



New era for tobacco control policy

Proposals by the tobacco policy development working group of the Tobacco-free Finland 2040 network

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Olli Simonen (Eds.)

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WHO's Framework Convention on Tobacco Control (FCTC) will be referred to as the Framework Convention.

The convention can be found online at www.who.int/fctc.

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Introduction

Cigarettes and some other products containing tobacco have been intentionally designed to cause and sustain nicotine addiction. According to the World Health Organisation's (WHO) Framework Convention on Tobacco Control, ratified by Finland, many of the compounds that they contain and their smoke are pharmacologically active and toxic, alter genotypes and cause cancer.

Addiction caused by tobacco products leads to the regular and long-lasting use of these products. By ingesting nicotine through smoking, a person is exposed to toxic substances that, over time, cause many serious diseases along with a much higher disease prevalence and mortality rate compared to the rest of the population.

Tobacco products are the most toxic products sold on the consumer markets. If they were now put on the market as new products, the legal principles and regulations of health and consumer protection would ban their production and sale. For historical reasons, and because of widespread use, the sale of tobacco products cannot be prohibited. However tobacco products must not be treated like other consumer goods.

Smoking is the largest individual health risk threatening our population, and every second smoker dies prematurely of smoking-related diseases. Smoking is also the most prevalent cause of health differences between demographic groups, and the differences are in direct correlation with the prevalence of smoking among them. Therefore, the goal of the Tobacco Act enacted by the Finnish Parliament in 2010 to end the use of tobacco products can be justified based on facts related to health protection, the promotion of public health and economic matters.

Cigarettes, pipes, snus and water pipes are the most popular, and most dangerous nicotine delivery systems. Alongside them or replacing them, new nicotine products, such as electronic cigarettes and nicotine sticks have come or are coming on the market. Nicotine is an extremely toxic chemical that causes a variety of harmful effects in the body, even in small doses. Even though the part nicotine plays in tobacco-related diseases is not fully understood, current knowledge clearly shows that nicotine products are not harmless.

Nicotine quickly causes an addiction, whose effect is amplified with chemicals added to tobacco products. Nicotine addiction meets the criteria of chemical addiction. In the International Classification of Diseases (ICD 10), the addiction syndrome carries the code F17.2, while the code for the withdrawal symptoms is F17.3.

Ending addiction is typically very difficult. The majority of daily smokers are addicted, and less than 5% of smokers can quit smoking independently, although most smokers would like to rid themselves of tobacco. In order to avoid withdrawal symptoms, smokers are forced to use tobacco products continuously, which results in loss of physical capability, diseases and death. In Finland, over 5,000 people die prematurely due to tobacco use each year.

Active or passive exposure to tobacco smoke causes diseases. Exposure is particularly harmful to children, pregnant women and people with illnesses. If a mother smokes during pregnancy, the foetus' brain forms a propensity to nicotine addiction, which will easily trigger a rapidly escalating nicotine addiction if the child experiments with tobacco during his or her childhood/adolescence.

A healthy population is an important requirement for economic growth, sustainable development and competitiveness. The goals of Finnish health policy have been defined as increasing the number of years people have good health and functional capacity, and reducing health differences between demographic groups. On adolescent smoking, the Finnish government has set a quantitative goal to reduce smoking among 16–18-year-olds to 15% by 2015. Reaching these goals and ending the use of tobacco products, which has been set as the object of the Tobacco Act, requires increasing the effectiveness of current measures and developing new ones.

* * *

The theme for the Tobacco-free Finland 2040 network seminar held in the spring of 2013 was the development of Finnish tobacco policy. In order to form a basis for the seminar discussions, the Tobacco-free Finland 2040 network established a working group, comprising leading Finnish experts in tobacco control policy to prepare proposals that examine the development needs tobacco.

The working group members included Ombudsman for Children Maria Kaisa Aula, Principal Medical Adviser Antero Heloma, Research Professor Jaakko Kaprio, Director Kristiina Patja, Professor Pekka Puska, Director Katariina Rautalahti, Secretary General Matti Rautalahti, Professor Arja Rimpelä and Professor Harri Vainio. From the Tobacco-free Finland 2040 network, Director Mervi Hara (secretary), Professor Kari Reijula and Specialist Olli Simonen were involved in the working group's efforts. Doctor of Laws Michael Saarikoski served as an expert consultant for the working group.

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Summary

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The Tobacco-free Finland 2040 network convened a working group of tobacco policy experts tasked with identifying the development needs of Finnish tobacco control policy.

The aim of the working group's proposals for action is to promote the goals of the tobacco policy to stop the use of tobacco products in Finland.

In 2010, it was estimated that Finland would be tobacco-free by 2040. As the development progressed, the tobacco policy development group stated, in contrast to the estimate, that the objective of making Finland tobacco-free could be reached as early as 2030. At this point, tobacco users would number between 0% and 2% of the Finnish population.

Proposals for action

Protecting the population against the hazards of environmental tobacco smoke

- Amend the Tobacco Act's definition of a smoke-free area to match the implementation instructions in Section 8 of the WHO Framework Convention: An indoor area is "any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary".
- Repeal the provisions concerning smoking areas, as only totally smoke-free solutions are effective.
- Prohibit smoking in private cars when the passengers include under-age children.
- Prohibit the use of tobacco products at playgrounds, beaches, bus stops, camps intended for young people (e.g., confirmation camps) as well as municipal and state-funded rental dwellings.
- Prohibit smoking at outdoor events intended for children and young people under the Tobacco Act.
- Transfer the provisions concerning the protection against exposure to environmental tobacco smoke in residential properties from the Health Protection Act to the Tobacco Act.

- Include a provision in the Tobacco Act to oblige the owners/boards of residential properties to protect residents against exposure to tobacco smoke in the interior spaces and outdoor areas limited to the building.
- Include a provision in the Tobacco Act to grant municipalities and other public communities the right to prohibit and limit the use of tobacco products in outdoor areas under their ownership and management.
- Prohibit the use of all tobacco and nicotine products, except those governed by the Medicines Act and Pesticides Act, in indoor areas under the Tobacco Act.

Price policy

- Increase the price of tobacco products to a good European level with taxation (7–10 euros/pack).
- Increase the taxation of tobacco products annually by at least an amount corresponding to the increase in buying power + 1-2 per cent units.
- Determine the minimum price of tobacco products so that the price difference between the cheapest and most expensive product is no more than 10% of the price of the most expensive product.
- Determine the tax for loose tobacco based on the number of cigarettes that can be rolled in such a way that the price of a rolled cigarette is the same as a cheap cigarette.

Protecting children and young people against tobacco products.

- Use the provisions of the Tobacco Act as well as other measures to ensure a tobacco-free growth-, development- and living environment for children and young people.
- Provide more effective parental counselling and guidance at maternity and child health clinics in order to protect unborn children against nicotine addiction and the harmful effects of tobacco during pregnancy.
- Prepare and implement a comprehensive action plan to protect children and young people against the use of tobacco products.
- Assign the preparation of the plan, as well as the confirmation and coordination of its implementation, to the National Institute for Health and Welfare.
- Include provisions in the Tobacco Act detailing the consequences of violating the prohibition on the possession of tobacco products.
- Include provisions in the Tobacco Act to enable officials working with children and young people (incl. teachers) to check persons under 18-year-olds for possession of tobacco products.

- Prohibit the import and provision of tobacco substitutes and imitations to persons under 18-year-olds.
- Provide sufficient low-threshold services that help children and young people to quit smoking.

Ending the use of tobacco products

- Provide users of tobacco products with information on tobacco addiction and on ways to end it.
- Use the Tobacco Act to assign the treatment of tobacco addiction as an independent procedure or part of other health care services to providers of occupational health care, municipal public health work and specialist health care.
- Include the medication used to treat tobacco addiction in the coverage of medicinal compensation paid by health insurance.
- Supplement the basic health care units of university hospitals by establishing centres of expertise that support basic health care in the treatment of tobacco addiction in connection to them.
- Monitor and assess the implementation of treatment for tobacco withdrawal treatment according to the Current Care Guidelines in basic health care, specialist health care as well as substance abuse and social welfare services.
- Bolster the supplementary education of health care staff on tobacco addiction.

Regulating the content of tobacco products

- Define tobacco products as no ordinary consumer goods in the Tobacco Act, and do not equate them with food products in terms of their use of additives.
- Include an obligation in the Tobacco Act on the manufacture tobacco products so that they do not generate high nicotine concentrations in the body that cause and sustain addiction.
- Prohibit the use of substances that change the acidity (Ph) and taste of tobacco products, anaesthetic substances and added sugar in tobacco products (tobacco part, paper and filter).
- Initiate legal provisions on the collection and processing of cigarette butts and waste as well as the liability of manufacturers.
- Add visible labelling on tobacco packaging indicating the harmfulness of tobacco to the environment.

The manufacturer's liability for harm caused by tobacco products

- Establish an insurance system subject to public law to compensate municipalities for the treatment of diseases caused by the use of tobacco products when nicotine addiction has been verified using generally approved tests. The insurance must also compensate municipalities for the costs of withdrawal from tobacco products.
- Fund the insurance system by insurance payments collected from manufacturers of tobacco products or their representatives and importers.

Limiting the sale of tobacco products

- Amend the Tobacco Act so that it only allows the retail of registered tobacco products, which will require setting up a register for tobacco products.
- Subject the import and wholesale trade of tobacco products to licencing, and impose a licence and monitoring fee.
- Prohibit the import, sale and other distribution of new tobacco products, substitutes and imitations. Tobacco imitations include sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors (according to Article 16, Section 1 c of the Framework Convention).
- Prohibit the import, sale and other distribution of any orally used tobacco products.
- Prohibit the online sale and passenger import (tax free) of tobacco products, substitutes and imitations.
- Dramatically reduce the number of sales points for tobacco products so that by 2020 their number has reduced to 500.
- Harmonise the consequences of violating the age limits and sale prohibitions related to tobacco products with the corresponding regulations on alcoholic drinks.

Marketing and promotion of tobacco products

- Standardise the retail packaging of tobacco products (standardised packaging).
- Print health warnings on tobacco product packaging that cover at least 90% of each surface.
- Use both images and text in the warnings.
- Expand the marketing and promotion prohibition in the Tobacco Act to cover smoking and the use of other tobacco products.
- Place an 18-year age restriction on films and video recordings presenting tobacco products, imitations, smoking scenes and smoking. The provision does not apply to films that clearly present the health risks of smoking or films that show a historical figure smoking in a natural context.

Information campaigns

- Create centralised and nationwide information campaigns on the addiction caused by the use of tobacco products, the related health risks, exposure to environmental tobacco smoke, cessation of tobacco use and the benefits of not smoking.
- Agree upon 2-3 points for the campaigns, whose effectiveness can be assessed.
- Plan the campaigns together with specialists in tobacco policy, the reduction of tobacco product use, and marketing communications.
- Run a general information campaign with target group-specific campaigns.
- Include an annual appropriation of €4 million in the state budget for information campaigns over the next ten years, and bind the appropriation to the cost-of-living index starting from the 2013 level.
- Establish an expert group and responsible body for campaign planning, coordination, implementation monitoring and reporting.
- Institute legislation to assign responsibility for the implementation and coordination of the campaign to the National Institute for Health and Welfare and allocate the sufficient funding.
- Regularly assess the implementation and effect of the campaigns.

Research and monitoring

- Ensure that the information systems concerning the population produce data on the use, procurement, marketing and promotion of tobacco products as well as ending the use of tobacco products, diseases caused by the products, prevalence, resulting costs and the distribution of the diseases among the various demographic groups.

New nicotine products

- Amend the Tobacco Act to prohibit the import, sale and other distribution of all new nicotine products, with the exception of those governed by the Medicines Act and Pesticides Act.
- Before the institution of prohibition, all nicotine products are to be considered under the Medicines Act regardless of their nicotine concentration.

Other development needs concerning tobacco control policy

- Include the development of tobacco policy and the Tobacco Act in each government program in order to achieve the goal of ending the use of tobacco products as prescribed by the Tobacco Act.

- Bring the Tobacco Act in line with the WHO Framework Convention ratified by Finland and the implementation guidelines mutually approved by the parties to the convention.
- Finance the enforcement of the Tobacco Act in municipalities with monitoring fees and transfer the consequences of violations of the Tobacco Act to the Criminal Code.
- The Government to establish a permanent committee to assist the Ministry of Social Affairs and Health, the purpose of which is to monitor and assess the implementation of Section 1, Subsection 2 of the Tobacco Act and issue initiatives for the development of the tobacco policy.

Key words: Tobacco-free Finland, tobacco policy, tobacco legislation, nicotine dependence

New era for tobacco control policy

Current situation

Smoking in Finland

In 2011, 19% of men between 15 and 84 years of age smoked, while the corresponding number for women was 13%. Among men, daily smoking is most common (25%) among those between 45 and 54 years of age. On the other hand, women between 55 and 64 years of age smoke more often (16%) than women of other age groups. In terms of daily smoking, the differences among women of various ages are smaller than among men. In addition, about 6% of smokes occasionally.

In 2011

- The number of daily smokers between 15 and 64 years of age was 860,000
- The number of daily smokers between 65 and 84 years of age was 74,000

Total number of smokers: 934,000

Smoking is the most important factor explaining mortality differences between groups with different levels of education. Among low-level employees, smoking is more common than average (30%), whereas it is less common among senior salaried employees (9%). Smoking is most common among unemployed people (34%).

Smoking is most prevalent in Northern Finland, where 20% of the population smokes on a daily basis. Nevertheless, regional differences are slight.

People generally take up smoking as a child or adolescent, but in Finland the starting age has climbed with the restriction on the availability of cigarettes. Few adults take up smoking. According to a health survey of young people conducted in 2013, 5% of 14-year-old girls smoked on a daily basis, while 14% of 16-year-old girls were daily smokers. The corresponding percentages for boys of the same age were 3% and 13%. Those who had not even tried smoking were a majority among 14- and 16-year-olds, but among adolescents two years older than that, the majority had tried smoking (60%).

Tobacco-related mortality and disease prevalence

WHO has calculated that 8.8% of all deaths in the world are caused by tobacco, which means that approximately 4,500 tobacco-related deaths occur in Finland every year. Because 56% of tobacco users die before reaching the age of 70, the number of Finns who die of tobacco under that age would be 2,500.

Tobacco causes 90% (526) of lung cancer deaths, 30% (707) of deaths from cardiovascular diseases, 80% (130) of deaths from pulmonary diseases, and 10% (231) of other cancer deaths, which means 1,594 working age people between 15 and 64 die each year due to tobacco. If the number is compared to the WHO model, the tobacco-related deaths of people between 65 and 69 years of age should be added to it.

The number of people who die because of tobacco is just the tip of the iceberg because it does not reflect the fact that smokers are also much more prone to other diseases than the rest of the population. Smokers go on disability pension at an earlier age and take sick days more often.

People who have quit smoking

Between 1978 and 1982, 26% of the adult population smoked on a daily basis. By 2011, the percentage had dropped to under one-fifth (16%). Between 2000 and 2011, a total of about 240,000 people of at least 30 years of age quit smoking. A more accurate division is shown in table 1.¹

Table 1. Number of quitters in 2000–2011, Health 2011.

Age	30–44	45–54	55–64	65–74	75+	Yhteensä
Men	65 022	39 839	38 170	20 300	10 307	173 639
Women	37 114	11 884	9 880	4 850	1 696	65 423
Total						239 063

A higher percentage of men have quit smoking than women. Between 2000 and 2011, some 10% of men of at least 30 years of age quit smoking, while the corresponding number for women was 4%.

Goals of the proposals for action

Tobacco products are toxic products that cause and maintain addiction. The brains of children and young people are more prone to new dependencies as they are still in a state of development. Since the use of tobacco products causes severe diseases and sig-

¹ The division was prepared based on the Health 2011 study of the National Institute for Health and Welfare, and the 2011 population distribution data compiled by Statistics Finland.

nificant premature mortality rates due to the addiction, beginning the use of tobacco products is particularly hazardous for children and young people.

The aim of the proposals for action is to promote the goals of tobacco policy to end the use of tobacco products in Finland. In 2010, it was estimated that Finland would be tobacco-free by 2040. In contrast to the estimate, the tobacco policy development working group states that the goal of making Finland tobacco-free could be reached as early as 2030. At this point, tobacco users would number between 0% and 2% of the Finnish population.

Reaching the goal requires the continuation and development of the systematic and determined efforts that have been implemented so far. If the use of tobacco products reduces in popularity by less than 8%, more focused measures will likely be required.

The proposals for action

The proposed actions concern preventing people from starting to use tobacco products, ending the use of tobacco products as well as other measures that support these efforts.

Protecting the population against the hazards of environmental tobacco smoke

Breathing smoke-free air is a fundamental right. The International Agency for Research on Cancer, which operates under WHO, has classified tobacco smoke as a carcinogenic substance, and Finland has incorporated a provision concerning it in the Tobacco Act. A quantitative lower limit below which the risk of cancer or other health hazards would not be present could not be determined for the carcinogenic properties of tobacco smoke.

Proposals for action

- Amend the Tobacco Act's definition of a smoke-free area to match the implementation instructions in Section 8 of the WHO Framework Convention: An indoor area is "any space covered by a roof or enclosed by one or more walls or sides, regardless of the type of material used for the roof, wall or sides, and regardless of whether the structure is permanent or temporary".
- Repeal the provisions concerning smoking areas, as only totally smoke-free solutions are effective.
- Prohibit smoking in private cars when the passengers include under-age children.

- Prohibit the use of tobacco products at playgrounds, beaches, bus stops, camps intended for young people (e.g., confirmation camps) as well as municipal and state-funded rental dwellings.
- Prohibit smoking at outdoor events intended for children and young people under the Tobacco Act.
- Transfer the provisions concerning the protection against exposure to environmental tobacco smoke in residential properties from the Health Protection Act to the Tobacco Act.
- Include a provision in the Tobacco Act to oblige the owners/boards of residential properties to protect residents against exposure to tobacco smoke in the interior spaces and outdoor areas limited to the building.
- Include a provision in the Tobacco Act to grant municipalities and other public communities the right to prohibit and limit the use of tobacco products in outdoor areas under their ownership and management.
- Prohibit the use of all tobacco and nicotine products, except those governed by the Medicines Act and Pesticides Act, in indoor areas under the Tobacco Act.

Smoke-free living environments are an effective way to protect the population from exposure to tobacco smoke and its health hazards. They are also an effective way to reduce smoking among the young and less-educated people, as well as increase the general acceptance of not smoking. Also, a smoke-free living environment helps those who have quit smoking maintain their resolve.

According to Article 8 of the WHO Framework Convention, exposure to tobacco smoke must be prevented in indoor workplaces, indoor public places, public transport and as appropriate, in other public places. The implementation guidelines state that legislation is necessary for securing smoke-free environments. Tobacco smoke must be completely eliminated from indoor premises as only an entirely smoke-free approach is effective. The implementation guidelines unambiguously indicate that technical solutions, such as ventilation, air filtration or the use of designated smoking areas (whether with separate ventilation systems or not) have repeatedly been shown to be ineffective. There is no technical solution to provide sufficient protection against tobacco smoke.

The implementation and control of the provisions of the Health Protection Act that apply to the elimination of tobacco smoke in residential properties is complicated and difficult, and they do not ensure that residential properties are smoke-free. The provisions concerning residential properties must be moved under the Tobacco Act and harmonised with the provisions concerning non-smoking at workplaces.

Many small children are exposed to tobacco smoke in private cars on an almost daily basis. According to Canadian researchers, the concentration of tobacco smoke in a car can easily reach a level that is a health hazard even if the interior of the car is

ventilated. The researchers state that children are exposed to tobacco smoke to the extent that it has a significant effect on their health. Smoking even one cigarette in a car increases the tobacco smoke concentration to the same or higher level that it is in the smokiest restaurants or bars.

Many studies have shown that tobacco smoke causes chronic respiratory symptoms in children, and increases the risk of asthma and respiratory infections.

The UN Convention on the Rights of the Child obliges law-making bodies to prioritise the best interest of the child in all their actions (article 3.1). It also emphasises the right of children to special protection (articles 6 and 36) and the highest possible standard of health (article 24).

Price policy

According to the World Bank, increasing the price of tobacco through taxation is an effective way to reduce smoking in the population. The high price prevents people from taking up smoking, reduces the number of smoked cigarettes, increases the number of those who quit smoking, and attempts to quit, and reduces health differences between demographic groups.

Proposals for action

- Increase the price of tobacco products to a good European level with taxation (7-10 euros/pack).
- Increase the taxation of tobacco products annually by at least an amount corresponding to the increase in buying power + 1-2 per cent units.
- Determine the minimum price of tobacco products so that the price difference between the cheapest and most expensive product is no more than 10% of the price of the most expensive product.
- Determine the tax for loose tobacco based on the number of cigarettes that can be rolled in such a way that the price of a rolled cigarette is the same as a cheap cigarette.

The World Bank estimates that in relative terms smoking is reduced by half in relation to price increases. When the price of a commodity climbs, consumption is reduced more among those on lower incomes than among those on higher incomes. Therefore, price increases are an effective way of narrowing the health gap between social groups. Price increases also have a profound impact on children and young people, as they are more prone to react to the price increases of tobacco products than adults.

The goal of tobacco taxation is to improve public health, reduce health differences between demographic groups, and increase state revenue. In order to achieve the

health objective, the price of tobacco products must be as high as possible, and the price increase must exceed the growth in buying power. The price range of tobacco products must be as narrow as possible (e.g., 5%–10%), and the tax on loose tobacco must be based on the number of cigarettes that can be rolled from it.

A 10% increase in the real price of cigarettes will reduce the demand for cigarettes by roughly 3%–4%. This also increases tobacco tax revenue, and over time reduces the health detriments caused by tobacco as well as the resulting costs.

A 10% increase in the available real income will increase the demand for cigarettes by 0.9%–3.6% but simultaneously reduce the demand for loose tobacco by 12.6%. As their income increases, users of loose tobacco are inclined to switch to manufactured cigarettes.

The increased popularity of loose tobacco is undesirable in terms of health, as no restrictions or control have been imposed on the tax and nicotine contents of loose tobacco. According to current regulations, the tar and nicotine content may be as high as the manufacturer desires, and no information on the content is required to be provided to the consumer on the package. As each smoker can decide the amount of loose tobacco used to roll a cigarette, the accumulation of harmful substances in the body may climb to a high level as nicotine addiction escalates.

All tobacco products and non-medical nicotine products marketed for human use must be treated equally in terms of taxation, as there is no safe way to use them.

Protecting children and young people against tobacco products

The toxins in tobacco are especially harmful to the developing and sensitive tissues of children and young people. The nicotine contained by tobacco products can cause a rapidly complex addiction in children and young people. Regular smoking begun at an early age reduces the lifespan of a person by an average of 20 years.

Proposals for action

- Use the provisions of the Tobacco Act as well as other measures to ensure a tobacco-free growth-, development- and living environment for children and young people.
- Provide more effective parental counselling and guidance at maternity and child health clinics in order to protect unborn children against nicotine addiction and the harmful effects of tobacco during pregnancy.
- Prepare and implement a comprehensive action plan to protect children and young people against the use of tobacco products.
- Assign the preparation of the plan, as well as the confirmation and coordination of its implementation, to the National Institute for Health and Welfare.

- Include provisions in the Tobacco Act detailing the consequences of violating the prohibition on the possession of tobacco products.
- Include provisions in the Tobacco Act to enable officials working with children and young people (incl. teachers) to check persons under 18-year-olds for possession of tobacco products.
- Prohibit the import and provision of tobacco substitutes and imitations to persons under 18-year-olds.
- Provide sufficient low-threshold services that help children and young people to quit smoking.

Children and young people have the right to health, individual growth and a safe childhood and adolescence. International conventions oblige nations to secure a healthy living environment for children and young people, and protect them against exposure to harmful substances. The protection of children from the use of tobacco products must begin during foetal development by preventing the expectant mother from smoking and being exposed to tobacco smoke.

Young people often see their smoking habit as temporary and believe they can stop when they want. Half of young smokers plan to quit in the near future, but rapidly developing addiction may make kicking the dependence more difficult than they believe.

Since 1996, a national and regularly updated action plan has been prepared in order to promote health and non-smoking among children and young people. The national action plan and its implementation are still required in the protection of young people against the use of tobacco products, but more emphasis must be placed on implementation.

Ending the use of tobacco products

Ending the use of tobacco products is the fastest way to reduce smoking among the populace and the health differences between demographic groups, as well as improve the health of the population. According to the implementation guidelines for Article 14 of the Framework Convention, ceasing tobacco use is an essential element of comprehensive tobacco policy.

Proposals for action

- Provide users of tobacco products with information on tobacco addiction and on ways to end it.

- Use the Tobacco Act to assign the treatment of tobacco addiction as an independent procedure or part of other health care services to providers of occupational health care, municipal public health work and specialist health care.
- Include the medication used to treat tobacco addiction in the coverage of medicinal compensation paid by health insurance.
- Supplement the basic health care units of university hospitals by establishing centres of expertise that support basic health care in the treatment of tobacco addiction in connection to them.
- Monitor and assess the implementation of treatment for tobacco withdrawal treatment according to the Current Care Guidelines in basic health care, specialist health care as well as substance abuse and social welfare services.
- Bolster the supplementary education of health care staff on tobacco addiction.

Cessation of tobacco use has not received the necessary attention in Finnish tobacco policy, and sufficient investments have not been made in it.

Smoking is sustained by an addiction that primarily consists of physical, but also mental and social addiction. The most important chemical that maintains the physical addiction is nicotine, which accelerates the functioning of the brain's pleasure centre when the nicotine receptors are sensitised to nicotine through smoking. This changes the structure of the receptors, increases their number, increases nicotine tolerance and strengthens the physical addiction. Tobacco also contains other substances, such as sugars, that enhance the effects of nicotine.

Tobacco addiction is a syndrome in which the use of nicotine through smoking in order to reward oneself is no longer under control. Instead, the ingestion of nicotine is continued compulsively at regular intervals. In the best cases, however, it is possible to dramatically increase the probability of people quitting their smoking. Positive support encourages people to attempt quitting even if they are unable to overcome the addiction on their first tries. Quitting smoking permanently requires an average of 3-4 serious attempts.

About 50% of those who smoke daily are so strongly addicted that they can only stop smoking with the help of medication and health care services. Some 25% of smokers are able to quit but may require outside help in order to do so. About 25% of daily smokers can rid themselves of tobacco on their own and with help from their family/friends.

Tobacco withdrawal treatment must be offered to all smokers, including young people. According to the Current Care Guidelines, withdrawal from tobacco and nicotine addiction is considered part of the treatment in cardiovascular diseases, pulmonary diseases, diabetes, osteoporosis or operative diseases and the preparation of general anaesthesia. Tobacco withdrawal is also part of the treatment of mental health

patients. Neglect of the withdrawal and addiction treatment is clear malpractice. It will also result in extra costs to the service system in the form of increased complications and the worsened treatment results.

Finnish residents use health care services an average of three times a year, and the frequency is higher for smokers. Health care and health care professionals are in a key position in terms of the ability to reduce the use of tobacco products. The role of health care personnel is based on professional expertise and repeated opportunities to encourage people to stop using tobacco products.

Regulating the content of tobacco products

The regulation of tobacco products must be increased as the products, when used in the assumed way, cause and sustain an addiction. Furthermore, the properties that cause and enhance addiction have even been intentionally strengthened with various additives.

Proposals for action

- Define tobacco products as no ordinary consumer goods in the Tobacco Act, and do not equate them with food products in terms of their use of additives.
- Include an obligation in the Tobacco Act on the manufacture of tobacco products so that they do not generate high nicotine concentrations in the body that cause and sustain addiction.
- Prohibit the use of substances that change the acidity (pH) and taste of tobacco products, anaesthetic substances and added sugar in tobacco products (tobacco part, paper and filter).
- Initiate legal provisions on the collection and processing of cigarette butts and waste as well as the liability of manufacturers.
- Add visible labelling on tobacco packaging indicating the harmfulness of tobacco to the environment.

When burned, the compounds and combustion products contained by tobacco form harmful pharmacologically active compounds. The additives in tobacco products lower the threshold for trying tobacco products, especially for young people, and ensure regular smoking.

In the manufacturing process, additives such as glycerol, sugars, cellulose, liquorice, cocoa, menthol and vanilla are added to the cigarettes. These substances mask the bitter taste and unpleasant smell of tobacco smoke, make the inhaled smoke softer, numb the mucous membranes of the respiratory tract so that they are better able

to withstand the burning smoke, change the colour of the tobacco ash and smoke to white, and improve the appearance of the cigarette.

As much as 25% of the cigarettes smoked in Finland are menthol-flavoured, which is more than in any other EU country. Menthol is an anaesthetic that enables the deep inhalation of hot smoke that irritates and damages the mucous membranes. It is probable that menthol cigarettes cause a stronger addiction than other cigarettes. In addition, ammonia and bicarbonate are added to cigarettes and snus, respectively. These substances reduce the acidity of the products, accelerating the absorption of nicotine into the blood stream and brain, and enhancing its effects.

Sugars are added to tobacco to alleviate the bitterness of the smoke and increase its softness. They also serve as binding agents and moisturisers. Other tobacco additives, such as fruit juice, honey, corn, caramel and maple syrup, have plenty of sugar, which can partially increase the sugar content of the tobacco. Some studies have shown that, when burned, cigarettes with high sugar content form more acetaldehyde, which by itself induces addiction while exacerbating nicotine addiction. The International Agency for Research on Cancer has also classified acetaldehyde as a carcinogen. The sweet, caramel-like tastes of the burning sugars appeal to young people, in particular, and lower the threshold for taking up smoking.

For now, the tobacco industry has been able to use additives since authorities have traditionally drawn a parallel between tobacco additives and the allowable additives in food and assumed that these additives are safe as combustion products inhaled into the lungs. This parallel and assumption is completely false. Food products and cosmetics expose people to additives in an entirely different way to smoking.

The manufacturer's liability for harm caused by tobacco products

The procedures for compensating damage caused by tobacco products must match those applied in the context of pharmaceuticals, toxins, traffic accidents and other hazardous substances.

Proposals for action

- Establish an insurance system subject to public law to compensate municipalities for the treatment of diseases caused by the use of tobacco products when nicotine addiction has been verified using generally approved tests. The insurance must also compensate municipalities for the costs of withdrawal from tobacco products.
- Fund the insurance system by insurance payments collected from manufacturers of tobacco products or their representatives and importers.

Tobacco products have been intentionally engineered and manufactured to cause and sustain addiction in the user in their original form or when smoked. The permanent

and compulsive ingestion of nicotine through the use of tobacco products, which is a result of the addiction, causes severe diseases as tobacco products contain many pharmacologically active substances. They are toxic in their original form and as combustion products, and they cause cancer and other diseases.

The basis for product liability and consumer protection is that consumers have the freedom to choose whether or not to use a product. The right to life, personal liberty, integrity and security are also prescribed in Section 7 of the Constitution of Finland. The freedom of choice is not present in the context of tobacco products due to the strong addiction they cause, which means that it is justified to consider these products different from other consumer goods in terms of compensation law.

Upon enacting the Product Liability Act in the spring of 1990, the Legal Affairs Committee of the Parliament of Finland unequivocally placed tobacco products within the coverage of strict product liability, based on their hazardous nature. The Committee justified this decision by stating, for example, that “tobacco products cause dependence quite rapidly, which means that, for those who take up smoking as a child or adolescent, it is difficult to stop later on.” The Parliament of Finland ratified the decision of the Legal Affairs Committee by approving the memorandum.

The product liability of cigarette manufacturers is applicable regardless of what the public may or may not know about the addictive or disease-inducing properties of tobacco products. A warning by an external party on the hazards of the products does not provide sufficient grounds to release the manufacturer from liability.

Nicotine addiction is completely different from other addiction diseases. The addiction is formed and maintained by normal use of the product, as a result of which smokers develop lung cancer, chronic obstructive pulmonary disease and other serious diseases. These resultant diseases are not only personal tragedies but they also cause significant health care and social welfare expenditure as well as costs incurred from lost work input.

The Finnish product liability systems are based on compensating for the damages of individual injured parties. This is not the correct system for compensation related to tobacco damage, as Finland does not have an efficient and functional arrangement for class actions. Moreover, the product liability system based on individual compensation rights is not an efficient way to eliminate the above-mentioned social effects caused by nicotine addiction.

Due to their addictive properties and toxicity, tobacco products do not meet the requirements placed on normal consumption goods. In light of current information, classifying tobacco as a stimulant in the Tobacco Act is inaccurate and gives a misleading impression of the product. The harm caused to society and the national economy by the use of tobacco products is substantially higher than the yields of the tobacco tax.

It is therefore justified to supplement the compensation systems based on individual compensation rights so that individual costs caused by nicotine addiction directly or indirectly can be targeted at the manufacturers of tobacco products. For the

purpose of compensating for personal damage from nicotine addiction and other resulting diseases, it would be practical to establish a simple fund-based compensation system. In terms of legislation, this would be most natural by amending the Tobacco Act.

The applicable fund's financing costs from the expenditures caused by tobacco-related diseases will not necessarily be transferred to the prices of tobacco products to any significant extent.

Limiting the sale of tobacco products

The sale of tobacco products has been restricted by age limit, subjecting sales to a licencing and by removing tobacco products from the view of consumers at retail locations. According to a study on young people's health and lifestyle, young people purchase tobacco from shops, kiosks and other retail outlets, which means that, despite independent and official sale control, the Tobacco Act has not entirely prevented the sale of tobacco products to minors.

Proposals for action

- Amend the Tobacco Act so that it only allows the retail of registered tobacco products, which will require setting up a register for tobacco products.
- Subject the import and wholesale trade of tobacco products to licencing, and impose a licence and monitoring fee.
- Prohibit the import, sale and other distribution of new tobacco products, substitutes and imitations. Tobacco imitations include sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors (according to Article 16, Section 1 c of the Framework Convention).
- Prohibit the import, sale and other distribution of any orally used tobacco products.
- Prohibit the online sale and passenger import (tax free) of tobacco products, substitutes and imitations.
- Dramatically reduce the number of sales points for tobacco products so that by 2020 their number has reduced to 500.
- Harmonise the consequences of violating the age limits and sale prohibitions related to tobacco products with the corresponding regulations on alcoholic drinks.

The objective of the Tobacco Act is to end the use of tobacco products, which means that new tobacco products will no longer be allowed on the Finnish market. Selling

only registered tobacco products in the country increases adherence to the sale prohibitions and the efficiency of marketing control.

New products are entering the market that correspond to tobacco in terms of their purpose of use or closely resemble tobacco products or smoking equipment, but do not contain tobacco or its substitutes. They appeal to minors, in particular, and draw their interest to the use of tobacco products. These products include herbal cigarettes, nicotine-free electrical cigarettes and various sweets that imitate the appearance of tobacco products or smoking equipment. The Tobacco Act does not limit or prohibit the import or sale of these products.

According to Article 16 of the Framework Convention, each party to the convention must adopt and implement effective, legislative, executive, administrative or other measures at the appropriate governmental level to prohibit the sale of tobacco products to persons under the age of 18. In addition to this, Article 13, Section 14 c of the Framework Convention states that the parties must restrict the use of direct or indirect incentives that encourage the purchase of tobacco products by the public. The implementation guidelines for Article 13 indicate that direct and indirect incentives include products that imitate tobacco products.

Young people trying out tobacco is significant in terms of the overall use of tobacco products since nicotine addiction can be caused by a short period of smoking and lead to a lifetime of use.

Marketing and promotion of tobacco products

By virtue of ratifying the Framework Convention, Finland made a commitment to implement a prohibition on tobacco-related marketing, promotion and sponsorship.

Proposals for action

- Standardise the retail packaging of tobacco products (standardised packaging).
- Print health warnings on tobacco product packaging that cover at least 90% of each surface.
- Use both images and text in the warnings.
- Expand the marketing and promotion prohibition in the Tobacco Act to cover smoking and the use of other tobacco products.
- Place an 18-year age restriction on films and video recordings presenting tobacco products, imitations, smoking scenes and smoking. The provision does not apply to films that clearly present the health risks of smoking or films that show a historical figure smoking in a natural context.

With limitations being placed on the traditional advertisement of tobacco products and smoke-free environments becoming more commonplace, the visibility of tobacco product packages, brands and smoking has become an increasingly important marketing channel. This channel is utilised especially through the methods of entertainment marketing. According to an American study, consumers normally have a more positive view of entertainment marketing than traditional marketing, since it is not seen as intrusive. When correctly implemented and in the right context, this type of marketing draws interest and creates positive impressions of the brand itself.

Tobacco companies have traditionally known how to take advantage of films and related productization. In films, plays, music videos and television programmes, for example, smoking and tobacco products are presented as a natural part of the story. In the entertainment environment they are important new ways to spark the interest of new smokers and recruit them.

Heavier than usual smoking is common in films although smoking has decreased in real life. The long lifespans of films (DVD production, television rights, electronic and mobile distribution, etc.) enable the content and messages to be repeated over a long period of time. In fact, repetition is an important element in creating and maintaining interest in the attempt to influence consumers without them paying much attention to the process.

Information campaigns

Each person's basic rights include the right to receive accurate and reliable information on choices that are conducive to health and the hazards of tobacco products. The responsibility for information distribution cannot be placed solely on schools and the media. According to Section 19 of the Constitution of Finland, public authorities must support families and others responsible for providing for children so that they have the ability to ensure the wellbeing and personal development of the children.

Proposals for action

- Create centralised and nationwide information campaigns on the addiction caused by the use of tobacco products, the related health risks, exposure to environmental tobacco smoke, cessation of tobacco use and the benefits of not smoking.
- Agree upon 2-3 points for the campaigns, whose effectiveness can be assessed.
- Plan the campaigns together with specialists in tobacco policy, the reduction of tobacco product use, and marketing communications.
- Run a general information campaign with target group-specific campaigns.

- Include an annual appropriation of €4 million in the state budget for information campaigns over the next ten years, and bind the appropriation to the cost-of-living index starting from the 2013 level.
- Establish an expert group and responsible body for campaign planning, coordination, implementation monitoring and reporting.
- Institute legislation to assign responsibility for the implementation and coordination of the campaign to the National Institute for Health and Welfare and allocate the sufficient funding.
- Regularly assess the implementation and effect of the campaigns.

Even though health has been afforded an important and acknowledged position as a resource for the social and economic development of our country, Finland has not implemented an extensive and systematic information campaign that is maintained for years. Under the Framework Convention (Article 12), Finland has committed to using all available communication tools to promote and strengthen public awareness of the addictive characteristics of tobacco consumption, the health risks of addiction, environmental exposure to tobacco smoke, other health risks, and the benefits of the cessation of tobacco use and tobacco-free lifestyles.

Finland requires national and goal-oriented campaigns that are implemented over many years in order to inform the public about the health and environmental risks of smoking and support the objective and implementation of the Tobacco Act. The long-term orientation of the campaigns must also be evident in the financing. Annual uncertainty with regard to financing will not ensure the development of communications and cooperation.

Health is of most importance to Finns after the safety of their families. Under the flood of information from the massive health market and the pressure of the conflicting information distributed by the media, people are unable to ascertain what to believe and trust. In such conflicting situations, people tend to gravitate towards messages that support their own views, in which case health as a value may no longer guide their behaviour.

Although sporadic campaigns have been launched to inform the public about the health risks of using tobacco products since the 1960s, people do not have an overall concept of the actual hazards of smoking and nicotine addiction. Despite the basic information provided in school, the public's health knowledge is often based on sometimes conflicting views conveyed by the media. Modern communication methods, such as social media, make the dissemination of conflicting information easier than ever. In the midst of this whirlwind of messages, the parents and guardians of children and adolescents often find themselves powerless to perform their parental duties. Although many studies indicate that people know that tobacco products are somewhat

hazardous to health, strong nicotine addiction, the ever-present flood of information and the efforts of the tobacco industry prevent them from grasping the real picture.

Young people, in particular, lack the experience and maturity to assess the risks of using tobacco products, and the actual magnitude of these risks. With the majority of new smokers being children and young people, each generation must be educated and raised towards a non-smoking lifestyle.

Research and monitoring

Tobacco policy requires functional, financially stable and continuous research and monitoring to support it.

Proposals for action

- Ensure that the information systems concerning the population produce data on the use, procurement, marketing and promotion of tobacco products as well as ending the use of tobacco products, diseases caused by the products, prevalence, resulting costs and the distribution of the diseases among the various demographic groups.

Finland has first-rate research and monitoring systems that describe public health and its development. These systems are also used to promote health in the assessment of profitability. In the future, we must continue to ensure that research, as well as the assessment and monitoring of the methods to implement measures related to tobacco policy, yield sufficient information for decision-making and on the effects of the decisions on tobacco use and disease prevalence among various demographic groups. This information is necessary in the development of tobacco policy and the practical application of plans.

New nicotine products

Nicotine is an addictive chemical that primarily affects the central nervous system. It is used as a pharmaceutical product, insecticide and pesticide.

New nicotine products that are marketed as less harmful are increasingly being introduced to replace tobacco products or to be sold alongside them. However, the starting point for any examination should be the possible detriments and social impacts caused by the new products, instead of whether or not the products are less harmful than tobacco products. New nicotine products, such as nicotine sticks, tablets, beer, gel and electric cigarettes cause and maintain nicotine addiction. They are also marketed as tools to quit smoking, although no sufficient scientific evidence exists that these products are conducive to permanently ridding oneself of smoking.

Proposals for action

- Amend the Tobacco Act to prohibit the import, sale and other distribution of all new nicotine products, with the exception of those governed by the Medicines Act and Pesticides Act.
- Before the institution of prohibition, all nicotine products are to be considered under the Medicines Act regardless of their nicotine concentration.

Very little is known about the long-term effects of nicotine. According to available research, nicotine seems to increase fat accumulation in blood vessels, arrhythmia (sudden death) and blood clotting. Nicotine contracts capillaries, which studies have shown to be harmful to tissue. Nicotine would seem to be linked to cardiovascular diseases, arterial hypertension and its complications, reproductive health, musculoskeletal diseases and various diseases of the digestive tract.

Due to the severe health detriments, the new ingestion methods of nicotine should be governed by the Medicines Act, if they are allowed on the market.

Other development needs concerning the tobacco control policy

In addition to the proposals for action listed above, the development working group proposes the following:

- Include the development of tobacco policy and the Tobacco Act in each government program in order to achieve the goal of ending the use of tobacco products as prescribed by the Tobacco Act.
- Bring the Tobacco Act in line with the WHO Framework Convention ratified by Finland and the implementation guidelines mutually approved by the parties to the convention.
- Finance the enforcement of the Tobacco Act in municipalities with monitoring fees and transfer the consequences of violations of the Tobacco Act to the Criminal Code.
- The Government to establish a permanent committee to assist the Ministry of Social Affairs and Health, the purpose of which is to monitor and assess the implementation of Section 1, Subsection 2 of the Tobacco Act and issue initiatives for the development of the tobacco policy.

Literature

- Bullen C, Howe C, Laugesen M, McRobbie H, Parag V, William J, Walker N. Electronic cigarettes for smoking cessation: a randomised controlled trial. Published online September 7, 2013.
- Doll R, Peto R, Boreham J, Sutherland I. Mortality in relation to smoking: 50 years observations on British doctors. *BMJ* 2004;328 (7455)1519.
- European Commission. Impact Assessment. Accompanying the document Proposal for a directive of the European Parliament and of the Council. SWD (2012) 452 final.
- Food and Drug Administration. Preliminary scientific evaluation of the possible public health effects of menthol versus nonmenthol cigarettes. <http://www.fda.gov/TobaccoProducts/PublicHealthScienceResearch/Menthol/default.htm>. Obtained 9 October 2013.
- Hackley C, Tiwaskul RA. Entertainment marketing and experimental consumption. *Journal of marketing communications*.12 (1), pp.63-5. 2006.
- Government Proposal. HE 119/1989 vp, II Memorandum of the Legal Affairs Committee 4/1990 vp. Only in Finnish.
- Hara M, Ollila H, Simonen O (edit.). Lasten ja nuorten tupakoinnattomuuden edistäminen. Yhteinen vastuumme. *Analyses* 2009:58. Ministry of Social Affairs and Health 2010. Only in Finnish.
- Helakorpi S, Holstila AL, Virtanen S, Uutela A. Suomalaisen aikuisväestön terveystäytyminen ja terveys, kevät 2011. National Institute for Health and Welfare. Report 45/2012.
- Heloma A, Ollila H, Danielsson P, Sandström P, Vakkuri J (edit.). Kohti savutonta Suomea. National Institute for Health and Welfare 2012. Only in Finnish.
- Jones MR, Navas A, Yuan J, Breyse PN. Secondhand tobacco smoke concentrations in motor vehicles: a pilot study. *Tobacco Control* 2009.
- Kinnunen JM, Lindfors P, Pere L, Ollila H, Samposalo H, Rimpelä A. Nuorten terveystapatutkimus 2013. Nuorten tupakkatuotteiden ja päihhteiden käyttö 1977-2013. Ministry of Social Affairs and Health 2013. Only in Finnish.
- Koskinen S, Lundqvist A, Ristiluoma N (edit.). Terveys, toimintakyky ja hyvinvointi Suomessa 2011. Report 68/2012. National Institute for Health and Welfare 2012. Only in Finnish.
- Nguyen L, Rosenqvist G, Pekurinen M. Demand for Tobacco in Europe. An Econometric Analysis of 11 Countries for the PPACTE Project. Report 6/2012. National Institute for Health and Welfare 2012.
- Puohiniemi M. Arvot, asenteet ja ajankuva, Li-mor kustannus 2002. Only in Finnish.
- Scientific Committee on Emerging and Newly Identified Health Risks SCENIHR. Addictiveness and Attractiveness of Tobacco Additives, Adopted opinion by written procedure on 12 November 2010. Directorate-General for Health & Consumers.
- The Finnish Medical Society Duodecim and The Finnish Association for General Practice. Current Care Guidelines. Tobacco dependence and cessation. 19.1.2012. www.kaypahoito.fi.
- Tieteellinen perustelukatsaus ympäristön tupakansavun terveyshaitoista. *Analyses* 2000:11. Ministry of Social Affairs and Health 2001.
- Tupakkalainsäädäntö perusteluaineistoinen. Publications 2012:11. Ministry of Social Affairs and Health 2012. Only in Finnish.
- Tupakkapoliittisia lakimuutoksia ja toimia valmistelevalle työryhmän loppu- ja väliraportit. Ehdotukset tupakkalain ja tupakkaverolain muutoksiksi. *Analyses* 2009:15. Ministry of Social Affairs and Health 2009. Only in Finnish.
- Government Resolution on. Health 2015 public health programme. Publications 2001:4. Ministry of Social Affairs and Health 2001.
- Valvira. Tupakan lisäainesosat (PITOC-projekti). http://www.valvira.fi/ohjaus_ja_valvonta/tupakka/tuotevalvonta/tupakan_lisaainesosat. Obtained 9 October 2013.
- WHO Framework Convention on Tobacco Control. World Health Organization 2003, updated reprint 2004, 2005. ISBN 978 92 4 159101 0.
- World Health Organization International Agency for Research on Cancer. IARC Monographs on the Evaluation of Carcinogenic Risks to Humans. Tobacco Smoke and Involuntary Smoking. Volume 83. Lyon, France. 2004.