

Tools for Public Health and Tobacco Control

Across public health, there is broad agreement on one goal: reducing death and disease caused by tobacco. In practical terms, this means moving people away from the most dangerous products as fast as possible, especially combustible cigarettes and unsafe oral tobacco, while supporting realistic pathways for adults who already use them.

Progress accelerates when policy acknowledges a basic reality: people do not quit in the same way. There is no one-size-fits-all route out of high-risk tobacco use. Some people switch quickly with vaping. Others prefer nicotine replacement therapy like patches or gum. Many need different tools, different pacing, and different transition steps to move away from the highest-risk products. When policy and public messaging focus on only one option, progress slows, not because people don't want to change, but because the system offers too few ways to do it.

What causes most tobacco-related harm?

Most tobacco-related harm comes from burning tobacco and inhaling smoke, not from nicotine itself. Combustion produces a toxic mix of chemicals that drive cancer, heart disease, stroke, and chronic lung disease. This is why cigarettes remain the most lethal product category in tobacco control.

Harm is also severe for unsafe oral tobacco products such as gutka and khaini, which are widely used in South Asia and are often processed with multiple additives. These products are typically held in the mouth for long periods and are associated with very high rates of oral disease, including oral cancer.

Why are gutka and khaini especially dangerous?

Gutka and khaini are high-risk smokeless tobacco products that can be highly addictive and strongly linked to serious disease. The World Health Organization has specifically highlighted the heavy burden of smokeless tobacco use in South-East Asia and noted that oral cancer is the most common cancer caused by smokeless tobacco in the region. ([World Health Organization](#))

For communities affected by both smoking and unsafe oral tobacco, harm reduction cannot be limited to one product pathway. It must address the major sources of risk in that population, including both combustible and high-toxicity oral products.

What are safer nicotine options for adults who smoke?

Safer nicotine options are products that do not involve burning tobacco and are manufactured under clear safety and quality standards. These include regulated vaping products, nicotine gum, patches, lozenges, and other nicotine replacement therapies.

It can also include nicotine pouches and other low-risk oral nicotine products where they are permitted and properly regulated. The public health objective is straightforward: real choice for adults who smoke, strong product standards, and controlled access under firm rules. Real-world change happens when adults have credible lower-risk alternatives that fit their needs and circumstances.

Do nicotine vapes help people stop smoking?

Yes. High-quality evidence shows that nicotine vaping products can help people stop smoking, and they can perform at least as well as, and often better than, traditional nicotine replacement therapy for smoking cessation. ([PubMed](#))

Other low-risk options may also support people who do not want to vape or who prefer oral alternatives. The key point is reach: more tools means more people find something that works for them.

What is risk-proportionate regulation in tobacco control?

Risk-proportionate regulation is a practical approach that regulates products based on the harm they cause.

Cigarettes face the strongest controls because they cause the most harm. Lower-risk nicotine products are still tightly regulated for product safety and access, but they should remain easier for adult smokers to obtain than cigarettes. This approach can sit alongside firm youth protections, strong enforcement against illegal sales, and clear public information that helps people understand what is lower risk and why.

Done properly, risk-proportionate regulation supports substitution away from deadly products rather than trapping people in them.

Why a broader “toolkit” delivers better outcomes

If public health offers a full range of safer options, more adults will move away from the products that cause the most harm while still meeting their nicotine needs. People change in different ways. Some switch quickly. Some move gradually. Some need step-by-step transitions. Some reject certain products entirely.

Offering only one pathway assumes one solution fits everyone. It doesn't. Communities



face different risks, patterns of use vary, and cultural contexts differ. A broader toolkit produces direct public health benefit because it drives outcomes that matter: fewer people smoking cigarettes or using the most dangerous oral products means fewer deaths and less disease. More people using safer alternatives means faster progress, lower health costs, and longer lives.

This is not about ideology or product loyalty. It is about measurable impact.

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May 2026

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