

3 February 2025

Dr. Tlaleng Mofokeng, Special Rapporteur  
United Nations Human Rights Council  
Palais Wilson, 52 rue des Pâquis,  
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Via email: [drtpmofokeng@gmail.com](mailto:drtpmofokeng@gmail.com)

**RE: A/79/177: Report of the Special Rapporteur on the right of everyone to the enjoyment of the highest attainable standard of physical and mental health - Harm reduction for sustainable peace and development.**

Dear Dr. Mofokeng,

We submit the following in response to your report on '*Harm reduction for sustainable peace and development*', which was submitted to the 79<sup>th</sup> session of the United Nations General Assembly.

The United Nations acknowledges that many diseases are the result of preventable risk factors, and that access to clear, accessible and relevant information is key to prevention of harm in all manner of risk relative to non-communicable diseases, and that the right to health is tied to a number of other rights, such as the right to information, both as a component of the right to health<sup>1</sup> and as a stand-alone right.<sup>2</sup> The right to information requires the establishment of prevention and education programmes for behaviour-related health concerns.<sup>3</sup>

There are 112 million consumers of safer nicotine products across the globe<sup>4</sup>, who advocate for people who smoke to have options to move away from the product that has a 50% chance of killing them, to something much less harmful. In this correspondence, we address the application of harm reduction principles to tobacco smoking, and the right to health with regards to tobacco harm reduction.

We are writing to you as people whose lives have dramatically improved by having access to safer, non-combustible nicotine products. The signatories to his letter, and the organisations that they represent, are former smokers who wish to avoid the risk of serious ill-health and premature death from smoking. We consider that access to safer nicotine products such as nicotine vapes, Swedish snus, nicotine pouches and heated tobacco products will bring major individual and population health benefits. We know that we have all benefitted greatly from making the switch off from combustible tobacco to greatly safer alternatives. We wish that those who came before us had this option and we advocate for those currently using combustible

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<sup>1</sup> E/C.12/2000/4, para. 12 (b).

<sup>2</sup> International Covenant on Civil and Political Rights, art. 19.2.

<sup>3</sup> E/C.12/2000/4, para. 16.

<sup>4</sup> [https://gsth.org/faq-smoking-and-nicotine/global-numbers/how-many-people-use-safer-nicotine-products-worldwide/#:~:text=Safer%20nicotine%20products%20\(SNP\)%20are,using%20US%20smokeless%20and%20snus.](https://gsth.org/faq-smoking-and-nicotine/global-numbers/how-many-people-use-safer-nicotine-products-worldwide/#:~:text=Safer%20nicotine%20products%20(SNP)%20are,using%20US%20smokeless%20and%20snus.)

and unsafe oral tobacco products to have the same option that has saved us. Tobacco harm reduction is supported by the aims and principles of the right to health.

There are over one billion people globally who smoke and this number has declined only marginally over the previous two decades. The majority of these people live in low and middle income countries (LMICs) and have the most to gain from access to life saving alternatives. In your report, you indicate the significant health risks associated with tobacco use, which is a leading cause of various non-communicable diseases, including cardiovascular and respiratory diseases and over 20 types of cancer. As well, you state that despite global efforts and progress since the adoption of the WHO Framework Convention on Tobacco Control in 2003, tobacco use and smoking remains prevalent, especially in low- and middle-income countries, which account for over 80% of global tobacco users. Smoking exacerbates poverty by increasing health-related costs and causing premature disability, which hampers economic productivity.

The combustible tobacco cigarette is a dirty nicotine delivery system. The concept of tobacco harm reduction was first articulated by the UK psychiatrist and leading expert on nicotine addiction Professor Michael J. Russell in the 1970's, who highlighted that *“people smoke for nicotine but they die from the tar.”*<sup>5</sup>

In 2001 the U.S. Institute of Medicine (IoM) - a US governmental advisory body now called the National Academy of Science, Engineering and Medicine (NASEM) - outlined the principles behind THR in a publication called *‘Clearing the Smoke’*.<sup>6</sup> The IoM defined THR as *“decreasing total morbidity and mortality, without completely eliminating tobacco and nicotine use”*<sup>7</sup> and as a public health policy that acknowledges that *“A product is harm reducing if it lowers total tobacco-related mortality and morbidity even though use of that product may involve continued exposure to tobacco-related toxicants”*<sup>8</sup>

In 2007 the UK Royal College of Physicians concluded that *‘Rebalancing the market in favour of the safest nicotine products would provide choice, encourage safer nicotine use, and reduce morbidity and mortality.’* and that *‘Harm reduction in smoking can be achieved by providing smokers with safer sources of nicotine that are acceptable and effective cigarette substitutes.’* [ref TCP Harm reduction in nicotine addiction, 2007, p 240. 241]

A large number of organisations support the idea of tobacco harm reduction through access to safer, non-combustible nicotine products. We have included an annex of those organisations for your review.

The concept of tobacco harm reduction therefore has its origins in public health, founded on the scientific evidence proving combustion is what kills people who smoke, and not from “Big Tobacco”, such as was stated in your report. This also ties into the implication that those who advocate for Tobacco Harm Reduction are actors for “Big Tobacco” which is also resolutely

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<sup>5</sup> Russell, M. J., Low-tar medium nicotine cigarettes: a new approach to safer smoking. Br Med J, 1976. 1(6023): p. 1430-1433. DOI: 10.1136/bmj.1.6023.1430

<sup>6</sup> ibid.

<sup>7</sup> Institute of Medicine Staff, Clearing the smoke: assessing the science base for tobacco harm reduction. National Academies Press, 2001. Available at: <http://nap.nationalacademies.org/10029>

<sup>8</sup> ibid.

false. Advocates are regularly disenfranchised, dehumanised and “cancelled” by public health and government officials based on this false belief.

We, the consumers of the products, would like to bring to your attention that the uptake of safer nicotine products was a consumer grassroots movement that began long before corporations such as a tobacco or pharmaceutical conglomerates were involved in marketing their own versions of safer nicotine products.

Your report highlights scepticism towards the tobacco industry's harm reduction initiatives due to their history of deceptive practices, including downplaying health risks and marketing alternatives misleadingly. All of which we wholeheartedly agree with.

But is a misconception that tobacco harm reduction and safer nicotine products are *“corporations exert(ing) their power by co-opting the harm reduction narrative or by seeking to position themselves as part of the solution to problems they have largely created<sup>9</sup>, including through alleged harm reduction efforts”<sup>10</sup>*. The idea that tobacco harm reduction is a corporate construct with no basis in science or medicine is incorrect. The original idea for a nicotine liquid vaporizer came from a pharmacist in China named Dr. Hon Lik, whose father died from smoking related cancer, and he wanted to not follow his footsteps. The current consumers of nicotine vaping and the market that supplies them are majorly the independent industry - comprised of vapers who wanted others to share in the product that enabled them to get off the deadly form of combustible tobacco.

You state that *“Despite the known health risks, the industry continues to market new products with uncertain health impacts.”* We draw your attention to the esteemed Royal College of Physicians of London, the New Zealand Ministry of Health and National Academies of Science, Engineering and Medicine (NASEM) in the US who support Tobacco Harm Reduction, and the Cochrane Review that regularly updates on the safety and efficacy of electronic cigarettes and other safer nicotine products based on scientific research and analysis. To date, the Cochrane Review has found the strongest evidence yet that e-cigarettes, also known as ‘vapes’, help people to quit smoking better than traditional nicotine replacement therapies, such as patches and chewing gums. NASEM states *“There is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users’ exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.”*

The history of THR, from a consumer perspective has always been about finding alternatives to the deadly impact of combustion and unsafe oral tobacco use. Many of us, from the very beginning, had tried the accepted alternatives offered to quit smoking, such as nicotine replacement therapy, talk therapy and more recently pharmaceutical interventions, that simply did not work for us as safer nicotine products do. Tobacco harm reduction is effective, as it has worked for us.

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<sup>9</sup> A/78/185, para. 58.

<sup>10</sup> WHO, Reducing the Harm from Alcohol by Regulating Cross-Border Alcohol Marketing, Advertising and Promotion: A Technical Report (Geneva, 2022), p. 24.

Globally, 20% of the global adult population smokes tobacco. However, countries such as the United Kingdom, Japan and New Zealand, who are about to reach the Smoke Free goal with a smoking rate of less than 5% of the population by the end of the year 2025. This can be directly attributed to the access and choice to safer nicotine products, including the use of e cigarettes in smoking cessation programmes in the UK, such as Stoptober and Swap to Stop provide access to safer products in hospitals and outreach centres in the UK. This is the result of pragmatic risk proportionate regulations based on scientific evidence and real work efficacy.

Sweden can already be categorised as a “smoke free country” due to a smoking rate of less than 5% by “embracing and encouraging the use of alternative nicotine products such as snus, oral nicotine pouches and vapes, Sweden has paved a clear path to a smoke-free society while safeguarding public health.”<sup>11</sup> Sweden's success is the proof of concept that Tobacco Harm Reduction works.

Countries who have opted to medicalise, ban or otherwise severely restrict safer nicotine products have become thriving black markets. Since Australia's medicalisation of e cigarettes, there have been numerous firebombings of tobacconists, and multiple seizures of products - the most recent of which in October 2024, where 200,000 vapes, worth an estimated \$8 billion AUD were found in storage in Victoria.<sup>12</sup> India has a thriving black market of vapes.<sup>13</sup> This is despite the government ban being implemented in 2019. This, in a country where the harm from combustible and unsafe oral tobacco leads to at least 1 million human lives lost annually.

End users of safer nicotine products in countries with severe restrictions and bans have been criminalised because have acted upon their inherent human right to health and their right to health has been denied. This is no different than the struggle for drugs harm reduction and sexual reproductive rights.

As mentioned at the beginning, the United Nations acknowledges that many diseases are the result of preventable risk factors, and that access to clear, accessible and relevant information is key to prevention of harm in all manner of risk relative to non-communicable diseases, and that the right to health is tied to a number of other rights, such as the right to information, both as a component of the right to health<sup>14</sup> and as a stand-alone right.<sup>15</sup> This same acknowledgement should be applied and promoted for tobacco harm reduction for people who smoke who are unwilling or unable to stop using combustible tobacco.

What we are pleading is for our lived experiences, and the science that confirms it, to be taken as seriously as those who have found benefit from drugs and sexual health harm reduction programmes. At first, there was serious doubts and dehumanisation of both of those harm

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<sup>11</sup> <https://www.businesswire.com/news/home/20241113569960/en/BREAKING-NEWS-Swedes-First-in-World-to-Become-Smoke-Free-%E2%80%93-It%E2%80%99s-a-Lesson-for-the-World-Says-Smoke-Free-Sweden#:~:text=By%20embracing%20and%20encouraging%20the,society%20while%20safeguarding%20public%20health>.

<sup>12</sup> <https://www.tga.gov.au/news/media-releases/8-million-illicit-vapes-located-collaboration-between-tga-and-victoria-police>

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[http://timesofindia.indiatimes.com/articleshow/111290988.cms?utm\\_source=contentofinterest&utm\\_medium=text&utm\\_campaign=cpst](http://timesofindia.indiatimes.com/articleshow/111290988.cms?utm_source=contentofinterest&utm_medium=text&utm_campaign=cpst)

<sup>14</sup> E/C.12/2000/4, para. 12 (b).

<sup>15</sup> International Covenant on Civil and Political Rights, art. 19.2.

reduction activities and now they are seen as necessary for the attainment of “the highest standard of health” from both the UN and the WHO.

Denying smokers the alternative that Tobacco Harm Reduction offers by reducing it to an industry construct necessarily results in perpetuating the heavy burden of disease and death caused by combustible tobacco. This undermines the right to health and personal autonomy of those whose lives are at risk.

Enclosed please find an annex of peer reviewed science and information for your review and consideration. If you would have any questions that you would like to ask of us, please do not hesitate to contact us as noted below.

We thank you in advance for your consideration and attention to this correspondence on behalf of the organisations, for whom we have permission to represent, whose logos appear below.

Regards,

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Encs.

This letter is supported by the following organisations:



## Annex

### **Some declarations from different independent health and research entities.**

World Health Organization EURO Office: “There is conclusive evidence that: Completely substituting electronic nicotine and non-nicotine delivery systems for combustible tobacco cigarettes reduces users’ exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.” <http://www.euro.who.int>

International Agency for Research on Cancer: “The use of e-cigarettes is expected to have a lower risk of disease and death than tobacco smoking... E-cigarettes have the potential to reduce the enormous burden of disease and death caused by tobacco smoking if most smokers switch to e-cigarettes.” <https://cancer-code-europe.iarc.fr>

Cochrane systematic evidence review: “There is high-certainty evidence that e-cigarettes with nicotine increase quit rates compared to NRT [nicotine replacement therapy, e.g., nicotine patches and nicotine gum]. ...People are more likely to stop smoking for at least six months using nicotine e-cigarettes than using NRTs, or e-cigarettes without nicotine. ...[E-cigarettes] may not be associated with serious unwanted effects.” <https://www.cochrane.org>

UK Office for Health Improvement & Disparities (2022 8th evidence review of nicotine vaping in England): “The report... provides the most robust evidence on health risks of vaping to date. ...Vaping poses a small fraction of the risks of smoking. ...There is: Significantly lower exposure to harmful substances from vaping compared with smoking, as shown by biomarkers associated with the risk of cancer, respiratory and cardiovascular conditions [and] no significant increase of toxicant biomarkers after short-term secondhand exposure to vaping among people who do not smoke or vape.” <https://www.gov.uk>

UK Royal College of Physicians: “Although it is not possible to precisely quantify the long-term health risks associated with e-cigarettes, the available data suggest that they are unlikely to exceed 5% of those associated with smoked tobacco products, and may well be substantially lower than this figure... E-cigarettes are effective in helping people to stop smoking.” <https://www.rcplondon.ac.uk>

British Medical Association: “Significant numbers of smokers are using e-cigarettes (electronic cigarettes), with many reporting that they are helpful in quitting or cutting down cigarette use. There are clear potential benefits to their use in reducing the substantial harms associated with smoking, and a growing consensus that they are significantly less harmful than tobacco use.” <https://www.bma.org.uk>

Cancer Research UK: “While the long-term health consequences of e-cigarette use are uncertain, the evidence so far suggests that e-cigarettes are far less harmful than smoking. ...There is also growing evidence to suggest that e-cigarettes can work successfully as an aid to cessation. ...There is insufficient evidence to support a blanket indoor ban on e-cigarette use, either on the basis of renormalisation of smoking or harm to bystanders from second-hand vapour.” <https://www.cancerresearchuk.org>

British Lung Foundation: “Experts have reviewed all the research done on e-cigarettes over the past few years, and found no significant risks for people using e-cigarettes. ...Swapping cigarettes for an e-cig can improve your symptoms of lung conditions like asthma and COPD.” <https://www.blf.org.uk>

UK Royal College of General Practitioners: “The evidence so far shows that e-cigarettes have significantly reduced levels of key toxicants compared to cigarettes, with average levels of exposure falling well below the thresholds for concern.” <https://www.cancerresearchuk.org>

UK Royal Society for Public Health: “RSPH has welcomed a new comprehensive evidence review on e-cigarettes published by Public Health England (PHE). The report reflects an up-to-date evidence base that is increasingly pointing in the same direction: not only that vaping is at least 95% less harmful than smoking, but also that it is helping increasing numbers of smokers to quit.” <https://www.rsph.org.uk>

Action on Smoking and Health UK: “It has been estimated that e-cigarettes are 95% less harmful than ordinary cigarettes. There is negligible risk to others from second-hand e-cigarette vapour. ...The lifetime cancer risk of vaping has been assessed to be under 0.5% of the risk of smoking. [But] Public understanding of the relative harms of e-cigarettes [vs smoking cigarettes] have worsened over time and are less accurate today than they were in 2014.” “The widespread use of snus [a smokeless oral tobacco product] by Swedish men, displacing tobacco smoking, is responsible for the incidence of tobacco-related mortality in Swedish men being significantly lower than any other European country.” <https://ash.org.uk>

National Health Service Scotland consensus statement on e-cigarettes: “Smoking kills. Helping people to stop smoking completely is our priority. ...There is now agreement based on the current evidence that vaping e-cigarettes is definitely less harmful than smoking tobacco.” <http://www.healthscotland.scot>

New Zealand Ministry of Health: “Breathing any product into your lungs unnecessarily is not ideal. That’s why people who don’t smoke should not vape. However for those who smoke, switching to vaping is likely to substantially reduce health risks.” <https://www.health.govt.nz>

US National Academies of Sciences, Engineering and Medicine: E-cigarettes “are likely to be far less harmful than combustible tobacco cigarettes.” “Conclusion 18-1. There is conclusive evidence that completely substituting e-cigarettes for combustible tobacco cigarettes reduces users’ exposure to numerous toxicants and carcinogens present in combustible tobacco cigarettes.” <http://nationalacademies.org>

US Food & Drug Administration: “No tobacco product is safe. However, the health risks for different tobacco products exist on a spectrum, which is sometimes referred to as a “continuum of risk.” Combusted, or smoked, tobacco products—such as cigarettes—are the most harmful type of tobacco product. Non-combusted products—such as e-cigarettes and other smokeless tobacco products—generally have lower health risks than cigarettes and other combustible tobacco products.” <https://www.fda.gov>



US Centers for Disease Control: “E-cigarettes expose users to fewer harmful chemicals than burned cigarettes.” “E-cigarettes have the potential to benefit adult smokers who are not pregnant if used as a complete substitute for regular cigarettes and other smoked tobacco products.” <https://www.cdc.gov>

US National Institutes of Health: “Cigarette smokers who had no plans to quit were more likely to quit smoking cigarettes if they started using e-cigarettes. We found evidence that e-cigarettes could have a positive impact on this very hard-to-reach group of recalcitrant smokers. To truly understand the health impact of vaping on the US population, we need to consider those with no intention to quit.” <https://www.nih.gov/>

American Association of Public Health Physicians: “Smoke-free tobacco/nicotine products, as available on the American market, while not risk-free, carry substantially less risk of death and may be easier to quit than cigarettes. ...Smokers who have tried, but failed to quit using medical guidance and pharmaceutical products, and smokers unable or uninterested in quitting, should consider switching to a less hazardous smoke-free tobacco/nicotine product for as long as they feel the need. Such products include pharmaceutical Nicotine Replacement Therapy (NRT) products used, off-label, on a long term basis, electronic “e” cigarettes, dissolvables (sticks, strips and orbs), snus, other forms of moist snuff, and chewing tobacco.” <https://www.aaphp.org>

Royal Australian & New Zealand College of Psychiatrists (RANZCP): “Nicotine vaping products are a safer alternative to tobacco smoking and offer a harm minimisation tool when first line pharmacotherapies and/or behavioural interventions have been unsuccessful... The RANZCP recognises that NVPs reduce the harms associated with smoking tobacco and using other tobacco containing products. Evidence suggests that long-term use of e- cigarettes is significantly less risky to an individual’s health than smoking regular cigarettes.” <https://www.ranzcp.org>

German Federal Institute for Risk Assessment: “According to current knowledge, e-cigarettes are less harmful than conventional tobacco products when used as intended.” “Switching from cigarettes to nicotine pouches could represent a reduction in health risk for a person who smokes.” <https://www.bfr.bund.de>

Health Canada: “If you are an adult that currently smokes, switching completely to vaping is a less harmful option than continuing to smoke.” <https://www.canada.ca>