



Development of tobacco and nicotine policy

Proposals for action by the working group 2023

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Working group on the development of tobacco and nicotine policy 2022

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Development of tobacco and nicotine policy Proposals for action by the working group 2023

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Abstract

On 7 February 2022, the Ministry of Social Affairs and Health appointed a working group tasked with making proposals for legislative amendments and other measures that support and promote the end of the use of tobacco and nicotine products by 2030. The working group had three specific tasks related to preventing the use of all nicotine products (including nicotine replacement therapy products), improving the smoke-free environment of housing corporations and raising the purchasing age limit from 18 years of age.

Achieving the objective of the Tobacco Act requires the continuation and development of the current systematic and determined implementation of measures and the introduction of new measures. In order to achieve this objective, the proposals presented by the working group will need to be implemented already at the beginning of the next government term. The measures proposed in the report create the conditions for eliminating the use of tobacco and other nicotine products. Further efforts are needed every few years to achieve this goal. The working group considers that the implementation of the new proposals should always be included in the next government programme.

The working group's proposals concern taxation, prevention of starting the use of tobacco and nicotine products by young people, smoke-free environments, sales and marketing, support for quitting, passenger imports, regulation of new nicotine products, enhanced enforcement, and resourcing, monitoring and evaluation.

Keywords Tobacco Act, tobacco tax, tobacco smoke, tobacco products, nicotine products, electronic cigarettes, nicotine replacement treatment

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Tupakka- ja nikotiinipolitiikan kehittämistyöryhmän mietintö Työryhmän toimenpide-ehdotukset 2023

Sosiaali- ja terveystieteiden ministeriön raportteja ja muistioita 2023:14

Julkaisija Sosiaali- ja terveystieteiden ministeriö

Yhteisötekijä Tupakka- ja nikotiinipolitiikan kehittämistyöryhmä 2022
Kieli englanti **Sivumäärä** 78

Tiivistelmä

Sosiaali- ja terveystieteiden ministeriö asetti 7.2.2022 työryhmän, jonka tehtävänä oli tehdä esityksiä lakimuutoksiksi ja muiksi toimenpiteiksi, jotka tukevat ja edistävät tupakka- ja nikotiinituotteiden käytön loppumista vuoteen 2030 mennessä. Työryhmällä oli kolme erityistehtävää, jotka liittyivät kaikkien nikotiinituotteiden (ml. nikotiinikorvaushoitotuotteet) käytön ehkäisyyn, asuntoyhteisöjen savuttomuuden parantamiseen sekä ostoikärajan nostamiseen 18 ikävuodesta.

Tupakkalain tavoitteen saavuttaminen edellyttää tähänastisten systemaattisten ja määrätietoisten toimien jatkamista ja kehittämistä sekä uusien toimenpiteiden käyttöönottoa. Tavoitteen saavuttamiseksi tarvitaan työryhmän esittämien ehdotusten toteuttamista jo seuraavan hallituskauden alussa. Mietinnössä esitetyt toimenpiteet luovat edellytykset tupakka- ja muiden nikotiinituotteiden käytön loppumiselle. Tavoitteen saavuttaminen edellyttää muutaman vuoden välein toteutettavia lisätoimia. Työryhmä katsoo, että uusien ehdotusten toteuttaminen tulee ottaa mukaan aina seuraavan hallituksen ohjelmaan.

Työryhmän ehdotukset kohdistuvat verotukseen, nuorten tupakka- ja nikotiinituotteiden käytön aloittamisen ehkäisyyn, savuttomiin ympäristöihin, myyntiin ja markkinointiin, lopettamisen tukeen, matkustajatuontiin, uusien nikotiinituotteiden säätelyyn, toimeenpanon tehostamiseen sekä resursointiin, seurantaan ja arviointiin.

Asiasanat tupakkalaki, tupakkaverot, tupakansavu, tupakkatuotteet, nikotiinituotteet, sähkösavukkeet, nikotiinikorvaushoito

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Utveckling av tobaks- och nikotinpolitiken Åtgärdsförslag av arbetsgruppen 2023

Social- och hälsovårdsministeriets rapporter och promemorior 2023:14

Utgivare Social- och hälsovårdsministeriet

Utarbetad av Arbetsgruppen för utveckling av tobaks- och nikotinpolitiken 2022
Språk engelska **Sidantal** 78

Referat

Social- och hälsovårdsministeriet tillsatte den 7 februari 2022 en arbetsgrupp med uppgift att framföra förslag till lagändringar och andra åtgärder som stöder och främjar upphörandet av användningen av tobaks- och nikotinprodukter före 2030. Arbetsgruppen hade tre specialuppgifter som gällde att förebygga användning av alla slags nikotinprodukter (inkl. nikotinersättningsprodukter), främja rökfria bostadssammanslutningar och höja den gällande åldersgränsen 18 år för köp av tobaksprodukter.

För att uppnå målet för tobakslagen förutsätts det att man fortsätter med de systematiska och målmedvetna åtgärder som vidtagits hittills och utvecklar dem och att man tar i bruk flera nya åtgärder. För att uppnå målet borde arbetsgruppens förslag genomföras redan i början av nästa regeringsperiod. De åtgärder som föreslås i betänkandet är en förutsättning för att användningen av tobaksprodukter och övriga nikotinprodukter ska upphöra. För att uppnå målet krävs emellertid genomförande av tilläggsåtgärder med några års mellanrum. Enligt arbetsgruppens syn bör genomförandet av de nya förslagen alltid införlivas i nästa regerings regeringsprogram.

Arbetsgruppens förslag gäller beskattning, förebyggande av att unga börjar använda tobaks- och nikotinprodukter, rökfria miljöer, försäljning och marknadsföring, stöd för att sluta röka, resandeförsel, reglering av nya nikotinprodukter, effektivare reglering samt resursering, uppföljning och bedömning.

Nyckelord tobakslag, tobaksskatt, tobaksrök, tobaksprodukter, nikotinprodukter, elektroniska cigaretter, substitutionsbehandling med nikotin

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Contents

Assignment	7
Proposed actions 2023	11
1 Road map to a tobacco-free and nicotine-free Finland	16
1.1 Situation in Finland	19
1.2 Research evidence and international examples	29
2 Proposed actions with justifications	32
2.1 Taxation	32
2.2 Prevention of tobacco and nicotine use	36
2.2.1 Age limits for tobacco and nicotine products	36
2.2.2 Youth leisure activities	39
2.3 Smoke-free environments	40
2.3.1 Smoke-free environment of housing corporations	42
2.3.2 Other living environments	49
2.4 Sale and marketing of products subject to the Tobacco Act	51
2.5 Support for smoking cessation and quitting other nicotine use	57
2.5.1 Nicotine replacement therapy products	60
2.6 Passenger imports	64
2.7 New products containing nicotine	68
2.8 Enhanced enforcement	69
2.8.1 Administrative sanction fee	69
2.8.2 Article 5.3 of the WHO Framework Convention on Tobacco Control	72
2.9 Resourcing, monitoring and evaluation	73
Dissenting opinion	77
Sources	78

ASSIGNMENT

On 7 February 2022, the Ministry of Social Affairs and Health appointed a working group on the development of tobacco and nicotine policy, tasked generally with making proposals for legislative amendments and other measures that support and promote the end of the use of tobacco and nicotine products in Finland by 2030. The working group continued to develop the additional measures required by the previous working group for each government term in order to achieve the objective of the Tobacco Act.

The working group also promoted the statement in the government programme, according to which addictions will be reduced and determined work will be continued to reduce smoking.

The special tasks of the working group were:

1. Determine the current state of the use and regulation of all nicotine products (including nicotine replacement therapy products) and propose legislative amendments and other measures to eliminate the use of nicotine products.
2. Determine the current state of the smoke-free environments and regulation of housing corporations and propose legislative amendments and other measures to improve the smoke-free environment in housing corporations.
3. Investigate increasing the purchase age of tobacco products, nicotine liquids and tobacco substitutes containing nicotine from 18 years of age and make proposals in this regard.

The working group's term was 7 February 2022–31 January 2023. The working group was chaired by Director Ilkka Oksala from the Confederation of Finnish Industries, and the deputy chair was Director Jari Keinänen from the Ministry of Social Affairs and Health. As members of the working group, the following persons were appointed: Budget Counsellor Outi Luoma-aho from the Ministry of Finance (substitute Senior Government Adviser Merja Sandell, Ministry of Finance), Director Tiina Laatikainen from the Finnish Institute for Health and Welfare (substitute Senior Specialist Otto Ruokolainen, Finnish Institute for Health and Welfare), Director Jussi Holmalahti from Supervisory Authority for Welfare and Health Valvira (substitute Group Leader Kari Kunnas, Valvira), Senior Customs Officer Anna Kallio from Customs (substitute Director of Enforcement Kari Marjamäki, Customs), Medical Adviser Riitta Työläjärvi from SAK (substitute Head Lawyer Timo Koskinen, SAK), Secretary General Matti Rautalahti from the Finnish Medical Society Duodecim (substitute Chief Medical Officer Anna-Mari Hekkala, Finnish Medical Society Duodecim/Finnish

Cardiac Association), Clinical Lecturer Mikael Ekblad from the University of Turku/Tobacco-free Finland 2030 Network (substitute Senior Pharmaceutical Officer Outi Salminen, Ministry of Social Affairs and Health/Tobacco-free Finland 2030 Network), Professor Pekka Puska from ASH Finland (substitute Medical Doctor Annamari Rouhos, ASH Finland), Head of Department Heikki Luoto from EHYT Finnish Association for Substance Abuse Prevention (substitute Project Manager Katri Saarela, EHYT Finnish Association for Substance Abuse Prevention), Secretary General Tuula Vasankari from the Finnish Lung Health Association (substitute Senior Specialist Patrick Sandström, Finnish Lung Health Association).

The secretaries of the working group were Senior Specialist Jaana Markkula (7 February 2022–31 August 2022) from the Ministry of Social Affairs and Health, Senior Specialist Reetta Honkanen (1 September 2022–) from the Ministry of Social Affairs and Health, Senior Specialist Hanna Ollila from the Finnish Institute for Health and Welfare and Executive Director Mervi Hara from ASH Finland.

As external specialists, the working group heard Project Manager Tuulia Råmark from the Cancer Society of Finland, Ministerial Adviser Veli Auvinen from the Ministry of Finance, Senior Officer Taru Peippo from Valvira, Senior Officer Pia Malmi from Valvira, Head of Investigation Pasi Lukkari from Customs crime prevention department, Risk Manager for Excise Tax Lasse Jutila from the Tax Administration, Group Leader Kari Kunnas from Valvira, Head of Unit Liisa Näveri from Fimea, PhD Anu Kangasniemi from Likes/JAMK University of Applied Sciences, Legal Adviser Anne Ritari from Valvira, acting Team Leader Anna Petäjänieniemi from the City of Helsinki, Senior Specialist Isabella Lencioni from Valvira and Senior Adviser for Legislative Affairs Veli-Pekka Hautamäki from the Ministry of Justice.

The working group met 14 times.

At the beginning of its term (14 March–31 March 2022), the working group carried out an initial assessment of the different actors' views on the development of tobacco and nicotine policy. A Webropol survey was sent to approximately 200 recipients in different organisations, and a total of 53 responses were received.

The working group set up two sections to promote the two specific tasks assigned. One section was tasked with examining the current state of use and regulation of all nicotine products (including nicotine replacement products) and making proposals for ending the use of nicotine products. The other section was to examine the current state of smoke-free environment and regulation of housing corporations and make proposals to improve the smoke-freeness of housing corporations. The sections' term was 7 March–30 September 2022.

The section on nicotine products was chaired by Head of Unit Liisa Näveri from Fimea. The members of the working group were Senior Specialist Reetta Honkanen from the Ministry of Social Affairs and Health, Senior Officer Taru Peippo from Valvira, Senior Specialist Otto Ruokolainen from the Finnish Institute for Health and Welfare, Senior Customs Officer Anne Pullinen from Customs, Senior Researcher Terhi Kurko from Kela, Clinical Lecturer Mikael Ekblad from the University of Turku/Tobacco-free Finland 2030 Network and Chief Medical Officer Eeva Ollila from the Cancer Society of Finland. Senior Specialist Hanna Ollila from the Finnish Institute for Health and Welfare served as the section secretary. The section also heard the following external specialists: Legal Adviser Laura Terho (Ministry of Social Affairs and Health), Chairperson Maija Pirttijärvi (Pharmacy Association of Finland), Legal Adviser Juuso Haasto (Fimea), Specialist Saija Himanka (EHYT Finnish Association for Substance Abuse Prevention) and Senior Officers Elina Brusila and Kati Suomalainen (Tukes). The section met eight times.

Group Leader Kari Kunnas from Valvira chaired the section investigating the smoke-free environment in housing corporations. The members were Senior Officer Reija Kauppi from Valvira, Senior Adviser for Legislative Affairs Jyrki Jauhiainen from the Ministry of Justice, Senior Specialist Otto Ruokolainen from the Finnish Institute for Health and Welfare, Secretary General Matti Rautalahti from the Finnish Medical Society Duodecim, Senior Legal Adviser Jenni Hupli from the Finnish Real Estate Federation, Legal Specialist Jenni Valkama from the Finnish Real Estate Management Federation and Managing director Mervi Puolanne from the Organisation for Respiratory Health in Finland. Senior Specialist Jaana Markkula from the Ministry of Social Affairs and Health (as of 1 September 2022 from the Finnish Institute for Health and Welfare) served as the section secretary. The section heard the following external specialists: Counsellor of Environmental Health Kimmo Ilonen (Valvira), Legal Adviser Laura Terho (Ministry of Social Affairs and Health) and Senior Adviser for Legislative Affairs Jussi Päivärinne (Ministry of Justice). The section met seven times.

In addition, on 15 June 2022, the sections organised a workshop to identify problems, solutions and their impacts related to both themes. 17 representatives of different organisations were invited.

The working group on tobacco and nicotine policy development carried out a workshop on early detection and support for quitting smoking on 12 October 2022. More than 30 specialists from different parts of Finland participated in the workshop.

The working group presented its work to the parliamentary groups on 14 December 2022.

The working group has taken into account the issues raised in the above-mentioned reports and hearings as well as the proposals received from the divisions during its work.

The report makes extensive use of the research review conducted by the Finnish Institute for Health and Welfare and other research literature, the most important works of which are listed at the end of the report. In addition, other main sources are listed.

This is a working group report prepared in accordance with the decision to appoint the working group. The actions proposed in this report create the preconditions to end the use of tobacco and other nicotine products. In addition to the measures proposed, the achievement of the objective of the Tobacco Act requires new additional measures, which must be regularly revisited each parliamentary term.

The report contains one dissenting opinion.

Helsinki, 31 January 2023

Ilkka Oksala (deputy Jari Keinänen)

Mikael Ekblad (deputy Outi Salminen)

Mervi Hara

Jussi Holmalahti (deputy Kari Kunnas)

Reetta Honkanen (from 1 September 2022, Jaana Markkula until 31 August 2022)

Anna Kallio (deputy Kari Marjamäki)

Tiina Laatikainen (deputy Otto Ruokolainen)

Outi Luoma-aho (deputy Merja Sandell)

Heikki Luoto (deputy Katri Saarela)

Hanna Ollila

Pekka Puska (deputy Annamari Rouhos)

Matti Rautalahti (deputy Anna-Mari Hekkala)

Riitta Työläjärvi (deputy Timo Koskinen)

Tuula Vasankari (deputy Patrick Sandström)

PROPOSED ACTIONS 2023

Taxation

1. Continuing the tobacco tax policy in line with the objective of the Tobacco Act by implementing tobacco tax increases on a semi-annual basis, as in recent years, and maintain the structure of the current excise duty on tobacco.
2. The new tobacco and nicotine products referred to in the Tobacco Act are taken into account in legislation on tobacco taxation and tax increases.

Age limits for tobacco and nicotine products

3. Amending the Tobacco Act so that tobacco products, nicotine liquids and tobacco substitutes containing nicotine may not be sold or otherwise supplied to a person under 20 years of age. Also raising the age limit for the bans on the import and possession of products to 20 years. The purchase age of nicotine-free products under the Tobacco Act, such as smoking accessories, would remain unchanged at 18 years.
4. Expanding the prohibition on the possession and ban on import by minors laid down in the Tobacco Act (sections 118 and 62) to tobacco substitutes, smoking accessories, and electronic cigarettes (empty device), for which the age limit is set at 18 years.

Youth leisure activities

5. Adding a commitment to preventing the use of tobacco and nicotine products in all activities, if the activities are partly or fully targeted at minors, to the responsibility criteria used in the evaluation of applications for discretionary government grants under the Act on the Promotion of Sports and Physical Activity. Similarly, when assessing state grants under the Youth Act, the Ministry of Education and Culture takes into account the commitment to preventing the use of tobacco and nicotine products.

Smoke-free environments

6. Amending the section on the application of smoking bans in the Tobacco Act (section 73) to cover the smoking and heating of all products subject to the Tobacco Act as well as any other use that releases aerosols deteriorating indoor air quality.
7. Amending the existing definition of indoor space in the Tobacco Act to better reflect the definition recommended in the guidelines for implementation of article 8 of the WHO Framework Convention on Tobacco Control, according to which indoor space would be defined as any space with a roof or one or more walls.

Smoke-free environment of housing corporations

8. Expanding the definition of housing corporation in section 2 of the Tobacco Act to cover all housing corporations with multiple flats. In addition, further specifying the definition of smoking bans in shared outdoor spaces and outdoor spaces managed by a housing corporation as “outdoor premises and other outdoor areas”.
9. Improving measures protecting against tobacco smoke in housing corporations by providing for
 - a. a smoking ban for playgrounds under the control of housing corporations and
 - b. the obligation of a housing corporation in section 80 of the Tobacco Act to provide information on smoking bans in the area under the control of the housing corporation.
10. In the Act on the Rental of Residential Flats, providing for a default smoking ban in new rental relationships in the residential flats of the housing corporation, on a balcony, outdoor premises and other outdoor areas included in it.
11. Specifying the grounds for taking possession provided for in the Limited Liability Housing Companies Act, so that it is possible to take a flat into possession on the basis of a violation of smoking bans (also in the case of a smoking ban decided by the corporation itself). Specify the act on the rental of residential flats and the regulation of other potential housing corporations accordingly.
12. Amending the Tobacco Act by enabling a housing corporation’s majority decision on a ban on smoking in residential premises, their balconies and similar outdoor premises or other outdoor areas used by residents, if their structures or other circumstances, other than exceptionally, may allow smoke to carry to similar premises of other residents.

13. Amending section 86, subsection 3 of the Tobacco Act on inspection of a dwelling so that, if necessary, the supervising authority would have the opportunity to carry out an involuntary dwelling inspection in order to investigate repeated violations of smoking bans laid down in the Tobacco Act or imposed by the municipality.

Other living environments

14. Addressing smoking in restaurants by removing the possibility from the Tobacco Act for restaurants' smoking rooms and by banning smoking on their terraces.
15. Expanding outdoor smoking bans to apply to
 - a. sports fields and arenas, outdoor swimming pools and amusement parks,
 - b. premises where activities referred to in the Youth Act are organised and
 - c. general outdoor events, where smoking may only be permitted in a specifically designated area, provided that tobacco smoke will not carry to areas directly intended for following the event.

Sale and marketing of products subject to the Tobacco Act

16. Amending the exemption for specialized stores provided for in section 71 of the Tobacco Act so that exclusively products referred to in the Tobacco Act may be sold in the store and there must be more than one brand for sale. In addition, provision on the permitted elements of the specialized store façade will be laid down.
17. Banning the granting of a retail licence under the Tobacco Act for temporary and mobile sales places, with the exception of a retail vehicle travelling on a regular route.
18. Expanding the plain packaging regulation to electronic cigarettes, at least in terms of colour and presentation of the product name.
19. Providing for licence requirement for the wholesale of tobacco products and nicotine liquids and the obligation for wholesalers to report sales data.
20. Increasing the annual tax-related supervision fee on the sale of tobacco and nicotine-containing liquids from the current maximum level to €800/point of sale. If tobacco products and nicotine-containing liquids are both available for sale, the maximum amount charged shall be twice the amount of the supervision fee.
21. Amending the Tobacco Act by expanding the bans on distance sale and on distance purchasing to tobacco substitutes.
22. Amending the Tobacco Act by adding to the supervisory authority the possibility of taking possession of a product from a trader if it is in violation

of tobacco legislation or if it is sold in business without a required licence. Simultaneously, amending the Tobacco Act on how products taken into possession are disposed of.

23. Adding definitions to the Tobacco Act for smoking accessories directly used for smoking (e.g. pipes and filters) and for accessories indirectly used for smoking (e.g. pipe cleaners and storage cases). Immediately and maximally align the regulation of smoking accessories used directly for smoking with the regulation of electronic cigarettes, for example by extending the ban on display, distance selling and distance purchasing to these products. Provisions on the practical classification of smoking accessories would be provided for by a decree of the Ministry of Social Affairs and Health.

Support for smoking cessation and quitting other nicotine use

24. Together with the Finnish Institute for Health and Welfare, the Ministry of Social Affairs and Health prepares recommendations on tobacco and nicotine cessation in the wellbeing services counties.
25. In the treatment of tobacco and nicotine addiction, extend the reimbursement of withdrawal medications and nicotine replacement therapy products prescribed by a doctor to those who are committed to quitting the use and to the treatment.

Nicotine replacement therapy products

26. Transferring the sales of nicotine replacement therapy products back to pharmacies.

Passenger imports

27. Duty-free imports of tobacco products from outside the EU should be restricted from 200 to 40 cigarettes, from 50 to 10 cigars, from 100 to 20 cigarillos, and from 250 g to 50 g of pipe, water pipe and smoking tobacco. In addition, amending the quantitative limits for passenger imports laid down in section 67 of the Tobacco Act accordingly.
28. Prohibiting the passenger import of snus, chewing tobacco and nasal tobacco.
29. Adding aggravated forms of smuggling and the illegal dealing with imported goods to the Criminal Code.

New products containing nicotine

30. Adding the definition “nicotine-containing tobacco substitute” to the Tobacco Act and harmonising its regulation with the regulation of tobacco products and nicotine-containing liquids.

Administrative sanction fee

31. Changing the criminal sanctions for smoking violation and for failure to take protective measures against exposure to tobacco smoke to an administrative sanction fee.

Article 5.3 of the WHO Framework Convention on Tobacco Control

32. A third subsection is added to the section 1 of the Tobacco Act: Public authorities’ activities concerning the use of tobacco and nicotine products must be protected from commercial and other vested interests of the industry.

Resourcing, monitoring and evaluation

33. Secure the Finnish Institute for Health and Welfare’s national basic monitoring of tobacco and nicotine products, by wellbeing services counties and in different population groups.
34. Develop the research, monitoring and development work referred to in section 5 of the Tobacco Act by including
 - i. monitoring of consumption based on wholesale data in Tobacco statistics,
 - ii. regular update of the societal costs of smoking in Tobacco statistics,
 - iii. cotinine monitoring in waste water surveillance, and
 - iv. by preparing an implementation and evaluation plan to support the achievement of the objective of the Tobacco Act.
35. In connection with more significant changes to the Tobacco Act, the Ministry of Social Affairs and Health will ensure that the Finnish Institute for Health and Welfare has separate funding for the impact assessment.

1 Road map to a tobacco-free and nicotine-free Finland

The World Health Organization's Framework Convention on Tobacco Control (WHO FCTC, 27/2005), ratified by the Finnish Parliament in 2005 and legally binding, outlines global principles for the prevention and reduction of the use of tobacco products and their harmful effects. The WHO FCTC is the first global agreement focused on public health, which has already been ratified by 182 parties, including Finland and the European Union. The convention obliges the parties to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco consumption and exposure to tobacco smoke by adopting and implementing effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke. The countries that have ratified the convention give priority to the right to protect public health.

Strengthening the implementation of the WHO FCTC is also one of the objectives of the UN Sustainable Development Programme. Today, the UN Universal Declaration on Human Rights also takes account of the widespread adverse health effects and premature deaths caused by tobacco. That is why the right to a tobacco-free and nicotine-free life is a human right.

The aim of the current Tobacco Act is to end the use of tobacco and nicotine products. Finland was the first country in the world to enshrine the end of the use of tobacco products as the objective of the Tobacco Act in 2010. In 2016, Finland's objective was refined to apply also to the end of the use of other nicotine products. In practice, the objective means that less than 5% of the adult population will use tobacco and nicotine products daily in 2030.

With the setting of the objective, the so-called endgame thinking, which means a policy aimed at ending the use of tobacco and nicotine products, became the centre of Finland's tobacco policy. The articles of the WHO FCTC also support the objective of the Tobacco Act. For example, Article 5(2) of the convention states that the parties to the convention must "adopt and implement effective legislative, executive, administrative and/or other measures and cooperate, as appropriate, with other Parties in developing appropriate policies for preventing and reducing tobacco consumption, nicotine addiction and

exposure to tobacco smoke". In addition, Article 2.1 encourages the parties to implement measures beyond those required by the convention and its protocols in order to better protect human health.

This philosophy has also spread to international tobacco policy, although the products covered by the goal and the definition of the goal per se vary in different countries, often focusing only on eradicating cigarette smoking. The 2021 EU Beating Cancer Plan set a European target of a Tobacco-Free Generation, which aims to reduce the prevalence of the use of tobacco products, not only smoking, to less than 5% by 2040.

The objective of a nicotine-free society and setting the target in the Tobacco Act is unique internationally. In other words, the aim of Finland's tobacco policy is not the so-called harm reduction in which the aim is to replace smoking with the use of other nicotine products.

Finland has been a pioneer in tobacco policy since 1976, when the act on measures to reduce smoking was enacted (693/1976, Tobacco Act). Since then, tobacco legislation has been consistently developed despite the fierce resistance of the tobacco industry. Major tobacco-policy legislation measures, such as bans on the marketing of tobacco products and the smoke-free workplaces and restaurants, have received support from the majority of the population.

When the Tobacco Act was enacted in the 1970s, four key implementation areas were set for tobacco policy: health promotion, price policy, restrictions, and research and monitoring. Despite social changes, this basic setting has remained similar to the original one.

Systematic research and monitoring have enabled the continuous development of tobacco legislation and policy. Increased evidence has also had an impact on the priorities of our tobacco policy over the past 50 years. In the 1970s, the emphasis was on reducing smoking by preventing health hazards and harms for smokers themselves. In the 1980s, people also realized the dangers of second-hand tobacco smoke. In recent years, concerns have arisen about the marketing of new types of nicotine products, such as electronic cigarettes and other nicotine products, and the harms from their use.

Furthermore, the environmental damage caused by tobacco, the consequences for human rights and the negative impact of tobacco on the achievement of the SDGs have been highlighted. In 2018, the secretariat of the Framework Convention on Tobacco Control published an overview of the environmental impacts of smoking. According to it, reducing and eventually eliminating the production and consumption of cigarettes should be a key part of achieving the SDGs. Every step from tobacco cultivation and drying to

the manufacture, distribution and disposal of cigarettes requires a lot of resources and generates waste and emissions.

The environmental impacts caused by tobacco place considerable burden on the planet's ever-decreasing resources and sensitive ecosystems. The environmental footprint of tobacco and its negative health, social and economic consequences are inconsistent with the global sustainable development goals (such as the goals Responsible consumption and production (12), Climate action (13), Life below water (14) and Life on land (15)).

Waste from electronic cigarettes and other electronic nicotine delivery devices also causes serious environmental damage. They contain metal, electronics, disposable plastic cartridges, batteries, and toxic chemicals of nicotine liquids. In addition, both batteries and the appliances themselves contain hazardous substances such as lead and mercury. Most of the liquid cartridges in electronic cigarettes are not reusable or recyclable, but if they are disposed of in the ground, they eventually break down into microplastics and chemicals that pollute water and nature.

The Single-use plastics directive (2019/904/EU) was adopted in spring 2019 in the EU. It aims at, for example, limiting the consumption of plastic products and reducing litter. The directive applies to cigarette filters. The directive obliges tobacco companies to bear the costs of, for example, collecting and disposing of tobacco waste. Nationally, the relevant legislation entered into force at the beginning of 2023 as part of the reform of the Waste Act.

In March 2022, 175 countries adopted the United Nations Environment Assembly's resolution to negotiate a legally sustaining global agreement to tackle the plastic waste problem by the end of 2024. The negotiations started in November 2022. Cigarette butts are a common source of plastic pollution, as around 4.5 trillion cigarette butts worldwide end up in the environment each year. In Finland, more than 60% of all shore waste is tobacco butts.

Our tobacco policy is strongly based on research data and the combined effect of several evidence-based means. The objective of the Tobacco Act is supported, for example, by the Tobacco Tax Act (1470/1994), the purpose of which is to accumulate state revenue and promote the health policy objectives of the Tobacco Act. Measures affecting the price and taxation of tobacco products are an effective means of influencing smoking at the population level.

In recent decades, there has been a huge social and societal change in the prevalence and attitudes towards smoking in Finland. Today, tobacco products are no longer considered as ordinary, everyday consumer goods. Both the population and decision-makers

recognise the benefits of our tobacco policy. The number of cancer and cardiovascular diseases caused by smoking has also decreased.

Despite the positive development, further efforts are needed to achieve the objective of the Tobacco Act. In particular, the prevalence of use among those with lower education is still far from the objective of the Tobacco Act.

Continuous and determined efforts are still needed to achieve the objective of the Tobacco Act. It is important that health care and occupational health care are active in the implementation and organisation of cessation services for nicotine products.

The working group proposes that in its programme, the government starting its activities in 2023 would commit itself to promoting the measures proposed in this report immediately at the beginning of its term of office. The working group emphasises that some of the new proposals can be introduced immediately at the beginning of the government term, and some of the proposals may require a longer preparation period. In any case, it is important to start implementing the proposals without delay so that they can be implemented during the government term.

The adequacy of the measures must be assessed at the end of the government term and, if necessary, new additional measures must be proposed to the next government. This is a vision that extends beyond government terms, to which Finland was the first in the world to commit and which has since been adopted as a goal by many states.

1.1 Situation in Finland

Our most prevalent non-communicable diseases are cardiovascular diseases, asthma and allergy, chronic lung diseases, cancer and diabetes, for which smoking is a common risk factor. Despite the positive development in Finland, smoking remains the single largest preventable health risk and a key cause of health inequalities between educational groups.

Health differences between population groups are still considerable in Finland causing some people a sicker and shorter life than others. Smoking explains socio-economic mortality differences in men and women by 25% and 13% respectively.

Differences in the prevalence of risk factors that cause health inequalities emerge at an early stage, especially between educational groups. The differences have remained unchanged, and in some respects have even increased over the years despite different actions to narrow them. For example, among those with a lower level of education,

smoking has remained more common than among those with a higher level of education despite the decrease in recent years. The prevalence of smoking also varies according to immigrant background, for example. Smoking is considerably common among people in vulnerable positions such as prisoners and people with mental health and substance abuse problems, increasing the morbidity for these people. In addition, intoxication combined with smoking is a significant factor behind fires and fire deaths caused by cigarettes in both the working-age and older population.

For a long time, the prevalence of smoking among pregnant women was higher in Finland than for example in other Nordic countries, and it has decreased only in recent years.

The aim of Finland's health policy already for a couple of decades has been to reduce health inequalities. Promoting the objective of the Tobacco Act is an effective way of narrowing health inequalities between the population groups, maintaining the well-being of the population, maintaining working and functional capacity, and improving health.

According to the constitution, the promotion of the health of the population is a task of the public authorities. Adequate social and health care services must be secured for everyone. A further goal is to ensure that health promotion is implemented in all decision-making. A healthy population is an important prerequisite for economic growth, sustainable development and competitiveness. A society that invests in well-being in the long term develops and is financially sustainable.

The use of tobacco and nicotine products is also taken into account in the [Substance Use and Addiction Strategy](#) published by the Ministry of Social Affairs and Health in 2021. The strategy sets common, cross-cutting goals for substance abuse and addictions, as well as targets that take their specificity into account. Although the policy measures and priorities regulating the different phenomena of substance abuse and addiction differ from each other, their common foundation is to strengthen the well-being, health and safety of citizens.

Similarly, the prevention of the use of tobacco and nicotine products is an essential part of substance use prevention as a whole. It is governed by the Act on organising alcohol, tobacco, drugs and gambling prevention(523/2015). The main responsibility for substance use prevention rests with municipalities and, from the beginning of 2023, with wellbeing services counties and their social welfare and health care services. Under the Tobacco Act, municipalities also have an obligation to ensure support for quitting smoking in their area in cooperation with the wellbeing services county. Substance use prevention is part of the promotion of well-being and health and the related planning and monitoring. It is essential to reduce demand, availability and supply with proven methods in the everyday environments and services of people of different ages. In 2020,

the majority of municipalities had a body responsible for substance use prevention, an implementing working group, a contact person and an action plan. At the national level, the work is coordinated by the Finnish Institute for Health and Welfare (THL) with its action programme on substance use prevention.

Tobacco products are not normal consumer goods. They cause and maintain a difficult addiction to the user, and contain substances that are toxic to humans and nature. The objective of the Tobacco Act is to end the use of tobacco products and other nicotine-containing products that are toxic and cause addiction.

Smoking cigarettes is the most commonly used and, at the same time, the most dangerous way of nicotine delivery. In addition, cigars, cigarillos, snus (Swedish type smokeless tobacco) and water pipes are used to get nicotine. New nicotine products, such as electronic cigarettes, nicotine snus (i.e., nicotine pouches) and other nicotine dosing products, have emerged in parallel with and to replace cigarette use.

Nicotine is a stimulating substance that affects the nervous system and that develops a strong addiction due to structural changes in the brain. The tobacco plant contains nicotine. Nicotine is the main addictive substance in cigarettes, snus and other tobacco products. Nicotine-containing liquid is also often used in electronic cigarettes.

Nicotine accelerates the heart rate and myocardial contraction and is likely to expose the user to arrhythmia. There are indications that nicotine would contribute to the transformation of cells into cancer cells, increase their proliferation and maintain the development of cancer tissue. The Finnish Registry of Workers Exposed to Carcinogenic Substances ASA register classifies tobacco smoke as carcinogenic in working environments. The specialized cancer agency of WHO, International Agency for Research on Cancer (IARC), has also classified tobacco smoke as carcinogenic.

Tobacco smoke in indoor air also adheres to surface materials, from which it can later be re-released into the air, thus causing long-term exposure to harmful tobacco smoke substances. The term third-hand smoke is used to describe this. As ingredients released from surface materials react with other gases in the environment, exposure to carcinogenic compounds is generated. Normal cleaning methods do not affect these impurities.

Nicotine also affects the health of pregnant women and the foetus. If the expecting person uses nicotine products, the concentration of nicotine in the foetal blood may be up to 15% higher than in the maternal circulation. Nicotine has adverse effects on the brain development of both the foetus and the child born.

According to the WHO FCTC, cigarettes and other products containing tobacco are carefully designed to cause and maintain addiction. Many of their compounds and smoke are pharmacologically active and toxic. They alter the genome and cause cancer. The EU Tobacco Products Directive (2014/40/EU) also states that tobacco products are not ordinary commodities.

Around eight million people worldwide die from diseases caused by smoking every year. The Finnish Institute for Health and Welfare has estimated that smoking causes 3700-5000 premature deaths in Finland every year. However, mortality does not reflect the significantly higher morbidity with numerous diseases among smokers than among the rest of the population, increased risk of illness and worsening of diseases already diagnosed.

The Finnish Institute for Health and Welfare has estimated the economic costs of smoking to society. Economic disadvantages are examined by assessing the indirect and direct costs of smoking. In 2020, the Finnish Institute for Health and Welfare estimated that the direct and indirect costs of smoking in Finland were approximately €1.3 billion on average.

Direct costs included the treatment of health hazards caused by smoking and their costs, income transfers, and the costs of fire damage, tobacco control and preventive work. Indirect costs, on the other hand, included losses in input for production caused by the deaths from smoking and retirement on disability pension, as well as losses in input for production caused by sick leaves and smoke breaks not included in statutory breaks.

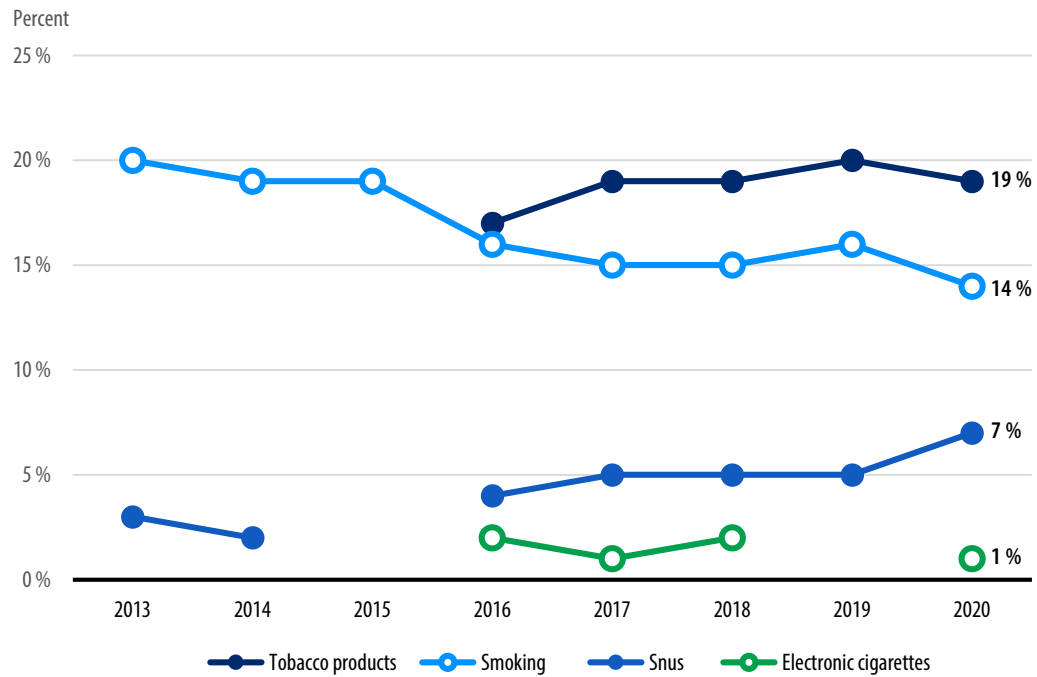
The cost of smoking to society has decreased with the reduction in smoking, as the corresponding costs in 2012 amounted to €1.5 billion.

Tobacco tax revenue totalled €1.058 billion in 2020. Tobacco tax revenue is part of the general state budget and is not earmarked to cover the societal costs of smoking.

Use of nicotine products by adults

Daily smoking has decreased among both men and women in the working-age population (20–64) (Figure 1a and 1b). Daily snus use has become more common among men in recent years, especially among young men (ages 20–34), of whom 12% used snus daily in 2020. The use of electronic cigarettes is very low among adults. In the 2000s, changes in the prevalence of smoking have been minor in the population of retirement age (ages 65–84). In 2020, 7% of people in this group smoked daily.

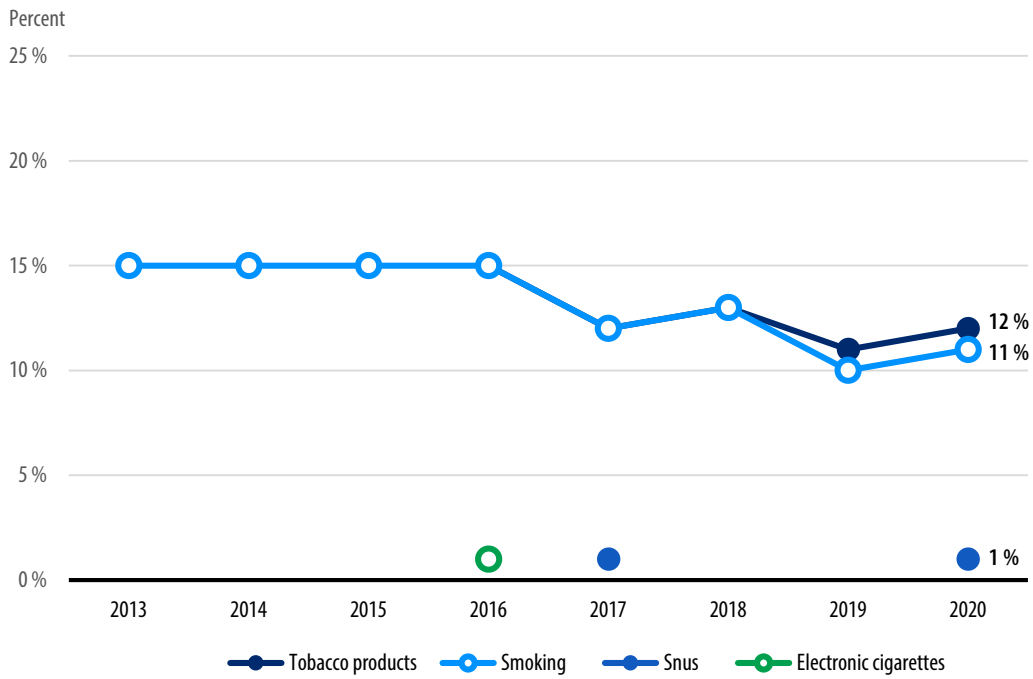
Figure 1a. Daily use of tobacco and nicotine products by men of working age (ages 20–64), 2013–2020 (%)¹



Source: Tobacco Statistics 2021, THL

¹ Information on smoking and the use of tobacco products (smoking and/or snus) from the same material from 2016 onwards. No data on the use of snus and tobacco products from 2015. No data on the use of electronic cigarettes from 2019. The use of electronic cigarettes includes both nicotine-containing and nicotine-free liquids.

Figure 1b. Daily use of tobacco and nicotine products by women of working age (ages 20–64), 2013–2020 (%)²



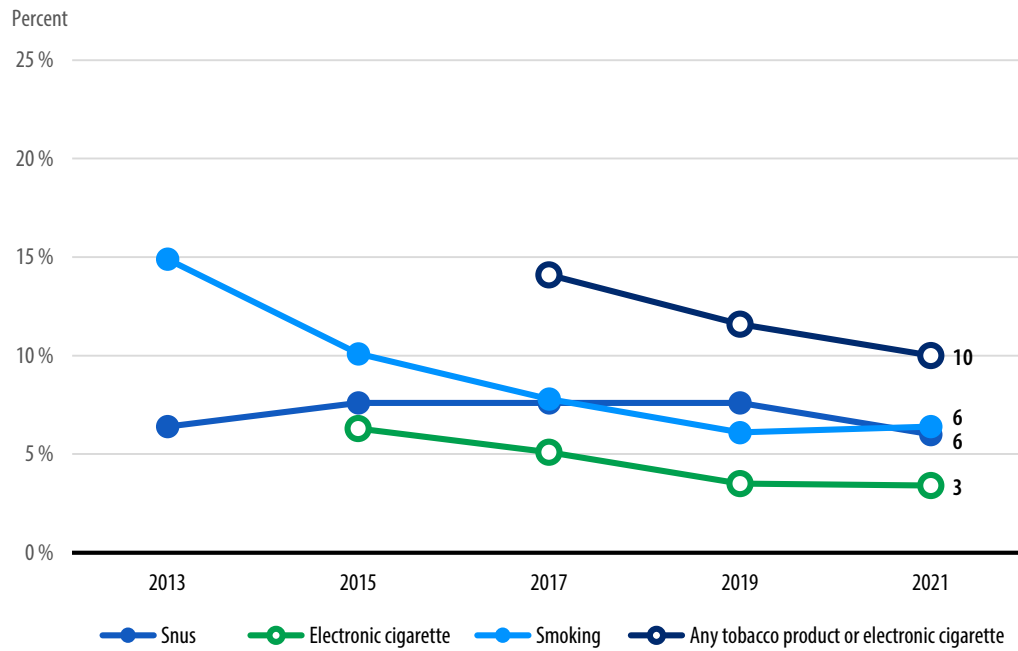
Source: Tobacco Statistics 2021, THL

Use of nicotine products among young people

Daily smoking among young people has decreased considerably in comprehensive school age groups (Figures 2a and 2b). However, the decline has not been steady in recent years, and it has halted for boys. Snus use was more common in the past, especially among boys, but in recent years the growth has declined. Snus use is still rare among girls, although it has also become slightly more common in previous years. The daily use of electronic cigarettes has generally decreased among both girls and boys since 2015.

² Information on smoking and the use of tobacco products (smoking and/or snus) from the same material from 2016 onwards. No data on the use of snus and tobacco products from 2015. No data on the use of electronic cigarettes from 2019. The use of electronic cigarettes includes both nicotine-containing and nicotine-free liquids. The use of electronic cigarettes and snus is so low among women that it has only been reported for 2016 (electronic cigarettes) and 2017 and 2020 (snus).

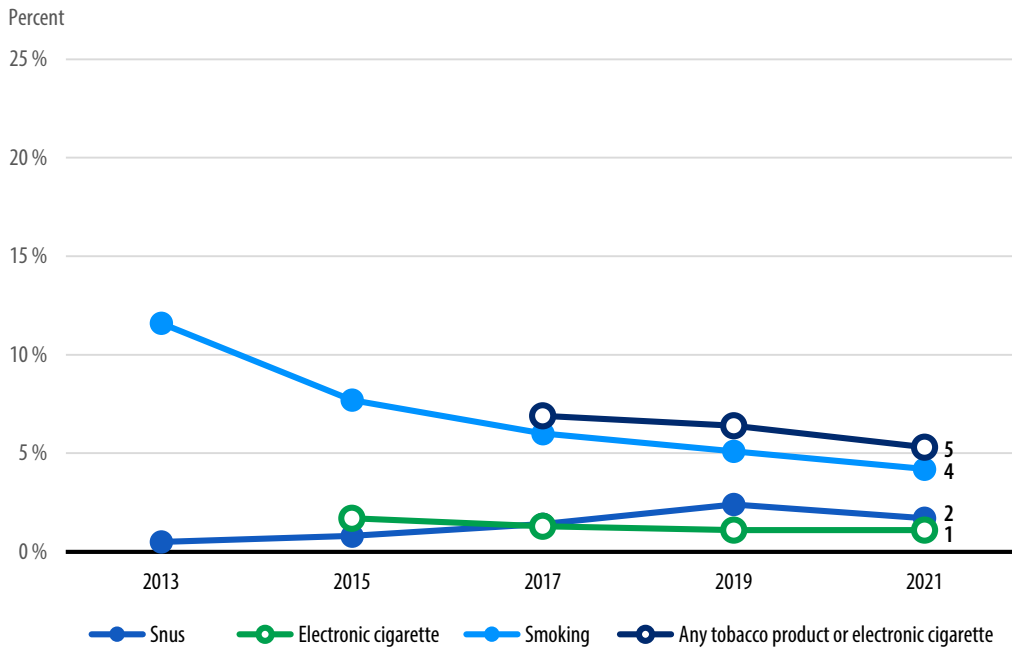
Figure 2a. Daily use of tobacco and nicotine products by boys in comprehensive school (grades 8–9)³, 2013–2021 (%)



Source: THL, School Health Promotion Survey

³ Indicator on the use of electronic cigarettes available since 2015. Indicator of the use of any tobacco product or electronic cigarette available from 2017.

Figure 2b. Daily use of tobacco and nicotine products by girls in comprehensive school (grades 8–9)⁴, 2013–2021 (%)



Source: THL, School Health Promotion Survey

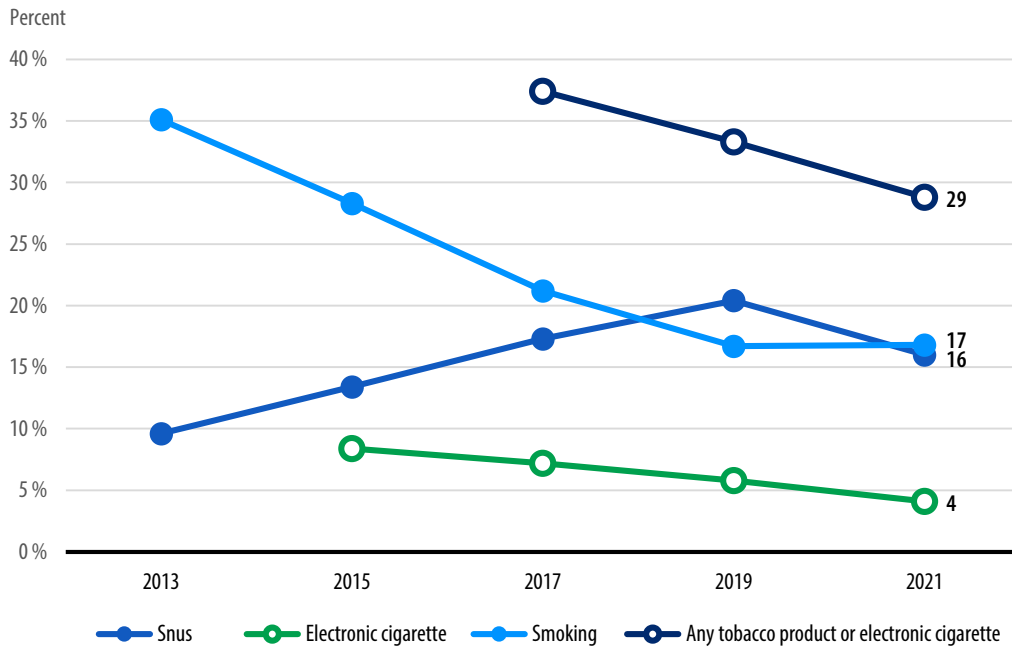
Educational groups

The differences between the educational groups are evident already in upper secondary education, and the use of tobacco and nicotine products is most common among students in vocational education (Figures 3a and 3b). The differences can also be seen between students at universities and universities of applied sciences. In recent years, snus use has become more common among higher education students, especially university of applied sciences students, while the use of electronic cigarettes has remained low.

Differences between educational groups in the prevalence of smoking among the working age adult population are also clear and have partly grown in recent years (Figure 4).

⁴ Indicator on the use of electronic cigarettes available since 2015. Indicator of the use of any tobacco product or electronic cigarette available from 2017.

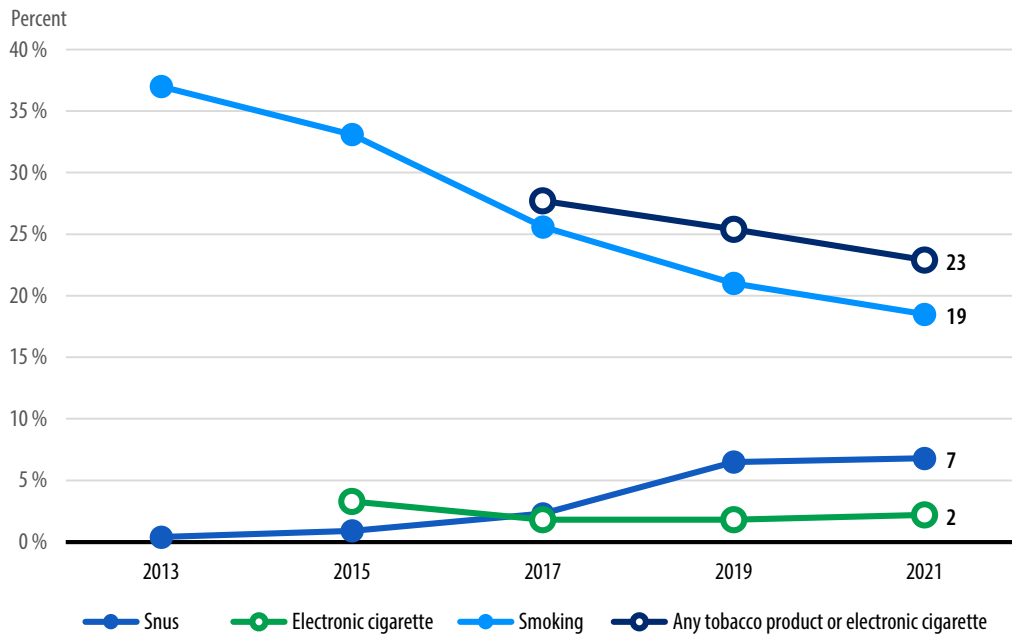
Figure 3a. Daily use of tobacco and nicotine products by boys studying in vocational institutions⁵, 2013–2021 (%)



Source: THL, School Health Promotion Survey

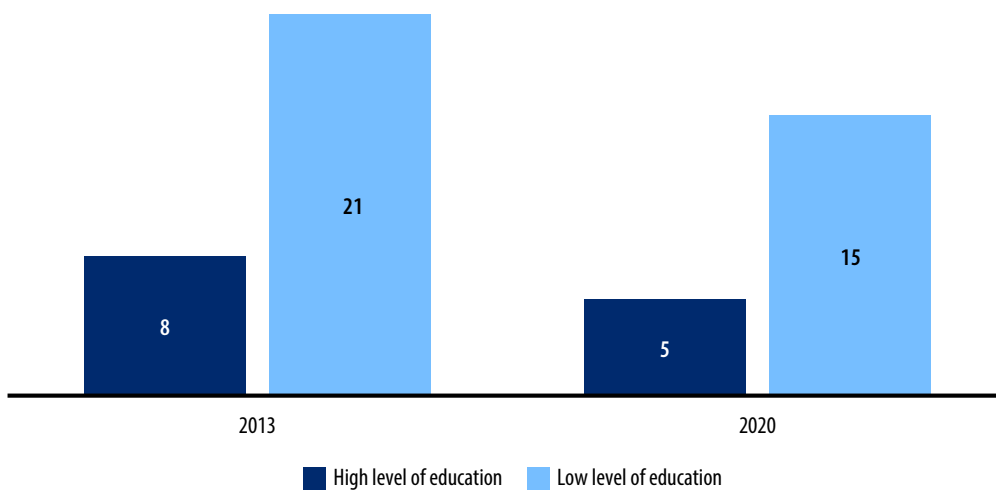
⁵ Indicator on the use of electronic cigarettes available since 2015. Indicator of the use of any tobacco product or electronic cigarette available from 2017.

Figure 3b. Daily use of tobacco and nicotine products by girls studying in vocational institutions⁶, 2013–2021 (%)



Source: THL, School Health Promotion Survey

Figure 4. Daily smoking by level of education in 2013 and 2020, ages 20+ (%).



Source: Finnish Institute for Health and Welfare, statistical and indicator bank Sotkanet.fi

⁶ Indicator on the use of electronic cigarettes available since 2015. Indicator of the use of any tobacco product or electronic cigarette available from 2017.

Pregnants

According to data from 2021, 8% of all birth-givers smoked during pregnancy. According to THL's Perinatal statistics, increasingly fewer birth-givers reported smoking in recent years after the first trimester of pregnancy. 57% of all those who smoked during pregnancy reported they had quit smoking during the first trimester of pregnancy. Smoking during pregnancy is more common in younger age groups. In 2021, 33% of birth-givers under the age of 20 smoked during pregnancy. 52% of them reported having quit smoking during the first trimester of pregnancy.

People with mental health and substance abuse problems

Smoking among people with psychiatric illnesses is considerably more common than among the rest of the population. Smoking is also common among those with affective disorders and especially those with substance abuse problems. In addition, higher depressive symptoms reduce the likelihood of quitting smoking.

1.2 Research evidence and international examples

The Finnish Institute for Health and Welfare (THL) provided the previous working group on tobacco and nicotine policy development with an overview of international tobacco policy measures and the monitoring and evaluation system. THL has updated the review as part of the work of the new working group, which is summarised in this chapter. Regular monitoring of the use and consumption of tobacco and nicotine products is a prerequisite for obtaining up-to-date information. Resource allocation, monitoring and evaluation are discussed based on the review in section 2.9.

In Finland, tobacco legislation has been developed in a consistent and long-term manner. Measures based on research evidence can be used more comprehensively to achieve the objective of the Tobacco Act. It is important to pursue a health-based tobacco tax and price policy, as higher tobacco prices effectively prevent and reduce smoking in different population groups. In addition, by reducing the number of sales points for tobacco and nicotine products in a goal-oriented and significant manner, it would be possible to prevent the start of use and to support quitting. It may also reduce differences in the prevalence of smoking between population groups, as sales points appear to accumulate in less well-off areas.

In many countries, the age limit for tobacco and/or nicotine products is higher than 18 years. In general, the increase in the age limit has been implemented by raising it to 21 years of age on a one-off basis, but New Zealand has decided to introduce a gradually increasing age limit based on the year of birth.

An age limit of at least 20 years is in many ways justified and effective. The majority of tobacco experiments and smoking initiation take place by the age of 20, at an age period when the young person's developing brain is particularly sensitive to the effects of nicotine and changes that cause addiction. A higher age limit could prevent differences in the prevalence of the use of tobacco and nicotine products occurring among upper secondary level students in Finland. Furthermore, a higher age limit could hamper the illegal distribution of tobacco products to minors, as the buyers should also be older.

Direct and indirect marketing of tobacco and nicotine products, often across national borders, in entertainment and social media is very common and reaches particularly young people. There is already evidence of the effectiveness of some counter-marketing campaigns. Effective campaigns require sufficient resources to ensure solid theoretical basis, reaching the target group and sufficient recurrence. In Finland, no resources have been allocated to population campaigns for years, even though they could, for example, increase attempts to quit smoking.

Many methods of tobacco cessation have been found to be efficient and cost-effective, but too little is still invested in providing support for it. In Finland, the lack of funding for tobacco cessation is seen as a challenge in achieving the objective of the Tobacco Act. Monitoring the support for quitting smoking is important for the use and development of effective measures.

In Denmark, cessation service providers have a database that allows them to assess the interventions implemented. In Finland, the sale of nicotine replacement therapy is currently carried out mainly outside pharmacies, which means that pharmaceutical guidance and advice on the products are not available for the correct use of the products in terms of choice of treatment and success in quitting. The liberalisation of sales has not had a significant impact on the reduction in smoking.

In Finland, it has been possible to prevent and reduce exposure to tobacco smoke comprehensively in public places. However, exposure to tobacco smoke in housing corporation is a persistent and significant problem. Smoking bans in buildings reduce environmental exposure to tobacco smoke and the number of smoked cigarettes as well as promote attempts to quit smoking. However, restricting smoking alone does not completely eliminate environmental exposure to tobacco smoke. In some situations, smoking bans have increased smoking indoors, shifting smoking from balconies to flats. Based on the current research evidence, there are sufficient grounds for eliminating tobacco smoke in housing with multiple flats, thus protecting particularly vulnerable population groups.

With the comprehensive indoor smoking bans, it is possible that smoking outdoors is concentrated in certain places, such as the vicinity of entrances to buildings. Smoking outdoors where people are packed tight, such as on restaurant terraces, can lead to harmful environmental exposure to tobacco smoke. Smoking bans in these places reduce exposure to tobacco smoke. In many countries, smoking is prohibited on the terraces of restaurants and bars. Extending smoking bans to outdoors may also affect the acceptability of smoking.

Reducing the attractiveness of tobacco and nicotine products is particularly important to prevent use in young, new target groups. Evidence-based measures for this include better extending the non-branded, standardized packaging of products subject to the Tobacco Act more comprehensively and regulating flavourings.

Limiting the amount of nicotine is one of the measures brought to the discussion in recent years, but its benefits and disadvantages may depend on the product group. In particular, the attractiveness of cigarettes could be reduced not only by limiting the amount of nicotine but by banning filters that create a false image of a safer product. Filters are also a global environmental problem.

The tobacco industry continuously develops and introduces new nicotine products and justifies this by reduction of harm. At the same time, it continues to sell the most harmful products and opposes effective measures to prevent and reduce their use. In Finland, many effective measures have not been used, such as raising the age limit for retail sales, reducing the number of sales locations, media campaigns and investing in tobacco cessation. The use of harm reduction methods to supplement, not to replace, effective measures may be justified when the target level of the Tobacco Act has been reached in the adult population. At the same time, it is important to ensure that health policy and related policies are comprehensively protected from the interests of the tobacco industry and the parties that further the interests of tobacco companies in accordance with Article 5.3 of the WHO FCTC.

2 Proposed actions with justifications

2.1 Taxation

The working group's proposals:

1. Continuing the tobacco tax policy in line with the objective of the Tobacco Act by implementing tobacco tax increases on a semi-annual basis, as in recent years, and maintain the structure of the current excise duty on tobacco.
2. The new tobacco and nicotine products referred to in the Tobacco Act are taken into account in legislation on tobacco taxation and tax increases.

Although the average health status of the Finnish population has improved in many respects in recent years, socio-economic health inequalities are still notable. Smoking is one of the key factors in health inequalities. Influencing the price of tobacco products through tobacco taxation is one of the most effective ways of reducing not only smoking at the population level but also health differences between social groups.

As smoking is more common among low-income people, the impact of the tax increase on purchasing power is relatively greater in the lowest income categories and they also pay the most excise duty on tobacco products. If the excise duty on tobacco products is increased, the increase will affect most those with the lowest income for two reasons: their income is lower and they smoke more. Therefore, if a low-income person quits smoking, the increase in the excise duty on tobacco products would proportionally reduce their consumption tax when compared to their income. Increases in the tobacco tax thus have a positive impact on health inequalities, welfare and the amount of disposable income. At the same time, tobacco taxation prevents the young people starting to use tobacco and nicotine products.

The tobacco tax policy based on tax increases implemented evenly in recent years has been successful compared to the objectives of the Tobacco Act (549/2016) and the Act on Excise Duty on Manufactured Tobacco (1470/1994): the prices have increased as anticipated in different product groups, and price categories and taxable consumption of tobacco products have decreased. Consumption of both cigarettes and fine-cut tobacco for the rolling cigarettes has decreased significantly, and excise duty revenue has increased in line with tax revenue targets. In 2021, the tobacco tax yield was €1031 million.

In Finland, the average price of cigarettes was the third highest in the EU in 2021. Only Ireland and France had higher average prices than Finland. In 2022, the average cigarette pack in Finland cost almost €10, and in 2023, the Ministry of Finance estimated it to be over €10.

Finland has an excise duty structure based on value, unit and minimum excise duty. The value-based excise duty is a percentage of the retail sales price of the product, while the excise duty per unit is an excise duty based on pieces or kilograms. Cigarettes, fine-cut tobacco for the rolling of cigarettes, cigars and cigarillos with low prices are subject to a minimum excise duty. The minimum excise duty ensures that a certain amount of excise duty is levied on the products regardless of the price. A tobacco tax's structure based on the three elements can be used to tax tobacco products at all prices effectively.

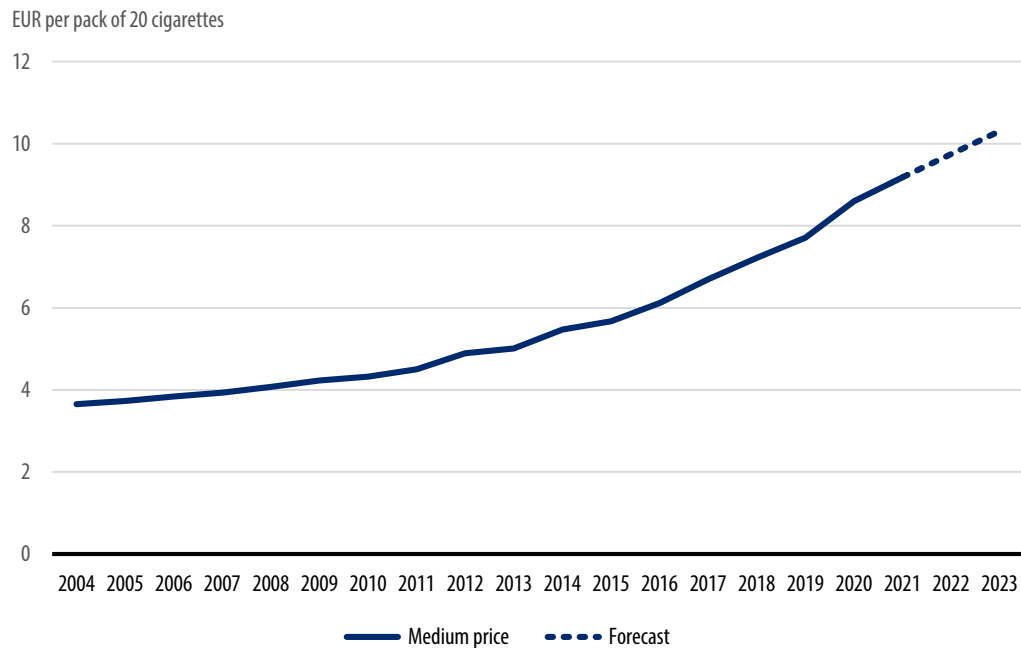
In recent years, tax increases have mainly been implemented by increasing the excise duty per unit while the value-based excise duty is already high. In addition, the minimum excise duty level for cigarettes and roll-your-own tobacco has been set in all tax increases in such a way that the relative emphasis of the increase would be on slightly cheaper products.

The working group considers the current structure of the excise duty to be justified in terms of health policy and proposes that it be maintained also in connection with future tax increases.

Since 2016, the excise duty on tobacco products has increased every six months. Step-by-step increases have been aimed at reducing the risk of negative and unexpected market effects and facilitating the monitoring of the impact of these increases, rather than large lump sums. The semi-annual tax increases have moderately increased the prices of tobacco products. The aim has been to scale the increases in the price of tobacco products so that it would not result in a significant replacement of domestic sales with non-taxed passenger imports or smuggling.

The impact of the tax increase on cigarette prices in 2022 was on average 5.5%, which means that the average price of cigarettes increased by an estimated €1.10 per pack of 20 cigarettes from 2021. The effect is broadly the same for cigarettes at all prices, as tax increases are fully passed on to prices.

Figure 5. Illustration of the actual and forecasted price of a medium-price cigarette pack. Source: Government proposal HE 143/2021 vp.



Source: HE 143/ 2021 vp.

In 2019, unrecorded consumption of cigarettes is estimated to have been around 13%–15% of total consumption, of which passenger imports accounted for approximately 10% and smuggled cigarettes for 3%–5%.

Cigarette smuggling is currently under control, but the potential for increased smuggling exists. Tobacco smuggling in Finland is organised by international parties, and large price differences between different countries can easily increase it. However, it is generally estimated that, for example, very few counterfeit cigarettes are imported to Finland, unlike many other European countries.

The working group considers the implemented tax policy to be successful and proposes that the increases be continued every six months also in the coming government terms.

Council Directive 2011/64/EU on the structure and rates of excise duty applied to manufactured tobacco provides regulations binding on the member states of the EU on harmonised tobacco taxation. From Finland’s point of view, the restrictions in the current directive are not very significant, as the tax levels applied by Finland significantly exceed, for example, the minimum excise duty levels laid down in the directive.

Other products containing tobacco, electronic cigarette liquids and cigarette paper are not subject to Union legislation, but national excise duties are levied on them in Finland. The tax covers nicotine-free and nicotine-containing liquids in electronic cigarettes. Electronic cigarette liquids are subject only to an excise duty per unit based on the amount of the liquids. Other products containing tobacco, as well as cigarette paper, are subject only to a price-linked tax. The tax on electronic cigarette liquids has not been increased since it was set in 2017. There is still little information on the change in their prices.

The working group emphasises that the most important is to ensure that the consumption of electronic cigarette liquids is covered by taxation as comprehensively as possible. So far, this has been problematic, as hardly any nicotine-free electronic cigarette liquids have been taxed.

In 2022, heated tobacco products were proactively included in tobacco taxation, although they are only just entering the Finnish market. Their excise duty level in Finland is high in international comparison, but still significantly lower than that of cigarettes.

The sale of snus is not legal in Finland, and snus is therefore not subject to the normal tobacco tax system. However, a tobacco tax level (60% of the price) has been set for snus, which applies to illegal imports and brokering. The taxable price is the price fixed by the tax administration.

New nicotine products that do not contain tobacco are excluded from tobacco taxation, such as nicotine snus, the sale of which is prohibited in Finland, unless the product has been granted a marketing authorisation in accordance with the Medicines Act. The working group considers it important that in addition to traditional tobacco products, novel nicotine products that do not contain tobacco and other new tobacco and nicotine products that come on the market are proactively included in the scope of tobacco taxation. From the taxation point of view, it would be clear if the taxable products would be products subject to the Tobacco Act and not the Medicines Act.

The working group views that the taxation of new tobacco and nicotine products subject to the Tobacco Act that enter the market can be used to reduce their use, especially among young people, and prevent smokers from continuing the use of nicotine products that maintain addiction instead of quitting.

Official tobacco consumption statistics (Tobacco statistics) are based on tax return data, which are dependent on the size of industrial stocks and their internal transfers between stocks prior to delivery to the wholesale tier and therefore not well suited for monitoring consumption. The working group considers it important that statistics on

the consumption of tobacco and nicotine products (including nicotine replacement therapy products) are developed under the leadership of the Finnish Institute for Health and Welfare and in cooperation between different authorities. The most comprehensive information would probably be obtained by requiring the disclosure of wholesale sales data for statistical purposes, which could be combined with the licensing of wholesale sales (see working group proposal 2.4.4).

Due to tobacco policy measures and tobacco tax policy, the prevalence of smoking has continuously decreased. Although the tobacco tax revenue will fall in the coming years despite tax increases, in the long term the reduction in smoking will result in savings, especially in health care costs.

2.2 Prevention of tobacco and nicotine use

2.2.1 Age limits for tobacco and nicotine products

The working group's proposals:

1. Amending the Tobacco Act so that tobacco products, nicotine liquids and tobacco substitutes containing nicotine may not be sold or otherwise supplied to a person under 20 years of age. Also raising the age limit for the bans on the import and possession of products to 20 years. The purchase age of nicotine-free products under the Tobacco Act, such as smoking accessories, would remain unchanged at 18 years.
2. Expanding the prohibition on the possession and ban on import by minors laid down in the Tobacco Act (sections 118 and 62) to tobacco substitutes, smoking accessories, and electronic cigarettes (empty device), for which the age limit is set at 18 years.

After careful preparation and consultation, the previous working group on the development of tobacco and nicotine policy already proposed in 2018 that the purchase age limit for tobacco and nicotine products be raised to 20 years.

Despite the age limit of 18 years for buying and the retail sector's voluntary measures on verifying the age of minors and for purchase of tobacco and nicotine products, minors have been able to purchase tobacco and nicotine products also from retail outlets. They are most likely to obtain products covered by the Tobacco Act when they are fetched or offered by friends. The age control in retail sales works in general, but especially preventing cigarette purchases by underage boys requires improvement.

In 2021, 36% of pupils in grades 8 to 9 of comprehensive schools had tried at least one product subject to the Tobacco Act. The corresponding share was 43% in general upper secondary schools and 67% in vocational institutions. In 2021, the share of smokers was 5% in comprehensive schools, 2% in general upper secondary schools and 18% in vocational institutions. Although adult students also study in vocational institutions, three out of four vocational students who responded to the School Health Promotion study were under 18 years of age.

Raising the age limit would likely have an impact on the prevalence of tobacco and nicotine products used by young people in vocational studies, which is still many times higher than for general upper secondary school students. This, in turn, would support narrowing the differences in smoking between educational groups in the adult population. In addition, research indicates that raising the purchase age limit could have significant preventive effects on the prevalence of smoking during pregnancy and the health of the children born, as vocational education is the clearest factor predicting smoking during pregnancy in Finland, and smoking is common among young mothers.

Research evidence shows that a higher age limit reduces the availability of tobacco products in different ways for minors. When age control works, for example, the age limit of 20 directly eliminates most of the retail purchases of products subject to the Tobacco Act by persons aged 18–19. A higher age limit for buying makes it particularly difficult for the youngest minors to succeed in buying tobacco in retail sales. In addition, a higher age limit makes purchase more difficult from social sources, as the persons who deal to minors must also be older than before.

The higher the age to which tobacco and nicotine experiments can be postponed, the less likely they become. According to international and national studies, the majority of tobacco experiments and smoking start by the age of 20.

Young people's brains are extremely sensitive to the effect of nicotine, but this sensitivity decreases with age. Therefore, developing nicotine dependence after the first few experiments becomes less likely with older age.

Brain development continues until approximately 25 years of age. Although certain cognitive skills will be achieved by the age of 16, those parts of the brain that are most responsible for decision-making, impulse management and emotions will evolve and change throughout early adulthood. Because puberty and early adulthood are critical stages of development, exposure to nicotine can have permanent, negative effects on brain development.

In Finland, age limits for sales apply not only to tobacco products but also to other products such as alcohol, gambling and adult entertainment. As a rule, age limits correspond with reaching the age of majority (18 in Finland). From the perspective of public health, however, it has been considered necessary to set the age limit for the sale and possession of strong alcoholic beverages, for example, to 20 instead of 18. Unlike the Alcohol Act, which aims to reduce the harmful effects of alcohol, the aim of the Tobacco Act is to end the use of tobacco products and other products containing nicotine. This is because nicotine-containing products differ from other consumer goods on the market due to their toxicity and addictive properties.

The current Act prohibits the sale of tobacco products, nicotine liquids, tobacco substitutes, smoking accessories and electronic cigarettes to persons under the age of 18. However, the prohibition on the possession and ban on import of products for minors laid down in sections 118 and 62 of the Tobacco Act only cover tobacco products and nicotine liquids. In practice, this poses challenges to those working with children and young people, as they do not have the opportunity to intervene in the possession of, for example, tobacco substitutes, electronic cigarette devices or a single-use device filled with nicotine-free liquid. It should be noted that, for example, it is impossible to assess, based on the appearance of the liquid, whether the device possessed by a child or a young person is filled with nicotine-containing or nicotine-free liquid. Recently, experiments with so-called electronic non-nicotine delivery systems (ENNDS) including disposable devices similar to electronic cigarettes seem to have increased considerably among children and young people. They are used during school days on the premises of educational institutions. Similarly, it may often be difficult to distinguish between the so called energy snus, nicotine pouches and traditional snus, for example, based on the appearance of the packaging. Educational institutions have limited opportunities to intervene in the use during school days.

For the above-mentioned reasons, the working group reiterates the proposal of the previous working group that tobacco products, nicotine liquids and tobacco substitutes containing nicotine may not be sold or otherwise handed over to a person under 20 years of age. The working group further proposes that the age limit for the ban on the import and possession of these products be raised to 20 years. The working group further proposes that the prohibition on possession laid down in section 118 of the Tobacco Act and the ban on import by minors laid down in section 62 be extended to tobacco substitutes, smoking accessories, and electronic cigarettes (empty device), for which the age limit for possession and import is set at 18 years. The age limits for nicotine-free products under the Tobacco Act, such as smoking accessories and tobacco substitutes, would thus remain unchanged at 18 years. Regarding smoking accessories, the working group's proposal concerning the categorisation of smoking accessories must be taken

into account in section 2.4.8. Bans on possession and import would apply to smoking accessories intended directly for smoking.

The working group feels that raising the purchasing age limit should be implemented as soon as possible at the beginning of the government term in order to prevent the spread of tobacco and nicotine products among young people. In connection with the amendment to the Tobacco Act in 2022, the Parliament's Social Affairs and Health Committee also urged in its report (StVM 2/2022 vp) on raising the purchase age of tobacco products, nicotine liquids and tobacco substitutes containing nicotine from 18 years of age.

2.2.2 Youth leisure activities

Working group proposal:

1. Adding a commitment to preventing the use of tobacco and nicotine products in all activities, if the activities are partly or fully targeted at minors, to the responsibility criteria used in the evaluation of applications for discretionary government grants under the Act on the Promotion of Sports and Physical Activity. Similarly, when assessing state grants under the Youth Act, the Ministry of Education and Culture takes into account the commitment to preventing the use of tobacco and nicotine products.

The use of nicotine products affects young people's development and health in many different ways and exposes them to several immediate and long-term adverse effects. Studies show that the use of nicotine products may be more common among young people participating in guided sports activities than among other young people. The initiated negative health behaviours are often maintained until adulthood. Young people who engage in team sports seem to use snus, as an example, more often than those who engage in individual sports and other young people.

The factors that predispose to starting with tobacco and other nicotine products are genetic, biological, psychological, social or environmental. In addition to school and home, leisure time environments are key development environments for young people, in which the activities and model of adults and peers play an important role.

The use of nicotine products by young people and the risk of starting is greater in environments where there are no clear rules and guidelines. Young people with a positive image of typical users of nicotine products of the same age are more likely to start using nicotine products than those with less positive images.

Studies have shown that models and peers play an important role in smoking or in the use of other nicotine-containing products. For example, smoking by parents and siblings has been seen as a significant factor in whether other family members start smoking.

According to a survey commissioned by EHYT Finnish Association for Substance Abuse Prevention among sports operators and coaches in 2021, 71% of the respondents felt that the model of the team's personnel or players' guardians had an impact on young people's use of tobacco products and other intoxicants. Despite this, adults' use of tobacco or nicotine products occurs in the context of sports club activities for young people: almost half (47%) of the respondents had observed the use of snus by team staff or the players' guardians at team events, and about two out of five (38%) had observed the use of other nicotine products.

Discretionary government grants can be used to guide municipalities, organisations working with children and young people and other parties to take into account the promotion of nicotine-free lifestyle in their own work.

The working group proposes that a commitment to preventing the use of tobacco and nicotine products in all activities, if the activities are partly or fully targeted at minors, be added to the responsibility criteria used in the evaluation of applications for discretionary government grants to be granted under the Act on the Promotion of Sports and Physical Activity. Similarly, the working group proposes that the Ministry of Education and Culture take into account the commitment to preventing the use of tobacco and nicotine products in the assessment of discretionary government grants under the Youth Act.

2.3 Smoke-free environments

The working group's proposals:

1. Amending the section on the application of smoking bans in the Tobacco Act (section 73) to cover the smoking and heating of all products subject to the Tobacco Act as well as any other use that releases aerosols deteriorating indoor air quality.
2. Amending the existing definition of indoor space in the Tobacco Act to better reflect the definition recommended in the guidelines for implementation of article 8 of the WHO Framework Convention on Tobacco Control, according to which indoor space would be defined as any space with a roof or one or more walls.

According to Article 8 of WHO FCTC, "each party shall...promote...protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places." According to the guidelines for implementing the article 8, smoking and tobacco smoke must be entirely removed from a space in order to achieve a completely smoke-free environment. Exposure to environmental tobacco smoke does not have a safe level, and technical solutions such as ventilation, air filtration or designated smoking areas do not protect from it. The level of protection must also be improved and extended where necessary.

Smoke, aerosol and fine particles that are harmful to human health are usually released into the air from the combustion, heating or other use of products subject to the Tobacco Act. The current Tobacco Act already prohibits the use of several products subject to the Tobacco Act on premises where smoking is prohibited. However, due to the strong product development of products, certain products subject to the Tobacco Act can be used in areas where smoking or, for example, the use of electronic cigarettes is currently prohibited. Such products include tobacco substitutes, such as ENNDS and water pipe stones or jellies. Based on the appearance of the product alone, it is impossible to assess whether the product is a disposable device or whether the liquid in the product is nicotine-free, for instance. The use of different electronic cigarettes and ENNDS has recently increased and has become a challenge, especially in educational institutions.

The previous working group on the development of tobacco and nicotine policy proposed that, in order to protect human health, the scope of the smoking bans of the Tobacco Act should be extended to smoking, heating or other use of all products subject to the Tobacco Act that release fine particles into the air. This working group repeats the proposal as it stands.

Article 8 of the WHO FCTC concerns the protection against exposure to environmental tobacco smoke. The guidelines for implementation to this article recommend that indoor space be defined as any space with a roof or one or more walls. This should be regardless of the material of the roof and walls and whether the structure is permanent or temporary. In addition, in its recommendations on smoke-free environments (2009/C 296/02), the Council of the European Union has referred to the above-mentioned guidelines for implementation of Article 8 of the WHO FCTC and the definition of indoor space recommended therein.

According to the Tobacco Act, indoor area means a closed indoor space with ceiling, floor and walls or an area of which it is possible to construct a closed space by installing an additional plane structure and which is intended for living or staying or as a waiting or working area. The existing definition of indoor space allows smoking in a more compact space than required by the WHO FCTC or the recommendations of the Council of the

EU. For this reason, the working group proposes that the definition of indoor space laid down in the Tobacco Act be amended to better reflect the definition recommended in the guidelines for implementation of the WHO FCTC. In this case, the definition of indoor space would cover more open spaces than at present, which is why public transport stops, for example, would be more comprehensively covered by smoking bans than today.

2.3.1 Smoke-free environment of housing corporations

The working group's proposals:

1. Expanding the definition of housing corporation in section 2 of the Tobacco Act to cover all housing corporations with multiple flats. In addition, further specifying the definition of smoking bans in shared outdoor spaces and outdoor spaces managed by a housing corporation as "outdoor premises and other outdoor areas".
2. Improving measures protecting against tobacco smoke in housing corporations by providing for
 - a. a smoking ban for playgrounds under the control of housing corporations and
 - b. the obligation of a housing corporation in section 80 of the Tobacco Act to provide information on smoking bans in the area under the control of the housing corporation.
3. In the Act on the Rental of Residential Flats, providing for a default smoking ban in new rental relationships in the residential flats of the housing corporation, on a balcony, outdoor premises and other outdoor areas included in it.
4. Specifying the grounds for taking possession provided for in the Limited Liability Housing Companies Act, so that it is possible to take a flat into possession on the basis of a violation of smoking bans (also in the case of a smoking ban decided by the corporation itself). Specify the act on the rental of residential flats and the regulation of other potential housing corporations accordingly.
5. Amending the Tobacco Act by enabling a housing corporation's majority decision on a ban on smoking in residential premises, their balconies and similar outdoor premises or other outdoor areas used by residents, if their structures or other circumstances, other than exceptionally, may allow smoke to carry to similar premises of other residents.
6. Amending section 86, subsection 3 of the Tobacco Act on inspection of a dwelling so that, if necessary, the supervising authority would have the opportunity to carry out an involuntary dwelling inspection in order to

investigate repeated violations of smoking bans laid down in the Tobacco Act or imposed by the municipality.

As smoking bans in public areas and facilities become more widespread, problems related to tobacco smoke carrying to private dwellings have emerged more clearly. The adverse effects of exposure to tobacco smoke particularly affect blocks of flats and to some extent terraced and two-dwelling houses.

At the end of 2020, 47% of all flats were block building flats (about 1,468,000), in which approximately two million people lived, or more than one third of the population. At the end of 2020, there were 420,000 terraced house flats with approximately 700,000 inhabitants living in them.

According to the FINRISK study conducted in 2012, approximately one in two (51%) Finns felt that it was necessary to prohibit smoking on balconies by law. Correspondingly, according to an opinion survey conducted by ASH Finland in 2020, 49% of the inhabitants of blocks buildings reported tobacco smoke entering the flat or balcony. 82% of them found it disturbing – even 40% of smokers did.

Based on the FinTerveys survey conducted in 2017, 6% of men and 3% of women aged 30 or over were exposed to tobacco smoke in the environment daily for at least one hour, either inside the workplace or at home. According to The Adolescent Health and Lifestyle Survey 2019, up to 4% of boys and girls aged 12–18 were in smoky facilities for at least one hour a day. In addition, cigarettes remain the most common cause of ignition in fires that have caused deaths, and they are thus a fire safety risk in residential communities.

So far, the justification of smoking bans has largely based on the rights of smokers. Based on the FinSote survey of 2020, 12% of the working-age population (aged 20–64) and 7% of retired people (aged 65–84) smoke daily. When assessing specifically smokers living in multi-dwelling residential communities who cannot leave their homes independently to smoke because of their health, the number is likely to be quite small. In turn, exposure causes the most harm to those who cannot leave their flat. It would therefore be of paramount importance to assess the changes from their perspective. For those with lung and respiratory illnesses in particular, already low exposure to tobacco smoke can have a negative impact on health and well-being by worsening symptoms and making treatment less effective. Based on data from the FinTerveys survey in 2017, 10% of men and 14% of women aged 30 or over suffer from asthma alone.

According to international classifications, nicotine dependence is a chronic disease. There are effective treatments for this. Several service providers offer free cessation guidance. Prescription varenicline can be reimbursed to a limited amount from health insurance.

Social assistance customers may cover nicotine replacement therapy or prescription medicines for smoking cessation as health care expenses or other basic expenses. Therefore, imposing a smoking ban does not impose an excessive financial burden on a smoker.

Environmental tobacco smoke is a carcinogenic mixture and an indoor air health hazard referred to in the Health Protection Act. It has not been possible to set a threshold to its concentration in indoor air below which there are no adverse effects.

In the Tobacco Act, section 11 on the carcinogenicity of environmental tobacco smoke entered into force in 2000. On this basis, the provisions of occupational safety and health legislation must be complied with in order to protect employees from occupational exposure. This section was subsequently removed from the Tobacco Act because it was considered to be a scientific fact, which has been confirmed by the WHO's International Agency for Research on Cancer (IARC), among others.

Radon is an invisible and odourless inert gas in the indoor air of dwellings and workplaces, which is more common in Finland than in most other countries. Tobacco smoke in the environment, combined with radon exposure, increases the risk of lung cancer. Exposure to radon also significantly increases smokers' already increased risk of developing lung cancer.

In addition, in flats where people have previously smoked and where the surfaces have not been properly cleaned/repared since then, surface materials release agents into the air which, when reacting with other gases in the environment, cause exposure to carcinogenic compounds (third-hand smoke).

Section 2.3 of this report states that the guidelines for implementation for Article 8 of the WHO FCTC emphasise that effective measures to prevent exposure to tobacco smoke in the environment require the complete removal of smoking and smoke from a particular space or environment. Compliance with the guidelines for implementation for article 8 is particularly important in Finland because we have high indoor radon concentrations.

Exposure to environmental tobacco smoke causes a wide range of health hazards. Their significance is emphasised if the resident has difficulties leaving their home due to illness or impairment of functional capacity, for example. The recent increase in remote work and studies has also more clearly than before brought up problems related to tobacco smoke spreading to the flat. Problems are usually exacerbated in spring and summer, especially during periods of high heat, when it would be necessary to ventilate the flat due to heat. Problems caused by tobacco smoke often also materialise in families with babies, especially if the child is taking naps in a pram on a balcony, as common in Finland.

In addition to home office workers, people whose work involves regular visits or stay at people's homes are currently exposed to environmental tobacco smoke. These include workers in home nursing, home services, private home cleaning companies and emergency care, informal carers and personal assistants. Exposure to tobacco smoke at work is an occupational safety and health issue. The government decision on environmental tobacco smoke and the prevention at work of the associated risk of cancer (1153/1999) obliges the employer to notify the Finnish Registry of Workers Exposed to Carcinogenic Substances ASA of those exposed to tobacco smoke at work. The basis for exposure is that the worker has been exposed to environmental tobacco smoke for at least 40 working days for at least 2 hours of the working day or for an equivalent period.

The bans and restrictions on smoking laid down in the Tobacco Act have helped to effectively reduce exposure to tobacco smoke in public spaces and workplaces. Although the Tobacco Act contains provisions prohibiting or restricting smoking in housing corporations, it is still difficult to solve smoke problems in block buildings, terraced houses and two-dwelling houses. In terms of protecting the health of the population, it is inconsistent to protect people in workplaces from exposure to a carcinogenic mixture when there is no equivalent protection in homes. As a fundamental right, the right to health and clean indoor air should be safeguarded more effectively than at present and should not be restricted by the individual's right to smoke in their flat.

The Tobacco Act contains provisions on smoking in housing corporations, which extensively refer to different forms of housing companies. These include housing companies, right-of-occupancy dwellings and rental houses. According to section 78 of the Tobacco Act, smoking is prohibited in the shared and public indoor areas of housing corporations. In addition, a housing corporation may prohibit smoking in shared outdoor areas under its control. Under section 79 of the Tobacco Act, a housing corporation may apply for a smoking ban from a municipality on the balconies of individual apartments in a building belonging to the housing corporation, in the outdoor areas to which the apartments have access, and inside apartments..

The process related to applying for a smoking ban laid down in section 79 of the Tobacco Act is perceived as burdensome, difficult and long-term by housing corporations and municipalities alike. In addition, monitoring the bans imposed by the municipality on the housing corporation has proved difficult in practice. The inadequacy of sanctions and consequences resulting from violations of the smoking ban by housing corporations has made it difficult to enforce the bans.

The provisions of the Tobacco Act in force concerning smoking bans imposed on accommodation in a housing corporation differ from the general section on the application of smoking bans. This is because the ban on smoking in accommodations does

not apply to the use of electronic cigarettes. As regards electronic cigarettes, extensive research data on health impacts has not yet been accumulated. However, according to the assessment of the Scientific Committee on Health, Environmental and Emerging Risks (SCHEER), there is weak or moderate evidence of the risks of secondary exposure to the aerosol of electronic cigarettes for respiratory and cardiovascular damage. Therefore, there are no grounds for the abovementioned exception to the use of electronic cigarettes in housing corporations.

Tobacco smoke problems can also be addressed on the basis of health protection legislation. However, this is a challenging and lengthy process. In addition, the Limited Liability Housing Companies Act (1599/2009) makes it possible to decide unanimously on the prohibition of smoking by amending the articles of association. In rental housing, it is further possible to intervene in smoking by means of rental agreements.

Different forms of housing and different resident groups are currently in an unequal position in terms of smoking bans. For example, in rental and right-of-occupancy housing, smoking bans have often been taken into account in new contracts, but not in existing ones. Residents of the same housing corporation may therefore have different rental agreements from the perspective of the smoking ban, and to amend some of these, the approval of both parties is required.

The working group considers the proposals submitted to the working group by the section working on the implementation of smoke-free environment of housing corporations to be important for the realisation of smoke-free environment in housing corporations and that they clarify the realisation of smoke-free environment in housing corporations.

The working group proposes that the definition of housing corporation in section 2 of the Tobacco Act be expanded to cover all housing corporations with multiple flats. A multi-flat housing corporation refers to a residential corporation with more than one dwelling. The working group further proposes that the definition of smoking bans in shared outdoor spaces and outdoor spaces managed by a housing corporation be specified as "outdoor premises and other outdoor areas".

In order to prevent the exposure of children to environmental tobacco smoke and cigarette butts at playgrounds, the working group proposes that the Tobacco Act impose a ban on smoking at playgrounds controlled by housing corporations. In the working group's view, section 80 of the Tobacco Act on smoking prohibition signs should also contain provisions on the housing corporation's obligation to provide guidance on smoking bans in the housing corporation's area so that residents, guests and others present on the premises of the housing community are aware of the bans.

The working group proposes that the Act on the Residential Leases (481/1995) provide for a smoking ban in new rental relationships in a housing corporation's flats and balconies and outdoor areas included in them.

In the working group's view, the grounds for taking possession laid down in the Limited Liability Housing Companies Act should be specified in such a way that sufficient grounds would be "if [a resident in the] flat has violated a prohibition imposed by an authority under the Health Protection Act or the Tobacco Act, laid down in the Tobacco Act, recorded in the articles of association or decided by the corporation". The Limited Liability Housing Companies Act applies to the procedure for taking possession. In addition, the Act on the Residential Leases (including commercial properties) and the regulation of any other housing corporations will be specified accordingly as described above.

Based on the present state, the working group views that section 79 of the Tobacco Act must enable a housing corporation's majority decision on a ban on smoking in residential premises, their balconies and similar outdoor premises or other outdoor areas used by residents, if their structures or other circumstances, other than exceptionally, may allow smoke to carry to similar premises of other residents.

When a decision on the ban is made in a housing corporation by majority voting in a general meeting, further investigations must take into account the possibility of imposing a smoking ban more easily than by changing the articles of association. In other housing corporation forms, the decision must be made by an appropriate body. If a housing corporation is not willing to decide on the prohibition itself, the resident may submit the matter to the health hazard assessment process referred to in section 27 of the Health Protection Act.

A housing corporation may designate a suitable place for smoking in an outdoor area under the control of the housing corporation, from which smoke does not spread to premises controlled by residents. The housing corporation supervises the implementation of the prohibition itself, as well as other rules of order, and, if necessary, can take possession of the residence after a warning. A lease can be terminated or cancelled on the basis of a material breach of contract.

The working group is aware of the fundamental legal challenges of the proposal: in practice, a majority would decide on a matter of health, private life and domestic peace on behalf of a minority. However, the working group emphasises that the proposal meets the requirements of necessity, proportionality and precision in particular. It can be considered necessary to protect the health of non-smokers, and similarly the health of workers at workplaces has been protected. The requirement of precision has been taken into account by entering a condition of inconvenience for making a decision. The proposal gives

everyone the right to enjoy smoke-free air at home. In addition, the proposal promotes the right of children to grow in a safe and healthy environment, which supports the UN Convention on the Rights of the Child ratified by Finland.

According to the current Tobacco Act, section 46 of the Health Protection Act applies to inspections of a dwelling related to the supervision of smoking bans and restrictions under the Tobacco Act. According to the second subsection of the section in question, an inspection of a space used for permanent housing against the resident's will can be carried out only if the authority has reasonable grounds to suspect a *serious health hazard requiring immediate action*.

According to the rationale in the government proposal on this section (HE 76/2014 vp), the risk of death or permanent morbidity due to exposure alone is not sufficient to make the health hazard serious, because many factors, such as tobacco smoke or radon, increase the likelihood of permanent illness even at low concentrations and exposures. However, if the concentrations are sufficiently high, a serious health hazard can be considered to be in effect. When assessing the immediate measures required by a serious health hazard, the immediate health impacts must also be taken into account. Many factors lead to permanent illness only after years of accumulated exposure, such as lung cancer caused by radon or smoking. On the other hand, some factors require immediate action to reduce exposure, such as the risk of death from high concentrations of carbon monoxide.

In view of the above, the supervisory authority has in practice very weak or even non-existent possibilities to carry out inspections of a dwelling referred to in section 86(3) of the Tobacco Act when supervising the related smoking bans and restrictions. For this reason, the working group proposes that section 86, subsection 3 of the Tobacco Act on inspections of a dwelling be amended so that, if necessary, the supervising authority would have a de facto opportunity to carry out an involuntary dwelling inspection in order to investigate repeated violations of smoking bans laid down in the Tobacco Act or imposed by the municipality.

2.3.2 Other living environments

The working group's proposals:

1. Addressing smoking in restaurants by removing the possibility from the Tobacco Act for restaurants' smoking rooms and by banning smoking on their terraces.
2. Expanding outdoor smoking bans to apply to
 - a. sports fields and arenas, outdoor swimming pools and amusement parks,
 - b. premises where activities referred to in the Youth Act are organised and
 - c. general outdoor events, where smoking may only be permitted in a specifically designated area, provided that tobacco smoke will not carry to areas directly intended for following the event.

Article 8 of the WHO FCTC provides, in accordance with the first principle of the implementation guidelines, that effective measures to protect against exposure to tobacco smoke require the complete removal of smoking and tobacco smoke from the space. Under the Tobacco Act, smoking is prohibited indoors in restaurants, with the exception of smoking rooms approved for this purpose, the properties and use of which are regulated in detail in tobacco legislation. If a restaurant allows smoking in outdoor areas under its control, it must ensure that employees in the indoor areas are not exposed to tobacco smoke and that tobacco smoke cannot enter areas where smoking is prohibited.

Regulations concerning smoking rooms in restaurants were added to the Tobacco Act in connection with the ban on smoking in restaurants in 2007. The amendment to the Tobacco Act included a two-year transition period during which several hundred smoking rooms were built in restaurants. The number of smoking rooms in restaurants has recently declined dramatically. In 2019, there were still about 430 of them in Finland, whereas in 2022 there were only 300 of them. The reduction in the number of smoking rooms in restaurants has probably been influenced by the fact that maintaining them or replacing old smoking rooms is not economically viable. Many restaurants have thus removed their smoking room in connection with renovations. Although the majority of Finnish restaurants are completely smoke-free, due to smoking rooms Finland still does not meet the requirements of Article 8 of the WHO FCTC regarding full smoke-free public indoor spaces.

As a rule, smoking is still possible on the terraces of restaurants if the terrace does not meet the definition of indoor space in the Tobacco Act and tobacco smoke cannot be carried to spaces where smoking is prohibited, such as the restaurant's indoor areas. As a result, restaurant customers and employees are constantly exposed to tobacco smoke on their terraces. Terraces often also have structures to prevent the spread and degradation

of smoke, which increase the exposure of those in terraces to tobacco smoke. Smoking on the terraces of restaurants often also causes smoke harm to the residential dwellings above them. Addressing the situation by means of current legislation has proved to be extremely challenging. On the basis of the above, the working group proposes that the possibility of the restaurant's smoking rooms be removed and that smoking on restaurant terraces be banned.

Smoking bans and restrictions have expanded in recent years, especially in outdoor areas where many children and young people are present. The previous working group proposed that the smoking bans laid down in the Tobacco Act be extended to outdoor spaces and areas that are mainly used by minors, such as playgrounds and EU beaches. Smoking bans were extended to playgrounds and large public beaches in connection with the amendment to the Tobacco Act in 2022.

However, smoking is still possible in certain outdoor areas and spaces where many children and young people are present. These outdoor areas include outdoor swimming pools, sports fields and arenas, youth facilities of municipalities and parishes, and amusement parks. The working group proposes that smoking bans and restrictions be extended to outdoor swimming pools, sports fields and arenas, amusement parks and outdoor areas of facilities where activities under the Youth Act are organised.

Smoking in the shelters and stands of public events organised outdoors and in other facilities immediately intended for watching the event, where the participants are stationary, became prohibited in 2010. The smoking ban applies to festivals, sports events, outdoor concerts and other cultural events organised outdoors. The prohibition has reduced the exposure to tobacco smoke at public events organised outdoors, but it has not completely eliminated it. Violating the smoking ban at public events is fairly common. This is probably partly because the current smoking ban is not unambiguous. The challenges relate particularly to the practical definition of the areas in which smoking bans apply in public events.

The working group proposes that existing regulation be clarified by prohibiting smoking in public outdoor events, with the exception of areas designated for smoking. Smoking could therefore be permitted only in an area specified for that purpose, provided that the smoke does not carry indoors, where smoking is prohibited, or to areas directly intended for following the event.

2.4 Sale and marketing of products subject to the Tobacco Act

The working group's proposals:

1. Amending the exemption for specialized stores provided for in section 71 of the Tobacco Act so that exclusively products referred to in the Tobacco Act may be sold in the store and there must be more than one brand for sale. In addition, provisions on the permitted elements of the specialized store façade will be laid down.
2. Banning the granting of a retail licence under the Tobacco Act for temporary and mobile sales places, with the exception of a retail vehicle travelling on a regular route.
3. Expanding the plain packaging regulation to electronic cigarettes, at least in terms of colour and presentation of the product name.
4. Providing for licence requirement for the wholesale of tobacco products and nicotine liquids and the obligation for wholesalers to report sales data.
5. Increasing the annual tax-related supervision fee on the sale of tobacco and nicotine-containing liquids from the current maximum level to €800/point of sale. If tobacco products and nicotine-containing liquids are both available for sale, the maximum amount charged shall be twice the amount of the supervision fee.
6. Amending the Tobacco Act by expanding the bans on distance sale and on distance purchasing to tobacco substitutes.
7. Amending the Tobacco Act by adding to the supervisory authority the possibility of taking possession of a product from a trader if it is in violation of tobacco legislation or if it is sold in business without a required licence. Simultaneously, amending the Tobacco Act on how products taken into possession are disposed of.
8. Adding definitions to the Tobacco Act for smoking accessories directly used for smoking (e.g. pipes and filters) and for accessories indirectly used for smoking (e.g. pipe cleaners and storage cases). Immediately and maximally align the regulation of smoking accessories used directly for smoking with the regulation of electronic cigarettes, for example by extending the ban on display, distance selling and distance purchasing to these products. Provisions on the practical classification of smoking accessories would be provided for by a decree of the Ministry of Social Affairs and Health.

The provisions in force in the Tobacco Act are mainly very comprehensive in terms of marketing. However, the industry has found different ways to market its products both in traditional brick-and-mortar stores and online.

Advertising and other promotion of tobacco products has been prohibited in Finland since 1978. Marketing was further restricted when tobacco products were banned from being displayed in retail outlets in 2010, with the exception of specialized stores. With the comprehensive reform of the Tobacco Act in 2016, the bans on marketing (including the display ban) were extended to apply to, for example, electronic cigarettes and the liquids used in them. In addition, in May 2022, the display ban extended to smoking accessories intended for the use of a heated tobacco products. An exemption to the display ban is provided for so-called specialized stores, such as tobacco stores and electronic cigarette stores, provided that the products and their trademarks cannot be seen from outside the place of sale.

The derogation from the display ban to specialized stores has in practice become a marketing tool. In specialized stores, products and their trademarks may be displayed if they are not visible from outside the outlet. However, the display of products in specialized stores must not violate the marketing ban laid down in the Tobacco Act. In connection with supervision, display is assessed from the perspective of the marketing ban. The display of products has been addressed through the marketing ban if, for example, one brand is emphasised in some way. The façades of the stores themselves are also assessed in supervision from the perspective of the marketing ban.

The industry has made use of the exemption for specialized stores from the display ban by setting up sales places that only sell one brand. Such activities have taken place, for example, in the context of introducing new brands. Stores have been used to inform consumers about new products that have entered the market and their properties. In specialized stores selling a single brand, the product brand is in practice always a marketing tool. Intervening in it on the basis of prohibitions on marketing has proved challenging. The boundaries of the marketing ban are also constantly tested with the façades of specialized stores, which are used to attract consumers through different marketing methods.

Given that the exemption from the display ban for specialized stores is used for marketing purposes, the working group proposes that the exemption for specialized stores be amended so that exclusively products referred to in the Tobacco Act could be sold in the store and the sales must not be limited to one trademark only. At the same time, provisions would be made for the permitted elements of the façade of a specialized store, so that it would not be possible to use it in marketing the store and consequently the products.

The retail sale of tobacco products and nicotine liquids has been subject to a licence since 2009. According to the legislation in force, retail licences may be granted both for an indefinite period and for a fixed period. In recent years, pop-up shops of a temporary

nature have become a familiar concept. The concept is widely used in different sectors, as it enables a different type of visibility and the testing of new products and concepts. Temporary shops have also become a marketing tool for products subject to the Tobacco Act. They are often placed in visible places, attracting not only the usual target group but also new customers.

In general, pop-up shops create an image of a rare shop or product, which increases the consumers' interest and need to visit the store. Pop-up specialized stores can also be used for product demonstrations. The customer will then be redirected to a nearby sales place with a more extensive offering, where the products may be out of sight due to the display ban. On the other hand, temporary and mobile outlets are also used in connection with various general outdoor events, such as festivals. In these events, too, customers are often young people or young adults. Considering that the working group proposes to extend the smoking bans in public events organised outdoors, it is justified that there is also no sale of tobacco and nicotine products in the events. The working group therefore proposes to prohibit the granting of retail licences for temporary and mobile outlets.

The advertising and promotional features of the products themselves and their retail packaging were addressed by introducing plain package regulation in the amendment of the Tobacco Act in 2022. The regulation concerns the retail packaging of tobacco products, electronic cigarettes and refill containers as well as the appearance of cigarettes, refill containers and nicotine-containing liquid. The regulation will enter into force after the transition period as of 1 May 2023.

Electronic cigarette devices are not subject to the plain package regulation of the Tobacco Act. Electronic cigarette devices often resemble other consumer products, such as pens, cosmetics or flash drives. They are colourful and attract especially children and young people as their users. Recently, concerns have been raised in the public about the increased experimentation with electronic cigarettes by children and young people. This is not only a problem in large cities, but the interest of children and young people in products seems to have increased across Finland. Children and young people see smoking electronic cigarettes as a trend, and electronic cigarettes are purchased through social media channels. The phenomenon also involves criminal activities, such as sales fraud, robbery and assault.

It is clear that the appearance of electronic cigarette devices is being used for advertising purposes and they attract young consumers in particular. As experimenting with electronic cigarettes appears to have become more common, especially among children and young people, it is essential that all forms of advertising of these products are addressed promptly. One of the effective means is to regulate the appearance of the product. Considering the diversity of electronic cigarette devices on the market, the

working group proposes that plain package regulation be extended to the colour of the devices and the presentation of the brand. Considering that, according to the Tobacco Act, separately sold electronic cigarette parts are electronic cigarettes, an additional study must be carried out on the implementation method, which takes into account the parts of electronic cigarettes.

The wholesale sales of tobacco products and nicotine liquids has been subject to a notification since 2016. The activities can be started as soon as the notification concerning them has been submitted to the authority supervising the Tobacco Act in the municipality. If, in connection with the processing of the wholesale notification, the municipality identifies shortcomings or irregularities in the activities, the municipality may guide the operator in the implementation of the legislation concerning wholesales. However, the notification does not proactively prevent unlawful activities that have already begun. Thus, only reactive action can be taken in cases of non-compliance with the Tobacco Act that are detected in the supervision of wholesale trade, either through a prohibition issued by a municipality and a conditional fine or criminal sanctions. In other words, the municipality cannot intervene in unlawful activities in advance, for example by refusing a licence. Instead, it can only intervene retrospectively by means of the administrative or criminal sanctions described above. The situation is also difficult from the perspective of the traders' rights. On the basis of the above, the working group proposes that the wholesale of tobacco products and nicotine liquids be subjected to a licence. The financial consequences of the change for wholesalers would be nominal.

Unlike wholesalers of alcohol, wholesalers of tobacco products and nicotine-containing liquids are not subject to reporting obligations related to the sale of products, with the exception of regulation on the traceability of tobacco products. The working group proposes that wholesalers be obliged to report sales data to Valvira (National Supervisory Authority for Welfare and Health) every six months. This will enable up-to-date information on the sales and consumption of tobacco and nicotine products for monitoring and evaluation purposes, for example as part of Tobacco statistics (see proposal 2.9.2a).

According to the current Tobacco Act, the municipality charges a supervisory fee per point of sale to those who have been granted a retail licence under the Tobacco Act and to those who have submitted a wholesale notification referred to in the Tobacco Act. The supervisory fee is at most €500 per point of sale. If both tobacco products and nicotine-containing liquids are sold at the place of sale, the supervisory fee is charged at most at twice the amount.

The maximum amount of the annual supervisory fee was added to the act in the amendment of the Tobacco Act in 2016. At the same time, the possibility to charge a fee for inspections or sampling included in the control plan was removed from the

municipality. In practice, the municipality cannot, therefore, charge a fee for supervision related to smoking bans, for example. Instead, all costs of supervision carried out by the municipality under the Tobacco Act are covered by the income from the annual supervision fees. The annual supervision fees for the sale of tobacco and nicotine-containing liquids have not been increased since 2016.

The amounts of annual supervisory fees vary from one municipality to another. As a rule, the highest supervisory fee allowed by law is used in the largest cities. Increasing the maximum level of supervision fees would probably reduce the number of sales outlets for tobacco and nicotine products.

The working group proposes that the current supervision fee for the sale of tobacco and nicotine-containing liquids be increased from the maximum level of €500 per point of sale to €800 per point of sale. If tobacco products and nicotine-containing liquids are both available for sale, the maximum amount charged shouldn't be higher than twice the amount of the supervision fee.

The distance sale of tobacco products, electronic cigarettes, nicotine liquids and herbal products intended for smoking is prohibited under section 58 of the Tobacco Act. Similarly, under section 65 of the Tobacco Act, a private person cannot purchase the above-mentioned products for transport to Finland by telecommunications means. These bans do not apply to tobacco substitutes, such as nicotine-free electronic cigarette liquids, disposable devices containing nicotine-free liquid or nicotine snus. However, the marketing and display bans laid down in the Tobacco Act also cover tobacco substitutes, which, together with other provisions of the Tobacco Act, makes their domestic online sales difficult. In fact, the sales of tobacco substitutes on Finnish websites are rather limited. Instead, they are actively sold and marketed online from outside Finland to Finnish consumers in Finland. By means of existing legislation, it is challenging for the Finnish authorities to intervene in marketing directed at Finnish people outside Finland. The supervision of such activities unreasonably burdens the authorities, for example because of the extensive investigation required by it. In addition, there is also a need for active intervention from the authorities of another country.

The distance sale of tobacco substitutes and the acquisition of tobacco products via distance communication from outside Finland make it possible in practice to market products subject to the Tobacco Act to Finns from outside Finland. In recent years, the consumption of tobacco substitutes, such as nicotine snus or disposable ENNDS, seems to have increased significantly in Finland. The products are often purchased from distance sales channels. Disposable ENNDS are particularly popular for children and young people. The working group therefore proposes that this development be addressed by extending

the ban on distance selling in section 58 of the Tobacco Act and the ban on distance procurement in section 65 to tobacco substitutes.

The municipal authority supervising the Tobacco Act supervises the sale of products referred to in the Tobacco Act in its area. If the municipality detects the sale of a product that violates the Tobacco Act, it may prohibit the sale of the product and, if necessary, increase the effectiveness of the prohibition with a conditional fine. If the matter concerns a sales outlet subject to a retail sale licence, the municipality can issue a written warning or cancel the licence for a fixed period, depending on the situation. However, the municipality does not have the right to take possession of products that violate the Tobacco Act from the operator. Therefore, there is a possibility that the operator sells unlawful products to consumers even after the guidance provided by the municipality in its supervision or after a possible prohibition.

In the working group's view, the administrative enforcement measures laid down in the Tobacco Act need to be supplemented so that the supervisory authority can take possession of a product subject to the Tobacco Act from a trader in a situation where other measures under the act cannot be considered sufficient. Such a situation may arise if it is assessed that an order issued by an authority or a prohibition, even backed up with a conditional fine, would not be sufficient to prevent the use or delivery of a product referred to in the Tobacco Act that has been found or is suspected to be in violation of the provisions of the Tobacco Act.

In the current Tobacco Act, a smoking accessory is defined as "equipment or supplies mainly intended for smoking or the preparation thereof". The definition of smoking accessory therefore covers a wide range of products, such as cigarette papers, filters, cigarette holders, pipes, ashtrays, pipe stands, storage cases and cigarette lighters. Some of these products are such as can be used only with tobacco products or are necessary for the use of tobacco products, such as filters and pipes. Some products, on the other hand, are mainly used for smoking or preparing for smoking but are not necessary for the use of tobacco products or may also have other uses, such as pipe cleaners or storage cases.

Electronic cigarette devices can be considered equivalent to smoking accessories in some respects. For example, the device makes it possible to use nicotine-containing liquids in the intended way – like a pipe allows smoking of pipe tobacco, for example. However, the regulation of smoking accessories is considerably lighter than the regulation of electronic cigarette devices. Unlike in the case of electronic cigarettes, smoking accessories are not subject, for example, to a display ban or ban on distance sale (with the exception of a display ban of smoking accessories intended for the use of a heated tobacco). Along with new products and product development, the scope of application of the Tobacco Act has been and will continue to be extended to include various tobacco products the use of

which may require different types of devices. The working group considers it important that these are regulated as comprehensively and consistently as possible, like other products referred to in the Tobacco Act.

Consequently, the working group reiterates the proposal of the previous working group that smoking accessories be classified in the Tobacco Act into smoking accessories used directly for smoking (such as pipes and filters) and smoking accessories used indirectly for smoking (such as pipe cleaners and storage cases), and that the regulation of smoking accessories used directly for smoking be brought as much as possible to the same level as the regulation of electronic cigarettes, for example by extending the bans on display, distance sales and distance procurement to these products as well. Provisions on the practical classification of smoking accessories would be provided for by a decree of the Ministry of Social Affairs and Health.

2.5 Support for smoking cessation and quitting other nicotine use

The working group's proposals:

1. Together with the Finnish Institute for Health and Welfare, the Ministry of Social Affairs and Health prepares recommendations on tobacco and nicotine cessation in the wellbeing services counties.
2. In the treatment of tobacco and nicotine addiction, extend the reimbursement of withdrawal medications and nicotine replacement therapy products prescribed by a doctor to those who are committed to quitting the use and to the treatment.

Smoking is the main preventable cause of premature mortality. By supporting people to quit smoking and preventing them from starting smoking, significant cost savings can be achieved both in health care and in society as a whole.

Regional and local multidisciplinary treatment paths and agreed practices for organising treatment serve as the basis for tobacco and nicotine cessation. Tobacco and nicotine cessation should also be integrated in all disease care pathways where the use of these products has an impact on the symptoms and risk of the disease. Regionally, in addition to public social welfare and health care, the cessation services provided by various actors, such as pharmacies, NGOs and the private sector, must be taken into account and used.

Occupational health care plays a key role in tobacco cessation among the working-age population. A social welfare and health care professional should identify the tobacco and nicotine addiction of the client/patient, advise them to quit and prepare a treatment plan in accordance with the Current Care Guidelines together with the client. The use of tobacco and nicotine products should also be systematically screened in student health care.

A wide range of cessation methods should be available in the wellbeing services counties, including both individual and group counselling, face-to-face, telephone support and online support forms. In addition, carbon monoxide testing should be used in motivating the quitting of smoking at maternity and child health clinics and in preventive public health services.

The working group considers it important that social welfare and health care professionals are trained locally and nationally on tobacco and nicotine cessation and treatment practices. The level of competence should be ensured by including training on tobacco and nicotine cessation as part of basic, advanced and supplementary education in social and health care. Experts by experience have also proven to provide good support in health care rehabilitation work, and their training should be continued.

Communication on the availability of cessation services for tobacco and nicotine products should be made more effective at regional and national level. Social welfare and health care professionals should be informed of local cessation practices and where support for quitting is available.

The coverage of cessation services and the effectiveness of cessation should be monitored both regionally and nationally. This requires promoting the early identification and structured recording of the use of tobacco and nicotine products in health care. The monitoring and assessment of tobacco cessation also supports the assessment of the quality of treatment in key non-communicable diseases.

The reduction in the use of tobacco and nicotine products will affect the narrowing of health inequalities between population groups. The working group considers it important that support for cessation is targeted especially at vulnerable population groups and those groups where the use of tobacco and nicotine products is substantial. Attention should be paid, for example, to the possibilities of receiving cessation support among people with mental health and substance abuse problems, pregnant women and their families, young people studying in vocational institutions, unemployed people, certain immigrant groups and prisoners.

The working group is of the opinion that a national communication campaign supporting the quitting of tobacco and nicotine products, in which the Finnish Institute for Health and Welfare would act as a coordinating body, could promote both the willingness to quit and the willingness of health care personnel to provide support for quitting the use of tobacco and other nicotine products. At the same time, the campaign could encourage extensive cooperation in tobacco and nicotine cessation with wellbeing services counties and organisations. However, a national campaign requires separate resources.

On the basis of the above, in order to improve the treatment of tobacco and nicotine addiction, the working group proposes that the Ministry of Social Affairs and Health take the following recommendations into account in its own recommendations for the wellbeing services counties:

1. *Target cessation support especially at vulnerable population groups and those groups where the use of tobacco and nicotine products is substantial.*
2. *Systematically introduce local multidiscipline treatment paths to support the tobacco and nicotine cessation in the wellbeing services counties.*
3. *Ensure the level of competence in tobacco and nicotine cessation by offering training both regionally and nationally.*
4. *Enhance the efficiency of communication and information about services for tobacco and nicotine cessation, offered by various parties.*

The majority of smokers want to quit smoking. The majority of cessation attempts are carried out abruptly, without necessarily using any means of support. On average, quitting smoking requires 3–4 attempts, and relapse does not indicate a final failure to quit. The reimbursement of the costs of prescription medicines and nicotine replacement therapy products used for tobacco and nicotine cessation has been found to increase smoking cessation and the use of cessation medicines as a means of support for cessation. In order to achieve the best result, pharmacological treatment must be combined with adequate support, and the medication should be used for an optimal time.

Pharmacological treatment for nicotine dependence combined with cessation counselling, free telephone helplines and the cessation support offered by pharmacies are cost-effective smoking cessation. In addition, well-functioning treatment chains are important as smoking cessation advice and progress monitoring from several healthcare professionals can promote smoking cessation.

The working group proposes that, in the treatment of tobacco and nicotine addiction, the reimbursement of cessation medications and nicotine replacement therapy products prescribed by a doctor be extended to those who are committed to quitting and to the treatment. In the working group's view, this could promote the cessation of nicotine

product use in the same way as, for example, compensation or pharmacotherapy provided by the employer. The working group proposes that the proposal should first be tested as a pilot and decided on the basis of the lessons learned from the future. In Denmark, for example, good results have been achieved through a model in which reimbursement or pharmacotherapy has been offered free of charge in connection with participation in a public service provider's cessation counselling.

The transition to smoke-free social welfare and health care services should be promoted by also enabling the realisation of smoke-free psychiatric hospitals. Smoking bans in psychiatric hospitals have proven to be an effective way of promoting smoking cessation for staff and patients. At the same time, the right of a mental health patient and staff working in mental health services to a smoke-free environment will also be realised. During the hospital period, nicotine-dependent patients should be offered nicotine replacement therapy products and support for smoking cessation.

2.5.1 Nicotine replacement therapy products

Working group proposal:

1. Transferring the sales of nicotine replacement therapy products back to pharmacies.

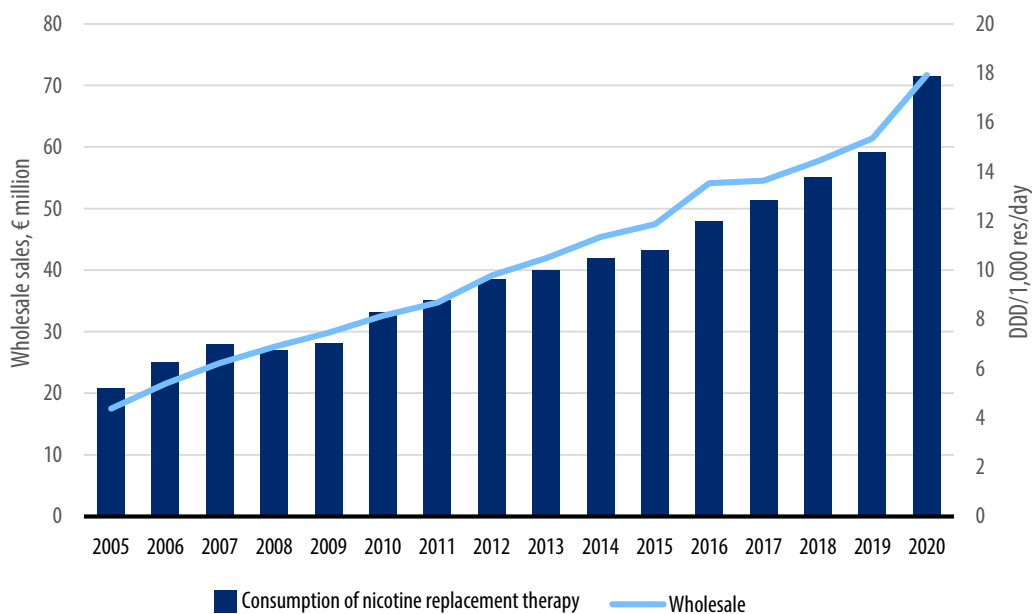
Nicotine replacement therapy products have been on the market for the longest time as treatments for smoking cessation, and they are by far the most commonly used drug treatments in smoking cessation. The purpose of the products is to relieve withdrawal symptoms by replacing nicotine in tobacco products, reduce the motivation for smoking, and thus facilitate smoking cessation.

There is very strong evidence of the efficacy of nicotine replacement products as part of tobacco cessation support. On the other hand, when purchased freely and used without advice in real-life conditions, the results concerning its effectiveness are contradictory. In the absence of counselling, nicotine replacement therapy is used inappropriately, for example for too short a time, too long a time or with an incorrect dose.

Nicotine replacement therapy products that have been granted marketing authorisation in Finland and contain pure medical nicotine include chewing gum, orodispersible tablet, sublingual tablet, oral spray, inhaler, dose-bag and patch. In Finland, the sale of nicotine replacement products has been permitted outside pharmacies over-the-counter since 2006 in grocery shops and at newsagents and service stations as well as in restaurants since 2010 on the basis of a retail licence issued by the municipality of the location.

Under the Medicines Act, the seller must be able to monitor the purchase situation. The reason for deregulating sales outside pharmacies was that better availability would promote quitting smoking. The consumption and euro-denominated sales of nicotine replacement products have grown manifold since the deregulation (Figure 6).

Figure 6. Consumption of nicotine replacement products with marketing authorisation in defined daily doses (DDD) and wholesale sales in euros in 2005–2020 (Finnish Medicines Statistics 2005–2020).



Nicotine has been the most sold pharmaceutical in Finland for years. The use of nicotine replacement therapy is also multiple times that of prescription medications used for tobacco cessation. For example, in 2020, the drug consumption of nicotine replacement therapy was 27 times and wholesale sales were 21 times that of varenicline, the most used prescription medicine for tobacco cessation.

However, in monitoring that extended to 2014, the share of smokers who reported using nicotine replacement therapy to support quitting smoking has not increased significantly since the amendment.

Research on the use of nicotine replacement products is challenging, and no recent research data is available. At the population level, smoking has decreased, but in recent years the decrease has slowed down, especially among men. Given the slight increase in snus use among men, changes in the prevalence of using tobacco products have been minor in recent years.

In general, it has been estimated that the reduction in smoking has been influenced by changes in tobacco policy, such as regular tobacco tax increases since 2009, smoking bans and changes in attitudes.

Most nicotine replacement therapy products are sold outside pharmacies – in 2020, the share was almost 90%. The largest share of sales comes from short-acting medicinal chewing gums and the least from long-acting nicotine patches. In recent years, there has been a significant increase among pharmaceutical forms that also contain a dose-bag nicotine replacement therapy product.

Medication counselling may not be provided at retail outlets other than pharmacies, whereas the pharmaceutical personnel of pharmacies are obliged to do so under section 57 of the Medicines Act. Pharmacies have staff trained in tobacco cessation. People with strong nicotine dependence often benefit from a combination of long and short-acting nicotine replacement therapy but are wary of its use without appropriate advice.

Those buying nicotine replacement therapy products over-the-counter have been found to use them for too short a time or too long compared to the recommendations. The Current Care Guideline for the prevention and treatment of tobacco and nicotine dependence takes into account the role of pharmacy professionals in the organising cessation treatment. As far as research evidence is concerned, it is stated that tobacco cessation carried out by pharmacy professionals apparently increases the quitting of smoking and pharmaceutical counselling increases the adherence to the use of a cessation medicine.

Tobacco companies have also entered the market for nicotine replacement therapy products. For example, the manufacturer of nicotine replacement products sold under the Zonnic trade name in Finland is British American Tobacco. It is noteworthy that in the marketing of the products, cessation does not have the key role, but rather the use of products when smoking is not possible or when there is a need to temporarily reduce smoking, in which case replacement products can be used alongside smoking.

The messages that encourage other use than quitting may become accentuated when products are sold outside pharmacies.

The task of the section on the use and regulation of nicotine products was also to discuss nicotine replacement therapy products. The section identified the following key challenges in the use and regulation of nicotine replacement products subject to marketing authorisation:

1. The typical purchase situation of nicotine replacement therapy does not involve cessation counselling or medication counselling, which is important for the appropriate use of nicotine replacement therapy and successful quitting.
2. The continuous increase in the sales of nicotine replacement products, focusing on retail sales and short-acting products, suggests that the products are also widely used other than in accordance with their intended use in support of tobacco cessation.
3. Nicotine replacement therapy products are placed in visible prominent places in retail sales, also outside the immediate vicinity of the cashier. Consequently, the obligation under section 54a of the Medicines Act that the seller must be able to monitor the purchase situation is not always fulfilled.
4. The appearance and characteristic flavourings of nicotine replacement therapy products are also attractive for people other than those interested in quitting, such as young people. At retail outlets, the contrast is high with tobacco and nicotine products that are subject to the display ban and have plain packaging regulation since 2023.
5. The marketing of nicotine replacement therapy products is active and multi-channel and may attract inappropriate use of the medicine, for example by emphasising flavours and ease of use.

The continuous increase in the sale of nicotine replacement therapy products, focusing on sales outside pharmacies, suggests that these products are now used more for purposes other than smoking cessation. Nicotine replacement therapy may also be used temporarily to replace cigarettes in situations where smoking is not permitted. The risk in such use has been considered to be similar dependence on replacement therapy and cigarettes. A population survey in the United States has estimated that about 1% of the users of the products are addicted to nicotine replacement therapy products.

It has also been observed in Finland that some quitters use nicotine replacement therapy for a long time, even years, without being able to quit the replacement therapy. In this case, people have not processed their dependency at the psychological level, but have transferred it to replacement treatment products.

The liberalisation of the sale of nicotine replacement therapy products has not been observed to have had a significant effect on the reduction of smoking in Finland. The development is similar to that in other countries where the sale of nicotine replacement therapy products has been deregulated.

On the basis of the above, the majority of the working group agrees with the unanimous proposal of the nicotine section that the sale of nicotine replacement therapy products be transferred back to pharmacies.

The majority of the working group are aware that the relocation of nicotine replacement therapy products to pharmacies may reduce their availability in smoking cessation. This is because pharmacies have fewer sales outlets and, on average, shorter opening hours than other retail outlets. However, nicotine replacement therapy products are already available in online pharmacies, which ensures availability throughout Finland. In addition, online pharmacies provide advice on the use of products.

2.6 Passenger imports

The working group's proposals:

1. Duty-free imports of tobacco products from outside the EU should be restricted from 200 to 40 cigarettes, from 50 to 10 cigars, from 100 to 20 cigarillos, and from 250 g to 50 g of pipe, water pipe and smoking tobacco. In addition, amending the quantitative limits for passenger imports laid down in section 67 of the Tobacco Act accordingly.
2. Prohibiting the passenger import of snus, chewing tobacco and nasal tobacco.
3. Adding aggravated forms of smuggling and the illegal dealing with imported goods to the Criminal Code.

Under Council Directive 2007/74/EC of 20 December 2007 on the exemption from value added tax and excise duty of goods imported by persons travelling from third countries, it is possible to limit the quantities of passenger imports in order to promote a high level of health protection for community citizens. Article 8 allows duty-free imports of cigarettes to be reduced from the current 200 cigarettes to 40. According to the directive, duty-free imports of cigarillos can be reduced from the current 100 to 20, cigars from 50 to 10 and pipe and smoking tobacco from 250 g to 50 g.

The working group reiterates the recommendation of the previous working group that the tax-free import of tobacco products from outside the EU should be reduced to the minimum allowed by the directive. In addition, the quantitative limits for passenger imports laid down in section 67 of the Tobacco Act would be amended accordingly.

Since Åland is considered as a territory outside of EU in terms of VAT and excise duties, the proposal also has an impact on the tax-free import rights of passengers between Åland

and the rest of Finland as well as on the right of ships operating through Åland to sell said tobacco products free of tax to passengers to take with them off the ship. In the view of the working group, the reduction of the import volume is justified, as the possibility of tax-free sales of tobacco products is extremely exceptional, taking into account the toxicity and dangerousness of the product as a consumer product.

The sale of snus was banned in the European Economic Community in 1992. Since the establishment of the European Union, the ban has been maintained in the tobacco products directives of 2001 (2001/37/EC) and 2014 (2014/40/EU). Of the Nordic countries, Sweden and Norway have applied for a derogation for the sale of snus in the 1990s, Sweden in the EU accession negotiations and Norway when it joined the EEA.

Snus is imported to Finland from Sweden through the northern border from snus shops near the border and from ferries sailing to Sweden. Snus is smuggled into Finland in large quantities, as control at the EU's open internal borders is challenging.

Sweden does not regulate the amount of nicotine or flavourings in snus. According to a report by the Finnish Cancer Association, snus containing particularly high nicotine concentrations is produced for Finnish consumers in Sweden. In addition, snus products have been developed in Sweden to make them particularly interesting to young people by using flavours and packaging attractive to young people.

Despite strict regulations on the import of smoke-free tobacco products, the use of snus has increased among young people in Finland, but in recent years the growth has partly stabilised. Among adults, daily snus use has become more common in recent years, especially among young men (ages 20–34), of whom 12% used snus daily in 2020. The corresponding share in 2019 was 9%. As a rule, snus use is mostly common among men in Finland, but in recent years, use has become more common among girls studying in vocational education and training and women studying in higher education institutions. This is probably linked to novel snus products for new target groups that are more attractive and easy to use.

The availability of snus in Finland has been promoted by the high amount of permitted passenger imports (1,000 grams per day). The sale or other further dissemination of snus imported for own use is prohibited but common. Although the Court of Justice of the European Union has ruled that selling snus on ships operating under the Finnish flag is not permitted, the sale of snus on ships registered in Finland outside Finland's territorial waters is continuous.

Snus is an addictive product that is harmful to health in many ways. An extensive Swedish study showed that the use of snus increases the risk of premature death in general and

in particular with respect to cardiovascular diseases. Snus is also linked to a slightly higher risk of cancer death. Snus is not an effective means of quitting smoking, as its high nicotine content can increase addiction and make it more difficult to quit tobacco. The Framework Convention on Tobacco Control ratified by Finland obliges the prevention of both nicotine addiction and the use of all tobacco products.

According to the Finnish Tobacco Act, the sale and import of snus, chewing tobacco and nasal tobacco is prohibited. The import ban also applies to the acquisition and reception of these products by mail or other comparable means from countries outside Finland. However, the Tobacco Act provides for an exemption from the import ban for passenger imports. According to the Act, a private person may import for their personal use a maximum of 1,000 grams of snus, chewing tobacco and nasal tobacco per day.

In the working group's view, the current restriction on the import of snus by passengers does not particularly prevent the experimentation and frequency of the use of snus by minors. On the basis of the above, the working group proposes to prohibit the import of snus, chewing tobacco and nasal tobacco also in passenger imports. For new nicotine-containing products, the working group proposes in section 2.7 that the regulation of tobacco substitutes containing nicotine be aligned with that of other tobacco and nicotine products. It is therefore noteworthy that this, together with the working group's proposal to prohibit the importing of snus, chewing tobacco and nasal tobacco by passengers, means in practice that the import ban laid down in the Tobacco Act is extended to cover not only traditional snus but also nicotine snus.

Illegal imports and exports are regulated by the provisions of the Criminal Code of Finland on smuggling (Chapter 46, section 4 of the Criminal Code), for which the maximum punishment is two years' imprisonment. Such importation or exportation as is not specifically provided for in the special provisions is punishable as smuggling. Chapter 46, section 4 of the Criminal Code can therefore be regarded as a general provision applicable in cases where there is no special provision on the import or export of goods. The general rule is needed because new products are constantly entering the market, the import and export of which are restricted, but not subject to a specific penalty provision. The general rule of the Criminal Code on smuggling also applies to the very widespread illegal importation and trade of snus in our country.

Specific provisions on smuggling of alcohol, doping or narcotics are laid down in special provisions. As a rule, so-called special penal provisions related to illegal importation also contain aggravated forms of conduct in which the maximum punishment is four years of imprisonment or more. There is no aggravated form of smuggling referred to in chapter 46, section 4 of the Criminal Code. This also affects the reprehensibility of the offence and the pre-trial investigation of crimes. For example, illegal imports of very large quantities

of medicines can be punishable by a maximum of two years' imprisonment on the basis of the general provision of the Criminal Code, while imports of an equal amount of doping substances can be punishable by four years' imprisonment on the basis of a special provision as an aggravated act.

On several occasions, Customs has raised the issue of the lack of an aggravated form of smuggling, as new goods and substances are constantly encountered in illegal imports that could pose a risk to nature or human and animal safety, for example. In addition to snus and illegal medicines, the lower penalty scale for smuggling previously became a topic of consideration in connection with the illegal import of feed material of animal origin. These crimes involve fairly high societal values or proceeds from crime.

The low penalty scale is not only related to the reprehensibility of the acts but also to the investigation of related offences. The range of means available to the pre-trial investigation authorities depends on the scale of penalties, because the use of coercive measures is linked to them. Thus, when investigating more aggravated forms of conduct, Customs can use more effective coercive measures than with less serious crimes, which has a direct impact on the effectiveness of crime prevention.

Chapter 46, section 6 of the Criminal Code provides for imprisonment for a maximum of 1 year and 6 months for illegal dealing with imported goods. Furthermore, there is no aggravated form of this dealing offence, which also makes it difficult to detect and investigate the dissemination of illegal goods. On the other hand, the same section of the Criminal Code also contains an aggravated form of regulation offence (RL 46:2), for which the maximum punishment is four years of imprisonment.

From the point of view of eliminating the imbalance between reprehensibility and the effectiveness of crime prevention related to the smuggling provision, it would also be justified to provide for aggravated forms of smuggling offence and the illegal dealing with imported goods. On the basis of the above, the working group proposes that aggravated forms of smuggling and illegal dealing with imported goods be added to the Criminal Code.

2.7 New products containing nicotine

Working group proposal:

1. Adding the definition “nicotine-containing tobacco substitute” to the Tobacco Act and harmonising its regulation with the regulation of tobacco products and nicotine-containing liquids.

The application provision of the Tobacco Act contains a variety of products that may contain tobacco or nicotine and/or that resemble tobacco products in their use or appearance. In principle, regulation of products is the most stringent if the product contains tobacco or nicotine. Indeed, the objective of the Tobacco Act is to end the use of tobacco products and other nicotine-containing products that are toxic to humans and cause addiction (Tobacco Act 1§).

New products are constantly entering the market that resemble a tobacco product and contain nicotine but do not contain tobacco. Such products may include, for example, nicotine-containing snus-like pouches, nicotine-containing jellies for use in water pipes, or nicotine-containing herbal products for heating. Product development and marketing of new products are clearly targeted especially at young consumers. In the EU’s internal market, the main rule is the free movement of products, which is why various tobacco substitutes containing nicotine also end up on the Finnish market.

At present, tobacco substitutes containing nicotine already mainly meet the definition of tobacco substitute in the Tobacco Act. The term “tobacco substitute” means a product which has the same intended use as a tobacco product but does not contain tobacco. Tobacco substitutes include herbal products for smoking (herbal cigarettes, certain herbal mixtures used in water pipes), so-called kick up/herbal snus and nicotine-free liquids intended for use in electronic cigarettes. The current Tobacco Act provides, among other things, for an age limit of 18 for the sale of tobacco substitutes, and they are subject to both marketing and display bans. However, the presence of a tobacco substitute on the market does not require notification of the product to Valvira (National Supervisory Authority for Welfare and Health, and as a rule, no requirements have been laid down for the retail packaging of tobacco substitutes, for example regarding health warnings. The sale of tobacco substitutes is also not subject to notification or licence.

On the basis of current market developments, it would appear that there is a clear increase in the number of nicotine-containing products on or seeking to enter the market. However, new nicotine-containing tobacco substitutes already on the market or about to enter the market are not regulated as stringently under the current Tobacco Act as tobacco products or nicotine liquids, even though the products contain nicotine. The valid

regulation is not proactive and does not take into account new product development. At the EU level, interpretations and practices in different countries in the regulation of these products differ from one another. It is further noteworthy that according to the evaluation report of the EU Tobacco Products Directive (2021), the ban on snus laid down in the Tobacco Products Directive is being circumvented by various products of chewing tobacco and nicotine snus.

The working group reiterates the proposal of the previous working group on tobacco and nicotine policy and the nicotine section of the current working group that a new definition of tobacco substitute containing nicotine be added to the Tobacco Act and that its regulation be brought in line as much as possible with tobacco products and nicotine liquids, for example regarding the notification requirement of products, retail packaging, and sales subject to notification and licencing. In the working group's view, this in practice means that, for example, nicotine snus, as a tobacco substitute that contains nicotine, would be comparable with traditional snus in terms of properties. Thus, in the future, nicotine snus would be subject to the same regulation as traditional snus.

The working group further emphasises that the characteristics of tobacco substitutes containing nicotine should be regulated in a similar way as tobacco products and nicotine liquid. This should be reflected, for example, in the restrictions on nicotine content and the prohibition of characteristic flavours and tastes. Depending on the characteristics of the product, the limits for cigarettes and nicotine liquids laid down in the Tobacco Act could be used to limit the nicotine content. In the view of the working group, tobacco substitutes containing nicotine should also be subject to tobacco taxation.

2.8 Enhanced enforcement

2.8.1 Administrative sanction fee

Working group proposal:

1. Changing the criminal sanctions for smoking violation and for failure to take protective measures against exposure to tobacco smoke to an administrative sanction fee.

Violation of smoking bans and failure to take protective measures against exposure to tobacco smoke are criminal offences under the current Tobacco Act (smoking violation). In addition, the municipal authority supervising the Tobacco Act has at its disposal, as an administrative sanction, a prohibition that can be enhanced by a conditional fine. In practice, violations of smoking bans are rarely punished with a fine, and even less often

is a procedure initiated concerning an administrative prohibition decision and periodic penalty payment. The situation is similar as regards the failure to take protective measures against exposure to tobacco smoke. However, the low rate of use of the sanctions is not due to the fact that smoking bans are not violated. It is rather that because of the scarce resources available to the supervisory authorities, it is considered that smoking offences are, as a rule, too minor to be sanctioned.

The reform programme for judicial administration for 2013–2025 (Ministry of Justice publications 16/2013, hereinafter the reform programme) states that the Finnish sanction system is based extensively on the use of criminal sanctions. The reform programme reflects on the appropriateness of the extensive criminal justice system and sets the objective of examining the preconditions for expanding the scope of administrative sanctions. An administrative sanction typically refers to the consequence, other than a criminal sanction, of a specific act, a violation, which is imposed by an administrative authority. Administrative sanctions are not imposed in accordance with the criminal procedure. Nevertheless, it is a matter of a sanctioned act, the penalty fee for which may be set at different levels on varying grounds.

According to the reform programme, acts that do not have an injured party can be considered for transfer to administrative sanctions from the current criminalisation process. When considering matters that may be suitable for the administrative procedure, attention must be paid to the legal benefit for the protection of which the sanction is provided. The more clearly it is an act that only violates the public interest, the better the matter could be resolved administratively. In milder acts, the transition to an administrative sanction system could result in cost savings without undermining the credibility of the criminal justice system. This would make it possible for the administrative authority to resolve matters in the first instance and the prosecutor would have no role in these matters, and the court system would have the task of dealing with appeals.

Provisions on criminal penalties are mainly laid down in the Criminal Code. There are also administrative sanctions in specific acts that are penalising in nature. Administrative sanctions are a type of sanctions whose use is based on either an official decision or legal provisions. Violations have been transferred from the criminal justice system to the administrative sanctions system, especially with regard to mass violations, such as illegal parking. Administrative sanctions have recently been added to, for example, alcohol and food legislation. The administrative sanction system is thus already in use in environmental health care, which also includes supervision under the Tobacco Act in the municipality.

As a rule, smoking bans are well complied with in Finland when it comes to public indoor spaces. The violation of smoking bans takes place mainly in outdoor events, such as

festivals or in facilities that can be considered outdoors. Such spaces may include parking garages, certain types of covered public transport stops and waiting areas, and covered restaurant terraces. In recent years, smoking bans for outdoor areas and facilities laid down in the Tobacco Act have been extended to, for example, beaches and playgrounds. This working group proposes that they be further expanded to such areas as restaurant terraces, sports fields and arenas, outdoor swimming pools and amusement parks. In addition to the expansion of smoking bans, new products introduced on the market also pose a challenge to compliance with smoking bans. In the case of some new products, consumers do not necessarily consider the use of the product as smoking, and therefore the use of the product may be considered acceptable even indoors.

The municipality monitors compliance with smoking bans in its area. In practice, monitoring is carried out by officials responsible for environmental health care. The supervision of smoking bans is mainly supervision of circumstances, but in housing corporations, for example, supervision is also targeted at private individuals. It is clear that the monitoring of smoking bans cannot be implemented in a continuous way similar to, for example, the monitoring of parking bans. On the other hand, environmental health care supervision is implemented systematically in many areas where there is a smoking ban and for which the ban would be extended in the future according to the working group's proposal. As a result, violations of smoking bans detected in the context of the surveillance of conditions could, if necessary, be addressed immediately by means of an administrative control fee.

If necessary, it would also be possible to intervene in the violation of smoking bans by imposing a sanction fee on those who fail to intervene in the violation of smoking bans in the premises/area they control (failure to take protective measures against exposure to tobacco smoke). This could be the case, for example, if the municipality received several notifications of violations of smoking bans in connection with public outdoor events or smoking on a restaurant's terrace.

Cases of violations of smoking bans could be addressed more effectively by imposing an immediate administrative sanction fee, which would also have a preventive effect, than with the criminal sanctions in force. The preventive effect would be further enhanced by adding information on the sanction penalty fee and its amount to the smoking prohibition signs required by the Tobacco Act in the same way as is now the case, for example, in public transport with regard to the fee related to travelling without a ticket. For example, the sanction fee could amount to €120 for smoking violations and €250 for failure to take protective measures against exposure to tobacco smoke.

The working group emphasises that the transition to an administrative sanction fee instead of a criminal penalty does not mean that the working group would consider a

smoking violation and failure to take protective measures against exposure to tobacco smoke as a minor act. In the working group's view, an administrative sanction fee would be a more effective and efficient way of intervening in smoking violations and failure to take protective measures against exposure to tobacco smoke.

The working group agrees with the view of the previous working group that the violation of smoking bans is, from a societal point of view, a reprehensible act in which an administrative sanction fee would be a more suitable solution than criminalisation. A similar change would also be suitable for the failure to take protective measures against exposure to tobacco smoke. For this reason, the working group proposes that the violations of the Tobacco Act in force and the failure to take protective measures against exposure to tobacco smoke be replaced with an administrative sanction fee.

2.8.2 Article 5.3 of the WHO Framework Convention on Tobacco Control

Working group proposal:

1. A third subsection is added to the section 1 of the Tobacco Act: Public authorities' activities concerning the use of tobacco and nicotine products must be protected from commercial and other vested interests of the industry.

According to Article 5.3 of the WHO FCTC, which has been ratified by the parliament and is legally binding, "In setting and implementing their public health policies with respect to tobacco control, Parties shall act to protect these policies from commercial and other vested interests of the tobacco industry in accordance with national law."

According to the guidelines for implementation of Article 5.3 of the WHO FCTC, the Parties should take into account the obligations of the article in all branches of government that may affect public health policy with respect to tobacco control. The WHO FCTC therefore concerns the entire public administration – not just the health authorities.

It also aims to ensure that national measures to protect tobacco policy are comprehensive and effective. The guidelines for implementation emphasise that the objective of the article is not only to protect against the actions of tobacco companies but also those of other bodies or persons representing the interests of the tobacco industry.

The guidelines for implementation for the article provide recommendations on measures to ensure effective protection of health policy from commercial interests. According to them, there is a fundamental and irreconcilable conflict between the tobacco industry's

interests and the of public health policy interests. For this reason, tobacco policy should not be negotiated with the tobacco industry, and the necessary interaction with the industry should be limited, responsible and transparent.

The WHO FCTC is a legally binding agreement. The working group considers it important to pay more attention to the achievement of the objective of Article 5.3 in order to ensure the awareness and commitment to implementing the article of decision-makers, civil servants and others involved directly or indirectly in health policy. For example, in connection with the national implementation of the directive on single-use plastics, tobacco companies' efforts to influence came out and were targeted at sectors other than the administrative sector of the Ministry of Social Affairs and Health.

On the basis of the above, the working group proposes that a third subsection be added to section 1 of the Tobacco Act, which highlights the obligation to protect public authorities' activities concerning the use of smoking and nicotine products from the commercial and other interests of the industry.

2.9 Resourcing, monitoring and evaluation

The working group's proposals:

1. Secure the Finnish Institute for Health and Welfare's national basic monitoring of tobacco and nicotine products, by wellbeing services counties and in different population groups.
2. Develop the research, monitoring and development work referred to in section 5 of the Tobacco Act by including
 - a. monitoring of consumption based on wholesale data in Tobacco statistics,
 - b. regular update of the societal costs of smoking in Tobacco statistics,
 - c. cotinine monitoring in waste water surveillance, and
 - d. by preparing an implementation and evaluation plan to support the achievement of the objective of the Tobacco Act.
3. In connection with more significant changes to the Tobacco Act, the Ministry of Social Affairs and Health will ensure that the Finnish Institute for Health and Welfare has separate funding for the impact assessment.

In Finland, the Finnish Institute for Health and Welfare is responsible for monitoring and assessing the impacts of the measures laid down in the Tobacco Act and changes in the retail prices of tobacco products (Tobacco Act 549/2016, section 5). In addition, the Finnish Institute for Health and Welfare is tasked with carrying out and supporting research, monitoring and development work related to preventing and reducing the health hazards

from and adverse effects of tobacco use. The Finnish Institute for Health and Welfare is also tasked with overseeing national activities to support tobacco cessation and with monitoring the development of the market for electronic cigarettes and refill containers. At the moment, the Finnish Institute for Health and Welfare has allocated two-person year resource for this work, which is not enough to cover support for tobacco cessation. In addition, funding and resources are insufficient to carry out the additional data collection needed to assess the most significant amendments to the Tobacco Act.

In addition, the data needed to monitor the market development of electronic cigarettes and refill containers is not available to the Finnish Institute for Health and Welfare. As highlighted in the section on taxation, official monitoring of the consumption of tobacco and nicotine products is insufficient. As part of the impact assessment, regularly updated information on the societal costs of smoking is also needed, the calculation of which requires expertise in health economics and information from different statistical authorities. The Finnish Institute for Health and Welfare calculated the costs for the first time in 2015, and their first update took place in 2022. The societal and health harm caused by alcohol and drugs have been monitored for a long time, even annually, as part of the Finnish Institute for Health and Welfare's Yearbook of Alcohol and Drug Statistics.

In Finland, the prevalence of smoking among the population is monitored by means of population health and school surveys. Since data is collected as part of broader surveys, it is possible to include only a limited number of indicators related to the use of tobacco and nicotine products, quitting and the related factors. The assessment of impacts required in connection with more significant changes to the Tobacco Act requires separate resources for the implementation of sufficient data collections, such as separate modules for surveys. The decreasing participation rate, however, is an additional challenge in the surveys. In addition, the timing of general surveys often does not allow for an adequate assessment of the impacts of changes in the Tobacco Act, depending on when the changes take effect.

One of the longest population surveys outside the Finnish Institute for Health and Welfare that followed the use of tobacco and nicotine products by young people, the Adolescent Health and Lifestyle Survey conducted by the University of Tampere, was terminated after the survey in 2019. Thus, it is important to strengthen the monitoring at the population level by adding other information sources, especially sales data, such as wholesale sales (see proposal 2.4.4). A wastewater study already conducted by the Finnish Institute for Health and Welfare would also support monitoring if it included regular monitoring of nicotine's metabolite cotinine. Changes in the societal costs of smoking and the impacts on the burden of health care are key information to be monitored, which is currently too rarely available. Regional and national monitoring of tobacco cessation, on the other hand, depends on the active screening and recording of the use of tobacco and nicotine products in health care.

In addition to these, regular modelling, intervention and qualitative studies, using longitudinal data in particular, would be necessary for the evaluation of policy measures already taken and those to be implemented and their impacts. In addition to better responding to information needs, it is important to maintain and increase research capacity and methodological competence. The networking and cooperation of researchers, for example when applying for external funding for complementary separate studies, could be actively supported, for example, through the Tobacco-free Finland 2030 Network. Tobacco and nicotine data should also be actively offered for use in researcher education in order to introduce young researchers to the field.

The working group considers it important that the Finnish Institute for Health and Welfare's national basic monitoring of tobacco and nicotine products be secured, by wellbeing services countries and in different population groups. The working group emphasises that additional resources are also needed for the Finnish Institute for Health and Welfare's research on preventing the harmful effects of tobacco use, as well as support for quitting and prevention of the use of nicotine products, as the current resources are very scarce.

The working group proposes that the monitoring of consumption of tobacco and nicotine products at the population level be improved by launching consumption monitoring based on sales and/or supply data and that the assessment of the societal costs of smoking be included in Tobacco statistics for regular updates. In addition, the working group proposes that cotinine monitoring be included in wastewater research. The working group considers it important that an implementation and evaluation plan is developed to support the achievement of the objective of the Tobacco Act. The working group considers that the Ministry of Social Affairs and Health should ensure that the Finnish Institute for Health and Welfare has separate funding for the assessment of impacts and the preparation of an implementation and evaluation plan in connection with more significant changes to the Tobacco Act.

In the reform of the Tobacco Act of 2021, resources for supervision of the enforcement of the Act were increased, and they must also be secured in the future. In particular, as digital marketing and the range of means expand, National Supervisory Authority for Welfare and Health, Valvira needs advanced technological tools to support systematic supervision.

Based on an interview survey conducted in Finland, the inadequacy of funding and over-reliance on work in the third sector were perceived as obstacles to achieving the objective of the Tobacco Act by the parties involved in tobacco prevention. Scant use of media campaigns and inadequate support for quitting smoking were also seen as obstacles to achieving the target.

As regards monitoring and evaluation, the 2014 tobacco policy action plan established that the implementation of the action plan will be reported, evaluated and updated at least every five years and that a separate plan will be drawn up for the evaluation. Despite this, there is still no comprehensive implementation and evaluation plan in Finland or the sharing of responsibility between different actors to achieve the objective of the Tobacco Act.

For example, Australia and the Netherlands have set the responsibilities of actors involved in smoking prevention. In New Zealand, the measures to be taken have also been given a timeline. In addition, significant additional funding has been allocated for the prevention of adverse effects. In recent years, New Zealand has allocated additional funding for support for quitting and preventing smoking. In addition to normal funding, a total of NZ\$12.8 million was allocated for smoking prevention in the 2021 budget over four years for non-smoking/health promotion projects that support the country's smoke-free objective. The development of the support system for quitting smoking was also funded by an additional NZ\$13.9 million from the 2021 budget. The priorities include improving the availability of support for quitting in general and taking the different needs of smokers into account, and more effective support for the quitting of smoking for pregnant women and prisoners. In addition, NZ\$8 million was allocated to the development of support for quitting smoking among the Pacific populations.

In England, a report to support the its' smoke-free objective proposes that support for quitting smoking be financed by an additional £70 million annually, in proportion to the prevalence of smoking in the region. It has been established there that if the state is unable to secure funding, it should be collected from the tobacco industry.

DISSENTING OPINION

Dissenting opinion to 2.5.1.1

In its report, the working group proposes that nicotine replacement therapy products should be returned for sale only in pharmacies, as there is no strong evidence of the impact of more numerous outlets on quitting smoking. The working group also underlines the importance of individual counselling provided by pharmacies in quitting smoking and the use of nicotine products.

Our common objective is to eliminate the use of tobacco and nicotine products. The report also contains a proposal for Social Insurance Institution Kela reimbursement for nicotine replacement products supplied by prescription from a pharmacy. At the same time, the customer would receive individual advice both at a health care service point and at a pharmacy.

In any case, with Social Insurance Institution Kela reimbursements, it is likely that pharmacy purchases of replacement therapy products will increase. However, shopping in pharmacies alone is not always easy, especially in sparsely populated areas where the pharmacy network is sparse, and their opening hours are shorter.

The process of tobacco and nicotine cessation is often challenging. It should not fail because of it being too difficult to purchase replacement products. It is therefore justified that nicotine replacement therapy products will continue to be available from retail stores and newsagents. It is sensible for replacement products to be available from the same outlets as tobacco.

In order to reduce the attractiveness of purchases, additional obligations may also be considered for retail outlets in order to limit the display of replacement therapy products and to increase control in purchasing situations. Product packaging could also be supplemented with information on the assistance provided by replacement products and their correct use in quitting the use of tobacco and nicotine products.

On the basis of the above, we do not support the working group's report on the transfer of nicotine replacement therapy products for sale in pharmacies only.

Helsinki, 16 December 2022

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