Feedback on the draft Act amending the Tobacco Act and the State Fees Act – JDM/26-0826

Submission by the Tobacco Harm Reduction (THR),
Dr Delon Human, Dr Garrett McGovern, Dr Jacques Le Houezec,
Jessica Perkins, Dr. Hazel Lincy Ebenezer
28 July 2026

1. Thank You for Including us in the Ongoing Dialogue

We are grateful to the Estonian Ministry of Justice and Digital Affairs and the Ministry of Social Affairs for inviting multi-stakeholder dialogue through feedback on the draft act amending the Tobacco Act and the State Fees Act.

2. About the Authors

We are international physicians and activists who have sub-specialised in harm reduction science and policy matters, relevant to alcohol, tobacco, food, drugs, HIV and Covid-19. We advocate alongside Tobacco Harm Reduction (THR)[1] to promote harm reduction as a public health tool to prevent and control disease and premature death, linked to lifestyle habits and abuse of various activities, including alcohol, sugar, tobacco and drugs. THR fully supports tobacco control, as outlined in the Framework Convention on Tobacco Control (FCTC)[2], and specifically, tobacco harm reduction (THR) as a public health strategy (Article 1d of the FCTC)[2].

We commend Estonia for embarking on discussions on regulating nicotine products rather than pursuing a prohibitionary stance. However, we are concerned that the proposed restrictions on flavours and nicotine limits will hinder the effectiveness of these tools. We strongly believe that this approach could have unintended consequences for public health and consumer access to harm-reduction tools.

3. THR Products Provide an Important Solution

Adults who are either unwilling or unable to cease smoking cigarettes have the option to turn to harm-reduced products, offering a potential "fire escape" from the harmful effects of traditional smoking. Diverging from conventional approaches that singularly advocate for abstinence, harm reduction recognizes the varied risks associated with distinct tobacco

products. By introducing alternative nicotine delivery systems, the overarching goal of tobacco harm reduction is to empower individuals, enabling them to make informed choices that contribute to substantial improvements in overall public health. The broad spectrum of tobacco harm reduction products falls into four distinct categories, each facilitating nicotine consumption without the combustion of tobacco and the inhalation of smoke:

a. Vaping products (e-cigarettes)[3]
b. Oral nicotine pouches[4]
c. Heated tobacco products[5]
d. Oral tobacco pouches (such as “Swedish snus”)[6]

This comprehensive approach underscores the significance of providing diverse harm reduction options, tailored to individual preferences, in the pursuit of a healthier public landscape.

The body of evidence supporting Tobacco Harm Reduction is robust and continues to accumulate, as indicated by various studies and research findings.[7] The arguments advocating for an alternative approach to tobacco harm reduction and nicotine policy are not novel; however, their credibility has intensified over time. This strengthening of credibility is attributed to the continual influx of additional evidence and data. The evolving landscape of knowledge underscores the importance of considering these arguments in shaping comprehensive and effective tobacco harm reduction strategies and nicotine policies.

4. Flavours are an Important Element of THR

We urge the ministry to reconsider limiting the permitted flavours to tobacco and menthol. Flavours in vaping products are often criticized as contributing to increased health risks. However, research suggests that these concerns are significantly exaggerated. Konstantinos Farsalinos' comprehensive report[8] on the role of flavours in tobacco harm reduction thoroughly examines the complex aspects of flavours in electronic nicotine delivery systems (ENDS) and nicotine vaping products, focusing on scientific evidence that supports their safety and benefits. The research emphasizes the crucial role of flavours in tobacco harm reduction (THR) and smoking cessation, as acknowledged by the World Health Organization (WHO). It highlights that flavours are essential for encouraging smokers to switch to vaping, helping them transition away from conventional tobacco products.

Furthermore, the document includes contributions from public health advocates and experts, such as Clive Bates, David Abrams, and Konstantinos Farsalinos, who argue against the prohibition of vaping flavours. These experts highlight misconceptions about teen vaping, the significance of vaping flavours in helping people quit smoking, and the negative impact that flavour bans could have on public health and smoking cessation efforts. Additionally, Riccardo Polosa's insights are featured, suggesting that banning flavours is unlikely to significantly reduce youth e-cigarette use but could hinder adults from quitting smoking by transitioning to e-cigarettes.

More recently, a 2026 report on smoking habits in Great Britain found that 60% of vapers cited fruit as their preferred flavour while only 9% cited tobacco.[9] If the goal is to encourage smokers to switch, taking flavour preferences into account is key to the effectiveness of THR.

5. The Proposed Nicotine Limit Will Hinder, Not Help

We also urge the Ministry to reconsider the proposed 4 mg/g nicotine limit for oral nicotine pouches. While the intent to protect consumers is understood and shared, a limit set at this level would have the opposite effect: it would undermine the harm-reduction potential of nicotine pouches for the adult smokers most in need of a credible alternative to cigarettes.

The international evidence points clearly to a different threshold. Sweden - which is now officially smoke-free - regulates nicotine pouches under a 20 mg per pouch standard (SIS/TS 72:2024). [10] The United Kingdom's BSI PAS 8877:2022 adopts the same limit.[11] Germany's Federal Institute for Risk Assessment[12] recommends an upper limit of 16.7 mg per pouch. At 4 mg/g, and given that a standard pouch typically weighs 0.5–1 gram, Estonia's proposed limit would produce products delivering 2–4 mg of nicotine per unit. This is a fraction of what any internationally recognised standard considers adequate.

This matters because dosing is not a peripheral technical question. It determines whether nicotine pouches work as a public health tool. Dependent smokers who are unwilling or unable to quit need a nicotine dose that genuinely substitutes for smoking. A product that cannot deliver that dose will not attract the smokers it is meant to reach. As observed repeatedly with overly restrictive limits on other nicotine products, demand does not disappear. Instead, it migrates to the unregulated, untested illicit market, removing the very consumer protections that regulation is meant to provide.

We strongly recommend that Estonia align its nicotine content standard with international best practice, in the range of 16.7 to 20 mg per pouch, to ensure that the regulated market can genuinely serve its intended public health purpose.

6. **Recommendation: Risk-Proportionate Regulation**

We close by reaffirming our strong support for Estonia's decision to regulate nicotine products rather than pursue prohibition. That choice reflects a mature, evidence-based approach to public health — one that acknowledges the reality of nicotine use and seeks to reduce the harm it causes, rather than simply driving it underground. It is precisely because we support that goal that we raise the concerns set out in this submission.

It is important that THR regulation remains risk-proportionate and borrows from best-practices as highlighted above. As an example, ensuring that lobbying disclosure obligations mentioned in the draft act remain proportionate and consistent with the EU Tobacco Products Directive will keep the regulatory environment workable while following a regional standard of transparency. The changes we ask for are modest but consequential. Allowing more flavours and raising the nicotine content limit to align with international standards will determine whether the regulated market can actually serve the smokers it is meant to reach.

Sweden's experience shows what is possible when harm reduction is taken seriously: a smoke-free status achieved not through prohibition but through the availability of well-regulated, adequately dosed alternatives. Estonia can learn from that model. We look forward to supporting the Ministry in developing a framework that delivers the same result for Estonian smokers.

Thank you for the opportunity to submit these comments.

Yours sincerely,

Dr Delon Human, Dr Garrett McGovern, Dr Jacques Le Houezec,
Jessica Perkins, Dr. Hazel Lincy Ebenezer

About the authors

- **Dr Delon Human (South Africa, France)**

  Dr. Human is a physician qualified in family medicine and child health, with an MBA from the Edinburgh Business School. He is a published author and health care consultant specializing in global health strategy, harm reduction and health communication. He has been active in tobacco control for decades, including advocacy for taxes on combustible tobacco to drive down consumer demand. He has acted as adviser to WHO Director-Generals and UN Secretary-General Ban Ki Moon. Formerly, he was Secretary General of the World Medical Association (WMA), the global representative body for physicians and thereafter Secretary General of the International Food and Beverage Alliance (IFBA). He is a fellow of the Russian and Romanian Academies of Medical Sciences. Delon has been involved in harm reduction in tobacco and nicotine, alcohol and drugs for the last 25 years. In clinical medicine, his work focused on tobacco cessation programs, while in medical politics, the development of the FCTC. He was Chair of the coordinating committee for NGOs in preparation of World No Tobacco Day 1999. He authored the book "Wise Nicotine".

- **Dr Garrett McGovern (Ireland)**

  Dr McGovern is a Dublin-based GP specialising in addiction medicine and the Medical Director and Founder of Priority Medical Clinic, a private outpatient addiction treatment programme in South County Dublin. He qualified in medicine from Trinity College Dublin in 1995 and has worked in the treatment of substance misuse since the implementation of the methadone treatment protocol in Ireland in 1998.

  Dr McGovern has extensive experience in alcohol, drug and behavioural addiction, with particular expertise in opioid dependence and evidence-based addiction treatment. He is ICGP Level 2 accredited in the treatment of opiate use and has managed a large caseload of patients with a wide range of addiction-related conditions. In January 2022, he was appointed Clinical Lead for HSE Addiction Services in Louth, Meath and the Midlands.

  He holds a Master's degree in Clinical and Public Health Aspects of Addiction from the National Addiction Centre at King's College London and is a Diplomate of the International Society of Addiction Medicine. He also holds a Professional Diploma in Clinical Leadership from the Royal College of Surgeons of Ireland.

- **Dr Jacques Le Houezec (France)**

  Dr Jacques Le Houezec trained as a neuroscientist in Paris and has been working on nicotine and smoking cessation for 40 years. He is a Consultant in Public Health & Tobacco dependence, and a smoking cessation specialist. He is also Manager of Amzer Glas - CIMVAPE, a training and certification organisation, based in France.

- **Jessica Perkins (UK)**

  Jessica Perkins completed her degree in Chemistry at the University of Southampton and worked as a scientist in the R&D of a multinational company. The focus of her work was the novel implementation, development and testing of analytical devices to characterise the aerosols from reduced-risk products in the tobacco and nicotine industry. She then became an innovation product developer, where she focussed on materials science and device development within the heated tobacco products category. Jessica is now a harm reduction advocate and leads several advocacy platforms, including THR.net, communicating harm reduction science. She is also completing an MBA alongside her work.

- **Dr Hazel Lincy Ebenezer (India)**

  Dr. Hazel Lincy Ebenezer is a Human Rights Consultant based in India. She holds a Ph.D. in Women's Rights Law from Kent Law School, University of Kent, where her research focused on the intersection of law, cultural norms, patriarchy and private forms of violence against women in India. She has also served as an adjunct professor and guest lecturer for bachelor's and master's students. Hazel has dedicated her career to raising awareness and advocating for policies and opportunities that empower individuals and communities across the world.

References:

1. Tobacco Harm Reduction. Retrieved from: https://tobaccoharmreduction.net/
2. WHO Framework Convention on Tobacco Control (2005, February 27). Retrieved from: https://fctc.who.int/convention
3. THR Products: Vaping. Tobacco Harm Reduction. Retrieved from: https://tobaccoharmreduction.net/products/e-cigarettes/
4. THR Products: Nicotine Pouches. Tobacco Harm Reduction. Retrieved from: https://tobaccoharmreduction.net/products/oral-nicotine-pouches/
5. THR Products: Heated Tobacco Products. Tobacco Harm Reduction. Retrieved from: https://tobaccoharmreduction.net/products/heated-tobacco/
6. Clarke et al. Harm Reduction Journal (2019, November 27). Snus: A Compelling Harm Reduction Alternative to Cigarettes. Retrieved from: https://link.springer.com/article/10.1186/s12954-019-0335-1#:~:text=Literature%20reviews%20have%20estimated%20that,for%20smoking%20cessation%20%5B28%5D
7. Tobacco Harm Reduction. Reports. Retrieved from https://tobaccoharmreduction.net/report-hub/
8. Tobacco Harm Reduction. The Case for Flavours. Retrieved from https://media.thr.net/strapi/0cbd3b34cef86dad0032528c324d2f7b.pdf
9. Use of vapes and other novel tobacco and nicotine products among adults in Great Britain. ASH. Retrieved from https://ash.org.uk/resources/view/use-of-e-cigarettes-among-adults-in-great-britain
10. Swedish Institute for Standards (SIS), SIS/TS 72:2024, Nicotine Pouches. Retrieved from https://www.sis.se/en/standards/buyastandard/forkopta-standarder/nicotine-pouches/
11. German Federal Institute for Risk Assessment (BfR), Preliminary health risk assessment of nicotine pouches. Retrieved from https://www.bfr.bund.de/cm/349/preliminary-health-risk-assessment-of-nicotine-pouches.pdf
12. British Standards Institution (BSI), PAS 8877:2022, Tobacco-free oral nicotine pouches — Composition, manufacture and testing — Specification. Retrieved from https://knowledge.bsigroup.com/products/tobacco-free-oral-nicotine-pouches-composition-manufacture-and-testing-specification