26th July 2026

Dear Honourable Minister,

RE: Memoranda on the proposed amendments to the Tobacco Act and the State Fees Act – JDM/26-082

Reference is made to the public notice article dated 20th July 2026. We are writing to address the recent legislative proposals by the Government of the Republic of Estonia concerning heightened regulatory constraints on smoke-free nicotine delivery systems, including electronic nicotine delivery systems (ENDS), oral nicotine products, and heated tobacco products.

About SCIHRIA: The Scientific Insights in Harm Reduction in Africa (SCIHRIA) is a non-profit organisation dedicated to delivering appropriate, quality patient care supported with the latest scientific evidence based data. The society is administered by harm reduction experts and as such has a latitudinous collaboration across both African and global harm reduction focus groups and research networks. Patient advocacy and Public Health are an integral focus of the Society and to this end, information and resources are made available to patients and their families on all aspects of harm reduction in South Africa, Sub-Saharan Africa and the region.

Position on the Proposed Amendments

As public health advocates of international experience, we are deeply concerned about the proposed amendments. While the intent behind the amendments – to reduce tobacco-related harm – is commendable, the proposed regulations for e-cigarettes and oral nicotine pouches may inadvertently hinder progress in public health.

It is undeniable that smoking cigarettes poses a significant health risk, worldwide one person dies from smoking every four seconds. However, the Act's focus on regulating less harmful alternatives in the same manner as combustible cigarettes is likely to prove counterproductive.

The bill fails to acknowledge the scientific consensus that alternative nicotine products are significantly less harmful than traditional cigarettes.[1] These products do not involve the combustion of tobacco, eliminating the exposure to thousands of harmful chemicals. By restricting access to these alternatives, the new legislation risks condemning millions of smokers to a lifetime of addiction and premature death.

International evidence overwhelmingly demonstrates that e-cigarettes and oral nicotine pouches offer a viable pathway for smokers to quit.[2] Three million smokers have quit smoking thanks to vaping in the last five years in Britain, according to a report released by leading anti-smoking NGO ASH UK in August.[3]

[1] Public Health England, https://www.gov.uk/government/news/e-cigarettes-around-95-less-harmful-than-tobacco-estimates-landmark-review

[2] https://www.cochranelibrary.com/cdsr/doi/10.1002/14651858.CD010216.pub8/full

[3] https://ash.org.uk/media-centre/news/press-releases/nearly-3-million-people-in-britain-have-quit-smoking-with-a-vape-in-the-last-5-years

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The proposed restrictions, including bans on flavours, excessive health warnings, nicotine limits, and licensing requirements, create unnecessary barriers for smokers seeking to transition away from harmful cigarettes. These measures may discourage smokers from exploring safer options and instead drive them back to the deadly habit.

Flavours

The regulations seek to limit the availability of flavoured vapes and pouches, which are often preferred by smokers trying to quit. This could discourage smokers from switching to these safer alternatives.

Recent evidence[4] from the US reports that one third of adult vapers aged under 34 said that, if "vape product sales were restricted to tobacco flavours", they would switch to smoking[5], demonstrating that limiting the availability of a wide variety of flavours could be detrimental to public health.

Labelling

Independent public health bodies such as the Royal College of Physicians (UK) acknowledge the potential of nicotine alternatives as a harm reduction tool. One of its reports states: "Nicotine, while addictive, is not a major cause of smoking-related diseases."[6] This distinction is crucial. Labelling nicotine alternatives with the same harsh imagery as cigarettes disregards this scientific reality.

Taxes

High taxes on safer alternatives could make them less affordable for smokers, potentially driving them back to cigarettes.

Access

Requiring retailers to obtain a licence could reduce the availability and accessibility of safer products, making it harder for smokers to find and purchase them.

To effectively reduce tobacco-related harm, Estonia should adopt a comprehensive approach that includes both prevention and harm reduction strategies. While prevention efforts, such as education and public health campaigns, are essential, there should be recognition of the importance of providing smokers with tools to quit. E-cigarettes and oral nicotine pouches can play a crucial role in this effort.

The majority of smokers in the world now live in Low and Middle Income Countries (80%)[7] with approximately half the smoking related deaths in the world occurring in these countries. A

[4] https://academic.oup.com/ntr/advance-article-abstract/doi/10.1093/ntr/ntab154/6332852?redirectedFrom=fulltext
[5] https://filtermag.org/vaping-flavor-teens-smoking/
[6] https://www.rcp.ac.uk/improving-care/resources/nicotine-without-smoke-tobacco-harm-reduction/

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number of Sub Saharan African countries are signatories to the Framework Convention on Tobacco Control (2003). Despite the number of smokers in the world declining slightly over the last twenty years, the AFRO region is one of the two regions to show increases in tobacco smokers. In 2015 there was 66 million and the projected increase by 2025 is an estimated 84 million people.[7]

We urge the Standing Committee to reconsider the proposed amendments and adopt a more nuanced approach that prioritises public health outcomes. By allowing for the regulated use of less harmful alternatives, policymakers can empower smokers to make informed choices and pave the way for a healthier, smoke-free future for Estonia.

Yours sincerely,

Susan Ryan

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(Chairperson) on behalf of the Society

[7] https://tobaccocontrol.bmj.com/content/tobaccocontrol/31/2/153.full.pdf

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