

LEADING THE WAY TO A SMOKE-FREE FUTURE:

The experience of Sweden



Introduction

In recent years, smoking has been the subject of stringent public policies worldwide, particularly in Europe. The European Union (EU) seeks to lead in the fight against the leading preventable health risk and the most important cause of premature death of its citizens, accounting for approximately 700,000 deaths per year. However, despite the progress and strategies implemented, [the EU still faces a high number of smokers and a smoking prevalence rate of 23%](#).

In their commitment to reducing this rate, the Member States have rigorously adopted the measures proposed by the World Health Organization (WHO) in the context of its Framework Convention on Tobacco Control (FCTC) and have transposed into their legal systems the directives and recommendations of the European institutions in this field. Many of these countries have also implemented awareness and information programs aimed at smoking cessation and prevention. But only Sweden has maintained a truly comprehensive approach. The Scandinavian country has adopted, transposed and implemented all of the above, but, in addition, has allowed its smokers to switch from cigarettes to alternative nicotine products; this combination of measures has managed to lower the smoking prevalence rate to the current 5.6%. This is the lowest figure in the EU, even among Member States that focused on reinforcing more restrictive public policies.

Indeed, the public policies promoted due to the FCTC and the MPOWER initiatives constitute the most significant contribution to the fight against smoking, but many of the countries that have adopted them still face a high number of smokers. This is likely because they focus only on strictly coercive elements. Sweden's comprehensive approach, equally rigorous in the regulation, cessation and prevention of cigarette consumption, also offers other factors that promote gradual behavioral change and invite governments and institutions to consider broadening the approach to the global ambition of a smoke-free future while respecting the idiosyncrasies of each country.

Our analysis focuses on the path taken by Sweden in its fight against smoking and the main elements of its comprehensive approach. It will explore the measures proposed by the WHO, the European directives and recommendations that regulate nicotine products' content, labeling and packaging, restrictions on advertising, promotion and sponsorship, the implementation of traceability systems and measures to discourage consumption and fiscal measures. Cooperation between Member States and collaboration with international organizations, such as the WHO, will also be examined.

Section 1:

The Road to a Smoke-Free Future

In 2003, the FCTC was adopted by WHO member states

In 2003, WHO member states adopted a new approach to reduce smoking worldwide. Considering the addictive nature of smoking, the public health consequences and the failure of the war on drugs, a completely different approach was implemented: [the Framework Convention on Tobacco Control \(FCTC\)](#).

From the first paragraph of the preamble, which states that the Parties to this Convention "are determined to give priority to their right to protect public health," the FCTC sets a global trend.

In addition, the FCTC established the Conference of the Parties (COP), which holds regular meetings every two years, and the Convention Secretariat, which serves the FCTC subsidiary bodies, supports the development and promotion of guidelines, recommendations and policy options, assesses progress in implementation and shares knowledge, and assists Parties in implementing the FCTC.

The FCTC is the first treaty negotiated under the auspices of WHO, based on the reaffirmation of all people's right to enjoy the highest attainable standard of health. This treaty represents an exemplary shift in developing a normative strategy to address addiction. Unlike previous drug control treaties, the FCTC and its guidelines recognize the importance of demand reduction strategies as well as critical supply-side issues.

In 2008, the WHO launched the MPOWER package of measures

To assist in implementing the FCTC and its guidelines, the WHO has promoted the MPOWER package of measures to assist in implementation. More than half of the world's population is protected by at least two of six measures, and more than half of the world's population has explicit and graphic warnings at retail. Only 49 countries have not adopted any measures, but no EU country is on that list.

These measures include monitoring tobacco consumption and prevention measures, protecting the population from tobacco smoke, offering assistance for smoking cessation, warning of the dangers of tobacco, enforcing bans on advertising, promotion and sponsorship, and increasing tobacco taxes. In short, they make it possible to regulate cigarette consumption gradually, limiting access, raising public awareness and preventing new generations from falling into addiction.

MPOWER measures

Monitoring tobacco consumption

The FCTC requires its Parties to regularly collect and share information on the amount, patterns, reasons and consequences of tobacco use and exposure. This information is crucial for implementing and evaluating effective policies. By constantly monitoring the tobacco epidemic and interventions to control it, interventions can be improved and optimized.

The WHO's Tobacco Free Initiative seeks to improve the availability of national and global information on tobacco use, exposure and related health outcomes. To this end, the WHO works with countries to:

- a. *Encourage using scientific and evidence-based standards and protocols for monitoring tobacco use among adults and adolescents.*
- b. *Collect information for national and global monitoring of tobacco use trends and strengthen tobacco control policies.*
- c. *Use the information to advocate for strengthening policies to reduce tobacco use more effectively.*

Protect the population from tobacco smoke

There is no safe exposure to secondhand smoke, which kills more than one million people yearly and causes heart disease, cancer and many other ailments. Even brief exposure can cause serious harm. Studies show that pollution levels in enclosed places that allow smoking are higher than those found on busy roads, enclosed garages, and during forest fires. Scientific evidence has established that exposure to tobacco smoke causes death, disease and disability in non-smokers. Among newborns exposed, either in utero or after birth, there is an increased risk of premature delivery, low birth weight, and a doubling of the risk of sudden infant death syndrome.

Creating smoke-free indoor public places through smoke-free legislation is popular wherever enacted, and these laws do not harm businesses. Any country, regardless of income level, can implement effective smoke-free legislation. Only a total ban on smoking in enclosed public places, including all enclosed workplaces, bars, restaurants, and public transportation, protects people from the harms of secondhand smoke, helps smokers quit, and reduces youth smoking.

The FCTC Article 8 guidelines help countries know exactly what to do to protect their population from secondhand smoke.

Offer help for smoking cessation

Despite being aware of the dangers of smoking, most smokers do not want to quit. A tobacco user's chances of successfully quitting smoking are doubled with counseling and medication. However, only 23 countries offer comprehensive cessation services with full or partial coverage of costs to help tobacco users quit, representing only 32% of the world's population.

Health professionals are the most crucial group to promote smoking reduction. Studies show that very few people know the health risks of smoking, such as lung cancer, heart disease and stroke. Brief advice from health professionals can increase smoking cessation success rates by up to 30%, while intensive advice can increase the chances of quitting by 84%.

Under the FCTC, countries must address tobacco use and dependence. The WHO provides training and training packages to help governments establish or strengthen their national tobacco cessation systems, including integrating brief tobacco interventions into their primary care systems and developing toll-free telephone lines and national cessation projects.

Warn about the dangers of tobacco

Despite the overwhelming evidence of the dangers of smoking, relatively few smokers fully understand the extent of the harm smoking causes, and they tend to underestimate the risks to themselves and others. The ease and depth of addiction to smoking make quitting extremely difficult and perpetuate a cycle that has devastating health effects.

However, tobacco product packaging in most countries provides little or no information to warn consumers about the risks. Tobacco companies use packaging and other advertising techniques to make tobacco appear attractive while distracting consumers from the harsh reality of how tobacco destroys health.

Health warnings on tobacco packages reach all smokers and cost governments nothing. Article 11 of the FCTC states that warnings must appear on both the front and back of the package, be large and clear, and describe specific diseases caused by smoking. Using graphic images that demonstrate the harm of tobacco use can be especially effective in convincing users to quit smoking. In addition to paid advertising, communicating with the media can spread anti-smoking messages effectively and economically.

Enforce prohibitions on advertising, promotion and sponsorship.

The tobacco industry invests tens of billions of dollars each year in marketing its products. Using increasingly sophisticated and covert forms of tobacco advertising, promotion and sponsorship, the industry links its products with success, fun and glamor. The results are devastating to public health, as new users are eventually lured into a life of addiction. Around the world, various forms of advertising, promotion and sponsorship create the illusion that tobacco is just an ordinary consumer product rather than a deadly product that can kill half of its users.

Advertising, promotion and sponsorship increase smoking initiation among youth, and brief exposure can influence adolescents. The more aware and appreciative young people are of tobacco advertising, the more likely they are to smoke or claim to intend to smoke.

A total ban on direct and indirect advertising, promotion and sponsorship, as set out in the FCTC Article 13 guidelines, can substantially reduce smoking and protect people from industry marketing tactics. To be effective, these bans must apply to all media and sales venues, including the Internet and other digital media, as well as

promotion at sporting and cultural events. In addition, efforts must be made to combat illegal sales and smuggling.

Increasing tobacco taxes

Smoking kills eight million people annually and is the leading cause of preventable deaths worldwide. Significant increases in tobacco excise taxes and prices are the most effective and cost-efficient measure to reduce tobacco consumption. Moreover, it is a measure contemplated explicitly in Article 6 of the FCTC.

Higher taxes on tobacco products lead to higher prices, make tobacco products less affordable, make people use them less, and prevent youth initiation. Because youth and low-income groups are more sensitive to tobacco price increases, they disproportionately enjoy the health and economic benefits of quitting and not initiating.

Saving lives with tobacco taxes decreases the enormous health burden and economic losses from smoking-related diseases. Moreover, tobacco taxation is relatively inexpensive and generates significant revenue in the short and medium term. WHO supports all its Member States that use tobacco taxation to achieve their health, revenue and equity objectives.

Tobacco taxes must decrease affordability, the impact of inflation and economic growth should be considered, and tobacco taxes be implemented as part of an overall strategy to reduce smoking.

The strictly coercive approach of the WHO

The approach of the FCTC and MPOWER measures is strictly coercive in nature. This is the WHO's approach to reducing the consumption of products that pose health risks to consumers. Its recommendations in the fight against smoking over the years and, more recently, against sugar consumption, where the [WHO rejected that sweeteners could play a role in achieving its objectives](#), illustrate this. The example of Sweden, however, illustrates that governments can achieve improved public health outcomes when they complement their regulatory measures with alternatives that, while not entirely healthy, pose less health risks to their users.

The WHO should therefore consider comprehensive approaches that have proven to be compatible with strict regulation but more effective for socio-cultural reasons, as this would also make it possible to avoid the development of parallel markets and thus control all the products to which consumers have access.

The adoption of such an approach by the WHO would entail, first of all, distinguishing between tobacco and smoking in its recommendations. Smoking, and not tobacco, is the epidemic that the WHO seeks to eradicate with the FCTC and MPOWER measures. Thus, if not combusted, tobacco may be present in those alternative nicotine products that Sweden, and other countries around the world, have shown to contribute to gradual behavioral change beneficial to smokers and public health goals.

Sweden's integrated approach

The European Network for Smoking and Tobacco Prevention has set the smoking reduction target and smoke-free status at a rate of 5%. Sweden will reach this target in 2023, two years earlier than estimated in the 1980s, when [its adult smoking rate was 35%](#). While the efforts of the WHO and the EU, along with Sweden's awareness and information programs, have significantly reduced cigarette usage, the experience of neighboring countries suggests that more could have been done. However, Sweden's broad approach, which encourages gradual behavioral change, has proven effective in steadily achieving this goal.

The Scandinavian country has adopted and implemented all of the above. Still, it has also allowed its smokers access to various alternative, safer nicotine products, as detailed in the [Swedish Experience Report](#) published in 2023.

Swedish institutions have been rigorous with the regulation. They are analogous to those of the other EU member states and those of the countries at the forefront of tobacco control. [The International Legal Consortium \(ILC\) itself](#) argues that elements such as, for example, its health warnings, labeling and penalty system are adequate. However, evidence shows that, for example, the more demographically and economically strong EU countries - such as Germany, France, Italy and Spain - equally rigorous with regulation are not achieving results comparable to those of Sweden. These countries have mostly adopted and implemented public policies of a strictly coercive nature, giving less space to public policies that would promote gradual behavioral change, such as the availability of products that could substitute cigarettes. [The average smoking prevalence rate in the four countries is 24.75%](#), more than four times higher than Sweden's 5.6%.

Since 2016, [the proportion of smokers in Sweden has dropped from 11%](#). Sweden is the only EU country to reach the target high on the WHO's global agenda in the coming months.



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Section 2: Looking at the EU

The EU seeks to lead in smoking reduction policies, and its measures in this area serve as a reference in other jurisdictions. Smoking is the leading preventable health risk and the most important cause of premature death of its citizens, with approximately 700,000 deaths per year. About 50% of smokers die prematurely, on average 14 years earlier.

Despite progress in recent years, [the EU still faces a high number of smokers and a smoking prevalence rate of 23%](#). Its Member States have implemented several strategies to address this situation by transposing European directives and recommendations in line with the FCTC and its guidelines, MPOWER measures, and awareness and information programs focused on smoking cessation and prevention.

This approach has helped to protect citizens from exposure as passive smokers. But, above all, it aims to stop smokers from smoking and to prevent more people from taking up the habit. Special attention is paid to smoking among young people since 93% of smokers start smoking before age 26.

Policy priorities include the promotion of smoke-free environments, support for smokers who wish to quit, prevention in young people and the fight against illicit cigarette trade. Indeed, the fight against illicit trade is a very relevant area in the context of the FCTC, which prompted in 2012 the Protocol to Eliminate Illicit Trade in Tobacco Products.

European directives and recommendations also cover the regulation of the content, labeling and packaging of nicotine products, restrictions on advertising, promotion and sponsorship, the implementation of traceability systems and measures to discourage consumption, including tax measures.

Cooperation between Member States and collaboration with international organizations, such as the WHO, have also proven essential to ensure the effectiveness and consistency of EU measures. While the measures are highly relevant in addressing the smoking problem, it is essential to monitor and evaluate their impact on public health and adjust them as necessary.

EU directives and recommendations

Regulating tobacco products

The current [Tobacco Products Directive, or TPD, \(2014/40/EU\)](#) has established a key regulatory framework in the EU since its entry into force in 2014. This revision of the 2001 directive sets out regulations for the manufacture, presentation and sale of tobacco and related products, including cigarettes, roll-your-own tobacco, pipe tobacco, cigars, cigarillos, oral tobacco, electronic cigarettes and herbal products for smoking.

The directive bans cigarettes and roll-your-own tobacco with characterizing flavors and obliges the tobacco industry to provide information on the ingredients used in their products. Smoking tobacco product packaging requires

combined health warnings covering 65% of the front and back sides, thus different from the warnings applicable to e-cigarettes. In addition, it establishes minimum dimensions for warnings and bans small packs on certain tobacco products. In 2022, [Delegated Directive \(EU\) 2022/2100](#) extended the restriction on characterizing flavors and imposed additional labeling obligations on heated tobacco products.

The directive also bans misleading advertising and promotional elements on tobacco, electronic, and herbal smoking products. An EU-wide tracking and tracing system is introduced to combat illicit trade in tobacco products.

In addition, the directive allows Member States to ban internet sales of tobacco and related products, establishes safety, quality and notification requirements for e-cigarettes and obliges manufacturers and importers to notify novel tobacco products before they are placed on the market.

In summary, the TPD establishes measures to address smoking and its effects on public health. These regulations are relevant to understanding the context in which tobacco control policies are developed in the EU and their potential impact on tobacco control.

Limiting tobacco product advertising

Smoking is a public health problem, and tobacco advertising influences its increase by promoting it among children, youth and adults, according to the EU, which implemented restrictions on tobacco advertising and sponsorship to address this problem beyond the Tobacco Products Directive itself.

The [Tobacco Advertising Directive \(2003/33/EC\)](#) bans cross-border tobacco advertising and sponsorship in media other than television, including print, radio, Internet and multilateral events. The Audiovisual Media Services Directive (2010/13/EU) extends the ban to all forms of audiovisual commercial communications, such as product placement.

The [Council Recommendation \(2003/54/EC\)](#) addresses other forms of tobacco promotion, urging Member States to prohibit the use of tobacco brand names on non-tobacco products or services, the distribution of samples and promotional items, sales promotion, indoor or outdoor advertising and in cinemas, among other practices.

At the international level, Article 13 of the FCTC sets out the obligations of Parties to prohibit or restrict tobacco advertising, promotion and sponsorship. Additional guidelines and protocols have been developed to complement these restrictions.

Creating smoke-free spaces

Exposure to tobacco smoke is a public health problem for the EU. It is estimated that, in 2002, more than 79,000 adults died due to this exposure, including 19,000 non-smokers. The [March 2009 Eurobarometer](#) revealed that 84% of EU citizens support a ban on smoking in offices and

other indoor workplaces, while 79% and 61% do so in restaurants and bars, respectively.

The EU adopted the [2009 Council Recommendation](#) to protect its citizens, which strengthens legislation in public places and promotes cooperation on tobacco control. In 2013, [17 EU countries had comprehensive legislation in this area](#), with Ireland, Greece, Bulgaria, Malta, Spain and Hungary having the strictest provisions.

A report published in 2013 by the European Commission analyzed the implementation of the 2009 Council Recommendation and found that, [although all EU countries had adopted measures to protect their citizens, the regulations varied in scope](#). The complexity of legislation in some countries makes it challenging to monitor and enforce. Nevertheless, between 2009 and 2012, a considerable decrease in tobacco smoke exposure rates in public places, such as bars and restaurants, was observed. Belgium, Spain and Poland are examples of countries where the adoption of comprehensive legislation led to notable reductions in smoke exposure in a short time.

The health effects of many strictly coercive smoking control measures, although, as observed in the EU, are not sufficient, are immediate and include reductions in the incidence of heart attacks and improvements in respiratory health. Moreover, the economic impact of these measures is positive or neutral. According to 2017 Eurobarometer figures, smoke exposure rates in establishments where food or drink is consumed continued to decrease, reaching 20% in bars and 9% in restaurants.

EU Cancer Plan: a boost to the introduction of new proposals

On the eve of World Cancer Day, the European Commission presented the European Plan to Combat Cancer, a key initiative to strengthen the European Health Union. This plan builds on new technologies, research and innovation and proposes a comprehensive EU approach to cancer prevention, treatment and care. The plan focuses on actions where the EU can bring maximum value, covering policy areas such as employment, education, social policy, equality, marketing, agriculture, energy, environment, climate, transport, cohesion policy and taxation.

The European Cancer Plan addresses smoking as one of the key risk factors for the development of the disease, emphasizes reducing its prevalence in the population and sets the target of reducing smoking in the EU to less than 5% of the population by 2040.

In addition, the European Commission published [a survey on the attitudes of Europeans towards tobacco and e-cigarettes](#), which to some extent, could indicate its continued commitment to monitoring the situation and adapting policies and actions accordingly.

The actions related to the fight against smoking in the European Plan to Combat Cancer complement the work of the EU over the last decades. These actions, together with protection against hazardous substances, have saved and

prolonged many lives in Europe. With the new plan, the EU seeks to further strengthen its efforts and significantly reduce smoking and its devastating health consequences for the entire European population.

The European Commission's plans for 2023: an overview

Consultation on the legislative framework for tobacco control

Following the 2022 call for data, in 2023, the European Commission plans to launch a [public consultation](#) to evaluate the current legislative framework concerning tobacco control. This evaluation will cover issues such as the regulation of tobacco products, their advertising, promotion and sponsorship.

Ambition for a smoke-free environment by 2040

The public consultation will also examine how the legislative framework can support the goal of achieving a smoke-free EU by 2040, which implies significantly reducing smoking among the population.

Revision of the Tobacco Products Directive

As part of the European Plan to Combat Cancer, the European Commission will propose a revision of the Tobacco Products Directive, which regulates aspects such as the manufacture, presentation and sale of tobacco and related products in the EU. This review will address identified areas for improvement and propose changes to strengthen the current regulatory framework.

Consultation on the impact of the directive on tobacco products

Before proposing the revision of the directive, the European Commission will launch another [public consultation](#) to assess the impact of critical aspects of the directive. This consultation will allow stakeholders and citizens to express their views on possible changes to the directive and contribute to public policy formulation. The proposed revision is expected to be adopted in 2024.

Update on the Council Recommendation on smoke-free environments

In addition, an update on the Council Recommendation on smoke-free environments is expected, which guides Member States to protect people from tobacco smoke in enclosed public places, workplaces and public transport. [The update will extend the scope of the Recommendation to outdoor spaces and address the use of heating tobacco products and electronic cigarettes](#). This update will be based on best practices and experience gained by Member States in controlling tobacco and related products.



Smoking **IS THE LEADING**
preventable **HEALTH RISK**
AND THE MOST
IMPORTANT CAUSE OF
premature death
OF ITS CITIZENS.

700.000
DEATHS PER YEAR

*ABOUT 50% OF SMOKERS DIE PREMATURELY,
ON AVERAGE 14 YEARS EARLIER.*

Section 3:

How Sweden is leading the fight against smoking in the EU

Sweden represents an interesting model in the fight against smoking and is a crucial case study. Its smoking rates are considerably low compared to the rest of Europe. The country has drastically reduced these rates over the past 15 years, [according to the Swedish Public Health Agency Folkhälsomyndigheten](#), from 15% in 2008 to 5.6% today, which contrasts with [the EU average rate of 23%](#). In addition, daily cigarette consumption is the lowest in the EU.

Evidence suggests that the combination of rigorous adoption of strict enforcement measures with elements that promote gradual behavioral change, such as awareness and information programs and the availability of alternative nicotine products, have contributed to a steady decline in smoking rates. In fact, [from 2006 to 2020, Sweden experienced a 60% decrease in smoking rates, representing the most significant reduction among all EU Member States](#).

This comprehensive approach differs from that adopted by other countries, in Europe and the rest of the world, which have adequately implemented the measures promoted by the WHO but continue to face high smoking rates.

And the impact on public health is remarkable. Sweden has experienced a lower incidence of cancer and a significantly lower smoking-related mortality rate than the EU average. In addition, the country is one of the three countries with the lowest number of deaths attributable to lung cancer.

In summary, Sweden is a valuable object of study in the fight against smoking. Certain governments and institutions might even consider it when addressing this public health challenge by analyzing and understanding its approach.

Analysis of Swedish legislation according to the Effective Anti-Smoking Policies Global Index

Sweden's legislation is aligned with WHO guidelines under the FCTC and EU directives and recommendations. It is also comparable to that of neighboring countries and leaders in tobacco control, such as the United Kingdom.

But, in addition, the Global Index of Effective Anti-Smoking Policies highlights other elements of Sweden's comprehensive approach, from a legislative point of view, in areas not regulated by European directives:

- a. Communication:** Relevant information can be provided at points of sale and specific age-limited channels, targeting adults, thus protecting young people. Specifically, in the case of nicotine pouches, the most recent alternative nicotine product, there are voluntary agreements regarding health warnings and their location at points of sale.
- b. Sales, including online sales:** Adults can purchase alternative nicotine products at the same outlets as cigarettes, including general retailers and online channels.
- c. Flavors:** Flavors are allowed in all alternative nicotine products, although they are prohibited in cigarettes.
- d. Excise taxes:** Excise taxes applicable to nicotine products reflect the relative risk of alternative products compared to cigarettes.

Furthermore, regarding the availability of alternative nicotine products themselves, Sweden is the only EU country that allows the sale of snus.

Analysis of the opinion of Swedish former smokers

The results of [an Ipsos survey](#) of Swedish ex-smokers who have successfully quit smoking highlight the key elements, from empirical experience, of Sweden's comprehensive approach. These key elements can be summarized in three broad areas:

- a. Accessibility:** A wide variety of alternative nicotine products are available in different sales channels, including online channels, and sufficient information for the consumer to choose the option that will stop them from smoking.
- b. Acceptability:** Various flavors and nicotine levels in alternative nicotine products contribute to consumer choice and non-smoking.
- c. Affordability:** the possibility of acquiring alternative nicotine products at a price that contributes to the consumer opting for them and not smoking.

1.

Accessibility

There is a wide variety of alternative nicotine products (including e-cigarettes, nicotine pouches, snus, and heating tobacco products) available in various sales channels, including online channels, and sufficient information for consumers to choose the option that will stop them from smoking.

The Ipsos analysis reveals two additional very relevant aspects of the inclusiveness of the Swedish approach from a generational and gender perspective, illustrating the need for such a wide variety.

From a generational point of view, it has been verified that snus has played an essential role for several generations but has been progressively replaced by innovative products. And the segmentation of ex-smokers by gender has shown a considerable difference between men and women in their preference for snus.

Snus was the alternative nicotine product of choice for more than three-quarters of male ex-smokers. On the other hand, nicotine pouches were chosen by more than half of the female segment. In contrast, they were preferred by just over a quarter of men (29%). Electronic cigarettes have been chosen by one out of ten ex-smokers. According to the survey results, this method is preferred mainly by women compared to men (14% vs 7%). Heated tobacco was only chosen by 1% of both segments.

2.

Acceptability

Ex-smokers also strongly indicated that a variety of flavors and nicotine levels are important when choosing an alternative nicotine product to a cigarette. Specifically, 89% stressed the importance of flavors and 75% the importance of nicotine levels.

Once again, an interesting difference has been verified in the segmentation by gender. Although both men and women agree on the relevance of these two aspects, women have placed greater emphasis on the importance of product customization.

Indeed, more than the availability of a wide variety of products per se is required; these products must constitute an alternative from the consumer's perspective.

3.

Affordability

The survey results also indicate that more than half of ex-smokers (61%) believe that keeping alternative nicotine products more affordable than cigarettes is a key factor in successful smoking cessation. Also, former Finance Minister Mikael Damberg explained that tobacco and nicotine taxes are structured to tax products according to their risk levels.

To summarize, according to those who have successfully quit smoking, ensuring access to a wide variety of alternative nicotine products so that every consumer can find the option that best stops them from smoking is critical. This includes ensuring that these products are available in both conventional and online sales channels and that sufficient information is provided. In addition, the products must be acceptable to constitute real alternatives to cigarettes, which means that consumers must be able to choose at least flavors and nicotine levels. Finally, they must be affordable compared to cigarettes.



**ACCORDING TO THE SWEDISH
PUBLIC HEALTH AGENCY
FOLKHÄLSOMYNDIGHETEN,**

Sweden has gone
**FROM 15% IN 2008
TO 5.6% TODAY**

FROM 2006 TO 2020

*SWEDEN EXPERIENCED A 60% DECREASE IN SMOKING RATES,
REPRESENTING THE MOST CONSIDERABLE
REDUCTION AMONG ALL EU MEMBER STATES.*

Conclusions

Sweden's comprehensive approach to tobacco control is a paradigmatic case. The Scandinavian country has rigorously implemented the public policies that have historically made the most outstanding contribution to reducing cigarette consumption. These include WHO proposals under the FCTC, respective guidelines, MPOWER measures, EU directives and recommendations, and awareness and information programs focused on cessation and prevention. However, as evidenced by the smoking prevalence rates of the surrounding countries, these would not have been sufficient for Sweden to achieve, 17 years before the EU deadline (2040), the status of a "smoke-free" country.

The Global Index of Effective Anti-Smoking Policies highlights the key legislative elements of Sweden's comprehensive approach. Specifically, it shows how Sweden has addressed areas not regulated by EU directives and related to alternative nicotine products.




On the other hand, the results of an Ipsos survey of Swedish ex-smokers highlight key elements from empirical experience. The perspective of those who have successfully quit smoking confirms the need for a variety of alternative nicotine products accessible both in conventional sales channels and online and for relevant information for adult consumers (Accessibility). It has also highlighted the relevance of the variety of flavors and nicotine levels in these products so that they constitute real alternatives to cigarettes (Acceptability) and the relevance of these products remaining more affordable than cigarettes (Affordability).

Sweden's track record is evidence of the success of the complementarity between strictly coercive measures and measures that promote gradual behavioral change. It offers elements that certain governments and institutions could consider to achieve smoking reduction goals and enhance public health on a global scale. Depending on their peculiarities, implementing a similar approach in other countries could pave the way towards achieving these goals. Ultimately, the Swedish experience stands as a beacon of inspiration.

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