Evaluation of the Dutch Tobacco and Smoking Products Act

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This submission was written on behalf of the Adam Smith Institute by Daniel Pryor who works at the Institute as Head of Research. The Adam Smith Institute is one of the world's leading think tanks. Independent, non-profit and non-partisan, it works to promote free market, neoliberal ideas through research, publishing, media outreach, and education. The Institute is today at the forefront of making the case for free markets and a free society in the United Kingdom.

Oral nicotine pouches form an important part of a comprehensive harm-reduction approach to smoking cessation.

The basic premise of tobacco harm reduction is simple; make it as easy as possible for smokers to switch to nicotine products that cause them significantly less harm.

Since their emergence in the UK, successive governments have largely followed public health authorities in taking a broadly liberal, harm reduction approach to reduced-risk products such as non-tobacco oral nicotine pouches, e-cigarettes, and heated tobacco. Widespread support for the use of safer alternatives in tobacco control policy is reflected in the UK's relatively permissive approach to regulation in this area. The UK adult smoking rate is 13.3%—significantly below the European average.

Oral nicotine pouches were the first to be recognised as a modified risk tobacco product by the FDA in the United States. This was based on a large body of epidemiological research showing that, in Sweden, snus plays a key role in reducing tobacco-related mortality and encouraging smoking cessation.

Banning oral nicotine pouches will significantly harm public health and conflict with the Dutch Government's 'Smoke-Free Generation' by 2040 objective.

A larger range of reduced risk products increases the quit options available to smokers; different smokers have different tastes and preferences for safer alternatives. It therefore follows that reducing the range of safer alternatives through an outright ban will undermine smoking cessation objectives. This has been tacitly acknowledged through the UK's Committee on Toxicity of Chemicals in Food, Consumer Products and the Environment (COT) investigating the toxicological risks from the use of oral nicotine pouches, the inclusion of heated tobacco in the UK Office for Health Improvement and Disparities' annual e-cigarette evidence updates and

including “moving to reduced risk products” as part of the UK Government’s definition of smokefree.

International evidence also suggests that oral nicotine products are not a ‘gateway’ to cigarette smoking. The European Commission’s Scientific Committee on Emerging and Newly-Identified Health Risks concluded that “The Swedish data do not support the hypothesis that smokeless tobacco (i.e. Swedish snus) is a gateway to future smoking.” Recent peer-reviewed, independent research has echoed this finding. It is highly unlikely that non-tobacco nicotine pouches would significantly differ from Swedish snus in this regard.

Conclusion

Banning non-tobacco oral nicotine pouches would incur significant public health costs with no identifiable benefits and undermine existing objectives of the Dutch Government. The Netherlands should instead introduce appropriate regulation of this product category to safeguard public health and consumer choice.

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