

International Association on Smoking Control & Harm Reduction

SCOHRE

Smoking cessation and prevention remain the most impactful and cost-effective interventions in medicine, and we will continue the hard work to raise awareness to every smoker and the public about the adverse effects of smoking. However, where cessation repeatedly fails, switching to less harmful products expected to result in benefits for many smokers should be an option.

We have read the explanatory memorandum regarding the Bill amending the Tobacco and Tobacco Products Act regulating non-tobacco nicotine products and nicotine devices and although we are pleased to see that the Dutch government seeks to support smokers to quit smoking, we are concerned that the proposed ban on nicotine pouches creates more barriers to those who cannot quit smoking conventional cigarettes by removing one *low-risk* alternative to smoking from the market. Accordingly, it is more likely that the proposed ban will hamper the efforts of reaching the smokefree objective.

Despite knowing the harmful health effects of smoking for decades, still more than 1 billion people globally smoke and more than 7 million die prematurely every year from smoking related diseases.

Since smoking cessation and prevention remain the most impactful and cost-effective interventions in medicine, healthcare and public health professionals as well as government authorities need to continue the efforts to raise awareness to every smoker and to the population as a whole about the adverse effects of smoking.

However, where cessation repeatedly fails, switching to less harmful products expected to result in benefits for many smokers should be an option. Nicotine has an addictive potential but plays a minor role in smoking related mortality and it has been used successfully in smoking control and smoking cessation.

In an era of accelerating progress and technological innovation, new approaches emerge based on potentially safer alternatives than cigarettes, for those smokers, who for various reasons cannot give up smoking completely, i.e., Tobacco Harm Reduction. There is a growing interest among experts in novel approaches towards tobacco control and there is an ongoing discussion that limiting the negative effects of smoking can be also achieved by tobacco harm reduction.

Harm reduction can help those who for various reasons are not able to quit smoking. This group of smokers should not be abandoned by tobacco control policies. Where cessation repeatedly fails, switching to less harmful products will have a positive effect for many smokers.

We believe that smoking control strategies should be reshaped to include harm reduction through alternative potentially lower risk products use, besides the traditional smoking cessation and smoking prevention measures.

Yet, we need to acknowledge that tobacco harm reduction debate is still at an early stage and more research and publications are needed to raise awareness on existing knowledge, generate more data and create more opportunities for education of health policy experts, regulators and general public and thus properly explain the benefits of this approach, while also appropriately addressing the concerns such as continuous use of, and dependence on, nicotine as well as potential adoption of use by never smokers and youth.

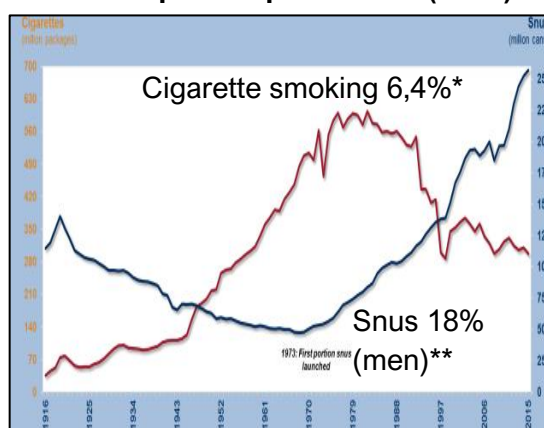
We also need to acknowledge that the debate on tobacco harm reduction is still facing a lot of opposition from some of the key actors, including policy and regulatory bodies. This skepticism explains the proposal of the Dutch Government to ban nicotine pouches [nontobacco nicotine products] for oral use.

We need to find a way of establishing a constructive dialogue to discuss concerns and challenges and to create more data that will lead to informed policy making.

Banning nicotine pouches, reminds the Snus case in Europe. In 1992 a ban in the sales of Snus was imposed in most EU countries, with the exemption of Sweden, and Norway. Scientific evidence nowadays, including long-term epidemiological studies, shows a lower risk of cancer, heart disease and chronic bronchitis.







Sweden: Snus & cigarettes consumption & prevalence (2020)



SMD Logistics och Swedish Match estimat | *Eurostat 2019 | **Swedish snus and public health, Lakeville 2021

Death rates (age standardized) per 100,000 attributable to tobacco in 2019

	Men		Women	
	Sweden 	EU average 	Sweden 	EU average 
All causes of cancer	72	128	54	48
Tracheal, bronchus & lung cancer	14	36	13	12
Ischemic heart disease	18	25	10	9
Stroke	4	8	4	4
COPD	9	17	8	6
Swedish men consume the same volume of tobacco as males in the EU, but more than half in the form of snus		Swedish women consume most of the tobacco from cigarette smoking		

Compiled from The Global Burden of Disease Study by LM. Ramström (2020)

In Sweden, smoking has fallen to 7% of adults, close to the EU's target for 2040, i.e., daily smoking 5%. The lower smoking rates have translated to lower levels of cancer and other serious diseases in Sweden, especially among men, the main snus users. Smoking is down to 1-2% among young women in Norway now – signaling the emerging prospect of a smoke-free generation.

The experience from Snus indicates that we need to monitor closely the use of nicotine products to document the use because we run more risk to create a negative outcome!

Long term observational studies and the generation of conclusive evidence about the relative risk between conventional cigarettes and the newer Electronic Nicotine Delivery Systems (ENDS), the Heat-Not-Burn tobacco products (HNB) and any other Nicotine Delivery Systems like the nicotine pouches to support informed policies will secure informed decisions that will carry a positive outcome for health.

