

Minister Sabine Oberhauser
Ministry of Health
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Radetzkystrasse 2
A-1030 Wien

3 February 2016

Dear Dr. Oberhauser

Re: Austrian implementation of TPD and the public health potential of smokeless tobacco

Please forgive us writing in English, but we hope you will find these views valuable all the same. We understand the Austrian government intends to use the Tobacco Products Directive to extend the European Union ban on oral tobacco to include *all smokeless tobacco*, including chewing tobacco and snuff. We write to caution against this move. Such a ban would be counterproductive and harmful, and would compound the policy error made in banning oral tobacco ('snus'). There is no ethical or scientific basis for banning products that are far less harmful than the market leader, cigarettes. It would be actively and irresponsibly harmful to force existing Austrian users of smokeless tobacco, estimated at around 14,500¹ citizens, to revert to smoking or to utilise the black market – and there is little evidence that they would all simply cease to use nicotine.

The case of snus. It is a matter of regret that in 2014, the European legislature decided to continue the prohibition of oral tobacco in the European Union, other than in Sweden, in the revised tobacco products directive 2014/40/EU. It is a matter of concern that Sweden's experience was not used as the basis for revising a policy for which there is no supporting evidence and that has been unchanged since 1991, when far less evidence was available. Sweden has the lowest smoking rates in Europe by a wide margin and has lower rates of disease as a result. According to the most recent *Eurobarometer* survey², adult smoking prevalence in Sweden is just 11%, far lower than the EU average of 26% and the Austrian rate of 26% (December 2014). This has resulted in substantially reduced burdens of tobacco-related disease (cancer, cardiovascular disease, emphysema etc)³. For example, the male age 30-75 rate of lung cancer in Austria is double that of Sweden⁴. Sweden also has significantly lower levels of oral cancer mortality – this is because smoking is a significant cause of oral cancer, whereas modern Swedish snus does not appear to cause oral cancer at all. There is every reason to assume that other forms of smokeless tobacco would have similar effects, though these have been less extensively studied.

The concept of tobacco harm reduction. Like many others in the field we believe that 'tobacco harm reduction' is a key strategy in public health. For people who cannot or do not wish to quit using nicotine, we should have options for consuming nicotine that have greatly reduced risk of disease compared to smoking. This is achieved by using products that do not involve burning tobacco and inhaling smoke. This will form part of the solution to the global burden of disease caused by smoking. We would like to share a letter written by 53 specialists in nicotine science and public health policy to Dr Margaret Chan, Director General of the World Health Organisation, outlining the case for tobacco harm reduction, including through e-cigarettes, smokeless tobacco and novel tobacco products that do not involve burning tobacco (attached)⁵. It is the smoke, not the nicotine, that does the harm to health and health policy and legislation should be based on that reality.

The views of experts. As Switzerland was considering how to address the ban on oral tobacco, an expert in tobacco control, Professor Jean François Etter of the University of Geneva, and several other European experts⁶ argued the following:

The new law presents an opportunity to allow oral tobacco products such as snus to be available on the Swiss market as an alternative to smoking - protecting both the smoker and bystanders from the effects of inhaling tobacco smoke. Although the EU has banned oral tobacco, there is no ethical or scientific case to support a ban, and experience from Norway and Sweden, where oral tobacco is legally available, suggests its availability has had a significant net beneficial effect on public health by reducing smoking and reducing smoking related disease.

Many leading experts called for the EU ban on snus to be lifted, for example in a letter from 15 experts to the European Commission as long ago as 2011⁷ on the grounds it will cause harm to health by denying EU citizens safer alternatives to smoking. For the same reasons, it is important to retain the availability of other forms of smokeless tobacco as a much safer alternative to smoking, with likely 95-99% lower risk than smoking^{8 9}, wherever legally possible.

Smokeless tobacco as a public health ‘intervention’. When people use smokeless tobacco 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. It is valuable to public health, but it is a market based-phenomenon not a formal intervention. It is the same conceptually as a regular Coca-Cola drinker switching to Diet-Coke to reduce calorie intake. No government concerned about obesity would intervene in the market to ban Diet-Coke – it would be counter-productive and irrational, yet this is the policy equivalent of banning smokeless tobacco. We can see no ethical basis on which any government can justify using the force of law to prevent them doing similar with smokeless tobacco. We can find no other precedent for governments banning much safer alternatives to risky products.

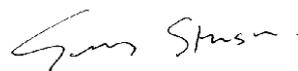
What should be done? Smokeless tobacco should be available on sale alongside other tobacco products that are more harmful. If there are concerns that some smokeless tobaccos may be more harmful than others, then there is scope to regulate purity, packaging and marketing instead of banning it outright. The regulation of smokeless tobacco as an alternative to prohibition has been recommended by WHO’s TobReg expert group on smokeless tobacco¹⁰, the Royal College of Physicians¹¹, the European Monitoring Centre for Drugs and Drug Addiction¹² and many experts.

There is no scientific, ethical or legal basis to ban smokeless tobacco, and we hope that Austria will stand by evidence and principle and allow this much safer alternative to smoking to be placed on the market as a legitimate low-risk alternative to smoking available to its citizens.

Yours sincerely



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Counterfactual
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1997-2003



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Notes

- ¹ World Lung Foundation and American Cancer Society, The Tobacco Atlas, entry for Austria, 2015 [\[link\]](#)
- ² European Commission, *Special Eurobarometer 429*, Attitudes of Europeans towards tobacco, May 2015 [\[link\]](#)
- ³ Ramström L, Wikmans T. Mortality attributable to tobacco among men in Sweden and other European countries: an analysis of data in a WHO report. *Tob Induc Dis* 2014;12:14. [\[link\]](#)
- ⁴ WHO / International Agency for Research on Cancer: Cancer mortality database [\[link\]](#) Lung cancer is a good marker for all smoking related diseases as it is mostly (c. 85-90%) attributable to smoking. For males age 30-75 the age-standardised lung cancer rate is 56.1 per 100,000. For Sweden it is 27.5 per 100,000.
- ⁵ Letter from 53 specialists in nicotine science and public health to Dr Margaret Chan, WHO. 26 May 2014 [\[link\]](#) Further exchanges, press coverage and a further letter to Dr Chan addressing some arguments by critics are available at the Nicotine Science and Policy web site [\[www.nicotinepolicy.net\]](#)
- ⁶ Signatories to this statement: **Prof Jean-François Etter, Ph.D.** Institute of Global Health, Faculty of Medicine, University of Geneva ; **Clive Bates** Counterfactual Consulting and Advocacy, London, UK. **Dr Konstantinos Farsalinos, M.D.** Researcher, Onassis Cardiac Surgery Center, Athens Greece; Researcher, University Hospital Gathuisberg, Leuven, Belgium; **Prof. Peter Hajek, Ph.D.** Wolfson Institute of Preventive Medicine Barts and The London School of Medicine and Dentistry Queen Mary, University of London Turner Street, London, UK; **Prof Riccardo Polosa, M.D.** Dipartimento di biomedicina clinica e molecolare, Università di Catania. Italy 12 September 2014.
- ⁷ 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 A, Ramström L, Sweanor D. (2011) Letter to Commissioner Dalli: *Advancement of the scientific basis for the EU Tobacco Products Directive*, May 2011 [\[link\]](#)
- ⁸ Phillips CV, Rabiou D, Rodu B. Calculating the comparative mortality risk from smokeless tobacco versus smoking. *Am J Epidemiol* 2006; 163: S189.
- ⁹ Lee PN. Summary of the epidemiological evidence relating snus to health. *Regul Toxicol Pharmacol* 2011;**59**:197–214. [\[link\]](#)
- ¹⁰ 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. [\[Link\]](#)
- ¹¹ Royal College of Physicians. Harm reduction in nicotine addiction: helping people who can't quit. A report by the Tobacco Advisory Group of the Royal College of Physicians. 2007, RCP: London [\[link\]](#)
- ¹² European Monitoring Centre for Drugs and Drug Addiction (EMCDDA – an agency of the European Union) *Harm reduction: evidence, impacts and challenges* covering [\[link\]](#) [\[Chapter 9: Harm reduction policies for tobacco\]](#)