

20 years since the advent of smokeless products



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Tobacco Harm Reduction in Action

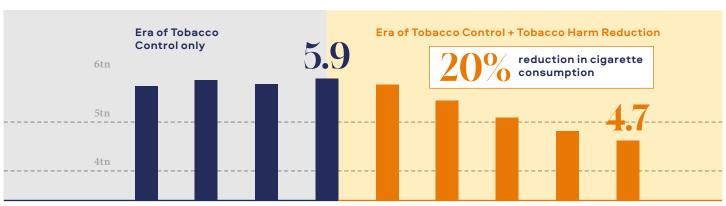
E-cigarettes first became available around 20 years ago. Today, it is estimated that 115 million consumers use smokeless tobacco and nicotine products.^{1, 2, 3} Countries like Sweden that have implemented Tobacco Harm Reduction strategies – allowing adult smokers, who would otherwise continue to smoke, to access and switch completely to smokeless products – have seen striking success in reducing their smoking rates.

1. Since the availability of smokeless products has increased, the decline in cigarette consumption has accelerated.

As smokeless products have become more readily available, cigarette consumption volumes have decreased by 20%.4







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2. Countries that have embraced Tobacco Harm Reduction have observed an even greater reduction in smoking prevalence



Smoking Prevalence⁵ 21% **→ 15%**

2012

2022

Heated Products



Smoking Prevalence⁶

17% 2013

8% 2022



Vapour Products



Smoking Prevalence⁷

18% 11% 2023 2012



Vapour + Oral Nicotine **Pouches**



Smoking Prevalence8

19% 13% 2014 2021



Vapour + Oral Nicotine **Pouches**



Smoking Prevalence⁹

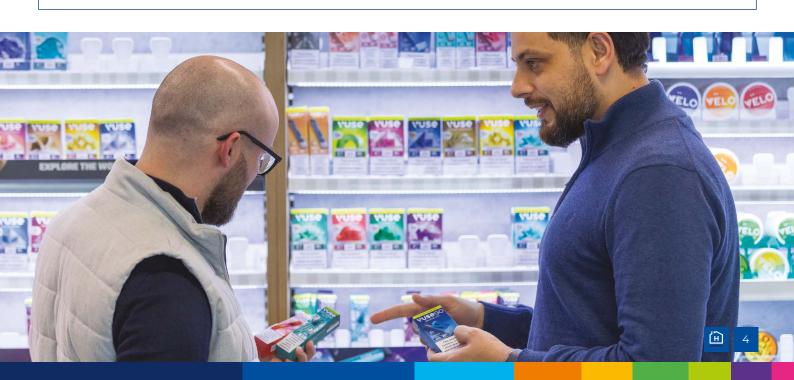
15% \rightarrow 5.4%

2012





Oral Nicotine Pouches



3. Sweden demonstrates that Tobacco Harm Reduction is effective

Since the 1970s, many people in Sweden have switched from smoking to using Snus – a traditional oral tobacco product. More recently, other smokeless products – heated, vapour, and oral nicotine pouches – have been introduced.

In Sweden, smokeless products are more affordable than cigarettes because they are taxed based on estimated risk profiles.¹⁰ Although Swedes' tobacco usage per capita is similar to the EU average, the country has the lowest prevalence of smoking in the EU at 5.4%. It also has the lowest lung, trachea, bronchus, and oral cavity mortality rates in the EU.¹¹ Scientists estimate that if the EU had the same outcomes as Sweden, 3.5 million lives could be saved over the next decade.¹²

Sweden: Tobacco Harm Reduction in Action

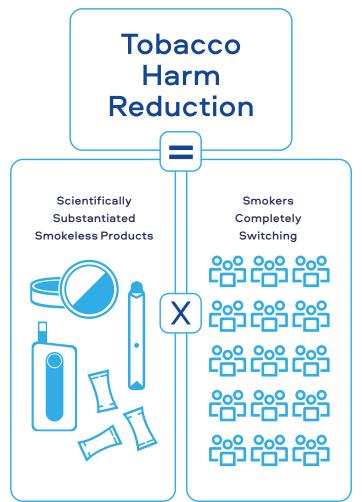
- Lowest smoking rate in Europe
- Similar usage of tobacco per capita vs. EU
- Lowest lung, trachea, bronchus, and oral cavity mortality rate in the EU
- Swedish Snus is not a risk factor for oral cancer^{13, 14}



Tobacco Harm Reduction is decreasing total morbidity and mortality, without completely eliminating tobacco and nicotine use. ¹⁵

The Institute of Medicine in the U.S

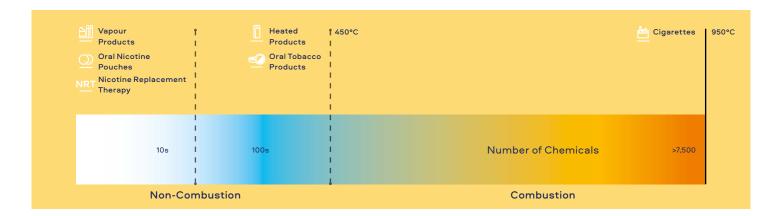






Smokeless Products

The best choice any adult smoker can make is to quit smoking altogether. For those who would otherwise continue to smoke, smokeless products provide an alternative to cigarettes. By not burning (or combusting) tobacco, fewer and lower levels of toxicants** are produced compared to cigarettes. By replicating the pleasure of smoking without combustion, we at BAT believe these products offer adult smokers a reduced-risk profile alternative to cigarette smoking.



4. The burning issue

When tobacco is combusted in cigarettes at temperatures exceeding 950°c, a complex chemical reaction occurs. Through the process of combustion, more than 7,500 individual chemicals (150 chemicals known to be harmful and 60 chemicals known to be carcinogens) are produced in cigarette smoke.

5. Nicotine

While addictive and not without risk, nicotine does not cause cancer and is not the primary cause of smoking-related diseases.¹⁶ Nicotine plays an important role in Tobacco Harm Reduction because its effects are one of the reasons why people smoke.

6. Heated Products offer adult smokers who would otherwise continue to smoke a reduced risk profile alternative compared to combustible cigarettes

Heated Products heat a consumable of natural material (tobacco leaf or non-tobacco leaf), which is why its aerosol is the most complex of our smokeless products. However, the total number of chemicals in our Heated Product aerosols is approximately >10 times less than in cigarette smoke and their concentrations are significantly reduced.

7. Vapour Products are for adult smokers, who would otherwise continue to smoke, but with a reduced-risk profile compared to smoking cigarettes

^{**} Comparison with smoke from a scientific standard reference cigarette (approximately 9mg of tar) in terms of the average of the 9 harmful components the World Health Organization recommends to reduce in cigarette smoke.

Vapour products do not contain tobacco. The e-liquid that comprises high-quality materials is heated to form an aerosol. As a result, our vapour product aerosols consist predominantly of the e-liquid ingredients and are >100 times less complex than cigarette smoke.

8. Oral Nicotine products have the lowest risk profile of all Smokeless Products

Oral nicotine pouches consist of a cellulose-based filler with high-purity nicotine and flavours

wrapped in fleece. Consumers place the disposable pouch between their gums and upper lip, typically for about 30 minutes, during which the nicotine and flavours are released and absorbed through the mouth's lining.

Nicotine pouches are the simplest of all smokeless products and have a toxicant profile that is lower than that of snus, a traditional oral tobacco product, which is regarded as reducedrisk compared to smoking and similar risk profile to Nicotine Replacement Therapy products.¹⁷

Our Smokeless Products have fewer harmful chemicals than a cigarette

In 2008, the World Health Organisation recommended the reduction of nine chemicals (toxicants) in cigarette smoke. On average, our smokeless products reduce these nine toxicants by 90-95% for heated products, 99% for vapour products, and >99% for oral nicotine pouches.**



As most of the harmed caused by smoking arises not from nicotine but from other components of tobacco smoke, the health and life expectancy of today's smokers could be radically improved by encouraging as many as possible to switch to a smoke-free source of nicotine.

UK Royal College of Physicians, 'Nicotine without smoke: Tobacco Harm Reduction'







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It is the many other toxic chemicals contained in tobacco smoke that cause almost all the harm from smoking. Nicotine itself does not cause cancer, lung disease or stroke and has been used safely for many years in medicines to help people stop smoking.

NHS 'Vaping myths and the facts'



A model continuum of risk of tobacco and nicotine products



Unlocking the Potential of Tobacco Harm Reduction

Lawmakers, the public health community, and manufacturers like BAT and their business partners have a key role to play in maximising the potential of smokeless products to contribute to Tobacco Harm Reduction. To achieve this objective, smokeless products must be supported by progressive policy regimes with intelligent and practical regulation, completed by responsible practices and effective enforcement.

9. Three pillars of progressive regulation

Access: Adult smokers who would otherwise continue to smoke must have access to smokeless products and accurate information about their relative risk compared to smoking so they can make an informed choice about switching.

Regulate: High product quality and safety standards to protect consumers and measures to prevent underage use.

Enforce: Prioritisation of effective enforcement, which is underpinned by robust and tailored sanctions for non-compliance.

10. Differentiated regulation based on relative risk

Regulation should be based on the best available science for each smokeless product category and be proportionate to the risk profile in comparison to cigarettes.

11. Nicotine products are for adults only

Those who are underage should never use any nicotine product. Regulations should prohibit the sale of all nicotine products to anyone underage, with enforcement powers and severe penalties for those who fail to comply.

12. The importance of adult-oriented flavours

Flavours play a significant role in encouraging adult smokers, who would otherwise continue smoking, switch entirely to smokeless alternatives. For instance, nearly half of adult vapers in the UK opt for a fruit flavour.

13. Marketing aimed at adult smokers and nicotine users

The marketing of smokeless products should be exclusively aimed at adult smokers and nicotine users, allowing adults to access and gain information about their availability.

Well-thought-out regulation is key

Progressive regulation that allows adult smokers, who would otherwise continue to smoke, to access smokeless products and completely switch can help reduce smoking rates and associated health impacts. Enforcement measures should be implemented to protect consumers with high product standards and to prevent underage access, with robust enforcement and sanctions for those who break the rules.

A call for action

Legal access and differentiated regulation



High product quality standards

3 🖶



Child-resistance and tamper evident

4 🕁



Nicotine limits

Prohibit underage use



Age verification 70

Flavour restrictions



Responsible packaging and descriptors

Adult-targeted communications 10 💆



Robust enforcement and sanctions



WHO should support Tobacco Harm Reduction?

It has been 20 years since the World Health Organisation's (WHO) Framework Convention on Tobacco Control (FCTC) came into force. Since then, technological advancements have dramatically reshaped all aspects of society. This includes new technology that provides adult smokers with alternative nicotine products that, without the burning of tobacco, produce less toxicants than cigarette smoke. While many recognised public health organisations have acknowledged the importance of Tobacco Harm Reduction driven by smokeless products, the World Health Organisation is out of step.

WHO should support Tobacco Harm Reduction

14. The World Health Organisation

Tobacco Harm Reduction has been recognised within the WHO's definition of 'Tobacco Control' since the inception of its Framework Convention on Tobacco Control (Article 1d).¹⁸ Yet, its policies and public disclosure do not reflect this.

15. Growing support for Tobacco Harm Reduction

Influential stakeholders, including regulators, public health officials, and academic researchers, have published studies and opinion pieces on Tobacco Harm Reduction. Many recognise the potential of smokeless products in reducing the harms associated with smoking-related diseases

A snapshot of published studies and opinion pieces by third party stakeholders including regulators, public health and academic researchers have published studies is available in Omni (p.68-81) www.asmokelessworld.com



Overall, the conclusion seems to be warranted that consuming HTPs [heated tobacco products] instead of cigarettes will be associated with a substantial increase in life expectancy, for the subgroup of smokers who would die from cancer.¹⁹

Dutch National Institute for Public Health and the Environment (RIVM) 2020



Switching from cigarettes to nicotine pouches could represent a reduction in health risks for a person who smokes.²⁰

German Federal Institute for Risk Assessment (BfR) 2022



Though vaping products are relatively new and research into their long-term effects is ongoing, researchers have already established that switching completely to vaping nicotine is less harmful than continuing to smoke.²¹

Government of Canada (2023)

16. Smokeless Products should be viewed as an opportunity

New and emerging tobacco and nicotine products have significant potential for positive public health impacts and play an essential role in tobacco harm reduction. Encouraging more adult smokers to switch completely requires collaboration and effort, but the potential benefits for both individual and public health would be substantial.

17. Prohibition does not work

Banning products or restricting them to the point of a de facto ban does not prevent adult smokers from accessing and using them. It creates illicit markets and promotes the proliferation of products that do not conform to regulatory specifications. We estimate that the volume of illegal products in the world is as follows:

- **a.** Cigarettes- Just above 14% of the global cigarette volume is illicit, accounting for more than \$ 100 billion in lost revenue.²²
- **b.** Vapour- Current estimates suggest that up to 80% of the volume across several markets is non-compliant or illicit.²³

In response to COVID-19, the South African government banned the sale of tobacco and vapour products for 20 weeks. Most smokers continued to smoke during the ban, purchasing illegally manufactured or smuggled cigarettes despite dramatic price increases. Illicit traders established a foothold in a market where they previously could not compete.²⁴

18. Continuing efforts to Build a Smokeless World

There are many different views that exist on the best approach to tackling smoking. One thing is clear: it is in everyone's interest to reduce the health impacts associated with smoking cigarettes. Addressing such a significant societal issue can only be achieved through open dialogue, sharing scientific research, and collaboration. That's why it's important to continually assess and research to ensure we are working towards implementing the most effective strategies to reduce the harm associated with smoking cigarettes.

WHO FCTC

Article 1 (d) "tobacco control" means a range of supply, demand, and **harm reduction** strategies that aim to improve the health of a population by eliminating or reducing their consumption of tobacco products and exposure to tobacco smoke.





Open Engagement

We believe good science speaks for itself and should be judged objectively by the peer review process. Censorship is contrary to the scientific process, as it stifles open inquiry, hinders the free exchange of ideas, and can suppress valuable research and knowledge. Scientific leadership worldwide should reject cancel culture and defend the core principle of science—the free exchange of ideas in the pursuit of understanding, research transparency, and truth.



19 Open dialogue is essential for progressing science and tackling societal challenges

Freedom of speech is crucial for scientific progress, allowing scientists to openly discuss ideas, share research, and engage in public disclosure, all of which are essential for advancing knowledge and addressing societal challenges. Attempting to ban organisations, groups, and individuals from public discourse simply because they express differing views is not in the interest of science or public health.

20.Transparency

We seek to contribute to scientific understanding; as such, we publish our science, which undergoes rigorous peer review, and participate in global scientific conferences. BAT has published over 275 scientific papers on its smokeless products in peerreviewed journals. It's publicly available – including many of the protocols for our clinical studies - so anyone can review or replicate these studies. We believe through external peer review and discussions we continue to demonstrate transparency of our science, meaningfully contributing to the topic of Tobacco Harm Reduction.

Building a Smokeless World

BAT recognises the harm associated with smoking cigarettes and is committed to reducing the health impact of its businesses by offering adult smokers, who would otherwise continue to smoke, a portfolio of smokeless products with a reduced-risk profile as compared to combustible cigarettes.

Our vision is to Build a Smokeless World.

We believe that Tobacco Harm Reduction represents one of the greatest public health opportunities. Both tobacco control measures and tobacco harm reduction play important roles in public health strategies aimed at reducing cigarette consumption.

BAT recently launched Omni™, a platform to share ideas and evidence to drive the dialogue on Tobacco Harm Reduction. Review the evidence and join the conversation.

www.asmokelessworld.com

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Click through to a smokeless world, review the evidence and join the conversations