

**Written Comments to the OECD Health Committee**

July 2026

Report on Best Practices in preventing and treating addictions (DELSA/HEA/(2026)10)

General Comments

Tobacco and nicotine sections

We welcome the OECD's draft final results and the structured 'best practices' approach, including the emphasis on youth prevention, access to effective treatments, and closing evidence gaps. We also welcome that the paper recognises emerging products and behaviours (including youth vaping) and that it highlights harm minimisation as an established pillar in policy responses to illegal drugs.

At the same time, the draft risks adopting a binary model for nicotine dependence (smoking vs abstinence), while OECD countries increasingly face policy choices around regulated non-combustible alternatives. For a publication focused on 'best practices', it would be valuable to (i) acknowledge this policy debate, (ii) recognise where regulators are recommending / countries are implementing risk-proportionate approaches, and (iii) clearly distinguish youth prevention objectives from adult harm-reduction approaches for people who smoke. This is best framed as a completeness and consistency point (including with the paper's own harm minimisation framing), rather than as an endorsement of any specific product or model.

More broadly, it may help to make explicit that "addiction" is not a uniform policy category: substances and behaviours vary significantly in the severity and distribution of harms, and policy responses should be proportionate to those harms. In the nicotine area in particular, while tobacco smoking remains a leading preventable cause of disease and premature mortality, not all nicotine-containing products carry the same risk profile. Making this differentiation more explicit would strengthen the paper's internal coherence and support a balanced framing that combines youth protection, effective treatment, harm minimisation (where relevant) and regulatory proportionality.

Definition of addiction: in the text, the definition of addiction is referred as: "Addictions – defined as actions that individuals struggle to control or stop despite harmful consequences – include both substance use disorders (SUDs) and (non-substance-related) behavioural disorders. In this paper, addictions refer SUDs related to nicotine, alcohol, and drugs, and behavioural addictions related to gambling, gaming, social media, smartphone and internet use. Not all substance use, or engagement in activities such as gambling or gaming, leads to addiction or harm, but problematic use can cause serious harms to individuals and those around them." Given the sensitivity of this topic, definitions should be clearly supported by references citing evidence. Relying strictly on evidence is essential to avoid personal or political interpretation, particularly from a policy-making perspective.

We also invite avoiding equating legal nicotine products with illegal drugs. §2 acknowledges that "policy responses differ by substance," but several downstream sections (§7, §11, §40) flatten this distinction.

Distinguish combustible products from reduced-risk products (RRPs). Risk arises from combustion by-products, not nicotine per se ([Royal College of Physicians](#), 2016; [PHE/OHID](#) 2015-2022). The 2024 Cochrane review ([Lindson et al.](#)) concludes "There is high-certainty evidence that

nicotine EC increase quit rates compared to NRT, and moderate-certainty evidence that they probably increase quit rates compared to EC without nicotine. Evidence comparing nicotine EC with behavioural support or no support also suggests benefit, but is less certain due to risk of bias inherent in the study designs".

Sweden is a big omission in the report. Daily smoking reached 3.7% in 2025 - the first WHO-defined "smoke-free" country in Europe - alongside the EU's lowest tobacco-related mortality ([Swedish CAN, 2025](#); [Public Health Agency of Sweden](#)). This is the largest real-world harm-reduction dataset available and cannot be excluded from a best-practices report.

Gambling and gambling addiction sections

We welcome the OECD's initiative to identify findings and best practices in gambling and gambling addiction policies across its member countries. We acknowledge the paper's recognition of significant evidence gaps, implementation inconsistencies, and the need for better policy evaluation, and we aim to contribute to addressing these issues.

We recommend that the paper address gambling, gaming, and social media use separately, as they are currently put in the same basket, leading to confusion.

The distorting impact of access to illegal gambling websites—which, by definition, lack minor protection, prevention policies, and regulation (including age verification tools)—must be addressed in the country-by-country policy analysis. For instance, estimates of the online black market in the EU are significant, with 27% (H2) being a conservative calculation.

To accurately assess policy effectiveness, surveys and other data collection methods must differentiate between gambling on legal and illegal websites. For example, the Dutch regulator concluded in April 2026: "The KSA has completed its investigation into whether minors could still gamble online despite age restrictions. The investigation shows that it is virtually impossible for minors to gamble with legal gambling providers." The KSA further explained that: "When age verification is circumvented, it is primarily done via accounts belonging to adult family members and friends," and that "Illegal providers often apply no or low standards for age verification."

We recommend that where data is available, it must be applied correctly. The data cited in paragraph 22 does not specify whether online gambling occurred through licensed or illegal websites. Therefore, we recommend that the OECD should avoid drawing conclusions about licensed online gambling from data that does not identify the legality of the gambling channel. In regimes with robust KYC, bank account verification, and age verification controls, minors should be unable to access licensed online gambling except in exceptional cases, such as the misuse of adult accounts.

If further work is undertaken on gambling, it is essential to recognize that a well-regulated environment is critical for minor protection, harm prevention, and enforcement. Policy recommendations should therefore include enforcement measures against illegal operators and intermediaries that facilitate illegal gambling, such as payment providers, affiliates, social media platforms, search engines, app stores, and advertising networks.

Clearer distinction between prevention and treatment of addictions

The paper would benefit from a clear and consistent distinction between the aims of preventing and treating addictions. Although introduced in the title and introduction of the paper, this distinction is overlooked in the analysis in Section 2. Neither table 2.1 or 2.2 distinguish between interventions that are aimed at prevention or treatment of addictions.

This distinction is important as some interventions aimed at prevention can be harmful when applied to dependent populations. For example, the paper highlights Dry January but this campaign is

explicitly not aimed at dependent populations. The campaign website says: “People who are clinically alcohol dependent can die if they suddenly, completely stop drinking. If you experience fits, shaking hands, sweating, seeing things that are not real, depression, anxiety, or difficulty sleeping after a period of drinking and while sobering up, then you may be clinically alcohol dependent and should NOT suddenly, completely stop drinking.” ([Alcohol Change UK](#)).

Alcohol and alcohol consumption sections

More detail on population segmentation and its impacts on intervention design: The paper acknowledges that: “Robust population segmentation is critical to maximise resource efficiency and minimise unintended effects.” However, limited analysis is provided about policy effectiveness across consumer segments, particularly between: i) low-risk drinkers; ii) hazardous/harmful users; iii) dependent populations. The need for clearer delineation of populations is consistent with research finding variability in response to interventions according to baseline alcohol consumption ([Crawford et al, 2024](#)).

More comprehensive coverage of policy interventions: The paper excludes the most well-evidence interventions for tackling alcohol harm. Screening and brief intervention (SBI) is promoted by the WHO as among the most cost-effective interventions to reduce alcohol related harm. It states that “Evidence strongly supports the widespread implementation of programmes of early identification and brief advice in primary care settings for persons with hazardous and harmful alcohol consumption.” ([WHO](#)).

Research also supports digital delivery methods for SBI as effective for some populations and outcomes ([Sohi et al, 2023](#); [Woliansky et al, 2025](#)). Other interventions for consideration include 24/7 Sobriety Program ([RAND](#)), SMS interventions ([Lucht et al, 2020](#)), and social norms programmes, such as “C’est la base”, which are conceptually similar to the gambling-focused “Parier c’est pas rien” initiative already referenced in the report. Recent research has highlighted the potential of GLP-1 receptor agonists as a potential treatment for alcohol use disorders. The paper could reference this emerging research ([Klausen et al, 2026](#)).

Specific Comments

Key findings. Page 6, point 9. Adolescent gambling

- The adolescent gambling rate is identified as 24% - To accurately assess policy effectiveness, surveys and other data collection methods must differentiate between gambling on legal and illegal websites.

Key findings. Page 6, point 10: Harm minimisation section: coherence sentence linking harm minimisation to nicotine policy

- Paper notes 93% OECD/EU countries include harm minimisation for illegal drugs. A bridging sentence improves internal consistency by noting that harm minimisation logic is also applied in some jurisdictions in nicotine policy (supporting adult switching away from combusted tobacco), while maintaining youth prevention.
- Suggested sentence (at the end of point 10):
 - “Harm minimisation approaches differ by substance and national context; in nicotine policy, some jurisdictions also apply a harm minimisation logic by supporting adult smokers who do not quit to switch away from combusted tobacco, while strengthening youth prevention.”
- Regulatory anchors:

- UK/NZ/Canada official approaches on adult switching + youth protections.
- German BfR and UK COT on nicotine pouches risk-reduction potential.

Key finding page 7: 15: avoid an “NRT-only” reading for nicotine dependence

- Key finding 15 stresses universal access to evidence-based treatments, but nicotine examples point mainly to NRT/counselling. A short sentence acknowledging that some jurisdictions also use regulated non-combustible alternatives for adult smokers (while protecting youth) improves completeness and fits the report’s “emerging products” framing.
- Suggested sentence to insert:
 - “For nicotine dependence, approaches may include both established cessation supports and, in some jurisdictions, regulated lower-risk alternatives for adult smokers, alongside measures to prevent youth uptake.
- Regulatory anchors:
 - UK Khan Review (June 2022): facilitate access to safer alternatives incl. nicotine pouches, without creating youth risks.

Para 19 “youth uptake...[of] emerging risk behaviours e.g. online gambling...are expanding rapidly, exacerbating the risks of addiction”

- We recommend revising, as this conclusion is not supported by the KYC and age verification measures in table 1.2, and the recent publication of the Dutch gambling regulator.
- Figure 1.1 cites that 44.8% of Italians aged 15-16 participated in gambling – we recommend revisiting based on the comments made before..
- We would invite revisiting conclusions such as the one drawn on figure 1.1, in para 22 “Underage gambling is widespread: according to ESPAD data, in 2024, almost a quarter of the 15-16-year-olds reported gambling in the past year on average across OECD countries (Figure 1.1)”

Box 1.2: distinguish youth prevention vs adult switching/harm reduction

Page 12, Box 1.2 (“The health effects of vaping”). Insert after the first sentence; broaden box title to include other novel nicotine products.

- What / rationale: Box 1.2 notes vaping is “generally viewed as less harmful,” but then focuses mainly on youth risks and uncertainty. A short addition improves completeness by recognising that some public bodies also assess other regulated non-combustible nicotine products (incl. oral nicotine pouches) as potentially lower risk for adults who smoke and switch completely, while maintaining strong youth protections:
- Suggested paragraph to insert (after first sentence):
 - “In parallel, some public bodies have assessed regulated oral nicotine products such as nicotine pouches as potentially lower-risk substitutes for adults who smoke and switch completely, while emphasising product standards and the need to prevent uptake among children and adolescents.
- Regulatory anchors:
 - UK Committee on Toxicity (COT) (Apr 2023): replacement smoking → reduced overall risk (subject to standards/appropriate use).
 - German BfR (Oct 2022): switching from cigarettes to nicotine pouches could reduce health risk; standardisation/quality control helps minimise risks.

- The 2025 Cochrane review, often considered as gold-standard meta-analysis research, concluded there is high-certainty evidence that Vapour Products with nicotine increase quit rates compared to NRT.

Para 20: refine terminology for consistency & add one sentence reflecting risk-proportionate approaches

Page 11, para 20 (Nicotine-related disorders). Insert after the sentence listing vapes, snus and nicotine pouches.

- Para 20 already lists nicotine pouches as a novel nicotine product. Add a single sentence acknowledging that some regulators view switching away from cigarettes to regulated oral nicotine products as potentially reducing health risks for adults who smoke—without weakening youth protection framing.
- Suggested sentence to insert:
 - “Some regulators have noted that, within a harm reduction framing, switching completely from cigarettes to oral nicotine products (including nicotine pouches) may reduce health risks for people who smoke, while underlining the importance of product standards and youth protections.”
 - Regulatory anchors:
 - German BfR (Oct 2022).
 - UK COT (Apr 2023).
 - Cochrane Review (2025).
- Para 20 covers both tobacco smoking and other nicotine products (e-cigarettes, snus, nicotine pouches). To avoid ambiguity and improve consistency with standard diagnostic and policy language, consider adjusting the label to reflect that the section addresses tobacco use and other nicotine product use (rather than nicotine alone or tobacco alone).
- Suggested sentence:
 - “Tobacco use disorders and other nicotine-related disorders stem from the use of tobacco and other nicotine products.”
- Snus is not a “novel” product: it has been in continuous use for 200+ years. Grouping snus, pouches and e-cigarettes under a single “novel nicotine products” label conflates products with materially different risk profiles and uptake patterns.

Box 1.3: flavours (youth appeal vs adult switching)

Page 13, Box 1.3 (“Rapid shifts ...”). Insert after: “The design and flavouring of novel nicotine products are particularly appealing to young people.”

- The box rightly highlights youth appeal. For completeness, add one neutral clause recognising that some public health bodies caution against wholesale flavour bans for adults, noting flavours can support adult switching from smoking, and recommending restricting flavour descriptors/marketing alongside strong youth protections.
- Suggested sentence to insert:
 - “Some public health bodies also note that flavours can support adult smokers to switch away from cigarettes, and recommend restricting flavour descriptors and youth-oriented marketing (rather than flavours per se), alongside strong age-of-sale controls and enforcement.”

- Regulatory anchors:
 - Royal College of Physicians (2023): does not recommend wholesale limiting of flavours accessible to adults; supports restricting flavour descriptors rather than flavours themselves, while protecting children and adolescents.
 - ASH (2025): adult flavour use is common among adult vapers/ex-smokers and is relevant to switching and sustained cessation from cigarettes.
- Para 24: “The rapid expansion of digital gambling platforms...offering 24/7 accessibility, rapid gameplay and frictionless digital payments has contributed to increased participation and a higher risk of harm among children and adolescents...” - The evidence supports rising online participation, but not attribution to licensed operators.

Page 14, Para 29: the 1.8% of GDP figure (Goodchild, 2017) predates the structural decline in tobacco products volumes for the past decade and should be refreshed.

- **Industry scale is mischaracterized by omission.** The tobacco retail market value includes excise taxes, VAT/sales taxes, and retailer margins – not just manufacturer revenue. Also China accounts for ~46% of global tobacco sales. China National Tobacco Corporation (CNTC) produces more cigarettes than the next seven largest tobacco companies combined. Its revenue in 2025 was roughly \$220BN, six times that of PMI ([Tobacco Insider](#), 2026). CNTC is indistinguishable from the government regulatory body (STMA). Eliminating tobacco in China implies dismantling a state-owned enterprise.
- **Missing: excise architecture and illicit trade.** A tobacco policy document that does not engage tax revenue dynamics or illicit trade is operationally incomplete. The New Zealand generational-ban repeal (Feb 2024), driven explicitly by illicit-trade and fiscal concerns, illustrates the consequences of ignoring these factors.

Harm minimisation section: coherence sentence linking harm minimisation to nicotine policy

Pages 17-18, after para 35 (harm minimisation section).

- Paper notes 93% OECD/EU countries include harm minimisation for illegal drugs. A bridging sentence improves internal consistency by noting that harm minimisation logic is also applied in some jurisdictions in nicotine policy (supporting adult switching away from combusted tobacco), while maintaining youth prevention.
- Suggested sentence:
 - “Harm minimisation approaches differ by substance and national context; in nicotine policy, some jurisdictions also apply a harm minimisation logic by supporting adult smokers who do not quit to switch away from combusted tobacco, while strengthening youth prevention.
- Regulatory anchors:
 - UK/NZ/Canada official approaches on adult switching + youth protections.
 - German BfR and UK COT on nicotine pouches risk-reduction potential.

Para 37 “Major implementation gaps include age verification systems (robust age verification mechanisms are absent in 84% of countries.....and limited national self-exclusion schemes for problem gambling”

- We recommend revising this statement, which we find is inconsistent with the findings presented in Table 1.2. KYC and age verification tools are proven to be effective in most countries, as evidenced by regulators. For example, the Dutch KSA investigation into minors

gambling online demonstrates their efficacy. The actual verification gap is most pronounced among illegal operators, which operate outside licensing, KYC, and age-verification obligations.

- Self-exclusion schemes are tools for adult harm prevention and should not be presented as a solution for underage access. We recommend that the document should distinguish between minor protection controls (such as age verification and KYC) and adult harm prevention tools (such as self-exclusion).

Recommendation: Align stop smoking services language to what is offered within guidance documents.

Pages 24; Table 2.1. Overview of the selected candidate promising and best practices Summary of the effectiveness of the selected fourteen interventions; 'Local Stop Smoking Services' grid.

- Change 'Offer full coverage of Nicotine Replacement Therapies and other services to support smoking cessation' to 'Offer full coverage of Nicotine Replacement Therapies and other services, including e-cigarettes, to support smoking cessation.' Adding e-cigarettes to the language better reflects the UK smoking cessation services environment.
- Suggested sentence:
 - 'Offer full coverage of Nicotine Replacement Therapies and other services, including e-cigarettes, to support smoking cessation.'
- Regulatory anchors:
 - NICE guidance (NG209) includes nicotine containing e cigarettes as an option to help people stop smoking, alongside NRT and prescription medicines.

Fourteen studied interventions show measurable benefits in awareness, behaviour, health and broader social outcomes, and have the potential to be transferred to other countries

Pages 25; table 2.2 Summary of the effectiveness of the selected fourteen interventions; 'The Real Cost' grid.

- Change 'prevented' to 'associated with'. The supporting reference notes that the 'study limitations include the inability to control for the effects of state- or local-level public education campaigns, though the model did control for respondents' exposure to other national tobacco prevention campaigns.' which limits the strength of the claim that the campaign prevented 440K youth from initiating within one year. Rewording would provide a more realistic interpretation of the effect.
- Suggested sentence:
 - 'Associated with 440,000 fewer e-cigarette initiations within one year.'

Section 3.2 (para 58): broaden "evidence-based cessation" beyond NRT only

Pages 30-31, Section 3.2, insert short paragraph immediately after para 58.

- Section 3.2 defines evidence-based cessation largely as pharmacological (incl. NRT) + behavioural support. A short comparative paragraph can acknowledge that some jurisdictions complement these with regulated non-combustible nicotine alternatives for adult smokers who switch completely—paired with strong youth protections.
- Suggested paragraph to insert:

- “In addition to medically licensed cessation pharmacotherapies, some jurisdictions integrate regulated non-combustible nicotine products (including vaping products and oral nicotine pouches) into smoking cessation messaging and/or services for adults who smoke, based on assessments that these products are likely to be less harmful than continued smoking when smokers switch completely. These approaches are typically paired with age-of-sale controls, marketing restrictions and enforcement to prevent youth uptake.”
- Regulatory anchors:
 - UK COT + Khan Review on nicotine pouches.
 - UK/NZ/Canada official approaches on vaping

Recommendation 63: add a neutral clause on accurate information for adult smokers

Page 32, Policy recommendation 63 (Section 3.2). Add final sentence.

- Recommendation 60 focuses on access to pharmacotherapies + behavioural supports. Adding a neutral sentence on accurate, evidence-based information (where relevant) supports informed adult choices while preserving youth protections.
- Suggested sentence to add:
 - “Where relevant to national policy, providing accurate, evidence-based information on relative risks for adult smokers can support informed cessation choices, alongside strong protections for children and adolescents.”
- Regulatory anchors:
 - UK/NZ practice on relative-risk information and regulated messaging.

Case-Study addition suggestions

1. Digital Screening and Brief Interventions (e-SBIs)

- a. Digitalised application of screening and brief interventions elevates traditional SBI, that features the Alcohol Use Disorders Identification Test (AUDIT) standardised questionnaire. SBI is already recommended by WHO as one of the most cost-effective evidence-based measures to reduce the harmful use of alcohol. Digitalisation helps to solve supply constraints on the use of SBI --- that the available working time of medical professionals is scarce and expensive --- simultaneously reducing the cost and expanding the potential scale of SBIs. Examples from New Zealand and Brazil show e-SBI supports the delivery of SBI.
- b. References:
 - i. [WHO -- Alcohol, Drugs and Addictive Behaviour - Screening and brief intervention for alcohol problems in primary health care](#)
- c. Country examples
 - (NZ) [Frontiers | Evidence for the Effectiveness and Acceptability of e-SBI or e-SBIRT in the Management of Alcohol and Illicit Substance Use in Pregnant and Post-partum Women](#)
 - (Brazil) [ModeraSP: Scaling Digital SBI to Reduce Harmful Alcohol Use in São Paulo's Public Health System - #DPH2025](#)

2. France's “C'est la base” campaign

- a. A public health initiative targeting 17-25 year olds that promotes risk reduction

through peer-based messaging and social norms (e.g., encouraging friends to moderate consumption and look out for each other), aiming to reduce acute harms in social settings.

b. References:

- i. [Santé publique France campaign overview](#)
- ii. [Lancement de la campagne de Santé publique France - "C'est la base" | Grand Est Addictions](#)
- iii. ["C'est la base" : Campagne de sensibilisation à destination des jeunes](#)
- iv. ["C'est la base" : découvrez la campagne qui vous aide à limiter les risques en soirée | Alcool Info Service](#)