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WHO Tobacco Control Papers

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WHO position on Tobacco Control and Harm Reduction

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Tobacco and nicotine product companies, and associated front groups, are increasingly promoting a range of tobacco, nicotine and related products. They claim these products pose lower risks to health than conventional cigarettes and can be part of a 'harm reduction' approach to tobacco control. These products frequently include electronic cigarettes (e-cigarettes), nicotine pouches, heated tobacco products (HTPs) and smokeless tobacco products.

However, tobacco companies have a long history of dishonestly downplaying the harms caused by their products (1). This includes use of misleading descriptors for cigarette variants like 'light' and 'mild', use of filters to suggest reduced harm, and knowingly engineering products to fool machine-based testing (2). And this is not all in the past, as they continue to mislead consumers and authorities about the risks posed by their products (3). This forms part of a profit-driven strategy to grow and sustain tobacco company businesses by expanding their customer base or market share, while undermining tobacco control policies by arguing for a largely unregulated or lightly regulated commercial market.

The industry engages in mass marketing of harmful products to the public at large, while cloaking that conduct in the public health language of harm reduction. This conduct can be contrasted with genuine harm reduction programmes in other areas of public health, which see health actors and agencies pursuing health objectives by implementing evidence-based strategies and interventions that are tightly controlled and monitored.

All tobacco, nicotine and related products pose health risks, including risk of addiction (4). Wide variation in product characteristics (including within product categories), and how products can be manipulated and used by consumers, limit our ability to generalize about the health risks posed by entire product categories. In reality, the true level of risks of these products will only become clearer over time and through a sustained commitment to impartial assessment.

How harmful these products are in real life also depends on how people use them, how widely they are used, who is using them, and how they are marketed and regulated. Flavoured e-cigarettes, for example, are aggressively marketed, including on youth-frequented social media platforms, using imagery appealing to children, adolescents and young people and often have nicotine levels exceeding conventional cigarettes (5). The high and rising levels of e-cigarette use among young people is alarming. Recent WHO trends data (6) shows that over 15 million children aged 13–15 now use e-cigarettes and that children aged 13–15 are, on average, nine times more likely than adults to use e-cigarettes (6). The industry also packages and retails HTPs and nicotine pouches as appealing consumer products, increasing the risks of uptake, sustaining addiction, and increasing overall harm to population health (7).

Governments can best protect health by fully **implementing comprehensive tobacco control measures that reduce demand and supply for all tobacco, nicotine and related products**. This includes:

- Where countries ban manufacturing, distribution and sale of specific product categories, enforcing those prohibitions rigorously against commercial actors.
- Where countries permit commercialization, ensuring tobacco, nicotine and related products are strictly regulated, by implementing the measures in the WHO Framework Convention on Tobacco Control (WHO FCTC) (8) and its implementation Guidelines for all tobacco, nicotine and related products. In addition to measures such as prohibiting sale to minors, requiring health warnings, taxing products and comprehensively prohibiting advertising, promotion and sponsorship, implementing product specific measures, such as:
 - banning flavouring agents, attractive product features and colours that increase appeal; and
 - limiting the concentration of nicotine and prohibiting additives that have or generate chemicals with carcinogenic, mutagenic and reprotoxic properties.

- Educating the public and offering help to quit through proven cessation methods, such as nicotine replacement therapies and toll-free quit lines, which have been evaluated by national authorities and proven to be safe, efficacious, and effective.
- Prohibiting sale of harmful products via remote means, including digital platforms frequented by children and young people, to control the supply chain.
- Protecting public health policies from commercial and other vested interests of industry, including by implementing Article 5.3 of the WHO FCTC and its Guidelines.

Based on the totality of the current evidence, WHO recommends that where bans are not in place and countries permit commercialization, all tobacco, nicotine and related products should be subject to these measures.

All tobacco, nicotine and related products pose risks to health. If you do not use these products, don't start. If you currently use these products:

- Choose proven cessation methods available in your country to quit, rather than consumer products that are designed to sustain addiction.
- Seek information from your national health authorities about products legally available in your country.

WHO recognizes that quitting tobacco is difficult. Many of the 1.2 billion tobacco users worldwide want to quit and they deserve support that is safe and effective. WHO promotes access to proven cessation tools such as counseling, approved nicotine-replacement therapies, and quit-lines.

Governments and the public can find additional information about tobacco, nicotine and related products from WHO (9, 10, 11, 12, 13). It is important for governments and the public health community to continue evaluating the risks caused by different product categories (and individual products within those categories), what is really on the market, patterns of use (including dual and poly use) and how these products might drive uptake by children and others. But this should never distract from the urgent need to adopt and strengthen approaches that protect present and future generations from these products. When it comes to tobacco, nicotine and related products, a harm reduction agenda should never be a reason for light touch regulation or a deregulation agenda.

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