CAPHRA
COALITION OF ASIA PACIFIC
TOBACCO HARM REDUCTION ADVOCATES

10 August 2026

Office of the Government
1 Hoàng Hoa Thám, Ba Đình, Hà Nội
Attn: Permanent Deputy Prime Minister Phạm Gia Túc, Deputy Prime Phạm Thị Thanh Trà

Re: SUBMISSION TO THE GOVERNMENT OF THE SOCIALIST REPUBLIC OF VIET NAM
On the Proposed Prohibition of Nicotine Pouches

To: The Ministry of Health and Relevant Authorities of the Government of the Socialist Republic of Viet Nam

Dear Sir/Madam,

The Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA), respectfully acknowledge Viet Nam's sovereign authority to protect public health and its established record in tobacco control. This submission does not seek unrestricted commercial access to nicotine products, nor does it dispute that nicotine is addictive or that non-users, particularly children, should not initiate use. Our purpose is narrower: to ask whether prohibition, as opposed to strict regulation, is the most effective and proportionate tool available to achieve Viet Nam's stated public-health objectives.

1. International regulatory precedent supports a regulated pathway over prohibition.

Viet Nam is not the first jurisdiction to confront this question, and considerable regulatory experience already exists elsewhere. The United States operates a premarket authorization system for nicotine pouches, and on 30 June 2026 the FDA went further, granting modified-risk orders for 20 ZYN products, permitting communication that using those specific products instead of cigarettes lowers the risk of lung cancer, heart disease, stroke, emphysema and chronic bronchitis. Malaysia's Control of Smoking Products for Public Health Act 2024 offers a closer regional example, establishing a comprehensive licensing and enforcement framework for nicotine products distinct from conventional cigarette regulation, in force since October 2024.

CAPHRA does not suggest Viet Nam should import another country's regulatory conclusions wholesale. We submit that this body of international experience demonstrates prohibition is not the only, or necessarily the most effective, regulatory response available.

2. WHO's own findings point toward regulation, not blanket prohibition, as the appropriate tool.

In its May 2026 global report on nicotine pouches, WHO raised legitimate concerns about youth-oriented flavours, high nicotine strengths and social-media marketing to adolescents. CAPHRA takes these concerns seriously and supports action to address them directly. Notably, however, WHO's own report did not recommend prohibition as the primary response; it identified specific regulatory interventions, including age verification, retail controls, flavour and advertising restrictions, nicotine caps, taxation, surveillance and enforcement, that governments can deploy against these exact risks. This suggests the international health authority most focused on youth protection sees regulation, not prohibition, as the appropriate policy instrument.

3. A licensed market gives Viet Nam greater regulatory control than prohibition would.

Prohibition does not eliminate consumer demand; it removes the Government's visibility over supply. Nicotine pouches are compact, easily transported and can move through informal or online channels regardless of legal status. A licensed market, by contrast, gives the Ministry of Health identifiable manufacturers, importers and retailers who can be inspected, audited and sanctioned, with product specifications, ingredient disclosure and nicotine limits enforced at every point of sale. This is a materially stronger regulatory position than relying on enforcement against an entirely illicit trade.

4. A calibrated regulatory model can address every legitimate concern raised about youth access.

CAPHRA supports the following measures, several of which exceed standards applied to ordinary consumer goods:

- Strict minimum purchasing age with mandatory retail age verification
- Prohibition of sales near schools, vending machines and uncontrolled online sales
- Restrictions on advertising, sponsorship and influencer marketing
- Packaging and branding restrictions to prevent youth appeal
- Prominent health and nicotine-addiction warnings
- Maximum permissible nicotine levels per product
- Mandatory product registration, ingredient disclosure and manufacturing standards
- Enforcement powers against unauthorized products, with meaningful retailer penalties

A framework built on these controls addresses the substance of WHO's concerns without foreclosing regulated adult access entirely.

5. Distinguishing combustible and non-combustible products is a defensible basis for differentiated regulation.

Cigarettes expose users to combustion toxicants; nicotine pouches do not, as they involve no burning tobacco, smoke or inhaled aerosol. This is not a claim that nicotine pouches are

harmless. It is a claim that risk profiles differ meaningfully between product categories, and that regulatory frameworks are entitled, and arguably obligated, to reflect that difference rather than treating all nicotine products identically by default.

6. Prohibiting non-combustible products while permitting cigarettes creates a policy inconsistency worth resolving.

If a combustible product that produces smoke and secondhand exposure remains legally available to adults, prohibiting a smoke-free alternative outright warrants explicit justification grounded in comparative risk assessment. Absent that, the practical effect of prohibition may be to preserve the market position of the more harmful product category. CAPHRA raises this not to argue against restricting cigarettes, but to highlight an asymmetry that regulation, rather than prohibition, is better positioned to correct.

7. A phased, evidence-monitored approach protects Viet Nam against irreversible outcomes.

Because nicotine pouches remain a relatively new product category, open scientific questions about long-term use remain. This favours a cautious but reversible approach over an outright ban. Viet Nam could authorize a narrowly defined product category under strict controls, monitor youth and adult prevalence and substitution patterns, and review the evidence after two to three years, retaining full authority to tighten restrictions if the data warrant. Regulation preserves this flexibility; prohibition, once market and consumer behaviour adapt around it, does not.

8. Adult consumer behaviour following prohibition should factor into the policy calculus.

For adults who have already moved away from cigarettes using non-combustible alternatives, removing access creates a foreseeable risk of relapse to smoking or migration to unregulated illicit markets, neither of which serves Viet Nam's public-health goals. Nicotine pouches are not cessation medicines and should never be marketed as such, but this is distinct from recognizing their observed role as substitutes for cigarettes among adults who smoke. The FDA's June 2026 modified-risk determination, concerning adults using authorized products instead of cigarettes specifically, is directly relevant to this behavioural question.

9. International traveller policy deserves consideration alongside domestic commercial regulation.

Separately from the domestic sales question, CAPHRA notes that adult international travellers increasingly arrive from jurisdictions where nicotine pouches are legally regulated. A policy exposing travellers to confiscation or penalties for personal-use possession carries practical consequences for tourism decisions among this growing consumer segment. Should Viet Nam restrict commercial sale, CAPHRA recommends the Government consider a clearly defined exemption for reasonable personal-use quantities carried by adult travellers.

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10. CAPHRA's request

CAPHRA respectfully requests that the Government of Viet Nam pursue a strictly regulated, adult-only pathway for nicotine pouches rather than outright prohibition, incorporating the youth-protection measures outlined above, a phased evidence-review mechanism, and appropriate provision for adult international travellers. A regulatory framework can simultaneously protect children and non-users, differentiate combustible from non-combustible risk, and support adult smokers seeking alternatives to cigarettes. We believe this represents a more proportionate and evidence-consistent response than prohibition, and we welcome the opportunity for further engagement with the Ministry on this matter.

Respectfully submitted,

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About CAPHRA

The Coalition of Asia Pacific Tobacco Harm Reduction Advocates (CAPHRA) is a regional alliance of consumer advocacy organizations working across the Asia-Pacific to reduce smoking-related disease burden through access to regulated, evidence-based nicotine alternatives. CAPHRA has engaged with governments across ASEAN and the broader region on comparable regulatory questions and offers this submission in that capacity, drawing on regional precedent and international regulatory developments rather than individual testimony.

Cc:

Ministry of Health

Address: 138A Giảng Võ, Ba Đình, Hà Nội

To: + Minister Đào Hồng Lan

+ Vice Minister Trần Văn Thuấn (in charge of tobacco control)

Cc:

* Ban soạn thảo Luật PCTHTL