



Access to Nicotine Pouches: Regulation not Prohibition.

CAPHRA supports **legal, tightly regulated adult access to nicotine pouches** as part of a proportionate tobacco harm reduction strategy—not prohibition—provided governments implement **strict youth protections, strong product standards, controlled retail channels, and active enforcement**.

What are nicotine pouches?

Nicotine pouches are small, flavored sachets containing nicotine powder (tobacco-derived or synthetic), plant fiber, sweeteners, and flavors, designed to be placed between the lip and gum for nicotine absorption through the mouth lining. They offer a discreet and smokeless alternative to cigarettes.

What Does Effective Regulation of Nicotine Pouches Look Like?

CAPHRA's position is that they should be regulated within a clear, dedicated legal category rather than being forced into cigarette frameworks or left in a grey zone that undermines oversight. A fit-for-purpose framework should be designed to be practical, auditable, and enforceable.

CAPHRA recommends that governments implement a stand-alone regulatory regime that clearly defines nicotine pouches in law, sets measurable product and quality standards, and requires testing and compliance mechanisms that regulators can realistically monitor. Regulation should also control the supply environment by limiting sales to adults only and using licensed, accountable retail channels. Enforcement must be meaningful, with penalties that deter youth sales and discourage illegal supply, rather than symbolic rules that are easy to evade.

Youth protection is the non-negotiable centre of any credible policy. CAPHRA supports strict controls on marketing and promotion, clear compliance expectations for retailers and distributors, and active oversight through inspections and sanctions. The intent is to reduce the probability of youth exposure and access to the lowest feasible level, while maintaining adult access under controlled conditions.

Why this matters in South Asia

The public health rationale is especially relevant in South Asia, where the burden of tobacco-related harm, including harms associated with smokeless tobacco use, is severe. In settings where smoked and smokeless products drive substantial disease and death, a strategy that enables regulated access to lower-risk nicotine alternatives—combined with strong youth safeguards and enforcement—can be a pragmatic harm reduction lever.



CAPHRA's Position

CAPHRA's position is that blanket bans are a blunt instrument that often produce predictable downstream harms. Prohibition can reinforce the status quo by keeping people concentrated in high-risk tobacco use patterns, while expanding informal and illicit markets that are harder to police and more likely to evade youth access controls. When products are driven underground, governments frequently lose visibility over ingredients, strength, distribution, and marketing behaviour, which weakens, rather than strengthens, public health governance.

A compliance-ready approach is one where the rules are clear, measurable, and enforceable in everyday practice. This means having precise legal definitions; product standards that address composition, contaminants, and labelling; adult-only sales rules backed by real enforcement; a traceable and licensed supply chain; marketing restrictions that regulators can audit; routine compliance monitoring with sanctions that matter; and controls designed to reduce illicit trade in ways that align with local enforcement realities.

For CAPHRA, the bottom line is that governments should regulate nicotine pouches with strict safeguards, rather than prohibit them, if the goal is to reduce harm, protect youth, and maintain regulatory control of the market.

Why Nicotine Pouches Matter in the Asia-Pacific Region

Access matters especially in Asia Pacific because the region carries one of the world's heaviest burdens of tobacco and smokeless tobacco use, and that burden translates directly into preventable disease—especially oral cancers. WHO has long reported that the vast majority of global smokeless tobacco users are in the WHO South-East Asia Region, numbering in the hundreds of millions. These numbers have remained the same since 2013¹.

That same exposure profile is closely tied to high oral cancer incidence. Global cancer burden work using GLOBOCAN 2022 estimates indicates a substantial share of oral cancer cases are attributable to smokeless tobacco and/or areca nut, with a large proportion occurring in South Asia². In India specifically, GLOBOCAN 2022 also shows lip and oral cavity cancer is among the leading cancers by mortality, reinforcing how concentrated the harm is in the region³.

¹ <https://www.who.int/southeastasia/news/detail/11-09-2013-90-of-smokeless-tobacco-users-live-in-south-east-asia>

² <https://pubmed.ncbi.nlm.nih.gov/39393386/>

³ <https://gco.iarc.who.int/media/globocan/factsheets/populations/356-india-fact-sheet.pdf>



Why Regulated Adult Access to Lower-Risk Nicotine Options Reduces Harm

Legal, tightly regulated adult access to lower-risk nicotine options can be a pragmatic harm reduction lever as a controlled pathway for adults who would otherwise use high-risk smoked or smokeless products. The case for access is strongest when governments pair it with zero-youth tolerance measures, strict marketing and promotion limits, enforceable product standards, and active compliance oversight because the public health priority in South Asia must be focused on reducing the deadliest forms of use⁴. Refusing regulated access in favor of blanket bans risks preserving the status quo of high harm, low compliance, and preventable deaths.

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⁴ <https://ascopubs.org/doi/10.1200/GO.24.00152>