



14th July 2021

Dear BECA Committee Member,

Europe's Beating Cancer Plan - tobacco and nicotine

We write in anticipation of the BECA meeting on Thursday, 15th July, at which members will receive a presentation from the Rapporteur, Dr Trillet-Lenoir, and discuss the draft report.ⁱ European Tobacco Harm Reduction Advocates (ETHRA) is the voice of 27 million European users of low-risk alternatives to smoking and far more potential users. We support tobacco harm reduction:ⁱⁱ helping and encouraging smokers to switch from high-risk to low-risk nicotine products as a practical public health strategy that will work quickly and at scale in the European Union. We are a voluntary operation with no industry funding or conflicts of interest. Our transparency register number is 354946837243-73.

We wrote to BECA members in February outlining our concerns with the Commission's document.ⁱⁱⁱ We hope the Parliament will continue with its work to strengthen and improve the plan and bring it into line with the best available science. To that end, we would like to emphasise five points to consider during Thursday's presentation and discussion:

1. **The biggest cancer wins (and failures) will be in tobacco and nicotine policy.** The Rapporteur correctly identifies tobacco as "*by far the most significant cause of cancer in the EU...*". It follows that the measures taken in this area will have a high impact on the plan's overall effectiveness. Good measures will deliver results, but well-intentioned but poorly designed measures aimed at suppressing low-risk products can have the effect of increasing smoking, promoting relapse, and preventing switching. *The main risks in tobacco and nicotine policymaking are the unintended consequences.*
2. **The critical policy distinction is between smoked and smoke-free nicotine products - not between tobacco and non-tobacco.** As the report suggests, by far the largest cause of death and disease is *smoking* - the inhalation of toxic products of combustion. The critical distinction for public health purposes is between smoked products (cigarettes, hand-rolled, cigars etc.) and smoke-free products (vaping, heated tobacco, nicotine pouches, snus). Sweden has the lowest rates of smoking in the developed world (and a substantially lower burden of disease as a result) because of snus, an oral tobacco product. There has been a 44% decline in cigarette sales in Japan in just five years (2015-20) as heated tobacco products have disrupted the cigarette market. *Europe's Beating Cancer Plan should focus on helping Europe's smokers move away from combustion products, including by switching to smoke-free tobacco products.*
3. **Avoid regulation that protects the cigarette trade.** According to Eurobarometer, 23% of European Union adults were smokers in Aug/Sept 2020, almost a quarter. This is despite decades of product regulation, taxation, and marketing restrictions. Tobacco harm reduction works because committed smokers willingly choose to switch from cigarettes to new, low-risk smoke-free nicotine products. This shift functions through consumer choice in the internal market rather than via the healthcare system or smoking cessation clinics.

EU TRANSPARENCY REGISTER: 354946837243-73

Measures that make these products less appealing to smokers (for example, flavour bans), more expensive (excessive taxes), less accessible (marketing restrictions), or unable to match the satisfying nicotine delivery of cigarettes (nicotine caps) are little more than regulatory protections to the cigarette trade. *If the internal market is allowed to work without being rigged in favour of cigarettes, tobacco harm reduction will deliver a high level of health protection in response to a major public health issue.*

4. **Implement risk-proportionate regulation.** For tobacco harm reduction to be successful for public health, two conditions must be met. (1) The smoke-free products must have a much lower risk to the user's health than smoking. We know this to be the case beyond any reasonable doubt, through studies showing that exposures to toxicants in blood, saliva and urine are much lower and close to non-users for many toxicants. (2) That the smoke-free products will displace smoking. There is good evidence from multiple sources to support this: randomised controlled trials, observational studies, population data trends, market data and analysis, and thousands of compelling user testimonials. It is reckless rather than precautionary to impose excessive regulation on these products as if nothing is known about them. The misapplication of the precautionary principle would favour the products that we know with absolute certainty are extremely harmful. *The right approach is 'risk-proportionate' regulation, with the strongest controls reserved for the most dangerous products, cigarettes, and regulatory, fiscal and communications measures aligned to encourage migration from high-risk to low-risk products.*
5. **Focus on securing major cancer gains for adults.** The big prize for public health is to avoid potentially millions of cancers and heart and lung disease episodes in Europe among adult smokers. Youth vaping is a political concern, but it should be kept in proportion, especially in Europe, where there are relatively low levels of youth vaping. Emerging evidence suggests that vaping has been a diversion away from smoking for those adolescents most likely to smoke and therefore those young people most at risk. American data show that most youth vaping is infrequent, and that frequent vaping is concentrated among those who would otherwise smoke. Compared to other youth risk behaviours, vaping is not especially harmful, and it may be beneficial to the young people most at risk of smoking. Finally, the main driver of youth smoking is parental smoking - if we can address adult smoking, we may see a multi-generational payback from Europe's Beating Cancer Plan. *Europe's Beating Cancer Plan should focus all its energies on capturing the public health opportunity to encourage adult smokers to quit smoking or switch to lower risk alternatives like vaping.*

ETHRA hopes the Rapporteur's presentation goes well and generates a thoughtful debate about options to strengthen Europe's Beating Cancer Plan with strategies and measures that will, in fact, beat cancer. Using tobacco harm reduction to radically disrupt the cigarette market would be an effective way to do that.

If we can be of further service or you would like to follow up on any of the points raised in this letter, please contact Damian Sweeney. Email: europethra@gmail.com.

Yours sincerely

ETHRA and Partners

ⁱ Special Committee on Beating Cancer, Draft report on strengthening Europe in the fight against cancer – towards a comprehensive and coordinated strategy, Rapporteur: Véronique Trillet-Lenoir, 21 June 2021 [\[access\]](#)

ⁱⁱ Tobacco Harm Reduction (THR) is a range of public health and other evidence-based policies, designed to lessen the negative social and/or physical consequences associated with smoking. It endorses the use of novel nicotine products and supports research into their safety and efficacy. Tobacco harm reduction is a consumer-led approach which enables smokers and ex-smokers to make informed choices regarding safer nicotine products.

ⁱⁱⁱ ETHRA, Letter to BECA committee members, Perverse unintended consequences of proposed tobacco/nicotine policy measures in Europe's Beating Cancer Plan 3 February 2021. [\[access\]](#)