CAPHRA
COALITION OF ASIA PACIFIC
TOBACCO HARM REDUCTION ADVOCATES

Reducing Death and Disease From Deadly Tobacco Products in the Western Pacific

Executive Summary

The Western Pacific Region carries a heavy and continuing burden from cigarettes, other smoked tobacco products and harmful oral tobacco use. These products cause cancer, cardiovascular disease, respiratory illness, oral disease and premature death across the region.

Strong and risk proportionate tobacco control remains essential. It is also essential to distinguish between products that burn tobacco and products that do not.

Tobacco related mortality is almost exclusively smoked tobacco as burning tobacco produces smoke containing thousands of chemicals, including many toxic and carcinogenic substances. Tobacco-containing oral products also cause serious harm, including oral cancers and other diseases. These harmful products should remain the central focus of regional tobacco-control policy.

Whilst nicotine can be addictive, that does not mean every nicotine product carries the same risk as smoking. Public-health policy should be based on evidence of relative risk, real-world patterns of use and the need to help adult smokers move away from combustible tobacco.

New Zealand, Japan and the Republic of Korea offer relevant regional experience. Each has seen major declines in combustible smoking or cigarette sales while non-combustible alternatives have been available to adult consumers. They do show that smokers may move away from cigarettes when practical alternatives are available, acceptable and regulated.

The tobacco-control discussions at the Seventy-seventh Session of the WHO Regional Committee for the Western Pacific in Manila provide an opportunity to examine these experiences properly. The Region needs a strategy that reduces smoking, protects young people, addresses oral tobacco use and prevents illicit trade. It should not adopt an approach that unintentionally keeps smokers on cigarettes or drives adult users into unregulated markets.

The related death and disease in the Western Pacific

Tobacco use continues to impose a major health and economic burden across the Western Pacific Region. The Region includes countries with very different tobacco-use patterns, income levels, regulatory systems and enforcement capacity. A single policy response will not suit every Member State.

Some countries face high cigarette-smoking rates. Others face growing markets for heated tobacco products or vaping products. Pacific Island countries such as Palau, Kiribati, and the Federated States

of Micronesia (FSM) also face serious harms from oral tobacco, including tobacco added to betel quid and related preparations. These products contribute to oral disease, oral cancer and other preventable health harms.

The regional response must be based on the products causing the greatest burden of disease. In most countries, that means cigarettes and other combustible tobacco products. In some Pacific settings, it also means tobacco-containing oral products.

The policy objective should be straightforward: reduce use of products that kill many long-term users when used as intended, while preventing a new generation from becoming dependent on nicotine.

The FCTC and nicotine

The WHO Framework Convention on Tobacco Control is a treaty about tobacco control. Its objective is to protect people from the health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke.

The Convention defines tobacco control broadly. It includes supply reduction, demand reduction and harm-reduction strategies. It also defines tobacco products as products made wholly or partly from tobacco leaf and manufactured for smoking, sucking, chewing or snuffing.

This definition is important. The FCTC clearly covers cigarettes, cigars, waterpipe tobacco, chewing tobacco, snuff, tobacco-containing betel quid and other tobacco-leaf products. These are the products that have historically driven the global tobacco epidemic.

The FCTC is not a blanket international mandate to prohibit nicotine. Nicotine replacement therapies are not treated as tobacco products. Electronic nicotine delivery systems, including vaping products, have been considered by FCTC Parties through a range of regulatory options. These include restrictions, regulation and prohibition, depending on national circumstances.

Vaping and heated tobacco products should not be left unregulated. They should be subject to strict age restrictions, manufacturing standards, nicotine limits, accurate labelling, child-resistant packaging, retailer controls, responsible marketing rules and enforcement against unlawful supply.

The critical question is whether the Regional Office recognises the distinction between combustible tobacco use and non-combustible nicotine products. By acknowledging this difference, the regional office can develop a coordinated regional response that addresses the Pacific's specific tobacco-control challenges and supports policies aimed at reducing cigarette smoking as rapidly as possible. Failure to do so risks a regional policy approach that treats all nicotine use alike and, in doing so, limits opportunities to accelerate declines in smoking.

The regional plan needs to reflect reality

The tobacco-control item scheduled for discussion at the Seventy-seventh Session of the WHO Regional Committee for the Western Pacific in Manila is an important moment for Member States. The agenda includes WPR/RC77/9, Tobacco Control, together with a situational analysis intended to accelerate progress toward the Region's 2030 tobacco-control target. The proposal to "increase prices on all tobacco and nicotine products in line with WHO FCTC Article 6 and its guidelines" is not within the remit of Article 6, which applies only to tobacco. The statement that "Taxation must also extend to e-cigarettes and other nicotine products where legally sold." is also not within the remit of Article 6.

The regional analysis should adequately reflect the policy experience of Western Pacific countries that have seen substantial reductions in combustible smoking while regulated or commercially available non-combustible products have been present.

The policy discussion should examine:

- The accelerated fall in smoking in New Zealand alongside regulated adult access to vaping.
- The fall in Japanese cigarette sales during the widespread adoption of heated tobacco products that have been shown by the accelerated decline in combustible tobacco use.
- The long-term decline in smoking in the Republic of Korea while heated tobacco and vaping products have become established.
- The continuing burden from tobacco-containing oral products in Pacific Island communities.
- The effect of prohibition and highly restrictive policies on illicit markets, product safety and youth access.
- The need to distinguish adult smokers who switch completely from combustion and those who are making the transition from combustion and those who begin nicotine use as non-smokers.

A regional plan should not assume that all emerging nicotine products have the same public-health effect. It should consider how products are actually used in each country and whether they are displacing smoking, maintaining smoking, attracting young people or being sold through unregulated channels.

There is no responsible case for ignoring youth vaping. Young people should not use nicotine products. But youth protection and adult smoking cessation are not competing objectives. Good regulation can pursue both.

New Zealand: tobacco control and regulated access

New Zealand is an important example for the Western Pacific Region because it has combined established tobacco-control measures with regulated access to vaping products for adults.

Daily smoking prevalence fell to 6.9% in 2023/24, down from 16.4% in 2011/12. This decline has been driven by several factors. These include taxation, smokefree environments, cessation support, public-health messaging, changes in social attitudes and the availability of lower-risk alternatives for people who smoke. Increased vaping correlates with a period of accelerated smoking decline.

Vaping has not been the only reason smoking has fallen. It would be wrong to claim that it was. However, it has given many adult smokers a practical alternative to cigarettes.

New Zealand regulates vaping products. The system includes age restrictions, nicotine limits, product notification requirements, packaging and safety requirements, retailer rules, restrictions on product names and marketing controls. Schools and early childhood education settings must be smokefree and vapefree. It is useful to note that youth vaping rose when vaping was unregulated, and has since dropped. High youth vaping is not a consequence of NZs permissive policy, it is a consequence of being way too slow to regulate.

New Zealand has also had to respond to youth vaping. This is a genuine and ongoing public-health concern. The answer is targeted regulation that reduces youth appeal and access. It includes stronger age verification, restrictions on retailer location, limits on advertising, controls on packaging and product names, and enforcement action against retailers who sell to minors.

New Zealand's experience should not be described as unrestricted vaping. It is a regulated model that aims to reduce smoking while limiting harms associated with vaping by young people.

Japan: what cigarette sales tell us

Japan has experienced one of the most significant declines in cigarette sales in the region during the period in which heated tobacco products became widely available.

The rapid uptake of heated tobacco products coincided with a substantial reduction in cigarette sales. Millions of Japanese adults have moved to heated tobacco products, which do not burn tobacco in the same way as conventional cigarettes.

The Japanese experience does not establish that heated tobacco products are safe. It does not prove that every cigarette smoker has switched completely. It also does not remove the need for youth protections, independent research, product standards and marketing restrictions.

However, it raises an important question for the Western Pacific Region: if smokers are switching from cigarettes to products that do not involve combustion, is it appropriate to regulate those products in exactly the same way as cigarettes?

The answer should depend on evidence. Policymakers should assess whether smokers have switched completely, whether cigarette consumption has declined, whether youth use is increasing and whether regulations are reducing or increasing illicit supply.

Japan's experience should be studied as a real-world regional example, not dismissed because it does not fit a simple prohibition narrative.

Republic of Korea: progress requires better measurement

The Republic of Korea has seen a sustained decline in smoking, particularly among men. Adult male smoking fell from more than 47% in 2011 to around 28% in 2025. During this period, heated tobacco products and vaping products also became established in the market.

Korea shows why governments need better data. A fall in cigarette smoking is encouraging, but it does not tell the whole story. Policymakers need to know whether people have stopped smoking entirely, switched to a non-combustible product, use cigarettes and alternative products together, or have started nicotine use without ever smoking. Without these distinctions, governments cannot properly assess public-health impact.

WPRO should encourage Member States to collect and publish data on the current gaps, by country, on:

- Cigarette smoking.
- Heated tobacco product use.
- Vaping.
- Oral and smokeless tobacco use.
- Exclusive use of each product type.
- Dual and multiple-product use.
- Quit attempts and successful smoking cessation.
- Youth and never-smoker initiation.
- Socioeconomic, ethnic and geographic inequalities.
- Illicit-market activity and product compliance.

The Korean experience supports a more sophisticated regional approach. It shows why simple measures of total tobacco or nicotine use are not sufficient.

Oral tobacco and betel quid

The regional tobacco-control agenda must also address the harm caused by tobacco-containing oral products. In Pacific Island countries such as Palau, Kiribati, and the Federated States of Micronesia

(FSM), betel quid, areca nut and related preparations are widely used. Where tobacco is included, these products fall clearly within the FCTC definition of tobacco products.

The health risks are serious. Tobacco-containing oral products are associated with oral disease, oral cancer and other adverse health outcomes. Areca nut itself is also a recognised health concern.

This issue deserves greater visibility in the regional plan. It is not enough to focus on cigarettes and emerging nicotine products while overlooking the daily use of oral tobacco in some communities.

Effective policy should include culturally appropriate education, oral-health services, cessation support, community leadership, restrictions on marketing and sales, youth prevention and better surveillance. Pacific communities should help lead the design of these measures.

The need to tackle tobacco-containing betel quid and other dangerous oral products does not justify treating all non-combustible nicotine products as identical. The regional plan should recognise differences in product composition, disease risk, patterns of use and the role each product plays in smoking behaviour.

The risk of treating all products the same

A policy that treats cigarettes, tobacco-containing oral products, heated tobacco products, vaping products and nicotine replacement therapies as if they create the same risk will not reflect the evidence or the way consumers behave.

That approach will have several unintended consequences:

It will keep people using harmful/deadly tobacco products.

Many smokers struggle to quit using existing methods alone. If acceptable alternatives are prohibited or made inaccessible, some smokers will continue using cigarettes. This is especially important in countries where cessation services and medicines are limited, unaffordable or unavailable outside major cities.

It will strengthen illicit markets.

Demand for nicotine products does not disappear simply because legal supply is restricted. Consumers can turn to informal retailers, social-media sellers, illegal imports and cross-border purchasing.

These markets are difficult to regulate. Products may have unknown ingredients, inaccurate nicotine labelling, poor manufacturing standards and no child-resistant packaging. Sellers may not verify age, and authorities have limited capacity to recall unsafe products or hold suppliers accountable.

It will weaken youth protection.

A regulated market can require age verification, retailer licensing, product notification, packaging standards and enforcement. An illicit market offers none of these protections.

Prohibition can be appropriate in some national settings. But it should not be assumed that prohibition automatically provides better youth protection than well-designed regulation. That question should be tested against actual evidence of access, use and enforcement.

It will distract from the products causing the most harm.

Cigarettes remain the main cause of tobacco-related death. Tobacco-containing oral products remain a serious problem in some Pacific communities. Regional strategies should not allow concern about novel products to reduce focus on the products that are already causing the greatest burden of disease.

A Member State-led study process.

Before the Western Pacific Regional Office develops further technical guidance or endorses broad restrictions that do not distinguish between combustible tobacco, oral tobacco and non-combustible nicotine products, Member States should consider a transparent, independently governed regional study process.

The process should be led by Member States, not by industry. It should involve public-health authorities, tobacco-control experts, toxicologists, cessation clinicians, epidemiologists, indigenous and Pacific health representatives, consumer representatives and independent researchers. It should operate with strong conflict-of-interest safeguards consistent with FCTC Article 5.3.

The study should examine:

- Relative risks of combustible tobacco, tobacco-containing oral products, heated tobacco products, vaping products and nicotine replacement therapies.

- Smoking trends, cigarette sales, quit attempts and cessation outcomes across WPRO.
- Evidence of complete switching, dual use and multiple-product use.
- Youth use, never-smoker initiation and effective measures to prevent access.
- The experience of New Zealand, Japan and the Republic of Korea.
- The burden of oral tobacco and betel-quid use in Pacific Island countries and areas.
- Product standards, nicotine limits, manufacturing rules, labelling and warning requirements.
- Retail licensing, age verification, online sales controls and enforcement.
- The effect of prohibition and restrictive regulation on illicit supply, criminal activity, product quality and youth access.

- Equity impacts, including effects on indigenous communities, rural populations and people on low incomes.

The study should not start with a predetermined conclusion. Its purpose should be to identify the policies most likely to reduce smoking and tobacco-related disease while preventing youth nicotine use.

Questions for Manila

Delegates attending the Regional Committee meeting should ask:

1. The proposed regional tobacco-control analysis should fully consider the New Zealand, Japanese and Korean experience of declining combustible smoking where non-combustible alternatives have been available?
2. Does the draft plan clearly distinguish cigarettes and other combustible tobacco products from tobacco-containing oral products, heated tobacco products, vaping products and nicotine replacement therapies?
3. Does the plan reflect the FCTC definition of tobacco control, which includes harm-reduction strategies?
4. Does the evidence review consider adult switching, smoking cessation, dual use, youth uptake, never-smoker initiation and illicit-market impacts separately?
5. Does the plan give enough attention to the harm caused by tobacco-containing oral products and betel-quid use in Pacific Island countries and areas?
6. What evidence supports a region-wide approach that would restrict all non-combustible nicotine products in the same way, regardless of country context and smoking prevalence?
7. Should WPRO establish a Member State-led evidence review before developing further technical guidance or endorsing undifferentiated restrictions?

Conclusion

The Western Pacific Region can lead the world in reducing death and disease caused by smoking and harmful oral tobacco use. To achieve this, it must focus on the products that cause the greatest harm while protecting young people from nicotine dependence and commercial exploitation.

New Zealand, Japan and the Republic of Korea show that real-world experience in the Region is more complex than a simple choice between permissive markets and prohibition. Their experiences should be examined openly and fairly.

Rigorous tobacco control requires strong youth protections, product standards, retailer accountability, restrictions on irresponsible marketing and action against illicit trade. It should also recognise that adult smokers will benefit from access to regulated, lower-risk alternatives where those alternatives help them leave combustible tobacco behind.

WPRO should not adopt policy that treats all nicotine products as identical. It should develop an evidence-based, risk-proportionate framework that reduces smoking, confronts dangerous oral tobacco use, protects young people and gives adult smokers a realistic opportunity to move away from combustion.

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Endnotes

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