

To: Mr Martin Schulz,  
President of the European Parliament  
CC: Members of the European Parliament  
From: Specialists in tobacco and public health  
Date: 23 September 2013

**From:**  
Professor Martin Jarvis  
Professor Riccardo Polosa  
Professor Karl Olov Fagerström  
Professor Michael Kunze  
Dr Karl Erik Lund  
Dr Jacques Le Houezec  
Dr Tony Axell  
Dr Lars Ramström  
Professor Gerry Stimson  
Mr Clive Bates

Dear Mr Schulz,

**Re: Tobacco Products Directive and snus**

We are writing to you as independent public health specialists as the Tobacco Products Directive approaches its first reading in the European Parliament on 8 October. We hope that every Member of the European Parliament will take a rigorous evidence-based approach to oral tobacco ('snus'), and support the lifting or partial lifting of the ban on this product. This letter briefly explains why there is no justification for the ban, and why many leading experts have called for it to be lifted, for example in a letter from 15 experts to Commissioner Dalli in 2011<sup>1</sup>. Sadly, these well-informed and carefully argued views from public health experts were ignored when the Commission published its proposal for the revised directive in December 2012. We must be clear from the outset – the effect of banning a much safer product that can substitute for cigarettes will be more smoking, and hence more disease and death, than there would otherwise be. We hope this is sufficient reason for you to consider the issue of the snus ban with an open mind.

**An unjustified ban on snus – misunderstood gateway effects.** Snus has been banned in the EU, other than in Sweden, since 1992. The original reason for the ban was a fear that it could become a 'gateway' to smoking for young people. This risk was only ever hypothetical but the subsequent reality of snus use in both Norway and Sweden shows that it is, beyond doubt, a *gateway out of smoking*. Snus is used as an alternative to smoking and as a means to quit. Further, snus is not increasing but rather *decreasing* onset of smoking in young people. It is primarily because of snus use that Sweden and Norway have the lowest rates of smoking in Europe, by far. It is sometimes claimed that snus should be banned because it is not 100% safe. However, this misunderstands its impact: the overall effect of snus has been protective and *highly beneficial* to public health where it is on sale freely. The original justification for the ban has been overturned by evidence from the real world, and there is now no justification to treat snus differently to any other smokeless tobacco. As with e-cigarettes, there are good reasons to carefully encourage its use as an alternative to smoking for people who cannot or do not wish to quit using nicotine or tobacco.

**Health potential of snus in the rest of Europe.** There has been a remarkable success for public health in Sweden and Norway that deserves more recognition. According to the most recent *Eurobarometer* survey<sup>2</sup>, adult smoking prevalence in Sweden is just 13%, far lower than the EU average of 28%. Nothing we consume can be 100% safe or pure, but the risks associated with snus use are of the order of 95-99% lower than for smoking<sup>3</sup>. This has resulted in substantially reduced

burdens of tobacco-related disease (cancer, cardiovascular disease, emphysema). For example, the rate of lung cancer mortality in Sweden is half that of its neighbour Denmark<sup>4</sup>. Sweden also has significantly lower levels oral cancer mortality. It is not enough to argue, as the Commission does, that snus is 'toxic and addictive': it is a very much less toxic and also less addictive than cigarettes but its effective nicotine delivery still makes it a viable alternative to smoking. This is the well-established idea of 'tobacco harm reduction' working for health here in Europe. More data is appended at the end of this letter.

**An unethical ban.** When people use snus instead of smoking they are significantly reducing their own health risks, at their own expense, on their own initiative, and with no harm to anyone else. On what basis can a government justify using the force of European law to prevent them doing this? The consequence, visible everywhere in the European Union outside Sweden, is more smoking and more death and disease than there would otherwise be. Even if a single user somewhere in the European Union wished to use it, why should a European Union directive prevent them? We can find no precedent for governments banning much safer alternatives to risky products. This highly irregular policy raises major ethical concerns and implicates the European Union in causing additional harm.

**Incoherent tobacco legislation brings the EU into disrepute.** The approach to snus policy and legislation rests on a 25-year-old error that officials have refused to accept or correct<sup>5</sup>. There is no credible explanation for why the safest known form of tobacco in the world, snus, is banned when the most dangerous, the manufactured cigarette, is widely available. No one can explain why smokeless tobacco placed in the mouth and *chewed* is permitted, but if *sucked* it is banned. How can a ban be consistent with the principle of free movement of goods, especially when we know the impact of the product is overall beneficial to health where it is not banned? These obvious contradictions disfigure such important legislation. All branches of the legislature have professional and legal obligations to take advances in scientific understanding into account, and this is especially important given the lives at stake. It is now time face these responsibilities, and to correct the 25 year error behind the ban on snus.

**Fixing the snus provisions in the tobacco products directive.** There are three main options, which we list in order of preference, with the most strongly justified first.

1. **Treat snus like any other smokeless tobacco.** The definitions in the directive can be amended to remove the arbitrary discrimination between snus and other smokeless tobaccos. This would be the simplest and best approach.
2. **Treat snus like a novel tobacco product.** Snus products could go through the same process for introduction of novel tobacco products, such as those that heat tobacco, under Article 17 of the proposed directive. Given snus has not been present for at least 20 years outside Sweden, it is reasonable to treat it as 'novel'.
3. **Allow an exception to the general ban where snus has traditional use.** This would allow members states to determine that snus meets a traditional product demand, and to permit it.

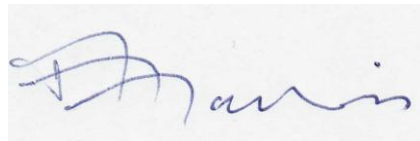
We also advocate a regulatory framework for all smokeless tobacco that would place limits on the toxic contaminants that potentially cause harm. The WHO's expert group on smokeless tobacco recommended exactly this<sup>6</sup>, and the approach is supported by the UK Royal College of Physicians and many other experts.

There is no scientific, ethical or legal basis to ban snus, and we hope you will support one of the three options listed above. In reality, you will be supporting better health and challenging the dominance of cigarette smoking, which is the most harmful and addictive form of tobacco and nicotine use.

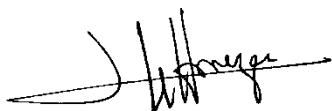
Yours sincerely



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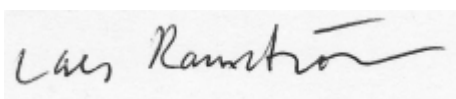
Professor Karl Olov Fagerström PhD  
Emeritus Professor of Psychology  
President Fagerström Consulting AB



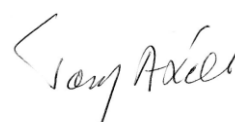
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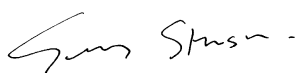
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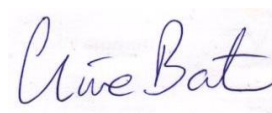
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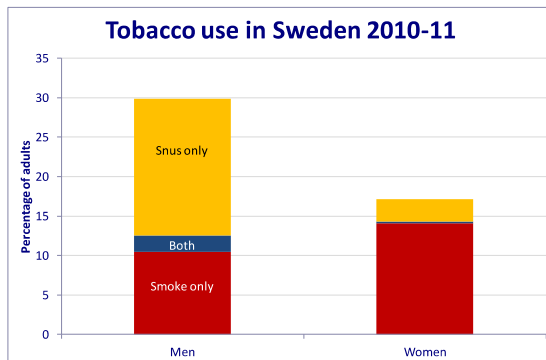
Clive Bates  
Former Director,  
Action on Smoking & Health (UK) 1997-2003

## Notes

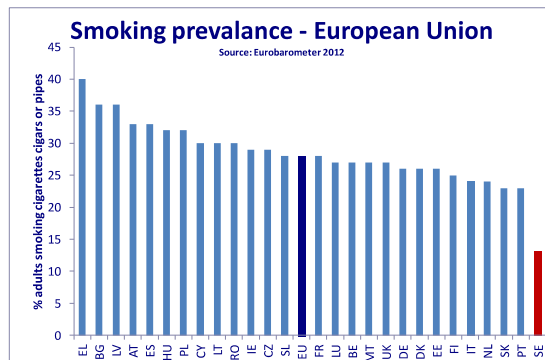
<sup>1</sup> Axell T, Borland R, Britton J, Fagerström K, Foulds J, Gartner C, Hughes J, Jarvis M, Kozlowski L, Kunze M, Le Houezec J, Lund K, McNeill, Ramström L, Sweanor D. (2011) Letter to Commissioner Dalli, advancement of the scientific basis for the EU Tobacco Products Directive, May 2011 [\[link\]](#)

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- <sup>2</sup> European Commission, [Special Eurobarometer 385](#), Attitudes of European Citizens to Tobacco, March 2012
- <sup>3</sup> Phillips CV, Rabi D, Rodu B. Calculating the comparative mortality risk from smokeless tobacco versus smoking. *Am J Epidemiol* 2006; 163: S189.
- <sup>4</sup> WHO / International Agency for Research on Cancer: [Cancer mortality database](#). Lung cancer is a good marker for all smoking related diseases as it is mostly (c. 85-90%) attributable to smoking.
- <sup>5</sup> C Bates, L Ramström, A critique of the scientific reasoning supporting the proposed measures relating to oral tobacco, March 2013 [\[link\]](#)
- <sup>6</sup> WHO study group on tobacco product regulation (2009). Report on The Scientific Basis Of Tobacco Product Regulation: third report of a WHO study group. WHO technical report series; no. 955. WHO, Geneva. [\[Link\]](#)

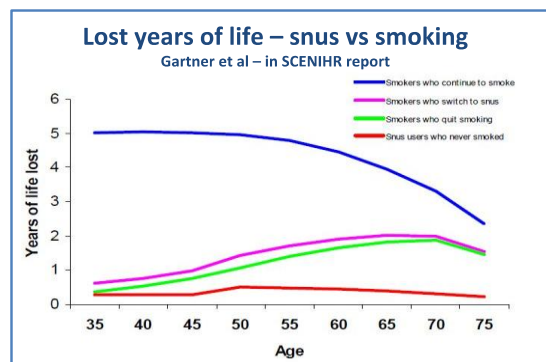
## The impact of snus – supporting data



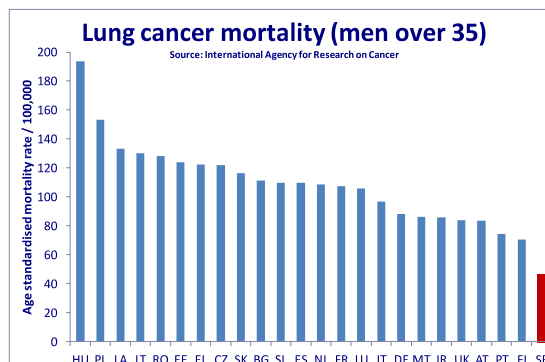
1. In Sweden, especially among men, nicotine is consumed through use of smokeless tobacco or 'snus' instead of cigarettes.



2. This means that Sweden has a very low rate of smoking – an outlier compared to the rest of the European Union.

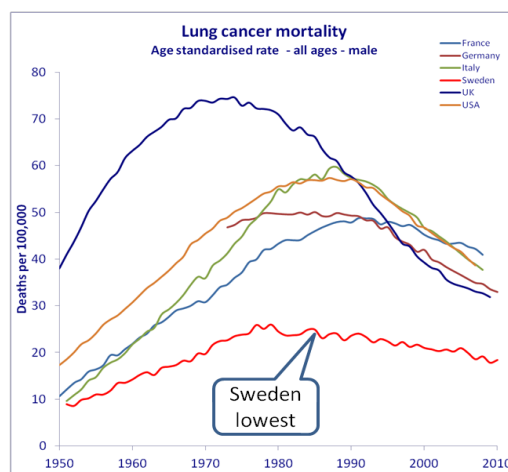


3. Research modelling reported by the EU's scientific panel (SCENIHR) shows that snus use has a *much* lower impact on life expectancy than smoking

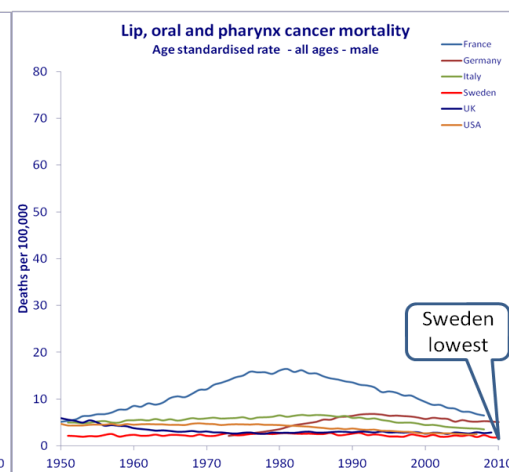


4. Sweden shows exceptional results for smoking related disease. Today's low smoking rates will mean lower cancer rates in Sweden in future.

## Cancer mortality



5. Smoking related cancer rates track smoking rates with a lag. As it takes many years for cancer to form, so Sweden has benefited for many decades relative to other European countries.



6. Some people think that switching to smokeless tobacco just moves cancer from the lung to the mouth. This is wrong: the lung risks are much higher for smoking and cigarettes also cause oral cancers.