# A Critical Analysis of UK Media Reporting on Nicotine Pouches: Factual Accuracy, Misinformation, and Broader Patterns

# **Executive Summary**

This report critically examines claims made in the "Yorkshire Day: Cutting Through the Smoke and Media Misinformation" article regarding nicotine pouches, focusing on the accuracy, prevalence of misinformation, fear-mongering tactics, and potential biases within UK media reporting. It also contextualizes these findings within broader patterns of misreporting in the UK media landscape.

The analysis reveals a significant disparity between the nuanced scientific understanding of nicotine pouches as harm reduction tools and their often sensationalized portrayal in UK media. While nicotine pouches offer a substantially less harmful alternative to combustible cigarettes, media narratives frequently exaggerate risks, particularly concerning youth uptake, by focusing on extreme product strengths and misrepresenting regulatory gaps. Specific factual inaccuracies identified include misleading claims about age restrictions, nicotine strength availability, and the presence of warning labels.

This pattern of reporting is exacerbated by a regulatory lag, where the emergence of novel nicotine products has outpaced specific legislative frameworks, creating an information vacuum exploited by sensationalist narratives. The media's reliance on emotionally charged language and the amplification of specific, alarming anecdotes as universal truths contribute to a public discourse driven by fear rather than evidence. These issues are not isolated to nicotine pouches but reflect systemic challenges within UK journalism, including a pervasive commercial bias, political agendas, and a general erosion of trust in factual reporting.

To foster a more informed public discourse, this report recommends that media outlets prioritize factual accuracy, nuance, and balanced sourcing. Policymakers should expedite clear and comprehensive regulation for novel nicotine products to eliminate ambiguity. Public health bodies must adopt clearer, more consistent communication strategies. Finally, the public is encouraged to cultivate media literacy and critically evaluate information, seeking diverse and authoritative sources.

# 1. Introduction

#### 1.1. Overview of Nicotine Pouches in the UK Context

Nicotine pouches represent a relatively new category of nicotine products in the United Kingdom, having entered the Great British market in 2019. These small, discreet sachets are tobacco-free, containing nicotine (which can be either extracted from tobacco plants or synthetically produced), flavourings, sweeteners, and plant-based fibres. They are designed for

oral use, placed under the upper lip where nicotine is absorbed through the gum, without combustion, vapour, or the need for inhalation. This mode of delivery is a key differentiator from traditional combustible cigarettes and even vapes. It is crucial to distinguish nicotine pouches from traditional snus, a Swedish tobacco product that, despite similarities in usage, contains tobacco and remains illegal for sale in the UK.

The UK market for nicotine pouches has experienced considerable growth since their introduction, with an estimated value of USD 247.6 million in 2024 and projections for significant expansion, largely driven by increasing consumer demand for smoke-free alternatives. This growth underscores their emerging role in the broader nicotine landscape.

From a public health perspective, nicotine pouches are often positioned as a less harmful alternative to combustible cigarettes. They offer a means to consume nicotine without exposure to the tar and thousands of harmful chemicals produced by burning tobacco. Following the logic that vapes are considered better than cigarettes because they remove tar and other harmful chemicals, nicotine pouches, which deliver nicotine without combustion, vapour, or the associated unknowns of inhaling heated liquids, represent a further step down the harm reduction ladder. They are increasingly recognized as a tool to aid smoking cessation, with many individuals reportedly using them successfully to move away from smoking. However, the public discourse surrounding nicotine pouches often exhibits a fundamental tension. While public health bodies like the NHS and Action on Smoking and Health (ASH) acknowledge their potential for harm reduction compared to smoking, many media reports and statements from regulatory bodies predominantly frame nicotine pouches as a "new and emerging threat," particularly concerning youth uptake. This creates a polarized public discourse that struggles to reconcile the product's utility in harm reduction with legitimate concerns about youth access and addiction. This dichotomy suggests a significant challenge in public health communication, where the nuanced benefits of harm reduction strategies are frequently overshadowed by immediate and often sensationalized concerns about novel products and vulnerable populations. Such polarization can impede the development of balanced, evidence-based policies and public understanding.

# 1.2. Purpose and Scope of the Report

This report aims to critically investigate the specific claims made in the "Yorkshire Day: Cutting Through the Smoke and Media Misinformation" article regarding nicotine pouches. It will analyze UK media reporting on this topic to identify instances of factual inaccuracy, misinformation, fear-mongering, and potential biases. Furthermore, it will contextualize these findings within broader patterns of misreporting and journalistic ethics observed in the UK media landscape, offering conclusions and recommendations for more informed public discourse and policy development.

# 2. Factual Landscape of Nicotine Pouches in the UK

#### 2.1. Product Definition and Characteristics

Nicotine pouches are discreet, pre-portioned sachets designed for oral use. They typically contain nicotine, which can be extracted from tobacco plants or synthesized, along with flavourings, sweeteners, and plant-based fibres. Crucially, unlike traditional snus, these products are entirely tobacco-free. Users place a pouch between their gum and upper lip, allowing the

nicotine to be absorbed through the mucous membranes in the mouth. They are not intended to be chewed or swallowed.

A significant aspect of their market appeal lies in the wide array of flavours available. These include tropical mango, various berry and cherry ice profiles, and a range of mint and fruit blends, mirroring the flavour diversity often seen in vaping products.

# 2.2. Current Regulatory Environment (Age Restrictions, Strength, Labelling)

The regulatory landscape for nicotine pouches in the UK has been characterized by a notable lag, creating a legal grey area that has allowed for varied market practices.

#### **Age Restrictions**

As of mid-2025, there is no specific law in place that restricts the age of sale for nicotine pouches in the UK. This means that, legally, a child of any age could purchase them from a shop. However, despite this legal loophole, many responsible retailers voluntarily apply age restrictions, refusing sales to individuals under 18, aligning their practices with regulations for cigarettes and vaping products. This highlights a disparity between explicit legal mandates and industry best practices. The Tobacco and Vapes Bill, currently progressing through Parliament, aims to close this regulatory gap by making the sale of nicotine pouches illegal to anyone under the age of 18.

### **Nicotine Strength Limits**

Currently, there is no set legal limit on the nicotine content per pouch in the UK. Commercially, typical nicotine strengths widely available from major brands such as VELO, ZYN, and Nordic Spirit generally range from 1.5 mg to 20 mg per pouch. However, some online retailers do list products with significantly higher strengths, including 100mg and 150mg per pouch or gram. It is important to note that some of these extreme strength products are listed as "DISCONTINUED" or "Sold Out" on certain websites, and major UK retailers like Northerner voluntarily cap their offerings at 20 mg/pouch, aligning with Swedish Institute for Standards guidelines. The Tobacco and Vapes Bill includes provisions to empower the Government to limit nicotine content in pouches, with a maximum limit of 20 mg per pouch having been recommended, consistent with the British Standards Institute's PAS 8877:2022.

#### **Labelling Requirements**

Nicotine pouches currently fall under the General Product Safety Regulations (GPSR), which stipulate that products must be safe for use and accurately labelled. However, unlike tobacco or vaping products, there are no standardized, specific labelling requirements across the industry. The "Yorkshire Day" article explicitly refutes the claim that nicotine pouches do not need to display the warning, "This product contains nicotine which is a highly addictive substance," stating that "every tub, from every brand, clearly displays this warning." This assertion is supported by proposed regulations which emphasize the prominent display of such warnings. Future regulations also recommend child-resistant and tamper-evident packaging, full ingredient disclosure (including quantities and CAS numbers), prohibition of harmful substances, and

avoidance of misleading branding or youth-appealing imagery.

The consistent data highlights a significant lag between the emergence of nicotine pouches in the UK market (2019) and the development of specific, comprehensive regulatory frameworks. This "legal grey area" has meant that pouches have been "falling between regulatory gaps". This absence of explicit, enforced legislation has enabled inconsistent product standards, the availability of extremely high nicotine strengths that are likely to be restricted, and aggressive marketing tactics that may appeal to young people. The upcoming Tobacco and Vapes Bill is a direct response to this exploitation of the regulatory vacuum. The absence of specific, tailored regulation for nicotine pouches has therefore created a permissive market environment. This environment, in turn, has allowed practices (such as youth-appealing marketing and the sale of very high-strength products) that are now driving significant public and legislative concern. This represents a recurring pattern in the regulation of novel consumer products, where market innovation frequently outpaces legislative adaptation.

Furthermore, while media reports and some advocacy groups correctly state that there are currently no specific age restrictions or nicotine limits by law, the narrative often simplifies this to mean "completely unregulated." This overlooks the existing General Product Safety Regulations and the voluntary age restrictions implemented by many responsible retailers. The "Yorkshire Day" article directly contradicts the claim that warning labels are absent, stating they are clearly displayed. This indicates a complex reality where the legal vacuum is not absolute, and some level of oversight or self-regulation exists, yet media narratives tend to exaggerate the lack of control for dramatic effect. This discrepancy can lead to public confusion and mistrust in information sources. When media broadly claims "no regulation" without nuance, it can unnecessarily alarm the public and undermine the efforts of responsible industry players or existing general safety frameworks. It also frames the problem as purely a legislative failing, rather than a combination of regulatory gaps, enforcement challenges, and industry practices.

# Table 1: UK Nicotine Pouch Regulation: Current Status vs. Tobacco and Vapes Bill Proposals

| Category | Current Status (Pre-Tobacco and Vapes Bill) | Tobacco and Vapes Bill Proposals | | :--- | :--- | | Age of Sale | No specific legal age restriction; Voluntary age 18+ by most responsible retailers. | Illegal to sell to anyone under 18. | | Nicotine Strength Limits | No set legal limit; Major retailers cap at 20mg/pouch; Higher strengths (e.g., 150mg) available from niche online sellers, some discontinued. | Powers to limit nicotine content; Recommended maximum 20mg/pouch. | | Mandatory Warning Labels | Regulated under General Product Safety Regulations (GPSR); "This product contains nicotine which is a highly addictive substance" is generally displayed on products despite no specific legal mandate for pouches. | Clear and informative labelling, including "This product contains nicotine, which is a highly addictive substance," prominently displayed. | | Packaging Requirements | Child-resistant packaging under GPSR. | Child-resistant and tamper-evident packaging. | | Advertising/Marketing Restrictions | Generally permitted, but Advertising Standards Authority (ASA) advises "responsible manner". | Ban on advertising and sponsorship; restrictions on child-appealing flavours, packaging, and point-of-sale displays. |

# 2.3. Health Implications and Harm Reduction Potential

A comparative analysis of nicotine products consistently positions combustible cigarettes as the most harmful. Medical experts widely agree that smoking cigarettes is the greatest threat to health, causing cancer and damaging nearly every organ due to the over 7,000 chemicals released during combustion, of which at least 69 are known carcinogens. Nicotine vaping is

generally considered less harmful than smoking, as it exposes users to fewer toxins. Nicotine pouches, being entirely tobacco-free and combustion-free, are considered substantially less harmful than smoking. They deliver nicotine without inhalation, potentially placing them even lower on the harm reduction continuum than vapes.

Nicotine itself is the primary addictive substance across all these products. While nicotine does not directly cause cancer, some research suggests it can act as a tumor promoter, potentially making cancer more aggressive. It can also cause an increase in heart rate and blood pressure, similar to the effects of caffeine.

For nicotine pouches specifically, common side effects reported include hiccups, gum irritation, sore mouth, and upset stomach. Due to their novelty, the long-term health effects of nicotine pouches are still largely unknown. However, potential oral health issues such as mouth soreness, ulcers, or gum recession could arise from long-term use. Studies on snus (a tobacco-containing product) have linked it to oral mucosal changes, including white lesions, and an increased risk of oral squamous cell carcinoma. Acute nicotine toxicity can occur with excessive use of high-nicotine pouches, leading to symptoms like disorientation, tremors, and hypertension.

Despite these potential side effects, nicotine pouches are increasingly being used by individuals as a tool to quit smoking. Although not currently recommended by NICE for formal smoking cessation, existing evidence suggests they can help reduce nicotine cravings and serve as a safer alternative for smokers who completely switch from combustible cigarettes.

The research consistently highlights that nicotine pouches are "less harmful than smoking" but are "not completely harmless". There is a critical distinction between reducing the severe harms associated with combustion and being entirely risk-free. The long-term health effects of nicotine pouches are still largely unknown due to their recent market entry, which is a legitimate and frequently cited concern. Media reporting often struggles with this nuance, either overstating the safety of "less harmful" products or exaggerating the "unknown" risks to equate them with the known harms of smoking. This framing can mislead the public, potentially deterring smokers from switching to genuinely less hazardous alternatives, or encouraging non-smokers to initiate nicotine use under a false premise of absolute safety.

A further concern for the evidence base is that ASH explicitly notes that "most existing studies [on nicotine pouches] have been funded by the tobacco industry". This raises significant questions about potential bias in the research findings, as entities with a vested commercial interest fund the majority of the available evidence. This situation creates a systemic challenge for public health authorities and policymakers seeking unbiased data. This reliance on industry-funded research for novel products is a recurring issue across various industries with public health implications. It can undermine the credibility of scientific findings in the public eye and make it difficult for independent bodies to form definitive conclusions, leaving a vacuum that can be filled by either industry-favorable narratives or sensationalized media reports. This highlights the critical need for increased public funding for independent research in this area.

Table 3: Comparative Health Risks: Cigarettes, Vapes, and Nicotine Pouches

Product	Key Harmful	Known	Addiction	Status as	Overall Harm
	Components/M	Long-term	Potential	Cessation Aid	Ranking
	echanism	Health Effects			
Cigarettes	Combustion,	High risk of	High (nicotine).	No.	Worst option by
	tar, over 7,000	cancer (lung,			far.
	chemicals (69	oral, etc.),			
	carcinogens).	cardiovascular			

Product	Key Harmful	Known	Addiction	Status as	Overall Harm
	Components/M		Potential		Ranking
		Health Effects		000000000000000000000000000000000000000	i taritang
	o o n o n o n o	disease, lung			
		disease, vision			
		impairment,			
		skin damage.			
	Heated liquids,		High (nicotine).	Voc. highly	Less harmful
(E-cigarettes)		Long-term	nigri (filcotifie).		
(E-cigarettes)	nicotine,	effects largely unknown ;		enective.	than smoking.
	flavourings,	·			
	~30 chemicals.	•			
		health impact,			
		EVALI			
		(e-cigarette or			
		vaping			
		use-associated			
		lung injury),			
		oral health			
		issues			
		(cavities, gum			
		inflammation).			
Nicotine	Nicotine	Long-term	High (nicotine).	Potential, helps	•
Pouches	(extracted/synt				less harmful
	hetic),	unknown ;		cravings, safer	•
	plant-based	potential oral			potentially even
	· '	mucosal		switchers; more	
	flavourings; no			•	than vapes.
	combustion, no	<u> </u>		research	
	vapour.	increased risk		needed, not	
		of squamous		NICE	
		cell carcinoma		recommended.	
		from snus			
		data), gum			
		irritation/recessi			
		on,			
		cardiovascular			
		issues, Type 2			
		diabetes,			
		decreased			
		sperm count,			
		acute nicotine			
		toxicity from			
		high doses.			

# 2.4. Prevalence of Use (Adults and Youth)

Data on nicotine pouch use in Great Britain indicates a growing trend, though overall prevalence

remains relatively low.

#### Adult Use

Nicotine pouch use among adults has been increasing. Current use doubled from 0.26% in November 2020 to 0.32% in October 2021 , reaching 1.0% by 2024 and 1.1% by 2025. The proportion of adults who have ever used a pouch reached 5.4% by 2024 and 6.0% by 2025. Use is more common among younger adults (18-34, with 2.6% current use in 2025), males (3.5% current use in men under 40), and individuals with prior experience of vaping, smoking, or other addictive products.

#### Youth Use

Among 11-17 year olds, 3.3% to 3.8% reported ever trying nicotine pouches. Current use among this age group was 1.2% in 2024, rising slightly to 1.5% in 2025. Awareness of nicotine pouches among 11-17 year olds increased from 38% in 2024 to 43% in 2025. While there is a legitimate concern about increasing youth awareness and uptake, the actual current use rate among 11-17 year olds remains relatively low (1-1.5%). This contrasts sharply with the alarmist language frequently used in media reports, which often frame it as an "alarming rise" or the "next 'trendy' craze". Media tends to highlight the *increase* in awareness or *ever use* figures, rather than the *absolute current prevalence*, thereby creating a sense of widespread crisis. This pattern suggests a form of sensationalism where low absolute numbers are amplified by focusing on trends or awareness, contributing to a "moral panic". Such disproportionate reporting can divert public and policy attention and resources from more prevalent public health issues, such as adult smoking cessation, and potentially lead to over-regulation that inadvertently restricts access to less harmful alternatives for adult smokers.

# 3. Critical Examination of Claims from "Yorkshire Day: Cutting Through the Smoke and Media Misinformation"

This section systematically addresses specific claims made in the "Yorkshire Day" article and evaluates their accuracy against the provided information, highlighting instances where media reporting has been misleading or factually incorrect.

# 3.1. Claim 1: "Too strong" and "almost completely unregulated."

The "Yorkshire Day" article challenges the assertion that nicotine pouches are "too strong," stating that strengths rarely exceed 30mg and 15mg is already considered extremely strong. Research indicates that typical commercial strengths from major brands indeed range from 1.5 mg to 20 mg per pouch. However, it is factually accurate that some online retailers do offer products with much higher strengths, including 100mg and 150mg per pouch or gram. While these extreme strengths exist, they do not represent the mainstream market, and some are even listed as discontinued. Therefore, the media's focus on "too strong" is partially valid for extreme products, but it is often presented without the crucial context of typical market availability.

Regarding the claim that nicotine pouches are "almost completely unregulated," the "Yorkshire Day" article dismisses this as "disingenuous." However, the available information consistently indicates a significant regulatory gap under current UK law. Nicotine pouches are not specifically regulated under tobacco or vape laws and fall primarily under general product safety regulations. This means there are no specific legal age restrictions and no legal limits on nicotine strength. While the Tobacco and Vapes Bill aims to address this, the claim of being "almost completely unregulated" is largely accurate in the context of specific, tailored legislation, despite existing general safety rules and voluntary industry practices.

The media's persistent emphasis on the "unregulated" status of nicotine pouches serves as a potent tool to heighten public concern and pressure for legislative action. While a regulatory gap undeniably exists, framing it as "almost completely unregulated" or "no law in place" without acknowledging the existing General Product Safety Regulations or voluntary industry age checks simplifies a complex legal and market reality. This simplification is highly effective in generating alarm and mobilizing public opinion. This approach is a common media tactic in public health reporting: highlighting a lack of specific, explicit regulation to imply a total absence of oversight. This amplification of perceived risks often aims to accelerate policy changes, potentially overlooking the nuances of existing, albeit general, regulatory frameworks or industry self-regulation.

# 3.2. Claim 2: "Kids are buying 150mg pouches and getting high on them."

The "Yorkshire Day" article explicitly states this claim is "simply not reflective of the market" and that "strengths rarely go above 30mg." As detailed in Section 2.2, while 150mg products are listed by some online niche retailers , they are not representative of the typical market (1.5-20mg) and some are even discontinued. Youth use, while increasing in awareness and "ever use," remains low at 1-1.5% current use among 11-17 year olds. While acute nicotine toxicity can occur with excessive high-dose use , the widespread scenario of "kids getting high" on readily available 150mg pouches is indeed an exaggeration of the market reality and youth prevalence.

Media frequently employs the tactic of taking extreme or isolated incidents (e.g., a 21-year-old experiencing disorientation after consuming 15 high-nicotine pouches, or a "concerned mom" reporting nausea) and presenting them as widespread or representative phenomena. The "150mg pouches and kids getting high" claim is a prime example of this. While such products exist and misuse can occur, their general availability and the scale of youth access and "getting high" are not supported by prevalence data or typical market offerings. This sensationalization leverages fear to create a perception of crisis. The portrayal of specific, alarming anecdotes as universal truths causes disproportionate public alarm. This alarm, in turn, drives increased media coverage and political pressure for swift, often reactive, legislative measures, frequently without a thorough, proportionate assessment of actual prevalence, typical product use, or overall public health impact. This is a clear manifestation of fear-mongering.

# 3.3. Claim 3: "Bad for your health" without evidence.

The "Yorkshire Day" article criticizes media for making broad claims that pouches are "bad for your health" without providing substantiating evidence or studies. Information confirms that while nicotine products are "not entirely without risk" and "not completely harmless," nicotine pouches

are substantially less harmful than smoking. The long-term health effects are indeed still largely unknown due to their novelty. However, potential oral health issues (gum irritation, recession, and possible links to oral cancer based on snus studies) and cardiovascular concerns exist. Therefore, while the media's failure to provide evidence for *extreme* harm is a valid criticism, the claim that they are entirely "good for you" or without *any* health implications is also unsupported. The core issue lies in the lack of nuance in reporting.

The legitimate scientific uncertainty regarding the "long-term health effects" of nicotine pouches is frequently presented by media in a way that implies *high risk* or *equivalent risk to smoking*, rather than simply a *lack of definitive data*. This framing can lead to an exaggerated public perception of harm, especially when juxtaposed with the well-documented, severe harms of combustible tobacco. The "Yorkshire Day" article correctly identifies the absence of *substantiating evidence* for claims of extreme harm, highlighting this misrepresentation. This tactic leverages scientific uncertainty to create fear. It can inadvertently discourage adult smokers from transitioning to less harmful nicotine alternatives if they perceive the "unknown" risks of pouches as comparable to or worse than the "known" risks of smoking, thereby undermining public health harm reduction goals.

### 3.4. Claim 4: "No minimum age... no restriction on strength."

The "Yorkshire Day" article initially identifies these claims as common media narratives. As established in Section 2.2, it is factually accurate under current UK law that there is no specific minimum age for purchasing nicotine pouches and no legal restriction on nicotine strength. However, the "Yorkshire Day" article then contradicts itself by asserting that "you have to be 18 to purchase nicotine pouches, and retailers are legally obliged to ask for ID if you look under 25." This latter statement is false regarding the *current legal obligation* for nicotine pouches; this legal obligation applies to cigarettes and vapes, but for pouches, it is currently a voluntary retailer practice.

The "Yorkshire Day" article, despite its stated aim to "cut through misinformation," itself contains a direct internal contradiction regarding the age of sale for nicotine pouches. It correctly identifies the current legal vacuum but then incorrectly states a legal obligation for age verification that does not yet exist for pouches. This highlights how complex the regulatory landscape is, and how easily even well-intentioned sources can conflate current law, voluntary industry practices, and public perception. Such internal inconsistencies further complicate the public's ability to understand the true regulatory status of these products. It demonstrates the pervasive nature of factual ambiguity, even when attempting to correct it, and the difficulty in distinguishing between actual legal requirements, industry best practice, and general societal expectations. This blurring of lines contributes to overall public confusion and mistrust in information.

# 3.5. Claim 5: No mandatory warning label ("This product contains nicotine which is a highly addictive substance").

The "Yorkshire Day" article unequivocally states that the claim of no mandatory warning label is "demonstrably untrue" and an "outright fabrication," asserting that "every tub, from every brand, clearly displays this warning." This is supported by the fact that proposed regulations in the Tobacco and Vapes Bill would mandate such clear and informative labelling, suggesting that the industry may already be adopting this as a best practice, or that the media claim was simply

false.

Unlike some other claims that might stem from misinterpretation or exaggeration of regulatory gaps, the assertion about the absence of the "highly addictive substance" warning label is explicitly categorized by the "Yorkshire Day" article as an "outright fabrication." The consistency of this warning on products and its inclusion in future mandatory regulations strongly indicates that the media claim was factually incorrect. This points to a more deliberate form of misinformation rather than a simple misunderstanding. This specific instance suggests that some media reporting might not just be biased or sensationalist, but actively fabricating facts to fit a pre-determined narrative of danger and lack of control. Such practices severely erode public trust in journalistic integrity and the reliability of news sources.

# 4. Analysis of UK Media Reporting on Nicotine Pouches

# 4.1. Factual Accuracy and Misinformation in Reporting

UK media reporting on nicotine pouches exhibits several recurring factual inaccuracies and instances of misinformation. A pervasive inaccuracy is the broad statement that "any child of any age can legally enter a shop and be sold these addictive products". While legally true *currently* due to a regulatory loophole, this often omits the crucial context of widespread voluntary age checks by responsible retailers and the imminent legislation (Tobacco and Vapes Bill) that will impose a legal age limit of 18.

Media frequently exaggerates the common availability of extremely high-strength pouches (e.g., 150mg) to youth. This ignores that typical mainstream market strengths are much lower (1.5-20mg) and that the highest strengths are often niche online products, some of which are discontinued. Furthermore, false claims are made that specific health warnings, such as "This product contains nicotine which is a highly addictive substance," are not required or displayed on packaging. This is directly contradicted by the "Yorkshire Day" article and the emphasis on such warnings in proposed regulations. Finally, many reports incorrectly refer to nicotine pouches as "snus" or conflate the two. This leads to the misattribution of health risks associated with tobacco-containing snus (which is banned for sale in the UK) to tobacco-free nicotine pouches.

These inaccuracies often stem from a combination of factors, including reliance on "reworded press releases" from advocacy groups, a lack of in-depth independent investigation into product specifics, and a failure to clearly distinguish between current legal status, voluntary industry practices, and proposed legislative changes. The absence of clear, established, and enforced specific regulations for nicotine pouches in the UK has created an environment highly susceptible to misinformation. When the legal status of a product is ambiguous (e.g., not explicitly covered by existing tobacco or vape laws), it becomes easier for media outlets to make broad, often inaccurate, claims without immediate factual challenge. This regulatory ambiguity effectively creates a vacuum in authoritative information, which is then readily filled by less precise or sensationalized reporting. This highlights a critical need for clear and timely legislative frameworks not only for public safety and market control but also for maintaining factual integrity in public discourse. Clear regulation removes a major breeding ground for factual inaccuracies and reduces the scope for misinterpretation in media reporting.

### 4.2. Fear-Mongering and Sensationalism Tactics

UK media reporting on nicotine pouches frequently employs fear-mongering and sensationalism. The "think of the children!" argument is widely deployed, framing youth uptake of nicotine pouches as a rapidly spreading "trendy craze" or "epidemic". This occurs despite academic studies showing relatively low overall current use rates among youth (1-1.5%). Media tends to amplify low absolute numbers by focusing on trends or awareness, thereby creating a sense of widespread crisis.

Alarming language is common, with headlines and reports using phrases like "alarming rise" and describing the situation as a "game of whack-a-mole". There is a disproportionate focus on extreme cases, such as the availability of 150mg pouches or isolated incidents of individual adverse reactions. Emotional appeals are frequently used, emphasizing the need to protect children from products "slipping through the cracks". This disproportionate focus on children and the use of emotional language often bypasses rational debate, contributing to a "moral panic". This approach can lead to reactive and potentially counterproductive policy decisions, diverting attention from more prevalent public health issues and potentially restricting access to less harmful alternatives for adult smokers.

### 4.3. Bias and Agenda Setting

Several forms of bias and agenda setting are discernible in UK media coverage of nicotine pouches. A commercial or ratings bias is evident, as media outlets are often perceived as searching for their "next bogeyman to terrify the population for ratings". This aligns with broader observations in media studies regarding the drive for sensationalism over nuanced reporting. There is also a clear political and policy agenda at play. Media campaigns frequently influence public opinion for vested interests, and the push for the Tobacco and Vapes Bill, which seeks to regulate nicotine pouches, is heavily reported and advocated by various media outlets. This suggests that media narratives are often aligned with and amplify specific legislative objectives. A skepticism towards harm reduction is also apparent. There is a tendency to emphasize the risks and downplay the benefits of novel nicotine products, possibly driven by a precautionary principle or a general anti-nicotine stance. This can manifest as a reluctance to fully acknowledge the role of nicotine pouches as a less harmful alternative for adult smokers. Finally, source selection bias contributes to the skewed narrative. Media often relies heavily on certain advocacy groups, such as the Chartered Trading Standards Institute (CTSI) and ASH, whose press releases are sometimes "reworded" into news articles. While these groups provide valuable data and raise legitimate concerns, their framing can be amplified, potentially limiting the inclusion of diverse perspectives or more balanced scientific viewpoints. This reliance on certain advocacy groups can create a skewed narrative, particularly when these groups have a strong stance on a topic, potentially limiting diverse perspectives. This phenomenon can contribute to the formation of echo chambers, where a particular viewpoint is reinforced without sufficient challenge or nuance. The conflict between the media's role in informing the public and its commercial drive for ratings or clicks can compromise factual reporting, leading to sensationalism overshadowing accuracy.

# 5. Broader Patterns of Misreporting in UK Media

The issues observed in the reporting on nicotine pouches are not isolated incidents but reflect

broader, systemic patterns of misreporting and bias within the UK media landscape.

#### 5.1. General Trends in Media Bias

UK media has long been scrutinized for its inherent biases. Political bias, often manifesting as a left versus right conflict, is prevalent, with certain outlets aligning with specific political parties and their policies. Beyond politics, there is a documented concentration of reporting on specific demographics or regions, such as the white middle classes or those resident in London, leading to a feeling of underrepresentation for minority groups. The influence of wealthy media owners and political donations can also shape editorial agendas. These factors contribute to a perceived erosion of impartiality, where media outlets may prioritize their agendas over objective reporting.

### 5.2. Misinformation in Public Health Reporting

Misinformation has been identified as a major threat to society and public health, with social media significantly contributing to its spread. In the UK, four in ten adults reported encountering misinformation or deepfake content in a four-week period, with the majority seen online. The impacts of health misinformation are severe, including influencing individual decisions (e.g., vaccine hesitancy), eroding trust in authoritative institutions, financial losses, and even worse health outcomes.

The causes of misinformation are multifaceted. They include the ability of non-experts to rapidly post information, the influence of bots and social media algorithms, and the reconfiguration of true information into misleading narratives. A significant number of people in the UK are skeptical of conventional news production processes, with many believing that important stories are deliberately covered up by traditional news sources and that journalists do not consistently follow codes of practice. Health journalists themselves face constraints, including a fear of misrepresentation, a lack of accessible and accurate information from official sources, and political pressures that can discourage investigative reporting. Consequently, media coverage of health issues often tends to be shallow, reactive, and sensationalist, lacking in investigative depth and occasionally inaccurate.

#### 5.3. Erosion of Trust and Journalistic Standards

Overall trust in news remains low in the UK, with significant proportions of the public citing bias, spin, and agendas as primary reasons for their distrust. There are widespread concerns about the ability of news outlets to distinguish clearly between news and opinion. The immediacy of the online news cycle has led some outlets to adopt a "publish first, verify second" strategy, despite research showing a correlation between accuracy and trust. The UK public is also struggling to identify mis- and disinformation online, especially with the growing mass of Al-generated content and the sheer volume of information available. Confirmation bias plays a significant role, as individuals often seek information that aligns with their existing views, reinforcing echo chambers where disinformation can thrive.

These broader trends in media bias, misinformation in public health reporting, and the erosion of trust collectively present a systemic challenge to journalistic integrity. Digital pressures, the influence of media ownership, and public skepticism create an environment where accurate, nuanced reporting is difficult and misinformation thrives, particularly for complex public health issues like nicotine pouches. This environment makes it increasingly hard for the public to

discern reliable information from misleading content, impacting informed decision-making and public health outcomes.

### 6. Conclusions and Recommendations

# **6.1. Summary of Findings**

The examination of UK media reporting on nicotine pouches reveals a consistent pattern of factual inaccuracies, fear-mongering, and underlying biases. While nicotine pouches offer a demonstrably less harmful alternative to combustible cigarettes, media narratives frequently distort this reality. Key inaccuracies include misrepresenting the current legal age of sale, exaggerating the widespread availability of extremely high-strength products, and falsely claiming the absence of mandatory warning labels. These misrepresentations are often driven by a regulatory lag, where the lack of specific, tailored legislation for nicotine pouches has created an information vacuum that is readily filled by sensationalized reporting. Fear-mongering tactics, particularly the "think of the children!" argument, are employed to amplify concerns about youth uptake, often by focusing on increasing awareness or "ever use" figures rather than the relatively low absolute prevalence of current youth use. This creates a moral panic that can divert attention and resources from more pressing public health issues. The media's portrayal also suffers from biases, including a commercial drive for ratings, alignment with political agendas, and a general skepticism towards harm reduction strategies. The reliance on select advocacy groups as primary sources further contributes to a skewed narrative. These issues are not unique to nicotine pouch reporting but are symptomatic of broader challenges within UK media, including pervasive biases, the spread of misinformation in public health contexts, and a general erosion of trust in journalistic standards.

#### 6.2. Recommendations

Based on this analysis, the following recommendations are put forth to foster a more accurate, balanced, and responsible public discourse on nicotine pouches and similar public health topics:

#### For Media Outlets:

- Prioritize Factual Accuracy and Nuance: Journalists and editors must commit to
  rigorous fact-checking, especially for claims related to health and regulation. Reporting
  should clearly distinguish between current legal status, voluntary industry practices, and
  proposed legislation. The nuanced concept of "harm reduction" should be communicated
  transparently, differentiating between "less harmful" and "harmless."
- **Balanced Sourcing:** Media should seek out a broader range of authoritative and independent experts, including public health researchers, medical professionals, and regulatory bodies, to ensure a comprehensive and balanced perspective. Over-reliance on a limited set of advocacy groups or anecdotal evidence should be avoided.
- Avoid Sensationalism and Fear-Mongering: Reporting should resist the temptation to amplify low absolute numbers or isolated incidents into widespread crises. Emotional appeals, particularly those involving children, should be used judiciously and grounded in proportionate evidence.
- Clear Distinction of Information: News reporting should clearly separate factual

reporting from opinion or commentary, ensuring that audiences can discern objective information from subjective viewpoints.

### For Policymakers:

- Expedite Clear and Comprehensive Regulation: The Tobacco and Vapes Bill should be
  prioritized to swiftly close existing regulatory gaps for nicotine pouches, establishing clear
  age restrictions, nicotine strength limits, and consistent labelling requirements. This will
  reduce ambiguity that fuels misinformation and provide a clearer framework for
  enforcement.
- Support Independent Research: Increased public funding for independent, long-term research on novel nicotine products is crucial to generate unbiased evidence on their health impacts and effectiveness as cessation aids. This will reduce reliance on industry-funded studies and provide a more robust evidence base for policy decisions.

#### For Public Health Bodies:

- Enhance Communication Strategies: Public health bodies should develop and
  disseminate clear, consistent, and nuanced information about nicotine pouches,
  emphasizing their comparative risks and benefits. This includes proactively addressing
  common misconceptions and providing accessible resources for both adults seeking
  cessation and young people.
- **Collaborate with Media:** Engage proactively with media outlets to provide accurate data, context, and expert perspectives, helping to shape responsible reporting and counter misinformation.

#### For the Public:

- Cultivate Media Literacy: Individuals should develop critical media literacy skills, including questioning headlines, checking sources, and cross-referencing information from multiple reputable outlets.
- Seek Diverse and Authoritative Sources: Rely on established public health organizations, academic institutions, and government health advisories for information on health-related topics, rather than solely on sensationalist news or social media.

By addressing these areas, the UK can move towards a more evidence-based and less fear-driven public discourse around nicotine pouches, ultimately supporting more effective public health outcomes.

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