

REPORT



Tale of Two Nations

Vol 2: A comparative study of how Kenya and Sweden are faring in the fight against smoking



Overview

The global fight against smoking has shown that countries adopting progressive policies and innovative solutions are making the greatest strides in reducing smoking-related harm.

This report examines the differing approaches of Kenya and Sweden, offering a stark contrast in policy direction.

While Sweden is achieving world-leading results by embracing harm reduction and safer alternatives, Kenya is moving toward stricter regulations that could undermine the potential of these lifesaving innovations.

Different directions

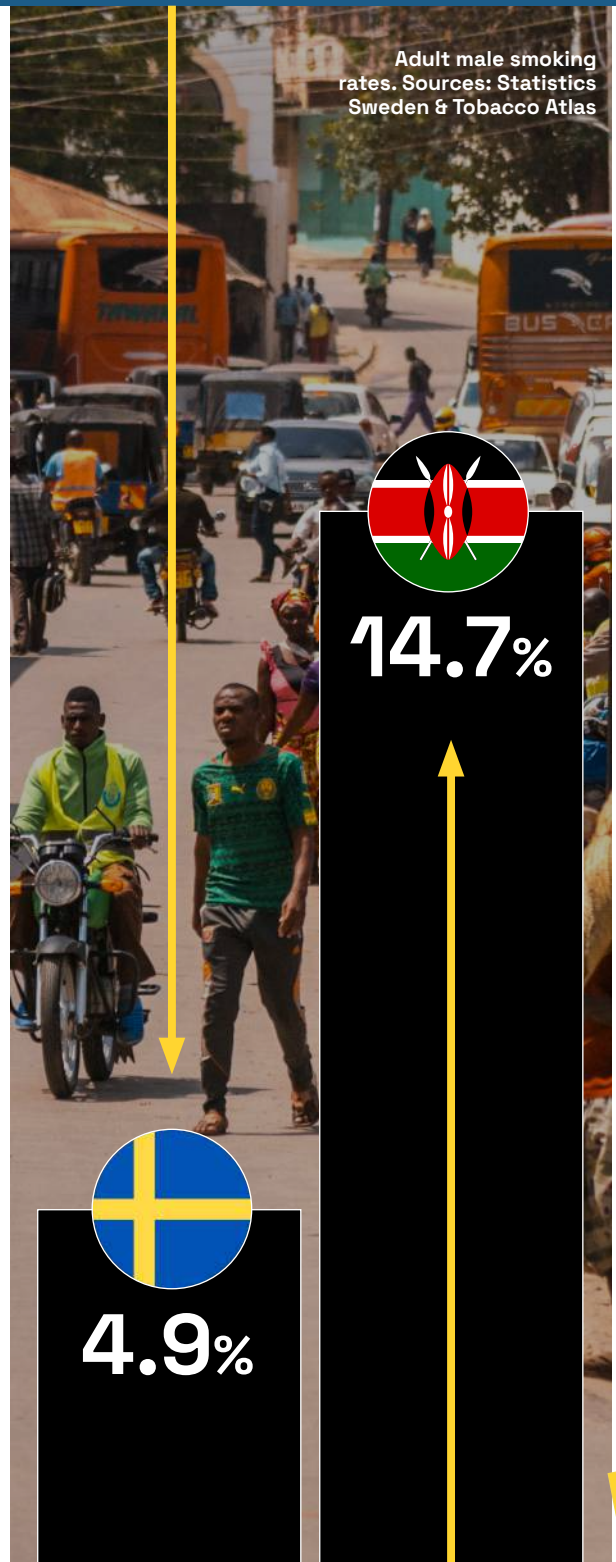
Kenya has a smoking problem. Almost 15% of its adult males smoke,¹ and traditional tobacco control measures are failing to reduce this stubbornly high number. It's a dilemma facing many of its neighbours across the African continent.

More than 10,000km away in a corner of Europe, a very different story is playing out. Sweden has slashed its smoking rates to some of the lowest in the world, largely thanks to safer nicotine alternatives such as snus, vapes and oral nicotine pouches.

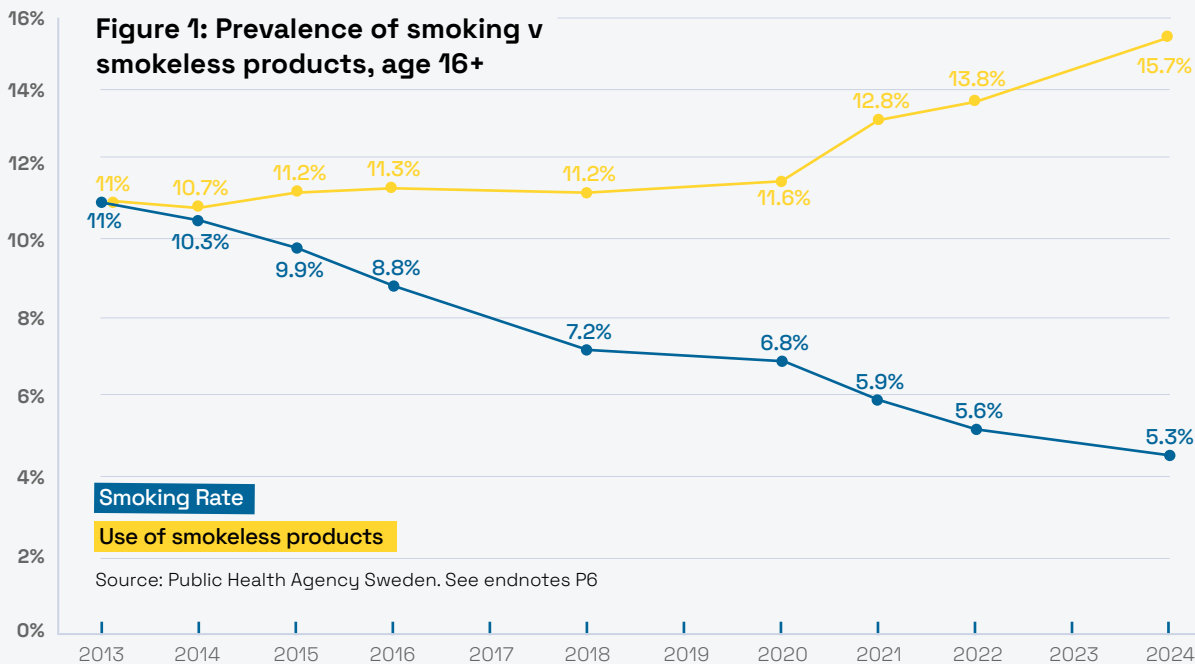
Although half of all Swedish men smoked a few decades ago, **Sweden's male smoking rate is now just one third of Kenya's**, and it continues to fall. While Swedes enjoy the lowest incidence of smoking-related disease in Europe, combustible cigarettes continue to kill 12,000 Kenyans annually.²

So, what's Sweden got right that Kenya could learn from? Both countries have a history of using oral stimulants. Swedes have traditionally used snus, which public health policy recognised as far less risky than smoking and promoted as a safer alternative. In Kenya, while there is a history of using stimulants like khat, lawmakers have been reluctant to embrace oral nicotine pouches and other alternatives despite their lower health risks.

A recent draft tobacco bill imposing strict regulations on alternatives like e-cigarettes and nicotine pouches could prevent Kenya from following Sweden's successful path. While Sweden promotes these alternatives for harm reduction, Kenya risks missing an opportunity to significantly reduce smoking rates through a misguided restrictive approach.



Sweden's journey to smoke free



Smoke free
is defined as
less than

5%

of adults
smoking

55%
fewer
smokers

In the early 1960s, Sweden faced a major public health crisis, with nearly half of its male population smoking cigarettes. Today, the situation has transformed dramatically, with Sweden's smoking prevalence nearing the 5% global benchmark for 'smoke free' status.

Sweden's incidence of lung cancer is 41% lower than the rest of its European counterparts, corresponding to a 38% lower level of total cancer deaths.³

This health revolution has been achieved by bold policy initiatives firmly based in science.

Rather than opposing all nicotine products, Sweden embraced safer alternatives. Beginning with traditional snus and later incorporating vaping (2015) and nicotine pouches (2018), the Swedes made these less harmful products acceptable, accessible and affordable to adult smokers.

As a result, Sweden's smoking rates have fallen 55% in the past decade. Latest official data from the public health agency shows that the number of Swedish-born over-16s who smoke cigarettes has dropped to 4.5%, well below the global benchmark for smoke free status.

Remarkably, it also reveals that Swedish citizens born elsewhere in Europe would on average be three times more likely to smoke if they had not moved to Sweden. Average smoking rates in Europe (24%) are five times higher than Sweden's.

Sweden's success stems from prioritising harm reduction over prohibition. A diverse range of safer nicotine products is legally available both online and in stores, with advertising permitted to raise awareness.

The government applies proportional taxation to keep smoke-free products more affordable than cigarettes. This approach, combined with public education, has enabled Swedish consumers to make healthier choices.

The Swedish Parliament has now formally adopted tobacco harm reduction as policy, shifting focus from "reducing consumption" to "reducing harm" – establishing Sweden as a global leader in public health innovation.

This transformation represents decades of challenging conventional tobacco control wisdom. While other nations fought all forms of nicotine, Sweden chose pragmatic harm reduction and the nation is now reaping the public health dividend.

Opposing voices

SWEDEN

On December 11 2024, the Swedish Parliament voted overwhelmingly to change the overall goal of their national tobacco strategy from focusing on “reduced tobacco use” to instead read “reduced medical and social harm caused by alcohol and tobacco and nicotine products.”

The [Riksdag’s Budget](#) stated: “...**tobacco policy must consider the varying harmful effects that various tobacco and nicotine products can cause... Cigarettes and smoking tobacco pose a greater health hazard than smokeless tobacco and nicotine products... This approach is also reflected in the taxation of these products in Sweden and must also be reflected in the target for tobacco policy.**”

KENYA

In February 2024, Kenya’s Public Health Principal Secretary Mary Muthoni announced a “massive crackdown” to “wipe out” pouches and vapes.⁴

In January 2025, PS Muthoni stated: “Research has shown that these substances have dire health implications in the future.”⁵



Escape route

Just as buildings have escape routes or doors in case of fire, smokers seeking to quit have multiple ‘escape routes’ from the dangers of combustible cigarettes.

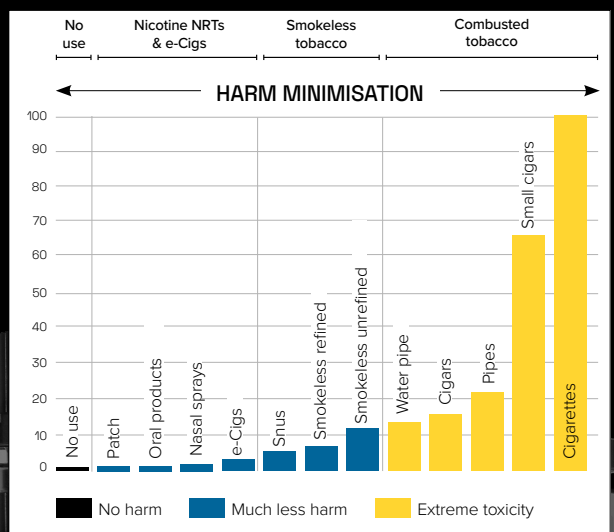
Nicotine pouches, vapes and snus offer safer alternatives that can help smokers transition away from the harmful effects of combustible cigarettes. That is because the vast majority of harm caused by smoking comes from thousands of toxins released by the burning of tobacco in combustible cigarettes.

Evidence of how much safer these alternative products are is abundantly clear.

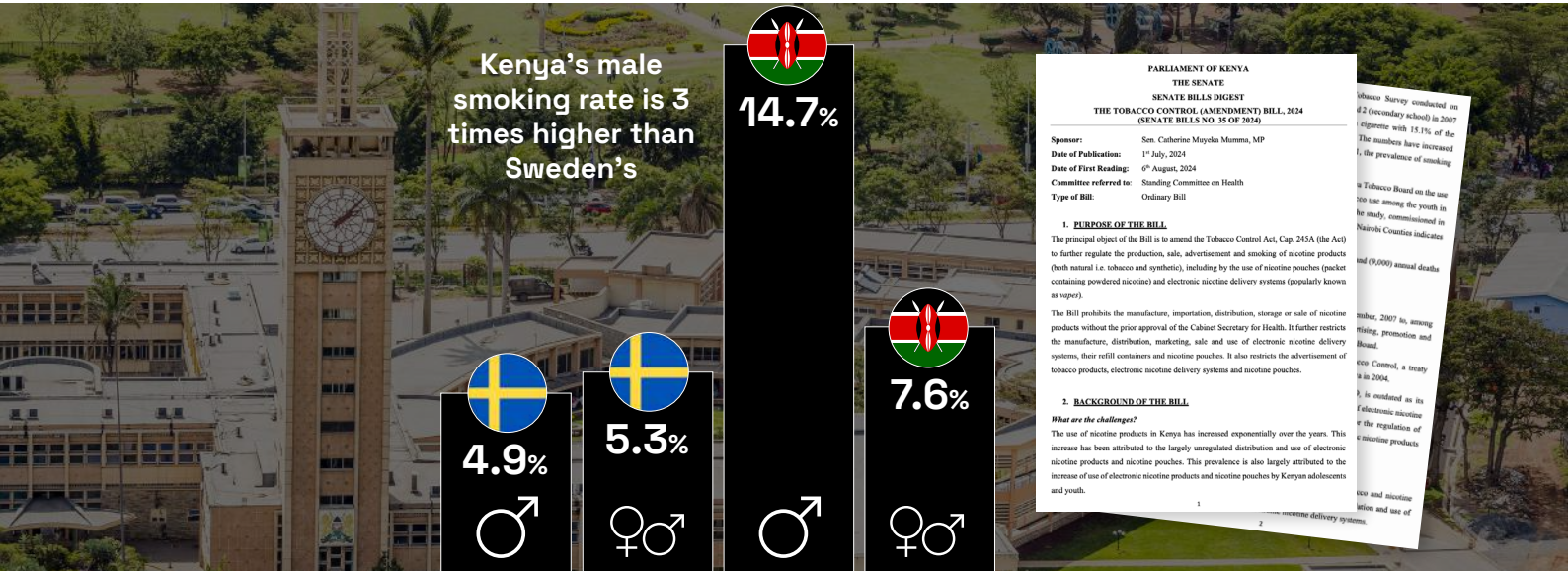
For example, the UK Royal College of Physicians (RCP)⁶ states that the health hazards arising from long term vapour inhalation from e-cigarettes is unlikely to exceed 5% of the harm from smoking tobacco.

In other words, e-cigarettes are 95% less harmful than cigarettes. Oral nicotine products, such as nicotine pouches, are even less harmful.

A visualisation of the relative harm of all products available for purchase in Sweden can be found in this table, from the [Oral Nicotine Commission 2020 Report](#).



Is Kenya blocking the escape route?



Kenya's overall smoking prevalence of 7.6% masks a significant gender divide: male smoking at 14.7% versus female smoking at just 0.7%.

While this disparity reflects strong social taboos against female smoking, evidence from similar contexts suggests such cultural barriers often lead to underreporting and the use of alternative tobacco products.

Recent research in comparable regions reveals that women subject to smoking stigma frequently turn to chewing tobacco or obtain cigarettes through informal channels, making accurate prevalence assessment difficult. This pattern of hidden consumption undermines the effectiveness of stigma as a tobacco control strategy.

The limitations of this approach become clear when comparing outcomes with Sweden, where smoking rates have dropped to 4.9% among men through the availability of reduced-risk alternatives. Sweden's success stems from prioritising harm reduction over stigmatisation, allowing smokers to transition to safer products while maintaining personal autonomy.

As Kenya's lawmakers seek to update tobacco control measures and regulate the latest innovations, they have the chance to learn from these lessons and set a progressive example for tobacco harm reduction in Africa.

However, provisions in the Tobacco Control (Amendment) Bill 2024 currently being considered are in stark contrast to the model adopted by Sweden and risk undermining efforts to reduce smoking rates.

By imposing harsh restrictions on safer nicotine alternatives – including flavour bans, excessive health warnings and prohibitive licensing requirements – this Private Members' Bill effectively protects the cigarette market while criminalising harm reduction.

The bill equates nicotine pouches with combustible cigarettes despite substantial evidence of their lower risk profile. This approach particularly disadvantages resource-limited communities where these smoke-free, tobacco-free products could offer practical alternatives to combustible cigarettes.

Kenya's stubbornly high male smoking rates, which have shown minimal decline after years of traditional tobacco control measures, prove that a new approach is needed.

Any new legislation should embrace evidence-based harm reduction policies that have proven successful in reducing smoking rates. Restrictions that block adult smokers from accessing safer alternatives risk perpetuating rather than solving the country's smoking challenge.

Conclusions

- 1. Harm Reduction vs. Traditional Measures:** Sweden's success through harm reduction strategies (snus, vapes, pouches) contrasts with Kenya's limited progress using traditional tobacco control measures.
- 2. Policy Direction Matters:** Progressive harm reduction policies yield better public health outcomes than restrictive approaches, as shown by Sweden and Kenya's differing results.
- 3. Cultural Relevance:** Sweden successfully incorporated culturally relevant tools like snus, while Kenya has resisted modern alternatives despite its history with oral stimulants.
- 4. Public Health Campaigns:** Sweden's success relied on targeted campaigns providing factual information about harm reduction products.
- 5. Potential Missed Opportunities in Africa:** With a billion people in Africa, Kenya's strict regulations on safer alternatives could prevent significant smoking reduction across the continent, missing opportunities to save lives through proven harm reduction strategies.

Recommendations

- 1. Adopt Harm Reduction Strategies:** Kenya should consider Sweden's approach of promoting safer alternatives.
- 2. Regulatory Balance:** Any legislation should protect public health while maintaining accessibility of harm reduction products.
- 3. Public Health Campaigns:** Launch educational campaigns about harm reduction benefits.
- 4. Monitor and Evaluate:** Track impact of harm reduction strategies and adjust policies accordingly.
- 5. Address Cultural Context:** Integrate harm reduction products within existing cultural practices.
- 6. Address Youth Uptake:** Implement safeguards against youth use while promoting safer options to adult smokers.

Learning from Sweden's experience and embracing harm reduction can help Kenya improve public health outcomes.

- 1:** The Tobacco Atlas - [Country factsheet Kenya](#)
- 2:** Tobacco Control Data Initiative - [Health Burden of Tobacco Use in Kenya](#)
- 3:** Ramström, L. (2020) - Institute for Tobacco Studies. [Death rates per 100,000 attributable to tobacco – Sweden and the rest of the EU in 2019](#). Compiled from The Global Burden of Disease Study
- 4:** The Star - [State announces crackdown on illegal nicotine products](#)
- 5:** Citizen Digital - [MoH warns youth against harmful vape, nicotine use](#)
- 6:** Royal College of Physicians - [Nicotine without smoke: Tobacco harm reduction, 2016](#)

Prevalence of smoking v smokeless products graph P3:

Folkhälsomyndigheten - [Användning av tobaks- och nikotinprodukter \(självrappporterat\) efter födelseland, kön och år. Andel \(procent\)](#)



About the authors

DR. DELON HUMAN

South Africa, France

Dr. Delon Human is a specialist family physician and global health advocate. He is the former Secretary-General of the World Medical Association, International Food and Beverage Alliance and Co-founder of the African Harm Reduction Alliance (AHRA). He has acted as an adviser to three WHO Directors-General and to the UN Secretary-General on global public health strategies.



MR. JOSEPH MAGERO

Kenya - Chairman,
Campaign for Safer
Alternatives (CASA)

Joseph Magero, (MPP - Public Policy), is the Chairman of Campaign for Safer Alternatives (CASA), a pan-African organisation that advocates for the adoption of tobacco harm reduction policies in Africa. As the unifying voice for consumer organisations, CASA promotes the exchange of information and potential actions to reduce exposure to smoking-related harm.

