

TARGET 28

FOR SINGAPORE

Zero new addictions. Zero second-hand smoke.

A practical proposal to raise Singapore's legal tobacco age from 21 to 28, one year at a time, beginning 1 July 2027.

PREVENT

Close the path into addiction

PROTECT

Reduce second-hand smoke

SUPPORT

Treat smokers with dignity

REVIEW

Measure outcomes in 2035

Document Control

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Contact	support@smokefree.sg

This pack distinguishes facts about current law from proposed policy. Questions of legislative drafting, enforcement powers, proportionality, commencement, agency ownership, resourcing, and compatibility with existing law are expressly reserved for government and qualified legal review.

Part 1 - Executive Brief

1. The Request

SmokeFree.SG respectfully requests that the Ministry of Health and relevant agencies review Target 28 and consider a structured public consultation on whether Singapore should raise the minimum legal age for tobacco from 21 to 28 in annual steps.

The proposed first step is **22 years old from 1 July 2027**. The threshold would then rise by one year each year until reaching 28 in 2033. A formal review in 2035 would assess health impact, compliance, equity, enforcement, illicit supply, quit-support demand, and whether the age should remain at 28 or evolve further.

Target 28 is not an immediate prohibition on current lawful adult smokers. It is a prevention-first pathway intended to reduce entry into addiction while maintaining dignity, practical cessation support, clear transition rules, and protection from second-hand smoke.

2. Proposed Legal-Age Schedule

Effective period	Minimum legal tobacco age proposed
From 1 July 2027	22+
2028	23+
2029	24+
2030	25+
2031	26+
2032	27+
2033 onward	28+
2035	Formal policy review

Exact commencement dates after the first year, transitional provisions, birth-date calculations, proof-of-age rules, and treatment of conduct spanning an annual threshold change should be settled through legislative drafting and operational consultation.

3. Why Prevention Before Addiction

MOH's 2017 public consultation stated that 95% of smokers in Singapore had their first puff before age 21 and 83% became regular smokers before age 21. That evidence supported Singapore's earlier staged increase from 18 to 21. Target 28 asks whether the same gradual method can now extend protection through a later period of young adulthood.

The 2024 National Population Health Survey reported daily smoking prevalence among residents aged 18 to 74 at an all-time low of 8.4%, down from 10.6% in 2019. This progress is a reason to consolidate prevention, not to assume the work is finished.

WHO states that nicotine is highly addictive, especially harmful to developing young people, that there is no safe level of exposure to tobacco, and that second-hand smoke causes serious disease and premature death. Prevention, smoke-free protection, cessation support, advertising controls, taxation, and monitoring work best as a coordinated package rather than isolated measures.

4. Design Principles

- 1 **Prevent new addiction.** Make first purchase and social supply progressively less available to younger adults.
- 2 **Support, not shame.** Current smokers are not the enemy. Link implementation to practical cessation support.
- 3 **One clear rule.** Apply the annual age threshold consistently to citizens, permanent residents, pass holders, and visitors while they are in Singapore, subject to legal review.
- 4 **Protect shared spaces.** Keep smoke away from prohibited locations, family routes, entrances, queues, transport areas, schools, parks, food areas, and workplaces.
- 5 **Containment is not promotion.** Any smoking point or transitional facility remains subject to lawful approval and must not sell, advertise, glamorise, or normalise tobacco.
- 6 **Privacy by design.** Public support should be reported in aggregate; personal supporter details should not become a public list.
- 7 **Measure and review.** Publish implementation indicators and conduct a formal review in 2035.

5. Scope for Government Review

The preferred starting scope is the existing tobacco-control framework for sale, supply, purchase, use, and possession. Import for personal use, social supply, attempted purchase, online transactions, retail verification, and entry to any future licensed transitional facility should be aligned only after legal and operational review.

Target 28 does not propose legalising vaporisers or imitation tobacco products. Singapore's existing controls on prohibited products remain separate and should be communicated clearly.

6. Decisions Requested

SmokeFree.SG asks the relevant authorities to consider:

- 1 appointing a lead policy team to assess Target 28;
 - 2 publishing an initial response on policy fit and evidence needs;
 - 3 convening an inter-agency technical review involving MOH, HSA, HPB, NEA, Singapore Customs, enforcement partners, and legal counsel;
 - 4 consulting retailers, healthcare professionals, youth and education representatives, employers, visitor-facing sectors, community groups, and current smokers;
 - 5 commissioning modelling on health impact, compliance cost, enforcement demand, illicit supply, and equity;
 - 6 deciding whether a public consultation and draft legislative pathway should proceed; and
 - 7 preserving a formal 2035 review in any implementation plan.
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Part 2 - Evidence Annex

7. Evidence Summary

Finding	Evidence	Relevance to Target 28
Smoking commonly starts young	MOH reported in 2017 that 95% of smokers had their first puff before 21 and 83% became regular smokers before 21.	Supports action before addiction becomes established.
A staged age increase is locally familiar	Singapore raised the MLA to 19 in 2019, 20 in 2020, and 21 in 2021.	Demonstrates an existing legislative and operational pattern for gradual change.
Smoking prevalence is declining	MOH reported daily smoking prevalence of 8.4% in 2024, an all-time low, versus 10.6% in 2019.	Creates an opportunity to consolidate gains while monitoring unintended effects.
Current law already links age to multiple acts	HSA describes the MLA as applying to purchase, use, possession, sale, and supply of tobacco.	A Target 28 amendment should preserve internal consistency across regulated conduct.
Second-hand smoke has no safe exposure level	WHO reports no safe level of exposure and serious cardiovascular and respiratory harm.	Supports continued smoke-free public-space protection alongside age policy.
Cessation support improves outcomes	WHO states counselling and medication can more than double successful quitting; HealthHub provides the I Quit programme and QuitLine.	Target 28 should fund and promote practical help, not rely on restriction alone.
Visitor imports are already regulated	HSA and Singapore Customs require compliant packaging, personal-use limits, declarations, duty, and GST where applicable.	Visitor communication and any age-based import rule must be coordinated at checkpoints.
Designated smoking areas are controlled	NEA publishes smoking-prohibition and DSA guidance, including signage and separation requirements.	Any transition-space proposal must remain subordinate to NEA approval and public-health safeguards.
Identification data requires restraint	PDPC guidance treats national identification numbers as high-risk data and emphasises justified, proportionate handling.	Campaign and implementation systems should minimise identity data and avoid public disclosure.

8. What the Evidence Does Not Yet Establish

The available public evidence does not by itself answer every design question. Before legislation, government should test:

- the incremental effect of moving from age 21 to 28 in Singapore;
- substitution into illicit tobacco, proxy purchasing, or prohibited nicotine products;
- differential impact by income, occupation, nationality, and living arrangement;
- enforcement and retailer workload;
- quit-support capacity during each annual threshold change;
- whether a fixed age of 28, a birth-cohort rule, or another model best serves the policy objective;
- the appropriate balance between criminal, licensing, administrative, and educational responses; and
- whether restrictions on use, possession, and personal import are necessary and proportionate in addition to sales and supply controls.

Target 28 should therefore proceed through evidence review, consultation, modelling, staged implementation, and published evaluation rather than assertion alone.

9. Source Register

- 1 Ministry of Health, Public Consultation on Proposed Amendments to the Tobacco (Control of Advertisements and Sale) Act, 12 June 2017.** First-puff and regular-smoking-before-21 figures; rationale and method for the staged increase to 21.

<https://www.moh.gov.sg/newsroom/public-consultation-on-proposed-amendments-to-the-tobacco-%28control-of-advertisements-and-sale%29-act/>
- 2 Ministry of Health, National Population Health Survey 2024 release, 17 October 2025.** Daily smoking prevalence of 8.4% in 2024 and multi-pronged policy, education, and cessation approach.

<https://www.moh.gov.sg/newsroom/national-population-health-survey-2024-shows-singaporeans-are-adopting-healthier-lifestyles---but-rising-obesity-is-a-concern/>
- 3 Health Sciences Authority, Overview of tobacco control, updated 3 June 2026.** Current Tobacco and Vaporisers Control Act framework, licensing, packaging, traveller rules, supply offences, and MLA implementation.

<https://www.hsa.gov.sg/tobacco-regulation/overview/>
- 4 Singapore Statutes Online, Tobacco and Vaporisers Control Act 1993.** Primary legislation; current text must be checked again at drafting and submission.

<https://sso.agc.gov.sg/Act/TVCA1993>
- 5 National Environment Agency, Smoking Prohibition Overview.** Current prohibited-place framework and permitted smoking-facility context.

<https://www.nea.gov.sg/our-services/smoking-prohibition/overview>
- 6 National Environment Agency, Guidelines on DSAs, Signage and Publicity Materials.** Official DSA and signage guidance.

<https://www.nea.gov.sg/our-services/smoking-prohibition/guidelines-on-dsas-signage-and-publicity-materials>
- 7 HealthHub, I Quit Programme.** Singapore quit-support pathway, QuitLine, counselling, and 28-day programme.

<https://www.healthhub.sg/programmes/iquit/>
- 8 Singapore Customs, Arriving in Singapore, updated 19 February 2026.** Declaration, duty, GST, and controlled-goods guidance for travellers.

<https://www.customs.gov.sg/at-customs/arriving-in-singapore/>
- 9 PDPC, Advisory Guidelines on the PDPA for NRIC and other National Identification Numbers.** Data-minimisation and identity-number safeguards.

<https://www.pdpc.gov.sg/guidelines-and-consultation/2020/02/advisory-guidelines-on-the-personal-data-protection-act-for-nric-and-other-national-identification-numbers>
- 10 World Health Organization, Tobacco and nicotine fact sheet, 26 June 2026.** Addiction, second-hand smoke, cessation, and comprehensive tobacco-control evidence.

<https://www.who.int/news-room/fact-sheets/detail/tobacco>

All links were reviewed on 21 July 2026. The primary legislation and operational guidance should be checked again immediately before formal submission because law and agency guidance can change.

Part 3 - Implementation Plan

10. Proposed Delivery Phases

Phase A - Policy and Legal Design (2026 to early 2027)

- appoint a lead agency and inter-agency working group;
- model health, equity, compliance, enforcement, retail, and illicit-market impacts;
- decide the legal mechanism and exact annual commencement rule;
- consult affected sectors and current smokers;
- draft legislation, regulations, guidance, and an evaluation framework;
- complete privacy and data-protection impact assessments for any verification systems; and
- publish plain-language guidance in English, Chinese, Malay, and Tamil.

Phase B - Preparation (at least six months before commencement)

- notify retailers, importers, employers, hotels, schools, universities, transport operators, event organisers, and visitor-facing services;
- update age-verification procedures, warning notices, licensing conditions, and staff training;
- coordinate arrival, Customs, airline, hotel, and pass-holder communication;
- expand quit-support capacity and referral pathways;
- test complaint, appeal, incident, and enforcement processes; and
- publish the final 1 July 2027 commencement notice and annual schedule.

Phase C - Annual Implementation (1 July 2027 to 2033)

- raise the threshold once per year;
- use a single published age-check rule across channels;
- monitor retail compliance, attempted purchases, social supply, illicit activity, cessation demand, and public understanding;
- publish annual implementation results and corrections; and
- adjust education and operations without weakening the prevention objective.

Phase D - Formal Review (2035)

- compare outcomes against a pre-implementation baseline;
- assess health, behavioural, enforcement, retail, equity, and visitor impacts;
- consult affected groups again;
- publish findings and data limitations; and
- decide whether to retain age 28, modify implementation, or consider a longer-term cohort model.

11. Delivery Workstreams

Workstream	Proposed lead/partners	Essential output
Policy and legislation	MOH with legal counsel and HSA	Clear statutory mechanism, definitions, commencement, offences, defences, review duty
Retail and licensing	HSA with retailers and payment/ID providers	Practical age checks, staff guidance, licensing response, appeal process
Public spaces	NEA with premises managers and Town Councils	Consistent prohibited-place communication and reviewed DSA guidance
Border and visitors	Singapore Customs, ICA, tourism and transport partners	Pre-arrival, checkpoint, hotel, event, and visitor guidance
Quit support	HPB, HealthHub, healthcare providers, pharmacies, employers	Scalable referral, counselling, medication guidance, 28-day support
Education and youth	MOE-facing stakeholders, schools, youth organisations	Age-appropriate prevention and family communication
Data and evaluation	MOH/HPB with research partners	Baseline, annual indicators, published methodology, 2035 evaluation
Privacy and technology	Policy owners, PDPC-facing counsel, security teams	Data-minimised verification and documented retention/access controls

12. Minimum Public Indicators

Annual reporting should consider:

- daily and current smoking prevalence by relevant age bands;
- initiation age and transition to regular smoking;
- quit attempts, service demand, and successful cessation indicators;
- retailer education, inspections, warnings, licence actions, and appeals;
- social-supply and proxy-purchase reports;
- illicit tobacco and prohibited-product indicators;
- second-hand-smoke complaints and public-space enforcement trends;
- awareness and correct understanding of the annual threshold;
- visitor and retailer comprehension;
- differential effects across demographic and socioeconomic groups; and
- implementation cost and operational burden.

Data should be published only at an aggregation level that protects individuals.

Part 4 - Implementation and Legal Questions

13. Legislative Architecture

- 1 Should Target 28 amend the definition of an under-aged person through a date-based schedule, a regulation-making power, or annual statutory commencement provisions?
- 2 Should the policy stop at 28, continue as a birth-cohort rule, or require Parliament to decide after the 2035 review?
- 3 Which actions should be covered: sale, supply, purchase, acquisition, use, possession, attempted purchase, personal import, online transaction, and facility entry?
- 4 What exemptions, if any, are necessary for enforcement handling, research, treatment, regulated business activity, or transit?
- 5 What defences should apply to retailers that used an approved and reasonable verification process?
- 6 How should annual threshold changes apply to conduct that begins before and ends after the commencement time?

14. Fairness, Proportionality, and Enforcement

- 1 Should enforcement prioritise sellers and suppliers over possession by individuals?
- 2 What graduated response should apply to first-time mistakes, deliberate proxy supply, organised illicit sales, and repeat retail breaches?
- 3 How can the policy avoid disproportionate impact on lower-income workers, migrant communities, or people with dependence?
- 4 What education or warning period is appropriate before each annual step?
- 5 What review and appeal channels are required for licence suspension, penalties, or disputed age checks?
- 6 What training and audit standards should apply to digital age-verification tools?

15. Identity, Privacy, and Technology

- 1 What is the minimum proof-of-age information a retailer or platform needs to see?
- 2 Can age be confirmed without retaining a full identity number or date of birth?
- 3 Should approved digital verification return only an age-eligibility result?
- 4 What retention, access, breach-response, vendor, and audit controls are necessary?
- 5 How will people without smartphones or common identity documents complete a lawful transaction?
- 6 How will any system avoid creating a reusable database of tobacco purchasers?

16. Visitors, Imports, and Cross-Border Clarity

- 1 Does the annual threshold apply uniformly to short-term visitors, pass holders, crew, and people entering from transit areas?
- 2 Should a person below the threshold be prohibited from importing tobacco for personal use even if duty and packaging rules are met?
- 3 Which agency communicates and enforces the age rule at each checkpoint?
- 4 How should airlines, hotels, event organisers, universities, and employers communicate the current threshold?
- 5 What happens to declared tobacco carried by an ineligible traveller?
- 6 How will international carriers and visitor-facing sectors receive updates before each annual change?

17. Smoking Areas and Transitional Facilities

- 1 Is any new facility category necessary, or are existing smoking-facility rules sufficient?
- 2 If a transitional lounge is studied, which agency licenses it and what sunset or review provision applies?
- 3 How will the law prohibit tobacco sales, sponsorship, loyalty programmes, alcohol-led promotion, entertainment, youth access, and lifestyle marketing?
- 4 What ventilation, location, worker-safety, signage, capacity, and inspection standards are required?
- 5 Could fees support cleaning, enforcement, cessation, and education without creating a commercial incentive to increase use?
- 6 How will the number and visibility of smoking facilities decline as prevalence falls?

18. Legal Review Boundary

This pack presents policy questions, not legal conclusions. Before formal legislative action, the relevant authorities should obtain advice on constitutional and administrative law, statutory coherence, enforcement powers, data protection, equality and proportionality, licensing, employment and worker safety, customs and border powers, international obligations, commencement, retrospectivity, and procedural fairness.

Part 5 - Stakeholder Feedback Record

19. Record Status

This is the controlled first-edition feedback record for Target 28. As at 21 July 2026, SmokeFree.SG does **not** claim formal government endorsement, agency approval, Town Council approval, healthcare endorsement, school endorsement, corporate endorsement, or legal sign-off.

Public support submissions are counted separately and are not treated as technical or institutional approval. Individual supporter details are not published in this record.

20. Stakeholder Review Matrix

Stakeholder group	Questions for review	Evidence/output requested	Current record
MOH / HSA	Policy fit, statutory mechanism, age scope, offences, licensing, evaluation	Written policy response; evidence requirements; lead-agency decision	Formal review requested; no endorsement claimed
HPB / healthcare professionals	Quit-support demand, treatment pathways, messaging, dependence and equity	Capacity assessment; referral model; clinical communication guidance	Feedback to be logged when received
NEA / Town Councils / premises managers	Public-space protection, DSA siting, smoke hotspots, worker and resident impact	Operational constraints; location evidence; pilot safeguards	Feedback to be logged when received
Singapore Customs / visitor-facing sectors	Personal import, declaration, checkpoint handling, pre-arrival communication	Border workflow; traveller guidance; exception analysis	Feedback to be logged when received
Retailers and trade operators	Age verification, training, annual change, cost, mistakes, appeals	Process map; cost estimate; reasonable-defence proposal	Feedback to be logged when received
Schools / youth and family groups	Prevention message, social supply, age-group impact	Youth-safe consultation; communication and safeguarding review	Feedback to be logged when received
Current smokers / cessation users	Dignity, access, transition, unintended burdens	Lived-experience themes; quit-support gaps; mitigation options	Feedback to be logged without identifying individuals
Employers / hospitality / events	Workplace, hotel, campus, nightlife, and event implementation	Guidance needs; operational scenarios; training channels	Feedback to be logged when received
Researchers / legal and privacy specialists	Causal evidence, evaluation design, proportionality, data minimisation	Written critique; methodology; legal and privacy issue list	External review invited; no sign-off claimed

21. Feedback Handling Method

Each substantive response should be recorded with:

- reference number and date received;
- stakeholder category and organisation, where disclosure is authorised;
- whether the response is public, confidential, or attributable only with consent;
- issue raised and evidence supplied;
- campaign response or proposed change;
- decision status: accepted, partly accepted, further evidence needed, not accepted, or outside scope;

- document sections affected;
- reviewer and review date; and
- follow-up owner and target date.

No private correspondence should be published without permission. Feedback should be summarised fairly, including disagreement. Support counts must not be presented as expert, institutional, or government endorsement.

22. Priority Consultation Questions

- 1 Is raising the tobacco age to 28 likely to produce meaningful additional prevention in Singapore?
 - 2 Which policy mechanism is clearest and most durable?
 - 3 Which regulated actions should fall within the annual age threshold?
 - 4 What burden would annual changes create, and how can it be reduced?
 - 5 What unintended effects are most plausible and measurable?
 - 6 What support do current smokers need during implementation?
 - 7 How should visitors and personal imports be handled?
 - 8 What privacy-preserving age-verification method is realistic?
 - 9 What indicators and independent evaluation should be mandatory?
 - 10 What would make the proposal fairer, clearer, and more enforceable?
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Part 6 - Final Cover Letter

To: Ministry of Health and the relevant Singapore public-health, regulatory, environmental, customs, enforcement, and policy agencies

From: SmokeFree.SG

Date: 21 July 2026

Subject: Request for policy review and public consultation on Target 28

Dear Sir/Madam,

SmokeFree.SG respectfully submits the enclosed Target 28 policy pack for review.

Target 28 proposes raising Singapore's minimum legal age for tobacco from 21 to 28, one year at a time, beginning with age 22 on 1 July 2027. Its purpose is to prevent new tobacco addiction, reduce second-hand-smoke exposure, support current smokers with dignity, and give residents, retailers, visitors, employers, and enforcement officers one clear annual rule.

The proposal builds on a method Singapore has already used. The minimum legal age rose in stages from 18 to 21 between 2019 and 2021. MOH's earlier consultation recorded that smoking initiation and regular smoking commonly began before 21, while the National Population Health Survey 2024 shows that daily smoking prevalence has continued to fall. Target 28 asks whether Singapore can consolidate that progress through a further measured, reviewable pathway.

We recognise that the proposal raises serious questions. These include the appropriate legislative mechanism, scope of regulated conduct, treatment of visitors and personal imports, retailer verification, enforcement proportionality, illicit supply, equity, cessation capacity, data protection, public-space rules, and evaluation. The pack does not presume answers that belong to government, Parliament, qualified legal counsel, affected sectors, and public consultation. It sets out those questions openly so they can be tested.

We therefore request:

- 1 an initial policy and evidence review;
- 2 identification of the appropriate lead agency and inter-agency participants;
- 3 guidance on additional analysis required before consultation;
- 4 consultation with affected stakeholders, including current smokers; and
- 5 consideration of a formal public consultation and implementation study.

SmokeFree.SG is an independent public-health campaign. We do not represent this proposal as government policy, legal advice, or an official petition. We do not sell or promote tobacco or vaping products. Public support is reported in aggregate, and individual supporter details are not published as a public list.

We would welcome the opportunity to provide the editable evidence register, explain the campaign's public-support safeguards, and revise the proposal in response to authoritative evidence and operational feedback.

Yours faithfully,

SmokeFree.SG Independent public-health campaign support@smokefree.sg <https://smokefree.sg/>

Part 7 - Final Review Record

23. Review Completed

The following internal review was completed on 21 July 2026:

- proposal schedule checked against the public Target 28 roadmap;
- all current-law statements separated from policy proposals;
- first-puff, regular-smoking, and 8.4% prevalence figures checked against MOH sources;
- current tobacco-control statements checked against HSA guidance;
- public-space and DSA statements checked against NEA guidance;
- traveller statements checked against HSA and Singapore Customs guidance;
- cessation statements checked against HealthHub and WHO;
- privacy statements checked against PDPC guidance and the campaign's data-minimised public-support design;
- no full NRIC, FIN, or passport collection claimed or proposed for the campaign register;
- no government, agency, institutional, school, healthcare, corporate, or Town Council endorsement claimed;
- legal questions presented as questions requiring authoritative review, not legal conclusions;
- stakeholder feedback record prepared without inventing feedback;
- cover letter, document control, sources, and implementation workstreams checked for consistency; and
- public PDF and editable source designated as version-controlled campaign records.

24. Submission Controls

Immediately before a formal submission, SmokeFree.SG should:

- 1 re-check the current text of the Tobacco and Vapourisers Control Act and agency guidance;
- 2 export the current verified aggregate support count without exposing individual supporter details;
- 3 record the recipient, submission channel, date, and document checksum;
- 4 retain the exact PDF submitted as a read-only archive;
- 5 log any acknowledgement or response in the stakeholder feedback register; and
- 6 publish corrections promptly if any factual statement has changed.

25. Review Outcome

Outcome: Approved as SmokeFree.SG's submission-ready policy working paper, version 1.0.

This outcome confirms document completeness and internal consistency. It is not external legal advice, clinical endorsement, government approval, or a guarantee of policy adoption.