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Strengthening Act 852:

A pragmatic approach to nicotine
regulation in Malaysia

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Executive Summary

Malaysia stands at a crossroads: less harmful nicotine products such as vapes, heated tobacco products and nicotine pouches have gained significant market share in recent years, yet now face the threat of de facto bans. These bans will not eliminate demand, they will push consumers into illicit channels, eroding tax revenue, weakening regulatory control, and burdening already overstretched enforcement agencies. They will undermine the market oversight that Act 852 was specifically designed to achieve.

Act 852 was an important regulatory milestone: it gave Malaysia a formal framework for governing vaping and heated tobacco products. However, in its current form, it does not sufficiently distinguish between combustible cigarettes and less harmful alternatives. Moreover, Act 852 left nicotine pouches outside its scope, forcing their governance under the more restrictive pharmaceutical legislation.

Overall, the lack of differentiation is undermining one of Act 852's key objectives: keeping less harmful products under control inside a regulated market. Further restricting or outright banning them will only aggravate the problem. Instead, a shift towards a more pragmatic, risk-proportionate regulatory framework is urgently needed.

This paper argues that Malaysia should strengthen Act 852, not replace it or pursue prohibition. Under a reformed, risk-proportionate Act 852, cigarettes would remain the most tightly regulated and heavily taxed nicotine product, while less harmful alternatives would be regulated in accordance with their health risk profile, ensuring adult consumers can access regulated, quality-controlled products within a functioning legal market.

This approach would eliminate incentives for illicit trade, facilitating market oversight, enforcement, tax revenue preservation. It would also encourage adult smokers to switch from cigarettes to less harmful alternatives, easing Malaysia's substantial smoking-related disease burden while better protecting youth from access.

International experience shows that this approach is both realistic and effective. The United Kingdom, Japan, and New Zealand demonstrate that proportional regulation of less harmful nicotine products maintains market control, preserves tax revenues, and improves enforcement efficiency while delivering public health gains.

The right path forward is clear: reject proposed bans and strengthen Malaysia's existing regulatory framework (Act 852). Regulate nicotine products proportionately to their health risks and eliminate incentives for illicit trade. By preserving legal access to less harmful nicotine products, Malaysia can curb black markets and achieve measurable governance and public health outcomes.

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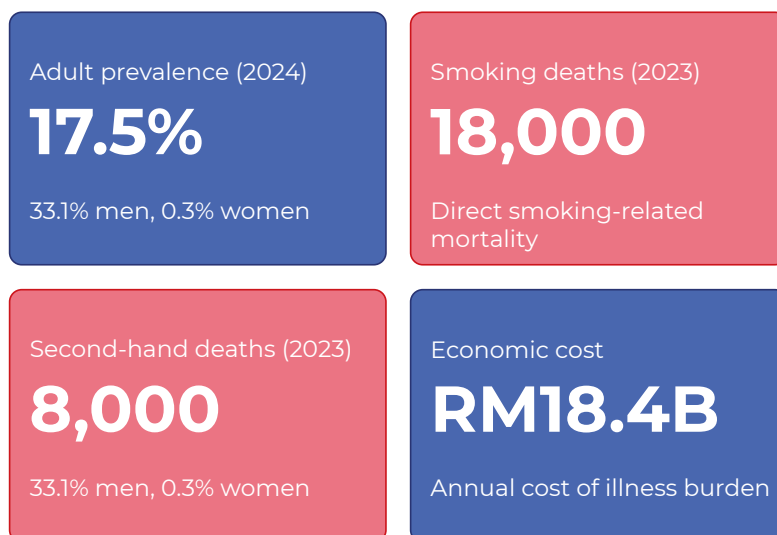
Introduction

Malaysia faces a complex challenge in nicotine regulation: a persistent smoking burden, growing demand for less harmful nicotine products, and a mounting political pressure for tighter restrictions or outright bans fueled by black market growth and youth protection concerns.

The latest WHO data records a [cigarette smoking prevalence of 17.5% among adults](#), occurring predominantly among men at 33.1% while remaining exceptionally low among women at 0.3%. According to IHME, this translated to [18,000 deaths related to smoking in 2023](#), and 8,000 related to second-hand smoke. Despite these stark figures, the decline in prevalence has been slow, contributing to an [economic cost-of-illness burden of RM18.4 billion](#) according to the Tobacco Atlas, from diseases like COPD, heart disease, and cancer.

Malaysia's Smoking Burden

A persistent public health and economic challenge



Michael Russell famously observed in 1976 that “people smoke for the nicotine but die from the tar.” Nicotine itself is virtually harmless, while almost all the harm from smoking comes from the smoke and the toxic chemicals produced by combustion. That insight remains highly relevant today: if nicotine could be decoupled from cigarette smoke, Malaysians who use nicotine could consume it in a much safer way, potentially easing the burden of smoking-related disease.

That is precisely what less harmful nicotine products achieve: they deliver nicotine while mitigating the risks from smoking. This characteristic has driven their rapid popularization worldwide and in Malaysia, where adult smokers increasingly seek regulated alternatives despite regulatory uncertainty.

If regulated properly, less harmful nicotine products can unlock significant economic and public health gains. However, failing to regulate them proportionately risks pushing demand into illicit channels. This results in a booming black market where potentially dangerous products evade quality and safety standards, exposing users to dangerous goods and selling freely to minors. Governments then lose tax revenue, enforcement agencies become overstretched, and criminal networks gain strength.

Malaysia occupies a middle ground between outright prohibition and effective risk-proportionate regulation. Act 852 was a vital step forward by legalizing vaping and heated tobacco products under a formal framework, but its uniform restrictions and taxes—too similar to those applied to cigarettes—create unintended incentives for illicit markets to flourish and for consumers to buy there. The situation worsens for nicotine pouches, currently trapped under pharmaceutical legislation that makes them disproportionately difficult and expensive to access, effectively pricing them out of the regulated market and pushing demand underground.

As a result, rising illicit trade and adulterated products have heightened public concerns, fueling political pressure to further restrict less harmful nicotine products, including the Malaysia Health Minister's recent announcement of a [proposed ban on open-system vapes](#). This approach misunderstands the root cause: regulatory distortions that drive consumers away from legal channels rather than product demand itself.

Doubling down on this error by imposing further restrictions or bans will only aggravate the consequences: expanding the black market, eroding tax revenues, and weakening enforcement further. The only sustainable path forward is effective, differentiated regulation of less harmful nicotine products: strengthening Act 852 to treat cigarettes, vapes, heated tobacco products, and nicotine pouches proportionately to their actual risk profiles. This approach keeps consumers in legal, taxable channels while genuinely addressing the concerns that prohibition cannot solve.

By adopting a risk-differentiated framework and tailoring restrictions to each product's lower harm profile, policymakers can incentivize adult smokers to switch from cigarettes, accelerate smoking prevalence declines beyond current stagnation, and mitigate its annual economic toll while maintaining legal market control.

This policy paper, *Strengthening Act 852: A pragmatic approach to nicotine regulation in Malaysia*, advocates for refining the current non-differentiated regulatory framework into a risk-proportionate regulation that embraces vaping, heated tobacco products, and nicotine pouches as lower-risk alternatives to cigarettes. Rather than replacement or prohibition, it offers policymakers a practical roadmap to strengthen Act 852's implementation through tobacco harm reduction, an evidence-based approach that prioritizes switching smokers away from combustion.

The paper builds on robust international scientific evidence demonstrating the reduced harm of non-combustible nicotine products compared to cigarettes, alongside their proven

effectiveness as smoking cessation tools in real-world use. It further draws from global best practices in tobacco harm reduction, adapting these models to Malaysia's context for optimal public health impact.

With the open-system vapes ban looming and ongoing regulatory pressures threatening to entrench over-regulation of all nicotine alternatives, Malaysia has a critical window now to pivot toward evidence-based harm reduction before further ceding market control to illicit actors.

Current Regulatory Framework

Malaysia's nicotine and tobacco regulation has evolved toward including less harmful nicotine products within the combustible cigarettes regulatory framework, primarily through the [Control of Smoking Products for Public Health Act 2024 \(Act 852\)](#), which consolidated prior laws like the Customs Act and Sales of Drugs Act into a comprehensive framework covering cigarettes, vapes, and heated tobacco products (HTPs). Nicotine pouches fall outside this scope, regulated instead as "medicinal poisons" under separate pharmaceutical legislation.

Regulation of cigarettes, vapes and heated tobacco products

The [Control of Smoking Products for Public Health Act 2024 \(Act 852\)](#) applies uniformly to tobacco products, smoking substances, and substitute tobacco products, requiring all to undergo identical pre-market registration, advertising bans, sales controls, and packaging rules.

Specifically, the Act defines "smoking substance" as any substance or combination used for smoking, including nicotine, propylene glycol, glycerol, and triethylene glycol; "smoking" as inhaling/expelling smoke or vapour from tobacco/substitute products, including ignited, heated, or vaporized methods; "substitute tobacco product" as any non-tobacco product capable of being smoked with or without smoking substances; and "tobacco product" as processed tobacco or tobacco-containing items for human consumption, sourced from *Nicotiana* species (including hybrids/genetic variants).

Subsection 2 clarifies that "smoking products" encompasses all three categories. These definitions mean vapes (as smoking substances/devices) and heated tobacco products (as substitutes) are fully covered by the Act and subject to the same restrictions as cigarettes.

The Act imposes a comprehensive, uniform set of restrictions across all "smoking products"—tobacco products (cigarettes), smoking substances (vapes/e-liquids), and substitute tobacco products (HTPs)—with no explicit exemptions or differentiated treatment for less harmful products.

Pre-market registration: all products require prior approval from the Director General of Health before import, manufacture, or distribution, involving fees, documentation, and

potential conditions. Non-compliance leads to cancellation and market suspension, applying equally to cigarettes, vape liquids/devices, and HTP products.

Advertising and promotion bans: a total blackout prohibits any ads, brand promotions, sponsorships, or quit-smoking claims for all products across media and events.

Sales control: sales and displays are limited to licensed premises only, with strict bans on transactions with minors under 18 and no bundling as gifts, prizes, or rewards.

Price controls: retail and minimum prices are government-prescribed via regulations (including excise duties), with manufacturers/importers applying to the Director General for approval and no underselling permitted. Cigarettes currently have a MR 12/pack minimum price, reaching ~MR 18-20 for premium brands, while vapes and HTPs face equivalent ~30% duties on devices and consumables.

Packaging and labelling: all products must comply with strict, prescribed standards for health warnings, nicotine content disclosures, and identification marks. Cigarettes require graphic pictorial warnings covering 85% of principal display areas (per existing tobacco regulations), while vapes and HTPs face equivalent text warning requirements on front panels.

Public use restrictions: Designated non-smoking areas are declared by the Health Minister and ban the use of any product. Proprietors of such areas must display warning signs, remove ashtrays or facilities, and actively prevent violations, applying these rules uniformly to cigarettes, vapes, and HTPs without exception. This section also explicitly prohibits minors from smoking, vaping, or using HTPs anywhere.

Regulation of nicotine pouches

Nicotine pouches (non-inhaled, oral products containing nicotine but no tobacco leaf, combustion, or aerosols) fall outside the scope of the Act 852, as they do not qualify as “smoking substances,” “tobacco products,” or “substitute tobacco products” (no smoking/vapor involved).

Instead, they are classified as “medicinal poisons” under the [Poisons Act 1952](#) and [Control of Drugs and Cosmetics Regulations 1984](#), regulated by the National Pharmaceutical Regulatory Agency (NPRA) within the Ministry of Health. Although the government has progressively narrowed the Poisons Act’s reach over nicotine products, exempting nicotine replacement therapies such as patches and gum in October 2022 and nicotine-containing e-liquids in March 2023, nicotine pouches have not received a comparable exemption and remain subject to the full pharmaceutical regime. The Act imposes the following set of restrictions.

Pre-market registration: nicotine pouches require a mandatory NPRA pharmaceutical licensing, requiring extensive safety and efficacy dossiers and often clinical data.

Advertising and promotion bans: as medicinal products, consumer ads, brand promotions, or quit-smoking claims are completely banned.

Sales control: sales are restricted to pharmacy-only dispensing or personal online imports in small quantities. Nicotine pouches are therefore banned from open retail like convenience stores or tobacco shops. Prescription is often required.

Price controls: there are no excise duties on nicotine pouches, but pharmacy markups and import barriers elevate costs above free-market levels.

Packaging and labelling: nicotine pouches need to meet pharmaceutical standards with nicotine warnings, child-proof packaging, and expiry dates, but no graphic health imagery is needed.

Public use restrictions: there are no specific bans (non-smoked) on public usage for nicotine pouches, but minor purchase and use is prohibited under general youth protection laws.

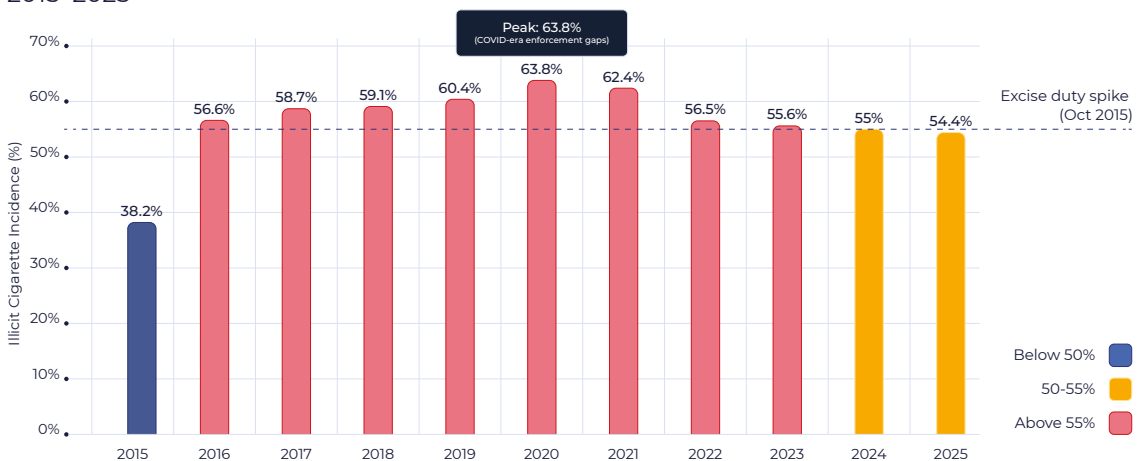
Early implementation and shortcomings assessment

Act 852 represented a significant policy achievement by providing Malaysia with its first formal regulatory framework for vaping and heated tobacco products—bringing them into legal, taxable channels with quality controls, and youth safeguards. This was the right instrument to govern nicotine markets, but it has shortcomings that need to be addressed.

Those shortcomings must be understood against Malaysia’s wider nicotine market reality. More than half of all cigarettes sold in the country are already illegal, with the latest NielsenIQ study putting [illicit cigarette incidence at 54.4%](#) in 2025, while [rates in Sabah and Sarawak](#) reach 77.3% and 78.8% respectively. A decade ago, legal cigarettes held 66.3 percent of the total nicotine market; today they account for just [23.8 percent](#), while illicit cigarettes make up 29.9 percent and vaping and heated tobacco products another 25.3 percent. This means the core policy challenge is not simply tobacco use, but a market that has already been deeply captured by illicit supply.

Illicit Cigarette Market Share in Malaysia

2015–2025



Malaysia's Nicotine Market Capture

Legal cigarettes have collapsed from dominant to minority share in just a decade

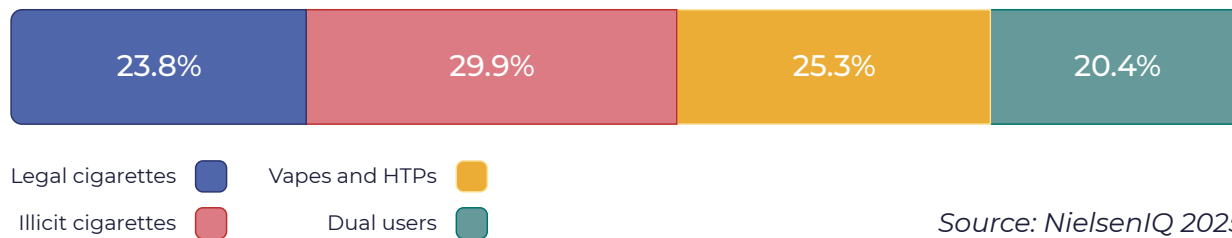
Decade ago

Legal cigarettes dominated the market



2025

Market fragmented across four segments; dual users straddle combustibles and alternatives



Source: NielsenIQ 2025

The consequences of this are severe. Consumers are exposed to smuggled and adulterated products that evade safety standards, while Malaysia forfeits taxes on them. Multiple estimates place [annual excise revenue losses at around RM5 billion](#), a figure [confirmed by Malaysia's Deputy Finance Minister](#), while broader assessments that include enforcement costs put the [total fiscal exposure at approximately RM10 billion a year](#). A [comparative ASEAN analysis](#) found that Malaysia loses more revenue to illicit tobacco than it collects from the legal tobacco market, making it one of the region's worst fiscal cases. In other words, any reform that increases illicit substitution would further weaken an already unsustainable revenue base.

This is why this paper argues that bans are the wrong response. Regional experience shows that prohibition does not eliminate demand; it displaces it into criminal channels. In [Singapore](#), vaping continued to spread despite a ban, while enforcement agencies have been forced into repeated seizures and prosecutions; in [Thailand](#), illicit vaping has also expanded under prohibition. For Malaysia, the lesson is clear: tightening restrictions on legal alternatives would likely reinforce black markets, reduce tax collection, undermine quality control, and expose consumers to unregulated products.

Malaysia's legal vaping market is a fiscal asset, not a liability to be eliminated: it recorded [RM3.84 billion in retail turnover in 2024](#), supports [31,500 direct jobs](#), and generated [RM288.45 million in excise tax revenue from 2021 to July 2025](#). Therefore, Act 852's main objective now must be to bring as much of the nicotine market as possible back into legal channels—enabling Malaysia to collect overdue revenues while securing consumer access to safe,

regulated products.

Act 852's blanket regulation of cigarettes, vapes, and HTPs as equivalent smoking products disregards their fundamentally different risk profiles, and imposes heavy restrictions that incentivise their sale and purchase in the black market, undermining the very goal of legal channel dominance.

Cigarettes involve combustion producing thousands of toxicants, while vapes aerosolize nicotine without burning tobacco, and HTPs heat rather than combust tobacco sticks, reducing exposure to harmful chemicals. Yet all face identical registration, sales, advertising, packaging, and use barriers, failing to incentivize switches to lower-risk options and treating products as comparably dangerous.

This uniform regulation is not neutral—it actively disadvantages safer alternatives, while near-identical treatment sends a misleading public signal that all products are equally harmful, preventing informed choices about switching.

Nicotine pouches (smokeless, tobacco-free oral products representing the lowest-risk nicotine delivery) are misclassified as “medicinal poisons”. This imposes pharmaceutical hurdles like NPRA licensing, prescription barriers, and pharmacy-only sales, despite lacking combustion or inhalation risks. Such treatment stifles availability, elevates costs, and positions pouches as clinical drugs rather than consumer smoking cessation aids.

These regulatory flaws leave smokers misinformed about relative risks, perceiving all nicotine products as equally hazardous and blocking informed switches, exacerbating Malaysia's persistent 17.5% smoking prevalence. Legitimate alternatives become scarce and expensive, driving an illicit market, undermining tax revenue, evading quality controls, and exposing users to unknown adulterants.

Act 852's non-differentiated approach compounds these harms, as the government spent [RM6.2 billion treating three major smoking-related illnesses](#)—chronic obstructive pulmonary disease (COPD), lung cancer, and heart disease—in 2020 alone, more than double the RM3 billion in tobacco tax revenue collected that year. Risk-proportionate reforms can reduce this burden by accelerating switches to less harmful options, and lowering long-term healthcare costs while boosting sustainable tax yields.

To address these shortcomings and unlock the full potential of safer nicotine products, Malaysia must reject bans, embrace a risk-differentiated, harm reduction approach grounded in robust scientific evidence. This shift would recognize the vast differences in harm profiles across nicotine delivery methods, enabling policies that promote informed consumer choices and accelerate smoking cessation. The following section outlines the main recommendations to strengthen Act 852 to achieve its core objectives.

Strengthening Act 852

Act 852 provides the right regulatory instrument for Malaysia's nicotine market. Targeted amendments can transform its execution from uniform restrictions to risk-proportionate rules, further shrinking black markets while prioritising adult smoker switching and protecting youth. This strengthens the Act's public health objectives without the enforcement pitfalls of bans that cede control to criminals.

Overall framework

The Malaysian Ministry of Health should launch a National Tobacco Harm Reduction (THR) Strategy as the main pillar of Malaysia's tobacco control policy, explicitly recognising vapes, nicotine pouches, and heated tobacco products (HTPs) as lower-risk alternatives for adult smokers to quit cigarettes entirely.

Through it, the Ministry of Health should mandate clear public messaging, disseminated via campaigns, healthcare providers, and a dedicated online portal.

The strategy should include annual independent reviews tied to smoking prevalence surveys, allowing data-driven adjustments.

Product access

Policymakers should ensure all alternative nicotine products are fully legal and widely available in diverse varieties to maximise smoker switching and keeping consumers out of black markets. This includes vapes in all their different types (open system refillables, pod system vapes and disposable vapes), heated tobacco products and nicotine pouches, as well as their supplies (e-liquids, coils and heated tobacco sticks). In consequence, Act 852 should explicitly recognize nicotine pouches under its scope.

To ensure alternative nicotine products are widely available and accessible to smokers nationwide, their sale should be permitted everywhere cigarettes are legally sold today, as well as in specialized shops. Online and cross-border sales should also be legal, to ensure consumers in rural areas can easily access the products. Act 852's licensed premises rules should therefore be eased to enable growth of a dedicated sector of specialized THR shops.

Pre-market authorisation requirements for alternative nicotine products should be eliminated and replaced with simple pre-market notification forms to verify compliance with basic safety standards (pharma-grade ingredients, child-proofing, accurate labelling).

Nicotine concentrations and flavours

Nicotine concentrations should match levels sufficient for smoker satisfaction to maximise

complete switching and minimise dual use. Similarly, all flavours should remain fully authorised, as data confirms [non-tobacco options break the sensory link to cigarettes](#), [increase quit odds by 230%](#), and [sustain long-term switching](#)—while tobacco flavours alone fail to compete effectively.

As both all nicotine concentration and flavours are already permitted under current rules, no new restrictions should be introduced when reforming Act 852, as these are already permitted under current rules.

Marketing, advertising, labelling, and packaging

Marketing and advertising rules should build on access controls and product standards, ensuring communications about smoke-free products reach adults. The current blanket bans fail to distinguish smokers' cessation needs from youth protection, and perpetuate myths that vaping/pouches/HTPs are as harmful as cigarettes, discouraging smokers from switching. [Evidence](#) shows factual relative-risk claims like “switching reduces harm” boost adult quitting without youth uptake increases.

Act 852's blanket bans should therefore be amended to allow targeted adult communications about smoke-free products, distinguishing smokers' cessation needs from youth protection.

Substantiated health claims should similarly be authorised on their packaging, advertisements, and retailer materials—such as “95% less harmful than smoking”, “Switching reduces harmful chemicals within days”, and “Effective aid for quitting smoking”.

Adult-targeted advertising of less harmful products should be allowed in adult-directed channels (digital platforms, print media, adult events), while their packaging should always reject plain/standardised designs (meant only to cigarettes) in favour of branded formats that aid recognition and appeal.

E-liquids should continue to be available in practical high volumes without arbitrary size restrictions, directly addressing the waste and inefficiency of limits that force heavy smokers to buy multiple small units increasing plastic, transport emissions, and costs. Larger formats reduce per-ml waste, enable economies of scale for competitive pricing, and prevent shortages that block switching, while refillables cut battery and plastic disposal.

Disposable vapes must also remain available as a core option: their simple, pen-like design lowers barriers for elderly, disabled, or novice switchers who avoid refillable maintenance, delivering instant satisfaction and accelerating cessation.

Taxation

[Risk-proportionate excise taxes](#) should align prices with health risks, making safer alternatives consistently cheaper than cigarettes and incentivising adult smoker switching. Cigarettes

should face the highest rates, while vapes, nicotine pouches and heated tobacco products should be taxed substantially lower or not at all.

A risk-proportionate reform of Act 852 should therefore remove the currently equivalent taxes to cigarettes that less harmful products face. Instead, taxes on vapes and heated tobacco products should be limited to 5% and 10% of the taxes on cigarettes, respectively, while nicotine pouches should be left tax-free.

Youth protection and enforcement

Strict 18+ age verification should be mandated nationwide for all nicotine product sales, using mandatory ID scanners at point-of-sale, staff training, and substantial fines to prevent any youth access.

Youth-targeted marketing or designs (e.g., cartoonish packaging) must be banned outright, while school campaigns deliver the clear message: "Safer nicotine products are for adult smokers only. Annual NHMS youth surveys should track trial/regular use by ethnicity and region, enabling targeted enforcement without blanket restrictions that harm adult switching.

Public usage rules

The regulation of designated outdoor smoke-free zones should be amended to extend only to combustion cigarettes, explicitly permitting vaping, pouch use, and heated tobacco in outdoor public spaces to normalise switching without secondhand smoke risks.

Indoor vaping should be allowed in adult venues (bars, private offices) with ventilation, as secondhand aerosol exposure is minimal.

Main amendments

To transform Act 852 into a fully risk-proportionate regulatory framework, these targeted amendments are essential:

The eight key amendments

Targeted reforms that transform Act 852 into a risk-proportionate framework

1. Scope Expansion

Include nicotine pouches under Act 852

2. Access Expansion

Specialised THR shops, online and cross-border sales

3. Tax Restructuring

Risk-Proportionate rates replace current parity

4. Pre-Market Reform

Notification replaces authorisation

5. Marketing Reform

Vetted health claims for adult-targeted channels

6. Packaging Reform

No graphic warnings on safer alternatives

7. Public Use Rules

Smoke-free zones limited to combustibles only

8. Youth Enforcement

ID Scanners, fines and NHMS monitoring

Bans vs. Risk-proportionate Act 852

Policymakers face a stark choice at this critical juncture: double down on restricting less harmful nicotine products through outright bans—repeating [Thailand and Singapore's failures](#)—or strategically reform Act 852 through targeted, risk-proportionate amendments.

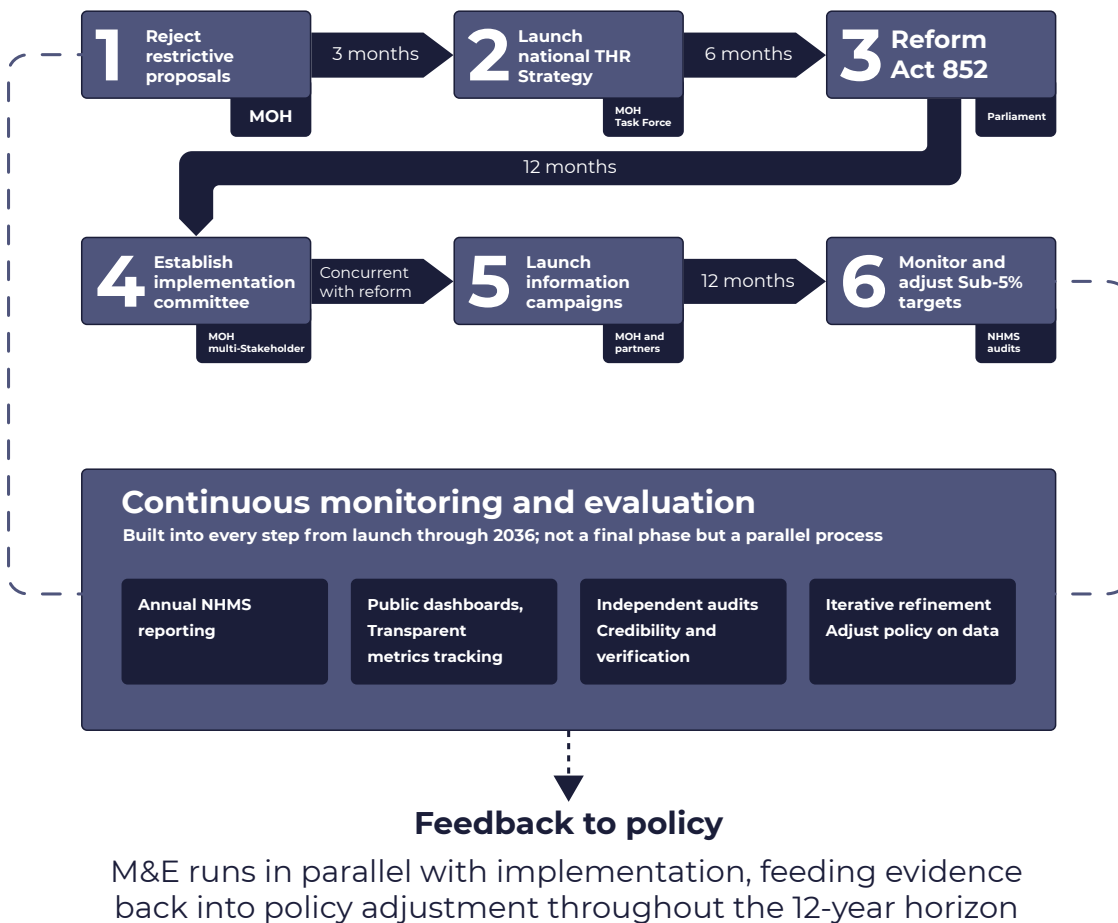
The former risks entrenching Malaysia's stagnant 17.5% smoking prevalence by pushing smokers back to cigarettes and fueling criminal networks; the latter unlocks Act 852's full potential to drive switching, shrink illicit trade, and deliver measurable public health and economic gains. The comparison below demonstrates strengthening outperforms bans across every key metric.

| Policy option | Bans | Risk-proportionate regulation |
|---------------------------|--|--|
| Illicit trade | Shifts demand to illicit channels, boosts black markets. | Incentivizes consumers to purchase products in legal retailers, reduces illicit trade. |
| Tax revenue | Disappears: products sold in the black market do not pay taxes. | Grows via differentiated taxes. |
| Smoking prevalence | Does not decline, entrenches cigarettes and prevents smokers from switching. | Drops via switching to less harmful nicotine products. |
| Youth protection | Fails, minors access products easily in the black market. | Improves via mandatory ID checks, enforcement efforts and penalties. |
| Enforcement costs | High, requires strict border control and fighting criminal networks. | Low, requires only market monitoring and enforcement. |
| Political risks | High, punishes consumers, strengthens criminal networks and reduces tax revenue. | Low, protects consumers and youth, improves state finances. |

Implementation Roadmap for Policymakers

Six-Step Reform Roadmap

Sequenced milestones with continuous monitoring and review built in



Step 1: Reject restrictive proposals immediately

Malaysian policymakers should immediately reject current proposals to ban or equate less harmful nicotine products with cigarettes, such as blanket product and flavour bans, high nicotine concentration caps, or equal taxation levels. These measures perpetuate the false equivalence of harm, discourage smokers from switching, and fuel black markets.

Within three months, the Ministry of Health (MOH) and the Special Select Committee on Health should issue public statements affirming the scientific basis of tobacco harm reduction (THR) and pause all restrictive bills pending a full evidence review.

Step 2: Establish a national THR strategy

Within six months, Malaysia should convene an MOH-led task force to formally launch a

National Tobacco Harm Reduction Strategy as the fifth pillar of tobacco control.

This strategy must recognise vapes, nicotine pouches, and heated tobacco products (HTPs) as distinct less harmful nicotine products for adult smokers—separate from both combustible tobacco and pharmaceutical products.

The task force should publish a comprehensive white paper synthesising global evidence, mandating risk-proportionate regulations, and requiring annual tracking of smoking prevalence and switching rates.

Step 3: Reform Act 852

Within 12 months, amend Act 852 to regulate vaping, heated tobacco products (HTPs), and nicotine pouches differently from cigarettes, in line with the risk-proportionate amendments proposed in this paper.

Step 4: Establish an implementation committee

To ensure coherent policy implementation, the Ministry of Health must establish an implementation committee on nicotine policy, composed of representatives from federal and state governments, local authorities, NGOs, consumers, and industry stakeholders. Such a body would foster inclusive dialogue, improve enforcement, and develop practical solutions that balance public health goals with consumer choice.

Step 5: Launch information campaigns

Within 12 months, roll out nationwide MOH-led campaigns with a clear message: “Switch to less harmful nicotine products.” Target adult smokers using real quit success stories via mass media and social channels. Simultaneously launch a NicotineFacts.my portal detailing relative product risks and instructions to use them for smoking cessation purposes and pair this with training for healthcare workers on THR counselling.

Step 6: Monitor, evaluate, and adjust

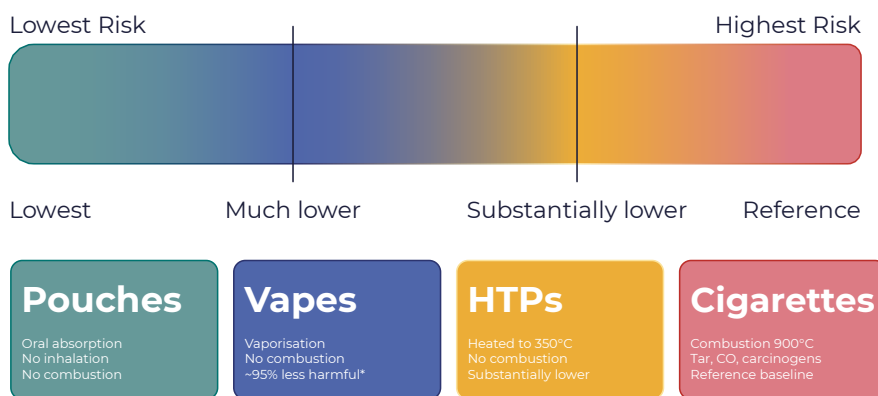
Mandate annual reporting through the National Health and Morbidity Survey (NHMS) on key metrics like smoking prevalence, switching rates and youth use with public dashboards for transparency. Use this data to refine policies iteratively, aiming for sub-5% smoking prevalence by 2036. Commission independent audits to ensure credibility and continuous improvement.

Scientific Evidence for a Risk-Proportionate Approach

Our proposed differentiated, risk-based reform of Act 852 lays on the foundations of Tobacco harm reduction. Tobacco harm reduction (THR) rests on a robust scientific consensus that non-combustible nicotine products—vaping, heated tobacco products (HTPs), and nicotine pouches—sit on a risk continuum far below combustible cigarettes.

The Risk Continuum

Nicotine products sit on a wide spectrum of harm; Policy should reflect this



*Public Health England (2015), upheld by subsequent independent reviews. Other product positions are qualitative, based on Cochrane Reviews, Royal College of Physicians, and biomarker exposure studies cited in the policy paper.

A large and growing body of scientific evidence shows that all three non-combustible nicotine products are substantially less harmful than cigarettes and can be effective aids in quitting smoking.

Most of the harm from smoking comes not from nicotine itself, but from the [toxic cocktail of chemicals created when tobacco burns](#), including tar, carbon monoxide, and dozens of known carcinogens that damage the lungs, heart, blood vessels, and other organs over time.

[These smoke constituents drive the major smoking-related diseases](#): cancers, cardiovascular disease, and chronic respiratory illnesses such as COPD. Nicotine is the main driver of dependence, but as the UK's National Health Service and other authorities emphasize, [“almost all of the harm from smoking comes from the thousands of other chemicals in tobacco smoke,”](#) not from nicotine itself. Similarly, secondhand smoke exposure poses risks to non-smokers, being responsible for 8,000 deaths annually in Malaysia alone per IHME data.

In the following subsections, we look separately at vaping products, nicotine pouches, and heated tobacco products, summarising the current scientific evidence on their composition, health effects, and role in helping smokers quit.

Vaping

Vaping products deliver nicotine via a battery-powered device that heats a coil to vaporize an e-liquid, completely avoiding the combustion process. The e-liquid typically consists of four main ingredients: propylene glycol and vegetable glycerin (solvents that produce the vapor when heated), nicotine, and flavorings, all of which have established safety records in food, pharmaceuticals, and medical applications.

Independent reviews consistently show that vaping is much less harmful than smoking and an effective tool to quit. A [meta-analysis by Lindson et al.](#) for the Cochrane Database of Systematic Reviews provides the most substantial evidence to date, reviewing 104 studies (61 randomised controlled trials) with over 30,000 participants. It concludes there is high-certainty evidence that nicotine vaping increases quit rates compared with traditional nicotine replacement therapies (NRTs) and behavioral support, with no serious harm from nicotine vaping.

The UK's Office for Health Improvement and Disparities' [series of independent reports on vaping](#), analysing over 100 studies by King's College London, similarly found that vaping poses a small fraction of the risks of smoking. This aligns with Public Health England's 2015 statement that [vaping is around 95% less harmful than smoking](#)—a finding consistently upheld by subsequent independent reviews.

Studies consistently show smokers who switch completely to vaping see dramatic improvements in health biomarkers. Exclusive vapers have [substantially lower exposure to harmful chemicals](#) associated with smoking-related disease compared to smokers, reaching levels similar to never smokers even if they were previously smokers. The [reductions in exposure happen within days of switching](#).

These differences are stark for secondhand users too, with [passive vapers absorbing only a small fraction of the nicotine compared to passive smokers](#)—around a sixth of the amount. They also present [much lower levels of biomarkers of exposure](#), confirming second-hand vaping poses minimal risk to bystanders.

Nicotine pouches

Nicotine pouches are small sachets containing nicotine but no tobacco leaf. Unlike traditional snus, modern pouches use pharmaceutical-grade (often synthetic) nicotine, plant fibres, and food-grade flavourings and sweeteners. Users place a pouch between the lip and gum, where it releases nicotine slowly through the oral mucosa without combustion, smoke, vapour, or spitting.

Recent studies confirm nicotine pouches expose users to dramatically lower levels of toxicants than cigarettes, [ranking at the bottom of the risk spectrum](#) among oral nicotine products with harmful and potentially harmful constituents comparable to nicotine

replacement therapies (NRTs). At the same time, [they deliver sufficient nicotine to satisfy smokers](#), supporting their role as an effective cessation tool.

Exclusive pouch users show [much lower exposure to cigarette-related alkaloids and metals compared to smokers](#) and oral health studies report [improved gingival health post-switch](#).

Heated tobacco products

Heated tobacco products use a battery-powered device to heat specially designed tobacco sticks to much lower temperatures—around 350 °C versus cigarettes’ 900 °C combustion—creating a nicotine-containing aerosol without tar, or carbon monoxide.

Studies confirm [HTPs expose users to far fewer harmful and potentially harmful constituents \(HPHCs\)](#). A more recent review reinforced this consensus, noting that while HTPs emissions contain some HPHCs, [concentrations are substantially lower than in cigarette smoke](#) across nearly all studies.

Clinical evidence shows smokers switching completely to HTPs experience [significant improvements in health biomarkers and outcomes](#), positioning them as a lower-risk alternative with potential to deliver better health results than continued smoking.

Success Stories in Harm Reduction

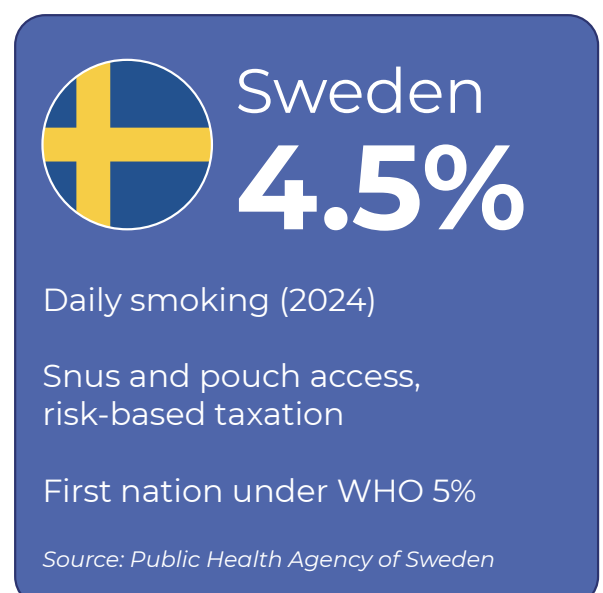
Real-world evidence from leading nations demonstrates how embracing alternative nicotine products accelerates smoking declines beyond traditional policies. Sweden, the UK, New Zealand, Japan, the Czech Republic, and Greece showcase pragmatic approaches that deliver measurable public health gains.

These cases prove harm reduction works: countries integrating science-backed alternatives achieve faster progress toward smoke-free goals while minimising youth uptake.

Sweden

Sweden stands as the global pioneer in tobacco harm reduction having achieved official “smoke-free” status through widespread adoption of nicotine pouches, snus, and other alternatives. By 2024, [daily smoking among Swedish-born adults dropped to just 4.5%](#), below the WHO’s 5% benchmark, with overall adult rates at 5.3%. Sweden became [the first nation to hit this milestone 16 years ahead of EU targets](#).

Despite nicotine levels matching Europe’s, Sweden



enjoys [41% fewer cancers and 44% lower tobacco mortality than EU averages](#), proving that decoupling nicotine from cigarette smoking produces public health gains at the population level.

Sweden's tobacco harm reduction success stems from deliberate policy choices embedding alternatives into public health strategy. Sweden secured a unique exemption in its [Accession Treaty](#) from the bloc's snus sales ban, arguing its cultural role in curbing smoking and boosting health, and enabling decades of widespread access to this lower-risk option.

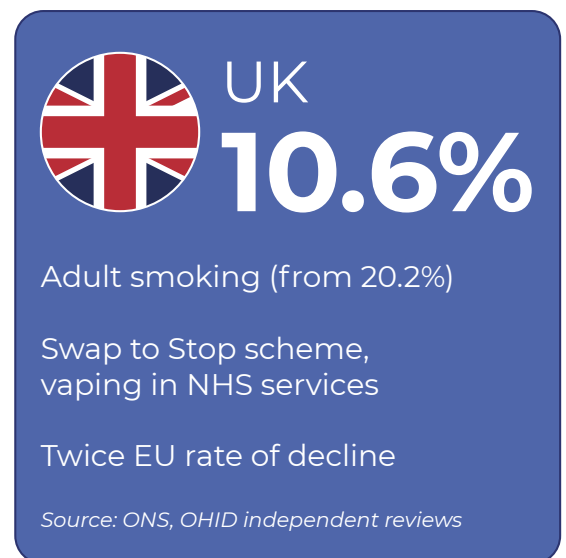
This foundation expanded with the [2018 Act on Tobacco and Similar Products](#) and [2022 Act on Tobacco-Free Nicotine Products](#), creating a clear, differentiated regulatory framework for vapes and pouches that ensures adult accessibility while promoting responsible use. The government actively incentivised switching through risk-based taxation: Finance Minister Mikael Damberg [noted](#) in 2018 that taxes scale with harm levels, hitting riskier products harder. In 2023, [snus taxes were substantially cut](#) while cigarette taxes rose, economically nudging smokers toward safer alternatives. By 2024, [Parliament formally adopted harm reduction](#), with the 2025 budget bill affirming cigarettes' greater dangers than snus or nicotine products, and mirroring this in policy and taxes to accelerate smoke-free progress.

United Kingdom

The United Kingdom exemplifies embedding vaping at the core of its national tobacco control strategy, achieving record-low smoking rates with vapers now outnumbering smokers.

From early on, UK authorities diverged from prohibition by commissioning [regular independent evidence reviews](#), consistently concluding vaping is far less harmful than smoking and an effective cessation tool. Major bodies like [the Royal College of Physicians endorsed vaping within harm reduction](#), normalising its role in stop-smoking services and promoting a clear message: switching dramatically cuts risk. Theory translated into action with the [2023 world-first national "Swap to Stop" scheme](#), pledging up to one million free vape starter kits for adult smokers in England.

As a result of these policies, UK rates have fallen twice as fast as the EU average over the past decade. [2024 adult smoking hit a record-low 10.6%](#) (down from 20.2% in 2011), with ~10% using e-cigarettes daily/occasionally, linked directly to vaping's availability as a quit aid. [Just 4% of never-smokers vape](#), confirming uptake primarily among smokers and debunking gateway fears.



New Zealand

New Zealand demonstrates how straightforward information and promotion of safer alternatives can drive steep smoking declines. The most recent data shows daily smoking at a plateaued 6.8%—down sharply from 16.4% in 2011/12—and [on course for under 5%](#), with under-25s effectively smoke-free at ~3%.

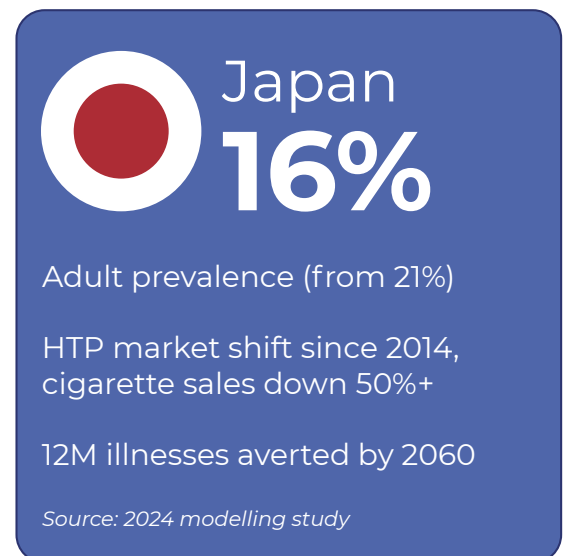
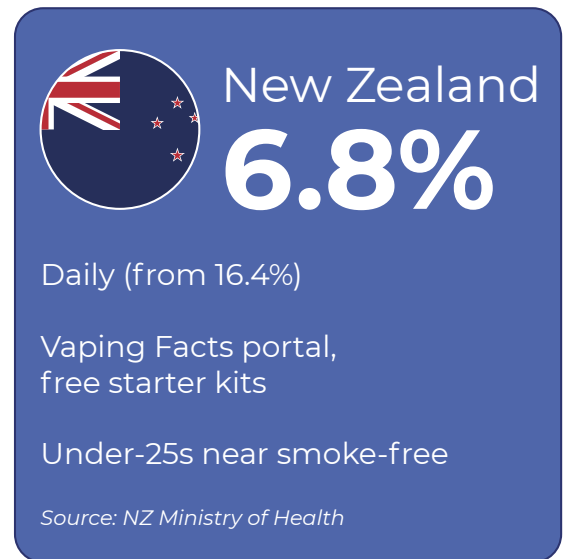
Key to this was the Ministry of Health’s early [Vaping Facts](#) site, a website framing vaping as “far less harmful than smoking”. Similarly to the UK’s Swap to Stop program, [free starter vaping kits](#) distributed to over 3,400 smokers by 2025 boosted switches, while youth vaping dropped from 2022 highs and [youth smoking remained negligible](#).

Targeted efforts in New Zealand yielded substantial gains among Māori and Pacific communities over five years, mirroring the potential for Malaysia to address disparities among its diverse ethnic groups like Malays (with consistently higher smoking odds), Bumiputera from East Malaysia, and other minorities. By tailoring harm reduction campaigns—such as culturally sensitive quit programs and accessible alternatives—these high-burden populations saw accelerated declines, proving equitable impact is achievable.

Japan

Japan showcases heated tobacco products’ transformative power in accelerating smoking declines, with [cigarette sales plummeting over 50%](#) since their 2014 launch despite a stable nicotine market. By 2023, exclusive cigarette smoking hit a record low of ~10% among adults, with overall prevalence dropping from 21% to 16% in under a decade.

Health and economic projections underscore the gains: a [2024 study](#) estimates half of smokers switching to HPTs could avert 12 million tobacco-related illnesses by 2060, saving ¥454 billion (~\$3 billion) annually in healthcare costs.



Czech Republic

Czechia stands out as a leading EU advocate for tobacco harm reduction (THR), weaving it into national policy and regulations for tangible smoking reductions.

Its [national strategy](#) establishes THR as a core pillar alongside prevention, treatment, and reintegration—recognising e-cigarettes and oral tobacco’s lower risks and cessation potential per foreign studies. Regulations followed suit: e-cigarettes ([Decree No. 37/2017](#)) are fully legal with flavours, no excise tax, and cross-border sales allowed; heated tobacco faces far lower taxes than cigarettes.

Recent data validates this strategy: [Eurobarometer](#) data shows adult smoking plunging from 30% (2021) to 23% (2024)—the EU’s sharpest recent drop.

Greece

Greece has advanced tobacco harm reduction (THR) by [embedding it in national policy](#) and authorising scientifically substantiated health claims for smoke-free products. July 2020’s [Law 4715/2020](#) enshrined citizens’ right to accurate information, enabling communication of validated claims on reduced toxicity versus cigarettes. In March 2023, the Ministry of Health approved claims for heated tobacco sticks, confirming lower harmful chemical levels than conventional smoking.

These steps yielded results: [Eurobarometer data](#) shows adult smoking dropping from 42% (2021) to 36% (2024)—a 6-point decline amid Europe’s highest baseline—driven by regulation and access to alternatives.



Czech Republic
23%

Adult smoking (from 30%)

No excise on vapes,
flavours fully legal

EU’s sharpest recent drop

Source: Eurobarometer 2021–2024



Greece
36%

Adult smoking (from 42%)

Authorised health claims
on smoke-free products

6-point decline 2021–2024

Source: Eurobarometer 2021–2024

Conclusion

This policy paper offers Malaysia a clear, evidence-based roadmap to reform Act 852 and achieve core policy goals: reduce smoking prevalence below 5% within a decade, minimise health harms from nicotine use, protect youth from uptake, and suppress illicit markets—ultimately saving thousands of lives yearly from smoking-related disease.

By prioritising risk-proportionate rules, adult access, and data-driven oversight policymakers can decouple nicotine from combustion without compromising youth protection or fueling black markets.

The science is unequivocal—harm reduction works. Building on Act 852's foundation, Malaysia has the opportunity to lead ASEAN in pragmatic public health, delivering faster progress than prohibition ever could.

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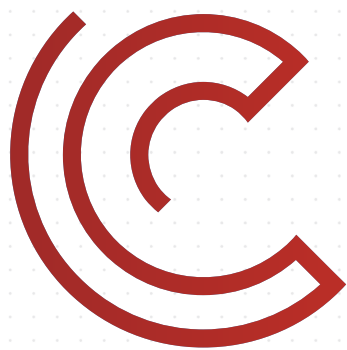
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