



Joint Action on Tobacco Control 2 (JATC 2)

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Work Package 9 – Best practices to develop an effective and comprehensive tobacco endgame strategy (Objective 9.3)

Case studies on potential best practices

Collaborative action to advance a Tobacco Free Norway

Summary

The Norwegian Tobacco Control Act has since 2013 had a “tobacco-free society” as its long-term objective. In 2018, the Norwegian Parliament requested the Government to pursue and facilitate a tobacco-free youth generation and, in 2023, a goal of achieving a tobacco and nicotine free generation was stipulated in the Government’s national tobacco control strategy. According to this goal, children born 2010 and later should not use any tobacco or nicotine products. Concurrently, the general tobacco-free objective for the population as a whole was broadened to be understood as aiming for less than 5% of daily use of tobacco and non-pharmaceutical nicotine products in all socio-demographic (age and educational) groups. The shift from controlling and reducing tobacco-related harms, to more actively pursuing the eradication of the tobacco epidemic, was initiated by the “Tobacco-free” coalition, comprising of civil society organizations, research institutes, and government agencies. The Norwegian Cancer Society was a particularly important driver, with another key actor being the multisectoral working groups at the Authorities level, led by the Ministry of Health and Care services.

The case study builds on JATC-2 WP4 [M4.3-M4.4 Guidance on how to identify best practices in tobacco control in Europe](#). It has not been formally assessed as a best practice. Formally assessed best practices are available in the [EU Best Practice Portal](#).



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Context and justification

Norway has strengthened its tobacco control policies gradually since the introduction of the first Tobacco Act, which entered into force in 1975. Since then, the patterns of tobacco use and the impact of tobacco control policies have been monitored on an annual basis, with representative population health studies among adults and adolescents. National strategies to support cessation among smokers, protect non-smokers from passive smoking and prevent children and young people from smoking initiation, with proposed concrete actions for different levels and stakeholders, were published between 1999–2023 (1999, 2006, 2013, 2018, 2023). As the director-general of the World Health Organization from 1998 to 2003, the previous Norwegian prime minister Dr Gro Harlem Brundtland was instrumental in developing the WHO FCTC,¹ which Norway was the first country in the world to ratify in 2004.

An instrumental part of the Norwegian tobacco control policy has been the broad advertising ban, which was introduced already in 1975, and has been widened and adjusted several times since. Norway was early also in the adoption of bans on smoking in restaurants and bars, in 2004. Eventually widely supported also by smokers, this ban has been considered a major step for turning public opinion in favour of tobacco control. Further regulations in tobacco control were achieved when a ban on the visible point-of-sale display of tobacco products entered into force in 2010, with mandatory picture warnings on cigarette packs following in 2011.

Supported by, amongst others, the Norwegian Directorate of Health, the National Council for Tobacco Prevention, and the NGO network Tobacco-free, the Norwegian parliament changed the objective of the Tobacco Control Act in 2013 so that a long-term vision of achieving a *tobacco-free society* was made an aim of the law. Simultaneously, the three longstanding main objectives of Norwegian tobacco policies were included in the provision; to prevent children and young people from starting to use tobacco, to promote tobacco cessation and to protect the population from passive smoking.

The bill was based on the FCTC and the Convention of the Rights of the Child and was justified with the following arguments:

- The extent of health damage that tobacco use causes, as the most important risk factor for both early death and loss of healthy life years in high-income countries such as Norway
- The choice to smoke is made by minors with misconceptions about risk
- The freedom to quit is limited by addiction
- Smoking affects innocent third parties, especially children and young people
- Social costs
- Socio-economic differences in health

In connection with a bill transposing the EU Tobacco Products Directive (TPD) into national legislation, a requirement that tobacco products must have a standardized design were made into law in 2016. Simultaneously, the parliament also decided to replace the ban on the sale of

¹ Roemer R, Taylor A, Lariviere J. Origins of the WHO Framework Convention on Tobacco Control. *Am J Public Health*. 2005 95(6):936-938. doi: 10.2105/AJPH.2003.025908

nicotine-containing e-cigarettes with the TPD product regulations, but these changes have not yet come into force.

In 2018, the Norwegian Parliament requested the Government to pursue and facilitate a tobacco-free youth generation and, in 2023, a goal of achieving a tobacco and nicotine free generation was finally stipulated in the Government's national tobacco control strategy, in its White Paper on Public Health, [Meld. St. 15 \(2022–2023\)](#).

Overall goal and specific objectives

The overall goal is to improve public health by ending the use of tobacco and nicotine products that cause addiction and are toxic to humans. A specific objective is that children born 2010 and later should not use any tobacco or nicotine products. The general tobacco-free objective for the population as a whole is aiming for less than 5% of daily use of tobacco and non-pharmaceutical nicotine products in all socio-demographic (age and educational) groups.

Methods

Aiming for a full implementation of the WHO FCTC, the Ministry of Health and Care Services identifies relevant tasks in the current tobacco control situation and put forward concrete proposals for action. The Norwegian Directorate of Health is responsible for implementing new measures and ensuring that passed legislation is complied with.

Following the successful smoking ban in bars and restaurants in 2004, the Parliament in 2013 adopted "tobacco free school hours", a ban on tobacco and nicotine uses indoors and outdoors at schools and kindergartens, and also a normative provision stating that all children are entitled to a tobacco and nicotine free environment.

In Norway, a ban on all novel tobacco and nicotine products from 1989 has effectively blocked the entrance of novel and emerging products on the Norwegian market. In 2021, this ban was substituted by an authorisation scheme. The Norwegian Directorate of Health has a mandate to approve or disapprove applications for market access for novel products. To be approved, manufacturers must be able to demonstrate that the product will not increase the use of tobacco and nicotine products among young people. The Norwegian Directorate of Health receives assistance from the Norwegian Institute of Public Health to determine the validity of manufacturers' information on harmfulness and use among young people. No novel products have been approved so far.

Electronic cigarettes with nicotine are currently banned in Norway, awaiting the implementation of the TPD. In 2023, the Parliament passed legislation prohibiting flavours in all e-cigarettes except from tobacco flavour and mandating standardised packaging for e-cigarettes. Standardised packaging for cigarettes, roll-your-own, and snus (tobacco for oral use) was introduced in 2017.

To tighten supply, availability, and control of purchases of tobacco products, a registration and inspection scheme was introduced in 2017 to ensure that all sales outlets are officially registered so that offenses can be effectively responded to by the municipal inspection authority. This

creates an incentive for the points of sale to enforce the age limit, which in turn lead to a decrease in the self-supply of tobacco products among youth, and thus a reduction in the number of tobacco users over time. In 2020, a licencing system for the import, export and production of tobacco products was introduced.

To support smoking cessation, a pilot project with public funding of medicines for smoking cessation (nicotine replacement products) ran in the period 2020–2023, with good results. The project was anchored in the government's tobacco strategy with support from the state budget. In the current tobacco control strategy, the Government has stated its intention to establish a national program for smoking cessation, based on this approach.

Coordination and implementation responsibilities

Overall coordination:

Ministry of Health and Care Services

Implementation:

Norwegian Directorate of Health

Involvement of target population and stakeholders

A broad multi-sectoral involvement of different stakeholders is integral to the progress in Norwegian tobacco control. Health and supervisory authorities on national, regional, and municipal levels have roles in the development and implementation of the measures. In addition, a tobacco- and nicotine-free lifestyle is promoted by a group of civil society organizations and research communities. The shift from controlling and reducing tobacco-related harms, to more actively pursuing the eradication of the tobacco epidemic in Norway, was initiated by the "Tobacco-free" coalition, comprising of civil society organizations, research institutes, and government agencies in collaboration. The Norwegian Cancer Society has been a particularly important driver, but positive aspects of non-smoking and nicotine-free lifestyle is also promoted by other NGOs such as Smokefree environment Norway, for instance on occasions like the annual World No Tobacco Day. The Norwegian authorities have also been inspired by the Nordic Tobacco Network, where representatives from the five Nordic countries meet annually to exchange experiences in tobacco control.

Outcomes

The daily smoking prevalence in the adult Norwegian population has decreased from 24% in year 2006 to 7% in 2022. Challenges remain in occasional smoking: 10% in year 2006 and 7 % in 2022, and overall tobacco use prevalence: 37% in year 2006 to 30% in 2022.² This is especially the case among young adults, due to the increased use of snus, which has never been prohibited in Norway. E-cigarette use has been rare in the Norwegian adult and youth population, at around 1 % level. The economic costs caused to the society by smoking is estimated to 41,591,173,120 Norwegian kroner.³

² Tobacco in Norway. Norwegian Institute of Public Health, 2024. <https://www.fhi.no/le/royking/tobakkinorge/?term=>

³ The Tobacco Atlas. Norway. 2024. <https://tobaccoatlas.org/factsheets/norway/>

The broad collaborative efforts of health authorities, researchers, NGOs, and activist groups have helped to move tobacco control policies forward, and also to sustain the political will. Noteworthy results in the last 10 years are regular tax increases, mandatory registration of all outlets selling tobacco and tobacco surrogates, flavour bans and plain packaging also for e-cigarettes (when e-cigarettes eventually will be allowed on the market) as well as expanding smoke- and aerosol-free environments. Compliance with the regulations is mostly high, and the public support of tobacco control measures increases over time.

Monitoring and evaluation

Norwegian Directorate of Health in collaboration with Statistics Norway is responsible for monitoring the impact of tobacco control policies, and it publishes a yearly Tobacco Statistics publication that includes all available monitoring indicators by different stakeholders. Effect and process evaluations are conducted by the Norwegian Institute of Public Health.

Sustainability and funding

Sustainability has been built over the years by strong commitment of key personnel in the organizations participating in tobacco control, and among the key officials in the Ministry of Health and Care services and Norwegian Directorate of Health. Other organizations participate by contributing working time without external funding.

Equity and ethical principles

An increasing focus on social inequality in tobacco use, with a resulting worsening of the social inequality in health, has led the Government to include a stipulation saying the tobacco use should be reduced in all socio-demographic groups.

In the collaborative work to end the tobacco epidemic, all organisations and groups adhere to the Article 5.3 of the WHO FCTC by not accepting participants from entities that are affiliated with the tobacco industry or front groups.