



## Media release

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For immediate release

### New study launched at Global Forum on Nicotine shows WHO's tobacco control measures are failing – and that harm reduction works

- [Independent research](#) launched at [#GFN22](#) shows implementation of the WHO's tobacco control measures known as **MPOWER has no clear association with low-levels of tobacco-related mortality in Europe**
- [Study by Dr. Lars Ramström](#) reveals that **switching from smoking to Swedish-style snus, a safer nicotine product, is a more effective strategy** to reduce tobacco-related deaths
- The **WHO must embrace tobacco harm reduction** as part of its global tobacco control response by supporting the use of safer nicotine products to quit smoking

As over [50 international experts on tobacco and nicotine](#) gather to join hundreds of delegates in Warsaw, Poland for the ninth annual [Global Forum on Nicotine \(#GFN22\)](#) from 16 – 18 June, the conference organisers are proud to host the launch of a new study by distinguished tobacco dependence researcher Dr Lars M. Ramström (born 1931). Dr Ramström's research demonstrates that integrating tobacco harm reduction to existing tobacco control measures holds the key to hastening an end to smoking.

[The Global Forum on Nicotine](#) is the only international conference to focus on the role of safer nicotine products (nicotine vapes or e-cigarettes, nicotine pouches, oral tobaccos such as Swedish-style snus and heated tobacco products) that help people switch away from smoking, in an approach called tobacco harm reduction. Many sessions will be accessible online for free [to registered participants](#), with [simultaneous translation from English to Spanish](#).

Harm reduction is an evidence-based public health approach consisting of pragmatic policies, regulations and actions to reduce health risks by, for example, providing access to safer forms of products or substances. People smoke to use nicotine, and smoking is the world's leading cause of non-communicable disease with an estimated eight million smoking-related deaths each year. Nicotine does not cause cancer. But when tobacco burns, it releases thousands of toxic chemicals, many of which are carcinogenic, that are then inhaled in smoke.

Over three days in the Polish capital, policymakers, medical professionals, academics and people who successfully quit smoking by switching to safer alternatives will [explore topics under the conference theme, Tobacco harm reduction: here for good](#). Dr Ramström's study cements the evidential basis for why this needs to be the case.

#### What's the context for Dr Ramström's research?

In 2005, the Framework Convention on Tobacco Control (FCTC) came into force. Developed in response to the global nature of the public health crisis caused by tobacco use and smoking, it was the first international treaty negotiated through the World Health Organization (WHO).<sup>[1]</sup> Two years later, the WHO launched MPOWER, a process and monitoring mechanism to implement the FCTC.



Comprising six tobacco control measures, MPOWER set out to: **M**onitor tobacco use and prevention policies; **P**rotect people from tobacco smoke; **O**ffer help to quit tobacco use; **W**arn about the dangers of tobacco; **E**nforce bans on tobacco advertising, promotion and sponsorship; and **R**aise taxes on tobacco.<sup>[ii]</sup>

In its most recent progress report, the WHO stated that 5.3 billion people were 'covered' by at least one MPOWER measure to the 'highest level of achievement'.<sup>[iii]</sup> But nearly 30 per cent of countries who have signed up to the FCTC have not enacted a single MPOWER measure. Closer analysis shows that, of the 49 countries with no measures in place, 41 are low and middle-income countries (LMIC).<sup>[iv]</sup> This is significant because 80 per cent of the world's 1.1bn smokers live in LMIC, the countries least able to support people to quit, or to treat smoking-related diseases. It is also worth noting that the total number of smokers has remained unchanged since 2000, despite MPOWER's measures being launched 15 years ago. This is in part a result of the WHO's reluctance to endorse tobacco harm reduction, despite harm reduction being named as the third pillar of tobacco control alongside demand and supply reduction in the FCTC.

### **How was the research carried out?**

To assess MPOWER's effectiveness in reducing the annual toll of eight million smoking-related deaths worldwide, Dr Ramström has conducted original research that compares the extent of implementation of the MPOWER tobacco control measures and tobacco-related death rates across Europe.

To do this, he used figures provided by the Tobacco Control Scale (TCS), a joint initiative by the Association of European Cancer Leagues and the Catalan Institute of Oncology, that gives each European country a score out of a possible 100.<sup>[v]</sup> The higher the score, the greater the level of MPOWER implementation. Data on tobacco-related mortality were obtained from The Global Burden of Disease (GBD), a comprehensive epidemiological study led by the Institute for Health Metrics and Evaluation at the University of Washington, Seattle.<sup>[vi]</sup> The GBD is a tool that quantifies health loss from hundreds of diseases, injuries, and risk factors including tobacco use.

### **What does the research show?**

After analysing his results for European women, Dr Ramström found that there was no correlation between tobacco-related mortality and a country's level of implementation of MPOWER measures. This research shows that, at least for Europe, the extent to which a country has adopted and implemented MPOWER has no influence on reducing the number of women whose deaths are attributable to tobacco.

When looking at the data for Europe's men, Dr Ramström found no strong relationship between tobacco control policies and tobacco-related mortality. In fact, just 11% of the variance in mortality could be explained by the level of implementation of MPOWER measures.

In some countries, such as the UK, Ireland, Iceland and France, low tobacco-related mortality among men was linked to a high level of MPOWER implementation. For these countries, around 100 deaths per 100,000 were attributable to tobacco (versus more than 350 for Ukraine and just under 300 for Russia), while their TCS scores were between 70-80. But in others, such as Germany and Switzerland,



the same low rate of tobacco-related mortality (around 100 deaths per 100,000) was observed, despite these countries having implemented MPOWER at much lower levels (both Germany and Switzerland had TCS scores of around 40, half that of the UK's score of 80).

Crucially, Dr Ramström's research also highlights the positive impact on tobacco-related mortality rates of tobacco harm reduction through the use of safer nicotine products. The two countries with the lowest tobacco-related mortality for men were Sweden and Norway. In these two countries a large proportion of male smokers have switched from cigarettes to Swedish-style snus, a low-risk nicotine product that is freely available in both but is banned from sale in the EU, except in Sweden. So, while Sweden's TCS score is below average (around 52), it has achieved a lower rate of tobacco-related mortality than all the countries that have higher levels of MPOWER implementation except Norway.

The effectiveness of safer nicotine products to reduce tobacco-related mortality is further demonstrated by the comparison between Sweden's men, who have adopted snus in large numbers, and its women who have not switched so readily. Despite being exposed to the same level of implementation of MPOWER measures, tobacco-related mortality among Sweden's women was above average when compared to the rest of Europe's women while Swedish and Norwegian men shared the lowest tobacco-related mortality rates across the continent.

Speaking about his findings, Dr Ramström said: "My research demonstrates that MPOWER is not working as it should in Europe. It also shows that switching to Swedish-style snus is a more effective strategy to reduce tobacco-related mortality than the tobacco control measures endorsed by the WHO.

"The key to reducing tobacco-related mortality is tobacco harm reduction through the transition from combustible cigarettes to safer nicotine products, which must be made easier for people who smoke. These include not just Swedish-style snus but also vapes, tobacco-free nicotine pouches and heated tobacco products.

"Going forwards, the WHO and others must heed modern science. They need to move from rejecting tobacco harm reduction to promoting it. Governments can also play their part by adopting rates of taxation that make low-risk products cheaper than cigarettes and the ban of snus in the EU must be overturned."

Gerry Stimson, Emeritus Professor at Imperial College London and co-founder of the Global Forum on Nicotine said: "The standard package of tobacco control interventions recommended by the World Health Organization, promoted through its MPOWER programme, is failing to deliver. As Dr Ramström's research makes clear, there is close to zero correlation between the implementation of MPOWER and tobacco-related mortality.

"Adoption of safer nicotine is a low-cost intervention that is reducing smoking, while the standard package recommended by the WHO to governments worldwide is not. The WHO and all governments must follow the evidence on harm reduction in order to realise the huge potential of safer nicotine products, the availability of which can help bring about an end to smoking.



“Dr Ramström’s findings also add further weight to our calls for the WHO to update its MPOWER implementation policy to recognise the importance of tobacco harm reduction. To do this, the MPOWER strategy should incorporate additional elements, developing into an EMPOWERED strategy, with the inclusion of ‘Engage with affected communities’, ‘Encourage smokers to switch to safer nicotine products’ and ‘Deliver accurate information about safer alternatives.’”

**ENDS**

#### **Notes to editors**

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[The Global Forum on Nicotine 2022: Tobacco harm reduction - here for good \(#GFN22\)](#) runs from 16 – 18 June at the Warsaw Marriott Hotel. The organisers of the Global Forum on Nicotine are proud to have hosted the launch of Dr. Ramström’s research on Thursday 16 June. The research can be accessed here: <https://gfn.events/new-research>

The Lancet Editorial by Professor Robert Beaglehole and Professor Ruth Bonita (*Tobacco control: getting to the finish line*, May 2022) which is referenced in Dr. Ramström’s presentation can be accessed here: [https://doi.org/10.1016/S0140-6736\(22\)00835-2](https://doi.org/10.1016/S0140-6736(22)00835-2)

**Dr. Lars M. Ramström** (born 1931) is Principal Investigator at [the Institute for Tobacco Studies \(ITS\)](#), an independent research agency in Sweden. Dr. Ramström started the ITS in 1991 after his retirement from the position as Director General of the National Smoking and Health Association, a predominantly governmentally-funded NGO dealing with scientifically-based public information to reduce tobacco-related ill-health. During his 24 years with the NTS, he supplemented his original training in natural sciences by developing a broad competence in tobacco-related aspects of medical, social, economic and other sciences, and he established a global network by engagements in numerous international activities such as the world conferences on smoking or health (secretary general of the fourth one, Stockholm 1979), various WHO expert committees etc. He is also active in the International Council on Alcohol and Addictions, in the roles of Honorary Vice President and Chairperson of the ICAA Section on Tobacco Dependence. During his years at ITS, he has consolidated his role as researcher and is frequently engaged as reviewer for scientific journals.

**Professor Gerry Stimson** is a leading advocate for tobacco harm reduction and an Emeritus Professor at Imperial College London. A public health social scientist, with over 50 years’ experience of research and advocacy, he was one of the founders of drugs harm reduction in the 1990s, helping to develop and evaluate harm reduction in the UK as a response to HIV/AIDS. Gerry has advised the UK Government, WHO, UNAIDS, UNODC, the World Bank and numerous governments around the world on issues relating to drugs, HIV infection and AIDS, and alcohol. He has also published over 220 scientific publications and several books. He is a co-founder of the Global Forum on Nicotine, which has been delivered by KAC Communications since 2014.

#### **Register as a media representative for #GFN22:**

Please visit the [Media Centre](#) and fill in the [Media Registration Form](#), as well as downloading the [#GFN22 Media Pack](#) (PDF).

#GFN22 registration for access to online sessions: <https://gfn.events/register-now>

#GFN22 programme: <https://gfn.events/programme>



### **Who attends the Global Forum on Nicotine?**

GFN is the only global event that welcomes **all stakeholders involved with new and safer nicotine products**, including: consumers and consumer advocates; public health experts; policy analysts, parliamentarians and government officials; academics and researchers; product manufacturers and distributors; and media representatives.

**Funding declaration:** The Global Forum on Nicotine does not receive any sponsorship from manufacturers, distributors or retailers of nicotine products including pharmaceutical, vaping and tobacco companies. Conference supporting organisations endorse the event, but have no financial or administrative involvement in organisation of the event.

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<sup>[i]</sup> The full text of the Framework Convention on Tobacco Control can be accessed at:

<https://fctc.who.int/publications/i/item/9241591013>

<sup>[ii]</sup> In practical terms MPOWER's measures include interventions such as price increases through higher taxation; bans/restrictions on smoking in public and work places; comprehensive bans on the advertising and promotion of all tobacco products; large, direct health warnings on tobacco product packaging; better consumer information, spending on public information campaigns and treatment to help dependent smokers stop.

<sup>[iii]</sup> WHO. WHO report on global tobacco epidemic: addressing new and emerging products 2021. WHO, 2021.

<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>.

<sup>[iv]</sup> WHO. WHO report on global tobacco epidemic: addressing new and emerging products 2021. WHO, 2021.

<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>

<sup>[v]</sup> Tobacco Control Scale. Association of European Cancer Leagues and the Catalan Institute of Oncology.

<https://www.tobaccocontrolscale.org/>

<sup>[vi]</sup> Global Burden of Disease. Institute for Health Metrics and Evaluation. <https://www.healthdata.org/gbd/2019>

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