

Herbal smoking products: A neglected frontier in global tobacco control

Komal Rewatkar¹*, Noopur Kokane¹*, Sachin Khatri¹*

Dear Editor,

During our participation in the World Conference on Tobacco Control (WCTC) in Dublin, we were inspired by the diversity of evidence-based strategies aimed at curbing tobacco use globally. However, amid discourse on electronic nicotine delivery systems (ENDS), heated tobacco products (HTPs), and combustible tobacco, one glaring omission was the issue of herbal smoking products (HSPs), an under-regulated category that is quietly gaining popularity, particularly in countries like India.

Contrary to public perception, herbal smoking products such as herbal hookahs, herbal bidis, and non-tobacco cigarettes are not harmless alternatives¹. Although these products are marketed as nicotine-free, multiple studies have shown that their combustion generates harmful substances, including polycyclic aromatic hydrocarbons (PAHs), volatile organic compounds (VOCs), and carbon monoxide². The World Health Organization (WHO) clearly states that the absence of nicotine does not eliminate the danger posed by other toxicants created during burning³.

In India, herbal hookah parlors have emerged as fashionable social spots, especially among adolescents and young adults⁴. Their operators exploit loopholes in national legislation such as the Cigarettes and Other Tobacco Products Act (COTPA) 2003, which currently omits herbal smoking products from the definitions governing advertising restrictions, health warnings, and public place usage⁵. This regulatory void emboldens aggressive marketing, with over 87% of online videos and 67% of Instagram content portraying herbal hookahs as 'healthy' and free from health risks, despite lacking credible scientific validation⁴.

HSPs may also serve as initiation products that normalize the act of smoking. This behavioral priming may pave the way for subsequent use of nicotine-containing substances, aligning with the 'gateway hypothesis'. What makes this particularly concerning is that young users often perceive herbal products as benign due to their 'natural' labeling, a deceptive marketing tactic similar to those historically used by the tobacco industry to downplay harms from light or filtered cigarettes⁶.

The mirage of safety created by these products mirrors the broader harm reduction narrative advanced by the global tobacco industry in the context of e-cigarettes and HTPs. Studies have shown that such strategies, while promoted as scientifically sound, are frequently designed to maintain consumer dependence and delay cessation⁷. By promoting a false dichotomy between 'safe' and 'unsafe' forms of smoking, this narrative serves more as a profit-driven distraction than a true public health intervention⁸.

It is imperative that global and national regulatory frameworks be urgently updated to include herbal smoking products. COTPA Sections 4, 5, and 7 pertaining

AFFILIATION

1 Department of Public Health Dentistry, Government Dental College and Hospital Nagpur, Nagpur, India

*Contributed equally

+ Co-first authors

CORRESPONDENCE TO

Noopur Kokane. Department of Public Health Dentistry, Government Dental College and Hospital Nagpur, Nagpur, Maharashtra, India

E-mail: nkokanegupta@gmail.com

KEYWORDS

COTPA, tobacco regulation, herbal smoking

Received: 2 August 2025

Revised: 1 October 2025

Accepted: 9 January 2026

to public smoking bans, advertising restrictions, and pictorial health warnings should be expanded to cover all forms of combustible products, irrespective of their nicotine or tobacco content⁹. International guidelines, including the WHO Framework Convention on Tobacco Control (FCTC), can further regulate these products with enhanced scrutiny.

Public health campaigns should be recalibrated to address the risks of herbal smoking, emphasizing that 'herbal' does not mean harmless. Research-based awareness campaigns, school-level interventions, and social media regulation are critical to disrupting the misinformation cycle in order to safeguard the youth.

As public health professionals, we emphasize the urgent need to re-evaluate and regulate herbal smoking products. Unchecked proliferation of these products may facilitate a resurgence of smoking behaviors that circumvent existing tobacco control measures.

REFERENCES

1. Rewatker K, Kokane N, Khatri S, Kuthe S, Kant H, Yadav N. From tobacco to herbal smoking: are healthcare professionals ignoring a new epidemic. *Front Health Inform.* 2024;13(8):2590-2601.
2. Abdel Rahman RT, Kamal N, Median A, Farag MA. How do herbal cigarettes compare to tobacco? A Comprehensive review of their sensory characters, phytochemicals, and functional properties. *ACS Omega.* 2022;7(50):45797-45809. doi:[10.1021/acsomega.2c04708](https://doi.org/10.1021/acsomega.2c04708)
3. World Health Organization. Advisory Note: Waterpipe Tobacco Smoking: Health Effects, Research Needs and Recommended Actions by Regulators. World Health Organization; 2005. Accessed January 9, 2026. <https://iris.who.int/server/api/core/bitstreams/1d04afa8-c534-4659-b39e-0dd634098957/content>
4. Kokane N, Khanke V, Khatri S, Nikhar Y. Deceptive allure: the tobacco industry's targeted hookah marketing to youth and its public health impact. *Asian Journal of Public Health Practice.* 2024;1(2):54-56. doi:[10.4103/AJPHP.AJPHP_39_24](https://doi.org/10.4103/AJPHP.AJPHP_39_24)
5. Gupta R, Bhatt G, Singh R, Chahar P, Goel S, Singh R J. Enforcement of COTPA in India- current status, challenges and solutions. *Indian J Tuberc.* 2025;72(1):94-97. doi:[10.1016/j.ijtb.2024.06.007](https://doi.org/10.1016/j.ijtb.2024.06.007)
6. Kokane N, Khatri S, Rewatkar K, Jaiswal A, Ingole R, Gangotri S. Herbal smoke deception: hidden dangers among youth and the urgent call for regulation. *J Chem Health Risks.* 2024;14(1):1711-1714.
7. Nikhar Y, Khanke V, Kokane N, Khatri S, Datarkar SA, Ingole R. Critical analysis of harm reduction tactics and the illusion of safety created by the tobacco industry. *J Chem Health Risks.* 2024;14(6):1073-1077.
8. Hurt RD, Robertson CR. Prying open the door to the tobacco industry's secrets about nicotine: the Minnesota Tobacco Trial. *JAMA.* 1998;280(13):1173-1181. doi:[10.1001/jama.280.13.1173](https://doi.org/10.1001/jama.280.13.1173)
9. WHO Framework Convention on Tobacco Control. Guidelines for implementation article 11. World Health Organization; 2021.

CONFLICTS OF INTEREST

The authors have completed and submitted the ICMJE Form for Disclosure of Potential Conflicts of Interest and none was reported.

FUNDING

There was no source of funding for this research.

ETHICAL APPROVAL AND INFORMED CONSENT

Ethical approval and informed consent were not required for this study.

DATA AVAILABILITY

Data sharing is not applicable to this article as no new data were created.

PROVENANCE AND PEER REVIEW

Not commissioned; internally peer reviewed.

DISCLAIMER

The views and opinions expressed in this article are those of the authors.