Pressure is mounting on the European Union to drop its ban on smokeless tobacco. A number of government agencies, health advocates and drug liberalizers suggest that increased use of Swedish-style snuff, *snus*, would benefit public health. This form of oral tobacco, they maintain, is a safer alternative to smoking and is a useful cessation aid.

Advocates for removing the ban on snus point to Sweden’s low smoking prevalence, and low rates of lung cancer. They attribute Sweden’s health gains to the widespread use of snus among Swedish men. Health authorities (including some in Sweden) are concerned that snus use continues high levels of tobacco addiction, and feel it is better to support smokers in quitting than to promote switching to snus (or to increase its availability).

Irrespective of health concerns, the ban on snus may soon be swept aside. Swedish Match, the manufacturer of several snus brands, has been supported by both governments of the United Kingdom and Germany in challenging the ban before the European Court of Justice. The decision to uphold or strike down the 1992 EU directive banning snus may be made on the basis of trade rules, not public health protection.

The Swedish experience with snus raises both expectations and questions about the benefits of expanding the nicotine market to include non-smoked products. “The Swedish Experience” has become a code-phrase used by those proposing the de-regulation of alternative nicotine products.

Sweden is often viewed as a model country, and its public policies are often admired and emulated. Whether snus has contributed to Sweden’s success against tobacco use, whether the Swedish experience with snus is the best approach, and whether Sweden’s approach is transferable will likely be the subject of broad discussion among health advocates.

This fact sheet is intended to facilitate those discussions.
SMOKING PREVALENCE: EQUAL GAINS IN SWEDEN AND CANADA

Smoking prevalence is measured differently in Sweden than it is in Canada (Swedish statistics are provided for daily smokers aged 15 – 80 in Sweden; in Canada both daily and occasional smokers are usually included in prevalence statistics, and no upper-age limit is polled). This makes direct comparisons difficult, although daily prevalence in both countries is about 20%.

Both countries have seen roughly equivalent drops in overall smoking rates, with a higher drop among Swedish men and among Canadian women. Between 1985 and 2000, daily smoking dropped by 40% among Canadian men, and 44% among Swedish men and 34% among Canadian women and 26% among Swedish women.

Overall prevalence of tobacco use is much higher in Sweden (35%) than in Canada (21%), as 17% of Swedish men regularly use snus in addition to those who smoke (and a further 3% use both). Fewer than 1% of Canadians report using smokeless tobacco.


PREVALENCE (% OF SMOKELESS TOBACCO USE, CANADA AND SWEDEN, 2000

PREVALENCE OF DAILY SMOKING, CANADA AND SWEDEN, 1985—2000

PREVALENCE (%) OF SMOKELESS TOBACCO USE, CANADA AND SWEDEN, 2000

PREVALENCE OF DAILY SMOKING, CANADA AND SWEDEN, 1985—2000

Smoking rates have gone down marginally faster in Canada than in Sweden.

Many fewer Canadians are addicted to tobacco than Swedes.
CIGARETTE CONSUMPTION: EQUAL GAINS IN SWEDEN AND CANADA

SMOKED TOBACCO

Per capita consumption of cigarettes is considerably lower in Sweden than in Canada, and has been so even before the resurgence of ‘snus’ use in Sweden during the 1990s.

Per capita consumption of cigarettes has fallen in roughly equal measure in both countries. Between 1985 and 2000, per capita consumption dropped by:

- 40% in both Sweden and Canada for manufactured cigarettes.
- 50% in both Sweden and Canada for fine-cut/loose tobacco.

SMOKELESS TOBACCO

Swedes consume more than Canada has negligible consumption of smokeless tobacco (less than 1 gram per person, compared to more than 900 grams in Sweden).

In the past 15 years, Canada saw a reduction of use of oral tobacco, but in Sweden it grew by 30%.


“The addiction [to snus] is at least as powerful as that associated with smoking... One-half of snus users state that they want to quit”

Swedish Cancer Society, the National Institute of Public Health, the Heart-Lung Foundation and Doctors Against Tobacco.

1 in 2 daily Swedish snus users is a nicotine addict who has never smoked.

Per Capita Consumption of Cigarettes, Sweden and Canada, 1985—2000

Per Capita Consumption of Loose Tobacco, Sweden and Canada, 1985—2000

Per Capita Consumption of Smokeless Tobacco, Canada and Sweden (grams), 1985—2000

Consumption of all forms of tobacco has fallen at a faster rate in Canada than in Sweden.
Differing Perspectives

In favour of expanded snus use

Smokeless tobacco is substantially less harmful than smoking.

Smokeless tobacco is a less harmful substitute for smoking.

Smokeless tobacco is an aid to quitting smoking.

Facilitating snus use will lead to more smokers' quitting.

Smokers should have the right to less harmful tobacco products.

Banning smokeless tobacco gives smokers the choice to "quit or die".

Smokeless tobacco is more attractive to smokers than nicotine replacement products.

It is ethically wrong to deny smokers their human right to safer nicotine.

From
“European Union policy on smokeless tobacco, A statement in favour of evidence-based regulation for public health”
ASH U.K. February 2003

Opposed to changed regulatory status for snus

Smokeless tobacco (and nicotine) are poorly explored and potentially harmful.

Smoking rates can be reduced without tobacco substitutes.

There are safer stop smoking medications than snus.

New markets for smokeless tobacco will lead to more addiction and disease.

Populations should be protected from new forms of harmful drug use.

“Light” cigarettes should have warned us against a quick fix for harm reduction.

A safer nicotine source is one which reduces exposure to harmful products and which lowers addiction.

Addiction to safe forms of nicotine is still harmful to human health.

Nicotine addiction should not be trivialized.

From:
“Who benefits from increased use of snus?”
Swedish Cancer Society, the National Institute of Public Health, the Heart-Lung Foundation and Doctors Against Tobacco.