Two decades of the implementation of the WHO Framework Convention on Tobacco Control in the European Union: progress, challenges and the road ahead

JA PreventNCD
Joint Action Prevent Non-Communicable Diseases

World Health Organization
European Region

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Abstract

This report marks twenty years since the European Union (EU) signed the WHO Framework Convention on Tobacco Control (WHO FCTC) and reflects on the EU's continued leadership in global tobacco control. Building on its legal mandate to protect human health, the EU has established a comprehensive tobacco control framework aligned with the WHO FCTC. Despite important achievements, tobacco use remains a major public health concern across the EU, contributing significantly to the burden of noncommunicable diseases. Prevalence rates remain high and vary widely across countries. Furthermore, new and emerging tobacco and nicotine products are gaining popularity particularly among youth, and pose a threat to the progress achieved in tobacco control. This publication provides an overview of the current state of tobacco control in the EU, outlining trends in prevalence, key legislative milestones, implementation of the MPOWER package, and EU-supported collaboration and research. It also examines persistent challenges, including industry interference and regulatory gaps related to emerging products. It is intended to inform and support policy-makers, public health professionals and civil society actors working to advance effective, evidence-based tobacco control policies across the EU and the WHO European Region as a whole.

Keywords

TOBACCO CONTROL; EUROPEAN UNION; NONCOMMUNICABLE DISEASES; TOBACCO INDUSTRY; INTERNATIONAL COOPERATION

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Contents

Acknowledgements iv

Abbreviations v

Executive summary vi

Introduction 1

Tobacco use in the EU: prevalence and health burden 3
- Prevalence of tobacco use in the EU 3
- Health burden of tobacco use 6

EU tobacco control policies and milestones 11
- TPD 13
- TAD 14
- TTD 14
- Audiovisual Media Services Directive (AVMSD) 14
- Council Recommendation on smoke- and aerosol-free environments 15

MPOWER implementation in the EU 17
- Overall implementation of MPOWER 17
- MPOWER: a summary by measure 18
- Regulation of e-cigarettes in the EU as of 2024 22

EU-funded collaboration and research in tobacco control 25
- The first Joint Action on Tobacco Control 25
- The second Joint Action on Tobacco Control 26
- Further collaboration 27

Challenges and gaps 29
- New and emerging tobacco and nicotine products 29
- Industry interference 31

Call for strengthening tobacco control and addressing the current regulatory gaps 34

Conclusion: looking forward to a tobacco-free Europe 37

References 40

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Abbreviations

AVMSD	Audiovisual Media Services Directive
DALYs	disability-adjusted life years
DG SANTE	Directorate-General for Health and Food Safety
EBCP	Europe's Beating Cancer Plan
e-cigarettes	electronic cigarettes
e-liquids	liquids used in e-cigarettes
ESPAD	European School Survey Project on Alcohol and Other Drugs
EU	European Union
EU-CEG	the EU Common Entry Gate
HTPs	heated tobacco products
NCDs	noncommunicable diseases
PP	percentage points
RYO	roll-your-own
TAD	Tobacco Advertising Directive
TAPS	tobacco advertising, promotion and sponsorship
TPD	Tobacco Products Directive
TTD	Tobacco Taxation Directive
WHO FCTC	WHO Framework Convention on Tobacco Control

Executive summary

In 2023, the European Union (EU) marked the 20th anniversary of signing the WHO Framework Convention on Tobacco Control (WHO FCTC), reaffirming its commitment to reducing the health and societal burden of tobacco use. Over the past two decades, the EU has made significant strides in implementing comprehensive tobacco control measures, positioning itself as a global leader in the fight against tobacco-related harm. However, despite notable progress, tobacco use remains a leading cause of preventable death and disease across the EU. The emergence of new and increasingly popular nicotine products among youths poses a growing threat to public health and risks undermining hard-won tobacco control gains.

The EU's tobacco control framework is underpinned by a robust legal foundation, including the Tobacco Products Directive (TPD), the Tobacco Advertising Directive, the Tobacco Taxation Directive (TTD) and the Audiovisual Media Services Directive. These instruments have enabled Member States to implement key provisions of the WHO FCTC, including health warnings, smoke-free policies, advertising bans and taxation policies. The EU has also supported Member States through collaborative initiatives such as the Joint Actions on Tobacco Control, which have strengthened regulatory capacity, surveillance and cross-border cooperation.

Despite these achievements, challenges persist. Tobacco use remains high in many EU Member States, with significant disparities between them. The uptake of electronic cigarettes and nicotine pouches – particularly among adolescents – has increased sharply, often outpacing adult use. These products are frequently flavoured and deliberately marketed in ways that appeal to youth, raising concerns about their role as a gateway to nicotine addiction and conventional tobacco use.

Implementation of the WHO FCTC's MPOWER measures has been uneven across EU Member States. While all Member States have adopted monitoring systems and health warnings, fewer have achieved best-practice levels in areas such as smoke-free environments, cessation support and advertising bans. Taxation remains one of the most effective tools for reducing tobacco use, yet disparities in tax rates and affordability persist across the EU.

Industry interference continues to hinder progress. Delays in revising key legislative instruments, such as the TPD and TTD, have been attributed in part to lobbying efforts by the tobacco industry. These delays have limited the EU's ability to respond to market developments and evolving science, and protect young people from initiation and exposure to harmful products.

To achieve the goal of a Tobacco-Free Generation by 2040, as outlined in Europe's Beating Cancer Plan, the EU must accelerate legislative reforms and close regulatory gaps (including those related to the new and emerging tobacco and nicotine products). Priority actions include revising the TPD to introduce plain packaging, harmonizing regulatory approaches across all tobacco and nicotine product categories, ban all flavouring agents and flavour accessories, and regulate all nicotine and related products. The TTD must be updated to ensure harmonized taxation across all product categories, reducing affordability and consumption. Broader advertising bans, expanded smoke-free policies and

stronger enforcement of all tobacco control measures are also essential to ensure full compliance and sustained public health impact.

Furthermore, there is a need to safeguard public health policy-making from commercial interests by fully implementing Article 5.3 of the WHO FCTC. This includes limiting interactions with the tobacco industry to those strictly necessary for regulation, ensuring transparency, and rejecting partnerships and so-called corporate social responsibility activities.

The EU's continued leadership in tobacco control is critical not only for protecting the health of its citizens but also for setting a global example. By strengthening its legislative framework, supporting Member States in the implementation of evidence-based tobacco control measures and prioritizing the health of future generations, the EU can realize its vision of a tobacco-free Europe.

Introduction

In 2003, the Health and Consumer Protection Commissioner of the European Communities, David Byrne, signed the WHO Framework Convention on Tobacco Control (WHO FCTC) *(1)* on behalf of the European Union (EU) on the first day that it became open for signature, in Geneva, Switzerland *(2)*. On that occasion, the WHO Director-General awarded the Commissioner the World No Tobacco Day Award for his contributions to European and global tobacco control, showcasing the EU's leading role in the process of establishing the WHO FCTC, the first global public health treaty.

The EU's role in both public health and global health is embedded in its treaties. Already in 1992, *the Treaty on European Union (3)* introduced a legal basis for a common action to ensure a high level of health protection. The 1997 Treaty of Amsterdam *(4)* further introduced the legal base for implementing a Health-in-All-Policies approach in EU-level policy-making. Article 152(3) of the Treaty of Amsterdam created an explicit basis for the EU to foster cooperation with international organizations in the field of public health. This was remarked in an exchange of letters between the Commissioner and the WHO Director-General in 2001, which set as a priority of both institutions to achieve a "reduction of tobacco consumption through the negotiation, adoption and implementation of a framework convention on tobacco control" *(5)*.

Since 2003 the WHO FCTC has been signed by all EU Member States and, globally, is one of the most widely embraced treaties in the United Nations' history *(6)*. As the WHO FCTC is a legally binding instrument that should be implemented and enforced by all signatories, the EU has adopted secondary legislation, in line with the principles of proportionality and subsidiarity, to implement its objectives.

Despite important achievements, tobacco use in the EU remains high and continues to be one of the most significant public health threats, contributing substantially to the burden of noncommunicable diseases (NCDs). The rapid rise in the use of new and emerging nicotine and tobacco products – such as electronic cigarettes (e-cigarettes), heated tobacco products (HTPs) and nicotine pouches – among young people, which often exceeds the rates of adults, is a major concern. Evidence indicates that these products may act as a gateway to other tobacco product use *(7,8)* with high-quality longitudinal studies showing that e-cigarette use is associated with an approximately threefold increase in subsequent cigarette initiation, particularly among non-smoking youth *(9)*. Without decisive action, this trend risks eroding hard-won progress.

Addressing the high burden of tobacco use requires full and sustained implementation of the WHO FCTC, complemented by forward-looking policies to anticipate market innovations and protect future generations from nicotine addiction.

This report provides an overview of the current state of tobacco control policies in the EU, 20 years after the WHO FCTC entered into force. More specifically, it outlines progress made, key aspects of the current EU legislative framework, identified challenges and the road ahead to achieve a tobacco-free Europe. It aims to reach policy-makers, researchers and civil society, supporting their work through an overview of the tobacco control efforts in the EU.

Tobacco use in the EU: prevalence and health burden

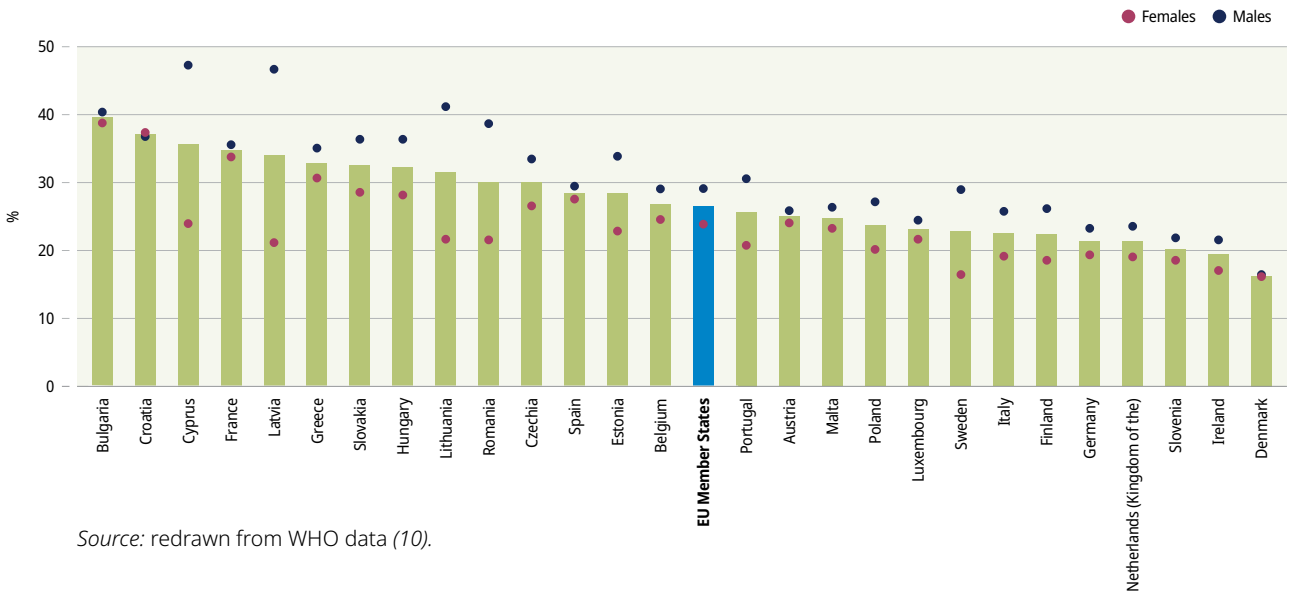
Prevalence of tobacco use in the EU

According to WHO estimates, the overall prevalence of tobacco use (including both tobacco products for smoking and smokeless tobacco products) among adults aged 15 years and older in the EU was 26.5% in 2022, a decline from 30.8% in 2010 *(10)*. Despite this reduction, the tobacco use prevalence in the EU remains higher than the WHO European Region average of 25.3% and notably exceeds the global prevalence of 20.9% *(10)*.

In the EU, tobacco use prevalence is higher among males (29.1%) than females (23.9%), and while the high prevalence among males is concerning, the prevalence among females requires particular attention. Nearly one in every four women in the EU currently uses tobacco – exceeding the female prevalence in the WHO European Region (18.9%) and far surpassing the global prevalence among females (7.4%) *(10)*. Fig. 1 illustrates the prevalence of tobacco use across EU countries, revealing considerable variation, with overall prevalence ranging from 16.2% in Denmark to 39.5% in Bulgaria. While some countries show a significant gap in tobacco use between men and women, others – such as Austria, Bulgaria, Croatia and France – have minimal differences in prevalence *(10)*.

Cigarette smoking remains the most prevalent form of tobacco use among adults in the EU. In 2022, the overall prevalence of current cigarette smoking reached 23.8% among adults aged 15 years and older (26% in males and 21.6% in females) *(10)*.

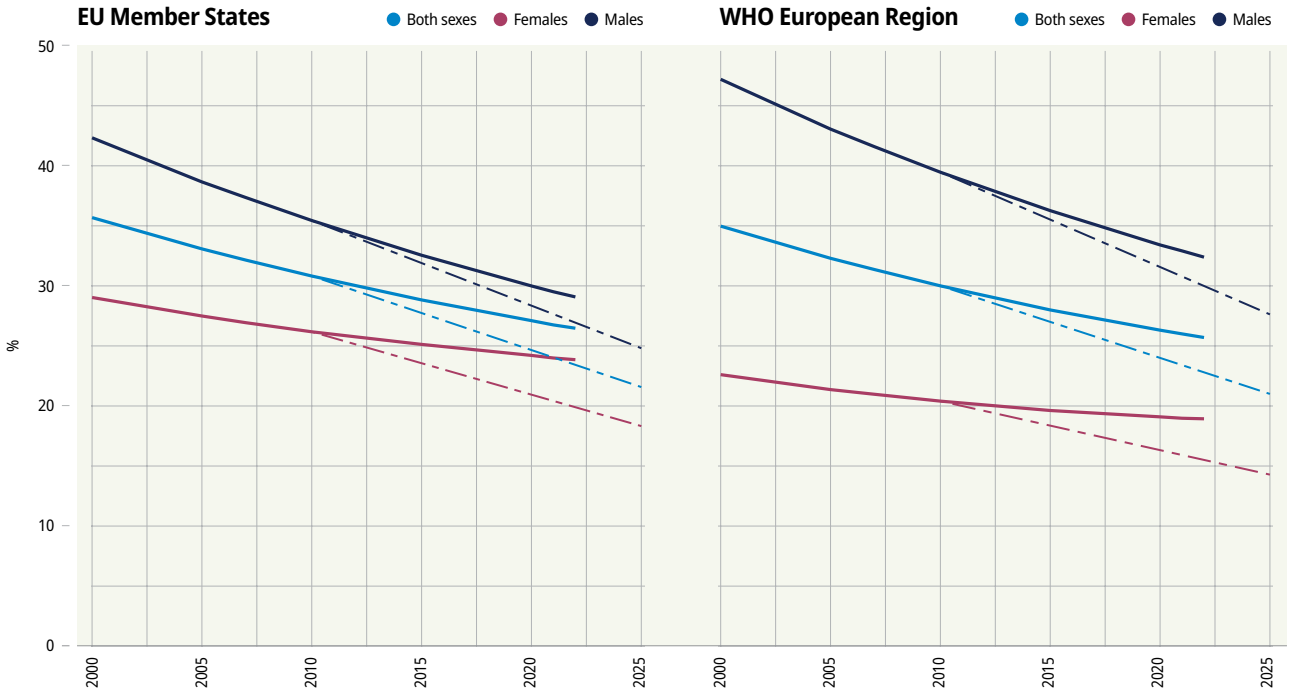
Fig. 1. **Age-standardized prevalence of current tobacco use among adults aged 15 years and older, by sex and by EU Member State**



Source: redrawn from WHO data *(10)*.

As part of WHO's global monitoring framework for NCDs *(11)*, a voluntary target was established to achieve a 30% relative reduction in the prevalence of current tobacco use (ages 15 and older) by 2025, compared to the 2010 baseline. By 2022, the EU had achieved a relative reduction of 14.1% in the prevalence of overall tobacco use since 2010 *(12)*. This decline has been more pronounced among males, with a relative reduction of 18.0%, compared to a smaller decrease of 8.9% among females (Fig. 2). The observed decline is insufficient to meet the 2025 global target at both EU and WHO European Region levels. However, three Member States (Austria, Denmark and Sweden) have already achieved the target. Additionally, Estonia, Finland, Germany, Greece and Ireland are on track to achieve the target line by the end of 2025.

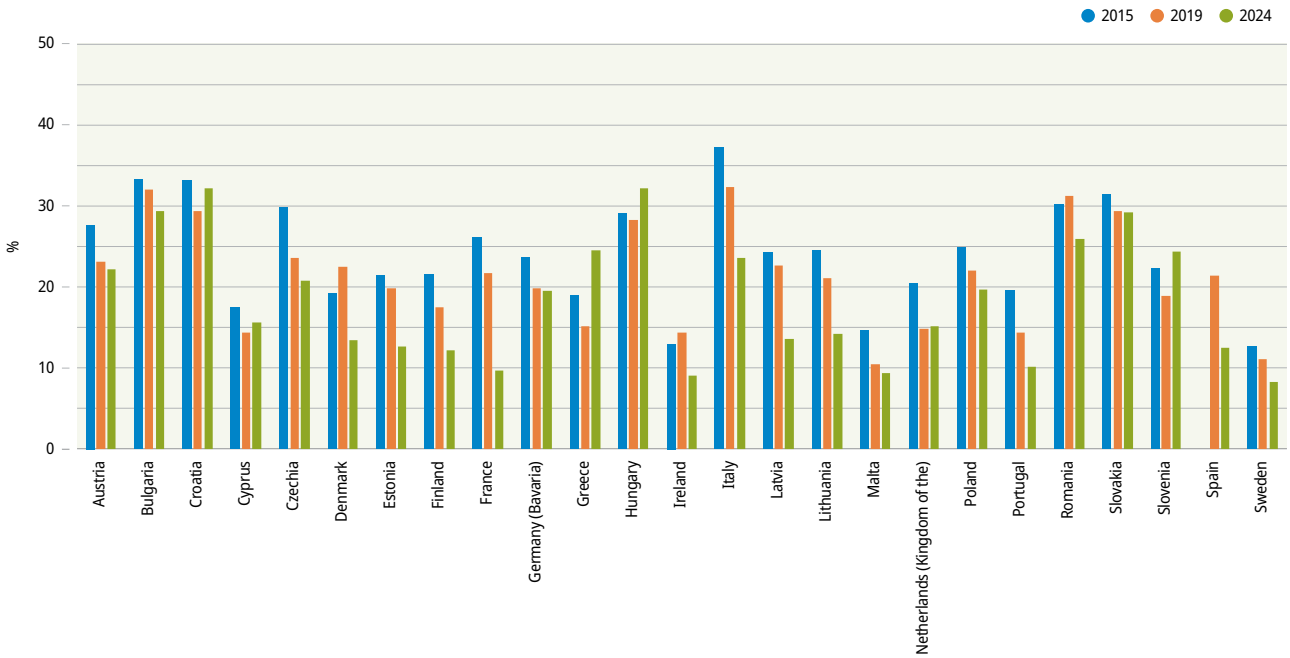
Fig. 2. **Age-standardized prevalence of current tobacco use in adults aged 15 years and older in EU and WHO European Region Member States, 2005–2022, and target line 2010–2025, by sex**



Source: redrawn from WHO data *(12)*.

When it comes to youth, data from the European School Survey Project on Alcohol and Other Drugs (ESPAD) show substantial variation in current cigarette smoking across EU Member States *(13)*. In 2024, current cigarette use – smoking in the past 30 days – was reported by roughly one in five 15–16-year-old students, ranging from 8.2% in Sweden and 9% in Ireland and Malta to 32% in Croatia and Hungary. Current smoking is more prevalent among girls in over half of Member States, with the widest gender gaps in Bulgaria (+9 percentage points (PP)) and Romania (+8 PP). Across the last three ESPAD rounds, current smoking declined in most countries; however, Croatia, Cyprus, Greece, Hungary, Slovakia and Slovenia reported similar or higher rates than in previous rounds (Fig. 3).

Fig. 3. **Prevalence of current cigarette smoking among 15–16-year-old students in 25 EU Member States over time, both sexes combined**



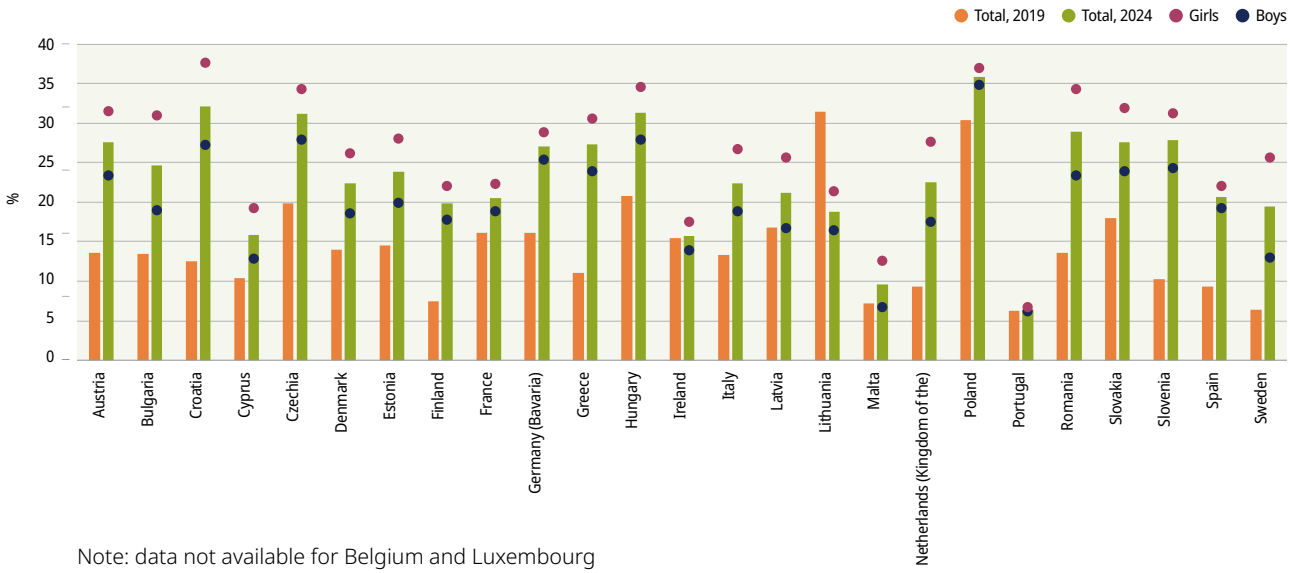
Note: data is not available for Belgium and Luxembourg.
Source: redrawn from ESPAD survey data *(13)*.

A similar pattern is observed for daily smoking, with the highest prevalence in 2024 recorded in Bulgaria (19.8%), Croatia (19.6%), Hungary (19.1%) and Romania (15.8%), and the lowest in Sweden (1.8%) and Ireland (2%) *(13)*.

Over the past decade, both in the EU and across the WHO European Region, the use of new and emerging nicotine and tobacco products has risen notably – including electronic nicotine delivery systems and electronic non-nicotine delivery systems (commonly referred to as e-cigarettes), nicotine pouches and HTPs – with a particularly high prevalence in central and eastern Europe. Uptake among children, adolescents and other non-smokers has accelerated in many countries, raising major public-health concerns. Consistently, over half of students report that both cigarettes and e-cigarettes are fairly or very easy to obtain.

In 2024, almost one quarter of 15–16-year-old students in EU Member States reported current e-cigarette use, with prevalence ranging from 6% in Portugal to 36% in Poland. Since 2019, prevalence has increased in 22 of 25 countries, and in every country, girls report higher use than boys. The largest increases were observed in Croatia (+20 PP), Slovenia (+18 PP), Greece (+16 PP), Romania (+15 PP), and Austria (+14 PP). The largest gender gaps were recorded in Sweden (+13 PP); Bulgaria (+12 PP); and Croatia; Netherlands (Kingdom of the) and Romania (+11 PP) (Fig. 4). Daily e-cigarette use shows the same pattern, with the highest prevalence in Poland (20%) *(13)*.

Fig. 4. **Prevalence of current e-cigarette use among 15–16-year-old students in 25 EU Member States, in 2019 and 2024**



Note: data not available for Belgium and Luxembourg
Source: redrawn from ESPAD survey data *(13)*.

Among adults, the 2023 Eurobarometer across the 27 EU Member States found that 3% currently use e-cigarettes (from 1% in Portugal to 9% in Estonia). Since 2020, current e-cigarette use increased in 17 Member States, with the largest rises in Estonia (from 2% to 9%) and Latvia (from 2% to 8%); Ireland was the only country with a decrease (from 7% to 5%), and nine countries showed no change. Overall adult prevalence rose from 2% in 2020 to 3% in 2023. In most Member States, adolescent e-cigarette use exceeds adult use – the same Eurobarometer reports a rate of 3% among adults compared with that of more than 20% among 15–16-year-old students *(13,14)*.

Co-use of e-cigarettes and conventional cigarettes is common. A study of 15–16-year-olds across 32 European countries found 6.4% reported current dual use in 2019 *(15)*, with substantially higher levels reported in places. For example, rates up to 23–31% were seen across six Nordic countries/jurisdictions *(16)*.

While there is limited data on the prevalence of nicotine pouch use across different user groups, findings from Global Youth Tobacco Surveys indicate that among youth aged 13–15, the current use of nicotine pouches is 10.7% in Bulgaria (2023) *(17)*, 8.1% in Czechia (2022) *(18)* and 4.6% in Lithuania (2022) *(19)*. In Nordic countries, where data is available from at least two survey rounds, there has been a notable increase in the prevalence of nicotine pouches use over time. In Denmark, the use of nicotine pouches among 15–17-year-olds increased from 8.7% in 2020 to 12% in 2022 *(20)*. Similarly, in Sweden, nicotine pouch current use in adolescents has increased from 11% in 2022 to 16% in 2024, with the largest increase seen among 15-year-old girls (from 8% to 14%), and among adults (16–84) the rate increased from 5.5% in 2022 to 8.4% in 2024 *(21,22)*.

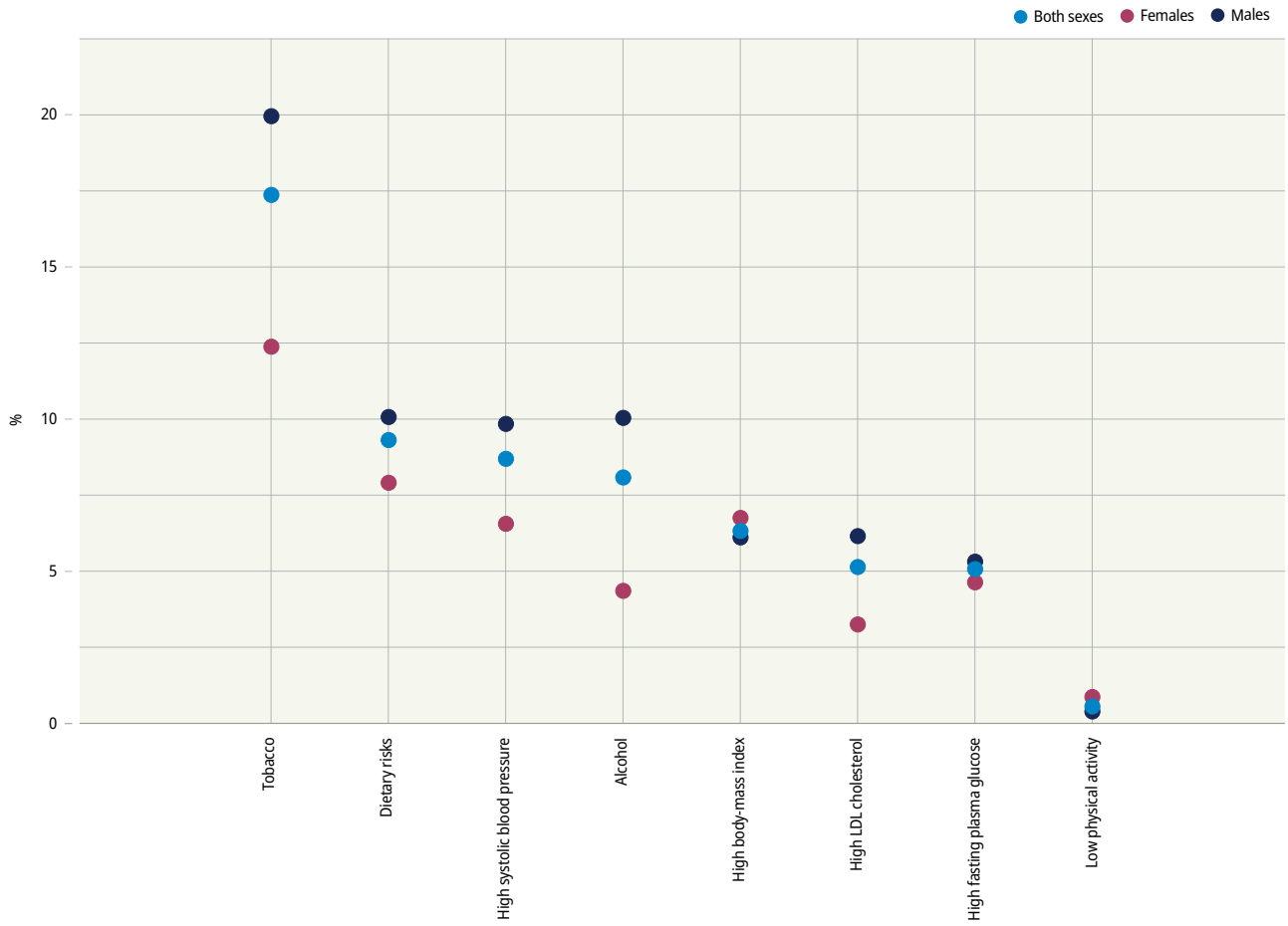
Health burden of tobacco use

Tobacco use is widely recognized as a leading risk factor for all four major groups of NCDs, namely cardiovascular diseases, cancer, chronic respiratory diseases and diabetes. As a result, tobacco use – tobacco smoking in particularly through its contribution to NCDs – accounts for a substantial proportion

of premature mortality and disability, imposing a considerable burden on individuals, health-care systems and society.

The most recent data available from the Global Burden of Disease portal *(23)* indicate that in 2021, tobacco use was responsible for 17.3% of premature NCD deaths in the EU, representing the highest proportion of all behavioural and metabolic risk factors. Fig. 5 presents the attribution of risk factors to premature NCD deaths, with tobacco use twice exceeding the second risk factor.

Fig. 5. **Attribution to premature NCD deaths due to risk factors in the EU**

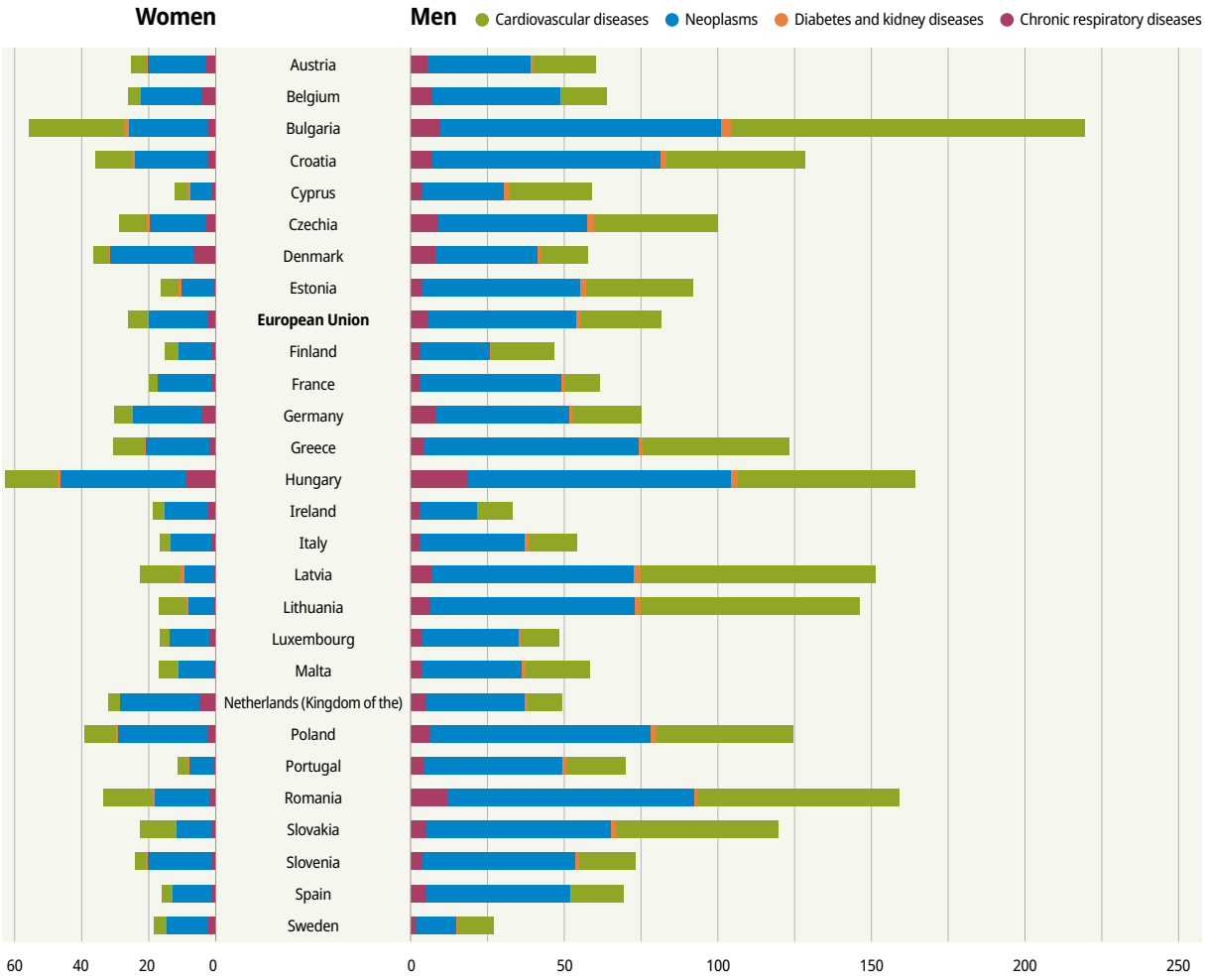


Note: LDL: low-density lipoprotein.
Source: Global Burden of Disease portal *(23)*.

In the same year, the rates of premature NCDs mortality attributable to tobacco use and exposure to tobacco smoking were three-fold higher in males compared to females, with rates of 82.06 and 26.54 per 100 000 population, respectively. The highest premature NCD mortality rates due to tobacco use were registered among males in Bulgaria, with rates of 221.16 per 100 000 population. Other countries with rates exceeding 100 per 100 000 population among males include Croatia, Czechia, Greece, Hungary, Latvia, Lithuania, Poland, Romania and Slovakia *(23)*.

The distribution of premature NCD mortality rates attributable to tobacco use and exposure to tobacco smoking across EU countries is illustrated in Fig. 6. In most EU countries, premature NCD mortality associated with tobacco use is driven by neoplasms, with rates exceeding those from cardiovascular disease by more than threefold: 17.60 and 5.67 per 100 000 population, respectively.

Fig. 6. **Premature deaths for four major NCDs attributable to tobacco use and exposure to tobacco smoke in EU countries, by sex (rate per 100 000 population)**

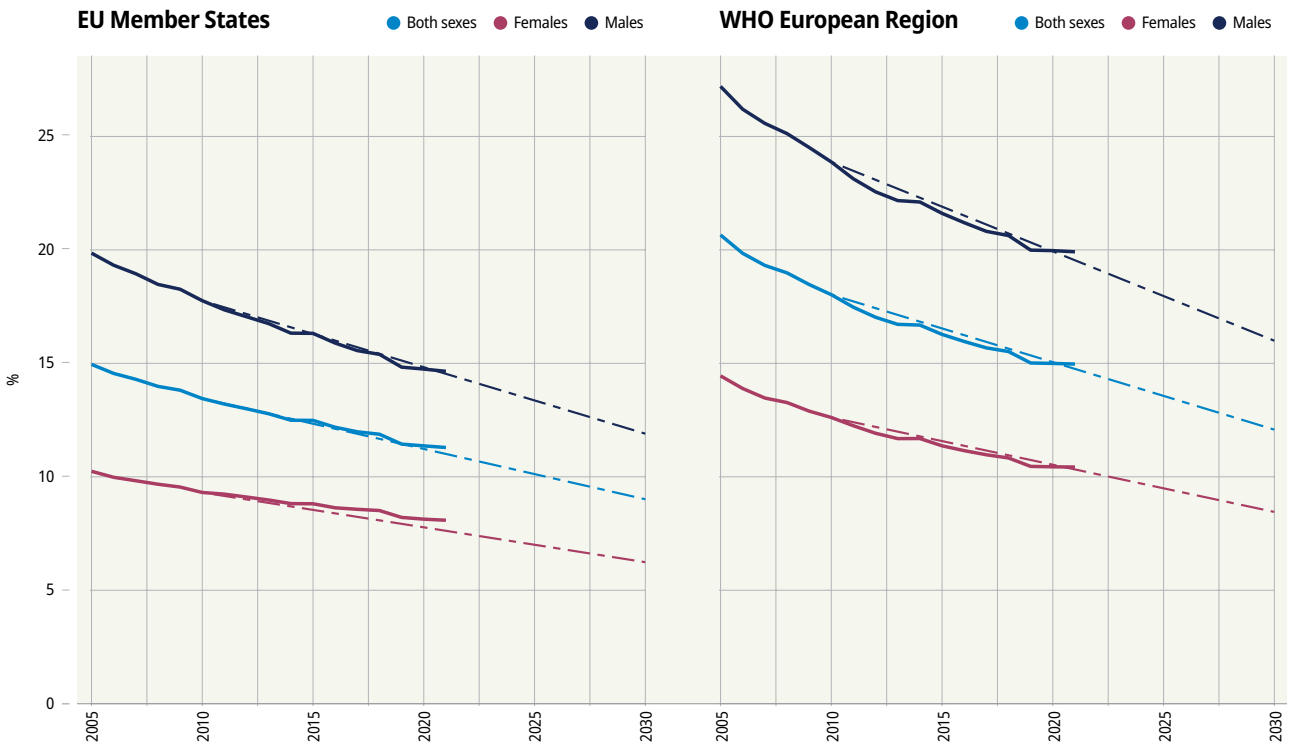


Source: Global Burden of Disease portal *(23)*.

As part of the Global Monitoring Framework *(11)* and *European Programme of Work, 2020–2025 – "United Action for Better Health" (24)*, a voluntary target was established to reduce premature mortality from major NCDs by 25% between 2010 and 2025. Additionally, the *Action plan for the prevention and control of noncommunicable diseases in the WHO European Region (25)* set a target of a one-third reduction in premature mortality by 2030. In 2010, the probability of dying from four major NCDs in the EU was 13.4% for both sexes combined, but was almost twice as high for males compare to females *(12)*. By 2021, NCD premature mortality in the EU dropped to 11.3% overall (14.6% for males and 8.1% for females), but despite this progress, the reduction remains insufficient to achieve targets, highlighting the need for accelerated action.

The progress towards achieving the targets within the EU and the WHO European Region is presented in Fig. 7. The data underscore the significant impact of the coronavirus disease pandemic in impeding progress. Despite this, certain EU countries including Belgium, Denmark, Estonia, Luxembourg, Netherlands (Kingdom of the) and Sweden have successfully met the target of a 25% reduction of premature mortality from the four major NCDs for both sexes combined ahead of 2025.

Fig. 7. **Unconditional probability of dying between ages 30–69 from four main NCDs in the EU and WHO European Region, by sex**



Source: drawn from WHO data *(12)*.

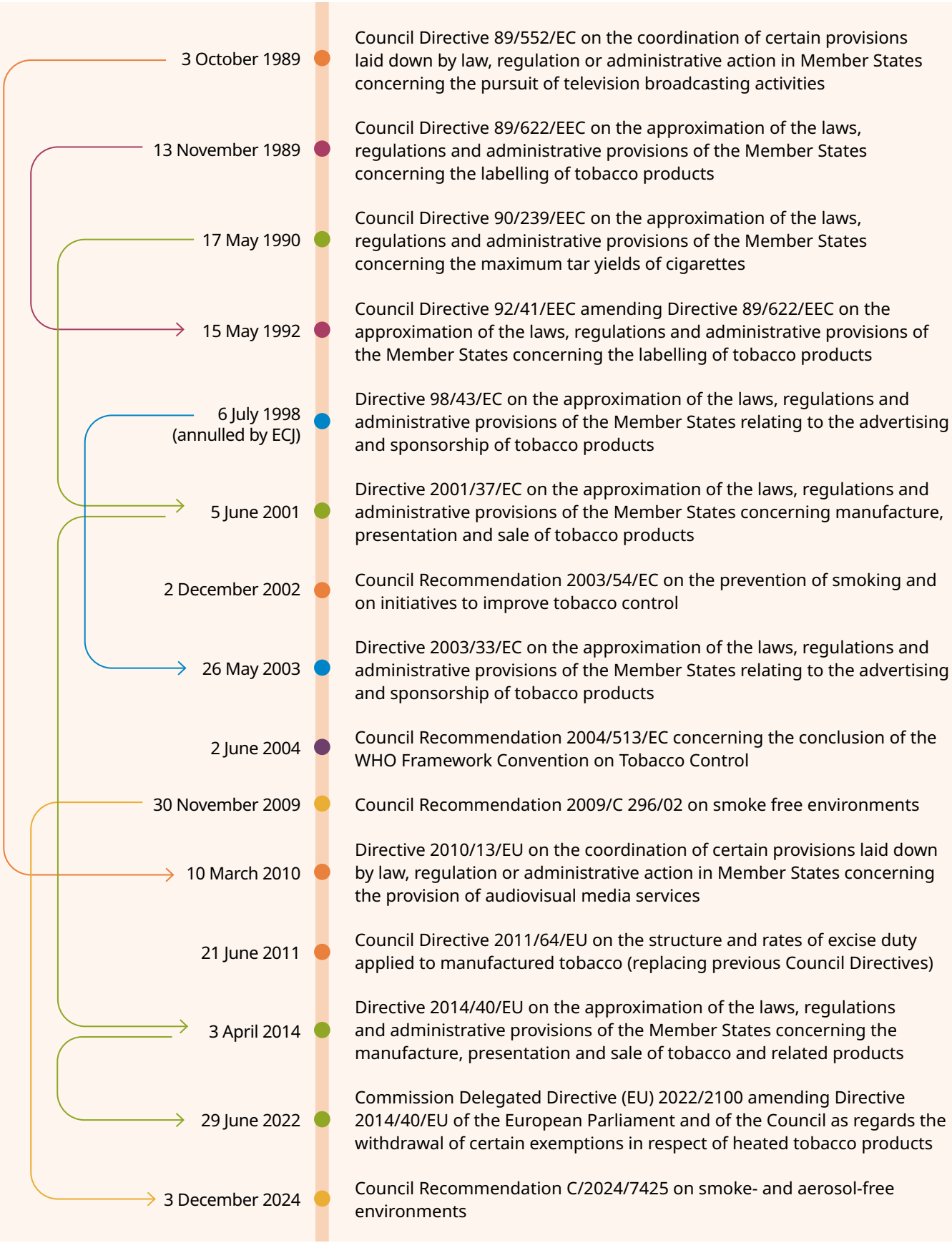
In addition to premature NCDs mortality, the rates of disability-adjusted life years (DALYs) attributable to tobacco use for the four major NCD (across all age groups) in the EU have registered a gradual decline since 2010, decreasing from 3367.6 per 100 000 population to 2944.1 per 100 000 in 2021. According to Global Burden of Disease data, the highest rate of tobacco-related DALYs were attributed to neoplasms at 1334.2 per 100 000 population, followed by cardiovascular disease at 776 per 100 000 population *(23)*.

In contrast to the trends observed in DALYs and mortality rates, the rates for years lived with disability, which account for the non-fatal health consequences of NCDs, have remained relatively stable over the years. In 2010, the years lived with disability rate for all four major NCDs was 619.15 per 100 000 population, which slightly decreased to 609.98 per 100 000 population in 2021. The highest rates were registered for chronic respiratory diseases at 96.9 per 100 000 population (including for chronic obstructive pulmonary disease at 78.9 per 100 000 population), followed by diabetes at 77.4 per 100 000 population *(23)*.

EU tobacco control policies and milestones

The EU has progressively developed a robust legal framework for tobacco control, addressing multiple dimensions of tobacco product requirements, advertising, taxation and, more broadly, health protection (Fig. 8). This comprehensive legal and policy framework developed throughout the years reflects the EU's commitment to reducing tobacco consumption and associated health burden, as required by the WHO FCTC and as most recently emphasized in Europe's Beating Cancer Plan (EBCP) *(26)*. The EBCP, launched on World Cancer Day in 2021, was one of the flagship initiatives of the 2019–2024 European Commission and aimed to tackle cancer through the entire disease pathway. The prevention pillar – one of the four key action areas of the EBCP – includes an objective to achieve a tobacco-free Europe, with a specific Tobacco-Free Generation goal (Box 1), where less than 5% of the population uses tobacco by 2040. This goal has the interim objective of reaching the WHO target of a 30% relative reduction in tobacco use by 2025 in comparison with 2010 prevalence *(27)*. The EBCP aims to reach this Tobacco-Free Generation through five actions: i) a review of the Tobacco Products Directive (TPD) *(28)*, to include plain packaging and a full ban on flavours; ii) updates to the Tobacco Taxation Directive (TTD) *(29)*, which would include extending taxation to novel tobacco products; iii) a review of the legal framework on cross border purchases of tobacco by private individuals; and iv) the revision of the Council Recommendation on Smoke-free Environments, to extend its coverage to emerging products and new spaces; and v) the enforcement of EU laws and full implementation of the WHO FCTC *(27)*. Furthermore, the EBCP mentions the necessity to address tobacco advertising, promotion and sponsorship (TAPS) on the internet and social media, which could be achieved with a revision and codification of the Tobacco Advertising Directive (TAD) *(30)* into the TPD or by revising the TAD. Recently, the European Commission published its review of the EBCP *(31)*, together with the external study conducted for that purpose *(32)*. Both documents highlight the necessity to evaluate tobacco control legislation and the negative impact of new products on EBCP goals, in view of the new developments and market trends.

Fig. 8. **Evolution of the main EU tobacco control legislative and non-legislative acts**



Source: Authors using information from *(33)*.

Box 1.

Policy significance of the Tobacco-Free Generation

The EU Tobacco-Free Generation is defined in the EBCP as less than 5% of tobacco use in the population by year 2040. This represents a significant policy goal that aligns with Article 2.1 of the WHO FCTC, encouraging parties to implement measures to better protect human health. The goal aims at phasing out tobacco consumption, therefore prioritizing long-term eradication and preventive measures instead of just shifting addiction to other harmful products. The EU definition differs from the original concept of a tobacco-free generation, which generally refers to limiting tobacco sales by birth year and not by setting a prevalence goal across the entire population.

TPD

The TPD, also known as TPD2 and, officially, as Directive 2014/40/EU *(28)* was, at the time of its adoption, a significant milestone for tobacco control at EU level. The TPD built on its predecessor, Directive 2001/37/EC (TPD1) *(34)*, by introducing significant policy changes. The milestones achieved with the revision of TPD1 included among others: i) the introduction of mandatory combined health warnings for cigarettes, roll-your-own (RYO) tobacco and waterpipe tobacco,[1] giving Member States the possibility of also introducing combined health warnings for other tobacco products for smoking; ii) banning characterizing flavours in cigarettes, and RYO tobacco;[2] iii) regulating e-cigarettes and refill containers, including their advertising and promotion; iv) developing an initial legal framework for the regulation of novel tobacco products; and v) the requirement to report the ingredients, emissions, and sales volumes of tobacco products, and to notify the placing in the market of e-cigarettes and novel tobacco products, which is currently done by manufacturers and importers through the EU's Common Entry Gate (EU-CEG) information technology tool *(35)*. This tool has been specifically designed to ensure compliance with the requirements set by Articles 5(5) and 20(13) of the TPD, and follows the Commission Implementing Decisions (EU) 2015/2186 *(36)* and 2015/2183 *(37)*, which harmonize data collection across Member States. Furthermore, the EU Commission has delegated powers to adopt delegated acts for specific provisions based on, among other reasons, internationally agreed standards, other technical or scientific developments, or a "substantial change of circumstances" (Box 2). The TPD represents the main EU legal instrument regulating tobacco product manufacture, presentation and sale, and through which the EU implements multiple articles of the WHO FCTC.

Box 2.

Commission Delegated Directive (EU) 2022/2100

The Commission Delegated Directive (EU) 2022/2100 *(38)* is a recent example of the Commission's exercise of delegated powers that removed some exemptions for HTPs. This was legally grounded on changes in the market share of HTPs. The increase in the sales volume of HTPs allowed the Commission to extend the characterizing flavours prohibition to all HTPs and mandate combined health warnings for HTPs when considered a tobacco product for smoking. Nevertheless, the Delegated powers included within the TPD do not allow the European Commission to introduce the more-strict labelling restrictions for the HTPs that are marketed as smokeless tobacco products, which could be done through a legislative revision of the TPD.

1 The Commission Delegated Directive (EU) 2022/2100 has since extended this requirement to HTPs for smoking *(39)*.

2 Ibid.

TAD

The TAD covers cross-border TAPS and is officially known as Directive 2003/33/EC *(30)*. The TAD was developed following an annulment of an earlier, more comprehensive, 1998 Directive on advertising and sponsorship (Directive 98/43/EC or TAD1) *(39)* that banned all forms of tobacco advertising and sponsorship within the EU (then the European Communities). TAD1 was annulled through a notable ruling of the Court of Justice of the European Communities but nevertheless paved the way for future EU action in the area of public health. More specifically, the court clarified that even if public health protection is the main concern, it does not prevent the legislator from relying on the internal market legal basis provided in the Treaties *(40)*. The TAD achieved the milestone of prohibiting the advertising of tobacco products and their promotion: i) in the press and other printed publications; ii) in radio broadcasting; iii) in information society services; and iv) through tobacco-related sponsorship, including the free distribution of tobacco products. While the TAD was adopted before the WHO FCTC, it is mentioned in its preamble that negotiations were underway to establish internationally agreed standards for the advertising of tobacco products and related sponsorship. Indeed, the EU played a central role in the negotiations of the WHO FCTC, including the provisions on TAPS *(41)*. However, as the TAD is limited to cross-border TAPS, Member States have had to legislate beyond it to comply with the requirements set in Article 13 of the WHO FCTC.

TTD

The taxation of tobacco products is harmonized at EU level through the TTD – officially Council Directive 2011/64/EU *(29)* – which codifies three previous separate Council directives that had been substantially amended multiple times in the past *(42–44)*. This fiscal legislation, which required unanimity from Member States for its adoption, established minimum excise duties for all categories of manufactured tobacco. However, it introduced different minimums for i) cigarettes; ii) cigars and cigarillos; iii) fine-cut tobacco for the rolling of cigarettes, defined as RYO tobacco in the TPD; and iv) other tobacco products for smoking. The TTD represents a strong pillar towards the EU implementation of Article 6 of the WHO FCTC as it supports Member States in the implementation of adequate tax policies. In the case of the TTD, the tax structure of the duties consists of a minimum tax rate and two components; a specific component and an ad valorem component.[3] As contained in the guidelines for the implementation of Article 6 of the WHO FCTC, this type of tax structure is known as a "mixed structure" and, while more complex to implement, it combines the benefits of each of the two components.

Audiovisual Media Services Directive (AVMSD)

The AVMSD, known as Directive 2010/13/EU *(45)*, was originally adopted in 2010 and amended in 2018 through Directive (EU) 2018/1808 *(46)*. While the AVMSD originally included a full ban on all forms of audiovisual commercial communication, sponsorship and product placements regarding tobacco

3 For manufactured tobacco products other than cigarettes, a mixed structure is optional.

products, including non-tobacco products from tobacco companies, the 2018 amendment extended the prohibition to e-cigarettes and refill containers. While some measures were originally established in the 1989 Council Directive 89/552/EEC *(47)*, the continuous refinement of the AVMSD up to the point of the latest amendment represents a strong commitment to ensure that the legislation remains relevant to the latest tobacco and related products market development. An important success of the AVMSD is that it also covers product placements of both tobacco products, and any other product manufactured by a company whose primary activity is the "manufacture or sale of cigarettes and other tobacco products".

Council Recommendation on smoke- and aerosol-free environments

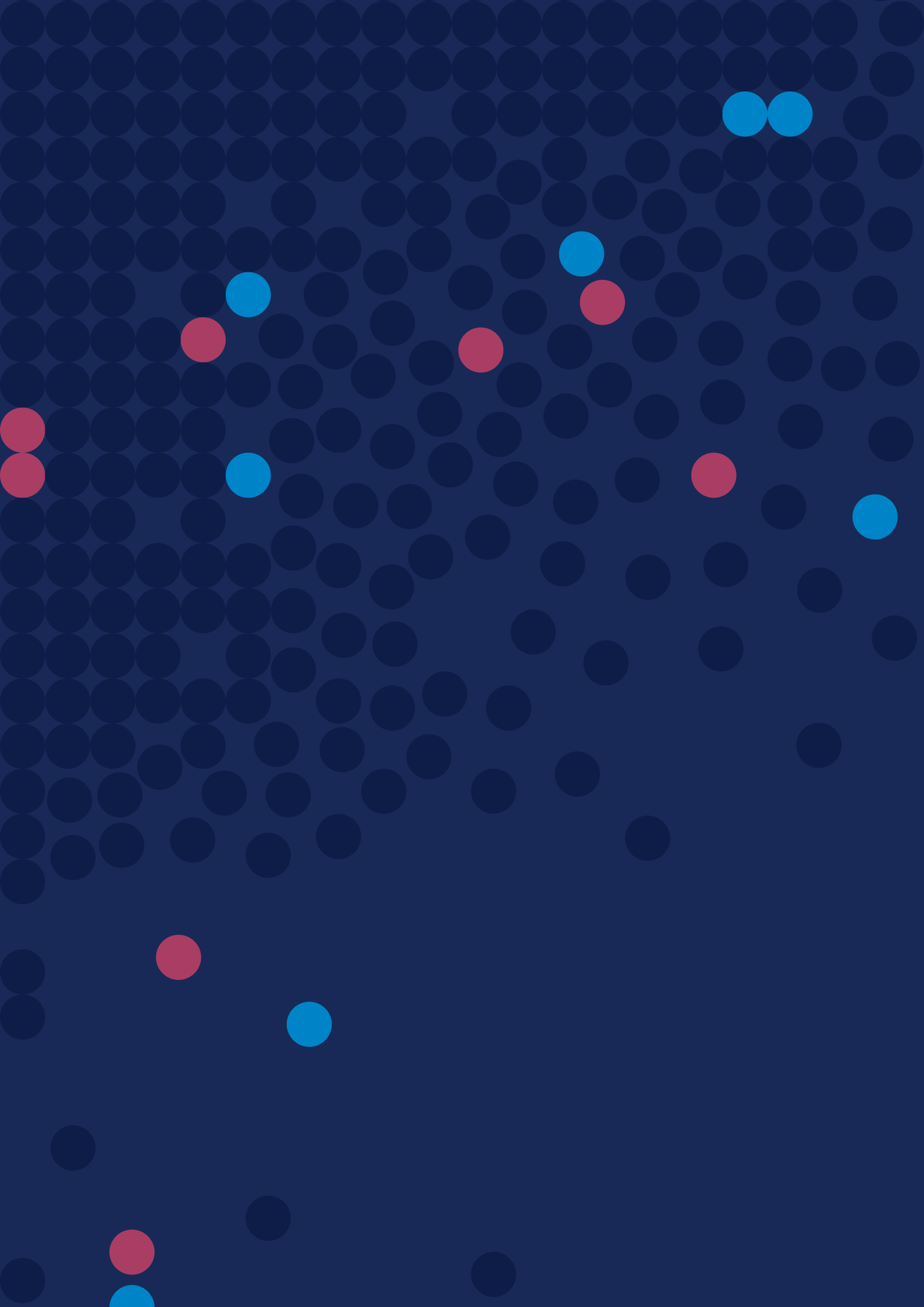
The Council Recommendation on smoke- and aerosol-free environments, adopted in December 2024, replaces the 2009 Council Recommendation and extends its coverage to both aerosols and some outdoor spaces *(48)*. The Recommendation is a non-binding act that represents the first finalized action of the five actions contained within the EBCP to achieve a tobacco-free Europe and the specific Tobacco-Free Generation goal. It aims "to better protect people, especially children, from second-hand smoke and aerosols", while it also "seeks to de-normalise and discourage the use of tobacco and emerging products, especially among younger people, and fight against nicotine addiction" *(49)*. The Recommendation includes significant considerations in its preamble relating to the evidence provided by WHO and independent researchers on the toxicity of aerosols from both e-cigarettes and HTPs. It aims to set the scene to support Member States in their own revisions of national legislation on smoke-free environments as well as support the implementation of Article 8 of the WHO FCTC. Box 3 highlights Spain's comprehensive approach to smoke-free environments, which has evolved from early legislation in 2006 to recent initiatives extending protections to outdoor spaces.

Box 3.

Smoke-free environments in Spain

Spain has one of the EU's most comprehensive and long-standing smoke-free frameworks. Smoking was first prohibited in 2006 across indoor public places, with limited exemptions for the hospitality sector. In 2011, the ban was extended to all indoor public venues and selected outdoor areas, including children's playgrounds and the entrances to schools and health-care facilities. Spain does not permit designated smoking areas in public places, including in hospitality; the only exception allows designated smoking rooms in hotels, which are rarely used.

The Government has recently proposed further extending smoke- and aerosol-free protections to additional outdoor settings, aligning with the Council Recommendation on smoke- and aerosol-free environments *(48)*. Through local initiatives, more than 700 beaches are already smoke-free. Compliance is high and public support for these measures is strong.



MPOWER implementation in the EU

The WHO FCTC and its guidelines provide a strong legal foundation for countries to adopt, implement and enforce tobacco control policies and measures. To support the scaling-up of specific provisions of the WHO FCTC at the country level, WHO introduced the MPOWER measures in 2008 *(50)*.[4]

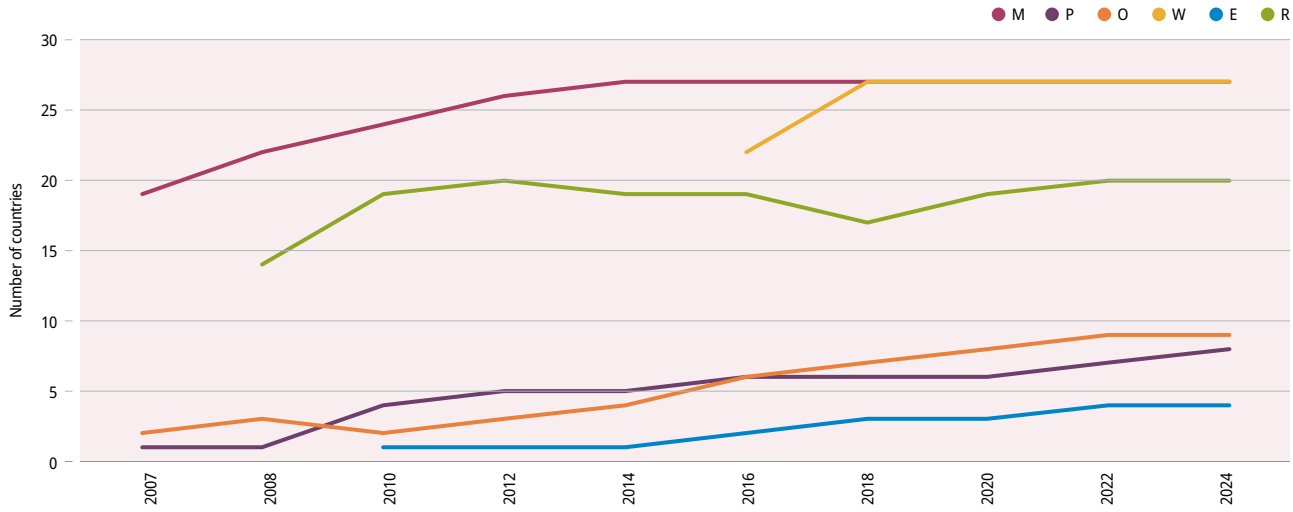
The information presented in this chapter covers the overall implementation of MPOWER in the EU, as well as progress within each individual measure. It is based on data from the *WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco (51)* – the 10th report of its kind – and reflects the state of selected tobacco control policies as of December 2024.

Overall implementation of MPOWER

The EU has made substantial progress in tobacco control over the years. While many countries have implemented stringent measures in line with the WHO FCTC, there remains a significant variation in policy implementation across EU Member States.

Fig. 9 shows the adoption of MPOWER measures at the recommended level in the 27 EU Member States since 2007 and demonstrates both significant achievements and notable areas where progress has been slow.

Fig. 9. **Number of EU countries with MPOWER measures at the recommended level, 2007–2024**



Source: redrawn from WHO data *(51)*.

4 MPOWER is a set of six cost-effective and high impact measures that help countries reduce the demand for tobacco. The acronym MPOWER stands for: M: monitor tobacco use and prevention policies; P: protect people from tobacco smoke; O: offer help to quit tobacco smoking; W: warn about the dangers of tobacco; E: enforce bans on tobacco advertising, promotion and sponsorship; and R: raise taxes on tobacco.

All EU Member States have adopted and implemented the monitoring (M) and health warnings (W) measures, underscoring their importance to EU tobacco control policy. Enforcement of bans on advertising (E) and protection from tobacco smoke (P) lag significantly, with only four EU countries reaching the highest level of achievement for advertising bans and only eight for smoke-free policies by 2024. These areas are critical to reducing exposure to and uptake of tobacco and related products, particularly among vulnerable populations such as youth. Another important measure is offering support to quit (O) – only nine EU countries out of 27 provided support at the level of best practice. Finally, 20 EU countries levy taxes (R) at the best-practice level, however the progress has plateaued in recent years, raising concerns about the growing affordability of tobacco.

Netherlands (Kingdom of the) is the only EU country having implemented all MPOWER measures at the best practice level, while Ireland, Slovenia and Spain are just one measure away from this achievement.

MPOWER: a summary by measure

Monitoring tobacco use and prevention policies

By 2024, all 27 countries had reached the highest level of monitoring, reflecting strong and sustained commitment to comprehensive surveillance systems. However, the focus of monitoring varies in depth (the list of indicators included in the national surveys) and regularity. For example, only one in five EU countries assess the use of smokeless tobacco products among adults and in some countries prevalence rates are not disaggregated by age and sex. While some countries are advancing their efforts in monitoring new and emerging tobacco and nicotine products like e-cigarettes and HTPs there remains a need to scale up surveillance of these products and include new ones, such as nicotine pouches, both among adults and adolescents to facilitate evidence-based policy decisions.

Protecting people from tobacco smoke

Despite being a critical measure for reducing exposure to second-hand smoke, helping smokers quit and reducing youth smoking, progress in implementing smoke-free policies has been notably slow. Only one EU country met the recommended level in 2007, and by 2024, this figure had risen to just eight. This indicates that while incremental progress has been made, significant gaps remain in ensuring full protection from tobacco smoke across all EU Member States.

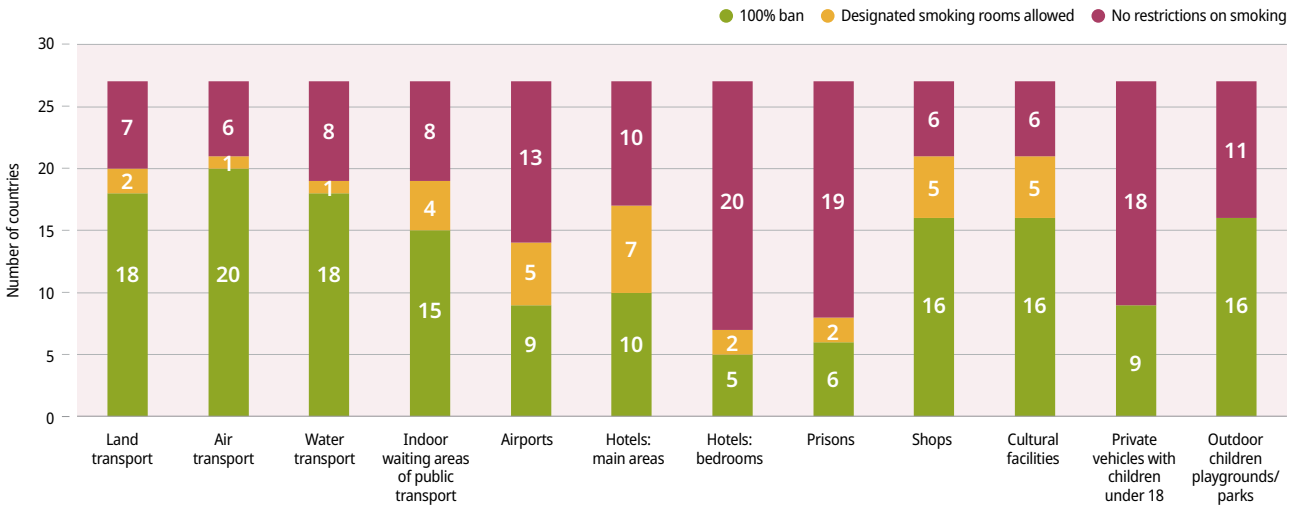
The prohibition of smoking, which provides protection from exposure to second-hand smoke, remains insufficient in government facilities, indoor offices, restaurants, pubs and bars and on public transport (Fig. 10). Despite evidence that designated smoking rooms do not protect people in indoor public areas, seven out of 27 countries continue to allow them in many venues, especially in the hospitality sector (Fig. 11).

Fig. 10. **Number of EU countries with comprehensive bans on smoking and with designated smoking rooms, by venue, 2024**

Source: redrawn from WHO data *(51)*.

EU countries are increasingly extending smoke-free laws to other public venues. Cultural facilities, such as theatres and cinemas, shops and children's outdoor areas such as playgrounds are best covered (16 countries), followed by indoor waiting areas for public transport (e.g. train and metro stations) (15 countries). While most countries now prohibit smoking on aircrafts, only nine have adopted 100% smoking bans in airports, with no designated smoking rooms. In recognition of the harm of second-hand smoke for children, nine countries have made smoking in cars with passengers under the age of 18 years illegal (Fig. 11).

Fig. 11. **Additional indoor and outdoor smoke-free venues in the EU, 2024**



Source: redrawn from WHO data *(51)*.

Offering help to quit

The provision of cessation support has seen gradual improvement, increasing from two countries in 2007 to 9 in 2024. While this demonstrates progress, the limited adoption suggests more effort is needed to provide accessible and effective cessation services. The majority of EU countries (22 out of 27) have established national toll-free quit lines to support smokers attempting to quit. Nicotine replacement therapy is commonly available, however, its cost remains a significant barrier, as it is fully covered in only one country (Cyprus), while others provide partial (10 countries) or no coverage at all (16 countries). Most EU countries provide smoking cessation services in primary care facilities and hospitals. This suggests integration of cessation services within health-care systems; a vital component for successful outcomes. Box 4 highlights Ireland's example of a comprehensive, nationally coordinated approach to smoking cessation, illustrating how structured guidelines and support systems can enhance access and effectiveness.

Box 4.

Quitting smoking in Ireland

Ireland's first national stop smoking clinical guideline was published in January 2022 *(52).* The guideline defines best practice for care of people who smoke in the general adult population, as well as providing a special focus on helping women who are pregnant and users of secondary mental health services to quit. The Health Service Executive supports quitting through free quit services available all year round; offering personalized plans, community support, a Quitline and free Quit Kit. Nicotine replacement therapy and cessation medications like bupropion and varenicline are accessible over the counter or free under public schemes. In 2022, the government removed value added tax on nicotine replacement therapy, further enhancing accessibility.

Warning about the dangers of tobacco

All EU Member States have implemented robust measures for health warnings on tobacco product packaging, demonstrating strong alignment with WHO FCTC Article 11 guidelines. Broader adoption of plain packaging, currently mandated by eight EU counties (Belgium, Denmark, Finland, France, Hungary, Ireland, Netherlands (Kingdom of the) and Slovenia), could further enhance tobacco control efforts across the Union. Box 5 provides an example of recent legislative progress in Finland, where plain packaging measures have been extended to include not only tobacco products but also e-cigarettes and refill containers.

Box 5.

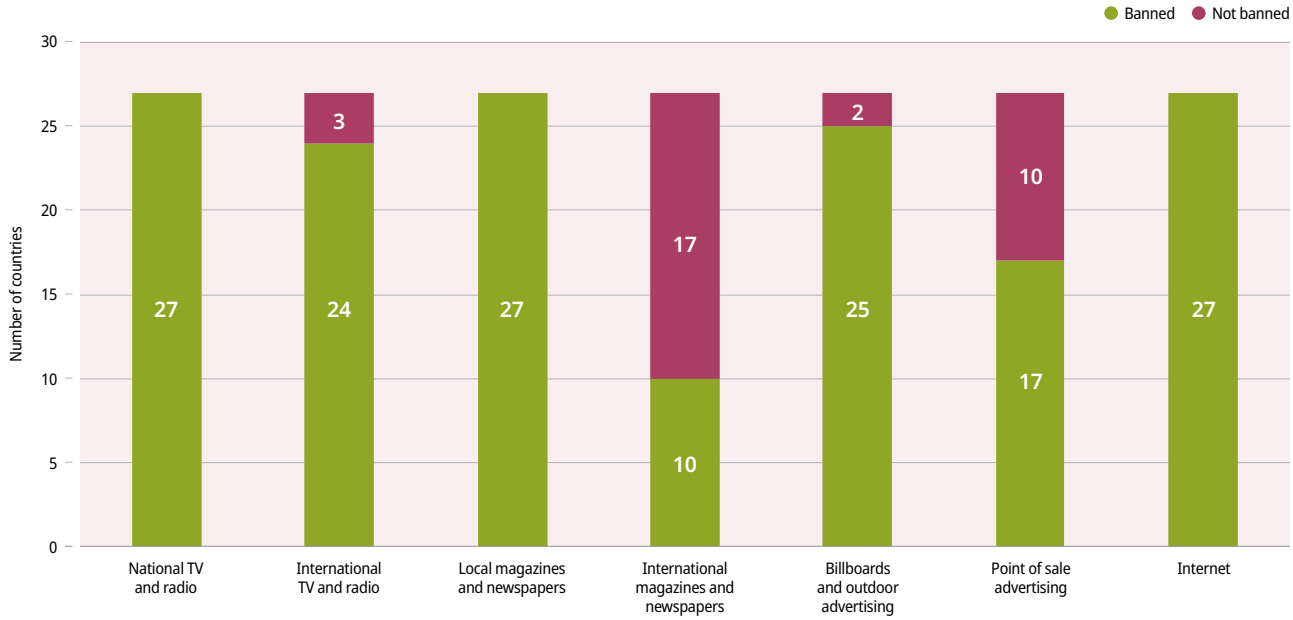
Plain packaging in Finland

In 2022 Finland strengthened its Tobacco Act *(53)* by mandating the removal of brand images and logos from tobacco products, e-cigarettes and refill containers, effectively introducing plain packaging for these products. The regulation took effect on 1 May 2023. Tobacco packs must feature combined text and pictorial health warnings covering at least 65% of their front and back surfaces. E-cigarettes must include health warnings in Finnish and Swedish on 32% of the two largest surfaces.

Enforcing bans on TAPS

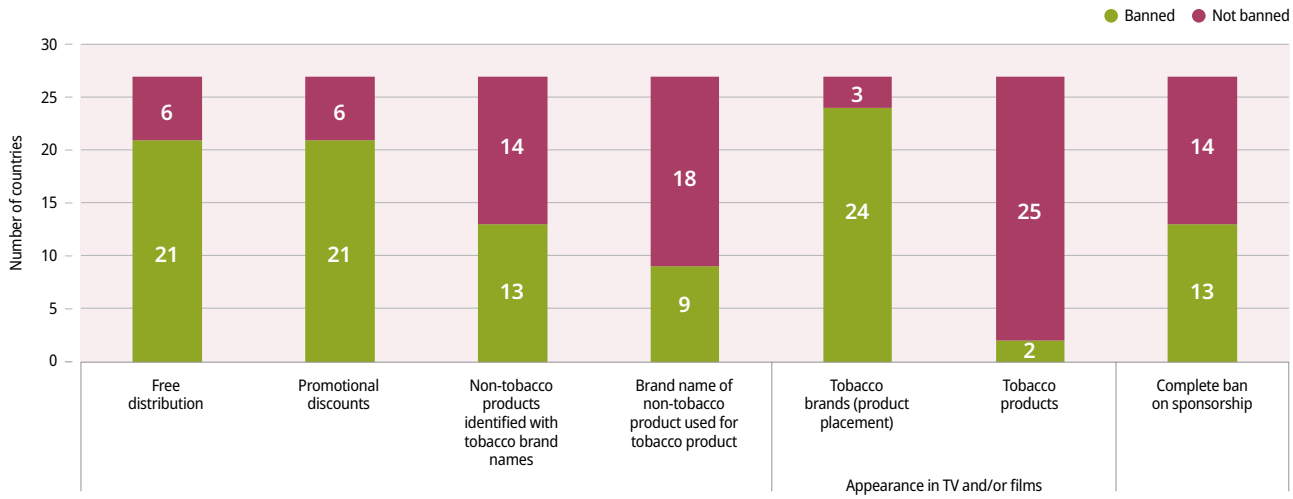
The EU has made important progress in restricting most forms of direct tobacco advertising: all countries ban tobacco ads on television, radio, in print media and on the Internet, while advertising on billboards is prohibited in 25 countries. Gaps, however, remain in point-of-sale advertising and displays (only 17 and nine countries, respectively, have introduced the measure); product appearance in entertainment media (two countries); indirect advertising (e.g. brand stretching and brand-sharing, 13 and nine countries, respectively); and in requiring a complete ban on sponsorship (13 countries) (Fig. 12 and Fig. 13). Sale of tobacco products from vending machines is prohibited in 17 countries, and online sales are banned in 10.

Fig. 12. **Number of EU countries with bans on various forms of direct advertising, 2024**



Source: redrawn from WHO data *(51)*.

Fig. 13. **Number of EU countries with bans on various forms of indirect advertising, 2024**



Source: redrawn from WHO data *(51)*.

Raising taxes on tobacco

In 2024 tax represented more than 75% of the retail price of the most popular brand of cigarettes in 20 EU countries – an increase from 14 countries in 2008. One of the most striking trends observed is the price disparity of tobacco products. The cost of a 20-cigarette pack varies considerably across the EU. In 2024, the price ranged from 6.82 international dollars in Bulgaria to 22.43 international dollars in Ireland. Cigarettes have become more affordable since 2014 in 14 countries (Bulgaria, Croatia, Cyprus, Estonia, Ireland, Latvia, Lithuania, Malta, Poland, Portugal, Romania, Slovenia, Spain and Sweden). No change in the affordability of cigarettes has been seen since 2014 in seven countries, and cigarettes have become less affordable since 2014 in only six EU countries (Belgium, Czechia, Finland, France, Germany and Slovakia).

Regulation of e-cigarettes in the EU as of 2024

The regulation of e-cigarettes varies across the EU, as some countries choose to go beyond the minimum requirements set in the TPD, with differences in restrictions related to public use, health warnings, advertising, flavours and excise taxes. In terms of public use, most Member States have a partial ban on e-cigarette use in indoor public areas, with a few exceptions (including in Greece, Malta, Netherlands (Kingdom of the) and Slovenia), where a full ban is in place. Health warnings on packaging, advising consumers that they contain nicotine and should not be used by non-smokers, are required in all EU Member States based on Article 20 of the TPD, and only a few countries such as Denmark, Finland and Netherlands (Kingdom of the) are requiring plain packaging for e-cigarettes (in the latter the policy is in force since 1 July 2025). Approximately half of EU Member States regulate the advertising, promotion, and sponsorship of e-cigarettes in line with provisions applicable to tobacco products, while the remainder apply partial restrictions.

The regulation regarding flavours for e-liquids used in e-cigarettes also varies, with some countries imposing bans or restrictions. For instance, as of 2024, Finland, Hungary, Latvia, Lithuania, Netherlands (Kingdom of the) (Box 6) and Slovenia have banned all flavours (except for tobacco flavour), while Denmark and Estonia only allow specific flavours and Germany bans specific flavours. Other countries have no regulations on flavours in place. As for excise taxes, they are applied to e-liquids in most EU countries, contributing to higher prices and deterring consumption, though the tax is generally low, with most countries having a total tax share below 25% of the retail price.

Box 6.

Netherlands (Kingdom of the) flavour ban on e-cigarettes and e-liquids

The flavour ban on e-cigarettes and e-liquids took effect on 1 January 2023, with a transition period until December 2023. Only 16 additives are permitted to create a tobacco flavour, while all other flavouring substances are banned. The restriction extends beyond e-liquids – prohibited flavours must not be present in any part of e-cigarettes, including flavoured mouthpieces specifically designed by the industry to add flavour. The country's enforcement approach is straightforward, relying on ingredient checks on packaging or leaflets and laboratory testing. Fines apply equally to producers, importers, wholesalers, retailers and private sellers.

Furthermore, several countries have recently banned or are currently considering banning the sale of disposable e-cigarettes with a double objective: to prevent nicotine addiction among youth and to protect the environment from waste and hazardous substances. Belgium was the first EU country to implement a ban on disposable e-cigarettes, effective on 1 January 2025, followed by France on 26 February 2025. The European Commission approved both bans under Article 24(3) of the TPD.

EU-funded collaboration and research in tobacco control

The EU has a specific funding programme – the EU health programme – to implement EU health strategies and policies, with funding provided to national authorities, health organizations and other bodies through grants and public procurement.[5] The EU4Health programme for 2021–2027 is the largest EU health programme to date in monetary terms *(54)*. Direct grants from the EU4Health programme include Joint Actions – collaborative projects involving a consortium of EU Member States and associated countries – with the objective to address key EU health policy priorities. Activities under these Joint Actions include, among others, sharing, piloting, and refining best and promising practices as well as innovative approaches. Specific to tobacco control, two Joint Actions were implemented in 2017–2024 *(55,56)*.

The first Joint Action on Tobacco Control

In the first Joint Action on Tobacco Control, 30 governmental and scientific institutions were active members of the Action's tasks, supported by 13 collaborating partners *(55)*. The main aim of the project was to support EU Member States in the implementation of the TPD, with the specific objectives to ensure appropriate coordination and evaluation; to support the dissemination of information to the public, regulators and researchers; to enhance the ease of access to the data collected through the EU-CEG; to monitor and provide support to the tasks of tobacco and e-cigarette product regulation; to assist EU Member State networking and collaborations between laboratories for tobacco evaluation; to support EU Member States in the process of monitoring and updating priority additives; and to integrate the Joint Action on Tobacco Control results into national policies *(57)*. The key outcomes included a standard operating procedure for EU-CEG data sharing; the creation of a data sharing agreement signed by a total of 19 EU Member States and Norway; the mapping of tobacco product design and ingredients, as well as e-liquid ingredients and flavours, using EU-CEG data across multiple EU Member States; the creation of reporting sheets for poison centres and economic operators to improve harmonized reporting on suspected adverse effects related to e-cigarettes; and a checklist was created to support the monitoring of e-cigarette product compliance for all types of businesses or surveillance institutions. Furthermore, laboratory capacity was supported through the creation and implementation of a standard operating procedure for measuring e-liquid analytes and enhancing communication with large international laboratory initiatives, including GoToLab *(58)* and the WHO Tobacco Laboratory Network *(59)*. Lastly, a peer review of 15 priority additives contained in cigarettes and RYO tobacco was conducted, and a list of selected additives that should be considered for further assessment was created for regulators and researchers *(57)*.

5 Altogether four health programmes have been implemented since 2003.

The second Joint Action on Tobacco Control

The second Joint Action on Tobacco Control *(56)* was initiated to further strengthen collaboration, to support the implementation of the TPD and TAD, and to promote activities consistent with the objectives of the WHO FCTC *(60)*. Additionally, strengthening cooperation on tobacco control between interested Member States and the European Commission via the second Joint Action on Tobacco Control was a part of the implementation roadmap of the EBCP *(61)*. Altogether, 36 governmental and scientific institutions participated in the second Joint Action on Tobacco Control, of which 21 were competent authorities and 15 affiliated entities.

Key outcomes from the Action included the creation of a dashboard and a how-to guide to analyse EU-CEG data on a national scale; reports and information sheets on health risks and the regulation of novel tobacco products and e-cigarettes; a weight of evidence paper for supporting the expansion of smoke-free environments; a position paper and an online repository on best practices for second-hand smoke/aerosol protection; a position paper for a new TAD; an online toolkit to facilitate the development of tobacco endgame strategies (Box 7) *(56)*; and to improve sustainability in tobacco control, recommendations to prevent and counter industry interference were also published *(62)*. Moreover, a sustainability plan including lessons learned, recommendations and guidance documents across work packages was developed *(63)*. This plan also included a concrete proposal to initiate an Administrative Cooperation Group for tobacco control enforcement through the European Commission under article 32 of the Market Surveillance Regulation *(64)*. Furthermore, collaboration with civil society and other stakeholders was facilitated through the second Joint Action on Tobacco Control via conferences and webinars across work packages. Specific knowledge-sharing meetings and an archive on the EU Communication and Information Resource Centre for Administrations, Businesses and Citizens (known as CIRCABC) platform were established to foster information exchange between authorities.

Box 7.

Advancing the EU's Tobacco-Free Generation goal through national tobacco endgame strategies

In tobacco endgame strategies, countries focus on structural, political and social changes to achieve a minimal level of tobacco use in the population that no longer creates a public health burden. As part of the second Joint Action on Tobacco Control, Work Package 9 assessed the status of national tobacco endgame strategies in Europe. By 2024, seven EU Member States (Belgium, Finland, France, Ireland, Netherlands (Kingdom of the), Slovenia and Sweden), Norway and the United Kingdom (England and Scotland) had established official tobacco endgame goals with varying definitions. An additional six EU Member States had similar proposals from government, civil society or research entities. The official goals often aim for a less than 5% of prevalence of use, sometimes called as smoke- or tobacco-free generation, with timeframes ranging between 2025–2040. Some countries (Finland and Slovenia) have already expanded their official tobacco endgame goals to consumer nicotine products. Further information on the approach and country experiences are available on the tobacco endgame toolkit website *(65)*, which was developed as a deliverable of second Joint Action on Tobacco Control.

Further collaboration

Currently, following the 2024 EU4Health work programme *(66)*, a new Joint Action on Health Promotion and Disease Prevention including Smoke- and Aerosol-Free Environments (known as JA-SAFE) is expected to begin in 2025. This Joint Action is tasked to specifically support the implementation of the updated Council Recommendation on smoke- and aerosol-free environments *(48)*, and the Tobacco-Free Generation goal of the EBCP *(26)*, contributing to reducing the burden of NCDs. Additionally, the Joint Action Prevent Non-Communicable Diseases project *(67)*, which began in 2024, involves several tasks that will contribute to strengthened WHO FCTC implementation. These include, for example, tasks that aim to strengthen the implementation and enforcement of effective tobacco control policies; improve policy monitoring also concerning new tobacco and nicotine products; improve protection from exposure to tobacco smoke; identify good practices in monitoring tobacco industry influence; and improve the provision and reach of tobacco and nicotine cessation support.

Further to Joint Actions, which emphasize collaboration and implementation support, the EU's research and innovation funding programme Horizon 2020 funded projects that produced key research to support strengthened tobacco control. For example, the TackSHS project found that in 2017, exposure to second-hand smoke was associated with 344 deaths and the loss of 37 000 DALYs among children, and 30 000 deaths and the loss of 712 000 DALYs among non-smoking adults *(68)*. Furthermore, the EUREST-PLUS project studied product transitions, policy support, exposure to advertising, social norms, harm perceptions and quitting behaviours to monitor and evaluate the impact of the TPD *(69)*. The current Horizon Europe research and innovation programme includes a Cancer Mission implementation plan *(70),* which is fully integrated with the EBCP.

Challenges and gaps

While EU Member States face diverse challenges in fully implementing the WHO FCTC that stem from various factors, this chapter highlights two key obstacles consistently reported by countries: the rise of new and emerging tobacco and nicotine products determined by legislative gaps in EU tobacco control directives, and persistent interference by the tobacco industry.

New and emerging tobacco and nicotine products

Although the EU has made substantial progress in implementing the WHO FCTC, the increasing availability of emerging tobacco and nicotine products, together with expanding scientific evidence of their health risks, has exposed regulatory gaps and underscored the need to revise and strengthen the existing measures. The TPD grants the European Commission certain powers to adopt delegated acts and address specific market developments without a legislative revision, but gaps remain when addressing novel tobacco products, such as HTPs, and emerging nicotine products, such as nicotine pouches and e-cigarettes. This represents a considerable challenge considering the uptake of these products by children and adolescents, which has increased rapidly in many countries; their addictiveness and harmful effects on health; and their negative impact on the EBCP goal of achieving the Tobacco-Free Generation *(71)*. Addressing these gaps is essential to ensure a robust and future-proof regulatory framework for tobacco and nicotine control in the EU.

Although the European Commission has exercised its delegated powers to address the challenge posed by the market development of HTPs through Delegated Directive 2022/2100 *(38)* (see Box 2) these powers are limited. Notably, it does not fully transpose the Decision of the Conference of Parties to the WHO FCTC *(72)* related to the HTPs, leaving critical public health gaps unaddressed.

One key limitation is that the delegated powers conferred by the TPD on the European Commission restrict its ability to adequately adapt labelling and packaging provisions in response to market developments (e.g. the European Commission was not able to establish a common labelling rule for all HTPs, having to differentiate the packaging between HTPs for smoking and those considered to be "smokeless"). Additionally, the devices used to consume HTPs are not clearly covered by TAPS bans, even though the device and inserts are interdependent and cannot be used separately. Since the device is essential for the tobacco product use, its marketing effectively constitutes tobacco advertising, which is prohibited under Article 13 of the WHO FCTC. More specifically, while Article 20(4)(b) of the TPD regulates the packaging of the e-cigarette device in the same manner as that of tobacco products (Article 13 TPD), it provides two exceptions. One of these, specifically, relates to packaging elements or features that "refer to taste, smell, any flavourings or other additives [...]," which has led to the use of colours or images to depict the flavourings (e.g. candy, fruit, etc.). Additionally, the TPD does not adequately regulate the design and variability of e-cigarette devices, especially open systems. These allow users to modify

electrical power, heating elements and e-liquid components – including psychoactive substances like nicotine and tetrahydrocannabinol – resulting in unpredictable toxicant delivery and health risks that remain unaddressed under current EU directives.

Moreover, while characterizing flavourings were addressed for HTPs through Delegated Directive 2022/2100 *(38)*, the challenge remains for nicotine and related products. Notably, products such as e-cigarettes, nicotine pouches and the emerging heated herbal products infused with nicotine remain outside the scope of these restrictions. It is the latest of these – the heated herbal products – that are fast entering the EU market to circumvent the ban on characterizing flavours that now applies to HTPs. The sticks used for these products are similar to HTP sticks but they do not contain tobacco. This allows tobacco companies to provide a similar product that maintains the flavours that are now banned by the Delegated Directive 2022/2100 *(73)*. However, these new sticks are not covered by any of the TPD provisions, leaving their content ungoverned and effectively representing a regulatory gap in the EU internal market, which can also lead to public health harms.

Flavouring accessories further exacerbate the problem of circumventing the ban on characterizing flavours *(74)*. These are used to bypass the ban on characterizing flavours. The concern is aggravated due to the strong appeal of flavours in tobacco and nicotine products, especially among young people. The latest Eurobarometer on the attitudes of Europeans towards tobacco and related products *(14)* highlights this trend. Findings show that individuals aged 15–24 are more than twice as likely to use flavoured (152%) or candy-flavoured (187%) e-cigarettes compared to those aged 40 and over; and compared to the 25–39 age group, are more than twice as likely (138%) to use candy flavours and 60% more likely to use fruit flavours.

Furthermore, new and emerging tobacco and nicotine products are not either adequately covered by the TTD, adopted by the Council of the EU in 2011: as a result, the TTD is no longer "fit for purpose" *(75)*. Furthermore, the tax structure across Member States remains highly fragmented, limiting the effectiveness of fiscal policies aimed to reduce nicotine and tobacco use generally. Taxation remains the most effective policy tool to lower consumption which makes an up-to-date taxation on tobacco and nicotine products – including new and emerging products – essential to reach tobacco prevalence goals *(76)*. Recent evidence suggests that if the unpublished European Commission's proposal to update the TTD had been adopted, on time, in 2023, it would not have just expanded legislation to e-cigarettes and HTPs, but it would have decreased the consumption of cigarettes and RYO while increasing excise revenue to Member States *(77)*. With nearly three years of delay, the European Commission published its proposal for a recast of the TTD on 16 July 2025 *(78)*. In parallel, the Commission presented the Proposal for a new Multi-Financial Framework, which, for the first time, includes a proposal for its own tax on tobacco to fund the EU budget *(79)*.

While there is consensus among public health experts that further policy actions are needed to address the challenges posed by new and emerging tobacco and nicotine products, as outlined initially in the timeline for implementation of the EBCP, no action has been adopted nor been proposed as initially planned *(61,80)*. The timeline envisaged, i) by 2022, a European Commission proposal to revise the TTD and the legal framework on cross-border purchases of tobacco products by private individuals; ii) by 2023, an updated Council Recommendation on smoke-free environments, and (iii) by 2024, a revision of the TPD *(61)*. In practice, progress has been delayed. The Council Recommendation on smoke- and aerosol-free environments was proposed by the Commission and adopted by the Council of the EU with roughly a one-year delay. The TTD revision was proposed nearly three years later and is still awaiting Council adoption. The TPD revision is heavily delayed in the Better Regulation process *(81)* with only the Staff Working Document expected in the second quarter of 2026 *(82)*.

Industry interference

In 2023, following an inquiry into the European Commission's relations with the tobacco industry (case OI/6/2021/KR), the European Ombudsman found the Commission to be committing maladministration *(83)*. The finding stemmed from inconsistent practices across European Commission services: only the Directorate-General for Health and Food Safety (DG SANTE) and the Directorate-General for Taxation and Customs Union systematically published the minutes of their meetings with the tobacco industry. In her decision, the Ombudsman referred to Article 5.3 of the WHO FCTC and to EU Court of Justice jurisprudence, both of which set clear limits on interactions with the tobacco industry. She emphasized that "only by conducting a case-by-case assessment of whether a potential meeting is strictly necessary for regulatory purposes, can the Commission ensure that it is taking an informed decision and one which is in line with the spirit of the FCTC". This issue is particularly relevant because information obtained through public requests indicates that meetings between the EU officials and the tobacco industry representatives have occasionally been used by the industry to seek influence over the EU's trading partners *(84).*

Tobacco industry lobbying through the EU Better Regulation Agenda has shifted from directly targeting DG SANTE officials to engaging officials from other directorates-general and EU institutions. This strategy enables the industry to influence policy-making indirectly, including through European Commission interservice consultations *(85).*

In this context, the Commission has recently made efforts to strengthen its transparency rules. Two new decisions (Commission Decision (EU) 2024/3081 and 2024/3082), effective 1 January 2025, expand requirements for lobbying transparency by obliging all Commissioners, their Cabinets, and senior staff to meet only with registered interest representatives and to publish details and minutes of such meetings within two weeks *(86, 87).*

Industry interference can occur at multiple stages of the EU policy cycle. For instance, during the European Commission's call for evidence on the "Have your say" portal, a large number of submissions from self-identified users of new and emerging nicotine and tobacco products argued against stricter regulation *(88)*. Public health stakeholders have also reported efforts to discredit independent health researchers *(89)*.

These dynamics intersect with the EU Better Regulation agenda, which – while designed to make policy-making evidence-based, transparent and inclusive of "those affected" – also creates formal access points that commercial actors can leverage. Historical analyses indicate that the tobacco industry actively supported and used these processes *(90, 91)*.

Recent research also reports an increase in attempts by the tobacco industry to discredit independent public health researchers through smearing campaigns, for example via newspapers, paid advertisements, social media and other public forums *(92)*. These campaigns can distort the evidence base by amplifying misleading claims and undermining researcher credibility; and they may influence policy-makers, erode confidence in robust scientific findings and impede the uptake of evidence-based tobacco control measures.

The tobacco industry also resorts to litigation to "prevent, delay or weaken" tobacco control legislation *(93)* at both EU and national levels. For instance, a recent case concerned Nicoventures Trading Ltd, a subsidiary of British American Tobacco, sought the annulment of Delegated Directive 2022/2100 in

the European General Court. The Court dismissed the action as inadmissible, thereby upholding the European Commission's measure *(94)*. In addition, the industry engages in so-called corporate social responsibility activities to enhance its public and political standing *(95)*. For instance, it has been reported in Italy that the tobacco industry runs anti-litter campaigns to prevent the throwing of cigarette butts in collaboration with local governments and with the authorization of the Ministry of the Environment *(96)*. Such activities constitute indirect tobacco advertisement and should be banned to ensure full compliance with Article 13 of the WHO FCTC.

Call for strengthening tobacco control and addressing the current regulatory gaps

The EU has made substantial progress towards implementing the WHO FCTC. The TPD mandates combined health warnings (WHO FCTC, Article 11); restricts ingredients including tar, nicotine, carbon monoxide and flavourings (Article 9); establishes traceability and security features (Article 15); and requires notification of ingredients, emissions and toxicology data via the EU-CEG (Article 10). Surveillance has also been strengthened, for example through Eurobarometer (Article 20). In parallel, the TAD provides a comprehensive cross-border ban on advertising, promotion and sponsorship (Article 13), and the TTD sets minimum excise levels (Article 6).

Notwithstanding these achievements, important gaps persist – particularly regarding new and emerging nicotine and tobacco products – if the EU is to fully realize the WHO FCTC and its Tobacco-free Generation objective under EBCP. To address current regulatory gaps and ensure long-term public health protection, a revised and future-oriented TPD is needed.

First, the new TPD should ensure a high standard of health protection across all tobacco and nicotine products emerging after 2014. This requires harmonizing regulatory approaches across product categories, including HTPs and herbal cigarettes, while also strengthening regulation on product characteristics, ingredients and emissions, particularly in relation to e-cigarettes.

Second, introducing standardized (plain) packaging across all tobacco and nicotine products would eliminate their advertising and promotional functions, preventing the use of attractive or misleading design elements to influence consumer perception.

Third, a comprehensive flavour policy is essential. The current "characterizing flavour" approach should be replaced with a full ban on all flavouring agents across tobacco and nicotine products. Consistent with WHO recommendations, the policy should also prohibit or strictly regulate flavour accessories – such as capsules, flavour cards, drops and filters – designed to enhance or add flavours *(97).* There is robust evidence that flavouring agents increase the appeal of tobacco and nicotine products, especially among young people, facilitating experimentation and progression to regular use *(98,99)*. Data from the 2023 Special Eurobarometer on attitudes of Europeans towards tobacco and related products *(14)* underscores the challenges EU Member States face in limiting the attractiveness of flavoured products – that disproportionately appeal to youth – which contribute to both initiation and long-term nicotine dependence.

Fourth, the TPD should unambiguously cover the full current and foreseeable market (e.g. nicotine pouches, products with nicotine analogues) that currently fall outside the scope of the TPD and set product-standard measures that reduce addictiveness and youth appeal. As a precautionary option, policy-makers could consider a time-limited moratorium on new nicotine products not yet on the

market pending independent assessment of public-health impact. Such an approach would help avoid recurrences like the rapid emergence of nicotine pouches, which exploited gaps in the existing framework despite the EU ban on tobacco for oral use *(100)*.

Fifth, effective tobacco control requires regulating cross-border and online sales as well as strengthening bans on advertising, promotion and sponsorship across all tobacco and nicotine product categories.

Finally, stronger measures are required to counter tobacco industry interference and ensure full implementation of Article 5.3 of the WHO FCTC and its guidelines. Without robust safeguards, regulatory processes remain vulnerable to industry tactics that undermine public health objectives.

These measures align with the EU's legal framework. While Article 168 of the Treaty on the Functioning of the European Union limits the Union to complementing national public-health policies, Article 114 provides a basis to approximate national laws to ensure the functioning of the internal market *(101)*. Article 114(3) further requires a high level of protection, taking account of new developments based on scientific evidence. Rapid, evidence-documented changes in the market for tobacco and related products justify EU-level action under this provision. Updating the legislative framework accordingly would align EU policy with the objectives and requirements of the WHO FCTC, better protect children and adolescents, and sustain progress towards a tobacco-free generation.

Conclusion: looking forward to a tobacco-free Europe

While adult tobacco use in the EU has declined over the past decade, prevalence remains higher than regional and global averages *(10)*. The EU's tobacco control legal framework reflects a multifaceted approach to addressing the tobacco epidemic. While important advances have been made, gaps and challenges remain, particularly in achieving comprehensive smoke-free environments and advertising, promotion and sponsorship bans; addressing the affordability of tobacco products; and regulating new and emerging products.

Use of e-cigarettes and other emerging nicotine products among adolescents particularly has risen rapidly – often at rates significantly higher than adults – indicating that existing legislation may be insufficient to protect young people. Bolder measures to reduce their appeal, addictiveness, accessibility and affordability are needed. Priority actions include comprehensive flavour legislation (covering all tobacco and nicotine products, and associated flavour accessories), further reducing the nicotine content limits, increasing their price through tax measures, and adopting a total ban on advertising, promotion and sponsorship, combined with robust enforcement. These measures should be put in place alongside the full implementation of the existing framework to curb the growing uptake of such products among youth and prevent long-term nicotine dependence.

The need to address market developments has been acknowledged by the European Commission in its 2020 evaluation of the TTD *(75)*, in its 2021 report on the application of the TPD *(102)*, and in its 2025 review of the EBCP *(32)*. As the EU works towards a Tobacco-Free Generation, continuous commitment and renewed efforts to implement, monitor and refine tobacco-control legislation in line with market development and the most recent evidence will be essential in safeguarding public health.

Addressing legislative gaps was noted in the Mission Letter of the new EU Commissioner for Health and Animal Welfare, providing a strong mandate to evaluate and revise EU tobacco legislation, "notably by addressing concerns about young people's access to novel tobacco and nicotine products" *(103).* This political commitment provides an opportunity to address challenges with tobacco and related products and align the legislative framework for tobacco control in the EU with the objective of establishing a Tobacco-Free Generation by 2040.

As the EU works toward implementing its ambitious and commendable goal of the Tobacco-Free Generation by 2040, the road ahead demands renewed commitment, innovation and vigilance. While the progress achieved over the past two decades underscores the EU's capacity to strongly lead by example in implementing the WHO FCTC, significant challenges remain. The Commission's proposal to recast the 2011 TTD is a step towards strengthening price and tax measures and closing gaps for new products; timely Council adoption would support public-health objectives. In parallel, revisions of the TPD and the TAD remain critical to ensure a high level of health protection, address current and future products, and apply the precautionary principle where appropriate. Regular and forward-looking

revisions of the key legislative acts, together with sufficient support to EU Member States to implement and enforce tobacco control regulations, are critical for protecting the health of the present and future generations of EU citizens.

At a time in which there is a strong need to revise tobacco control legislation, it is essential to safeguard policy-making processes from commercial interests. The policy-making process should be protected from vested interests by limiting interactions with the tobacco industry to those strictly necessary for regulation, ensuring full transparency, avoiding partnerships and non-binding agreements, rejecting so-called corporate social responsibility activities, and preventing and managing conflicts of interest. Continued partnerships between the EU, Member States, civil society and international organizations are key to fostering knowledge sharing, capacity-building and collective action. The EU's tobacco control efforts are not only essential for protecting public health, but also play a critical role in strengthening governance, safeguarding public finances from the substantial economic and societal costs associated with tobacco related harm, mitigating environmental damage, and advancing a strong and resilient European Health Union.

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