


## **WHO's Nicotine Pouch Report Misses the Central Public Health Question: How Do We Reduce Smoking?**

The World Health Organization (WHO) is right to insist that nicotine pouches must not be marketed to children, sold without age controls, or promoted through youth-oriented digital channels. Its new report warns that nicotine pouch sales reached more than 23 billion units in 2024, up more than 50% from the previous year, and that weak regulation has left young people exposed to aggressive marketing. Those concerns deserve serious regulatory action.

But the WHO's framing also misses a critical distinction: the difference between nicotine use and smoking. By treating nicotine pouches primarily as another expression of tobacco industry harm, the report underplays their potential role for adults who smoke and need lower-risk alternatives. That omission matters because public health policy should protect youth while also helping adult smokers move away from combustible tobacco.

### **Youth protection and harm reduction are not opposites**

The WHO report highlights high nicotine levels, youth-oriented flavours, social media promotion, youth-appealing imagery, and regulatory loopholes as key risks in the global nicotine pouch market. These are legitimate concerns, and robust safeguards are warranted, including age verification, responsible marketing rules, product standards, clear labelling, restrictions on youth-targeted promotion, and proportionate enforcement.




However, the solution should not be to collapse all nicotine products into one risk category. Cigarettes kill because tobacco is burned, and smoke contains thousands of toxicants, with more than 70 documented carcinogens. While nicotine is addictive and not risk-free, it is not a notable cause of smoking-related cancer, lung disease, or cardiovascular mortality.

That distinction must remain central to good public health policy. If governments regulate nicotine pouches as though they pose risks comparable to cigarettes, they may unintentionally protect the cigarette market and encourage smoking by making lower-risk alternatives less accessible, less acceptable, or less accurately understood.

### **What independent experts have said**

The Science Media Centre's expert reactions provide important context that is largely absent from the WHO's framing. Professor Peter Hajek of Queen Mary University of London has argued that WHO reports risk misrepresenting reduced-risk nicotine products when they fail to distinguish them from smoking, and he has said that nicotine products without tobacco combustion pose only a small fraction of the cardiovascular risks of smoking.

Professor John Britton, Emeritus Professor of Epidemiology at the University of Nottingham, has made the same point more directly, saying that the WHO still does not understand the fundamental difference between addiction to tobacco smoking, which kills millions of people every year, and addiction to nicotine, which does not. Dr Jasmine Khouja of the University of Bath has also cautioned that inaccurate risk communication could push people back to smoking or deter smokers from seeking less harmful alternatives.



These expert views do not suggest that nicotine pouches should be unregulated. They suggest the opposite: regulation should be appropriate, proportionate to risk, and focused on reducing total harm.

## **The WHO should not ignore adult smokers**

The WHO's latest report acknowledges the rapid growth of nicotine pouch markets, but its overall response is unbalanced because it gives too little weight to the risks faced by adults who continue to smoke and to the global health burden created by cigarettes. By focusing overwhelmingly on the potential harms of nicotine pouches, the report risks reinforcing the misconception that there is no meaningful benefit in switching from cigarettes to non-combustible forms of nicotine delivery.

The evidence is clear that smoking carries far greater risks than non-combustible alternatives, and if that distinction is not communicated clearly, smokers are more likely to continue using the highest-risk form of nicotine consumption. The Science Media Centre reaction to the WHO Report also notes that there is strong evidence that providing nicotine in another non-combustible form can help people stop smoking, and that nicotine is not the ingredient in cigarettes that causes cancer.

That is the right science-based public health posture: protect young people, study the evidence, and avoid overstating certainty. Policymakers do not need a binary message of "safe" or "dangerous"; they need a risk continuum that clearly distinguishes cigarettes from smoke-free nicotine products.

## **Emerging country evidence: Saudi Arabia**

Early market data from Saudi Arabia illustrate how nicotine pouches can function in practice when adult smokers have legal access to lower-risk products alongside basic safeguards. In that market, available evidence indicates that nicotine pouches appear to be functioning primarily as a smoking cessation and harm reduction tool rather than a gateway product or market expansion strategy.

Only existing nicotine users appear to be adopting nicotine pouches in the Saudi context, and 56% of current nicotine pouch users report having quit smoking. That pattern suggests a measurable shift away from combustible tobacco and is particularly relevant in a setting where smoking rates had been rising and other cessation tools had shown limited effectiveness.

In such circumstances, the emergence of a non-combustible product that displaces smoking among existing nicotine users is a moderately positive public health development, provided robust youth protections are in place. The appropriate policy response is therefore harm reduction with appropriate safeguards: preventing uptake among non-users, protecting young people, enforcing product and marketing standards, and preserving access for adults who smoke and wish to switch.




## **Former WHO leaders are calling for harm reduction**

The WHO's current stance is increasingly out of step even with voices from within its own institutional history. Former WHO directors Robert Beaglehole, Ruth Bonita, and Tikki Pang have argued that a global smoking rate below 5% by 2040 is achievable only if less harmful nicotine products are embraced as part of tobacco control, and that harm reduction has been neglected within the Framework Convention on Tobacco Control.

Their recommended approach is risk-proportionate regulation. Combustible tobacco should face strict controls reflecting its extreme harms, while smoke-free alternatives should be regulated for product safety, youth protection, responsible marketing, environmental standards, and prevention of uptake by non-smokers, without undermining current smokers' ability to replace smoking.


### **A better regulatory path**

GINN believes the policy objective should be clear: prevent youth uptake while accelerating the decline of smoking. That requires rules that are strict where risks are high and enabling where public health gains are plausible, including in markets where early evidence, such as Saudi Arabia, suggests nicotine pouches may be displacing smoking among existing nicotine users rather than expanding total nicotine use.



A risk-proportionate framework for nicotine pouches should include:

- **Minimum age laws and verified sales:** no sales to minors, online or offline, with penalties large enough that retailers and e-commerce sites strictly enforce the rules. This is essential so that positive public health effects seen in early markets such as Saudi Arabia are not undermined by youth access.
- **Marketing restrictions:** no youth-targeted imagery, influencers, lifestyle claims, or placement on youth-heavy platforms, and in many markets regulatory agencies should approve all marketing materials, including branding and packaging, before a product can be marketed.
- **Product standards:** limits on contaminants, transparent ingredients, quality controls, responsible nicotine labelling, and strength ceilings that reduce appeal to youth while preserving options for adults who smoke and want to switch.
- **Consumer information:** accurate communication that nicotine is addictive and not for non-users, while also making clear that smoke-free products do not carry the same toxicological profile as cigarettes. This is essential if countries are to replicate switching patterns away from smoking of the kind suggested by the emerging Saudi data.
- **Adult access:** legal, regulated pathways for adults who smoke to access lower-risk alternatives. Cigarette alternatives should be as readily available for purchase as cigarettes so that, where evidence indicates pouches are functioning as cessation and harm reduction tools, regulation supports rather than blocks that public health benefit.



The WHO is right to warn against irresponsible marketing. But it is wrong to present the nicotine pouch debate without fully acknowledging the harm-reduction opportunity for adults who smoke, especially in markets where evidence suggests that only existing nicotine users take up pouches and that a majority of them quit smoking. In such settings, as the early Saudi experience indicates, nicotine pouches appear to be functioning as a smoking cessation and harm reduction tool rather than a gateway or market expansion strategy, and the appropriate regulatory response is harm reduction with appropriate safeguards rather than restrictive prohibition.