



YB Datuk Seri Dr. Haji Dzulkefly Ahmad
Minister of Health
The Federation of Malaysia
Aras 13, Blok E7, Kompleks E
Pusat Pentadbiran Kerajaan Persekutuan
62590 Putrajaya
Malaysia

Re: The Importance of Evidence-Based Considerations in the Regulation of Vapour Products in Malaysia

Dear Dr. Ahmad,

I am writing to you on behalf of 'Prohibition Does Not Work' (PDNW), an international, non-profit, non-governmental organisation and network of think-tanks dedicated to advocating for evidence-based progressive policies to help empower smokers to quit.

PDNW is writing to commend and express our continuing support for Malaysia's proactive step in establishing a structured framework for the regulation of vapour products through the enactment of the *Control of Smoking Products for Public Health Act 2024* (Act 852), effective 1 October 2024.

This legislation represents a major advancement for public health, as vapour products are both significantly less harmful than the combustible cigarettes with which they compete¹ and proven to be more effective in assisting smokers to quit than conventional Nicotine Replacement Therapy.²

¹ [Nicotine vaping in England: an evidence update including health risks and perceptions, UK Office for Health Improvement and Disparities, 2022](#)

² [Electronic cigarettes for smoking cessation, Cochrane Library, 2024](#)

We were therefore troubled by recent reports that the Ministry is considering a total ban on vapour products. While we recognize and share the Ministry's concern over youth intake and the rise of contaminated products, strong evidence from Malaysia and other countries demonstrates that **blanket prohibitions do not work, and instead produce results that run directly counter to public health goals.**

When governments ban products, consumers are forced to find nearby substitutes or buy from the black market. This has a host of unintended consequences—Malaysia should look carefully at the history of vapour product bans before taking such a serious step.

Evidence shows that banning vapour products would likely **encourage adults to resume smoking tobacco, when they had previously used safer, regulated alternatives.**³

Furthermore, as the examples of both Australia⁴ and Brazil⁵ demonstrate, restricting legitimate businesses from selling products would effectively **hand control of the market to illegal operators**, who are unlikely to follow age-of-sale restrictions or product safety standards. In these countries, black markets became enormous, reaching **USD 750 million to 1.3 billion in Australia and USD 1 billion in Brazil.** This denies governments **valuable excise revenue that could fund public health budgets**, and instead delivers them **directly to the criminal networks that invariably fill in the gaps left in the market.**

Moreover, prohibition has failed to lower smoking rates in Australia and Brazil—it may have even caused them to increase. The latest available smoking data from the Australian Ministry of Health shows that there has been effectively no progress between 2018 (12.3%) and 2023 (11.8%).⁶ Worse, recently published data by the Australian market research company Roy Morgan indicates that **smoking rates in Australia might have actually risen from approximately 13.2% in September 2024 to 13.5% in May 2025.**⁷ In Brazil, where smoking-related illness kills more than 100,000 people per year, adult **smoking prevalence has firmly increased** from 9.3% in 2020 to 11.6% in 2024.

³ [The Impact of Banning Electronic Nicotine Delivery Systems on Combustible Cigarette Sales: Evidence From US State-Level Policies, Science Direct, 2022](#)

⁴ [VAPOUR PRODUCT REGULATION IN AUSTRALIA: A CASE STUDY IN FAILURE, Prohibition Does Not Work, 2025](#)

⁵ [VAPOUR REGULATION IN BRAZIL, Prohibition Does Not Work, 2025](#)

⁶ [Current vaping and current smoking in the Australian population aged 14+ years, Department of Health and Aged Care, 2023](#)

⁷ [Smoking Rates Rise in Australia After Vape Ban, Driven by 18–24 Age Group, 2 Firsts, 2025](#)

It is possible to address the known issues surrounding the sale and use of vapour products while avoiding these risks to public health and government budgets. PDNW recommends that Malaysia instead adopt **a targeted enforcement strategy** that focuses on criminal organisations who supply illicit vapour products, rather than penalising lawful retailers and adult consumers. **Ensuring the consistent, uniform application of state and federal laws** will prevent fragmented regulations from undermining the 2024 Act and creating confusion for consumers and businesses. Strongly enforced rules for licensure, product safety, and age verification, have proven to better protect public health than total bans.

Countries like the United Kingdom,⁸ New Zealand,⁹ and Sweden¹⁰ have recognised the potential of vapour and other reduced-risk nicotine products for tobacco harm reduction, and have integrated them into broader strategies to reduce smoking. This has resulted in all three countries reaching historically low smoking rates, greatly improving public health.

PDNW stands ready to support the Ministry in developing a comprehensive and co-ordinated approach to the regulation of vapour products, offering technical expertise, comparative international data, and guidance tailored toward Malaysia's experience. We would welcome the opportunity to discuss these findings and to explore pragmatic regulatory approaches that safeguard youth, enable smokers to transition to safer alternatives, prevent the growth of criminal markets, and protect public finance.

We thank you for your commitment to evidence-based public health policy and hope we may collaborate with the Ministry to ensure the benefits of regulation are maximised while the risks of prohibition are avoided.

Yours sincerely,

Tim Andrews
Director of Consumer Issues
Tholos Foundation
Founding Partner, Prohibition Does Not Work

⁸ [Adult smoking habits in the UK, Office for National Statistics, 2024](#)

⁹ [Annual Update of Key Results: New Zealand Health Survey, Ministry of Health, 2024](#)

¹⁰ [Public Health Data, Swedish Public Health Authority, 2025](#)