Health Risks of Heated Tobacco Products



Background

In 2017, tobacco companies have launched heated tobacco products (HTPs) in Germany. These products are promoted as less harmful than conventional cigarettes. Currently, three different HTPs are available in Germany: Iqos from Philip Morris International (PMI), Glo from British American Tobacco (BAT), and Ploom from Japan Tobacco International (JTI).

Several of the studies on the health risks associated with the use of HTPs have been carried out or were funded by the tobacco industry and thus are biased by a conflict of interest. In many cases, studies on heated tobacco products compare their possible health risks to cigarette smoking, especially when studies are conducted by the tobacco industry, instead of investigating possible health effects of the products themselves.

Key points in brief

- The problem: Heated tobacco products (HTPs) are marketed as less harmful than conventional cigarettes, but there is no evidence to demonstrate it.
- The facts: The aerosol of HTPs contains toxic substances, including carcinogens. HTPs are addictive and may have negative impact on the respiratory and cardiovascular systems. Bystanders inhale toxicants released into the air. HTPs are tobacco products and can't be used as a smoking cessation aid.
- The solution: HTPs are tobacco products and should be treated as such.
 Non-smokers should never use the products and the products should not be used indoors and in the presence of non-users.

What are HTPs?

HTPs have two components: A tobacco insert and a device to heat tobacco. The inserts can come in the form of specially



designed tobacco sticks, which resemble small cigarettes. The tobacco inserts are inserted into a rechargeable heating device. By heating them electronically up to around 250 to 350 degrees Celsius a nicotine-containing aerosol is produced.

Other than in e-cigarettes, the aerosol is not formed from a liquid but from heated tobacco to which the humectants glycerol and propylene glycol have been added to promote aerosol formation and the release of nicotine and flavourings.

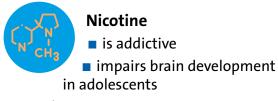


What are the health risks of using HTPs?

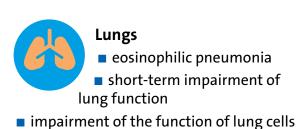
The HTP aerosol contains nicotine and numerous harmful substances that are also present in the smoke of conventional cigarettes. Although the overall concentrations of harmful and potentially harmful substances in the aerosol are lower than in cigarette smoke^{4,17,25}, some substances are present at higher levels than in tobacco smoke, including substances that are harmful to health^{28,30}. Propylene glycol and glycerol, which are present at higher levels than in tobacco smoke9,17, upon heating can produce carcinogenic compounds such as formaldehyde or acrolein^{16,26}. In addition, tar (nicotine and water-free particles), benzene, carcinogenic tobacco-specific nitrosamines, carbonyls, furans, phthalates, volatile organic compounds, polycyclic aromatic hydrocarbons, carbon monoxide and particulate matter have been detected in aerosol. 13,17 HTP aerosol also contains other harmful substances not found in tobacco smoke.3,28

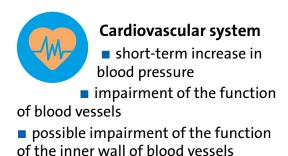
The long-term adverse health effects of using HTPs, particularly the cancerogenic risks, are currently unknown due to the lack of reliable long-term studies. The aerosol delivers harmful substances into the body. The studies available to date indicate that HTP use has negative impact on the respiratory tract²² and on the cardiovascular system^{13,18} (Figure). HTP use exposes people to

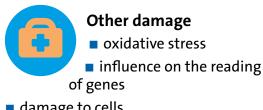
Figure Health risks of using heated tobacco products.8,10,20,21,22,27



use during pregnancy: impairs lung and brain development of the unborn child; preterm delivery, stillbirth







- damage to cells
- promotion of inflammation
- possible damage to the liver



carcinogenic compounds, including some that are associated with bladder cancer^{1,5,12,29}. Nicotine is absorbed from the aerosol as effectively as from tobacco smoke; thus, the addictive potential probably is similar to that of smoking.⁶

HTPs represent health risks and are addictive. Non-smokers should never use them.

Second-hand aerosol

The use of HTPs generates harmful substances such as nicotine, fine and ultrafine particles, carbon monoxide, carbon dioxide and organic compounds which are released into the surrounding air^{15,19,24}. High concentrations of carcinogenic substances such as formaldehyde, acetaldehyde and acrolein have also been detected in rooms where

Contact

Dr. Katrin Schaller Phone: +49 6221 42 30 07 E-mail: who-cc@dkfz.de

German Cancer Research Center (DKFZ), Cancer Prevention Unit and WHO Collaborating Centre for Tobacco Control

More information

Further English publications are available at: https://www.dkfz.de/en/krebspraevention/Downloads/Downloads.html.

HTPs have been used^{7,11,23}. Non-consuming bystanders can absorb harmful substances from indoor air into their bodies²⁵.

Acute symptoms such as asthma attacks and chest pain have been observed in bystanders^{14,32}. Long-term health risks cannot be excluded.

Tobacco cessation

HTPs are tobacco products and switching from conventional cigarettes to HTPs does not constitute cessation.

Unlike nicotine replacement therapy (NRT), HTPs have not been certified and tested for efficacy and safety and are not recommended as a smoking cessation aid.² To date, there have been no studies evaluating the efficacy of HTPs for smoking cessation.

Conclusion

All forms of tobacco use are harmful, including HTPs. They are addictive and the aerosol they generate contains harmful substances that are released into the body. The available studies indicate that there is a health risk, particularly for the respiratory tract and the cardiovascular system.

Non-smokers should not use the products under any circumstances. As health risks cannot be ruled out for users as well as for bystanders, the products should never be used indoors and in the presence of non-users.



Support increases the likelihood of successfully quitting smoking

The World Health Organization (WHO) *Quitting Toolkit* provides resources to help quit smoking, including **toll-free quitlines worldwide**, **text message support**, and **mobile applications**.



Imprint

© 2024 German Cancer Research Center (DKFZ)

Published by: German Cancer Research Center, Cancer Prevention Unit and WHO Collaborating Centre for Tobacco Control | Im Neuenheimer Feld 280 | 69120 Heidelberg

Authors: Dr. Irina Treede, Dipl.-Biol. Andy Hartard, Dr. Katrin Schaller

Layout, illustration, typesetting: Dipl.-Biol. Sarah Kahnert

Suggested citation: German Cancer Research Center (2024) Health Risks of Heated Tobacco Products. Facts on Smoking, Heidelberg

Supported by: Federal Ministry of Health

Supported by:



on the basis of a decision by the German Bundestag

References

- 1 Akiyama Y, et al. Toxicol Rep 2021, 8: 282-294
- 2 Arbeitsgemeinschaft der Wissenschaftlichen Medizinischen Fachgesellschaften (AWMF). S3-Leitlinie Rauchen und Tabakabhängigkeit: Screening, Diagnostik und Behandlung. AWMF-Register Nr. 076-006, Stand 1.1.2021, gültig bis 31.12.2025, 2021
- 3 Ardati O, et al. Tob Control 2023, tc-2022-057802
- 4 Bentley MC, et al. Anal Bioanal Chem 2020, 412: 2675–2685
- 5 Bjurlin MA, et al. Cent European J Urol 2021, 74: 152–160
- 6 Brossard P, et al. Regul Toxicol Pharmacol 2017, 89: 193–199
- 7 Cancelada L, et al. Environ Sci Technol 2019, 53: 7866–7876
- 8 Chun L, et al. Tob Control 2018, 27: s39-s40

- 9 Cozzani V, et al. Thermochimica Acta 2020, 684: 178475
- 10 Davis B, et al. Tob Control 2019, 28: 34-41
- 11 De Marco C, et al. Epidemiol Prev 2018, 42: 351–355
- 12 Drovandi A, et al. Nicotine Tob Res 2020, 22: 1077–1085
- 13 Fried ND, et al. Am J Physiol Heart Circ Physiol 2020, 319: H1234–H1239
- 14 Imura Y, et al. Int J Environ Res Public Health 2021, 18: 1766
- 15 Kaunelienė V, et al. Chemosphere 2018, 206: 568–578
- 16 Kosmider L, et al. Nicotine Tob Res 2014, 16: 1319–1326
- 17 Li X, et al. Nicotine Tob Res 2019, 21: 111-118
- 18 Luca AC, et al. Healthcare (Basel) 2023, 11: 491



- 19 Meišutovič-Akhtarieva M, et al. Chemosphere 2019, 223: 474–482
- 20 Moazed F, et al. Tob Control 2018, 27: s20–s25
- 21 Nabavizadeh P, et al. Tob Control 2018, 27: s13-s19
- 22 Pataka A, et al. Medicina (Kaunas) 2020, 56: 292
- 23 Ruprecht AA, et al. Aerosol Sci Technol 2017, 51: 674–684
- 24 Savdie J, et al. Int J Environ Res Public Health 2020, 17: 3455
- 25 Simonavicius E, et al. Tob Control 2019, 28: 582–594

- 26 Sleiman M, et al. Environ Sci Technol 2016, 50: 9644–9651
- 27 Sohal SS, et al. ERJ Open Res 2019, 5: 00159–02018
- 28 St Helen G, et al. Tob Control 2018, 27: s30-s36
- 29 Svendsen C, et al. Urol Oncol 2022, 40: 149–160
- 30 Uguna CN, et al. ACS Omega 2022, 7: 22111–22124
- 31 World Health Organization. Heated tobacco products. A brief. WHO Regional Office for Europe, 2020
- 32 Yoshioka T, et al. BMJ Open 2023, 13: e065322