



**SMOKE
FREE
SWEDEN**

**Executive
Summary**

No Smoke Less Harm

www.smokefreesweden.org

2024

Executive Summary

In Sweden, almost one in four adults uses nicotine daily. That is the same level of nicotine consumption as is found across Europe. Yet Sweden's incidence of cancer is 41% lower than the European average and it suffers less than half of the tobacco-related deaths experienced by 24 of its 26 EU neighbours.

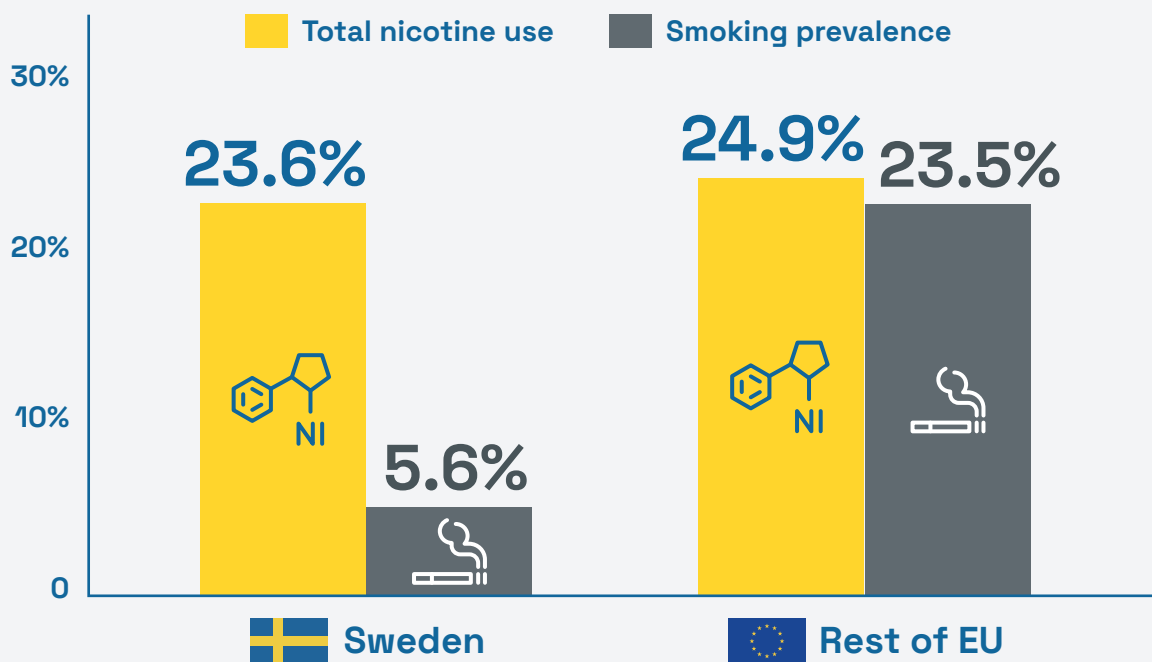
What is the reason for this remarkable disparity, and what can the rest of Europe, and the world, learn from this Scandinavian success story?

Well, quite simply, Swedes have learned to consume their nicotine in a different – and much safer manner.

Sixty years ago, 49% of Swedish men smoked cigarettes. By 2022, Sweden's public health agency reported that only 5.6% of Swedish adults continue to do so. Swedes have switched their preference to alternative, smokeless products – such as snus, vapes, oral nicotine pouches and heat-not-burn devices – and they have thereby spawned a smoke free generation.

By enabling this transition to safer alternatives, Sweden has virtually eradicated combustible, deadly cigarettes. Although the smoke free generation uses nicotine at much the same rate as other high-consuming nations, they incur a fraction of the tobacco-related disease and the burden on public health is minimal.

Current total nicotine use and smoking rate



Sources: Eurobarometer 2020, Swedish public health agency, 2022

This report investigates this startling divergence to emphasise these important truths:

- **Despite widespread misperceptions, nicotine does not cause cancer and has minimal, if any, contribution to tobacco-related disease**
- **There will always be people who wish to consume nicotine, like those who consume caffeine**
- **Total nicotine use in Sweden is equivalent to other EU countries, but because smoke free nicotine products are allowed, this country has significantly less tobacco-related disease and premature deaths**
- **Enabling consumers to use nicotine in less risky ways will save millions of lives**

Worldwide, even after decades of tobacco control measures, 1.1 billion people still smoke. While consumption has been on a downward trend, this has been at far too slow a rate. To this day, every year nearly 8 million people die globally due to tobacco-related (largely combustion-related) diseases. This highlights a huge opportunity for public health, in terms of the numbers of lives that could be saved if smokers switched to less risky products.

Sweden has already seized this opportunity. Its successful reduction in smoking rates over the years has been facilitated by education, tobacco control measures, and the adoption of safer, smokeless alternatives.

Sweden's early progress was assisted by the traditional use of snus – a smoke free oral tobacco product. The introduction of modern tobacco-free alternatives, such as vaping in 2015 and next-generation oral nicotine pouches in 2018, significantly accelerated this progress. Consequently, smoking rates in Sweden have plummeted by an impressive 55% over the last decade.

When that smoking rate falls below 5% later this year, Sweden will become the first developed nation to achieve official 'smoke free' status.

The public health benefits of Sweden's strategy are profound. Compared to the rest of the European Union, Sweden boasts 44% fewer tobacco-related deaths, a 41% lower cancer rate, and 38% fewer deaths attributable to any cancer.

Comparisons on 'male-only' data in 2020 show even more pronounced differences. Sweden had 52% fewer tobacco-related male deaths than Poland and 57% fewer than Romania. For male lung cancer, Sweden had 55% fewer deaths than France and Germany, 57% fewer than Italy and 69% fewer than Poland.

Sweden is the manifestation of 'No Smoke, Less Harm' and a beacon of inspiration for all nations seeking to reduce the deadly toll of cigarettes.

Although nicotine may be dependence-forming, it does not cause cancer. Studies have long established this fact. Tragically, significant myths about nicotine persist among physicians and the public alike. The misperception of nicotine's harms among healthcare professionals is unacceptable and not in the best interest of their patients.

If health professionals don't understand nicotine, how can we expect the public to know that nicotine does not cause disease? Consider, for example, that in the UK, 40% of the public believes that nicotine causes smoking-related cancers, despite the NHS's own public health advice stating, "Nicotine itself does not cause cancer, lung disease, heart disease or stroke and has been used safely for many years in medicines to help people stop smoking."

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The NHS concludes: **“Although nicotine is addictive, it is relatively harmless to health.”**

While caffeine and nicotine are both dependence-forming, caffeine is widely accepted despite its effects as it is perceived to be relatively harmless. This report suggests comparing their dependence levels to create risk-based regulations for both.

This report also serves as a call to the World Health Organization (WHO) and global public health communities to recognise that it is products of combustion that cause harm to smokers, and not nicotine itself. There are, in fact, significantly less risky forms of nicotine that can be consumed without causing premature death. This report will shed light on nicotine’s low-risk profile when consumed in smoke free products.

It urges policymakers to:

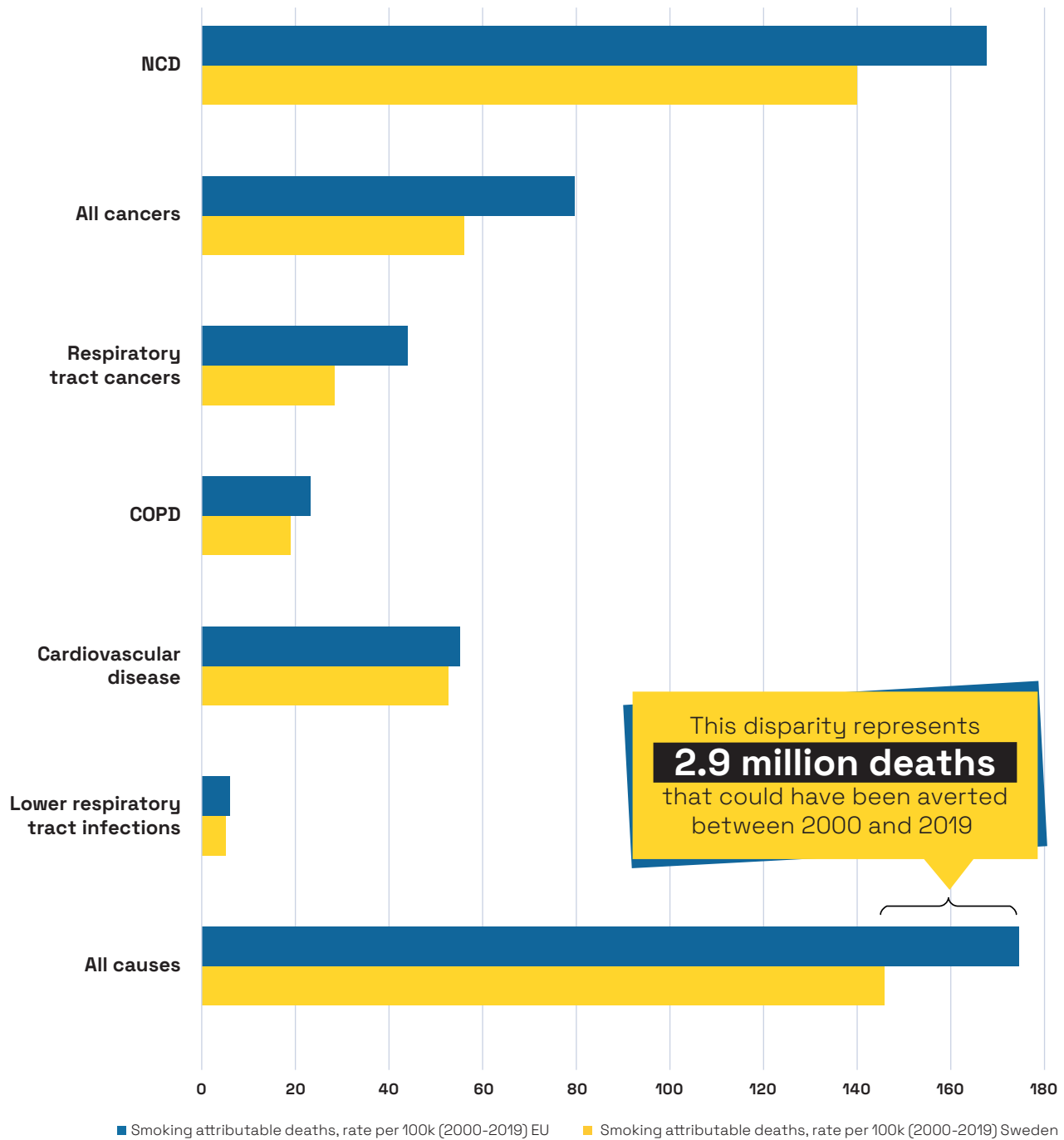
- Recognize the potential of THR in reducing harm
- Implement THR provisions within existing tobacco control frameworks
- Regulate nicotine products based on their relative risk profile
- Encourage healthcare professionals to embrace THR as a harm reduction strategy
- Empower THR users to advocate for supportive policies

THE REPORT DEMANDS SEVERAL ACTIONS:

- There should be increased THR awareness and adoption. The “No Smoke, Less Harm” principle should be employed by fundamentally differentiating between smoked and smoke free products.
- WHO should formally add the 4th pillar of THR to tobacco control policy.
- Member states should adopt a risk-proportionate regulatory framework for all nicotine products, based on the risk continuum.
- Nicotine disinformation should be actively eliminated.
- All stakeholders should be building THR evidence through research.
- The ethical framework of THR should be recognised and the consumer’s fundamental human right to health respected.
- WHO and member states should step up monitoring and evaluation of THR.

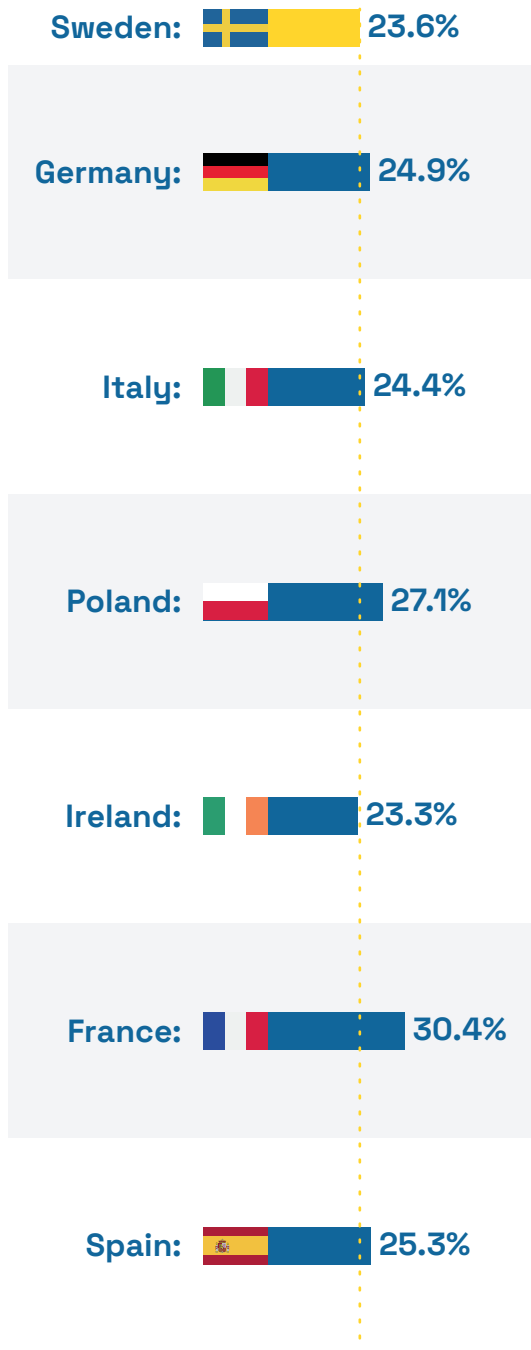
Smoking-Attributable Death Rates by Cause: Sweden vs EU (2000-2019)

Source: IHME GBD.

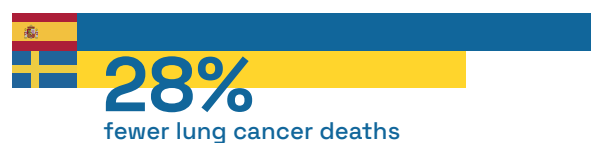
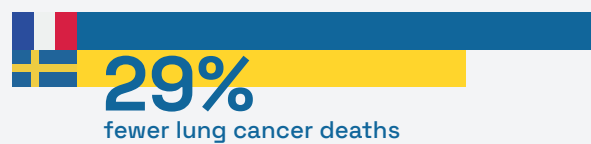
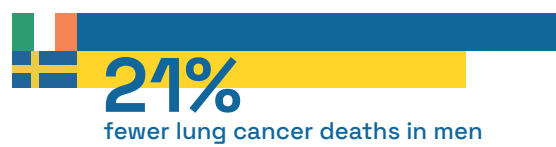


Swedes consume similar levels of nicotine to other Europeans, but have better health outcomes because they use smoke free nicotine alternatives

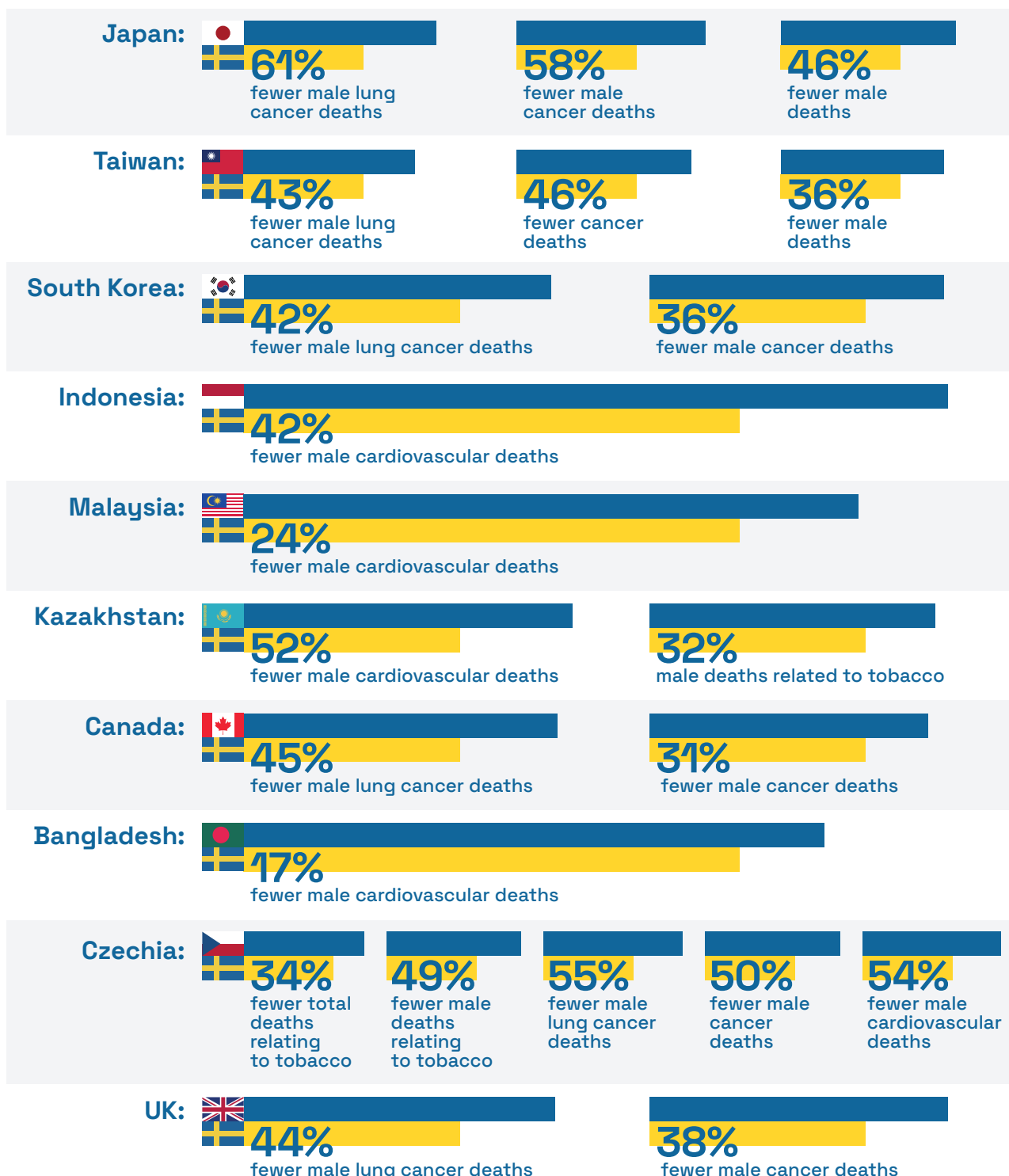
NICOTINE CONSUMPTION



...but have:



Due to their use of smoke free nicotine alternatives, Swedes have...*



*All data refers to tobacco-attributed deaths and diseases

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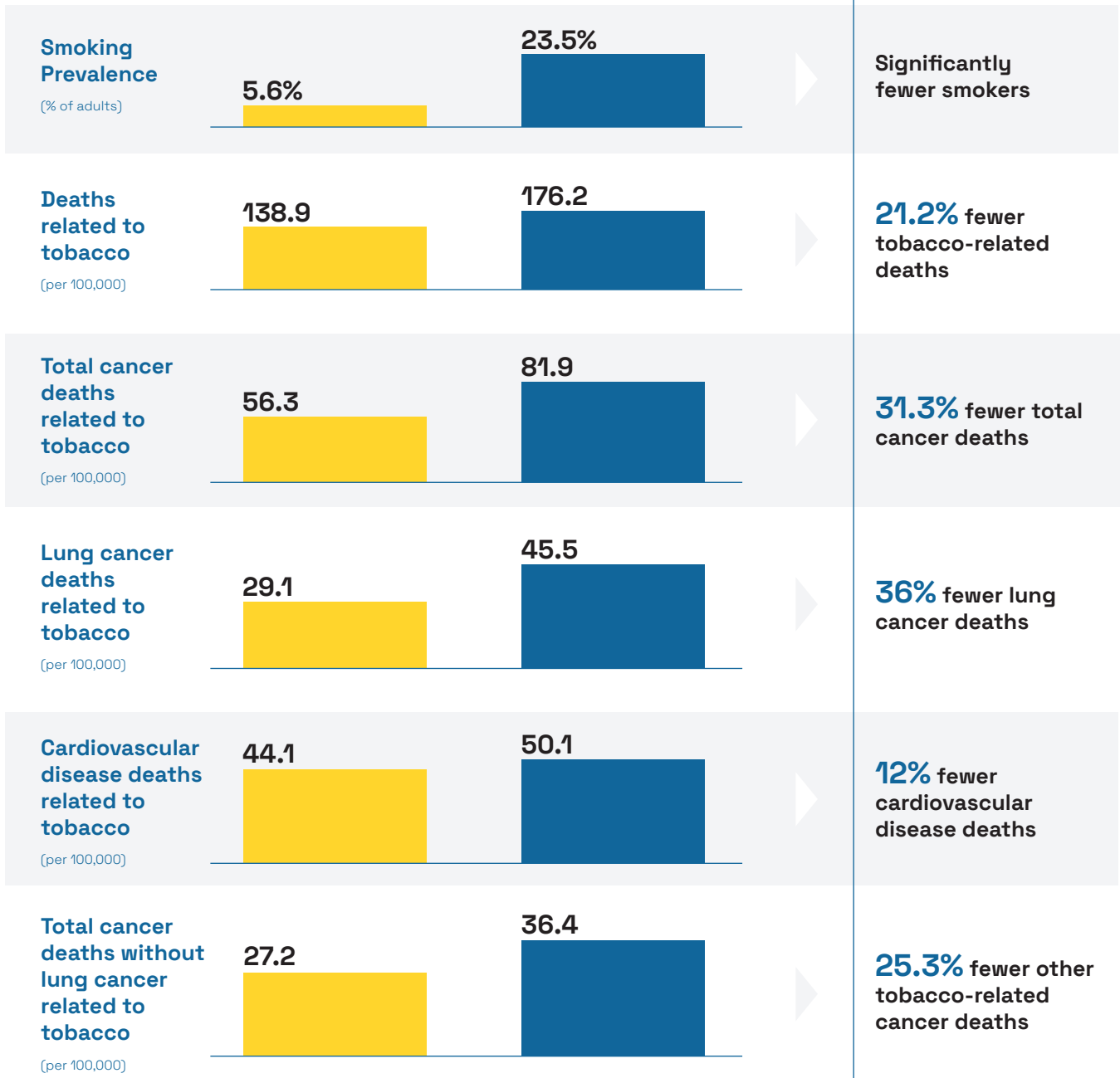
Demonstrating the benefit for Public Health of Sweden's "No Smoke, Less Harm" approach



Sweden



Rest of EU



Smoke Free Sweden superiority despite equivalent total nicotine use (by making smoke free nicotine available, affordable, accessible)

Sources: IHME Global Burden of Disease (2019), Local Surveys (2022)

Demonstrating the benefit for Public Health of Sweden's "No Smoke, Less Harm" approach

 Sweden  Germany



While people in Sweden consume similar amounts of nicotine to those in Germany the health outcomes are significantly different:

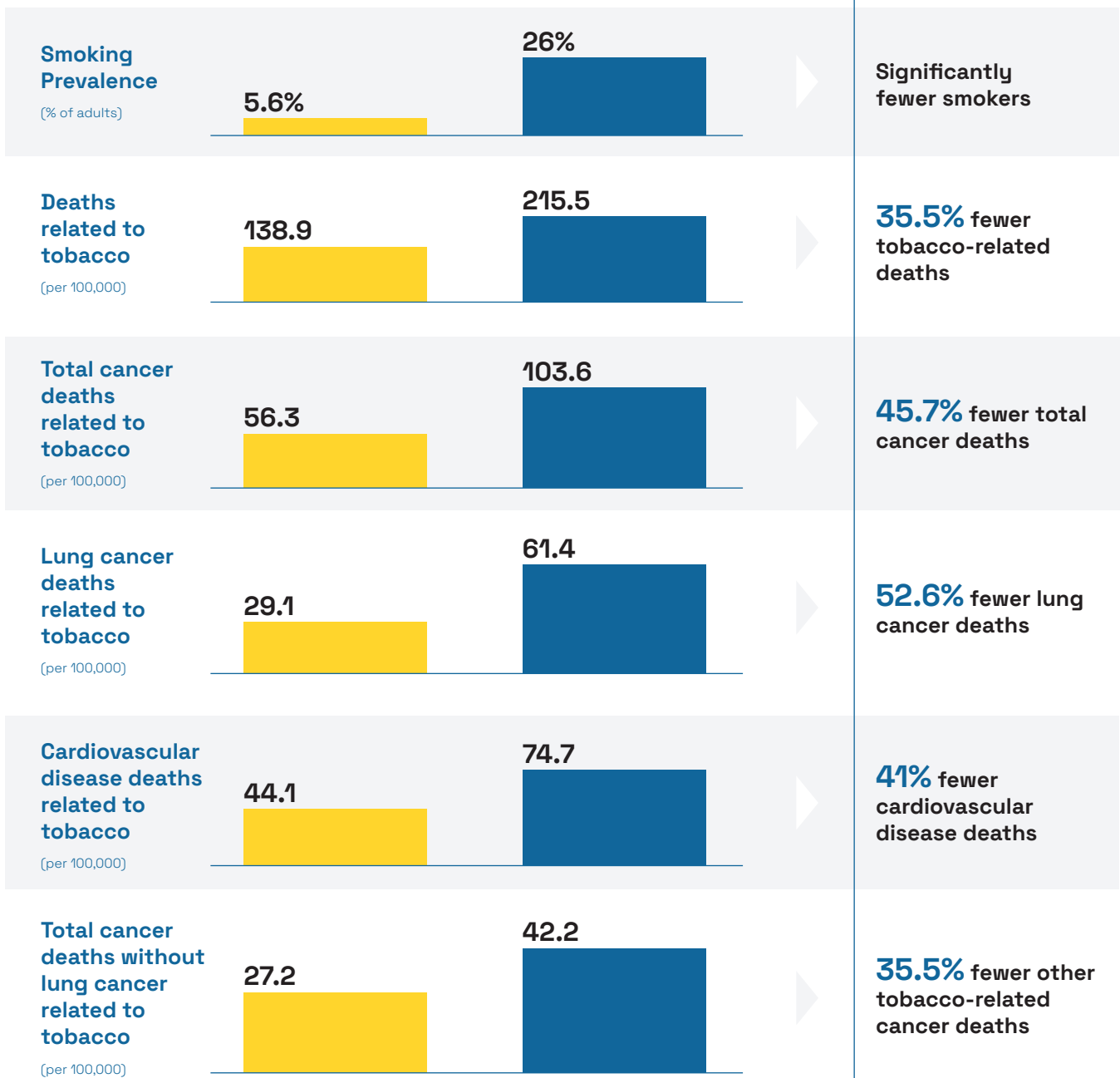
Demonstrating the benefit for Public Health of Sweden's "No Smoke, Less Harm" approach



Sweden



Poland

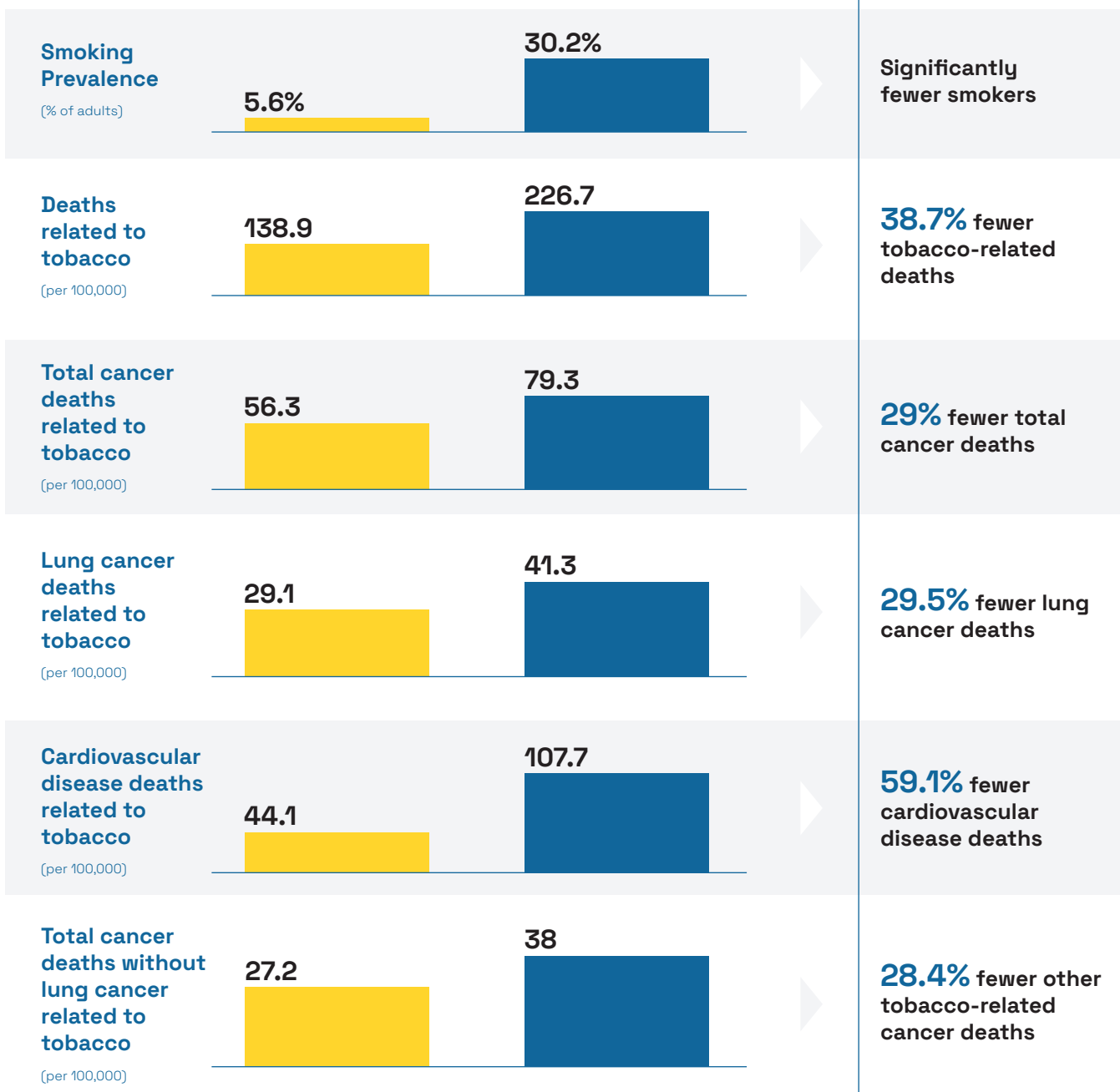


While people in Sweden consume similar amounts of nicotine to those in Poland the health outcomes are significantly different:

Sources: IHME Global Burden of Disease (2019), Local Surveys (2022)

Demonstrating the benefit for Public Health of Sweden's "No Smoke, Less Harm" approach

 Sweden  Romania



Sources: IHME Global Burden of Disease (2019), Local Surveys

While people in Sweden consume similar amounts of nicotine to those in Romania the health outcomes are significantly different:



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