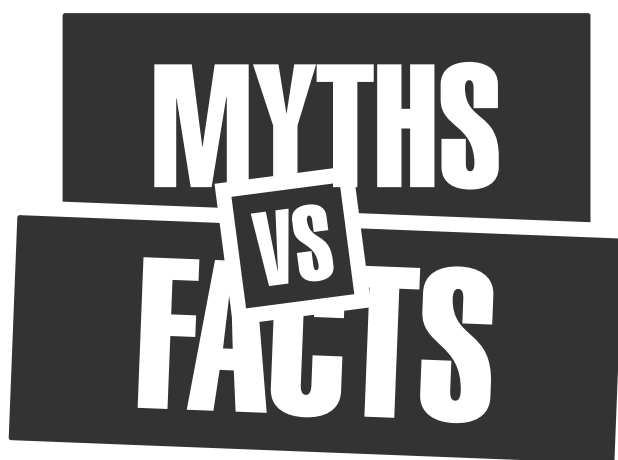


MYTHS VS FACTS

**New and Emerging Nicotine and
Tobacco Products in Nigeria**



Corporate
Accountability &
Public
Participation
Africa

A graphic consisting of two overlapping black rectangular boxes. The top box contains the word 'MYTHS' in white, bold, sans-serif capital letters. The bottom box contains the word 'FACTS' in white, bold, sans-serif capital letters. A smaller black square with the letters 'VS' in white, bold, sans-serif capital letters is positioned between the two boxes, overlapping both.

MYTHS
VS
FACTS

**New and Emerging Nicotine and
Tobacco Products in Nigeria**

Support

This report has been produced with the help of a grant from Vital Strategies on behalf of Bloomberg Philanthropies. The contents of this study are the sole responsibility of Corporate Accountability and Public Participation Africa (CAPPA) and can under no circumstances be regarded as reflecting the positions of the donors.

What this document covers:

As with elsewhere across the world, new and emerging nicotine and tobacco products (NENTPs) are transforming consumption patterns in Nigeria. Marketed as modern, cleaner, or safer alternatives to conventional tobacco, these products are spreading fastest in regulatory grey zones, online environments, and youth-dense spaces. Drawing on established public-health evidence and principles under the World Health Organization (WHO) and the WHO Framework Convention on Tobacco Control (WHO FCTC), this document addresses common myths used to promote these products and sets out the facts that policymakers, educators, parents, and the public need to know.

Why is Tobacco Use Harmful?

Tobacco use is harmful primarily because combustion in traditional cigarettes produces thousands of toxic chemicals, including at least 70 known carcinogens, leading to cancer, cardiovascular diseases, respiratory illnesses, and other non-communicable diseases¹. Second-hand smoke exposure further endangers non-users. While some NENTPs generally avoid combustion, they still deliver addictive nicotine and other harmful substances, with emissions containing toxicants that pose health risks, including to the lungs, heart, and developing brains in youth².

What is Nicotine?

Tobacco use is harmful primarily because combustion in conventional cigarettes produces thousands of toxic chemicals, including at least 70 known carcinogens, leading to cancer, cardiovascular diseases, respiratory illnesses, and other non-communicable diseases. Second-hand smoke exposure further endangers non-users. While some NENTPs generally avoid combustion, they still deliver addictive nicotine and other harmful substances, with emissions containing toxicants that pose health risks, including to the lungs, heart, and developing brains in youth.

What are New and Emerging Nicotine and Tobacco Products?

New and emerging nicotine and tobacco products (NENTPs) are a diverse category of novel items introduced or popularised in recent decades, often designed to appeal to new users—particularly youth—through flavours, sleek designs, and claims of reduced harm. According to the WHO and WHO FCTC, they include, but are not limited to:

- **Electronic Nicotine Delivery Systems (ENDS) and Electronic Non-Nicotine Delivery Systems (ENNDS)**, commonly referred to as e-cigarettes or vapes which are battery-powered devices that heat a liquid (e-liquid) containing nicotine (in ENDS), flavourings, propylene glycol, and/or glycerine to produce an inhalable aerosol. Some versions are nicotine-free (ENNDS) but may still contain substances that are harmful to the health. Emissions include compounds that are toxic to users and bystanders.
- **Heated tobacco products (HTPs)** that use processed tobacco sticks heated (rather than burned) in an electronic device to release nicotine-containing aerosols. Despite industry claims, these are classified as tobacco products under the WHO FCTC, and their emissions still contain harmful chemicals, with no conclusive evidence they are substantially less harmful than conventional cigarettes.

¹ U.S. Dept of Health and Human Services. The Health Consequences of Smoking—50 Years of Progress: A Report of the Surgeon General. Centers for Disease Control and Prevention, U.S. Dept of Health and Human Services; 2014.

² <https://www.who.int/news-room/questions-and-answers/item/tobacco-e-cigarettes>

- **Oral nicotine products**, such as nicotine pouches placed between the lip and gum. They appear as small, pre-portioned pouches containing synthetic or tobacco-derived nicotine powder, flavourings, and additives (often tobacco-free but highly addictive). They deliver nicotine orally without smoke or aerosol but carry risks of dependence, oral health issues, and appeal to non-smokers.

These products are often promoted as alternatives to smoking, despite limited independent evidence supporting population-level harm reduction. In reality, they can initiate nicotine use among non-smokers (especially youth), sustain addiction, and dual use with cigarettes, and undermine tobacco control efforts. The WHO recommends regulating them comprehensively under the FCTC provisions to protect public health.

MYTHS vs FACTS

Myth 1: "Tobacco-free" means safe or non-addictive

Fact: "Tobacco-free" is a marketing label, not a health guarantee. It typically indicates that a product contains no tobacco leaf, not that it is safe or non-addictive. Nicotine remains a highly addictive substance, whether derived from tobacco or produced synthetically, with global health and medical authorities confirming that synthetic nicotine is chemically indistinguishable from tobacco-derived nicotine and carries the same dependence risk³. The World Health Organization recognises nicotine dependence as a serious public-health concern, particularly for adolescents and young people whose brains are still developing. Framing products as "tobacco-free" is designed to bypass stigma and create a false sense of innocence, especially among first-time users and non-smokers, despite the clear evidence that nicotine exposure can reshape brain development and entrench dependence even in the absence of smoke⁴.

Myth 2: "Clean nicotine" means it does not harm the body

Fact: The absence of smoke does not mean the absence of harm. E-cigarettes generate aerosols that deliver nicotine along with other potentially harmful substances, while oral nicotine products deliver nicotine directly into the bloodstream. Rebranding these products as "clean" or modern does not eliminate their health risks. On the contrary, such framing contributes to the re-normalisation of nicotine use, undermining decades of tobacco-control progress. By presenting nicotine as clean and controllable, the industry encourages users to underestimate the risk of addiction and overestimate their ability to regulate use, a misperception that sits at the core of this marketing strategy.

³ Berman ML, Zettler PJ, Jordt SE. Synthetic Nicotine: Science, Global Legal Landscape, and Regulatory Considerations. World Health Organ Tech Rep Ser. 2023;1047:35-60. Epub 2023 Aug 23. PMID: 37745838; PMCID: PMC10516533.

⁴ U.S. Food and Drug Administration. (n.d.). Nicotine: Why tobacco products are addictive. U.S. Department of Health and Human Services. <https://www.fda.gov/tobacco-products/health-effects-tobacco-use/nicotine-why-tobacco-products-are-addictive>

⁵ World Health Organisation. (2017). Guidelines for Implementation of Article 8 of the WHO Framework Convention on Tobacco Control: Protection from exposure to tobacco smoke. <https://fctc.who.int/resources/publications/m/item/protection-from-exposure-to-tobacco-smoke>

Myth 3: "Discreet use anywhere" is simply about convenience

Fact: Nigeria's smoke-free laws are about protecting public spaces from tobacco and nicotine exposure and renormalisation of use. The "discreet use" claims tied to new products are a deliberate strategy to weaken smoke-free norms and enable covert nicotine consumption in schools, workplaces, and other shared environments. This trend undermines the spirit of WHO FCTC Article 8, which seeks to protect people from exposure and to denormalise tobacco and nicotine use⁵. When nicotine consumption is reintroduced into protected spaces, youth exposure increases and quitting becomes more difficult, reversing hard-won public-health gains.

Myth 4: "Flavours are just taste, they do not drive addiction"

Fact: Flavours are a central driver of initiation. Market surveillance and consumer interviews document flavour profiles such as blueberry ice, cola, mango ice, pineapple ice, banana, and watermelon, which soften the harshness traditionally associated with tobacco and recast nicotine use as a personalised lifestyle experience. The World Health Organization has repeatedly warned that sweet, fruity, and confectionery flavours lower barriers to experimentation and disproportionately attract children and adolescents, while Articles 9 and 10 of the WHO Framework Convention on Tobacco Control call for regulation of product contents and disclosures, including additives that increase product attractiveness⁶. In the absence of flavour restrictions, companies freely deploy confectionery cues that would be indefensible for cigarettes under stricter regulatory regimes, normalising early uptake, sustaining use, and making relapse pleasant and routine among young users.

Myth 5: "Eco-friendly" and "sustainable" vapes are good for the environment

Fact: This is greenwashing. Rechargeable pods and refillable devices still generate substantial e-waste, including plastic components, lithium-ion batteries, nicotine residues, and heavy metals.^{7,8} In contexts such as Nigeria, where recycling capacity is limited and informal disposal is widespread, discarded devices accumulate in drains, dumpsites, and waterways. The real cost is externalised: communities and public authorities shoulder the environmental and health burdens, not the companies that profit from selling these products.

⁵ World Health Organisation. (2017). Guidelines for Implementation of Article 8 of the WHO Framework Convention on Tobacco Control: Protection from exposure to tobacco smoke. <https://fctc.who.int/resources/publications/m/item/protection-from-exposure-to-tobacco-smoke>

⁶ World Health Organization. (2017, January 25). Electronic nicotine delivery systems and electronic non-nicotine delivery systems (ENDS/ENNDS). [https://www.who.int/news/item/25-01-2017-electronic-nicotine-delivery-systems-and-electronic-non-nicotine-delivery-systems-\(ends-enns\)](https://www.who.int/news/item/25-01-2017-electronic-nicotine-delivery-systems-and-electronic-non-nicotine-delivery-systems-(ends-enns))

⁷ Hendlin, Y. G., et al. (2018). Alert: Public health implications of electronic cigarette waste. *American Journal of Public Health*, 108(11), 1489–1490. <https://pmc.ncbi.nlm.nih.gov/articles/PMC6187764/> Notes that e-cigarettes (including rechargeables) qualify as hazardous waste due to nicotine, heavy metals, and batteries; improper disposal leaches toxins, with costs externalized as no widespread producer responsibility exists.

⁸ Tattan-Birch, H., et al. (2023). A scoping review on e-cigarette environmental impacts. *Tobacco Prevention & Cessation*, 9(October).

<https://pmc.ncbi.nlm.nih.gov/articles/PMC10542855/> Concludes e-cigarette waste (including from rechargeables) exceeds traditional cigarettes in components; biohazard (nicotine/heavy metals) and e-waste risks are amplified in weakly regulated settings, shifting burdens to vulnerable communities.

Myth 6: These products help people quit smoking

Fact: At the population level, evidence increasingly shows that new and emerging nicotine products are associated with dual use, initiation among non-smokers, and sustained dependence rather than cessation. Many users continue to smoke while using alternative products, weakening quit attempts and prolonging nicotine addiction. The WHO has also cautioned against unsubstantiated harm reduction claims and consistently emphasises that declines in smoking are driven by proven tobacco-control measures such as taxation, advertising bans, smoke-free laws, and strong health warnings, not by industry-promoted alternatives⁹.

Myth 7: Campaigns like "Quit Like Sweden" prove success

Fact: Such narratives are selective. Countries with low smoking prevalence achieved progress through high tobacco taxes, comprehensive advertising bans, strong health warnings, and smoke-free laws, all core pillars of the WHO FCTC. Alternative nicotine products are often presented without acknowledging this regulatory context. These imported narratives are also being used to justify weak regulation in settings like Nigeria where youth exposure, enforcement gaps, and online marketing are already intense. It is for the very reason that WHO FCTC Article 5.3 urges governments to protect public-health policy from commercial and other vested interests of the tobacco industry¹⁰.

Myth 8: New nicotine products are a trendy lifestyle choice and a sign of technological progress

Fact: Presenting nicotine products as lifestyle or technological innovations obscures their primary function as drug-delivery systems designed to sustain nicotine dependence. It blurs the line between consumer electronics and drug delivery, making parents, teachers, and even regulators slower to recognise what they are dealing with. Changes in design or delivery do not alter the addictive nature of nicotine or its well-documented public-health risks.

Myth 9: "Budget-friendly means low risk"

Fact: Affordability is a market-expansion strategy. Evidence shows that pricing structures are designed to create low-barrier entry points for experimentation, while simultaneously offering premium tiers for repeat users. The ultimate trap is that dependence turns what appears "cheap" into recurring expenditure, with escalation to higher nicotine strengths becoming normalised over time.

⁹ World Health Organisation. (2023). Electronic cigarettes: Call to action. <https://www.who.int/publications/m/item/electronic-cigarettes—call-to-action>

¹⁰ WHO's Q&A on e-cigarettes, cautioning against industry-driven presentations of alternatives: World Health Organization. (n.d.). Tobacco: E-cigarettes. <https://www.who.int/news-room/questions-and-answers/item/tobacco-e-cigarettes>

Conclusion

The proliferation of new and emerging nicotine and tobacco products in Nigeria represents a calculated industry strategy to recruit a new generation of nicotine-dependent consumers, particularly among youth who have largely rejected conventional cigarettes due to decades of tobacco control progress. Behind the appealing designs, enticing flavours, discreet formats, and sophisticated marketing lies a familiar goal: sustained addiction for profit.

The myths examined in this document—ranging from “tobacco-free” safety to “eco-friendly” sustainability and unproven cessation claims—are deliberate tools designed to confuse policymakers, mislead parents and educators, and lower barriers to experimentation. In a context where regulatory frameworks are still evolving, online marketing is largely unchecked, and enforcement capacity remains limited, these narratives exploit gaps to normalise nicotine use once again.

Evidence from the World Health Organization and independent public health research is clear: there is no safe level of nicotine exposure for young people, no conclusive proof that these products drive population-level smoking cessation, and no justification for treating them more leniently than conventional tobacco. On the contrary, they threaten to reverse hard-won gains in tobacco control, increase youth addiction, perpetuate health inequities, and impose new environmental burdens.

Nigeria has the opportunity, and the obligation to act decisively. Government should:

- Strengthen existing tobacco control laws and regulations to comprehensively cover all new and emerging nicotine and tobacco products under the WHO FCTC.
- Address regulator gaps around flavours that appeal to children, online and point-of-sale marketing, and unsubstantiated health claims.
- Enforce smoke-free and vape-free public spaces to protect non-users and denormalise nicotine use.
- Protect public health policy from tobacco and nicotine industry interference, in line with Article 5.3 of the WHO FCTC.

Parents, teachers, health professionals, and community leaders also have vital roles. They should recognise these products for what they are, educate young people about the risks of nicotine in any form, and advocate for stronger protections. By rejecting industry myths and grounding decisions in evidence-based public health principles, Nigeria can safeguard its youth, protect public health, and build on its tobacco control achievements. The future health of millions depends on choosing facts over fiction today.

About CAPP

Corporate Accountability and Public Participation Africa (CAPP) is a pan-African nongovernmental organization that works to advance human rights and public services, challenge corporate abuse of natural resources, and build community power for participatory governance. CAPP is dedicated to nurturing movements of African communities and a new generation of leaders working shoulder to shoulder to demand democratic governance of natural resources, accountability from power structures, inclusive participation in development processes, and an end to all forms of corporate and state abuse. CAPP envisions a continent whose development path is designed, modelled and executed by Africans - respecting and guaranteeing human rights, enabling social justice, and ensuring harmony with the environment.



Corporate
Accountability &
Public
Participation
Africa

Lagos Office: 1A, Adekunle Owobiyi close,
Off Oladele Kadiri, Off Nob Oluwa Street, Ogba,
Lagos State, Nigeria.
Tel: +2348029301614

Abuja Office: House 4, Cowries Estate, Off Emmanuel
Mbaka Boulevard, by VON, Lugbe, Abuja, Nigeria.
Tel: +2347085915879

Email: info@cappafrica.org