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The Chief Advisor's Office
Government of the People's Republic of Bangladesh

Re: Proposed Restriction on Reduced Risk Tobacco Alternatives

On behalf of the Tholos Foundation, an international non-profit, non-government organization based in Washington, D.C. that seeks to inform public policy and regulation, I am writing to express significant concerns regarding reports that indicates the government of the People's Republic of Bangladesh's is considering to ban smoke-free cigarette alternatives. This proposal, if enacted, would go against the principles of sound public policy and public health, and would lead to an increase in tobacco-related mortality and morbidity. The initiative, though undoubtedly well-meaning, disregards both the science of nicotine consumption and the public health benefits offered by alternatives to combustible cigarettes. By banning non-cigarette nicotine products, Bangladesh risks increasing smoking-related harm by inadvertently discouraging smokers from transitioning to safer alternatives.

Bangladesh suffers over 100,000 [preventable](#) deaths due to smoking annually, and the Tholos Foundation commends all efforts to reduce this death toll. Sadly, however, rather than reduce smoking mortality, any ban on smoking alternatives will exacerbate it. The harmful effects of smoking are not caused directly by nicotine, but by the thousands of toxic chemicals released during the combustion of tobacco. These include tar and carbon monoxide, which are directly responsible for diseases such as lung cancer, heart disease, and chronic obstructive pulmonary disease. While nicotine is highly addictive, it in and of itself is not deadly, nor is considered by the World Health Organisation International Agency for Research on Cancer a carcinogen.

While people smoke for the nicotine, they die from the tar from the combustion process. Over the past two decades, technological advancements have led to the development of lifesaving smoke-free cigarette alternatives including vaping products and nicotine pouches. These products deliver nicotine without the harmful byproducts of combustion, offering smokers a safer way to satisfy their cravings. Public health studies have consistently [shown](#) that these alternatives are significantly safer than cigarettes and the combination of (1) traditional public policy and regulation to reduce smoking with (2) the accessibility, acceptability, and affordability of its alternatives, and (3) early diagnosis and treatment of lung cancer could save [920,000 lives in Bangladesh](#).

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The United Kingdom's Governmental Health Agency, Public Health England has affirmed that vaping is at least 95% less harmful than smoking, a finding replicated by the Royal College of Physicians, the world's oldest medical association. By removing the combustion process, these products eliminate the primary source of smoking-related harm.

Providing smokers with a range of safer alternatives is critical to reducing smoking prevalence and its associated health risks. Vaping products and nicotine pouches each offer unique benefits tailored to different user preferences. For example, vaping products allow for inhalation similar to traditional smoking, while nicotine pouches offer a discreet option. Ensuring access to these varied options maximizes the likelihood that smokers will find a solution that works for them, thereby increasing overall quit rates, and each of these products is preferably to deadly combustible cigarettes.

Globally, we have seen the positive impact of non-cigarette nicotine products in reducing smoking rates. In countries like the United States and the United Kingdom, the availability of these products has been associated with dramatic declines in smoking prevalence. According to the American Lung Association, the share of adults who currently smoke e-cigarettes [rose](#) by 62% from 2014 to 2022, while during the same time, the share who smoked regular cigarettes fell by 31%. Likewise, by complementing traditional public policy and regulation to reduce smoking with the accessibility, acceptability, and affordability of its alternatives, [Sweden](#) and New Zealand are on the brink of becoming "smoke-free", which global public health experts define as having a smoking rate of no more than 5% of the adult population. New Zealand's smoking rate is 6.8%, Sweden's is 5.3% and Sweden also has the lowest rate of lung cancer incidence among the European Union countries, which have adopted only traditional public policy and regulation. If Bangladesh were to ban these alternatives, it would be removing crucial tools that could help thousands of smokers and, ultimately, quit smoking altogether. Furthermore, banning these products is unlikely to achieve the intended goal of reducing nicotine consumption. Instead, it could create a thriving black market for non-cigarette nicotine products, as has been observed in other countries with similar prohibitions. Illicit markets are often controlled by organized crime networks, which pose their own threats to public safety and national security. Additionally, products sold on the black market are not subject to quality control or safety regulations, increasing the risk of harm to consumers. Research [commissioned by the Tholos Foundation](#) shows that following a ban or de facto ban of alternatives, consumers return to smoking or look for those alternatives domestically and abroad, including online.

It is also important to address concerns about the use of non-cigarette nicotine products by the underaged, which are often cited as a justification for such bans. While protecting the underaged is a valid and critical goal, evidence from countries with strong regulatory frameworks demonstrates that underage access to these products can be effectively minimized through strong enforcement of age-compliance rules and public education campaigns. Banning these products outright is a blunt instrument that disregards the nuanced balance required to protect the underaged while providing adult smokers with safer alternatives.

It is also worth acknowledging the perversity of banning non-cigarette nicotine products in the name of public safety while allowing the continued sale of combustible cigarettes. Such a decision sends a contradictory message: that the deadliest form of nicotine consumption is permissible, but safer alternatives are not. This inconsistency undermines the credibility of public health initiatives and may sow confusion among consumers about the relative risks of different nicotine products.

In conclusion, the proposed ban on non-cigarette nicotine products in Bangladesh is a well-intentioned but misguided public policy that risks doing more harm than good. By removing safer alternatives to combustible cigarettes, the ban would likely drive smokers back to more harmful products, increase health disparities, and create a thriving black market. A more effective approach would be to embrace harm reduction strategies, regulate non-cigarette nicotine products responsibly, and educate the public about their relative risks. By doing so, Bangladesh can reduce smoking-related harm, protect its most vulnerable populations, and foster a healthier, more equitable society. Protecting public health requires a balanced and evidence-based approach, and the continued availability of safer alternatives to smoking is a critical component of this effort. The lives and well-being of countless Bangladeshi citizens depend on it.

Sincerely,

Tim Andrews
Director of Consumer Issues
Tholos Foundation