

ROADMAP TO  
A TOBACCO-FREE FINLAND  
**Action Plan on Tobacco Control**

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Action Plan on Tobacco Control

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# SUMMARY

## ROADMAP TO A TOBACCO-FREE FINLAND

### Action Plan on Tobacco Control

#### VISION

Ending the consumption of tobacco products → In 2040 no more than 2% of Finns aged 15 to 64 will use tobacco products

#### TARGET

In accordance with the Government Programme of Prime Minister Jyrki Katainen's Cabinet an action plan will be drafted to achieve the goals set out in the Tobacco Act (693/1976), i.e. to end the use of tobacco products.

#### BACKGROUND

This Action Plan presents the view of the Ministry of Social Affairs and Health on how the goal of the Tobacco Act can be achieved. In the course of the preparation of the Plan attention has been paid, besides international statutes, recommendations and studies, also to the proposals made by a group of Finnish experts on tobacco. Special attention has been paid to the EU's new Tobacco Products Directive that entered into force on 19 May 2014.

#### CONTENT

The plan consists of four sets of actions:

- A. Prevention of initiation of the use of tobacco products
  - The aim is to create an environment where children and young people do not use tobacco products.
- B. Cessation of the use of tobacco products
  - The aim is to provide support so that an increasing number of people will quit using tobacco products.
- C. Smokefree environment
  - The aim is to expand smokefree environments to prevent citizens from exposing to tobacco smoke.
- D. Novel tobacco products and related products
  - The aim is to prevent the launching of novel tobacco products and related products on the market.

The topics covered by these actions will be monitored, studied and developed to support especially political decision-making. The Action Plan will be evaluated and updated every five years.

#### STARTING POINT

In 2013, 16% of Finns aged 15 to 64 were daily smokers and 6% occasional smokers. Snus was used by 7% of men and 1% of women.

Keywords: Prevention of smoking, smoking, tobacco, Tobacco Act, tobacco products

# TIIVISTELMÄ

## TIE SAVUTTOMAAN SUOMEEN

Tupakkapoliittinen toimenpideohjelma

### VISIO

Tupakkatuotteiden käytön loppuminen → Vuonna 2040 enintään 2 prosenttia suomalaisista 15–64-vuotiaista käyttää tupakkatuotteita

### TAVOITE

Pääministeri Jyrki Kataisen hallituksen ohjelman mukaisesti tehdä toimintasuunnitelma tupakkalain (693/1976) tavoitteen saavuttamiseksi eli tupakkatuotteiden käytön loppumiseksi.

### TAUSTA

Toimenpideohjelmassa esitetään sosiaali- ja terveysministeriön näkemys siitä, millä tavoin tupakkalain tavoite voidaan saavuttaa. Valmistelussa on otettu huomioon kansainvälisten säädösten, suositusten ja tutkimusten lisäksi suomalaisten asiantuntijaryhmien tekemät ehdotukset. Erityisesti on huomioitu EU:n uusi tupakkatuotedirektiivi, joka tuli voimaan 19.5.2014.

### SISÄLTÖ

Ohjelmassa on neljä toimintakokonaisuutta:

- A. Tupakkatuotteiden aloittamisen ehkäisy
  - Tavoitteena on luoda ympäristö, jossa lapset ja nuoret eivät käytä tupakkatuotteita.
- B. Tupakkatuotteiden käytön lopettaminen
  - Tavoitteena on tukea sitä, että yhä useampi lopettaa tupakkatuotteiden käytön.
- C. Savuton elinympäristö
  - Tavoitteena on laajentaa savuttomia elinympäristöjä niin, ettei kukaan altistu tupakansavulle.
- D. Uudet tupakkatuotteet ja niihin rinnastettavat tuotteet
  - Tavoitteena on estää uusien tupakkatuotteiden ja niihin rinnastettavien tuotteiden markkinoille pääsy.

Toimintakokonaisuuksiin liittyviä asioita seurataan, tutkitaan ja kehitetään erityisesti poliittisen päätöksenteon tueksi. Toimenpideohjelma raportoidaan, arvioidaan ja päivitetään vähintään viiden vuoden välein.

### LÄHTÖTILANNE

Vuonna 2013 suomalaisista 15–64-vuotiaista tupakoi päivittäin 16 %. Satunnaisesti tupakoivia oli 6 %. Nuuskan käyttäjiä oli 7 % miehistä ja 1 % naisista.

Asiasanat: Tupakka, tupakkalaki, tupakkatuotteet, tupakoinnin ehkäisy, tupakointi

# SAMMANDRAG

## MOT ETT RÖKFRITT FINLAND

Tobakspolitiskt åtgärdsprogram

### VISION

Att användningen av tobaksprodukter ska upphöra → År 2040 använder högst 2 procent av finländarna i åldern 15–64 tobaksprodukter

### MÅL

Att i enlighet med statsminister Jyrki Katainens regeringsprogram uppgöra en verksamhetsplan för att uppnå syftet med tobakslagen (693/1976), dvs. användningen av tobaksprodukter ska upphöra.

### BAKGRUND

I åtgärdsprogrammet presenteras social- och hälsovårdsministeriets syn på hur syftet med tobakslagen kan uppnås. Förutom internationella bestämmelser, rekommendationer och undersökningar har vid beredningen även förslag av finländska sakkunniggrupper beaktats. Särskilt beaktas EU:s nya direktiv om tobaksprodukter som trädde i kraft 19.5.2014.

### INNEHÅLL

Programmet består av fyra verksamhetshelheter:

- A. Att förebygga att någon börjar använda tobaksprodukter
  - Syftet är att skapa en miljö där barn och unga inte använder tobaksprodukter.
- B. Att upphöra att använda tobaksprodukter
  - Syftet är att stödja att allt fler ska upphöra att använda tobaksprodukter.
- C. Rökfri livsmiljö
  - Syftet är att utvidga rökfria livsmiljöer så att ingen utsätts för tobaksrök.
- D. Nya tobaksprodukter och därmed jämförbara produkter
  - Syftet är att förhindra att nya tobaksprodukter och därmed jämförbara produkter ska komma in på marknaden.

Frågor med anknytning till verksamhetshelheterna följs, undersöks och utvecklas särskilt till stöd för politiskt beslutsfattande. Åtgärdsprogrammet rapporteras, bedöms och uppdateras med minst fem års intervall.

### UTGÅNGSLÄGE

År 2013 rökte 16 % av finländarna i åldern 15–64 dagligen. Andelen personer som rökte sporadiskt var 6 %. Bland männen var 7 % och bland kvinnorna 1 % användare av snus.

Nyckelord: Förebyggande av rökning, rökning, tobak, tobakslag, tobaksprodukter

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# I INTRODUCTION

## Background to the Action Plan

In its Government Programme, the Cabinet of Prime Minister Jyrki Katainen pledged to draw up an action plan aimed at achieving the goals laid down in the Tobacco Act (693/1976) and ensuring its implementation. Since 2010, the aim of the Tobacco Act has been to end the use of tobacco products containing compounds that are toxic to humans and create addiction.

Tobacco is a major public health problem in the world and in Finland. Half of all smokers die prematurely as a result of illnesses caused by smoking. In Finland, smoking has been in decline among the population for many years. As smoking has decreased, the proportion of tobacco users who are people in a weaker socio-economic position has grown. In fact, smoking is the biggest single cause of health gaps in Finland, and together with alcohol it accounts for about half of them. Smoking has become much less acceptable as people have become more aware of the danger that it poses to public health. Tobacco causes substantial indirect and direct costs to society at large. However the costs and early deaths resulting from smoking can be prevented.

The vision of the Action Plan is to achieve a situation where tobacco products are no longer used. In practice, this means that in 2040 no more than two per cent of all Finns use tobacco products. The Action Plan lays out the main objectives and measures that will help to achieve a gradual ending of the use of tobacco products so that Finland would be smoke-free by the year 2040. 'Smoke-free' means a situation where no tobacco products are used. In 2013, a total of 16% of all Finns aged 15-64 smoked on a daily basis. Under the interim target for 2020, a maximum of 10% of the population would use tobacco products on a daily basis.

This target is fully achievable if effective tobacco policy measures are introduced. In addition to new legislative measures, it is also essential to enforce existing regulations and to make them more effective. It is of the utmost importance to consider health aspects in decision-making in different administrative branches ('Health in All Policies' principle) when the aim is to promote public health and equality in health. The efforts to substantially reduce smoking require a number of simultaneous measures.

The Action Plan has four sets of actions: prevention of the start of the use of tobacco products, cessation of the use of tobacco products, smoke-free environments and novel tobacco products and related products. The fourth

set of actions covers the regulation of such products as electronic cigarettes. In the new Tobacco Products Directive of the European Union, electronic cigarettes are partially considered as tobacco products.

Internationally, Finland is bound by the provisions of WHO's Framework Convention on Tobacco Control (hereafter referred to as the 'FCTC'). The FCTC is an important international convention and it was ratified by Finland in 2005. The objective of the Convention is to protect present and future generations from the negative effects of tobacco consumption and exposure to tobacco smoke.

The new Tobacco Products Directive of the European Union (2014/40/EU) entered into force on 19 May 2014. Finland and the other Member States must incorporate the new obligations in their national legislation within two years of the entry into force of the Directive (by May 2016). The Directive encourages the Member States to include in their legislation more advanced provisions on matters that fall within their national competence.

In addition to the Tobacco Products Directive, the Tobacco Advertising Directive (2003/33/EC) and the Tobacco Duty Directive (2010/12/EU) are also relevant to Finland's tobacco legislation. The Council has also issued two recommendations: the recommendation on the prevention of smoking and on initiatives to improve tobacco control (2 December 2002) and the recommendation on smoke-free environments (30 November 2009).

In addition to international studies, provisions and recommendations, the following proposals issued by expert groups have also been considered in the Action Plan: Proposals for amendments to the Act on Measures to Reduce Tobacco Smoking and the Act on Excise Duty on Manufactured Tobacco (2009), Promotion of non-smoking among children and young people (2010), a Current Care Guideline 'Tobacco dependence and cessation' (2012) and the 'New Era for Tobacco Control Policy' (2013).

Evaluations, reports and updates of the Action Plan will be produced at least every five years.





Figure 1. Background to the Action Plan

## Finland's tobacco policy

Finland has pursued a progressive tobacco policy since the introduction of the first tobacco act in 1976. Legislation is a central part of tobacco policy and the Finnish Tobacco Act has been regularly updated. In the latest reform, introduced in 2010, the aim of the Tobacco Act is to end the use of tobacco products. The legislative reforms have achieved the support of the majority of the Finnish population. Tobacco use has become socially less acceptable.

'Tobacco-free Finland 2040' is a cooperation project that was initiated in 2006 when the former Speaker of Parliament Paavo Lipponen set out his vision of making Finland smoke-free by 2040. The resulting chain of events made Finland the first country in the world that has set out a tobacco-free society as a legislative objective. Thus, Finland was the first country to move from an official policy of reducing the consumption of tobacco products to a policy aimed at ending their use altogether. This means, among other things, that Finland does not want to promote 'the use of 'less hazardous' products.

However, tobacco products are widely used in all parts of the world and it is not yet possible to ban the sales of such products. The political will and the desired trend are laid out in the objective of the Act. The way chosen by Finland has attracted a great deal of international attention and the 'endgame thinking' has been gaining ground in the tobacco policy. For example, New Zealand, Ireland and Scotland have, following in Finland's footsteps, specified the end of the use of tobacco products as the objective of their tobacco policy. By adopting this objective, we are both justified and obliged to introduce bold new openings in tobacco policy. The Action Plan sets out the practical measures that can be taken so that the objective is achieved.

As a whole, Finnish tobacco policy has been a success because smoking has become less common. However, the legislation still needs to be developed and there is also room for improvement in the implementation of the laws. There is also a need for measures making it easier to discourage children and young people from starting smoking and supporting people in their efforts to quit smoking. Novel tobacco products and related products should not be allowed on the market. This is particularly important so that children and young people can be protected.

In a European comparison carried out by the Association of European Cancer Leagues in 2013, Finland was placed 9th among 34 countries. In the comparison, Finland received below-average scores in smoking cessation support and in the carrying out of information campaigns. According to the comparison, the prices of tobacco products are fairly low in Finland. Finland was commended for such issues as smoke-free environments, a ban on the advertising and display of tobacco products and strong support for the EU's new Tobacco Products Directive during the negotiations.

## Framework Convention on Tobacco Control (FCTC)

The WHO's Framework Convention on Tobacco Control is the first convention focusing on public health. The Convention was adopted in 2003 and after it had been ratified by Parliament it became binding on Finland on 24 April 2005 (Finnish Treaty Series 27/2005). The FCTC is one of the most widely adopted and fastest-spreading international conventions. The countries that have adopted it account for about 90 per cent of the world's population.

Under Article 5 of the Convention, countries must develop and implement national tobacco control strategies and effective legislative and other measures. There should also be policies for preventing and reducing tobacco consumption, nicotine addiction and exposure to tobacco smoke.

The Convention is a framework convention that is supplemented by means of protocols and implementation guidelines. Guidelines for implementation have been drawn up for eight Articles of the Convention:

- Protection of public health policies with respect to tobacco control from commercial and other vested interests (Article 5.3)
- Protection from exposure to tobacco smoke (Article 8)
- Regulation of the contents of tobacco products and regulation of tobacco product disclosures (Articles 9 and 10)
- Packaging and labelling of tobacco products (Article 11)
- Education, communication, training and public awareness (Article 12)
- Tobacco advertising, promotion and sponsorship (Article 13)
- Demand reduction measures concerning tobacco dependence and cessation (Article 14)

Finland already met the main obligations of the FCTC when it joined the Convention, but it has not put into effect all guidelines for implementation.

The first, and to this day the only, protocol adopted as part of the Convention concerns the elimination of illicit trade in tobacco products. Finland signed the Protocol on 25 September 2013, and in order to become binding it must still be ratified.

## Tobacco Products Directive

The purpose of the new Tobacco Products Directive (2014/40/EU) is to improve the functioning of the internal market and at the same time ensure a high level of public health. The Directive contains provisions on the manufacture, presentation and sale of tobacco and related products. These products are cigarettes, roll-your-own tobacco, pipe tobacco, cigars, cigarillos, smokeless tobacco products, electronic cigarettes and herbal products for smoking. Member States must incorporate the new obligations in their legislation by May 2016.

The main content of the Tobacco Products Directive:

- prohibition of flavourings and certain additives in cigarettes and roll-your-own tobacco
- the tobacco industry is obliged to provide EU countries with detailed notifications of the ingredients used in tobacco products
- introduction of provisions on health warnings on packets of tobacco and related products; the warning text and pictures must cover 65% of the front and back external surface of the packets of cigarettes and roll-your-own tobacco

- introduction of requirements concerning the minimum size of the health warnings and prohibition of the sales of certain tobacco products in small packets
- prohibition of all sales-promoting and misleading factors in tobacco products
- introduction of an EU-wide monitoring and tracing system for preventing illicit trade in tobacco products
- regulation of distance sales and allowing EU states to prohibit online sales of tobacco and related products
- regulation of nicotine-containing electronic cigarettes and considering electronic cigarettes below certain nicotine content (20 mg/ml) as tobacco products
- Member States are allowed to classify all nicotine-containing electronic cigarettes under their own national pharmaceutical legislation
- safety and quality requirements for electronic cigarettes are introduced
- manufacturers are obliged to provide notification of novel tobacco products before they are placed on the EU market

Member States may still maintain or introduce stricter national legislation provided that the legislation in question is compatible with the Treaty on the Functioning of the European Union or other international agreements, conventions and treaties.

## 2 CURRENT SITUATION

### Prevalence of smoking

In 2013, a total of 19% of all men and 13% of all women aged 15-64 smoked on a daily basis. A decade earlier, the figures had been 28% and 20%, respectively (Figure 2). In the long term, there has been a reduction in smoking among men. For many years, smoking among women stayed at the same level as in the mid-1980s but it started declining in the early years of the 2000s. (Survey on Health Behaviour and Health among the Finnish Adult Population (AVTK) 2013).

In the working-age population, smoking is more common in lower educational groups than in higher educational groups. The differences between educational groups in smoking have widened since the mid-1980s. During the last few years, there have been indications that the gaps in smoking between educational groups are narrowing.

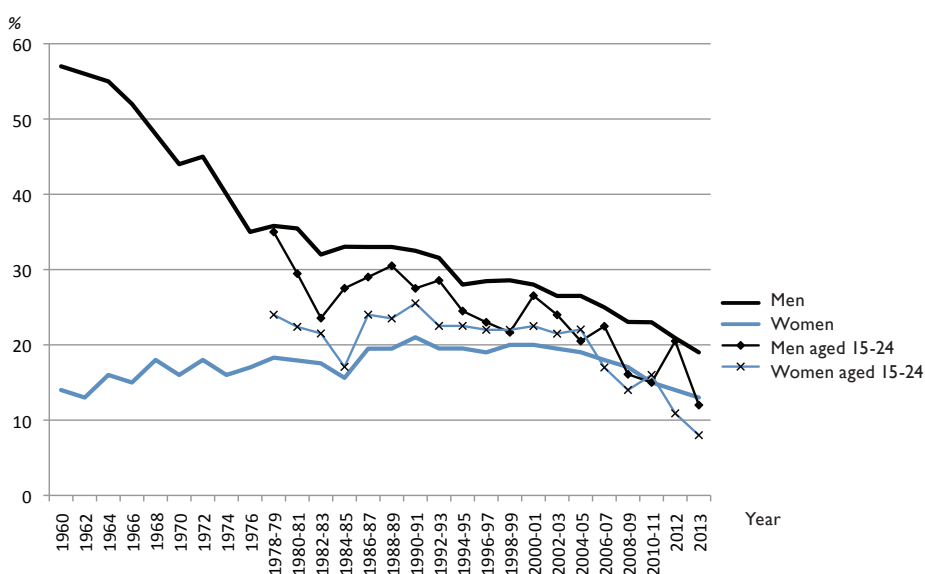


Figure 2. Daily smoking among working-age adults in 1960-2013 and among people aged 15-24 in 1978-2013 (National Institute for Health and Welfare).

Smoking among the young has decreased, especially since the early years of the 2000s. According to the Adolescent Health and Lifestyle Survey (NTTT), in 2013 a total of 13% of all adolescents aged 14-18 used tobacco products on a daily basis, while in 2001 the figure had been 26% (NTTT 2013). Adolescents also start trying tobacco products at a later age. One aim of the Health 2015 public health programme launched in 2001 is to achieve a situation where no more than 15% of the adolescents aged 16-18 are smoking on a daily basis in 2015. Substantial progress has already been achieved because in 2013, about 17% of the adolescents in this age category were smoking on a daily basis.

Even though there are few differences between genders, the gaps between grades are considerable: A total of 13% of all students in 8th and 9th grades are smoking on a daily basis, while the figure for 1st and 2nd grade upper secondary students is 8% and for 1st and 2nd year vocational students 36% (School Health Survey 2013).

## Use of snus

In 2013, a total of three per cent of men aged 15-64 used snus on a daily basis, while four per cent used it occasionally. Less than one per cent of all women used snus on a daily basis or occasionally. There have been few changes in the use of snus among the working-age population: From 2008 to 2013 the proportion of users of snus among men increased from five to seven per cent. (AVTK 2013).

In Finland, adolescent boys and young men are the most frequent users of snus. In 2013, a total of 15% per cent of all boys aged 18 used snus on a daily basis or occasionally, while the figure for boys aged 16 was 12%. Among girls, the figures were four and three per cent, respectively. (NTTT 2013).

There are considerable differences in the use of snus between regions and types of school. The use of snus is more common in Northern Finland than in other parts of the country: In 2013, a total of 11% of all men in Northern Finland aged 15-64 used snus on a daily basis or occasionally (AVTK 2013). A total of 25% of all boys aged 16-18 in the region of Lapland who were in vocational training used snus on a daily basis in 2013 (School Health Survey 2013).

## Quitting smoking

Many people want and try to quit smoking. In 2013, a total of 54% of men and 58% of women expressed their willingness to quit smoking. A total of 39% of men and 43% of women said that they had made serious attempts to quit smoking during the preceding year. (AVTK 2013)

## Exposure to tobacco smoke

Exposure to environmental tobacco smoke has been reduced in Finland as legislation has become more comprehensive. At workplaces, there has been a considerable reduction in the exposure to tobacco smoke since the smoke-free principle was incorporated in the law in 1995. In 2013, two per cent of men not smoking on a daily basis worked in workspaces filled with tobacco smoke for at least one hour each day. For women not smoking daily, the figure was one per cent. (AVTK 2013).

## Use of electronic cigarettes

The use of electronic cigarettes has only been monitored for a few years in Finland. About two per cent of the Finns aged 15-64 use electronic cigarettes (AVTK 2013).

For the first time, the 2013 Adolescent Health and Lifestyle Survey included questions about the use of electronic cigarettes among the young. A total of 14% of the adolescents aged 12-18 had tried electronic cigarettes once or twice. Among boys aged 16 and 18, a total of 29% had tried electronic cigarettes at least once, while the figure for girls aged 18 was 27% and for girls aged 16 it was 21%.

A total of 14% of the boys and 9% of the girls who had tried electronic cigarettes once or twice had not tried tobacco products. Most of those who had used electronic cigarettes more than once had also tried tobacco products. Usually, nicotine-containing liquids were used in electronic cigarettes. Most of the electronic cigarettes had been obtained from friends or acquaintances.

Statistics on the regular use of electronic cigarettes among the young are only available for upper comprehensive school students. The information was compiled as part of the 2012 Global Youth Tobacco Survey. According to the findings, five percent of upper comprehensive school students aged 13-15 had used electronic cigarettes during the preceding month and one per cent had used them on a daily basis.

Finnish youngsters are quite familiar with electronic cigarettes. The use of electronic cigarettes involves the same risk factors as the starting of smoking in general. Adolescent Finnish smokers who were less interested in quitting smoking than other youngsters were also more eager to use electronic cigarettes. (Kinnunen et al. 2014).

## Use of waterpipes

A waterpipe is a means of smoking, which is mostly used for smoking tobacco products or substitute tobacco. A total of 14% of the Finns aged 15-64 occasionally smoked a waterpipe in 2012. According to the Adolescent Health and Lifestyle Survey, in 2013 a total of 29% of the boys aged 18 and 30% of the girls of the same age had used a waterpipe at least once. Usually those using a waterpipe had tried flavoured tobacco blends that contained nicotine.



## 3 MEASURES

### A. PREVENTION OF INITIATION OF THE USE OF TOBACCO PRODUCTS

#### AIM

*The aim is to create an environment where children and young people do not use tobacco products.*

Most young people in Finland are non-smokers. Most people usually start smoking at a young age and few adults adopt the habit. Starting smoking when young is connected with the eagerness to try new things and with different social meanings. Young people who start smoking are also influenced by smoking among adults, general attitudes towards smoking and other tobacco policy measures.

Smoking among the young can be reduced by health promotion means, by making tobacco products less easily available and less attractive and by increasing their prices through higher taxes.

#### Measures

- **The implementation of the recommendations aimed at promoting non-smoking among children and young people should be evaluated. The updating of the recommendations will be on the basis of the evaluation.**

Strategies and recommendations aimed at promoting non-smoking among children and young people have been prepared since 1996, and the latest of them cover the period 2010 - 2013 (STM 2009). The purpose of the recommendations drafted by a working group consisting of experts and representatives of organisations working with young people is to harmonise the work and communications of different parties. The recommendations for different parties have been published in a separate report and the main points are as follows:

- Parents, guardians and other adults care about children and young people and take responsibility for encouraging children and young people not to start smoking.
- Encouraging children and young people not to start smoking is an essential part of societal policy-making and structures of society.

- Children and young people are provided with a tobacco-free, healthy and safe environment where they can grow up and live.
  - The positive image of good health and life without smoking as a desirable value and a way of living is strengthened.
  - Children and young people are provided with the information and skills suitable for each age.
  - Children and young people are provided with adequate and extensive smoking cessation support services.
- **Schools and education institutions should discourage children and young people from starting smoking and support cessation of smoking in accordance with the measures set out in the Savuton Oppilaitos (Smoke-free school) action plan. Measures are particularly needed in upper secondary vocational education and training institutions.**

The use of tobacco products is widespread in vocational education and training institutions. The measures set out in the Savuton Oppilaitos action plan discourage children and young people from starting smoking and support the cessation of smoking. The programme sets out measures targeting students, employees and the environments of education and training institutions. Surveying the use of tobacco products in education and training institutions forms the basis for the work aimed at ensuring smoke-free environments. Moreover, the enforcement of statutory smoking bans should be on a more effective basis.

- **Discouraging people from smoking should be a systematic part of the prevention of substance abuse in municipalities.**

An act on substance abuse prevention is under preparation. Under the proposal, promotion of a tobacco-free society should be part of the prevention of substance abuse in municipalities. Promotion of a tobacco-free society has already been integrated in the prevention of substance abuse in municipalities by means of the Pakka operating model (see 'Restricting access to tobacco products').

- **Work to prevent the start of the use of snus should be more effective and cessation support should be targeted at specific groups.**

There are considerable differences in the use of snus between regions. Its use is much more common among boys and among those engaged in certain types of team sport. School and student health services, particularly oral health care, should tackle the use of snus. Sports organisations also play a key role.

- Young people should be provided with low-threshold services to support cessation of smoking.

Smoking cessation support should be primarily offered via school and student health services.

- Smoking during pregnancy should be tackled by supporting smoking mothers and fathers in their efforts to quit smoking. Families should be encouraged in their efforts to remain smoke-free.

In Finland, about 15% of all pregnant women smoke during pregnancy. The figure has not declined since the 1980s. Smoking by the mother during pregnancy poses a risk to the foetus in many ways, but the risk can be significantly reduced if the mother stops smoking during the first three months of pregnancy. A child health clinic is a suitable place for encouraging parents to quit smoking, and at the same time action can also be taken to encourage young people not to smoke.

## Making tobacco products less attractive

### TOBACCO PRODUCTS DIRECTIVE

- The use of characteristic flavourings in cigarettes and roll-your-own tobacco is prohibited and the use of additives is restricted (Article 7).
- Unit packets must carry a health warning consisting of a picture and text that covers 65% of both the front and back external surface of the packet. The health warning must be placed at the top edge of the packet (Articles 9 and 10).
- A general warning: 'Smoking kills – quit now' and an information message: 'Tobacco smoke contains over 70 substances known to cause cancer.' must be placed on the sides of the packet and cover 50% of its surface. The warning will replace the current text on the tar, nicotine and carbon monoxide contents (Article 9).
- Unit packets of cigarettes shall have a cuboid shape and contain at least 20 cigarettes (Article 14).
- Provisions on the labelling of other products for smoking than cigarettes and roll-your-own tobacco and smoke-free tobacco products are given separately. In other respects, too, the form, size and content of the unit packets must be changed to conform with the requirements of the Directive (Articles 9-14)

## Measures

- **All unit packets should be made into general packets displaying no brand names (so called plain packaging).**

Under the recommendations set out in the guidelines for implementation of Article 11 of the FCTC on packaging of tobacco products and in the new Tobacco Products Directive, the introduction of plain tobacco packets should be considered. This means that the logos and styles of the tobacco products should not be displayed on the packets and standardised colours and fonts should be used on all product packets. The pictorial and text warnings would be retained. Making the packets into general packets would prevent advertising of tobacco products. So far, Australia is the only country in the world that has introduced such packets. Ireland and Britain are preparing the introduction of plain packets.

- **Sales of slim cigarettes should be prohibited.**

Under the original Commission proposal for the Tobacco Products Directive, slim cigarettes (with a diameter of less than 7.5 mm) would also have been prohibited. In the negotiations over the Directive, Finland supported the proposed ban, which was not adopted, however. Slim cigarettes are particularly appealing to girls and young women. Studies show that people misleadingly consider them healthier than ordinary cigarettes.

## Restricting access to tobacco products

### TOBACCO PRODUCTS DIRECTIVE

- **An EU-wide tracking and tracing system for preventing illicit trade in tobacco products is introduced (Articles 15 and 16)**
- **Regulation of distance sales and allowing EU Member States to prohibit online sales of tobacco and related products (Article 18)**

## Measures

- **The FCTC Protocol to Eliminate Illicit Trade in Tobacco Products should be ratified.**

Under the Tobacco Products Directive and the FCTC Protocol, tobacco products should be made more easily traceable and provided with better security features so that illicit trade in tobacco products can be eliminated. Under the Protocol, such activities as wholesaling of tobacco products should also be made subject to licence. When the supply on illegal markets is reduced, it is more difficult for such groups as underage youngsters to get (low-price) tobacco products.

- **Private imports of tobacco products should be subject to the same 20 hour time limit as alcohol imports from countries outside the EEA.**

The trip of a person residing in Finland to a country outside the European Economic Area (EEA) should last more than 20 hours, and the trip of a person residing outside the EEA to Finland should last more than three days before the traveller is allowed to bring tobacco products into the country.

The imposition of the time limit would help to prevent illicit trade in tobacco products for which there are plenty of opportunities under the current situation, particularly on the eastern frontier of Finland. According to Finnish Customs, about 90% of all those visiting Russia bring tobacco products into Finland and it is assumed that only a proportion is purchased for the visitors' own use.

- **Prohibiting distance sales of tobacco products (and electronic cigarettes) should be examined.**

Supervising distance sales is difficult and the risk is that it becomes easier for underage youngsters to get tobacco products. Under the Tobacco Products Directive, EU Member States can prohibit cross-border distance sales of tobacco products and electronic cigarettes to consumers. Member States should cooperate in the prevention of such sales. Retail outlets engaged in distance sales may not deliver products to consumers residing in Member States where such sales are prohibited.

- **The maximum amount of snus allowed for private imports should be reduced.**

Under the Tobacco Products Directive, imports and sales of snus are prohibited in all EU countries, except Sweden. Under the Finnish Tobacco Act, people may import snus for their own use as private imports. Despite the ban on the sale of snus, use of snus has increased, particularly among adolescent boys and young men living in certain regions. There has also been an increase in private imports of snus.

Under section 10 a of the Tobacco Act, passengers may import a maximum of 30 boxes of snus, with each box containing a maximum of 50 grams. Large amounts of snus are also sold in bags and thus it would be appropriate to merely state the maximum permitted weight. The current maximum amount (30 x 50 g = 1,500 g) that passengers are allowed to import for their own use is quite high and should be reduced.

- **The use of tobacco products at events that are mainly intended for underage participants, such as confirmation camps and camp schools, should be prohibited.**

Practices concerning the banning of smoking vary and have caused confusion, particularly at confirmation camps and camp schools. For reasons of clarity and uniformity, the use of tobacco products should be prohibited at events intended for underage participants.

- **Supervision of the sales and other supply of tobacco products against compensation should be made more effective, using such means as the Pakka operating model.**

It is still fairly easy for youngsters under the age of 18 to obtain tobacco products. They make the purchases themselves or adults purchase the products for them. In the Pakka operating model, official supervision and regulation are integrated in the unofficial social control so that conveying of the products to minors can be prevented, responsible business operations promoted and harmful effects in local communities minimised. Concrete examples of this are test purchases in which youngsters over the age of 18 act as test customers.

- **There should be an information campaign on the maximum amounts of private imports of tobacco products and other regulations concerning them.**

People making trips abroad are not fully aware of the provisions concerning such matters as the maximum amounts of tobacco imports and the tax sanctions. Some of the passengers violate the law unwittingly.

## Raising taxes and prices

In Article 6 of the FCTC, countries are urged to take price and tax measures, particularly in order to reduce tobacco consumption among young people. Countries are also urged to consider the banning or restricting the sales and imports of tax-free and duty-free tobacco products.

## Measures

- **The tax on tobacco products should be raised on a regular basis, taking into account private imports and illegal market trends.**
- **The Ministry of Finance and the Ministry of Social Affairs and Health should continue to cooperate in the drafting of tobacco policy and the taxation supporting it.**
- **Finland should actively monitor and, if necessary, participate in the decisions concerning the tobacco duty and price regulation policies made in the EU and as part of the WHO's FCTC.**

One of the aims of the Act on Excise Duty on Tobacco (1470/1994) is to promote the objectives that are laid down in the Tobacco Act and for this reason cooperation between the Ministry of Finance and the Ministry of Social Affairs and Health is important. The raising of excise duties on tobacco products and the resulting price increases are the most effective way of reducing smoking among the young and the adults. They are also the most effective way of narrowing the smoking differences between socio-economic groups and the health gaps caused by them. In Finland, the excise duty on tobacco has been raised at the start of the years 2009, 2010, 2012 and 2014. During these years, smoking has decreased, the revenue of tobacco excise duty has increased and there has been no increase in private imports of cigarettes.

- **It should be examined whether products related to tobacco products (such as electronic cigarettes) could be taxed in the same way as snus.**

Even though snus may not be sold in Finland, private persons may import snus for their own use from outside the EU or from Sweden, which has been provided with an exemption in the Union. Under the Act on Excise Duty on Tobacco, an excise duty is levied on illegally imported snus because it is classified as a product belonging to the category of other tobacco-containing products. The view is that it competes with other tobacco products coming under the excise duty. Illegal imports of electronic cigarettes should be taxed in the same manner.

## Information campaigns

Under Article 12 of the FCTC, which concerns education and communication, public awareness must be promoted using all available communication

tools. The purpose of the provision of information is to achieve a cultural and social change by changing conceptions of smoking and by making smoking less acceptable. The information available must be based on research findings and good practices. It must be easily available to everybody and cater for the needs of different target groups.

### *Measures*

- **Information campaigns tailored to the needs of different target groups should be carried out on a regular basis so that the measures can be made more effective.**

As smoking is becoming less popular, anti-smoking work is directed at groups that are increasingly difficult to reach. When the target groups are provided with information, consideration should be given to the content and the means of communication, while the campaigns should be combined with other measures. Effective campaigns have a strong theoretical basis, involve background research on the target group and in them the messages are repeated over an extended period of time. The campaign should also be tested on the target group.

The information campaigns should communicate about the benefits of a tobacco-free life, the health hazards caused by tobacco products and exposure to tobacco smoke, the environmental impacts of the cultivation of tobacco and cigarette ends, nicotine addiction, the process of quitting smoking and the activities of the tobacco industry.

## B. CESSATION OF THE USE OF TOBACCO PRODUCTS

### *AIM*

*The aim is to provide support so that an increasing number of people will quit using tobacco products.*

The aim of the guidelines for implementation on cessation of smoking laid out for Article 14 of the FCTC is to draw up national implementation strategies for tobacco dependence treatment and treatment recommendations and to ensure access to and use and reasonable consumer prices of withdrawal medication.

Most smokers would like to quit but are unable to do so as they are addicted to tobacco. Tobacco dependence means a syndrome caused by tobacco



involving physical, physiological and social dependence. The most important chemical sustaining physical dependence in tobacco products is nicotine. Nicotine addiction is created quickly and is the main reason why people continue to smoke. People who have given up smoking have made an average of 3-4 attempts before they have finally succeeded. According to questionnaire surveys 80-90% of adults regret the fact that they started smoking.

### *Measures*

- **In health care, tobacco dependence treatment should be offered to all smokers and the treatment chain should function smoothly in primary health care, occupational health care and specialised medical care.**

Health care professionals should actively tackle smoking in all areas of patient work. Mini-interventions have proved to be effective. Tobacco dependence treatment will best succeed through multi-professional cooperation where each health care professional knows their own tasks and the tasks of the others in the treatment path.

In the Current Care Guideline 'Tobacco dependence and cessation', emphasis is on the organisation of the tobacco dependence treatment and expertise in all areas of health care. Primary health care, occupational health care, school and student health services and oral health care are of particular importance in this respect. Public health services are better suited for treating those with a lower socio-economic status.

- **Special expertise in tobacco dependence treatment should be concentrated in the social welfare and health care regions.**

The social welfare and health care regions are sufficiently large to assume responsibility for the coordination, training and consultation in special expertise in tobacco dependence treatment and for the treatment of the most severely addicted patients. Most of the dependence treatment should, however, be carried out as part of primary health care, specialised medical care and occupational health care.

- **Expertise and basic and further training of the health care personnel in the treatment of tobacco dependence should be improved.**

Most health care professionals would like to get further training in tobacco dependence treatment. Research has shown that the support provided by health care professionals has an effect on the decision to quit smoking and

the success of the attempt. A teaching model for tobacco dependence treatment is available online and it can be used in the basic, supplementary and further training of health care professionals.

- **The use of tobacco products, the cessation support offered and the attempts to quit smoking should be entered in the electronic patient information system as part of the health care client contacts.**

Monitoring of the use of tobacco products and registering their use are an important part of a well-functioning treatment path. This would make it easier to treat tobacco dependence at different service points, while at the same time the information entered in the system would give details of the success of the attempts to quit smoking.

- **Low-threshold services that are free of charge and easily accessible should be available in the treatment of tobacco dependence.**

An adequate number of low-threshold tobacco dependence treatment services should be offered as part of the health care system. Advice and guidance should also be available by telephone and on the Internet. These would support people who do not seek health care services. The use of new operating models, such as telephone applications, social media, peer support and experts through experience should be developed and evaluated.

- **In tobacco dependence treatment, use should be made of targeted methods and approaches for different groups.**

Group counselling and individual patient counselling, withdrawal medication and nicotine replacement therapy are cost-effective methods. Nicotine replacement therapy products increase the chances of success by a factor of 1.5 - 2. A method tailored in accordance with the person's life situation makes success more probable. Such groups as youngsters, people in a weak social position, severely addicted persons, people suffering from smoking-related illnesses, operation patients, persons suffering from mental health problems, pregnant women and parents of small children should be provided with cessation support which is based on methods that best suit their needs.

- **Cessation of smoking should be supported at population level.**

Measures targeting large population groups include media campaigns, competitions and different types of incentive. In them unit costs per participant are low and they are cost-effective even if the effects are limited.

The best results can be achieved if the support at population level can be combined with cessation support tailored to the needs of each individual.

- **Pharmaceuticals used in tobacco dependence treatment should be reimbursed as part of the health insurance scheme.**

The price of withdrawal medication is particularly important for smokers in a weaker socio-economic position. In this group, cessation support is especially important from the perspective of the narrowing of the health gaps. On application, the Pharmaceuticals Pricing Board may make a pharmaceutical reimbursable.

- **The link between the sales of nicotine products and tobacco products should be removed from the Medicines Act.**

In the Medicines Act (395/1987), the sales of nicotine replacement products are linked with the sales of tobacco products. Under section 54 a of the Act, nicotine products may also be sold in retail outlets, kiosks and service stations selling tobacco and at bars and restaurants on the basis of a retail licence granted by the municipality in which the outlet is located. This means that in order to sell nicotine products, such places as hospital cafes must also have tobacco products on sale.

## C.SMOKE-FREE ENVIRONMENT

### AIM

*The aim is to expand smokefree environments to prevent citizens from exposing to tobacco smoke.*

Smoke-free air is a fundamental right. Exposure to tobacco smoke causes the same illnesses as smoking. Environmental tobacco smoke has been classified as a carcinogenic substance and exposure to it carries risks. Under Article 8 of the FCTC, which concerns smoke-free environments, the Parties to the Convention must protect people from exposure to tobacco smoke. The recommendation on smoke-free environments issued by the EU Council strengthens the principles laid down in the FCTC.

## Measures

- **The Tobacco Act should contain a provision under which housing companies may, on certain conditions, prohibit or restrict smoking in the housing company.**

Under the Health Protection Act (763/1994), if odour, smoke or similar entering an apartment causes health hazards, measures must be taken to eliminate the adverse health effects in question. According to the decisions issued by the Supreme Administrative Court in 2012, smoking on a balcony of an apartment and the transmission of the resulting smoke to the neighbouring apartment cannot, however, be prohibited as no clear health hazards can be established. For this reason, the Tobacco Act should, on certain conditions, allow a housing company to prohibit or restrict smoking.

- **The definition of a smoke-free space should be made more specific by stating that it means a space covered by a roof and enclosed by one or more walls, regardless of the type of material used and regardless of whether the structure is temporary or permanent (Guidelines for implementation of Article 8 of the FCTC).**

The definition of a smoke-free space should be as clear as possible so that it could be used as a basis for making explicit decisions on smoking in such spaces as waiting rooms and shelters.

- **Smoking should be prohibited in private cars when underage children are present.**

One in ten of Finnish smokers say that they smoke in their cars when children are present. In 2010 it was proposed that the Tobacco Act should also ban smoking in cars when children are present but the proposal was rejected by the Parliamentary Constitutional Law Committee, which stated that such a provision would be an infringement of adults' self-determination and fundamental rights. Smoking in cars when children are present is banned in a number of states in Australia and the United States. The British Parliament voted in favour of a similar law in February 2014. A total of 84% of Finns support the banning of smoking in private cars when underage children are present.

- **The use of tobacco products should be prohibited on playgrounds, in amusement parks and on swimming beaches.**

Particularly in places used by children, the use of tobacco products should be prohibited so that children can be protected against exposure to tobacco smoke and toxic cigarette ends. Moreover, cigarette ends litter and pollute the environment and waterways. They take years to decompose.

- **The regulations on indoor smoking spaces at workplaces should be harmonised with the more detailed regulations applying to restaurants.**

The technical solutions used in smoking spaces at workplaces do not fully prevent exposure to tobacco smoke and tobacco smoke can easily spread to the smoke-free area.

- **Public and private workplaces should decide to become smoke-free and act in accordance with the Savuton Työpaikka (smoke-free workplace) action plan.**

A smoke-free workplace is in the interest of employees and employers. A smoke-free environment promotes the health and working capacity of employees. The criteria for a smoke-free workplace include a smoking ban during working hours and smoking cessation support provided by the workplace.

- **Municipalities should decide to become smoke-free and act in accordance with the Savuton Kunta (smoke-free municipality) action plan.**

Two thirds of Finnish municipalities have decided to become smoke-free. The criteria of the Savuton Kunta action plan include keeping of municipal employees and the different municipal sectors smoke-free. The different administrative branches of the municipalities will jointly plan, implement and evaluate the programme.

## D. NOVEL TOBACCO PRODUCTS AND RELATED PRODUCTS

### AIM

*The aim is to prevent the launching of novel tobacco products and related products on the market.*

## Novel tobacco products

### TOBACCO PRODUCTS DIRECTIVE

- **manufacturers are obliged to provide notification of novel tobacco products before they are placed on the EU market (Article 19)**

Novel tobacco products mean tobacco products that do not fall into any of the following categories: cigarettes, roll-your own tobacco, pipe tobacco, waterpipe tobacco, cigars, cigarillos, chewing tobacco, nasal tobacco or tobacco for oral use (snus).

#### *Measure*

- **Imports and sales of novel tobacco products are prohibited.**

All tobacco products are dangerous to health. For this reason, in addition to the notification obligation concerning novel tobacco products laid out in the Directive, Member States may at national level go further and ban all novel tobacco products. The aim of the Finnish Tobacco Act is to achieve a situation where tobacco products are no longer used, and thus the placing of novel tobacco products on the market is contrary to this aim.

## Electronic cigarettes

Electronic cigarettes have rapidly entered the market in different parts of the world and regulation has failed to keep pace with developments. The European Union's new Tobacco Products Directive is the first piece of legislation containing provisions on nicotine-containing electronic cigarettes. After lengthy negotiations it was decided to adopt a compromise proposal that is much less stringent than the original proposal. Most of the EU Member States had wanted stricter regulation but the European Parliament announced that it would only approve the Directive in its entirety if the regulation of electronic cigarettes was relaxed. Under the Directive, electronic cigarettes below a specific nicotine content are considered as tobacco products, whereas those with a higher nicotine content may only be placed on the market on the basis of criteria laid down in the pharmaceuticals legislation. However, under the Directive, Member States may continue to classify all

nicotine-containing electronic cigarettes as pharmaceuticals, which was the case in about half of the Member States before the entry into force of the Directive. The Directive does not contain any provisions on nicotine-free electronic cigarettes.

In Finland, the nicotine-containing liquids used in electronic cigarettes come under the Medicines Act. Sales of products classified as pharmaceuticals require a marketing authorisation, which can only be granted if the applicant can prove the effect, safety and quality of the products. The Finnish Medicines Agency, Fimea, has not received any applications for nicotine-containing liquids used in electronic cigarettes, which means that they may not be sold in Finland. However, nicotine-containing liquids may be ordered or imported from other countries for one's own use. Electronic cigarette equipment and nicotine-free liquids may be sold in Finland. Advertising is, however, prohibited as the Tobacco Act bans the advertising and the promotion of sales of tobacco imitations and substitute tobacco.

Electronic cigarettes are marketed as products making it easier to quit smoking even though there is no reliable scientific evidence that they have any effect in this respect. Likewise, there is not enough research information available on the health effects of electronic cigarettes, particularly in the long-term. Ingredients that are hazardous to health have been found in the liquids of electronic cigarettes. Research has shown that the nicotine-containing liquids are of uneven quality and that there is substantial variation in the substances contained in them. There have also been safety problems with the electronic cigarette equipment.

The fact that electronic cigarettes encourage young people to at least try smoking is a cause for concern. One third of all Finns at the age of 18 have tried electronic cigarettes. Nicotine-containing liquids are the most common substances used in such electronic cigarettes. Trying electronic cigarettes may rapidly lead to nicotine addiction. Different flavourings and easy-to-breath vapours allow youngsters to learn the habit of smoking in which case the threshold for using tobacco products may be lower.

Regulation and guidelines concerning electronic cigarettes are discussed at both national and international level in a situation where the market for electronic cigarettes is growing and where there is little research evidence available. No recommendations have been issued yet as part of WHO's FCTC. In an international research review commissioned by the WHO, countries are warned of the use of electronic cigarettes and urged to restrict their availability, advertisement and use (Grana 2013). Even though the EU's Tobacco Products Directive contains new provisions it still leaves Member States plenty of room for discretion in national regulation.

## TOBACCO PRODUCTS DIRECTIVE

### Electronic cigarettes (Article 20)

- regulates nicotine-containing electronic cigarettes and considers electronic cigarettes below certain nicotine content (20 mg/ml) as tobacco products
- allows Member States to classify all nicotine-containing electronic cigarettes under pharmaceutical legislation
- lays down safety and quality requirements for manufacturers and importers of electronic cigarettes
  - notification obligation concerning the products to the authorities
  - product information must be available on an official website
  - refill containers must be protected from children and against misuse
  - the packets must contain an information leaflet
  - the packets must contain a health warning on nicotine
  - in distance sales: notification obligation, registration and age verification system

Under the Directive, electronic cigarettes with a nicotine content of less than 20 mg/ml can be regulated as mild nicotine products, in which case they are considered as consumer products similar to tobacco. Obligations aimed at improving the quality and safety of the products will be imposed on manufacturers and importers.

However, Member States may continue to classify nicotine-containing liquids as pharmaceuticals at national level. Fimea may classify nicotine-containing liquids as pharmaceuticals 1) on the basis of the manner of presentation if they are described as liquids making it easier to quit smoking or 2) on the basis of effects that the nicotine has on human body.

In the Directive, Member States are urged to introduce national provisions on nicotine-free electronic cigarettes, flavourings, age restrictions and the use of electronic cigarettes in spaces where smoking is prohibited. Member States may also ban all distance sales and charge fees for the processing of the registered information.

### *Measures*

- **The regulation of all nicotine-containing electronic cigarettes should remain in the Medicines Act.**



Finland has no reason to change the current situation where nicotine-containing electronic cigarettes come under the Medicines Act. There is no reliable research information on the helpfulness of electronic cigarettes in the attempts to quit smoking or on their health effects.

- **The use of electronic cigarettes should be prohibited in the same spaces as smoking.**

Even though there are no provisions on the use of electronic cigarettes in the Tobacco Act such operators as the Finnish railway company VR and many restaurants have prohibited their use. The Finnish Institute of Occupational Health has urged employers to view the use of electronic cigarettes in the same way as other types of smoking and ban their use indoors. The use of electronic cigarettes closely resembles the smoking of cigarettes and may thus create misunderstandings in locations where smoking is prohibited.

- **It should be possible to change provisions on electronic cigarettes in a flexible manner in an environment where products, markets, international trends are changing rapidly and where there is a steady stream of new research findings.**

International developments, research findings and the legal situation should be closely monitored. Finland may change its policy if there are significant changes to the information now available. However, Finland's tobacco legislation is firmly founded on a principle that products that are based on reducing harmful effects are not allowed on the market.

- **Prohibiting distance sales of electronic cigarettes (and tobacco products) should be examined.**

Supervising distance sales is difficult and the risk is that it becomes easier for underage persons to get tobacco products. Under the Tobacco Products Directive, Member States can prohibit cross-border distance sales of tobacco products and electronic cigarettes to consumers. Member States should cooperate in preventing such sales. Retail outlets engaged in distance sales may not deliver products to consumers residing in Member States where such sales are prohibited.

## Tobacco imitations and substitute tobacco

In Article 13 (tobacco advertising and promotion) and Article 16 (sales to minors) of the FCTC, it is proposed that the manufacturing and sales of

products imitating tobacco products should be prohibited. Countries should restrict the use of such direct or indirect incentives that encourage people to buy tobacco products.

The Finnish Tobacco Act prohibits the advertising and sales promotion of tobacco imitations and substitute tobacco. Under section 2 of the Tobacco Act substitute tobacco means 'stimulants which correspond to tobacco in their intended use but do not contain tobacco' and tobacco imitation means 'products which in their form closely resemble tobacco products or smoking accessories but which do not contain tobacco or a substitute thereof'.

Electronic cigarette equipment comes under the definition of 'tobacco imitation'. Such products as liquids used in electronic cigarettes, herbal cigarettes and energy snus are substitute tobacco.

Except for Article 21, which concerns herbal products for smoking (herbal cigarettes), the Tobacco Products Directive does not contain provisions on tobacco imitations or substitute tobacco.

## TOBACCO PRODUCTS DIRECTIVE

### Herbal products for smoking (Articles 21 and 22)

- Each packet of herbal products for smoking must carry the following health warning: 'Smoking this product damages your health', which must cover 30% of the front and back external surface of the packet.
- The packet may not give a wrong impression of the qualities or health effects of the product.
- Authorities must be notified of the ingredients used in the products and their amounts.

### *Measures*

- The same ban on display that has been imposed on tobacco products in the Tobacco Act should also apply to tobacco imitations and substitute tobacco.
- Sales of tobacco imitations and substitute tobacco to persons under 18 should be prohibited.

There is a steady stream of new products entering the market that are intended for the same use as tobacco products, that do not contain tobacco or that have the same form as tobacco products. These products serve as sales promotion instruments for tobacco products. Retail outlets, kiosks and service stations could also, on their own initiative, show responsibility and drop such products from their range.

## 4 RESEARCH AND DEVELOPMENT

For decades, Finland has possessed excellent monitoring and research systems describing the health and health behaviour of the population. They have made it possible to monitor such matters as the success of tobacco policy.

The functioning of the population information systems should be ensured so that they will continue to produce information on the use of tobacco products, quitting smoking and the background factors connected with them. Research on the effects of novel tobacco products and related products and the monitoring of their use should also be made part of the system. Information is also needed on costs and the effects of different measures on the use of tobacco products in different population groups.

Under the Tobacco Act, the task of the National Institute for Health and Welfare (THL) is to carry out research, monitoring and development work concerning different aspects of smoking. In the future, there should be more focus on research supporting political decision-making.

## 5 EVALUATING THE ACTION PLAN

Reports, evaluations and updates of the Action Plan will be produced at least every five years. A separate evaluation plan will be prepared.

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