How to save 900 million lives: Swedish snus, e-cigarettes, and harm reduction

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ABSTRACT
Cigarette smoking has rapidly declined in recent years across the postindustrialized world. The consumption of cigarettes has dropped dramatically across North America and Western Europe. Tobacco companies have faced an onslaught of costly litigation, aggressive government regulation and taxation, and declining cigarette consumption in the wake of an increasingly popular ideology of self-optimization, including a heightened emphasis on well-being, fitness, and longevity of life. As a consequence, tobacco companies have found their traditional markets squeezed. Against this background of social facts, however, there are several product lines that could help millions of individuals in the Global South avoid an early death: tobacco vaporizers, electronic cigarettes, and Swedish smokeless tobacco (also known as "snus"). Electronic cigarettes, vaporizers, and snus are clearly still harmful products, but their relative harms are small when compared to the harms associated with smoking cigarettes. In the interests of harm prevention, then, it would be greatly beneficial to human welfare if traditional cigarettes were replaced with snus, vaporizers, or electronic cigarettes. For the sake of the Global South, we need to get serious about promoting less dangerous, yet still pleasurable, alternatives to traditional cigarettes. We must cease the demonization of nicotine and recognize its tangible, immediate, subjective benefits to persons whose lives are led under the duress of market inequalities and unfavorable social hierarchies.

KEYWORDS
harm reduction, tobacco policy, Swedish snus, political economy, health inequalities, Global South

In recent years, cigarette smoking has undergone rapid decline across the postindustrialized world. The consumption of cigarettes has dropped dramatically across North America and Western Europe. In the United States, 42.4 percent of all adults were considered current cigarette smokers in 1965, a figure that had dropped to 16.8 percent in 2014 (CDC 2017b). Tobacco companies have faced an onslaught of costly litigation, aggressive government regulation and taxation, and declining cigarette consumption in the wake of an increasingly popular ideology of self-optimization, including a heightened emphasis on well-being, fitness, and longevity of life (Cederström and Spicer 2015). As a consequence, tobacco companies have found their traditional markets in the postindustrial core encircled and dwindling.

In response, many tobacco companies have set their sights on impoverished nations in the Global South. In the late 1990s, a public affairs manager at the tobacco company Rothmans International famously described the tantalizing profits promised by emerging markets: “Thinking about Chinese smoking statistics is like trying to think about the limits of space” (cit. Mackay 1997: 77). Poorer countries have been and continue to be aggressively targeted by tobacco marketing campaigns. As Gilmore (2015) notes, “This high level of marketing in poorer countries is consistent with the tobacco industry’s targeting of these countries. They are key to the industry’s future.” Developing nations are projected to become one of the major sources of revenue growth for multinational tobacco corporations in the coming decades. Lax regulatory environments, effective promotional campaigns, and the subjectively comforting, nurturing effects of tobacco consumption on marginalized populations, have produced a deadly assemblage of social facts in the Global South.
By now it is a well-rehearsed fact that an estimated 100 million individuals died of tobacco-related illnesses in the twentieth century; but this death-by-smoking will only accelerate, with one billion individuals projected to die from tobacco use in our present century (Abrams 2012, Giovino et al. 2012). The vast majority of these deaths will be ascribable to cigarette smoking, and a significant proportion of these premature deaths will take place in the Global South. To be a smoker today means, on average, to be poor in a rich country or to be poor in a poor country.1 Tobacco is an expression of political economy. Tobacco use and tobacco deaths skew southwards in global hierarchies and downwards in societal hierarchies.

Against this background, however, there are several products that could help millions of individuals in the Global South avoid an early death: tobacco vaporizers, electronic cigarettes, and Swedish smokeless tobacco (or “snus”). Public Health England estimates that vaporizers, while still posing certain dangers to health, including the noxious effects of nicotine on the cardiovascular system as well as the production of aerosols containing dangerous substances, nevertheless presents a significantly lower risk to health than traditional cigarettes. According to a 2016 report by the Royal College of Physicians, the “hazard to health arising from long-term vapour inhalation from the e-cigarettes available today is unlikely to exceed 5% of the harm from smoking tobacco” (RCP 2016: 12) and “may well be substantially lower than this figure” (RCP 2016: 84).

Snus has some similar potential benefits. While the long-term effects of using snus remain controversial and under-researched, Sweden, which has one of the highest rates of consumption of smokeless tobacco in the world alongside a (within the European context) relatively low incidence of cigarette smoking,2 also, perhaps unsurprisingly, enjoys one of the lowest rates of lung cancer incidence in the male population in Europe; a 2012 estimate suggests that Sweden enjoys the lowest level of lung cancer mortality rates in Europe (GLOBOCAN 2012). The widespread availability of snus in Sweden has allowed the Swedish population to continue enjoying the subjective benefits of tobacco consumption while avoiding some of the major risks associated with it. In the words of one Stanford University epidemiologist interviewed by the New York Times, consumption of snus “suggests a small increase” in oral cancer risk, even though Sweden has not seen notable increases in rates of oral or lip cancer with extensive snus use. “From a public health point of view, if snus keeps you from smoking, its benefits far outweigh its risks,” the epidemiologist stated. “Clearly, the small increases in risks in isolated cancers with snus use pale in comparison to the huge increases in risk with cigarette smoking”3 (Richtel and Jolly 2014).

In short, electronic cigarettes, vaporizers, and snus are clearly still harmful products, but their relative harms are small when compared to the harms associated with smoking cigarettes. In the interests of harm reduction, then, the argument could be made that it would be greatly beneficial to human welfare if traditional cigarettes were replaced with snus, vaporizers, or electronic cigarettes. In an early review, Cahn and Siegel (2011) argue against an FDA ban on electronic cigarettes in the United States on precisely these grounds, maintaining that “electronic cigarettes are a much safer alternative to tobacco cigarettes.”

Unfortunately, however, the WHO has refused to recognize or validate such arguments. In a resolution on “electronic nicotine delivery systems,” the WHO (2014: 2) urged member states to “consider banning or restricting advertising, promotion and sponsorship” of such

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1 While nearly 20 percent of US adults with a high school diploma were smokers, only around 7 of those holding a college degree were smokers (CDC 2017a). Almost 80 percent of the world’s more than one billion smokers live in “low- and middle-income countries,” according to the WHO (2017). In countries like Indonesia, Armenia, Papua New Guinea, and Russia, more than half the male population are still considered smokers (see Ng et al. 2014). Equivalent figures have not been seen in the West for at least half a century.

2 In 2014, 7.5 percent of Swedish males aged 15 or over were considered daily smokers, compared with an average of 21.9 percent in the EU-28 countries, 14.4 percent in the United Kingdom, and 41.7 percent in Turkey (Eurostat 2017)
devices. A 2014 interview with Arnold Peruga, a tobacco control specialist at the WHO, is revelatory of the attitude of the medical establishment towards instruments that may shift millions of individuals away from cigarette smoking to less dangerous forms of tobacco consumption (Fleck 2014). “Some people say these risks are very very low, but our question is ‘how low?’ If smoking a cigarette is like jumping from the 100th floor,” Peruga said, “using an e-cigarette is certainly like jumping from a lower floor, but which floor? We don’t know.” But we do know that at least certain forms of e-cigarettes and snus are far safer than traditional cigarettes. Peruga prevaricates over the relative balance of benefits and dangers between various tobacco or nicotine-based products, alludes to the “difference of opinion on how to interpret the science,” and lands on a relativizing and overly cautious conclusion regarding the correct regulatory approach: “In this case, probably, there is no clear right or wrong” (Fleck 2014).

Such is the attitude of a medical field dominated by an overarching vision of preventive abstention: Given the principle that “nicotine is highly addictive and we don’t want non-smokers to start using it,” some medical authorities seem unwilling to accept the potential gains to human well-being stemming from the side-lining of traditional cigarettes and their replacement with safer options. Political authorities are following suit.

In a statement on the continuation of a ban on the sale of snus in the European Union, the Advocate General, whose task is to help find solutions in the European Court of Justice, claimed that “tobacco for oral use is addictive and harmful to health in so far as it increases the risks of certain harmful effects and may increase the risks of other harmful effects” (Court of Justice of the European Union 2018).

Abstention-oriented regulatory efforts have prevented the WHO from perceiving that pragmatic alternatives to cigarettes do exist and might be rolled out on a large scale, particularly in those developing countries that stand to lose the most in the coming decades, where tobacco is likely to continue to play a large role in the daily lives of hundreds of millions of individuals over the next century. Instead, the WHO takes the approach that “tobacco in any form kills and sickens millions of people every year” (World Health Organization 2018: 7), without consideration of the potentially beneficial effects of such products as snus and e-cigarettes.

The abstemious ideology of some medical authorities has resulted in real, harmful effects. It has helped underwrite a blanket ban on the sale of snus across the European Union—Sweden negotiated an exception upon entry into the Union in the mid-1990s—since 1992. The WHO has called for the banning of e-cigarettes across the world, and many countries, including developing societies, have prohibited or severely curtailed the sale of vaporizers and e-cigarettes. The effects of these policy decisions are to elevate mortality rates and heighten human suffering. An equitable tobacco policy would view the dangerously overcautious and quixotically abstentious approach to tobacco control as yet another instrument in a centuries-long history of keeping the Global South in its place. It is imperialism with a biopolitical face.

The consumption of tobacco is pleasurable. Some, but not all, of these pleasures are also found in the more specific consumption of nicotine. Marginalized and impoverished populations derive immediate, tangible, subjective benefits from tobacco and nicotine consumption. Nicotine relieves stress, provides comfort, and allows individuals to endure deleterious social conditions. It may be unrealistic to expect that individuals in poor societies will cease consuming tobacco or nicotine-based products in the short- to medium-term. Non-governmental organizations interested in preserving the health, well-being, and lives of individuals residing in the Global South should therefore ensure the provision of relatively safe (but far from harmless) tobacco products as a substitute for aggressively marketed and underpriced traditional cigarettes to consumers in these societies.

One step towards this future would be to ensure that Swedish tobacco could be exported to or even produced under licensed to societies in the Global South. Currently, as noted, the EU
prevents the sale of snus in Europe. Swedish Match, one of the world’s largest producers of snus, is making inroads into the U.S. market: in 2017, 38 percent of its revenues were derived from sales of its products there (Swedish Match 2018: 76).

The WHO might even produce and distribute a relatively safe, well-fashioned, standardized nicotine vaporizer, modeled on the provision of licensed generic drugs, to be made available at low cost to consumers in poor nations. Nicotine chewing gum could be distributed alongside these vaporizers to help individuals avoid even relatively safe (compared with cigarette smoking) products like vaporizers and snus.

These proposals may strike some as unusual and unorthodox. As one report in The Guardian (2016) observes, “Critics of e-cigarettes are concerned that they may be a ‘stalking horse’ for Big Tobacco.” Are proponents of smokeless tobacco doing the bidding of the major tobacco corporations? It is trivially true that the advocacy of smokeless tobacco necessarily means recommending policies and practices that align with the interests of (some) tobacco companies. This concern could partly be redressed by devolving and deconstructing private tobacco corporations through legislative action. The WHO could license the production of standardized vaporizers and encourage states to establish vaporizer or snus distribution monopolies, modeled on the “alcohol monopolies” found in countries like Finland, Norway, and Sweden (see e.g. Örnberg and Ólafsdóttir 2017). But in so far as we do not live in a tobacco-free world and in so far as we accept the idea that tobacco will continue to be produced, marketed, and sold by private corporations, promoting smokeless products will necessarily create uncomfortable alignments between pragmatic health advocates and tobacco manufacturers.

The promotion of health in the realm of tobacco-related mortalities has been seen to hinge on a strategy of prevention of early uptake and aiding individuals in quitting— that is, abstinence. While far from being a perfect analogy, there are similarities between the strategies employed in preventing tobacco mortalities and deaths stemming from HIV/AIDS. US-funded organizations with an overtly conservative Christian agenda have preached the gospel of abstinence to stem the tide of HIV/AIDS-related mortalities in Africa. This strategy has rightly been criticized for failing to take account of the fact that people will quite simply continue to have sex, that abstinence is not a viable solution that takes heed of such practical realities at ground-level, and that it is fundamentally human to engage in sexual practices. Similarly, fighting cigarette-related mortalities by combating tobacco and nicotine consumption tout court fails to take account of the subjective pleasures and benefits derived from individual consumption of nicotine and tobacco. Again, while the analogy is imperfect, we can conceptualize e-cigarettes, vaporizers, and Swedish snus as condoms for the lungs. They are essential instruments of harm prevention. Instead of abstinence, we need a redirection of desire away from extremely dangerous cigarettes towards less dangerous smokeless tobacco products, such as snus and vaporizers.

Naturally, there is the risk that in promoting the use of smokeless tobacco products, overall consumption levels of tobacco will increase. This is essentially the risk of additional initiation: Individuals who might not otherwise have smoked cigarettes may begin to consume snus or use a vaporizer, particularly if these are perceived as harmless (which they are not) rather than relatively harmless (compared with traditional cigarettes). Whether this risk outweighs overall reduced mortality is an empirical question, which is difficult to decide at the level of theorizing. But since the benefits of shifting millions of individuals away from extremely dangerous cigarettes towards far less dangerous smokeless tobacco products will be so great, the number of additional initiates would have to be very great. Still, it would be remiss not to recognize this danger and encourage the implementation of preventive measures to keep the additional initiation mechanism from taking effect. A major study of snus users in Norway has found that the “majority of snus users are still former or current smokers,” suggesting that
snus does not have an additional initiation effect in this country at least (Lund, Vedøy, and Bauld 2017).

A pragmatic acceptance of tobacco and nicotine consumption as a fact of human life should nevertheless aim to interrupt and reverse the predictably destructive efforts of the major cigarette-producing tobacco companies. Populations in the Global South are on the receiving end of a major push by tobacco companies to shore up profits currently under threat from declining consumption levels in wealthy, postindustrialized societies. The WHO and the broader medical establishment’s war on nicotine as such—rather than traditional cigarettes, more narrowly—is, ironically, shoring up this drive by Big Tobacco. By dismissing and blocking the spread of safer alternatives (see Gulland 2016), the WHO is indirectly ensuring the loss of millions of lives in the Global South.

We live in an age of evidence-based policy. Politicians rely on scientific evidence to legitimize their policy proposals. But what counts as evidence, and when do we have enough of it? In short, as Dawson and Verweij (2017: 4) ask in a commentary on e-cigarettes and harm reduction, “How do we weigh different concerns, especially where evidence is contested?”

Facts never arise spontaneously: rather, they are produced, which is the original Latin meaning of the word’s etymological origins: facere, to do, and factum, doing: facts are doings, things which have been done—by scientists and other interested parties. Facts always arise out of a particular way of framing, perceiving, and construing the world. In this sense, what should count as evidence is never immediately obvious: How much evidence is enough to tip the scales in favor of one course of action over another?

Holding out for more evidence can actually be an effective means of delaying political or policy change. Of course, if one subscribes to the Popperian view, nothing is ever settled in science; it is only not-yet-falsified. Therefore, as a matter of principle, it is always possible to say that an issue is more complex or multifaceted than our current judgments are able to capture, that we have not yet amassed enough evidence, and that more research should be carried out. We should never be afraid to admit that more research could be conducted. But worthwhile though these tasks may be, postponing action on grounds of evidentiary incompleteness does in certain instances begin to look more like means of postponing changes one does not want to see implemented, rather than a sensible, cautious method for avoiding unknown risks. In a review of the ethical issues surrounding e-cigarettes, Franck et al. (2016: 7) conclude, “Although caution in this regard is requisite, caution alone should not obstruct the ethical imperative to explore the product’s [i.e. e-cigarettes’] potential further.”

While care should be taken with analogies, what we might call the evidentiary incompleteness strategy has been one of the favored approaches of climate-change denialists (Latour 2017: 27-28). Thus, the Republican strategist Frank Luntz has advocated this approach in delaying policies designed to offset global warming:

Most scientists believe that warming is caused largely by manmade pollutants that require strict regulation. Mr. Luntz seems to acknowledge as much when he says that “the scientific debate is closing against us.” His advice, however, is to emphasize that the evidence is not complete. “Should the public come to believe that the scientific issues are settled,” he writes, “their views about global warming will change accordingly. Therefore, you need to continue to make the lack of scientific certainty a primary issue.” (“Environmental Word Games” 2003)

We need to be careful about distinguishing between when the request for more evidence is a reasonable method for avoiding unknown risks—e.g. the risk that vaporizer fluids when heated may produce unforeseen dangers to the health of users and bystanders—and when it is a specious means for delaying necessary action. The latter is described (and decried) by the sociologist Bruno Latour as the creation of “pseudo-controversy” (Latour 2017: 28). In practice, it can be difficult to draw a clear line between caution and obstruction, or risk aversion and
pseudo-controversy. But critics of safer alternatives to traditional cigarettes should at the very least ask themselves which side of the line they are on.

Harm reduction has its critics and limitations (see e.g. Roe 2005). First, this approach medicalizes behaviors, turning lifestyle choices, personal preference, and cultural adaptations into pathological objects to be treated through medical-scientific interventions. Certain behaviors are made licit while others are penalized. In this sense, harm reduction is a method for disciplining bodies, a form of “governmentality” (Foucault 2007; Dean 2010), expressed in a neoliberal self-care ethos (Lazzarato 2013: 177-211), ensnaring the individual in a series of (state-led) health interventions that constrain and control individual subjects. Second, a risk-centric worldview entails measuring and weighing risks at the expense of other perspectives beyond utility or harm, such as individual subjective enjoyment. Importantly, the vision of a “risk society” (Beck 1992) is also premised on a faith in the veracity and reliability of actuarial techniques and the evidentiary base on which risk assessments are constructed, even as the techniques and procedures used to discern risks may involve arbitrary choices and information constraints. Finally, harm reduction can become narrowly apolitical and astructural, delimiting the field of social problems to a series of individual behaviors to be acted and reacted upon by public health organizations; while the behaviors in question arise out of a complex interplay of social, cultural, and economic forces, these broader issues may go unaddressed in a more narrowly health-centered, harm-oriented approach. In this sense, debt relief, patent transfers, or industrialization may be more effective for promoting human well-being than tobacco policy (Reinert 2007). Palliative social policies will not repair the deeper causes of social problems.

Promoting well-being means reducing the harms not only of certain commodities or products but also-and perhaps more importantly—the harms wrought by political structures and social policies. For the sake of the Global South, we need to get serious about promoting less dangerous, yet still pleasurable, alternatives to traditional cigarettes. The title of this article suggests what is at stake: As noted above, with one billion deaths from tobacco consumption predicted over the next century, and various estimates holding that the mortality risks of snus and e-cigarettes are no more than 5 to 10 percent of the risk associated with traditional cigarettes, some 900-950 million lives could be saved were these alternatives to be rolled out on a large scale. Clearly, such outcomes depend on a series of contingent events falling into place, including a total substitution effect by which all cigarettes are completely replaced by smoke-free alternatives, which may never come to pass. But the final outcome also depends on a series of policies, some of which are today, inadvertently or not, maintaining the tight grip that traditional cigarettes and the billion-dollar industry that goes along with it exert on populations around the world – above all in its poorer parts. We would be better served by ceasing to demonize nicotine and various smokeless alternatives, recognizing instead their subjective benefits to persons whose lives are led under the duress of harmful market inequalities and injurious social hierarchies.

References


