



17 December 2025

To: His Excellency Professor Muhammad Yunus
Hon'ble Chief Adviser
Government of the People's Republic of Bangladesh

Cc: His Excellency Dr. Salehuddin Ahmed
Hon'ble Finance Adviser
Government of the People's Republic of Bangladesh

RE: Proposed prohibition on reduced risk nicotine products.

Dear Professor Yunus,

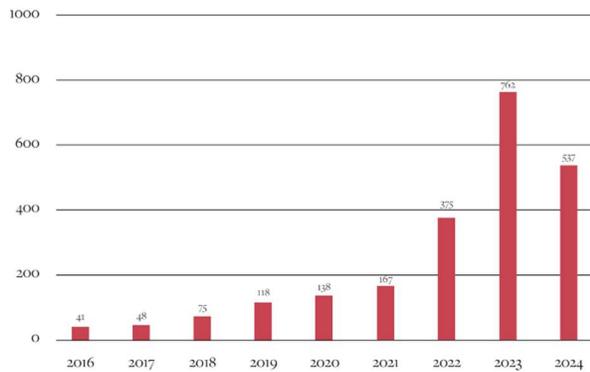
I am writing to you on behalf of Prohibition Does Not Work (PDNW), an international network of leading think tanks and policy experts focused on advancing evidence-based harm-reduction policies that demonstrably improve public health outcomes, to strongly urge the Government of Bangladesh to consider the impact of a blanket prohibition of reduced risk nicotine products, as opposed to risk-proportionate, enforceable regulatory framework that protects youth, promotes public health, and curbs the growing black market.

In January 2025 Bangladesh Government introduced a ban on the importation of vapour and heated tobacco products through an import policy order¹. Currently, the interim government is actively considering an outright and comprehensive prohibition for all safer nicotine products, banning the manufacturing, marketing, sale and even use of all these categories. PDNW's assessment is that such a policy would be profoundly counterproductive, and will ultimately hurt rather than help public health, in addition to creating disastrous consequences for the economy, and benefit organized crime.

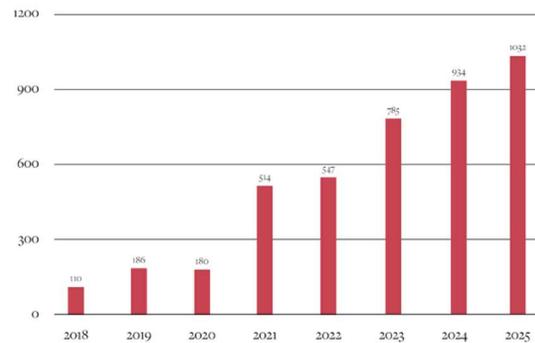
A substantial and growing body of international evidence demonstrates that non-combustible nicotine products are significantly less harmful than combustible cigarettes and can play a critical role in reducing smoking-related disease. Public health authorities in the United Kingdom, New Zealand, Japan, and Sweden have acknowledged that providing adult smokers with access to regulated, lower-risk alternatives accelerates smoking cessation, reduces exposure to toxicants, and lowers long-term healthcare costs. Prohibiting these products does not eliminate nicotine use; it preserves smoking as the only option with predictable negative consequences for population health.

¹ <https://www.thedailystar.net/business/news/govt-bans-import-e-cigarettes-3793901>

ECigIntelligence estimates on the size of the Australian vapour product market, including both legal and illicit sales (min. USD, ECI)



ECigIntelligence estimates on the size of the Brazilian vapour product market, in USD millions.



In addition to the public health benefits of allowing smokers to quit through the use of reduced risk products, Prohibition Does Not Work has conducted extensive, comparative analysis of the real-world effects on the prohibition of reduced risk nicotine products in countries where they have been tried. One of the case studies that the ‘Prohibition Does Not Work’ network examined is Brazil – a country where vapour products have been formally prohibited for over fifteen years,ⁱ and where several subsequent reviews by health authorities have opted to maintain the prohibition. Another case study analysed by the network is Australia, where vapour products were effectively prohibited through their classification as poisons under medicines law,ⁱⁱ the subsequent implementation of onerous prescription requirements for legal access,ⁱⁱⁱ and finally, by regulations allowing sales^{iv} only under the strictest product and retailing restrictions resulting in one of the most restrictive consumer-access regimes globally.²

These cases conclusively demonstrate that prohibitionist approaches – regardless of whether they are official or the de facto result of excessive regulation – fail to suppress demand and instead displace it entirely into illicit channels. Instead, they create optimal conditions for the rapid expansion of organised criminal markets: In Australia, a 2024 parliamentary inquiry estimated the value of the black market to be between USD 750 million and 1.3 billion,^v while in Brazil, nicotine market data provider E-CigIntelligence estimated the size of the illicit market at USD 1.03 billion in 2025.

These sums represent foregone tax revenues that could otherwise be directed to public health priorities if the products were properly regulated and taxed. Instead, the estimated 3.4% of Brazilian adults^{vi} and 6.8% of Australian adults^{vii} who regularly vape are filling the coffers transnational organised criminal enterprises that have taken control of these markets, who frequently reinvest the resulting funds into other criminal ventures including drug trafficking, weapons procurement and the corruption of public officials.^{viii}

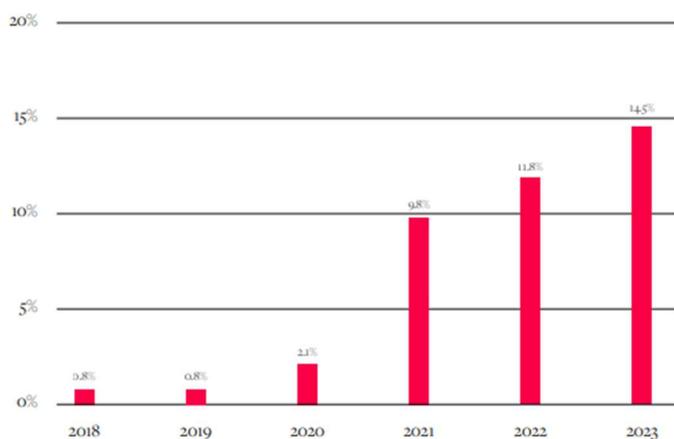
² These include, among others, restricting sales to the small proportion of pharmacies that choose to stock the products, stringent restrictions on flavours and ingredients, plain packaging requirements, and device standardisation requirements.

Worse, by abandoning control of the market to unscrupulous illegal vendors and criminal groups who do not follow any ingredient or product standards, Bangladesh is effectively allowing the exposure of hundreds of thousands of local vapers^{ix} to untested and potentially dangerous products. In the two example countries – where years of prohibition have seen the market completely taken over by organised crime – seized products have been found to contain poorly-formulated e-liquids containing highly toxic substances such as arsenic, zinc, heavy metals and – in a few isolated cases – even narcotics such as amphetamines and synthetic opioids.^{x xi}

In enacting prohibition, Bangladesh is effectively shifting sales from regulated channels to illegal vendors who – already being in breach of the law by selling the products illicitly – have no qualms about selling to the underage. Evidence shows that paradoxically, bans have actually made vapour products more accessible to the underage, with usage rates among 14-17-year-old Australians increasing over 18-fold between 2018 and 2023.^{xii}

Critically, the lack of legal access to less harmful alternatives to cigarettes in Australia and Brazil has directly contributed to smoking rates in both countries to remaining at unacceptably high levels, having even seen an increase in 2024 in Brazil, from 9.3% to 11.6%^{xiii}, and falling only slightly from 12.3% in 2018 to 11.8% in 2023^{xiv} in Australia.

Current (i.e. at least once monthly) vaping rates among Australian 14- to 17-year-olds. (MoH)



A direct regional warning is evident in India, which shares boarder with Bangladesh. Despite the entry into force of the [Prohibition of Electronic Cigarettes Act](#) in 2019, evidence shows that the products remained widely and openly available from both hundreds of online sources^{xv} and as many as 18.6% of in-person retailers.^{xvi} The pervasiveness of a local black market is demonstrated by the systemic enforcement failures faced by authorities when trying to enforce the ban^{xvii} as well as the frequency with which they report large-scale seizures, one of which recovered products worth INR 680 million (7.5 million USD) in a single operation.^{xviii}

Effective regulation demonstrably protects minors and offers adult smokers access to safer alternatives. PDNW believes that such a framework should clearly define these products in law; set and strictly enforce age-of-sale laws in all retail settings, and set robust product standards and testing requirements. Regulating safer nicotine products will would generate a sustainable and predictable revenue stream revenue. It is also a key sector that will attract foreign direct investments which is of crucial importance for a local economy at a time of heightened economic pressure.

Bangladesh has an extraordinary opportunity to strengthen its tobacco-control success by choosing regulation over prohibition. A risk-proportionate framework will protect young people, support smokers who want to switch to safer alternatives, limit criminal activity, and secure vital tax revenue for public

health. Prohibition has failed consistently and predictably wherever it has been implemented, and Bangladesh should not knowingly repeat that mistake.

PDNW urges the government of the Republic of Bangladesh to examine the evidence on the failure of prohibitionist policies and consider the public health and economic opportunities from allowing consumers to legally purchase products proven to be beneficial to public health.

We have attached a report to this letter detailing this issue in further detail, and please do not hesitate to reach out if there is any further way we may be of assistance.

Sincerely,

Tim Andrews
Director of Consumer Issues
The Tholos Foundation

Spokesperson
Prohibition Does Not Work

ⁱ [RDC Resolution No. 46. Brazilian National Health Surveillance Agency, 2009](#)

ⁱⁱ [Record of Reasons – 54th Meeting, 14-15 October, National Drugs and Poisons Schedule Committee, 2008](#)

ⁱⁱⁱ [Notice of final decision to amend the current Poisons Standard – nicotine, Therapeutic Goods Administration, 2020](#)

^{iv} [Therapeutic Goods and Other Legislation Amendment \(Vaping Reforms\) Bill 2024, Australian Parliament, 2024](#)

^v [E-Cigarette use in Victoria, Victoria Parliamentary Budget Office, 2024](#)

^{vi} [Vigitel Brazil: Smoking and Alcohol Abuse, Brazilian Ministry of Health, 2023](#)

^{vii} [Prevalence of e-cigarette use, Tobacco in Australia – Facts & Issues, 2025](#)

^{viii} [Brazil could lose R\\$7.7 billion to e-cigarette smuggling in 2025, UOL, 2024](#)

^{ix} [E-Cigarette Vaping in Bangladesh, Global State of Tobacco Harm Reduction, 2025](#)

^x [Vapour Product Regulation in Australia: A Case Study in Failure, Prohibition Does Not Work, 2025](#)

^{xi} [Vapour Regulation in Brazil, Prohibition Does Not Work, 2025](#)

^{xii} [Current vaping and smoking in the Australian population aged 14 years or older – February 2018 to March 2023, Global Centre for Good Governance in Tobacco Control, 2023](#)

^{xiii} [Brazil records increase in smokers for the first time since 2007, UOL, 2025](#)

^{xiv} [Current vaping and current smoking in the Australian population aged 14+ years, Department of Health and Aged Care, 2023](#)

^{xv} [Online sales compliance with the electronic cigarettes ban in India: a content analysis, National Library of Medicine, 2020](#)

^{xvi} [E-cigarette retailer storefront availability following a nationwide prohibition of e-cigarettes in India: A multicentric compliance assessment, National Library of Medicine, 2020](#)

^{xvii} [Implementation of the E-cigarette Ban in India: Findings from Key Informant Interviews, Global Tobacco Control, 2024](#)

^{xviii} [India's Vape Ban: A Case Study in Unintended Consequences, 2 Firsts, 2025](#)