



## **The Reality of Tobacco Harm Reduction in Asia-Pacific**

Tobacco harm reduction in the Asia-Pacific region remains severely constrained by prohibitionist policy, despite high smoking prevalence. A growing body of evidence shows that denying access to lower-risk nicotine alternatives sustains smoking, expands illicit markets, and excludes consumers from effective public health solutions. These outcomes are foreseeable consequences of regulatory frameworks that ignore risk differentials and lived behaviour.

### **What is the current reality of THR in Asia-Pacific?**

Across much of the region, bans and severe restrictions on lower-risk nicotine products coexist with persistently high smoking rates. Where regulated access to alternatives is denied, illicit markets expand, undermining public health oversight and enforcement. At the same time, people who smoke are routinely excluded from policymaking processes that directly affect them, resulting in low compliance, mistrust, and ineffective regulation. Public health policy sans consumer participation is structurally incomplete.

In some Asia-Pacific countries with strict prohibitions on tobacco harm reduction products, cigarette consumption remains entrenched while unregulated markets thrive. These outcomes are not policy failures in isolation; they are foreseeable consequences of regulatory designs that ignore real-world behavior.

### **Why does ignoring the nicotine risk continuum increase harm?**

Combustion, not nicotine, is the primary cause of smoking-related disease. Failure to acknowledge risk differentials sustains smoking and blocks informed choice. Denying access to lower-risk alternatives while cigarettes remain legal is not a neutral stance. It actively entrenches harm and disproportionately affects disadvantaged populations with higher smoking prevalence, fewer cessation resources, and limited access to accurate health information.

### **How has misinformation distorted Asia-Pacific tobacco policy?**

Unchallenged misinformation has driven policy drift away from evidence toward symbolic regulation, particularly across Asia-Pacific. External, foreign interests pressuring governments to follow guidelines and implement policies that do not address local concerns creates the perfect environment to displace nicotine markets into illicit channels, increasing youth exposure and eroding regulatory control.



## **Is tobacco harm reduction an industry strategy or a public health principle?**

Harm reduction is a well-established public health principle applied across multiple disciplines. Rejecting it on ideological grounds punishes consumers and mischaracterizes the approach. Scientific uncertainty is misused to justify inaction. Ethical public health practice requires proportionality, transparency, and real-world harm reduction. The blatant refusal to integrate tobacco harm reduction into policy frameworks is not precaution but plain neglect.

## **What must change in Asia-Pacific tobacco control?**

Asia-Pacific tobacco control must recalibrate toward evidence, ethics, and inclusion. Policies should reflect the nicotine risk continuum, incorporate consumer participation, and prioritise harm reduction alongside prevention and cessation.

**A public health strategy that ignores lived reality cannot achieve public health outcomes.** Aligning regulation with evidence is not a radical shift—it is a necessary correction.

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