

POLICY BRIEF

How the Tobacco Industry Misappropriates Harm Reduction to Sustain Nicotine Addiction



This brief explores how the manipulation of the “harm reduction” narrative of the tobacco industry undermines human rights, particularly the right to health, and calls for rejecting industry-linked harm-reduction claims, banning related marketing, recovering public costs through liability and levies, strengthening cessation-based measures, and safeguarding policies from tobacco industry interference.

Background

The World Health Organization Framework Convention on Tobacco Control (WHO FCTC) provides a global treaty for regulating tobacco products and addressing tobacco-related harm. Under **Article 5.2**, Parties to the FCTC are obligated to **adopt and implement effective measures to prevent and reduce tobacco consumption, nicotine addiction, and exposure to tobacco smoke**¹ (see *Box - Nicotine Addiction: Aligning with Articles 5.2(b) and 14*). This foundational principle places States at the center of efforts to protect the public from the health risks of tobacco and nicotine, including by ensuring that tobacco companies cannot exploit public health goals for their own commercial gain.

The duty to reduce nicotine addiction is not limited to tobacco cigarettes, but extends to all forms of nicotine products. However, the tobacco industry leveraged on the concept of the “harm reduction” to promote products such as e-cigarettes and nicotine pouches that effectively maintains addiction and creates new addiction pathways rather than lead to [cessation](#).²

What legitimate harm reduction means (human-rights/science)

Harm reduction refers to policies and practices that lessen the negative health, social, and legal impacts of drug use without requiring abstinence. Examples include needle-exchange programs, supervised injection sites, and opioid agonist therapy. A human-rights-based approach (HRBA)³ to harm reduction begins with the right to the highest attainable standard of health, requires progressive realization and non-retrogression, and places state duties to regulate corporate hazards at the center.⁴ **It does not accept ongoing use of inherently harmful products as an “endpoint,”⁵ and any potential role for such products must be tightly regulated akin to therapeutic products, not marketed as consumer goods.⁶**

Legitimate harm reduction and cessation under a human-rights-based approach

All nicotine products exist on a continuum of addiction and harm. Under the right to health and in accordance with **Article 14 of the WHO FCTC**,⁷ **States have a duty to progressively move populations toward freedom from nicotine—not simply from one delivery system to another.** Legitimate harm reduction must therefore focus on ending dependence, not maintaining it. Therapeutic cessation aids regulated as medicines and used under medical supervision, exemplify this approach.⁸ They aim to eliminate addiction, whereas tobacco and nicotine companies use “harm reduction” to expand their markets and sustain nicotine use. Human-rights-based tobacco harm reduction must explicitly exclude any strategy that prolongs addiction or enables industry growth under a public-health guise.

Major tobacco manufacturers state plainly that cigarette revenue remains essential to their business model^{9,10} and that “harm reduction” is used to secure both legacy and “new business areas,”^{11,12} i.e., continued addiction and sales growth.¹³ At the population level, companies design and market nicotine products (e.g., pouches) to “top up” nicotine where smoking is prohibited¹⁴—maintaining dependence and reducing incentives to quit¹⁵—thereby safeguarding cash flows from combustibles while expanding total nicotine consumption. The “harm reduction” banner also restores access and legitimacy with policymakers after decades of deception—an “opportunistic tactical adaptation” that opens doors through Corporate Social Responsibility (CSR)-styled positioning¹⁶ and “stakeholder marketing.”¹⁷

These are the key activities that the tobacco industry undertakes in misappropriating harm reduction:

1. Preserve addiction and grow market for harmful products

Despite the staggering deaths of over 7 million¹⁸ annually from tobacco products, the tobacco industry continues to grow the market for recreational addictive and harmful products. Industry communications and trade associations frame harm reduction as a path to secure traditional and new business models (not to end sales). Although marketed as “quitting devices” evidence show that Electronic Nicotine Delivery Systems and Electronic Non-Nicotine Delivery Systems ([ENDS/ENNDS](#)) lead to dual use,¹⁹ not complete switching.^{20,21,22,23,24}

Even assuming it helps certain individuals completely switch, there is no public health benefit: there is no sufficient evidence to recommend these products as a cessation strategy at a population level.^{25,26} Nicotine pouches are explicitly marketed for ‘use anywhere’/‘smoke-free’ situations; content analyses indicate this encourages use where smoking is banned, fostering dual use and potentially dampening the quit-promoting impact of smoke-free laws.^{27,28,29,30}

2. Rebrand with CSR/ESG to regain legitimacy and access

The primary goal of tobacco companies is to increase overall sales, with “harm reduction” products maintaining addiction while projecting responsibility.^{31,32,33} The tobacco industry’s adoption of Tobacco Harm Reduction (THR) followed the 2001 Institute of Medicine report³⁴ when companies found “clear benefits”—renewed access to health policymakers and a CSR mantle.³⁵ The “[independent](#)” foundation established by Philip Morris International (PMI), Foundation for a Smoke-Free World (FSFW), now Global Action to End Smoking (GAES),³⁶ has been used to embed harm reduction narratives across scientific and policy arenas.³⁷

Companies’ sustainability and environmental, social, and governance ([ESG](#)) materials treat “harm reduction” as a core focus area,³⁸ align it with Sustainable Development Goals 3 (SDG) (health),³⁹ and present it as part of long-term “sustainability”/business performance—framed alongside environmental CSR partnerships.^{40,41}

3. Launder messaging using Front groups and proxies

The industry funded and empowered third parties (including medical/scientific voices) to disguise industry discourse and sow doubt, a strategy revived under the THR banner.^{42,43} For example, FSFW/GAES is identified by independent scholars as an industry-funded scientific lobby group, channeling funds to programs that promote company narratives.

4. Shape science & medical education

PMI⁴⁴/British American Tobacco (BAT)⁴⁵ participate actively in scientific events to gain credibility and influence agendas. The academic community resisted tobacco industry participation and called for disclosure, and managed to ban tobacco and tobacco-linked entities and scientists from joining prestigious conferences. (e.g. SRNT Conferences)^{46,47} The prohibition has expanded to entities acquired by the tobacco companies such as Vectura.⁴⁸

Around May 2024, PMI funded THR-themed Continuing Medical Education (CME) series reached around 16,000 clinicians; after scrutiny, to prevent industry-aligned education from seeding clinical narratives, advocates challenged this⁴⁹ and Medscape ultimately removed the remaining modules.⁵⁰

5. Obstruct life saving measures while invoking “harm reduction”

The tobacco Industry resists fundamental product regulation including reducing nicotine levels⁵¹ and flavor bans,⁵² even going to the extent of employing litigation to block flavor prohibitions.⁵³ ENDS/ENNDS and especially new tobacco product lines, like oral nicotine pouches, create “new consumption moments” in smoke-free spaces, undermining its public health impact.⁵⁴ The “fresh,” “crisp” and “clean” indirect and even stealth marketing, including in digital media for these products circumvent existing tobacco marketing bans.⁵⁵

6. Gain a seat at the table using harm reduction disguise

Tobacco companies deploy the harm-reduction narrative to present themselves as “responsible partners” and “part of the solution,” with the aim of influencing political decisions—exactly what the WHO FCTC was designed to prevent.⁵⁶ Although the industry is barred from the Conference of the Parties (COP) to the WHO FCTC proceedings, it uses third-party organizations to influence national delegations and shape media narratives around newer nicotine products.^{57,58,59} A related tactic is to acquire or invest in health-sector assets to bolster pro-health credentials.⁶⁰ After PMI acquired Vectura, the respiratory societies publicly opposed the takeover and Vectura scientists were barred from attending medical conferences.^{61,62} PMI’s investment in [Medicago’s COVID-19 vaccine](#) similarly sought a pro-health platform; WHO later rejected Medicago’s application for global distribution due to PMI’s involvement.⁶³

7. Glorifying nicotine and evading regulation under the guise of harm reduction

The tobacco industry **distracts from nicotine addiction** by focusing harm discussions on **combustion and smoke**, claiming that the removal of combustion **reduces harm**, while presenting nicotine as a **safe substance**.⁶⁴ While **combustion** and **smoke** certainly cause significant harm⁶⁵, the **nicotine addiction** remains unaddressed. Further, the industry **shifts from tobacco-derived nicotine to synthetic nicotine/ nicotine analogues**, effectively **bypassing regulation**, marketing these addictive products as “non-tobacco,” and evading regulatory oversight that applies to traditional tobacco products, while continuing to perpetuate addiction under the guise of harm reduction.⁶⁶ These tactics circumvent the implementation of comprehensive, evidence-based cessation and treatment programs, recommended under Article 14 of the WHO FCTC.

The right to health: how the tobacco industry’s harm reduction strategy undermines it

The report of the Special Rapporteur on the right to health frames harm reduction (HR) as a human-rights-based approach (HRBA): the goal is to minimize negative health, social and legal impacts with measures grounded in the best science.⁶⁷ For corporate-driven harms like tobacco, HR requires adequate and effective regulation of corporate actors—not corporate self-regulation or branding exercises.⁶⁸ **States have a duty to protect the right to health by preventing businesses from infringing rights.**⁶⁹

Tobacco industry’s version of “harm reduction” undermines the right to health when it uses the HR label to regain access and reputational cover but actually serve profit maintenance and addiction, not population health^{70,71} – routing influence through proxies even where the FCTC bars industry participation, funding “independent” science and clinician education that results in mis/disinformation, and obstructing life saving measures.

Recommendations

In light of the tobacco industry's exploitation of harm reduction rhetoric to perpetuate addiction and undermine public health, the **key public health goal should be to adopt cessation strategies in accordance with WHO FCTC Articles 5.2(b) and 14 and protect these from tobacco industry interference including from harm reduction narratives of the tobacco industry.**

In addition, the following recommendations outline critical steps to restore the integrity of tobacco control efforts. These measures call for a stronger commitment to transparency, accountability, and independent evidence, ensuring that public health policies are free from industry influence. By prioritizing the right to health, enforcing stringent regulations, and holding the tobacco industry accountable for its harms, these recommendations aim to protect vulnerable populations, promote effective cessation strategies, and ensure that tobacco control is driven by science and human rights, not corporate interests.

1. Transparency, accountability, and non-reliance on industry-linked claims

- Bar partnerships/MOUs/stakeholder initiatives with tobacco/nicotine companies or their agents; restrict interactions to what is strictly necessary for regulation and publish them.
- Require full disclosure by companies of all third parties (Non-Governmental Organizations (NGOs), consumer/vaper coalitions, think tanks, Public Relations (PR)/ Government Relations (GR) firms), funding streams, research activities, and all scientific/ESG claims they sponsor; keep disclosures in a public, searchable registry.
- Do not accept harm-reduction science, submissions, or technical advice funded/commissioned/supported (directly or indirectly) by the industry as inputs to any policy, regulatory, or judicial forum; require proof of independence for any evidence relied upon.
- Exclude industry-linked entities (and undisclosed intermediaries) from public contracts, grants, CME/Continuing Professional Development, training, and sponsorships; include conflict-of-interest (COI) clauses and debarment for breaches.
- Ensure that [ESG/Corporate Sustainability Reporting](#) regulations do not allow inclusion of HR claims as part of reports or seek corrective notices for past claims.

2. Marketing & product controls (protect against dual use and initiation)

- Classify tobacco industry HR claims as part of tobacco industry marketing that needs to be comprehensively banned.⁷²
- Enforce bans on HR or transformation marketing: [empower enforcement offices](#) in Securities and Exchange Commission (SEC) or consumer protection, increase fines and penalties for violations, etc.⁷³
- Ban comprehensive Tobacco Advertising, Promotion and Sponsorship (TAPS) for all tobacco and nicotine products (ENDS/ Heated Tobacco Products (HTPs)/pouches included) across all media and channels including digital media; prohibit “reduced-risk/harm-reduction” branding unless regulator-authorized on independent, population-level evidence (including imposing duties on online platforms—to enforce Article 13).⁷⁴

- Ban tobacco industry’s “harm reduction” products;ⁱ where such prohibitions have not yet been adopted, subject them to strict regulation, in line with the implementation of WHO FCTC Article 14ⁱⁱ
- Extend smoke-free protections to pouches and other “use-anywhere” formats to preserve the quit-promoting effect of smoke-free environments.

3. Liability, cost recovery, and cessation-first

- Implement [Article 19 \(liability\)](#): enable compensation and redress for harms from misleading “harm-reduction” claims or “reduced-risk” products; apply polluter-pays and deceptive-practices statutes; and require financial guarantees from tobacco companies to ensure payment of future compensation.⁷⁵
- [Recover costs](#) of legitimate, public-health–led HR/cessation programs from the tobacco industry (levies/fees), not public budgets.⁷⁶
- Strengthen legitimate HR under Article 14: scale independent cessation (medicinal nicotine, counseling, quitlines, insurance coverage), with no industry involvement in design, funding, or delivery; *communicate clearly that complete switching is required to reduce harm.*⁷⁷

4. Evidence independence, surveillance, and integrity

- Require funding/affiliation declarations or conflict of interest statements for every submission, study, or testimony on “harm reduction.”
- Maintain a public [database](#) of researchers, institutions, publications, grants, and public claims linked to the industry;⁷⁸ deploy screening tools to flag and avoid reliance on industry-linked sources.

5. Implementation and legal defense

- Adopt [carve-outs](#)/interpretive statements and litigation-support protocols to defend against trade/investment challenges.⁷⁹
- Continuously monitor and counter industry HR narratives used to weaken or reverse bans/restrictions; require disclosure on all submissions invoking “tobacco harm reduction.”⁸⁰

ⁱ where enforcement capacity (e.g., age-gating, product standards, monitoring, penalties) is insufficient, prohibit sale and marketing of novel nicotine products to prevent dual use and youth initiation.

ⁱⁱ While some nicotine analogues have legitimate medical applications under pharmaceutical regulation (e.g., in cessation therapy), the tobacco industry’s promotion of synthetic nicotine products as “safer alternatives” allows it to circumvent Articles 9 and 10 by evading tobacco product regulations. This tactic also undermines Article 14, which mandates that nicotine dependence be treated through legitimate cessation strategies in accordance with Article 14 of the WHO FCTC, rather than by perpetuating addiction through unregulated products.

Nicotine Addiction: Aligning with Articles 5.2(b) and 14

Article 5.2(b) of the *WHO Framework Convention on Tobacco Control (FCTC)* requires each Party to adopt and implement effective measures for preventing and reducing tobacco consumption, nicotine addiction, and exposure to tobacco smoke. This establishes a clear public-health obligation: policies must aim not only to cut exposure to tobacco smoke or toxic substances but also to reduce and ultimately eliminate nicotine dependence.

The tobacco industry misrepresents this obligation by isolating only one component—reducing the harm from tobacco products—while ignoring the duty to reduce nicotine addiction itself. Its “harm-reduction” narrative reframes the FCTC’s demand-reduction goal into a product-substitution strategy, encouraging ongoing nicotine use through e-cigarettes, heated products, and pouches. This interpretation distorts the intent of Article 5.2(b) and undermines global tobacco-control efforts.

Nicotine, regardless of delivery system, is a toxic and highly addictive substance. It alters the brain’s reward and attention circuits, fostering dependence. Among [young people](#), exposure is particularly damaging: nicotine interferes with brain development affecting learning, mood, and impulse control, and greatly increases the risk of lifelong addiction. Any policy that allows the promotion of nicotine products as “safer alternatives” therefore fails to protect youth and perpetuates the very dependence the treaty seeks to end.

Article 14 of the FCTC reinforces this mandate by requiring Parties to promote cessation and provide treatment for tobacco dependence through evidence-based programs such as counseling, quitlines, and medically supervised nicotine-replacement therapy. Cessation—not continued or alternative nicotine use—is the only pathway consistent with Articles 5.2(b) and 14 and with human-rights obligations to safeguard the right to health; yet the tobacco industry [obstructs](#) implementation of Article 14 through its harm reduction narratives.

True alignment with the FCTC therefore requires addressing both the harms from tobacco products and the harms of nicotine addiction, recognizing that the goal is not merely to shift how nicotine is consumed but to end its consumption altogether.

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GGTC empowers change-makers with cutting-edge strategies and tools to ensure that the health of millions around the world would not suffer at the hands of the tobacco industry.



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- ²⁸ “Moreover, advertising themes related to ‘freedom’, ‘innovation’ and ‘convenience’ portray nicotine pouches as an alternative to existing tobacco products, particularly in scenarios where other tobacco use is prohibited.” Source: Duan, Z., Henriksen, L., Vallone, D., Rath, J. M., Evans, W. D., Romm, K. F., Wysota, C., & Berg, C. J. (2024). Nicotine pouch marketing strategies in the USA: an analysis of Zyn, On! and Velo. *Tobacco control, 33*(2), 154–163. <https://doi.org/10.1136/tc-2022-057360>
- ²⁹ “As tobacco companies promote their nicotine pouch products with their cigarette brands, this might encourage smokers to switch to oral nicotine products to support smoking cessation, although if the products are used primarily to maintain nicotine use in smoke-free environments, they might prolong rather than reduce combustible cigarette use.” Source: Ling, P. M., Hrywna, M., Talbot, E. M., & Lewis, M. J. (2023). Tobacco-derived nicotine pouch brands and marketing messages on internet and traditional media: Content analysis. *JMIR Formative Research, 7*. <https://doi.org/10.2196/39146>
- ³⁰ “Some tobacco companies have also responded to the tremendous growth in smoke-free indoor air laws by advertising ST products to smokers as a temporary alternative to cigarettes for situations where they cannot smoke. In addition to increasing ST use, this marketing strategy may impede smoking cessation efforts by making it easier for smokers to maintain their nicotine addiction between cigarettes and in situations where cigarette smoking is not permitted, thus reducing their motivation to quit.” Source: National Cancer Institute and Centers for Disease Control and Prevention. *Smokeless Tobacco and Public Health: A Global Perspective*. Bethesda, MD: U.S. Department of Health and Human Services, Centers for Disease Control and Prevention and National Institutes of Health, National Cancer Institute. NIH Publication No. 14-7983; 2014. Available at: <https://cancercontrol.cancer.gov/sites/default/files/2020-06/smokelesstobaccoandpublichealth.pdf>
- ³¹ “While we did not find explicit smoking cessation or harm reduction claims, ZYN intentionally compared its nicotine pouches to cigarettes and traditional smokeless tobacco to emphasize their superiority, using claims like ‘smoke-free’ and ‘spit-free’ with the ‘spit-free’ claims appearing significantly more frequently in the post-acquisition ads.” Source: Lyu, J. C., Ozga, J. E., Stanton, C. A., Hrywna, M., Ganz, O., Cornacchione Ross, J., Sharma, A., & Ling, P. M. (2025). Advertising the leading US Nicotine Pouch brand: A content analysis of Zyn advertisements from 2019 to 2023. *Tobacco Control. https://doi.org/10.1136/tc-2024-059145*
- ³² “While there is limited evidence to support some of these claims, advertising promoting such claims, as well as their various flavours, may prompt use among young people, as has been documented with regard to e-cigarette advertising.” Source: Duan, Z., Henriksen, L., Vallone, D., Rath, J. M., Evans, W. D., Romm, K. F., Wysota, C., & Berg, C. J. (2024). Nicotine pouch marketing strategies in the USA: an analysis of Zyn, On! and Velo. *Tobacco control, 33*(2), 154–163. <https://doi.org/10.1136/tc-2022-057360>
- ³³ “Nicotine pouch products may benefit cigarette smokers and smokeless tobacco users who decide to exclusively switch to a tobacco-free product. However, exclusive switching is not encouraged by current marketing messages, which encourage the use of nicotine pouches in many environments where smoking is not allowed. These marketing messages may encourage the use of both cigarettes and nicotine pouches.” Source: Ling, P. M., Hrywna, M., Talbot, E. M., & Lewis, M. J. (2023). Tobacco-derived nicotine pouch brands and marketing messages on internet and traditional media: Content analysis. *JMIR Formative Research, 7*. <https://doi.org/10.2196/39146>
- ³⁴ “Documentary, interview and other tobacco industry material findings suggest that this study, which took place over 1999–2001 and resulted in the ‘Clearing the Smoke’ report, was a turning point in the tobacco industry’s approach to, and dialogue on harm reduction.” Source: Peeters, S., & Gilmore, A. B. (2014). Understanding the emergence of the tobacco industry’s use of the term tobacco harm reduction in order to inform public health policy. *Tobacco Control, 24*(2), 182–189. <https://doi.org/10.1136/tobaccocontrol-2013-051502>
- ³⁵ “This approach was welcomed by the tobacco industry, and it is around this time that the term ‘harm reduction’ gradually, but consistently, appears in the internal tobacco industry’s documents.” Source: *ibid*.
- ³⁶ “In 2023, GAES accepted two donations totaling \$140 million from its lone donor, Philip Morris International (PMI).” Source: Stopping Tobacco Organizations and Products (STOP). (2024). Foundation For A Smoke-Free World Tax Return Suggests Little Has Changed But Its Name. Available at: https://exposetobacco.org/wp-content/uploads/FSFW_2023_Tax_Return.pdf
- ³⁷ “The organization’s 2023 grants, as in previous years, reflect priorities that line up with industry aims and public areas of concern: more than \$1.5 million on six grants dealing, at least in part, with the industry’s definition of harm reduction in countries including Brazil, China, Egypt, Indonesia, Nepal, Pakistan, South Africa and Turkey.” Source: *ibid*
- ³⁸ “Imperial Brands continues to transform, driven by consumer-centric science and innovation and a commitment to make a meaningful contribution to tobacco harm reduction (THR) through our [Next Generation Products] NGP portfolio.” Source: Imperial Brands. (2024). 2024 ESG Review. Available at: <https://www.imperialbrandsplc.com/content/dam/imperialbrands/corporate/documents/investors/reports/oar-2024/imperial-brands-2024-annual-report-esg-review.pdf>
- ³⁹ “Imperial, for example, states that consumer health is a priority for them and as part of their Environment, Social, and Governance strategy “is aligned with the relevant United Nations Sustainable Development Goals” like SDG3 on Health.” Source: Sircar, N., Fleming, M. E., & Bialous, S. A. (2022). Does a human rights-based approach to harm reduction support commercialized harm reduction? brief research. *Frontiers in Public Health, 10*. <https://doi.org/10.3389/fpubh.2022.1001036>.

- ⁴⁰ “Sustainability works as a catch-all term; it can mean addressing climate change and reducing tobacco waste, while also meaning economic and community development, all alongside the financial and return-on-investment sustainability important to any shareholder-held enterprise. The companies also connect their investments in new product development, supply chain oversights, and labor practices to the UN Sustainable Development Goals and further paint themselves as eager partners in helping states achieve those targets.” Source: *ibid*.
- ⁴¹ “Second, TTCs considered harm reduction a ‘reputation management initiative’, facilitating the tobacco industry’s image rehabilitation as a ‘responsible business’. From the beginning, harm reduction was intimately linked to BAT’s and PMI’s emerging CSR strategies, providing a means of increasing corporate credibility with stakeholders; with social reports and corporate websites used to communicate this message.” Source: Peeters, S., & Gilmore, A. B. (2014). Understanding the emergence of the tobacco industry’s use of the term tobacco harm reduction in order to inform public health policy. *Tobacco Control*, 24(2), 182–189. <https://doi.org/10.1136/tobaccocontrol-2013-051502>
- ⁴² “First TTCs use harm reduction to facilitate access to, and dialogue with scientists, public health experts and policy makers, presenting themselves as ‘partners, rather than adversaries’ who share a common goal.” Source: *ibid*.
- ⁴³ “To overcome this, it has funded and empowered a wide range of third parties and front groups to speak on its behalf, thus disguising industry discourse as that of more respectable individuals or groups. These have often been medical professionals, scientists or other “independent” researchers, hired to produce misleading scientific research and fired if their conclusions failed to support tobacco industry positions.” Source: STOP. (2024). Tobacco Harm Reduction: The Industry’s Latest Trojan Horse?. Available at: <https://exposetobacco.org/resource/tobacco-cop10/>
- ⁴⁴ “In its latest tactic, Philip Morris International, the world’s largest tobacco company, succeeded in funding a series of continuing medical education courses on the online platform Medscape, a leading for-profit provider of free continuing medical education.” Source: Bai, N. (2024). *How the tobacco industry began funding courses for doctors*. News Center. <https://med.stanford.edu/news/insights/2024/07/tobacco-industry-doctors-medicine-harm-reduction.html>
- ⁴⁵ “It is unclear whether BAT followed through on The Lewin Group’s proposal, although in November 2000 BAT organised a risk assessment workshop for academics in the UK to discuss “Tobacco Harm Reduction’ Assessment Criteria’.” Source: Peeters, S., & Gilmore, A. B. (2014). Understanding the emergence of the tobacco industry’s use of the term tobacco harm reduction in order to inform public health policy. *Tobacco Control*, 24(2), 182–189. <https://doi.org/10.1136/tobaccocontrol-2013-051502>
- ⁴⁶ “In September 2021, the respiratory community was alarmed by the takeover of Vectura Group (Vectura) by Philip Morris International. As a reaction to this acquisition, strict measures were imposed by the International Respiratory Societies to prohibit the involvement of Vectura in respiratory research and its participation in societies’ activities. International Respiratory Societies argued that Vectura had become part of the tobacco industry due to this takeover and is, therefore, subject to the same rules and restrictions.” Source: van den Bosch, W. B., Jacobs, N., Tiddens, H., & van de Vathorst, S. (2024). What if... your research is suddenly affiliated with a tobacco manufacturing company?. *BMJ open respiratory research*, 11(1), e001505. <https://doi.org/10.1136/bmjresp-2022-001505>
- ⁴⁷ “For example, the Society of Research on Nicotine and Tobacco (SRNT) previously allowed industry researchers to attend and present at their annual scientific conferences but recently banned tobacco industry employees from attending. SRNT made these changes in response to an outcry by many researchers who were disturbed by the overwhelming participation of industry researchers.” Source: Briggs, J., & Vallone, D. (2022). The Tobacco Industry’s Renewed Assault on Science: A Call for a United Public Health Response. *American journal of public health*, 112(3), 388–390. <https://doi.org/10.2105/AJPH.2021.306683>
- ⁴⁸ “In September 2021, the respiratory community was alarmed by the takeover of Vectura Group (Vectura) by Philip Morris International. As a reaction to this acquisition, strict measures were imposed by the International Respiratory Societies to prohibit the involvement of Vectura in respiratory research and its participation in societies’ activities. International Respiratory Societies argued that Vectura had become part of the tobacco industry due to this takeover and is, therefore, subject to the same rules and restrictions.” Source: van den Bosch, W. B., Jacobs, N., Tiddens, H., & van de Vathorst, S. (2024). What if... your research is suddenly affiliated with a tobacco manufacturing company?. *BMJ open respiratory research*, 11(1), e001505. <https://doi.org/10.1136/bmjresp-2022-001505>
- ⁴⁹ “Physicians and academics have rounded on Medscape for partnering with PMI on five courses launched in the past few months, and they have called for stricter oversight by certification bodies.” Source: Boytchev, H. (2024). Exclusive: Outcry as Philip Morris International funds smoking cessation courses on Medscape. *BMJ*. <https://doi.org/10.1136/bmj.q830>
- ⁵⁰ Bai, N. (2024). *How the tobacco industry began funding courses for doctors*. News Center. <https://med.stanford.edu/news/insights/2024/07/tobacco-industry-doctors-medicine-harm-reduction.html>.
See also: BMJ Group. (2024, June 4). *Medscape removes education courses for doctors funded by Tobacco Giant*. <https://bmjgroup.com/medscape-removes-education-courses-for-doctors-funded-by-tobacco-giant/>.
- ⁵¹ Altria. Re: Docket No. FDA-2016-N-2527 (82 Fed. Reg. 8,004, January 23, 2017) – Tobacco Product Standard for N-Nitrosornicotine Liven in Finished Smokeless Tobacco Products. (2017). Available online at: <https://www.altria.com/-/media/Project/Altria/Altria/about-altria/federal-regulation-of-tobacco/regulatory-filings/documents/ALCSCCommentsToFDAProposedNINStandardforSmokelessTobaccoProducts.pdf>
- ⁵² “We believe policymakers – including the FDA – have to say “no” to calls for prohibition-based policies that will send us in the wrong direction – like broad-based flavor bans.” Source: Altria. (n.d.). *Federal regulation of tobacco*. <https://www.altria.com/en/about-altria/federal-regulation-of-tobacco>.
- ⁵³ Liptak, A. (2022). *Supreme Court refuses to block California’s ban on Flavored Tobacco*. New York Times. Available at: <https://www.nytimes.com/2022/12/12/us/supreme-court-flavored-tobacco-ban-california.html>
- ⁵⁴ “Tobacco manufacturers have recently pursued innovative SLT product development as a key strategy in circumventing smoking legislation and targeting the “when you can’t smoke” continuing smoker groups.” Source: Carpenter, C. M., Connolly, G. N., Ayo-Yusuf, O. A., & Wayne, G. F. (2008). Developing smokeless tobacco products for smokers: An examination of tobacco industry documents. *Tobacco Control*, 18(1), 54–59. <https://doi.org/10.1136/tc.2008.026583>
- ⁵⁵ “Many messages featured in ONP ads may indirectly emphasise opportunities for increasing profitability and promoting ONPs as a means to bypass current or proposed restrictions on other tobacco products, such as the federal enforcement priority against unauthorised flavoured e-cigarettes or the proposed FDA product standards to prohibit menthol in cigarettes and flavours in cigars, as well as to circumvent indoor smoking and vaping restrictions.” Source: Sharma A., Belton A., Ozga J.E., et al. Marketing strategies in business-to-business advertisements for oral nicotine products. *Tobacco Control* Published Online First: 28 November 2024. doi: 10.1136/tc-2024-058826
- ⁵⁶ “It tries to use this issue to influence political decisions – exactly what the WHO Framework Convention on Tobacco Control was designed to prevent.” Source: German Cancer Research Center in the Helmholtz Association. n.d. Harm Reduction – a Narrative of the Tobacco Industry. Available at: https://www.dkfz.de/fileadmin/user_upload/Krebspraevention/Download/pdf/AdWfdP/FSrP_2023_Harm-Reduction.pdf
- ⁵⁷ Tobacco Tactics. (2024). Interference around COP 10 & MOP 3. Available at: <https://www.tobaccotactics.org/article/cop10-mop3-interference/>.
- ⁵⁸ Global Center for Good Governance in Tobacco Control. (2023). Tobacco Industry’s Corporate Social Responsibility Ban: Global Status as of October 2023. Available at: <https://ggtc.world/library/tobacco-industrys-corporate-social-responsibility-ban-global-status-as-of-october-2023>
- ⁵⁹ Global Center for Good Governance in Tobacco Control. (2023). Global Tobacco Industry Interference Index. Available at: <https://globaltobaccoindex.org/gti/2023>.
- ⁶⁰ Bettcher, D. (2024). Tobacco Investments in the Pharmaceutical Sector: Countering the Narrative and Anticipating Other Issues (presentation). Available at: <https://fctc.who.int/resources/publications/m/item/tobacco-investments-in-the-pharmaceutical-sector-countering-the-narrative-and-anticipating-other-issues>
- ⁶¹ *Ibid*.
- ⁶² “Two conferences, Formulation and Delivery UK and Drug Delivery to the Lungs, removed Vectura as a sponsor and participant.” Source: Sy, D. (2023). Tobacco industry’s ‘wellness’ tactic: Ethical dilemma and solutions. *Tobacco Prevention & Cessation*, 9(April), 11. <https://doi.org/10.18332/tpc/159119>
- ⁶³ “And once Medicago was ready to apply to the World Health Organization’s (WHO) distribution network, Covax, to donate vaccines to foreign countries, WHO rejected the application due to its tobacco links – this pressured Medicago to discuss disinvesting with PMI.” Source: *ibid*.
- ⁶⁴ “TTCs have used the concepts of “harm reduction,” specifically “tobacco harm reduction,” to support their arguments for a role for TTCs and its newer nicotine and tobacco products in addressing the health and environmental burdens caused by traditional combustible products”. Source: Fitzpatrick I, Dance S, Silver K, Violini M, Hird TR. Tobacco industry messaging around harm: Narrative framing in PMI and BAT press releases and annual reports 2011 to 2021. *Frontiers in Public Health*. 2022 Oct 18;10:958354.

⁶⁵ “Many compounds found in tobacco smoke form via the process of combustion as the cigarette burns between 600 °F and 900 °F. The particles rapidly increase in size after the smoke is drawn from the cigarette due to humidification from the moist air in the upper respiratory tract. Mainstream smoke subsequently condenses as it transits into the lungs, leaving an estimated 50% to 95% of these molecules deposited in the bronchi, bronchioles, and alveoli.” Source: Aslam SP, Leslie SV, Morris J. Nicotine addiction and smoking: Health effects and interventions. InStatPearls [Internet] 2024 Aug 8. StatPearls Publishing.

⁶⁶ “In many countries, synthetic nicotine products are not clearly subject to current tobacco control regulations (though the products may be subject to other kinds of laws, such as consumer protection laws, in some of those countries).” Source: Berman ML, Zettler PJ, Jordt SE. Synthetic nicotine: science, global legal landscape, and regulatory considerations. World Health Organization technical report series. 2023 Aug 23;1047:35.

⁶⁷ “The Special Rapporteur underlines the need for States to move from a reliance on criminal law and instead take a human rights-based, evidence-based and compassionate approach to harm reduction in relation to drug use and drug use disorders.” Source: Drug use, harm reduction and the right to health Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health, Tlaleng Mofokeng. 2024. Available at: <https://docs.un.org/en/A/HRC/56/52>.

⁶⁸ “Protect against undue influence over policymaking by anti-rights groups and powerful private industries, including the pharmaceutical industry and the private prison industry, whose interests may conflict with the enjoyment of the highest attainable standard of health for all.” Source: *ibid*.

⁶⁹ “States have a heightened duty of care to take any necessary measures to protect the lives of individuals deprived of their liberty by the State.” Source: *ibid*.

⁷⁰ “Using this analysis, the industry’s continued marketing of combustible products alongside their “potentially less harmful” products, and preference that their non-combustible products be regulated less strictly than cigarettes and cigars, adulterates the public health principles of harm reduction and undermines the right to health.” Source: Sircar, N., Fleming, M. E., & Bialous, S. A. (2022). Does a human rights-based approach to harm reduction support commercialized harm reduction? brief research. *Frontiers in Public Health*, 10. <https://doi.org/10.3389/fpubh.2022.1001036>.

⁷¹ “This paper details how TTCs intended to harness those opportunities and suggests that TTCs’ harm reduction discourse should be seen as opportunistic tactical adaptation to policy change rather than a genuine commitment to harm reduction.” Source: Peeters, S., & Gilmore, A. B. (2014). Understanding the emergence of the tobacco industry’s use of the term tobacco harm reduction in order to inform public health policy. *Tobacco Control*, 24(2), 182–189. <https://doi.org/10.1136/tobaccocontrol-2013-051502>

⁷² “Parties should prohibit all promotion of a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression;” Source: WHO FCTC. (2013). Guidelines for Implementation Article 13. Available at: https://fctc.who.int/docs/librariesprovider12/default-document-library/who-fctc-article-13.pdf?sfvrsn=345fb387_16&download=true

⁷³ “Parties should introduce and apply effective, proportionate and dissuasive penalties (including fines, corrective advertising remedies and licence suspension or cancellation).” Source: WHO FCTC. (2013). Guidelines for Implementation Article 13. Available at: https://fctc.who.int/docs/librariesprovider12/default-document-library/who-fctc-article-13.pdf?sfvrsn=345fb387_16&download=true

⁷⁴ “A comprehensive ban on tobacco advertising, promotion and sponsorship, should cover:… traditional media (print, television and radio) and all media platforms, including Internet, mobile telephones and other new technologies as well as films.

…

Parties should introduce and apply effective, proportionate and dissuasive penalties (including fines, corrective advertising remedies and licence suspension or cancellation).” Source: WHO FCTC. (2013). Guidelines for Implementation Article 13. Available at: https://fctc.who.int/docs/librariesprovider12/default-document-library/who-fctc-article-13.pdf?sfvrsn=345fb387_16&download=true

⁷⁵ “Article 19 provides that for the purpose of tobacco control, the Parties shall consider taking legislative action or promote their existing laws, where necessary, to deal with criminal and civil liability, including compensation where appropriate.” Source: WHO FCTC. (2024). Implementation of Article 19 of the WHO FCTC: Liability. Available at: <https://fctc.who.int/resources/publications/m/item/implementation-of-article-19-of-the-who-fctc-liability>

⁷⁶ “Potential funding mechanisms include but are not limited to raising tobacco excise taxes and introducing dedicated taxes (e.g. earmarking), licensing fees.” Source: WHO FCTC. (2013). Guidelines for implementation of Article 12. Available at: <https://fctc.who.int/resources/publications/m/item/education-communication-training-and-public-awareness>

⁷⁷ “Introduce measures to ensure that entities involved in education, communication and training, and related research, including but not limited to academia, professional associations and governmental agencies, fully respect the principles laid down in Article 5.3 of the Convention and its guidelines, and thus do not accept any direct or indirect tobacco industry funding.” Source: WHO FCTC. (2013). Guidelines for implementation of Article 12. Available at: <https://fctc.who.int/resources/publications/m/item/education-communication-training-and-public-awareness>

⁷⁸ “Article 20. 4(c). Cooperate with competent international organizations to progressively establish and maintain a global system to regularly collect and disseminate information on tobacco production, manufacture and the activities of the tobacco industry which have an impact on the Convention or national tobacco control activities.” Source: World Health Organization. 2003. WHO Framework Convention on Tobacco Control (WHO FCTC). Available at: <https://wkc.who.int/resources/publications/i/item/9241591013>.

⁷⁹ “Ministry of Trade: … Protect obligations to the WHO FCTC in bilateral and multilateral trade and investment agreements.

…

Ministry of Justice: … Protect obligations to the WHO FCTC in bilateral and multilateral trade and investment agreements.” Source: WHO FCTC. (2016). Toolkit for Parties to Implement Article 5.2(a). Available at: <https://fctc.who.int/resources/publications/m/item/national-coordinating-mechanism-for-tobacco-control>

⁸⁰ “Disclosure or registration of tobacco industry-affiliated entities including lobbyists.” Source: WHO FCTC. (2016). Toolkit for Parties to Implement Article 5.2(a). Available at: <https://fctc.who.int/resources/publications/m/item/national-coordinating-mechanism-for-tobacco-control>