>Terengganu</td>
<td>131(19)</td>
<td>17(13)</td>
</tr>
<tr>
<td>Johor</td>
<td>51(7)</td>
<td>6(12)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>685</td>
<td>139</td>
</tr>
</tbody>
</table>

Illicit Packs by Cigarette Type, Brand, and State

In Malaysia, there are three main types of cigarettes — white cigarettes, non-white cigarettes, and kreteks. White cigarettes are brands manufactured or imported by companies belonging to Confederation of Malaysian Tobacco Manufacturers (CMTM), for example, Philip Morris Malaysia, British American Tobacco Malaysia, and JTI Malaysia. Non-white cigarettes are locally manufactured brands that are not affiliated with CMTM. Kreteks are locally manufactured or imported cigarettes made with a blend of tobacco, cloves, and other flavours.

Of the illicit packs received, 38% were classified as non-white, 34% were kreteks, and 28% were white. Almost all (95%) of the illicit white cigarette packs did not meet the security ink criteria. The majority (66.8%) of non-white cigarettes failed tax stamp testing. More than 50% of kretek packs failed to include all 5 characteristics required for genuine cigarette packs.

In addition to cigarette type, the company and brand of the cigarette packs were examined. Of the packs received, 31.5% of Marlboro packs and 20% of the Winston packs were illicit. Most brands from companies listed as ‘other’, including local brands such as SAAT and ERA, and kretek brands from Indonesia like Gudang Garam and Sampoerna were illicit.

Table 9 presents the proportion of illicit packs received by type and state. Due to the small sample size, a reliable comparison cannot be made between states.
### Table 9. Illicit packs by state and type

<table>
<thead>
<tr>
<th>Type of brands</th>
<th>Sabah N (%)</th>
<th>Sarawak N (%)</th>
<th>Penang N (%)</th>
<th>Kedah N (%)</th>
<th>Selangor N (%)</th>
<th>Terengganu N (%)</th>
<th>Johor N (%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>White</td>
<td>7 (18)</td>
<td>0 (0)</td>
<td>6 (38)</td>
<td>4 (40)</td>
<td>12 (27)</td>
<td>7 (41)</td>
<td>3 (50)</td>
</tr>
<tr>
<td>Non-white</td>
<td>27 (71)</td>
<td>6 (86)</td>
<td>5 (31)</td>
<td>2 (20)</td>
<td>9 (20)</td>
<td>4 (24)</td>
<td>0 (0)</td>
</tr>
<tr>
<td>Kretek</td>
<td>4 (11)</td>
<td>1 (14)</td>
<td>5 (31)</td>
<td>4 (40)</td>
<td>24 (53)</td>
<td>6 (35)</td>
<td>3 (50)</td>
</tr>
<tr>
<td>TOTAL</td>
<td>38</td>
<td>7</td>
<td>16</td>
<td>10</td>
<td>45</td>
<td>17</td>
<td>6</td>
</tr>
</tbody>
</table>

### Location of Illicit Pack Purchase

More than two thirds (72%) of the illicit packs received were purchased from convenience stores (Figure 33).

![Figure 33. The place where the illicit packs were last bought (N=139)](image)

### Price of Packs

An analysis of the reasons smokers choose a particular brand of cigarettes indicates that the price of cigarettes is significantly associated with illicit cigarette use (see Table 10). Price was a determining factor in the selection of cigarette brands for 26% of illicit pack users.

![Table 10. Reasons for choosing a particular brand of cigarettes, among cigarette pack senders](image)

### Conclusions

The Malaysia Pack Study found that 19% of smokers who sent in packs for testing were smoking illicit cigarettes. These results may underestimate the prevalence of illicit cigarettes. First, the packs were provided by a voluntary sample - only 40% of the sample mailed in packs for the study. Second, in some cases, the packs that were received were not the same packs that they were smoking at the time of the ITC interview.

The highest percentage of illicit packs among all illicit packs received originated from Sabah and Sarawak. More than one-third (38%) of the illicit packs were non-white cigarettes, 34% were kreteks, and 28% were white cigarettes. Marlboro and Winston were the most common illicit brands (32% and 20% of all illicit packs, respectively).

With respect to where these illicit packs are obtained, the findings suggest that illicit packs are easily obtained in Malaysia as the majority of illicit packs (72%) were purchased from a convenience store. The results also show that the price of these packs is particularly attractive to smokers as 26% of illicit pack smokers reported that price was a factor in selecting their cigarette brand.

The Pack Study findings suggest that the government should continue to increase tobacco tax and at the same time introduce a new strategy for curbing the illicit market such as introducing and restricting licenses to premises for the sales of cigarettes.
“This ITC Malaysia National Report recommends evidence-based tobacco control policies and strategies for Malaysia to employ. The research findings provide a better understanding of the effectiveness of existing policies and strategies. The findings can be used by NGOs, particularly the tobacco control community, to advocate for stronger governmental policies and more effective tobacco control strategies.”

Y.A.Bhg.Toh Puan Dato’Seri Hjh. Dr. Aishah Ong
Chairperson of the Malaysian Health Promotion Board (MySihat)
CONCLUSIONS AND IMPLICATIONS OF THE FINDINGS

Through the Control of Tobacco Product Regulations (first enacted in 1993, then strengthened in 2004, and again in 2008), the Malaysian government has implemented a comprehensive tobacco policy framework towards meeting its obligations as a Party to the FCTC. The ITC Malaysia Wave 1 (2004) to Wave 4 (2009) Surveys evaluated the effectiveness of Regulations in controlling exposures to secondhand smoke in public places, and in restricting tobacco advertising, promotion, and sponsorship. In addition, the surveys evaluated the effectiveness of the 2009 implementation of pictorial warning on cigarette packs, the “Tak Nak” campaign, and price and taxation policies. A pack study conducted during the Wave 4 Survey provides insight into the illicit cigarette trade in Malaysia.

Although the findings of the ITC Malaysia Survey indicate that a number of important tobacco control accomplishments have been achieved between 2005 and 2009, several challenges remain which have implications for stronger tobacco control efforts:

**Smoking and Quitting**

**Successes**

There is a common view that smokers enjoy smoking. However, findings from the ITC Malaysia Survey demonstrate very clearly that adult and youth smokers have strong negative opinions about their smoking—the vast majority regret their smoking and perceive close family and friends as disapproving of their smoking. The majority of adult smokers have made a quit attempt and have plans to quit at smoke point in the future.

**Challenges**

The findings on perceptions of norms about smoking in Malaysia indicate that smoking is not perceived very negatively by society—at least not at the same degree as in other countries where tobacco control policies and programs have existed for longer. Because societal norms are associated with the effectiveness of current policies and also with support for future stronger action in tobacco control, the current low level of perceptions of negativity about smoking in Malaysia (again relative to other countries) provides both a challenge and a target for future efforts in tobacco control.

In comparison to adult smokers, fewer youth think about quitting. Overall, Malaysian smokers are not well linked to cessation services, either through their physician or through the existing infoline services that are advertised on all cigarette packs.

**Recommendation**

- There is a need to strengthen cessation services by strengthening the role of physicians and religious leaders in supporting cessation and by raising public awareness of infoline services.

*Continued on page 39*
Smoke-free Policies

Successes

Between 2005 and 2009, Malaysia has achieved smoking reductions in workplaces and in smokers’ homes. Complete smoking bans in workplaces have approximately doubled from 33% of smokers who work indoors at Wave 1 (2005) to 64% of smokers who work indoors at Wave 4 (2009). The prevalence of observed smoking in workplaces has decreased in five states, with the largest decreases found in Johor, Sarawak, and Penang. There has been a dramatic increase in smoke-free homes from 7% of smokers in 2005 to 40% of smokers in 2009. These reductions are important because they suggest reductions in exposure to second-hand smoke in places where adults and children spent a large proportion of their time.

Challenges

In six out of seven states, approximately one-third of smokers who work indoors still do not have complete bans at work. Overall, there were no dramatic changes in the prevalence of observed smoking in restaurants across all seven states. In 2009, approximately one-third of smokers still noticed smoking in restaurants in five out of seven states.

Recommendations

• Implement strong enforcement of the 2011 ban on smoking in air-conditioned workplaces and extend the ban to all indoor workplaces.

• Implement new regulations to extend the ban to all restaurants, stadiums, sports complexes, fitness centres and gymnasiums, public transport terminals, pubs, discotheques, night clubs, and casinos.

Warning Labels

Successes

The introduction of pictorial warnings in 2009 has increased the salience of the health warnings and reversed the decline in the effectiveness of the text labels that had occurred between 2005 and 2008. More than two-thirds of smokers noticed the labels in 2009, an increase of 14% from 2008. Since the implementation of pictorial warnings, smokers were more likely to think about the health risks of smoking and to forego smoking a cigarette – an important predictor of future quit attempts.

Challenges

Other surveillance initiatives in Malaysia provide evidence of deceptive packaging practices by the tobacco industry aimed at weakening the effectiveness of the warnings through the use of small ‘lipstick’ boxes, transparent sleeves, distracting graphic design, and use of pastel colors.

Continued on page 40
Recommendation

- The Malaysian government should establish a minimum allowable pack size for pictorial health warnings and implement plain packaging to curb deceptive industry marketing tactics. The majority of Malaysian smokers are in favour of stronger packaging policies - 61% agree or strongly agree that tobacco companies should be required to sell cigarettes in plain packages.

**Tobacco Advertising, Promotion, and Sponsorship**

Successes

The ITC Malaysia Survey findings provide evidence of success in some aspects of the Malaysia's efforts to ban direct and indirect tobacco advertising and promotion. There is a high level of compliance with the ban on distribution of free tobacco samples for promotional purposes. Restrictions on brand stretching are effective, as only a minority of adults and youth noticed the promotion of tobacco products on non-tobacco merchandise.

Challenges

Despite a national ban on direct advertising of tobacco products in 2005, tobacco product advertising is still highly visible in Malaysia among adults and particularly among youth. Tobacco continues to be marketed through sporting events, the entertainment media, and tobacco product displays in stores where tobacco is sold.

Recommendation

- Implement and strongly enforce a comprehensive ban that prohibits all forms of direct and indirect advertising, promotion, and sponsorship including a swift ban on display and promotion of tobacco products at point of sale.

Continued on page 41
Education, Communication, and Public Awareness

Successes

The Tak Nak mass media campaign is highly successful in reaching smokers – at least 93% of smokers were aware of the campaign across all four survey waves. The majority (72%) of smokers feel that campaigns make smoking less socially desirable and almost half (43%) of smokers and quitters said that campaigns made them more likely to quit or stay quit.

Challenges

Despite the broad reach of the Tak Nak campaign, social norms are less negative towards smoking compared those in other countries. While the majority of adult smokers in Malaysia are negative towards their smoking and want to quit, youth are less likely to want to quit and, overall, have not made plans to quit.

Recommendations

• Continue to offer well-funded mass media campaigns to educate Malaysians about the harms of smoking and the benefits of quitting. The implementation of stronger smoke-free policies at the state level should be supported by media campaigns that emphasize the harms of secondhand smoke. Mass media campaigns are strongly supported by the majority (79%) of Malaysian smokers.

• Strengthen programs in the school system to educate youth about the harms of smoking and benefits of quitting.

Price and Taxation

Successes

Malaysia imposes specific excise taxes that are based on quantity or weight and are more effective at reducing consumption than ad valorem excise taxes, which are based on the manufacturer’s price or retail price.

Challenges

Although cigarette prices and taxes in Malaysia have increased over the last several years, the current level of tobacco taxation is still well below that of other countries in Asia and around the world. Cigarette affordability has increased by almost 2% between 2005 and 2009, which indicates that cigarette prices have not increased enough to offset income growth.

Recommendation

• Cigarette taxes and prices should be increased in order to have a stronger effect in reducing cigarette consumption. About three out of four smokers support government control of tobacco prices, even if it means paying more for cigarettes.
Illicit Trade

Successes

Malaysia has taken measures to curb illicit trade of tobacco products through the implementation of 2008 Regulations requiring the name of the manufacturer and country of origin to be printed on the side panel of each cigarette pack and the printing of a tax stamp with security ink on domestic, and imported and duty-free packs. These strict packaging requirements will allow Malaysian authorities to undertake rigorous monitoring studies to determine the extent of illicit trade problem.

Challenges

Evidence from the pack study, where smokers voluntarily mailed in the cigarette packs they were smoking at the time of the Wave 4 Survey, suggests that illicit cigarettes are easily obtained in Malaysia. Almost three-quarters (72%) of the 139 illicit packs identified in the study were purchased from a convenience store.

Recommendations

• The government should continue to introduce new strategies for curbing the illicit market such as introducing and restricting licenses to premises for the sales of cigarettes and conduct rigorous pack evaluation studies to monitoring the extent of illicit trade activity.
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Funding

The ITC Policy Evaluation Project in the Malaysia has received funding support from:

- Roswell Park Transdisciplinary Tobacco Use Research Center
- Robert Wood Johnson Foundation
- National Cancer Institute of the United States
- Canadian Institutes of Health Research
- Ontario Institute for Cancer Research
- Malaysian Ministry of Health (Waves 1 & 3)
- Printing of this report supported by MySihat
The International Tobacco Control Policy Evaluation Project

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23 countries • 50% of the world’s population
60% of the world’s smokers • 70% of the world’s tobacco users

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Bangladesh
Bhutan
Brazil
Canada
China (Mainland)
France
Germany
India
Ireland
Kenya
Malaysia
Mauritius
Mexico
Netherlands
New Zealand
Nigeria
South Korea
Thailand
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United States of America
Zambia

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